

**COLLABORATIVE SOLUTIONS, INC.**

**Moderator: Valencia Moss**  
**May 2, 2019**  
**12:21 p.m. ET**

(Slide 1)

Valencia Moss: Welcome. Thank you all for those of you who've already joined us. The webinar will start promptly at 12 Central, 1 Eastern Standard Time, so we have a 10-minute grace period. Please remember, if you are calling in, to put your phone on mute by pressing star six or by utilizing the mute feature on your phone.

Moving On: Strategies for HOPWA Programs to Assist People in Achieving Self-Sufficiency will begin in five minutes.

Hello, everyone. And thank you so much for joining us for the Moving On: Strategies for HOPWA Programs to Assist People in Achieving Self-Sufficiency Webinar.

Listening to this webinar through your computer speakers is strongly recommended. When doing so, make sure your volume is turned on and your phone is on mute. You can do so by pressing star and six.

I've got an echo in the phone line. I think we've gotten that situation taken care of. The great joys of technology.

So if you are encountering audio problems through your computer, you may also listen through our conference line by dialing 1-877-658-4437 as listed on the screen. Also remember to press star six from your phone if you are calling in through our phone line or if you are listening through your computer audio system, please mute your computer.

For technical assistance, you may use the chatbox, which is located in the left-hand corner of your screen to directly communicate with our presenters today. If you would like to download a copy of today's presentation directly to your

computer, you may also do so by locating the link box which is located on left-hand corner of your screen, select number one, and then select open, which is the download box directly underneath the links box.

And now, it is my pleasure to introduce to you your first speaker for today, Kate Briddell.

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Kate Briddell: Good afternoon, thank you, Valencia, for getting us started. Today's webinar agenda is the introduction, logistics for today's webinar, which we've just done and the presentation. So this is really intended to be interactive webinar, so please feel free to enter any questions you have into the chatbox, which, as Valencia said, is located in the bottom left corner of your screen.

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Today's presenters are going to be myself, Kate Briddell, and Christine Campbell from Collaborative Solutions. We're also joined today by Mark Misrok, who's the Executive Director of National Working Positive Coalition.

Our audience are HOPWA grantees, projects sponsors, other technical assistance providers, and HUD staff.

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Below, you'll – I'm sorry, on your screen, you'll see the tentative schedule for our upcoming webinar. The Managing Your HOPWA Subsidy Housing Assistance with Increased Funding is tentatively scheduled for June 13.

Also scheduled tentatively for July 18th is the HOPWA Data Sources, Accuracy, and Uses for Modernization Planning. And then in September, we'll be doing our culminating webinar.

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A reminder of the HOPWA Modernization Goals, the Office of HIV/AIDS Housing has established a set of values to guide the implementation of HOPWA modernization.

These values are that no person should become homeless as a result of HOPWA modernization, all funds should be used to meet the needs of eligible households with no funds recaptured from grants. And that grantees should ensure their project design meets the changing needs of the modern HIV epidemic with the goal of positive health outcomes and reduced viral loads for HOPWA-assisted households.

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Our learning objectives for today are that participants will be able to utilize benefits counseling as a moving on strategy. You will be – learn about strategies to integrate job training, employment, and earned income strategies into your service portfolios.

You will understand the unique needs of youth and people who are age 50 and over as it relates to moving on. And a HUD list of resources is available to you as you develop your moving on strategy for your program.

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So, at this moment, I want to ask you to flood the chatbox. What are you most interested in learning more about regarding moving on strategies? Please populate that message box on the bottom left at your screen with those ideas. What questions do you have and what are you hoping to get out of this webinar?

We really, like I said, want this to be an interactive webinar, so we want to hear from you. Please send your questions. So, I'm hoping that you're working on that right now, and at this point, I'm going to turn this over to Christine Campbell to get us started in the meat of our webinar. Christine?

