

# Proposed Homelessness Prevention Programs for Philadelphia EMA

## Ryan White Part A

### Purpose of proposed programs:

The proposed programs are designed to mitigate some of the instability and homelessness experienced by PLWH in the EMA through homelessness prevention and rapid re-housing for PLWH with low incomes. These programs are aligned with the activities and strategies in the 2017-2021 EMA integrated plan. See below for supporting documentation of need and resources.

### **From the 2017-2021 integrated plan:**

Objective 2.4: Increase the percentage of PLWH retained in HIV care who are stably housed.

Strategy 2.4.1: Continue to support homelessness prevention activities.

Activity: Provide direct emergency financial assistance for rent and utilities.

Strategy 2.4.2: Continue and expand access to transitional and long-term housing for PLWH

Activity: Increase EMA capacity to house homeless and housing insecure PLWH.

Strategy 2.4.3: provide services that combat economic and individual barriers to housing.

Activity: Ensure medical case managers assess and address housing instability when developing and reviewing care plan

### Key Considerations:

- 73% of PLWH in the EMA have an income of 138% FPL or below (\$17,236 for an individual)
- 21.9% of PLWH in the EMA have an income between 138% and 400%FPL (\$49,960 for an individual)
- AACO estimates that 3,050 PLWH in the EMA were temporarily or unstably housed in 2018.
- In NJ counties, fair market rent for a two-bedroom averages \$1465 – which means a household needs to make \$58,600 to be paying less than 30% of income
- In PA (including Philadelphia), fair market rent for a two-bedroom averages \$1015 – which means a household needs \$50,600 to make that affordable.

### Target PLWH subpopulations for the proposed programs:

- Pregnant and postpartum individuals
- Youth and young adults (13-25)
- Families with children under 18
- Transgender individuals
- People over 65 years of age
- People exiting or recently released from an institutional setting, includes jail/prison, foster care, inpatient behavioral health treatment, among others
- Individuals and families fleeing domestic/interpersonal violence and abuse
- Individuals and families experiencing an emergency due to a medical condition, accident, loss of employment or other emergency that threatens their housing stability

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### Proposed programs:

Ryan White funds are always payer of last resort. In order for an individual to qualify for the following assistance, other appropriate avenues of emergency assistance and housing support have to be pursued and documented.

Some directives/considerations:

- Substance use and mental health status will not be factors in determining eligibility
- Families should be sheltered together unless there are concerns about safety
- RW certification process should not be a barrier to these programs
- Referrals to employment, job readiness, and/or financial literacy resources should be made as appropriate to ensure clients are able to maintain housing

Under **Direct Emergency Financial Assistance** which is defined by HRSA as (abbreviated):

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food, transportation, and medication.

- **Motel vouchers for emergency housing for up to 21 days.**  
Special populations for whom this was designed: families with minor children, transgender individuals, and individuals and families fleeing domestic violence and abuse. This is for situations where there are no shelter beds or other appropriate emergency housing available. Client must commit to seeking permanent housing with the assistance of a case manager and/or housing counselor.
  - Weekly phone or in-person check-ins with case manager to work on housing plan and to secure sustainable housing through RW, HOPWA or other housing programs.
- **Emergency rental & utility assistance for up to 3 months** for emergent needs.  
Eligible emergencies are medical conditions/recovery that will impact income/ability to work, intensive caregiving that will impact income/ability to work, and other emergent needs that threaten an individual/family's ability to pay for rent and/or utilities for a specific amount of time. The timeframe will be agreed upon at the start of the subsidy period. Documentation will be required as proof of the duration and type of assistance that is required on a case-by-case basis. If longer term assistance is required, then the Part A Rental Assistance program may cover those additional months.
- **A new EFA-Housing limit of \$2500/12-month period**, with ability to extend for extraordinary circumstances for which the individual/household would lose housing or basic utilities without the extension and there are no other funding or resources available.



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Under **Housing Assistance** which is defined by HRSA as (abbreviated):

Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Assistance cannot be provided on a permanent basis. Cannot be used for mortgage payments.

