



# Creating Low-Barrier, Client-Centered HOPWA Programs

Webinar: May 15, 2023



# Welcome & Introductions

## HUD's Office of HIV/AIDS Housing:

- Rita Harcrow (she/her), Director
- Amy Palilonis (she/her), Deputy Director
- Vanessa Larkin (she/her), Management Analyst

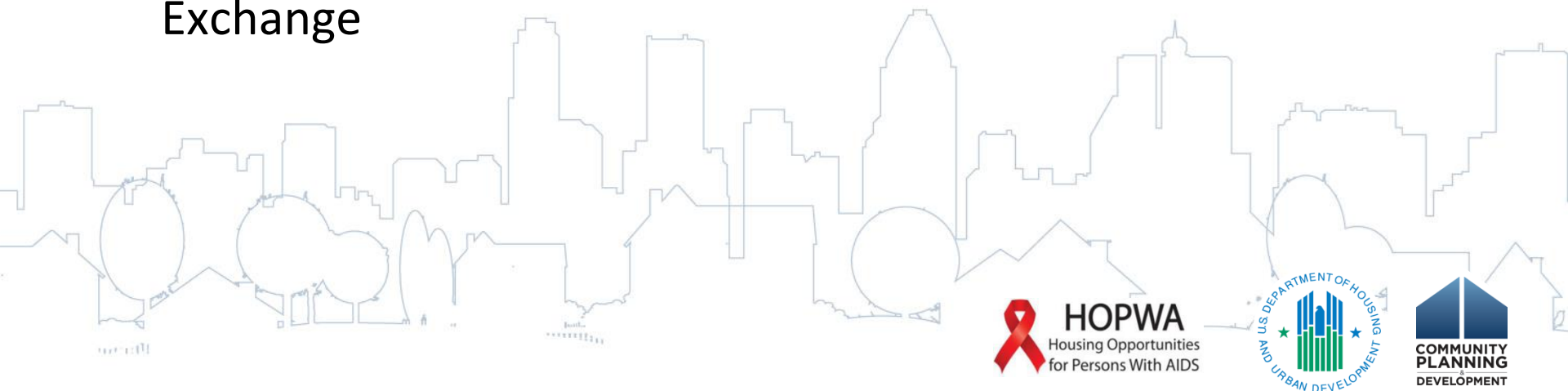
## HOPWA TA Staff:

- Ashley Kerr (she/her), Consultant, Technical Assistance Collaborative (TAC)
- Crystal Pope (she/her), Consultant, TAC and Collaborative Solutions



# Webinar Logistics

- All attendees will be muted
- Please submit questions in the Q & A box
- If you have technical issues please put that in the chat box and send to: **Valencia Moss**
- This webinar will be recorded and posted on the HUD Exchange



# Agenda

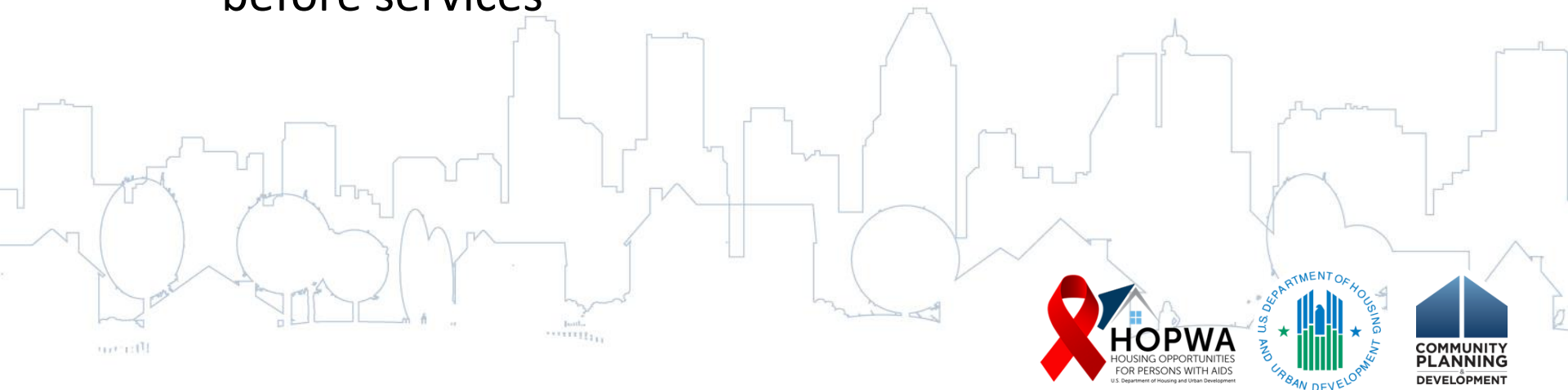
- Overview of the HOPWA 3R strategy
- Introduce client-centered practice as a standard for HOPWA program planning and operations
- Client-centered practice elements:
  - Centering Equity
  - Housing First
  - Harm Reduction
  - Eliminating Barriers to Accessing and Maintaining Housing Assistance
- Audience Q & A



