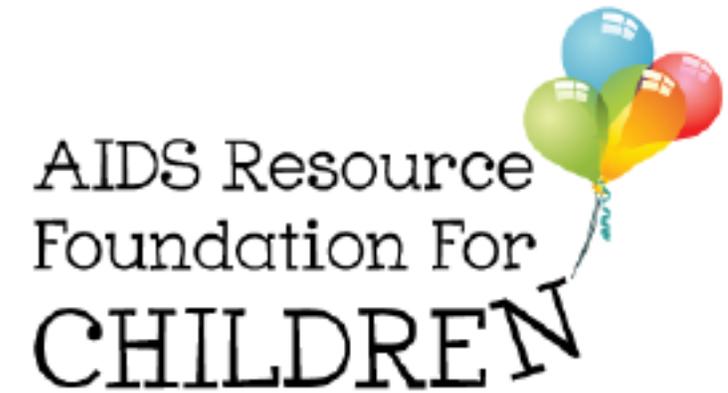




# NJ's Transitional Housing Initiative



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SARA WALLACH, DOH DHSTS PROGRAM MANAGEMENT OFFICER

ANNIE CHEN, ARFC CHIEF OPERATING OFFICER

# Definition of *Homeless person*

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According to the Department of Housing and Urban Development, the definition of *Homeless person* is as follows:

A youth (17 years or younger) not accompanied by an adult (18 years or older) or an adult without children, who is homeless (not imprisoned or otherwise detained pursuant to an Act of Congress or a State law), including the following:

- (1) An individual who lacks a fixed, regular, and adequate nighttime residence; and
- (2) An individual who has a primary nighttime residence that is:
  - (i) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
  - (ii) An institution that provides a temporary residence for individuals intended to be institutionalized; or
  - (iii) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

*Homeless subpopulations.* Include but are not limited to the following categories of homeless persons: severely mentally ill only, alcohol/drug addicted only, severely mentally ill and alcohol/drug addicted, fleeing domestic violence, youth, and persons with HIV/AIDS.

# National Housing and HIV/AIDS Research Summit Series

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Goal: relevant stakeholders work together to develop evidence-based public policy goals and strategies

Studies show “strong & consistent correlations between improved housing status and...

1. Reduction in HIV/AIDS risk behaviors
2. Access to medical care
3. Improved health outcomes
4. Savings in taxpayer dollars”

YET housing is the greatest unmet service need of people living with HIV/AIDS.

Housing is a **structural** HIV prevention and care intervention.

# Background - National

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## National HIV/AIDS Strategy for the United States, 2010

- Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV
  - Step 3: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.
    - Indicator: Increase the percentage of Ryan White HIV/AIDS Program clients with permanent housing from 82 percent to 86 percent (from 434,000 to 455,800 people) (by 2015).

## National HIV/AIDS Strategy for the United States, Updated to 2020

- Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV
  - Step 2,C : Support comprehensive, coordinated, patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges meeting basic needs, such as housing.
    - Indicator: Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.

# Homeless Services

## 1) Housing Opportunities for Persons with HIV/AIDS (HOPWA)

- Through the Department of Community Affairs, for PLWHA and their families

-Households pay ~30% of their income in rent and utilities

-Must be referred by participating HIV/AIDS service provider, be receiving HIV/AIDS case management, must have a medical professional verify diagnosis, must meet income guidelines, must live in the metropolitan statistical area in which they are applying

## 2) Agencies concerned with Homelessness Prevention, list on DCA website

Catholic Charities Diocese of Camden
Greater Bergen Community Action
Burlington County CAP
Camden County Council on Economic Opportunity
Catholic Charities Diocese of Camden
Casa Prac
DCA
Catholic Charities Diocese of Camden
Bayonne Economic Opportunity Foundation
Family Promise Hunterdon
HomeFront
Puerto Rican Association for Human Development
Interfaith Neighbors
NORWESCAP
DCA
Catholic Family and Community Services
Catholic Charities Diocese of Camden
NORWESCAP
NORWESCAP
PROCEED
Family Promise of Warren

