

JRI HEALTH YOUTH HOUSING INITIATIVE

JUSTICE RESOURCE INSTITUTE

Service Area

Greater Boston, MA

Grant Term

1/1/2012-12/31/2015

Grant Funded HOPWA Eligible Activities Include:

- Tenant Based Rental Assistance
- Case Management
- Resource Identification

JRI was awarded \$1,223,377 to provide Tenant-Based Rental Assistance and supportive services to 20 homeless youth living with HIV in the Boston area. JRI partnered with two local project sponsors: the Metropolitan Boston Housing Partnership to provide housing support and the Boston Medical Center to coordinate supportive services.

STRATEGIES

Implemented a Client-Centered Approach to Build Rapport and Maintain Youth Engagement over Time

Working with runaway and homeless youth, JRI employed several strategies to create a comfortable, nonjudgmental space where youth could open up about difficult topics such as addiction, sex work, the dangers of living on the street, symptoms of emerging mental illness, and substance use issues. Through their case management process, JRI incorporated motivational interviewing to tap into clients' own source of motivation. Rather than offering standardized services, JRI tailored the program to meet each client's specific interests and priorities. By maintaining their engagement in the program, 75% of the youth clients reached viral suppression by the third year of the program.

Strengthen Existing and Create New Partnerships for PLWHA Youth Self-Sufficiency

JRI worked closely with the Metropolitan Boston Housing Partnership (MBHP) to house each program participant. The project manager and a MBHP point person worked one-on-one to talk through any tenancy issues or concerns to prevent eviction. In spite of a tight rental market with increasing rents, 22 youth found and leased an apartment within Greater Boston. Once in housing, many stated they wanted to begin or continue working towards a college degree. JRI developed a partnership with a Bunker Hill Community College recruiter who had an interest in working with PLWHA youth and became invested in their success. The recruiter streamlined the application process for youth, acted as a mentor, and offered support on campus as a way to respond to clients' goals of attaining higher education. Three clients completed an associate degree and two began community college.

Increase Collaboration to Address Disconnected Mental Health and Substance Abuse Treatment

In working with youth, JRI identified a major disconnect in mental health and substance abuse treatment for youth with emerging mental illness. Navigating these siloed systems was a major barrier to youth seeking treatment. To address this barrier, JRI staff accompanied clients to counseling sessions and accompanied service providers to the apartments of clients that were severely depressed and/or experiencing other mental health challenges. JRI also partnered with a Boston Medical Center psychologist that met clients at JRI offices for initial counseling sessions. JRI understood that traditional therapy does not always work for homeless youth who are highly mobile and living in chaos. JRI worked with a social worker at the Mt. Sinai Adolescent Clinic to advocate for opportunities for youth to meet with a clinician for a few minutes for focused sessions on problem-solving or crisis management. JRI also worked with clinicians to use texting and cell phones to follow up with clients who were often on the move and relied on the tools of technology to stay connected.

“Through efforts to address mental health and substance abuse issues, many clients achieved stable housing and worked towards greater self-sufficiency through employment and higher education.”

OUTCOMES

The Justice Resource Institute’s Health Youth Housing Initiative provided housing assistance and supportive services to a total of 22 individuals living with HIV/AIDS. Of those 22 individuals, 100.0% were between the ages of 18-30 years old. A total of 68.2% were Male, 59.1% were Black, and 40.9% identified as Hispanic. All of the JRI Health Youth Housing Initiative participants were low income, with 100.0% of client incomes 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, 40.9% had additional beneficiaries in the household. The majority of clients had consistent contact with a case manager (90.9%) and a health care provider (81.8%), with 81.8% documented as receiving ART therapy for HIV. None of the beneficiaries identified as homeless veterans or as chronically homeless; however, 22.7% reported they were literally homeless at program entry. See Table 7 below.

Table 7. JRI Health Youth Housing Initiative Demographics & Additional Client Characteristics					
n=22					
Age		Race & Ethnicity		Additional Characteristics	
Younger than 18	0.0%	Black	59.1%	Consistent Contact with Case Manager	90.9%
18-30	100.0%	White	22.7%	Household included additional beneficiaries	40.9%
31-50	0.0%	Other/Multi	18.2%	Consistent Contact with Health Care Provider	81.8%
51 & older	0.0%	Hispanic/Latino	40.9%	Receiving ART therapy	81.8%
Gender		Household Income		Homelessness	
Female	18.2%	0-30% AMI	100.0%	Homeless Veteran	0.0%
Male	68.2%	31-50% AMI	0.0%	Chronically Homeless	0.0%
Transgender	13.6%	51-80% AMI	0.0%	Literally Homeless Prior to Enrollment	22.7%

The Justice Resource Institute’s Health Youth Housing Initiative provided Tenant-Based Rental Assistance (TBRA) to program clients. Table 8A shows the health outcomes for clients receiving TBRA. Of those clients with CD4 counts reported, 68.4% saw improvement in CD4 counts during participation in the program. Approximately 95% of clients saw their Viral Load (VL) decrease and/or maintain viral suppression, and were considered to have positive or improved health outcomes. Approximately 5% of individuals saw their VL increase during the time they were in the program and are considered to have negative or declined health outcomes. All clients that did not have health data provided were excluded from the analysis and thus the denominator for the percentages in the chart below. Of those with health data collected, there is a high percentage with improved health outcomes associated with positive HOPWA measures. See Table 8A and 8B below.

Table 8A. Health Outcomes by Assistance Type					
HOPWA Service Provided	Health Improved	Health Maintained	Health Declined	Virally Suppressed	Undetectable Viral Load
TBRA (n=19)	94.7%	0.0%	5.3%	89.5%	73.7%

Table 8B. 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 Health Outcomes Analysis
Length of Time in Program	Positive relationship between length of time and improved VL	3 clients excluded: no health data at exit (n=2); death (n=1)
Housing Stability Outcome	94.1% of those Stably Housed had improved VL	
Access to Care ⁴	79.3% of those with high Access to Care had improved VL	
Obtained Income-Producing Job	92.3% of those obtaining employment had improved VL	

⁴ 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)