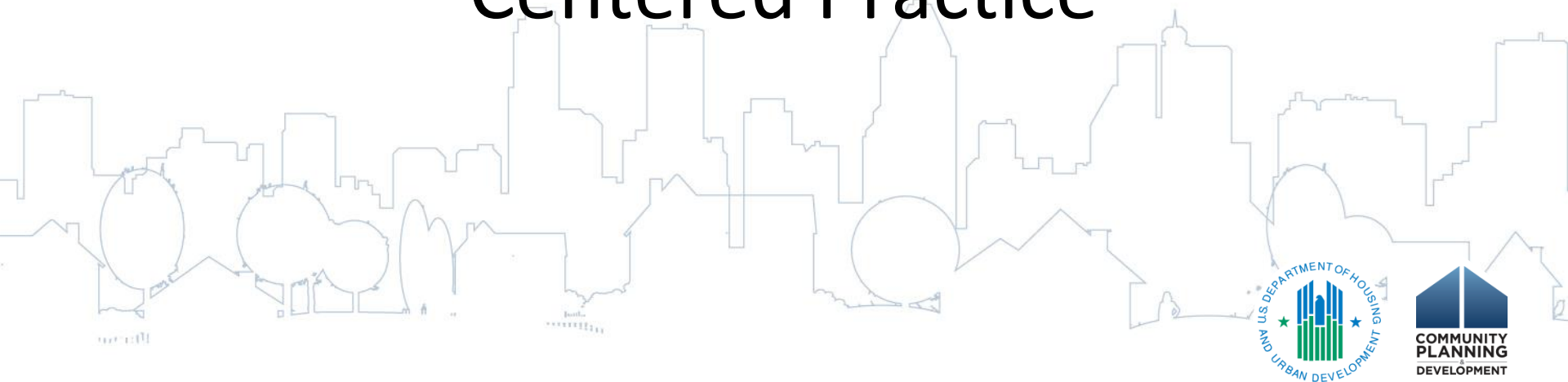
# Poll #1

When you hear the phrase “Housing First” what comes to mind?

- Housing First...then what?
- I’ve heard of it but it’s not for HOPWA programs
- Never heard of it
- An approach that focuses on securing housing before services



# 3R Strategy and the Intersection of Client- Centered Practice



# Reset, Renew, Recharge - 3R

## Reset

Reset program goals taking into account HOPWA Modernization plans and budget projections, and lessons learned through HOPWA Mod and HOPWA/COVID-19 responses.

## Renew

Renew program focus to successfully implement HOPWA housing activities that meet the documented needs of PLWHA and incorporate racial and health equity at all levels of program planning and operation.

## Recharge

Recharge program efforts to increase program capacity and impact, including training and use of best practices to ensure housing stability and positive outcomes, and active engagement with new and existing community partners.



# 3R Vision and Outcomes

**VISION:** HOPWA communities (Grantees and Project Sponsors) will embrace an expanded vision for the HOPWA Program, understand and implement the regulations and the Program, design it to meet the needs in the community, deliver it in an equitable fashion, and be able to tell the story.

**OUTCOMES:** HOPWA communities will intentionally integrate people with lived experience in all aspects of the work; will embrace an expanded vision for the HOPWA program that shows understanding of the intents of the program; will collaboratively design and implement HOPWA programs that follow the regulations and understand the flexibilities while providing permanent housing and services in an equitable fashion and will be able to accurately report on their efforts.