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Christine Campbell: Thanks so much, Kate. So, the goal of supportive housing is to support tenants and clients in achieving their highest level of independence, giving

them choice, giving them support, and helping them achieve their goals, and improving their quality of life.

Moving on will look different for different clients depending on their medical, mental health, substance use, and their social skills. Moving on also provides assisting spaces for new clients who have higher supportive housing. This is particularly important as it relates to HOPWA modernization as programs will need to have strategies that meet the client needs and allow for as many units as possible to be available to our clients.

When developing a moving on strategy, factors that need to be considered are affordability. Can our clients and tenants afford an independent housing situation? Availability. Are there affordable units accessible in the community that are in safe locations? Income sustainability. Do our clients and tenants have the resources to continuously pay their rent or mortgage? Are they employed? Do their benefits cover their expenses? Is income likely to be ongoing?

Access to supportive services. It is assumed that there will be times that our tenants and clients will have some need of supportive services. Are there mechanisms in place where they can easily access those services when the need arises?

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So what do we mean by self-sufficiency? When we talk about self-sufficiency, we are referring to our clients' and tenants' ability to take care of themselves economically, socially, medically, and through an array of supportive services.

We are talking about the ability of people to manage their lives. Not that these issues won't arise. All of us, at one time or another, have issues that need to be addressed. We consider ourselves self-sufficient when we have ability not only to handle any situation that arises, but also have the ability to know when to ask for (assistance).

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Throughout this webinar, we will be discussing a series of best practices. They include benefits and benefits counseling, employment and earned income, vocational rehabilitation, and workforce development, mainstream housing, family reunification, youth, and those who are 50 and older. Family reunification, youth, and those who are 50 and older.

(Inaudible)

Crystal Pope: I think we've got some interference. We have a number of things people have said. Some that they don't have any questions, that they're new to the grant, want to learn, what could be done.

(Inaudible)

Valencia Moss: If you have called in to the webinar using our phone system, you do not have to also listen through your computer audio. If you're listening through your computer audio and on the phone, please mute your computer audio to reduce feedback and interference with the line. Let's give this one minute to clear up, speakers, so that everyone can be onboard.

OK. I think we're good to go. You can start back, Crystal and Christine.

Crystal Pope: OK. So, we're – we had one person who would like to learn more about shallow rent programs and whether that can be funded in any way with HOPWA and how to help clients mitigate all the housing barriers that we see like low credit scores, landlord-tenant records or criminal records. And many who've put in that they're just interested overall in how to assist HIV clients with employment services and opportunities, and how that could be done, how that could be funded under HOPWA.

Christine Campbell: Great. Thanks, Crystal. We definitely will be able to get to some of those issues around graduating clients. We'll be able to get to the issues around employment that people have mentioned. Issues around – I saw one comment around moving on strategies for the transgender community. Whereas we

won't address that today, we can get you resources on those and do a follow up with those – from those – from the questions targeted.

Things like shallow rent subsidies and those types of issues can be talked through some of our practice webinars (inaudible) as well.

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Let's start with best practice or practical strategies around benefits and benefits counseling. We often engage in benefits counseling with our clients and tenants as part of our case management service. Here we are talking about expanding your benefits counseling with a specific emphasis on moving on and building self-sufficiency.

We need to be clear on what benefits our clients and tenants have access to, and how their benefits are impacted should they obtain employment. This will support our clients in making sound decisions on the best way to move forward and build self-sufficiency.

Sometimes our clients' and tenants' fears are justified and that obtaining employment will not enhance their self-sufficiency. But many times, gainful employment will improve their self-sufficiency despite their income's impact on their benefits situation.

Ensure that your case managers are well-versed in the opportunities and limitations benefits have on your clients and tenants. As we consider the impact of benefits, we need to remember that viral suppression does not remove an AIDS diagnosis and therefore their disability classification.