# Background – New Jersey

## NJ Counts 2015 – New Jersey’s Point-in-Time (PIT) Count of the Homeless

- This snapshot: Tuesday, January 27, 2015 to Tuesday, February 3, 2015

7,441 Households

27.5%  
decrease  
from 2011

10,211 Persons

\*This is a minimum.\*

### Counties:

1. Essex County – 16.9%
2. Burlington – 13.2%
3. Hudson – 8.9%

### Demographics:

58.3% Male, 41.3% Female, 0.1% Transgender

52.7% African American, 41.3% White, 17.1% Hispanic,  
0.1% Asian

1,074 (10.5%) between 18 and 24 years old

42% have some type of disability

193 are HIV+; 2,339 have a mental illness; 1,914 have a  
substance use disorder

# NJ's Epidemiological Profile 2015

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- 37,435 PLWHA alive and living in the state (47% living with HIV, 53% living with AIDS)
- While African Americans and Hispanics make up 1/3 of the state's population yet 4/5 of people living with HIV in the state
- From 2004 to 2013, the number of HIV diagnoses decreased in all age groups except for people between ages 13 and 24 years old – 86% among 20 to 24 year olds

*“Among 13 to 24 year olds, YMSM diagnosed cases of HIV/AIDS in New Jersey rose from 84 in 2004 to 108 in 2013.”*

*“Almost 1200 individuals cumulatively diagnosed with HIV in New Jersey have been or currently are homeless.”*

# Creation and Vision

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- Address the gaps identified in the 2015 epi profile in housing services for HIV-positive young (18-26) gay and bisexual men (YGBM) who are unstably housed, or experiencing homelessness.
- Combine this with Dialectical Behavior Therapy
- Target population faces homelessness and abandonment, as well as stigma, mental health disorders, substance use disorders, history of sexual abuse, and post traumatic stress disorder.
- Stable housing produces tremendous outcomes along each step of the care continuum.
- This initiative serves to address the homeless faced by YGBM, and also the other factors that impede retention in care, viral suppression and thereby prevention.



Are you a young (18-24) gay/bisexual HIV+ man?

Are you in need of transitional housing?

PROJECT

**NEST**

Stigma Free. Drama Free. Shade  
Free.

We Got You!

# Program Model

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- Start Date: April 1, 2016
- Residential Program: the vision is to create a “home”

*This is a place where you don't have to worry about where your next meal is coming from or how you are going to get your clothes washed. Someone is waiting for you to come home at night.*

- Transitional Housing: HUD's definition of maximum 24 month stay

# Service Elements

Housing	Medical Case Management (with Treatment Adherence)	Mental Health Services	Psychosocial Support (NEW!)	Medical Transportation
<ul style="list-style-type: none"> <li>• A home that differs from a shelter – “you mean I get to stay”.</li> </ul>	<ul style="list-style-type: none"> <li>• Encounters with medical case managers</li> <li>• Encounters with the house nurse (DOT)</li> </ul>	<ul style="list-style-type: none"> <li>• DBT group and individual sessions</li> <li>• Talk therapy sessions</li> </ul>	<ul style="list-style-type: none"> <li>• Support groups</li> <li>• Health education</li> <li>• Wellness</li> <li>• Independent living readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Trips to medical appointments</li> </ul>

This is consistently evolving to “meet the residents where they’re at.”

# Multi-phase System

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With the exception of the Orientation Phase, Phase movement is dependent on benchmarks predetermined in the treatment plan.



# Early Data

Viral Load Suppression	Prescription of Antiretroviral Therapy	HIV Medical Visit Frequency	Gap in HIV Medical Visits	Prescribed PCP prophylaxis
71%*	100%	100%	0%	7%

- Opening another house soon
- Pride in the program
- Feels like a family

We anticipate that this program will instill in residents the knowledge and skills they need to not only engage in self-care, independent living, and treatment adherence, but also to be advocates for themselves and others.

# Lessons

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- Make trauma-informed care a priority throughout the organization – staff and residents.
- Start with a flexible mind-set as these programs are new, evolving, and best serve the residents when a sense of ownership is developed.
- Asset-based thinking. *What do we do really well? How do we use it to bring us to the next level?*
- Adaptive Challenges and Iterative Learning. Identify the hard-to-articulate challenges and ask “what do we not know.” Learn and repeat across all levels of the organization.
- Get to know your collaborative partners.

# Thank you

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Sara Wallach, DOH DHSTS Program Management Officer

[sara.wallach@doh.nj.gov](mailto:sara.wallach@doh.nj.gov)

609-292-7753

Annie Chen, ARFC Chief Operating Officer

[achen@aidsresource.org](mailto:achen@aidsresource.org)

973-643-0400 ext. 710