

STRATEGIES

EX-OFFENDER HOUSING AND IHHP PLANNING PROJECT

CITY OF DALLAS, TEXAS

Service Area

Dallas EMSA (8 counties)

Grant Term

1/1/2012-12/31/2016

Grant Funded HOPWA

Eligible Activities Include:

- Permanent Housing Placement
- Tenant-Based Rental Assistance
- Case Management
- Resource Identification

The City of Dallas was awarded \$1,287,500 to provide housing support to 60 ex-offenders over the grant period. The project also provided supportive services through the City of Dallas' Project Reconnect Program and the Department of Justice's Second Chance Act to support clients on the path to permanent housing and self-sufficiency.

Increase Coordination through Centralized Housing Information and Resource Identification

Through community planning groups and needs assessments, the City of Dallas understood that housing services for PLWHA in the community were fragmented, de-centralized, and hard to navigate. Moreover, there was a lack of current and up-to-date information about housing resources. PLWHA, case managers, and landlords needed a central place to seek assistance and a central point of contact. The City of Dallas created the HIV Housing Resource Center that includes a physical location where PLWHA can access a housing specialist for one-on-one assistance in finding appropriate housing options. The housing specialist acts as a liaison with case managers and housing providers for expedited, appropriate referrals. Moreover, the Center includes a resource website and database that provides an interactive online, searchable resource database with accurate and appropriate housing resources (HIV and non-HIV) that may be available to PLWHA. Through the Center, an additional 200 households were able to obtain stable housing outside of HOPWA assistance. Additionally, the housing staff built strong relationships with local housing providers, landlords, Ryan White providers, and other AIDS service organizations.

Promote the Intersection of Housing and Health through Community-Wide Workshops

Recognizing the need for cross training and education among AIDS service organizations and housing providers, the City of Dallas developed a learning curriculum designed to: 1) Increase awareness of HIV and Ryan White services among housing providers; 2) Increase awareness of housing resources among Ryan White providers; and 3) Increase the health focus for HOPWA case managers and the housing focus for Ryan White case managers. These workshops reached over 550 providers in Dallas, and in addition to providing education, the workshops offered an opportunity for dialogue and Q&A about the intersection of housing and health care.

Improve Collaboration with the Homeless Continuum of Care (CoC) to Obtain Additional Resources for PLWHA

The City of Dallas identified a lack of permanent supportive housing (PSH) units for PLWHA in the area. Leveraging the HIV Housing Resource Center, the City actively participated in the local CoC and built relationships with local shelters and homeless housing providers. Through this effort, the groundwork was set for future HOPWA participation in the local HMIS and in the CoC Coordinated Assessment System. Closely working with the CoC also opened the option of obtaining set-aside PSH units for PLWHA in Dallas.

“The HIV Housing Resource Center is a worthwhile investment (with a relatively low cost)... Even though it does not provide housing directly, it can open up doors to existing resources that might never have been discovered or utilized by HIV+ persons, and it does help identify gaps in service quicker than a needs assessment.”

OUTCOMES

The City of Dallas' Ex-Offender Housing and IHHP Planning Project provided direct housing assistance and supportive services to a total of 51 individuals living with HIV/AIDS. Of those 51 individuals, 58.8% were between the ages of 31-50 years old and 35.3% were 51 and older. A total of 84.3% were Male and 78.4% were Black. All of the Ex-Offender Housing and IHHP Planning Project beneficiaries were low income, with 96.1% having an income that was at or below 30% of the area median income (AMI), which means they were *extremely* low income. While the majority of the clients lived alone, a small percentage of clients (9.8%) had additional beneficiaries in the household. The majority of clients had consistent contact with a case manager (90.2%) and health care provider (92.2%), with 76.5% documented as receiving ART therapy for HIV. A total of 29.4% clients identified their prior living situation as "literally homeless" at program entry, however, none of these individuals identified as also being a homeless veteran or chronically homeless. See Table 3 below.

Table 3. Ex-Offender Housing and IHHP Planning Project Demographics & Additional Client Characteristics					
n=51					
Age		Race & Ethnicity		Additional Characteristics	
Younger than 18	0.0%	Black	78.4%	Consistent Contact with Case Manager	90.2%
18-30	5.9%	White	17.6%	Household included additional beneficiaries	9.8%
31-50	58.8%	Other/Multi	3.9%	Consistent Contact with Health Care Provider	92.2%
51 & older	35.3%	Hispanic/Latino	0.0%	Receiving ART therapy	76.5%
Gender		Household Income		Homelessness	
Female	13.7%	0-30% AMI	96.1%	Homeless Veteran	0.0%
Male	84.3%	31-50% AMI	3.9%	Chronically Homeless	0.0%
Transgender	2.0%	51-80% AMI	0.0%	Literally Homeless Prior to Enrollment	29.4%

The City of Dallas' Ex-Offender Housing and IHHP Planning Project provided HOPWA-funded Tenant-Based Rental Assistance (TBRA). The City of Dallas encountered challenges in moving towards the implementation of HMIS and the development of a data bridge between housing and health information systems. Some HOPWA providers funded by the City of Dallas are also Ryan White-funded, and have access to the local Ryan White data system (ARIES) through their dual roles. For this reason, CD4 and Viral load data were only collected for a handful of clients (n=8). From this group, 75% achieved or maintained not only viral suppression but viral loads deemed "undetectable" (threshold = 20 copies/ml). Additionally, 100% of these clients reported perceived health levels at program exit as "Excellent" or "Very Good"; 50% of these individuals saw an improvement in their perceived health from entry to exit. Additionally, the chart below describes the correlation between health outcomes and HOPWA program and accomplishment measures for the clients retained in the analysis. See Table 4 below.

Table 4. Correlation between Health Outcomes & HOPWA Program and Accomplishment Measures		
HOPWA Measures	There is a Positive Relationship between these Measures and Improved Health Outcomes	Limitations of Analysis
Length of Time in Program	Positive relationship between length of time and improved VL	<i>The majority of the City's HOPWA providers did not have access to client health information. This chart reflects outcomes solely for the clients with reported health data (n=8).</i>
Housing Stability Outcome	100.0% of those Stably Housed also had improved VL	
Access to Care ²	100.0% of those with high Access to Care also had improved VL	
Obtained Income-Producing Job	100.0% of those obtaining employment also had improved VL	

² A client's Access to Care refers to various aspects having a Housing Plan, consistent contact with a Case Manager and Health Care Provider, and continued access to sources of income and insurance)