I want to introduce you to Mark Misrok. Mark is the Executive Director of the National Working Positive Coalition and has vast experience here. I've had the pleasure of working with Mark for many years and I'm very honored that he's part of this webinar today. Mark, will you walk us through some key elements of these benefits, and we'll go on to talk about vocational rehab and workforce development?

Mark Misrok: Hi. This is – Christine, thanks so much. Is my volume good?

Christine Campbell: Yes.

Mark Misrok: Great. Thanks so much. I want to thank Christine and Kate and Collaborative Solutions for the invitation to join you in today's webinar. Some of the most innovative, important work being done now in address employment needs of people living with HIV is being done by HOPWA providers and I'm honored to partner with you.

I am myself a person living with HIV who's greatly benefited from a broad range of service providers across multiple service systems that absolutely have enabled me to thrive and advance in my own life. I'm inspired to see developments within HOPWA programs to help increasing numbers of people gain access to more and better economic and employment opportunity.

Providers are not all at the same readiness or capacity to explore and address employment needs and interests of your program participants and this focus on better understanding benefits policies and procedures is an extremely vital foundation to start with.

For large numbers of people living with HIV, it is difficult and rare to access accurate information about if, when, and how work earnings would impact the programs we rely on for economic and housing stability and access to healthcare and our medications.

Many services providers also struggle to understand this information and it can be hard for us to encourage the people we work with and care about to consider making changes if we're unsure that they will work out well for them.

There are a few steps providers can take that are greatly helpful to people living with HIV considering and pursuing employment related to benefits questions. When you build your capacity to offer this help, you will assist some people in gaining confidence that they can make well-informed decisions about employment and can assist others in avoiding risks they may not be aware they might face.

I encourage you to help the people you work with to be clear about whether they are receiving SSI or SSI – SSDI benefits or a blend of both. Many of us may not be sure. The work incentive policies for SSI are very different than those for SSDI. And some people get tripped up making incorrect assumptions about which apply for them. Make sure they are informed about how Medicaid and Medicare coverage can continue even if they work up to the level where their SSI and/or SSDI incomes zeroes out.

Also, ensure they understand if, when, and how work earnings interact with their HOPWA assistance. If you're not already familiar with it, learn about your local WIPA program. WIPA or W-I-P-A stands for Work Incentives Planning and Assistance. And it's a network of grantees covering all areas of the country.

These programs are funded by the Social Security Administration to ensure that SSI and/or SSDI beneficiaries who are working or considering work can get one on one assistance from well-trained benefits specialists called CWICs or Community Work Incentives Coordinators.

You can find your local WIPA provider by going to [choosework.ssa.gov](http://choosework.ssa.gov) and searching find help for benefits counseling. It's valuable to understand that Social Security staff and local offices don't have the same expertise on work incentive policies that the CWICs do in the WIPA programs.

The last bullet here highlights the Social Security Administration publication that is often called the Bible of SSI and SSDI work incentive policies. The Red Book is a valuable resource to keep handy including for information about maintaining continuity of Medicaid and Medicare coverage.

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In your focus to contribute to expanding and improving access to employment opportunity for people you work with, learning about and establishing linkages with several key service sectors will be most impactful.

These include workforce development and vocational rehabilitation programs as well as benefits and legal services, training and education and reentry and

post-incarceration programs among others. Initiatives to address employment needs and maximize employment opportunities of people living with HIV really should be built around the guiding principle of increasing achievement of self-determined, well-informed goals for employment at a living wage while maintaining or improving access to healthcare, housing, and economic security.

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If your program does not include direct delivery of comprehensive employment services, you can greatly help people you work with by building your knowledge about and linkages with these service systems that address employment needs in almost all areas of the country.

Two of the most widely available and relative federally funded programs for assistance with employment are the National System of State Vocational Rehabilitation Agencies and the network of American Job Centers.