# Client-Centered Practice

## What is Client-Centered Practice?

- A **comprehensive approach** to planning, program design and operations, and case management that reflects a philosophy that respects and lifts up the needs and preferences of people served.
- Can include **revamping or updating** program design, funding and planning at the administrative level as well as transforming the program's methods for delivering housing and support services to HOPWA-eligible households. Program entry and operations should be as barrier-free as possible.



# Client-Centered Practice

Client-centered practice **puts the person at the center of everything we do.**

Client-centered practice:

- Recognizes that every client is a unique and complex person
- Respects a person's needs and preferences and the knowledge they bring about their health and healthcare needs.
- Empowers the person to be an active participant in decision-making related to housing and services offered through HOPWA



# Client-Centered Practice

## Why is this important for HOPWA?

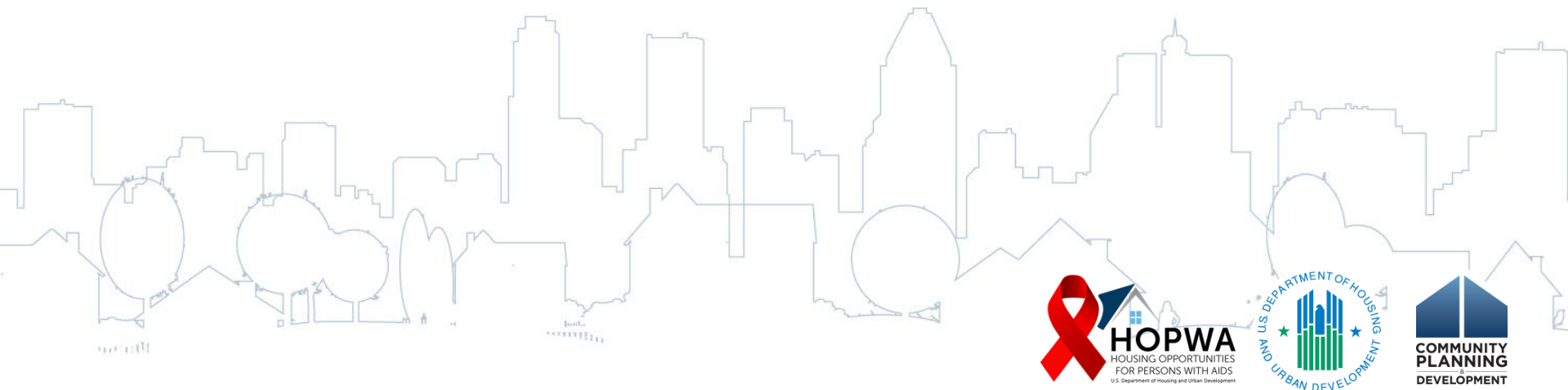
The use of best practices, particularly for client-centered practices, is strongly encouraged as a means to achieve positive client outcomes.

HOPWA programs should evolve to meet the needs of all eligible individuals in its community, and this means aligning with practices that are low barrier, trauma-informed, and incorporate the voices of lived experience into all aspects of program planning and implementation.



# Key Client-Centered Practice Elements

- Centering Equity
- Housing First
- Harm Reduction
- Low-Barrier Methods
- Client Engagement and Empowerment



# Centering Equity

We center equity to ensure that HOPWA programs:

- Lift up and incorporate the voices of those who are living with HIV/AIDS so programs are reflective of the needs of all members of the community.
- Serve the entire service area, especially areas that are under-resourced, rural, or hard to reach.
- Provide unfettered access to housing and services to Black, Indigenous, LGBTQIA+ and People of Color.



# HOPWA Equity Initiative

The HOPWA Equity Initiative uses a framework that combines the 3 theories below. This framework can also help address barrier reduction and promote client-centered practice:

- Race Equity Culture
- Targeted Universalism
- Life Course Approach

The Equity Initiative will offer strategies to address equity and provide tools for grantees and project sponsors to enhance their HOPWA housing and service systems.



# Equity Initiative: Cohort 1

People are hungry for equity, and people want equitable programs. There is a desire to create equitable systems. But we know that...