- **Rental Subsidy for 6-12 months for PLWH with an income at <300% FPL.**  
Eligible individuals will currently have housing or using EFA for 1<sup>st</sup>/last month's rent to secure housing. A documented plan for attaining sustainable permanent housing at the end of the subsidy period (6-12 months) is required. This program is designed for individuals in a transition period due to change of living situation, change in employment or education, pregnancy/postpartum period, change in family status, or other situations where short-term subsidy will help the individual/family through a transition that threatens their housing stability. Eligible individuals will have a reasonable expectation of income that will support their living expenses once the subsidy ends.
- Limit to a total of 12 months of subsidy within a 5-year period.
- Clients will have monthly contact with case manager/counselor to assess the housing plan and if there is a change in need or eligibility for this or other housing assistance programs.
- Failure of client to pay rent can terminate the subsidy. If a qualifying emergency occurs (see above), then EFA rental and utility assistance may be available. After the emergency period, the rental subsidy may resume.

## Proposed subsidies:

### **For individuals and families with 200% FPL or less income:**

Months 1-6 at \$500 rental subsidy a month

Months 7-12 at \$250 rental subsidy a month

### **For individuals with income of 201%-299% FPL:**

Rental subsidy at \$250/month for up to 12 months

## Estimated costs and proposed allocations for FY2021:

### **Rental subsidies:**

Rental subsidy for households with <200% FPL: **\$4500 per year per client**  
Rental subsidy for households with 201-299% FPL: **\$3000 per year per client**

With an allocation of **\$1.25 million the program could assist at least 300-350 households a year** or about 15-20% of the unstably housed PLWH in the EMA.

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## **Motel vouchers:**

Average extended stay rate in Philadelphia: \$125/night

**\$12,500 would provide 100 nights of emergency housing for vulnerable individuals**

## **Emergency Housing Assistance (Rent and utilities):**

If the max per household is \$2500, then **\$125,000 would assist at least 50 households in a year**

**Total for proposed programs: \$1,387,500**

## FY 2020 Allocations (as approved by the HIPC in August 2019):

It should be noted that the NJ region has not allocated funding to any of the three service categories under consideration so the amounts are a total of the PA counties and Philadelphia allocations per service category. Specifics for the regions will be considered when FY2021 allocations decisions are made. For the purposes of this proposal the EMA-wide allocations are used because all PLWH in the EMA would be eligible for services regardless of where they live in the EMA.

Emergency Financial Assistance: \$145,728

Emergency Financial Assistance/Housing (allocation to offset HOPWA funding for EFA): \$228,279

Housing Assistance: \$642,500

Total currently allocated to housing-related services that could support the proposed programs:  
\$1,016,507

**Difference between funds allocated for FY2020 and proposed allocations: \$370,993\***

\*Considering patterns of underspending and community need, this amount of money could be reallocated from Outpatient Ambulatory Care with no interruptions to client services.

## Supporting evidence:

### **Current lack of resources to meet need (From the integrated plan pg. 38):**

EMA resources are unable to meet current housing needs of PLWH. The waiting list for HOPWA housing was approximately 350 people in January 2016. As of this plan, there were about sixty people on that waiting list for the HOPWA program in the New Jersey counties. Philadelphia's Division of Housing and Community Development estimates that it would need approximately \$3.85 - 4 million in additional funding per year, as well as increased capacity, to end its HOPWA waiting list. The waiting list for the Housing Choice Voucher Program (formerly known as Section 8) has not been open in Philadelphia since



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2010, and the waiting list will not reopen until the majority of those applications are served.<sup>1</sup> The current wait list has 100,000 people. The wait is estimated to be ten years.<sup>2</sup>

In an effort to mitigate some of the unmet housing need of PLWH, the RWPC is assessing the feasibility of using Ryan White Part A funds to provide for short term transitional housing. Priority would be given to individuals experiencing homelessness. The RWPC will also explore the feasibility and impact of a Housing First program. The RWPC allocated Part A funds to rental vouchers (for Philadelphia only) in the 2017-2018 fiscal year, should the EMA receive a significant increase in Part A funds.

### Housing is Care and Prevention (from the integrated plan pg 48 – 49)

Homelessness creates barriers to access, adherence, and continuity of care. Inability to store or access medications, lack of routine medical care, poor nutrition, and the stress of being unstably housed affects the course of HIV disease. PDPH estimates that there are 2,700 PLWH who are insecurely housed on an annual basis in the EMA. A 2011 match of the surveillance registry and a sample of 592 homeless persons found that 41 individuals or 6.9% of homeless persons were living with HIV or AIDS. The EMA's 2012 consumer survey found that, of the 684 respondents, 3.9% reported living in a shelter or on the street. Analysis of demographic data of persons in the EMA who received any Ryan White services in 2014 indicates that 10.1% of persons with known housing statuses were non-permanently housed.