In most areas, there are also community-based employment and job training programs, which may or may not be funded by – or – oops, sorry. My phone was ringing. In most areas, there are also community-based employment and job training programs which or may not be funded by and affiliated with your state vocational rehabilitation agency or local Workforce Investment Board or WIB, but they can help you learn about the programs available in your area.

The Ticket-to-Work program of the Social Security Administration may also represent some important local services and resources. These are provided by entities known in the Ticket-to-Work system as employment networks or ENs. And you can find out which provides services in your area with a search on [choosework.net](http://choosework.net) or [choosework.ssa.gov](http://choosework.ssa.gov).

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The State Vocational Rehabilitation (VR) Agencies are designed to assist people with disabilities to gain and maintain employment. And they provide access to a wide range of substantial information services and resources that could be difficult to impossible for many people to obtain otherwise.

These may range from job search assistance to training and education, to obtaining many kinds of supplies, equipment and services that can be essential for individuals to succeed in well-matched employment they choose to pursue.

Those who receive either SSI and/or SSDI are automatically presumed eligible, but it's not necessary to receive disability benefits for individuals to be determined eligible for VR services if they have a disability or chronic health condition that presents a barrier to gaining or maintaining employment.

For any of your agencies that have or are considering developing employment programs, it's good for you to know that State Vocational Rehabilitation or VR agencies primarily work through subcontracts with community-based agencies that can offer targeted outreach and services.

A growing number of HIV employment programs have established contracts with the local office of their State Vocational Rehabilitation Agency, which can become an important of a sustainability plan for these services.

You can find the link to your State Vocational Rehabilitation Agencies website by going to [www.asktoearn.org/state-vocational-rehabilitation-agencies](http://www.asktoearn.org/state-vocational-rehabilitation-agencies).

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There are more than 2500 American Job Centers nationwide and these one-stop career centers are community hubs of local workforce development services.

They're typically known under a locally branded name and are open to everyone making it unnecessary for an individual to disclose HIV status to obtain assistance. Your local career centers may, though, offer access to some vital programs and services for specifically define populations, which could make it valuable for you and those you work with to learn about them.

The career centers are designed for easy access and typically it is possible to drop by any day of the work week and in some places on Saturdays to

complete a simple registration at the welcome desk and gain immediate access to a wide range of information services and resources, which can include occupational interest and skills assessments, computer labs and printers, computer and other job skills training, job lead databases, job search training and assistance, and on-site employer hiring events.

Some people may benefit from our combination of both their local career center services and working with their local office for their state vocational rehabilitation agency, which may not be as immediately or readily accessible when an individual is ready to get going working on employment preparation or job search activities.

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If you haven't already utilized it, I highly recommend that you check out this unique online training curriculum that HUD's Office of HIV/AIDS Housing developed in collaboration with the Department of Labor's Office of Disability Employment Policy.

I was among a number of people who had the opportunity to contribute to its development and I do think it can be a great help for those of you who are ready to move forward with deepening your knowledge and ideas for how to strengthen responses to the employment needs and opportunities of people living with HIV participating in your programs.

My thanks to each of you for taking this time to learn more about how you can contribute to expanding economic and employment opportunities for your program participants. I also want to thank Christine Campbell, Kate Briddell, Valencia Moss, and Crystal Pope with their assistance with this webinar. And with that, I will now turn it back over to Kate.

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Kate Briddell: Thank you, Mark. We really appreciate your being here today and sharing with us all of those valuable references. So, at this point, we would love for you to once again flood the chatbox. What strategies have you used to support your clients and tenants in obtaining employment? I see we have some questions. Crystal?

Crystal Pope: We do. And we're waiting for people to also tell us what strategies they've used, but there are a number of things and hopefully Mark or others will be able to answer them. One question is how can we get access to SOAR programs or training on SOAR to help people gain benefits? Mark, is that something that you can address?

Mark Misrok: You know, SOAR is not something that I have worked with.