- Financial resources are needed to further equity work
- Low barrier access to housing and services needs to be improved
- Grantees and project sponsors need time and capacity to focus on this effort
- Lived experience is critical to this work - we must have people with lived experience at every table



# Housing First

**Housing First** is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing **without preconditions and barriers to entry**, such as sobriety, treatment or service participation requirements.

**Supportive services are voluntary and offered** to maximize housing stability and prevent returns to homelessness. It is the program's responsibility to offer services that reflect the needs of the clients and to make the services enticing so clients want to participate but are not punished for lack of participation.





# Housing First

## Key Housing First Principles:

- Homelessness is first and foremost a **housing crisis** and can be addressed by providing safe and affordable housing
- Regardless of housing history, **all people can achieve housing stability** in permanent housing
- **Everyone is “housing ready”** regardless of sobriety, treatment compliance, etc. Programs must be “client ready”
- People experiencing homelessness and instability have the **right to self-determination** and should be treated with dignity and respect



# Housing First: Program-Level Policies

## Policies at the Program Level

- Access is **not** contingent on sobriety or other requirements or stipulations
- Programs do everything possible **not** to reject a HOPWA-eligible household on the basis of history or behaviors that are seen as indicating a lack of “housing readiness”
- Housing and service goals should be client-driven
- Participation in services or compliance with service plans are not conditions of tenancy



# Harm Reduction

Harm reduction methods play an important role in creating and maintaining a client-centered, low-barrier approach. It is based on principles of self-determination and individual choice.

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use substances “where they are” and addressing conditions of use along with the use itself.



# Harm Reduction

**QUESTION:** Would a harm reduction approach in your HOPWA Program be challenging?

**ANSWER:** Possibly, especially if the program has focused on complete abstinence. Harm reduction accepts that alcohol and drug use is part of our world and chooses to work to minimize its harmful effects rather than ignore or condemn them.



# Client Choice and Self-Determination

- Lasting change comes from clients, not service providers.
- Clients have a choice to engage or not engage in services.
  - Not engaging in services should not be considered noncompliance.
  - Not engaging in services is not a reason for termination.
- The role of the service provider is to provide clients with all the information they need to make decisions – include both the pros AND the cons.



# Low Barrier Methods

What do we mean when we talk about implementing a low-barrier program?

Low barrier means **the requirements for entry are limited or minimal**. With a focus on harm reduction and housing first, housing programs seek to eliminate obstacles to housing stability.

In addition to implementing these methods, programs would benefit from assessing any **administrative and/or operational barriers** their clients face.



# Assessment of Intake Barriers

## **Review your intake process and location for barriers:**

- Is your website easy to understand and use?
- When and where are intakes offered? Can this be remote when needed?
- How long does an intake interview take?
- Are potential clients informed about what documents are needed? Does the program help them obtain needed documents?
- Are staff available and open to clients who have questions or concerns?
- Are walk-ins welcome?



# Assessment of Program Barriers

## **Review your program and program locations for barriers:**

- Are buildings physically accessible to all people and located on public transit?
- Do clients feel safe and comfortable in these locations? Does the environment allow for confidentiality?
- Are there long delays between eligibility determination and housing/services offered?
- How are challenges addressed?
- Are services designed to be adaptable to changing conditions and needs?
- Are there any requirements to participate?





# Assessment of Program Barriers

**Carefully review your program and program locations for barriers - especially in facility-based housing:**

- Are strict, possibly unnecessary, program rules a factor, such as
  - Housing curfews
  - Cannot leave facility without written permission
  - Cannot lock doors
  - Restrictive dress codes
  - Mandatory meetings tied to program eligibility
  - Room or unit inspections without notice
  - No guests allowed

