

**Philadelphia HIV Integrated Planning Council**  
**Comprehensive Planning Committee**  
**Meeting Minutes of**  
**Thursday, November 21, 2019**  
**2:00-4:00p.m.**

Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 320, Philadelphia PA 19107

**Present:** Sade Benton, Mark Coleman, Lupe Diaz, Dave Gana, Pamela Gorman, Gus Grannan, Peter Houle, Gerry Keys, Jeanette Murdock, Gail Thomas, Kenya Moussa

**Absent:** Evette Colon-Street, Janice Horan, La'Seana Jones, Dena Lewis-Salley, Marilyn Martinez, Erica Rand, Joseph Roderick

**Excused:** Keith Carter

**Guests:** Julia Scarlett (AACO), Audrey Nwokocha, Brad Shannon, Renee Cirillo, Javontae Williams

**Staff:** Briana Morgan, Mari Ross-Russell, Nicole Johns, Sofia Moletteri

**Call to Order/Introductions:** G. Grannan called the meeting to order at 2:02 PM. He asked everybody to introduce their names, place of representation, and favorite holiday treat.

**Approval of Agenda:**

G. Grannan presented the agenda for approval. **Motion: G. Keys moved, P. Houle seconded to approve the agenda. Motion passed: all in favor.**

**Approval of Minutes (October 17, 2019):** G. Grannan presented the previous meeting's minutes for approval. **Motion: J. Murdock, P. Houle seconded to approve the October 17, 2019 meeting minutes. Motion passed: all in favor.**

**Report of Staff:**

N. Johns reported that there would be a Positive Committee evening meeting on December 10<sup>th</sup> from 6 PM – 8 PM. She asked everyone to spread the word as well as share the Facebook event. J. Williams would present on EHE (Ending the HIV Epidemic). Due to the time of the event, there would be pizza as well.

She then welcomed B. Shannon and A. Nwokocha who were at the Comprehensive Planning Committee meeting to present information about their housing program in Delaware.

**Report of Chair:**

None.

**Discussion Items:**

**—Housing Models—**

N. Johns explained that B. Shannon and A. Nwokocha would first present, she would review the five page plan with information into research from other EMA housing RWHAP programs as well as past ideas from the committee, and then the committee would break into groups for discussion.

B. Shannon explained that the biggest issue encountered at the Delaware housing program was an ever-growing waiting list. He added that the program mainly used Ryan White Part B money, but RWHAP administrators stepped in as a third source of funding which briefly cut down the waiting list down before building up again. He noted that Delaware also had a large aging population similar to that of Philadelphia with 2/3 of clients being over 50 years old.

B. Shannon clarified that their housing program is meant to be a more temporary service until clients can establish themselves in other subsidized housing alternatives. Therefore, they received a grant for hiring a housing case manager to work directly with clients to help with transitioning to other subsidized housing programs. For the past two months, their two southern counties have had a waiting list of 0 while other waiting lists were cut in half.

A. Nwokocha said that clients are required to do an annual recertification, to verify that they have a transition plan and are applying for subsidized housing alternatives. Before the housing case manager, some clients had already taken initiative and were interested in getting on the Section 8 housing waiting list.

A. Nwokocha explained that they were also operating more efficiently because they had been reviewing waiting lists and ensuring they were sending client lists to case managers twice a year. This way they could see if clients were in case management, and if not, they encouraged clients to get on case management. If they could not find a client, they would contact past case managers to find out via CAREWare if the client was still in compliance with medical care. If they still could not contact the client, they would remove the client from the waiting list. This way, the list could be reduced to represent actual individuals waiting for the service. By going through the list, they could identify remove those who did not respond, reported being “not ready for housing,” or were over the income maximum. They understood that those over the income maximum still needed help, but they needed to prioritize those who qualified.

J. Scarlett asked how individuals go about finding housing through the program. B. Shannon said that the process is the same as any other person “apartment hunting.” P. Houle explained that because of this, a housing case manager is beneficial since there are so many barriers and complications and mediation may be needed. B. Shannon agreed that it helped the process be much more client-centered. J. Scarlett asked who administered the application, and B. Shannon responded that it was internal.

P. Houle said that in the 17 years he had been at the consortium, there had never been an empty waiting list. J. Scarlett asked what the process is for finding a housing case manager. B. Shannon said that it is essentially a MCM (medical case manager) that solely focuses on housing.

A. Nwokocha listed client comfort and familiarity as a large barrier to finding other housing alternatives and leaving their current housing program. She explained that applications for other housing programs can be difficult, so having a housing case manager for support and encouragement makes a positive impact. P. Gorman asked about a housing case manager’s typical case load. A. Nwokocha responded that the housing case manager is steadily working with about nine to ten clients. In addition to the nine to ten clients, some others may call for assistance or stay in contact with the case manager for various reasons. B. Shannon added that the process is similar to that of a regular HIV case manager—the case managers work on successfully getting the client into a new program.