Crystal Pope: OK. Well, I – generally through the COC program and the mental health system in your area, those are the ones that most likely already have SOAR programs in place but it's very useful to connect with and also it's helpful in understanding what the requirements are under each of those types of benefits.

Mark, this is one that you could probably speak to a bit more and a couple of people are asking about how to deal with client fears about losing benefits and at the same time, being very concerned within agencies about whether they're advising people correctly, not wanting to send them down the wrong road and, you know, have a bout of impasse.

Mark Misrok: Well, I think that it's important to first of all understand how well-founded anxieties may be for many people about considering taking steps that could potentially impact their benefits their benefits. For a lot of folks, the ability to think about pursuing work is because they've gained a stability through participation in these programs that allow them to strengthen themselves to potentially be able and ready to consider.

And a fear of losing those resources and supports may be very real for how that might impact their ability to succeed in employment. I saw that there was one participant in the webinar who earlier made a comment – really a question about whether it could be a good idea to strategize to wraparound services for a period of time after people leave permanent housing.

And I think that that is a relevant concept for people who would be considering taking steps into employment. I think it is vital that folks have a

chance and get assistance in hooking up and stabilizing their access to a range of supports and resources to be able to successful navigate a transition into employment.

And what may be, for some folks, the hardest part which is succeeding in adjusting to being employed after some folks maybe for the first time in a long time. In terms of the specific benefits questions, I think the access that your programs can help create to accurate individualized information for people working to be well-informed to make decisions about their potential changes towards employment is essential.

I highly recommend partnering with your local WIPA programs which is one resource for accurate up-to-date benefits expertise so that your staff can be informed and there's access for individualized evaluation and guidance for navigating a transition to work for folks who are on benefits. Some communities have other benefits specialists available. Some of your agencies may have a benefits specialist as part of the team and to include in their work activities the ability to provide training and guidance and information to folks who are on benefits about the work incentive policies and how that work is vital.

And even some of the components of the work incentive policies that can be pretty great, like the ability to continue access to Medicaid or Medicare, do require being informed about the steps that you need to take, the paperwork that would need to be submitted to ensure that that access continues after a point at which an individual's SSI and/or SSDI check zeroed out.

Crystal Pope: Great. Thank you. A couple of things that people have put in the chat box about strategies they've been using, we'll just call out a couple of people mentioned Goodwill Success Centers, using that, making referrals to state vocational rehab services, informing clients about earned income disregard through HOPWA, so that people do understand if their income increases that their rent will not automatically go up necessarily because of that based on the use of that program.

Another gives our clients resource employment lists and numbers so that they can have their questions answered about employment eligibility, collaborating with other case managers from Ryan White and other programs to discuss training programs and work incentive things. And somewhat related to that, a question came up about whether any kind of job training or benefits counseling, employment support programs could be funded through HOPWA.

And just to give a brief answer to that, certainly those types of programs can be funded through HOPWA through the supportive service category but it's really important just like with anything else where our supportive service dollars only go so far. And so, it's usually a good idea to see what other things are already available that you could connect people to in the community and then look at what possibly could be funded under HOPWA that would leverage that and would complement what you're getting from other places. And that's what I had.

Mark Misrok: Kate, if I could just build a little bit on the good points that you were making, for agencies that have been able to access HOPWA funds to launch an employment program, essentially some are launching the first HIV-specific employment services in their community through access to funding under supportive services through HOPWA.

What has been a really excellent model in my view is that I've seen that they have launched those services with a small staff, typically just one person who is an employment specialist joining the team. And then they have discovered a level of need that may warrant a need for expansion or even if they have a stable amount of need, they are linking with their state vocational rehabilitation agency through the local district office and are helping the state vocational rehabilitation agency to more effectively extend their services into the community of people living with HIV that typically happens in most parts of the country.

And that is resulting in opportunities to establish what's called the vendor contract with their state VR agencies and it essentially creates an entirely new funding stream for those HIV-specific, HOPWA-specific employment

services to complement and supplement what may be available through HOPWA.