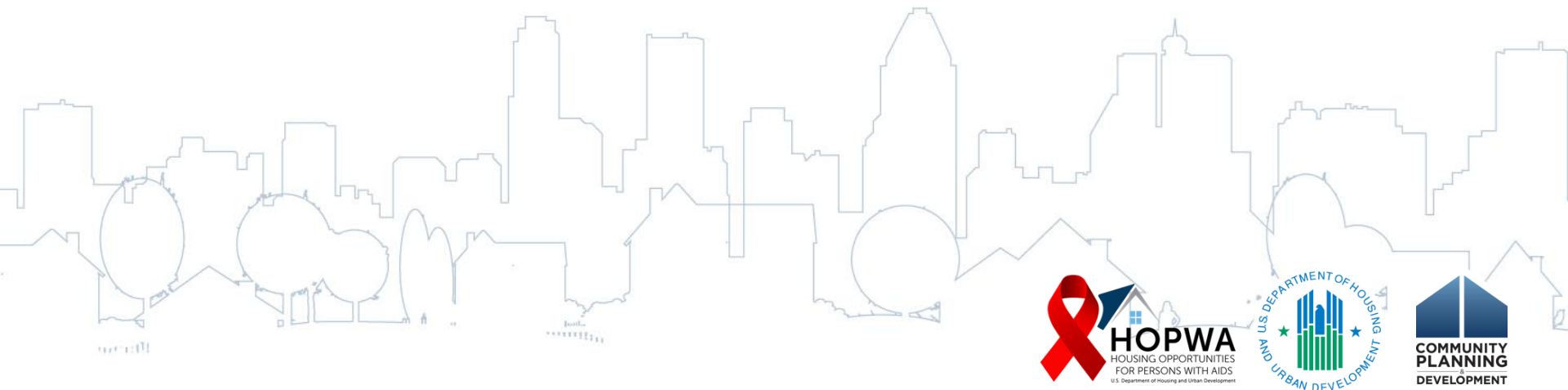


# Assessment of Program Barriers

Things that a thorough, fair assessment may tell you...

Do we have or are we known for having:

- Eviction or termination culture
- Lack of transparency
- Many strict rules with punitive results



# Program Evaluation

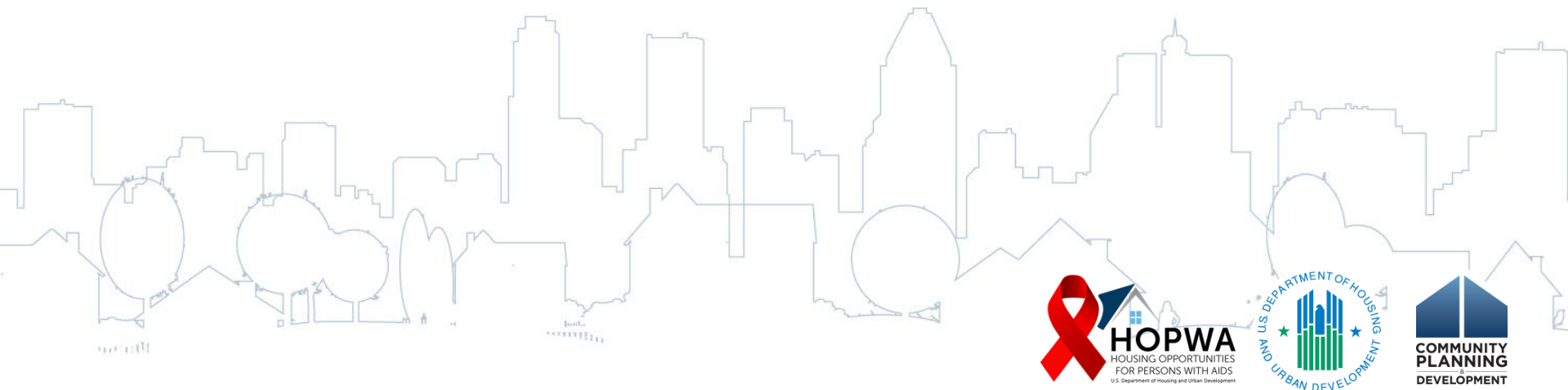
## Is your organization regularly:

- Asking clients about their experience and listening to feedback on ways to improve what is being offered?
- Creating anonymous feedback opportunities so clients can feel at ease offering their opinion without retribution?
- Bringing clients to planning and evaluation tables?
- Evaluating program policies to ensure they reflect a low-barrier and client-centered approach?
- Asking “why do we do it this way?”