Consistently, PLWH mention Housing as an unmet need. Half of the PLWH report housing assistance as a need at Ryan White Central Intake. Women of child bearing age (59%) and PLWH who were recently incarcerated (53%) are even more likely to report housing needs. Twenty-seven percent of the 2012 Consumer Survey respondents reported needing housing services.

People experiencing homelessness and housing insecurity are more likely to engage in sexual and drug using risk behaviors than housed individuals. Kidder et al. (2008) found that people experiencing homelessness were far more likely to have ever or recently engaged in substance use and HIV transmission risk behaviors.<sup>3</sup> Even after controlling for predicted confounding factors, housing status remained a significant predictor of the number of sex partners in the past 12 months, sex exchange (both lifetime and in last 12 months), unprotected sex with unknown status partners and all drug and alcohol use variables. A study on social instability and HIV risk in low income urban women found that homelessness was the only indicator consistently associated with multiple sex partners, sex exchange, and recent STI diagnosis in controlled models.<sup>4</sup> Men in the OHP focus groups who had been homeless said that while in active addiction they did not care about their health or STI or HIV prevention and would do what was necessary to secure drugs and/or survive.

<sup>1</sup> Philadelphia Housing Authority (2015). *Housing Choice Voucher Waiting List Update*. Retrieved from <http://www.pha.phila.gov/pha-news/pha-news/2015/hcv-waiting-list-application-update.aspx>.

<sup>2</sup> Long wait, high demand for PHA housing. Philadelphia Tribune. May 16, 2016. Retrieved from: [http://www.phillytrib.com/metros/long-wait-high-demand-for-pha-housing/article\\_d7cde3e7-afde-5026-ba57-aab2b80304f4.html](http://www.phillytrib.com/metros/long-wait-high-demand-for-pha-housing/article_d7cde3e7-afde-5026-ba57-aab2b80304f4.html)

<sup>3</sup> Kidder, D. P., Wolitski, R. J., Pals, S. L., Campsmith, M. L. (2008). Housing status and HIV risk behaviors among homeless and housed persons with HIV. *Journal of Acquired Immune Deficiency Syndrome*, 00(0), 1-5.

<sup>4</sup> German, D., Latkin, C.A. (2012). Social stability and HIV risk behavior: Evaluating the role of accumulated vulnerability. *AIDS Behavior*, 16(1), 168-178.

Notes from Comprehensive Planning Committee's group discussions around Housing Assistance and EFA at the October 2019 meeting.

EFA:

- Need to set up mechanisms for immediate relief for emergent needs rather than waiting until 2-3 months late with bill or rent.
- Need to set up way to document "couch surfing" as temporary stop gap from street homelessness so getting shelter doesn't harm an individual's ability to get re-housed
- Car repairs and transportation emergencies should be covered
- Families should always be sheltered together – good use for motel vouchers
- Transgender PLWH should be given motel vouchers or other types of emergency housing to ensure their safety. Shelters are not always safe or welcoming.
- The RW certification process should not interfere with a client's ability to get emergency assistance. Should happen simultaneously.
- For medical emergencies that prevent someone from paying rent/utilities – the assistance should cover the amount of time the person is out of work/recovering.
- For other emergencies – assistance should cover the acute need/expense.
- \$2500/year per client – but that should be re-evaluated based on the needs of the individual and exceptions made for extraordinary circumstances to prevent homelessness
- Priority for lowest income RW clients, 200% FPL or less

Housing Assistance:

- There is a lack of awareness about housing programs for both providers and clients
- Market issues due to "fair market rent" and rising rent
- What housing is available is not always acceptable or good for client
- Specialized training is needed for case managers and others who assist with housing needs for PLWH
- Assistance should be given to PLWH based on their needs, including health status, co-morbidities, age/life stage, etc. – priority given to "aged out youth", transgender people, people with severe mental illness and substance use and chronically homeless
- To Do:
  - Review housing acuity scales for other jurisdictions
  - Sustainability plan/tool
  - Decide on a reasonable and feasible time frame for rental assistance program
  - Finding housing for clients
  - Identifying housing programs in the EMA

Document Feedback Worksheet – Housing Assistance Proposal  
Comprehensive Planning Committee  
Thursday, November 21, 2019

1. What does the proposal do well? What do you like?
2. What is missing?
3. What do you need more information about?
4. Are there any subpopulations or barriers not considered?
5. What are the potential challenges in implementation or use of the programs in your opinion?

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