

STRATEGIES

MAINE INTEGRATED HIV/AIDS HOUSING PLAN

FRANNIE PEABODY
CENTER (FPC)

Service Area

State of Maine

Grant Term

12/1/2011-11/30/2015

Grant Funded HOPWA

Eligible Activities Include:

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

FPC was awarded \$930,909 to provide housing assistance and supportive services for PLWHA in Maine. As part of their coordination efforts, FPC coordinated with Public Housing Authorities and other housing providers across the state to expand linkages between housing providers and secure preferences for persons living with HIV/AIDS in subsidized housing programs.

Strengthen Mainstream Housing Partnerships to Increase Affordable Housing Options for PLWHA

One of the main goals of FPC's program was to strengthen partnerships with Public Housing Authorities (PHA) and other housing programs and providers across the state. FPC developed a partnership with a local YMCA dormitory program, allowing FPC to house numerous individuals in need of immediate transitional housing in their Single Room Occupancy (SRO) program. Through this partnership, clients' housing was stabilized while case managers worked with them to find other housing options, address barriers to housing stability (finances, substance abuse, mental health issues), and re-engage in HIV care and treatment. FPC's efforts to increase partnerships with other housing providers resulted in their housing team securing preferences for PLWHA in a Housing First project for medically sensitive individuals that was under development during the grant period.

Expand Case Management Education to Improve Client-Level Housing Outcomes

FPC noticed that many case managers would immediately refer PLWHA with housing needs to HOPWA, whether HOPWA was the most appropriate resource or not. To address this issue, FPC educated case managers at ASOs across the state about non-HOPWA housing resources such as Shelter Plus Care, Maine's General Assistance Program, Section 8 Housing Choice Vouchers, and other housing assistance programs, and provided them with the information and tools necessary to refer PLWHA to the most appropriate housing programs and services based on the needs of the household. Case managers began to see and understand that referrals to housing were not just about putting a roof over someone's head, but were about finding the right fit for a client based on the individual's choice and needs. FPC reported that education and outreach efforts changed the way case managers assessed household needs, viewed the presenting issues, and communicated with the HOPWA team.

Improve Data Collection and Analysis to Streamline Service Delivery

FPC focused on collecting the correct data in the appropriate method to target resources to improve household outcomes. FPC analyzed client data to identify a small group of chronically homeless clients that were requiring the most time and resources. FPC shifted caseloads so that one case manager took on the chronically homeless persons and those who constantly faced housing insecurity. Within several weeks, most of those households had secured non-HOPWA housing assistance and supportive services to keep them housed. Additionally, FPC identified gaps in client data regarding housing, finances, and criminal activity and created a housing screening tool. Through this screening tool, FPC assessed program eligibility, identified needed case management and supportive services, determined which housing programs clients should apply to, and identified key components of a client's HOPWA program exit strategy or transition plan. This tool streamlined the case management process and allowed front-line workers to begin planning for client self-sufficiency at intake.

“The data we collected changed how we did business, an important shift in our way of thinking – one of the greatest successes of the IHHP grant.”

OUTCOMES

Frannie Peabody Center’s project, the Maine Integrated HIV/AIDS Housing Plan, provided housing assistance and supportive services to a total of 116 individuals living with HIV/AIDS. Of those 116 individuals, 61.0% were between the ages of 31-50 years old and 32.1% were 51 and older. A total of 54.7% were Male, 47.8% were White, 45.9% were Black, and 3.1% identified as Hispanic. All of the Maine Integrated Housing Plan program participants were low income, with 70.2% of clients having 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, 41.5% of clients had additional beneficiaries in the household. All the clients were reported as having consistent contact with a case manager (100.0%). A few of the beneficiaries identified as homeless veterans (0.6%), as chronically homeless (5.0%), or as literally homeless at the time of program entry (5.7%). See Table 5 below.

Table 5. Maine Integrated Housing Plan Demographics & Additional Client Characteristics					
n=116					
Age		Race & Ethnicity		Additional Characteristics	
Younger than 18	2.6%	Black	39.5%	Consistent Contact with Case Manager	100.0%
18-30	6.1%	White	52.6%	Household included additional beneficiaries	36.8%
31-50	56.2%	Other/Multi	7.9%	Consistent Contact with Health Care Provider	98.0%
51 & older	35.1%	Hispanic/Latino	3.5%	Stably Housed at HOPWA Program Exit (n=84)	87.0%
Gender		Household Income		Homelessness	
Female	39.5%	0-30% AMI	70.2%	Homeless Veteran	0.6%
Male	59.6%	31-50% AMI	20.2%	Chronically Homeless	5.0%
Transgender	0.9%	51-80% AMI	9.6%	Literally Homeless Prior to Enrollment	5.7%

The Maine Integrated Housing Plan provided Permanent Housing Placement (PHP); Short-Term Rent, Mortgage and Utility (STRMU) Assistance; Tenant-Based Rental Assistance (TBRA); and Employment Services. Table 6A shows the health outcomes for clients receiving TBRA. Approximately 79% of individuals saw their Viral Load (VL) decrease and/or maintain viral suppression, and were considered to have positive or improved health. 17.5% of individuals maintained their VL (not suppressed) value and were considered to have maintained their level of health. Approximately 4% of individuals saw an increase in their VL, denoting a decline in health. Of those with health data collected, there is a high percentage with improved health outcomes associated with positive HOPWA measures. See Table 6A and 6B below.

Table 6A. Health Outcomes by Assistance Type					
HOPWA Service Provided	Health Improved	Health Maintained	Health Declined	Virally Suppressed	Undetectable Viral Load
TBRA (n=103)	78.6%	17.5%	3.9%	74.8%	33.0%

Table 6B. 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>There are 13 clients without entry and exit health data which is needed for this analysis.</i>
Housing Stability Outcome	80.3% of those Stably Housed had improved VL	
Access to Care ³	78.6% of those with high Access to Care had improved VL	
Obtained Income-Producing Job	78.6% of those obtaining employment had improved VL	

³ 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)