# Client-Centered Practice

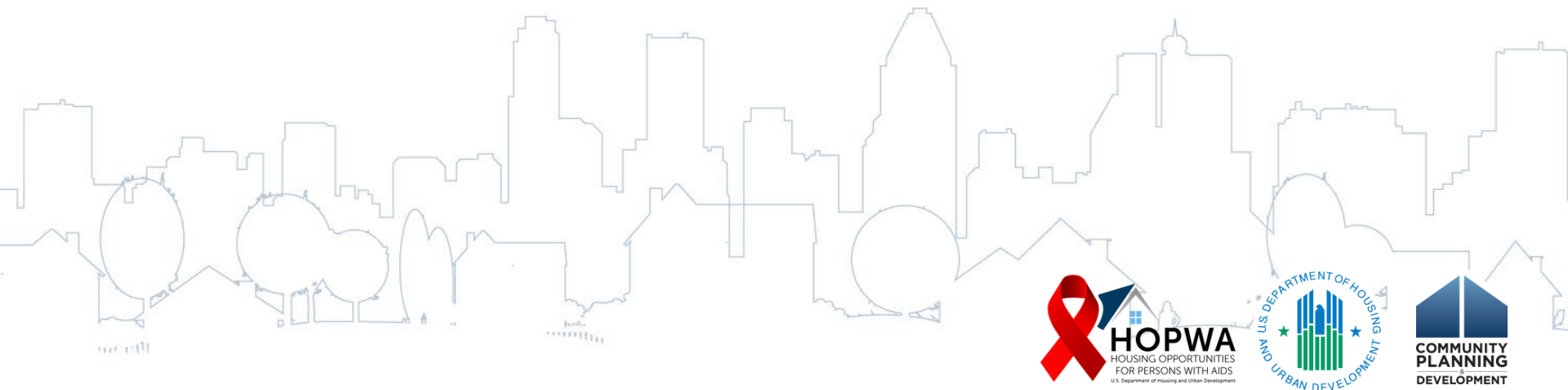
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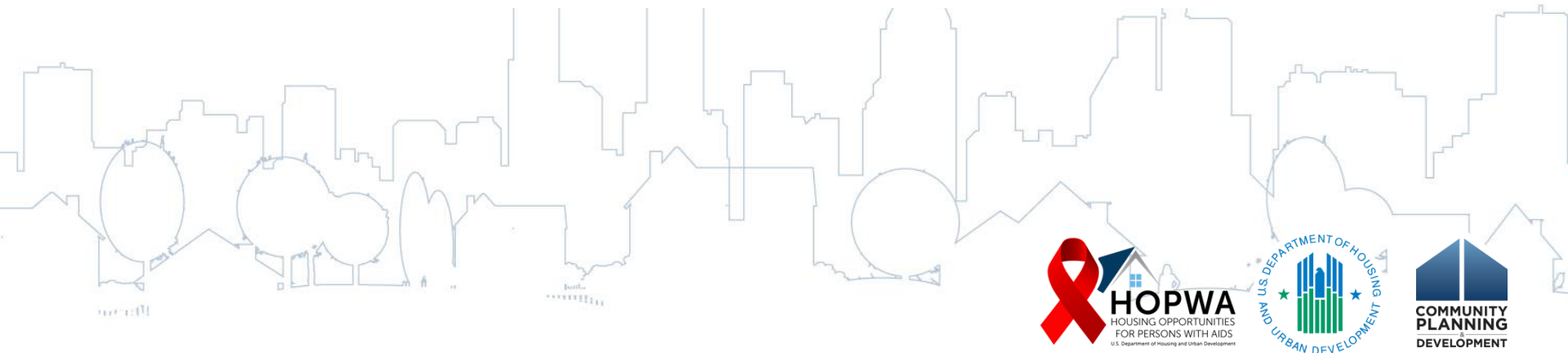
# Poll #2

What client-centered practice do you want to learn more about?