P. Gorman asked about retention in new programs after the case managers have let their clients go. A. Nwokocha and B. Shannon said that the case manager only stops working with the client when the client is comfortable and established enough. P. Houle said that once the client is sorted with housing, they go back to their regular case manager. P. Gorman asked if the housing case manager and regular case managers were autonomous or collaborative. P. Houle responded that since there were only three other case management providers in the state of Delaware, their work was collaborative.

G. Grannan asked about support and budget for the housing case manager position. B. Shannon replied that the support they got was only temporary and solely for the housing case manager position. After a few more years, the housing program would have to sustain the position themselves. A. Nwokocha added that the housing program also focused a lot on senior housing which helped to cut down the waiting list as well due to Delaware's new housing establishments for seniors.

A. Nwokocha explained that they are regularly updated on whether their clients are trying to get on alternative programs. If they are not, it is likely because they are afraid to lose their housing. She explained that this is not true, so the housing case manager works with that hesitation. J. Scarlett asked about what happens when clients do not want to change programs. A. Nwokocha said that they encourage the clients to apply to Section 8 Housing, but they do not force anyone out of their current program. B. Shannon clarified that people do not have to move and can continue in their same residency under a new program.

J. Murdock asked about the Delaware housing program and whether people can “upgrade” to more rooms. A. Nwokocha said this was possible in the instance of a growing family. G. Grannan asked for the definition of a growing family. P. Houle responded that a growing family occurs if another person comes to live with the client e.g. a grandchild, a child, etc. The housing is both income based and household appropriate.

M. Coleman asked if they used a Housing First model when considering substance use in Delaware. B. Shannon responded that they do not follow the Housing First model though they do not evict anyone for drug use. However, he had seen people not paying rent and being kicked out due to drug use. J. Scarlett asked if there was protocol in place and mediation before someone is evicted. P. Houle responded yes—the client and case managers mediate and make decisions together. In these cases, 1 of 3 things will happen: (1) the client will create an action plan with their case manager to work on any issues that causes the missed rent; (2) accept the situation and ensure that it does not happen again, essentially giving a warning; or (3) the person loses their voucher. Cases are usually addressed before circumstances are severe, so the third option is not typical.

B. Shannon clarified that just because someone is evicted, it does not mean they are ejected from the program, just the physical property. P. Houle added that a housing case manager would decide with a MCM if someone was ready to receive housing vouchers.

**—Proposed Homelessness Prevention Program—**

N. Johns pointed out the Proposed Homelessness Prevention Programs sheet, explaining that it was a draft proposal and could be changed or even discarded. She emphasized that everything written in the draft proposal was taken directly from the committee's past discussions.

N. Johns reviewed the first page of the Proposed Homelessness Prevention Programs for DEFA RWHAP. Refer to page 1 for a comprehensive look into the draft proposal. Regarding the first page,

N. Johns asked everyone to highlight “low incomes” in the first paragraph. She added that there would be more data points under the “key considerations” section. Within the PLWH subpopulations section, she reminded the committee about how they had discussed keeping families together in the last meeting.

She directed everyone to read the second page which discussed using RWHAP more effectively. Refer to the page 2 for a comprehensive look into the draft proposal. N. Johns highlighted the bit which noted how if further assistance is needed past three months, Part A Rental Assistance may be able to extend the coverage, as assistance type is case-specific. She said that there was acknowledgement that under special circumstances, exceptions could be made. She noted the bottom bullet introducing a new EFA-Housing limit of \$2,500 for a 12 month period if the committee approved.

N. Johns reviewed the third page starting with a Housing Assistance section. Refer to page 3 for a comprehensive look into the draft proposal. She read that considering rental subsidy for 6-12 months for PLWH with an income of <300% FPL. Such assistance was especially pertinent for transitional periods where individuals may need extra financial help to get established. She commented that 12 months was usually enough time for such assistance, but the assistance was case-by-case and could be used for less than 12 months as well.

N. Johns said that they could talk about potentially people paying percent of their income towards their assistance. She explained that it may complicate the funding process a bit, but it was still an idea worth entertaining.

N. Johns reviewed the fourth page starting with “motel vouchers” and listing \$1,387,500 as the total for proposed programs. Refer to page 4 for a comprehensive look into the draft proposal. She noted that the difference between funds allocated for FY2020 and proposes allocations was \$370,993. She reminded everyone that they could refer to the supporting evidence on page five. She recommended everyone break into small groups to digest the information and use the worksheet provided to really address any important questions or suggestions.