- Centering Equity
- Housing First
- Harm Reduction
- Low-Barrier Methods

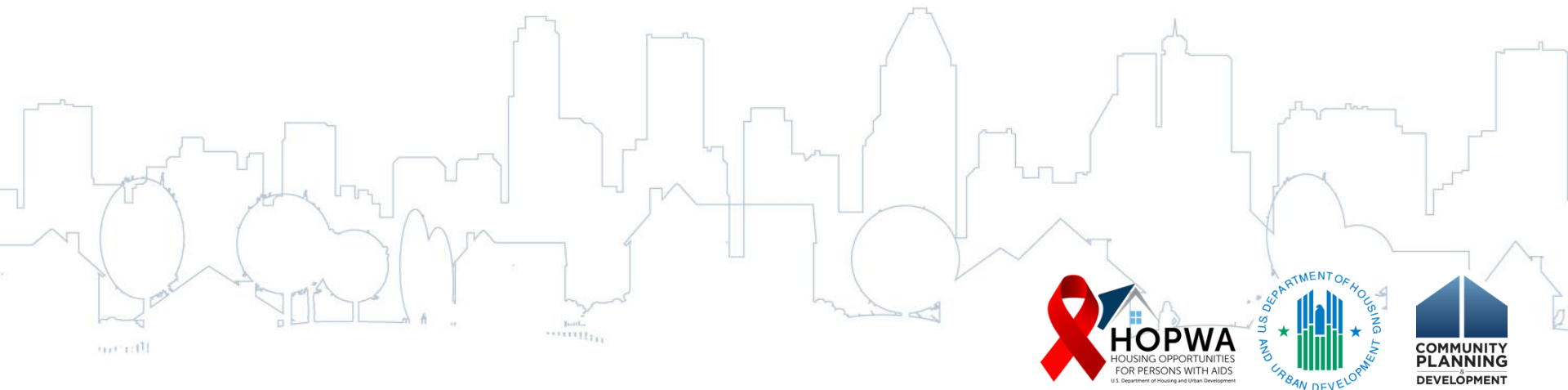


# Questions



# Client-Centered Practice Series

Webinar Title	Webinar Date
Creating Low-Barrier, Client Centered HOPWA Programs	5/15/2023: 1 - 2:30 pm ET
Program Strategies to Best Serve Clients	6/20/2023: 1 - 2:30 pm ET
Client-Centered Practice in Action	7/17/2023: 1-2:30 pm ET



# HOPWA Technical Assistance and Ask-A-Question

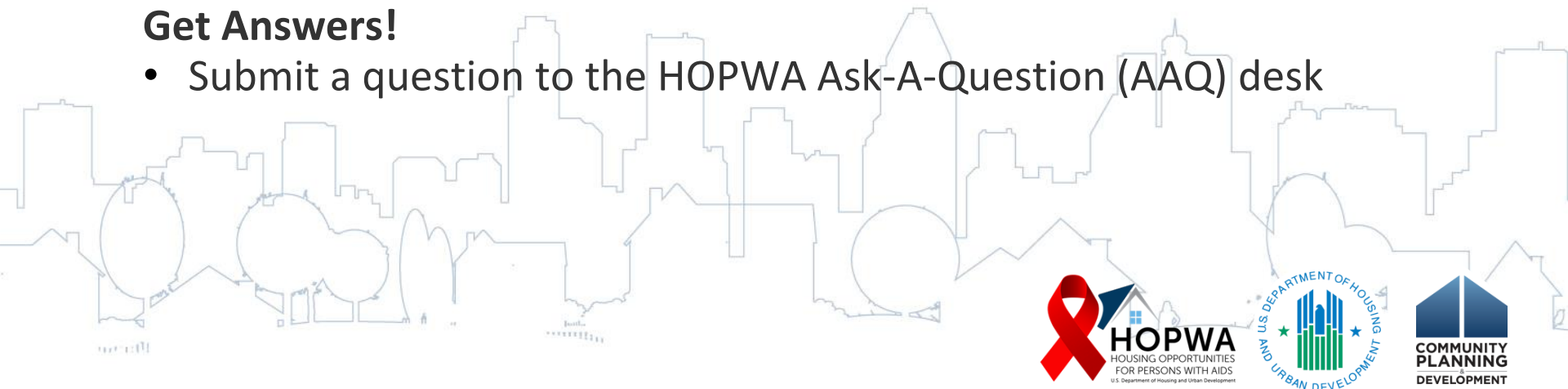
## Get Assistance!

### HOPWA Technical Assistance (TA)

- Additional TA is available to grantees to support HOPWA planning, program development, problem-solving. Those needing TA assistance may submit an online request through the HUD Exchange at:  
<https://www.hudexchange.info/program-support/technical-assistance/>

## Get Answers!

- Submit a question to the HOPWA Ask-A-Question (AAQ) desk





# Thank you!