D. Gana clarified that people can only apply for DEFA a maximum of three times within 12 months to split up the allowable \$2,000. There also must be documented need, whether it be safety reasons or medical.

Everyone divided into groups based on randomized sticker colors and reconvened after the small group discussions. They reconvened after about 30 minutes.

P. Gorman said her group expressed concern around accessible locations and families that have disabled members. Would there be addition consideration when someone with disability lived in the household? The group was also curious about the subsidy for larger households and whether it was enough. M. Ross-Russell responded that the FPL considers how many people are in the household. Therefore, the subsidy reflects the household size.

P. Gorman explained that her group questioned ADA (Americans with Disability Act) accessibility. Specifically, they wanted to know about the physical accessibility and accommodations and if the subsidy would be used within that. N. Johns responded that people either have housing and use the subsidy to help maintain the housing, or they are in a transitional period to use the subsidy. How the subsidy is used is largely tenant-based, so people can seek housing that accommodates them.

P. Gorman specifically questioned what would happen if circumstances changed for a person and they suddenly became handicapped. N. Johns responded that such an instance would be considered a transitional period wherein these subsidies would work. G. Grannan said that ADA obligations go to the property owner, not the funder. N. Johns suggested adding folks with disabilities under special populations to ensure special consideration. N. Johns added that there are also different housing assistance funding/programs for people with disabilities.

M. Ross-Russell commented on how a housing case manager would be helpful for individuals with disabilities if they needed to access different housing programs/funding streams that are specific to their needs. She also noted that there are programs that will alter a home for accessibility purposes. N. Johns suggested that the committee come up with a directive to address this. M. Ross-Russell added that there are already housing social workers in the HOPWA program that could assist, but the recipient would ultimately determine how the directive would be enacted.

N. Johns informed the committee that they were not under any time constraint, since decisions made now would determine 2021 funds. Therefore, the committee had time to focus on the hammering out any details and had time to focus on implementation later with AACO. P. Gorman said that allocating the money can be the more difficult part, so she wanted to focus on how they could move around money. For example she liked the MCM model, but she wanted to know how they would carve out money for it. N. Johns said it was possible to carve money out of the MCM service category to use as money for housing case management. The committee liked this idea.

P. Gorman noted how there was only one agency for dissemination of EFA and asked if there would be a capacity problem for the plan. M. Ross-Russell responded that there was no issue with capacity.

P. Gorman expressed concern for health literacy levels of individuals entering the programs and extensive training for providers. She said they also had a concern about subsidy being increased for larger families.

K. Moussa asked about inclusion of the lesbian, gay, and bisexual community within special populations. N. Johns said she would add those subgroups as LGB, but said she would keep the T (transgender) separate, since concerns for the transgender community are different than those of LGB communities. G. Thomas commented on how the application process is a barrier. N. Johns agreed and said they would have further discussion about the application process and ensuring that it had client centered assistance.

J. Scarlett added that another barrier would be that EFA does not cover security deposit. M. Ross-Russell said that first and last month's rent could be covered under EFA, but since security deposit money can be returned, that is not covered.

J. Scarlett mentioned transportation as a barrier to accessing services. She also expressed concern around qualifiers that may deny people the service. N. Johns responded that the service is designed for people who feel ready to manage a household.

G. Grannan said the proposed model seemed flexible and his group supported the idea of addressing safety concerns by using funds for hotel rooms. His group wanted more information on how people's engagement with law enforcement and substance use treatment would affect housing status. For example, would probation affect housing or increase cost of living? His group also wanted to ensure

that there was a good mechanism for someone to find a new place if they feel unsafe. N. Johns said that the money can be transferred from place to place since the money “follows the client.”

**—CPC December Meeting—**

N. Johns asked whether people wanted to meet on December 19<sup>th</sup>, 2019, as the committee usually did not. By majority, the group did not want to meet in December. N. Johns announced that there would be a presentation about parenting and pregnancy regarding PLWH for the January 2020 meeting.

**Old Business:**

None.

**New Business:**

None.

**Review/Next Steps:**

None.

**Announcements:**

G. Thomas announced that there were still available spots for World AIDS Day program, and people should sign up soon if they wanted to participate

**Adjournment:**

G. Grannan called for an adjournment. **Motion:** J. Murdock motioned, P. Gorman seconded to adjourn the November 21, 2019 Comprehensive Planning meeting. **Motion passed: all in favor.** Meeting adjourned at 4:06 PM.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- November 2019 Comprehensive Planning Agenda
- October 2019 Comprehensive Planning Minutes
- Proposed Homelessness Prevention Programs for Philadelphia EMA RWHAP
- Document Feedback Worksheet—Housing Assistance Proposal