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Kate Briddell: Thank you, Mark. And thanks, everyone, for contributing to the flood. We're going to move on to another possible strategy of moving people on. I know sometimes that can be challenging to move people to different housing resources, however, this is one that we wanted to highlight because it's specifically for people who are not elderly disabled.

So, if a client is at risk of becoming homeless and there is a need for you to reduce your role, say, you're one of those HMHIC communities, those highly-impacted communities that is losing money, this might be a resource for you to consider. It's also very – sorry – it being the Mainstream Housing or HUD's Section 811 Mainstream Housing Choice Voucher Program.

It is also a program for people who are non-elderly disabled who are transitioning out of institutional or other separated settings, those who are at risk of institutionalization, who are homeless or who are at risk of becoming homeless. This program helps to further the goals of the Americans with Disability Act by helping persons with disabilities live in the most integrated setting possible.

The program requires that public housing authorities who run this program are partnering with health and human service agencies who have a documented capacity to coordinate voluntary services and support that can enable individuals to live independently in their community. A note, only public housing authorities that administer Housing Choice Voucher Program and non-profits that already administer this are eligible for funding. But you can look at your public housing authority locally; see if this is a service or program that they offer.

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For those of you who have experience with the Mainstream Housing Program, tell us about that, flood the chat box again. Please let us know how you've accessed your public housing authority to build those partnerships.

Crystal, are we seeing anything in the chat box?

Crystal Pope: No, nothing is coming in right now, but I would just say what we hear a lot is that PHAs are not always very approachable or that is the feeling that people have. And so, we always very much encourage people to reach out to arrange some sort of meeting with people at the PHA just to talk about the kind of partnerships that could be built, what kinds of programs they're doing and establish that relationship so that you can ask questions or get additional resources from them. It really takes more of a push for that outreach.

Kate Briddell: Thank you for that. At this time, seeing no flood in our chat box, I am going to turn the webinar back over to Christine Campbell to talk to us about best practices and strategies for youth. Christine?

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Christine Campbell: The Runaway and Homeless Youth Program from HHS has done a lot of work in this area. While its target population may run towards the younger end of the youth cohort, these concepts could prove to be useful in the work that we're doing.

This program focused on increasing human capital by providing services to directly prepare youth for economic health issues. Youth tend to be resilient and it is important to tap into that resiliency as we move towards self-sufficiency, in that they are on our radar most likely they have experienced trauma that led to obtaining our services. And part of our work is to assist them on the road towards self-sufficiency.

If you have been doing this work for a while, you can see that the trends are moving that more youths are becoming HIV positive where most of our strategies to end the epidemic as well as the National HIV-AIDS strategies are trying to develop tactics to address this trend. We know we still have a lot of work to do and it is incumbent upon us service providers to make sure that we are preparing the system to be able to work with this sector of our population.

One of the resources that we're sharing with you is advancing the self-sufficiency and wellbeing of at-risk youth in its conceptual framework. How this ties to our work is just what I was saying is that we've been seeing this trend, that there's an increase of youth or at-risk for HIV who for whatever reason may be in need of housing and supportive services.

Where most of our programs are geared to adults and families, we are increasingly seeing the need for our program to be qualified to serve youth. Key elements outlined in this framework include things that we most likely use when working with adults. But we need to take into account underlying risks and protective factors when planning for youth and for providing services.

We need to make sure that we're stabilizing youth in crisis and earn their trust by first addressing their basic needs and connecting them to safety net resources when needed. And we need to make sure we're engaging youth in the ongoing assessments and service planning. They need to be an integral part of setting the direction and the course of their lives so that they can be integrated into and set on the road to self-sufficiency.

So, as we think about serving this sector of our community, we need to proactively integrate the unique elements specific to youth into the services we customarily provide.

We'll provide the link to this framework advancing the self-sufficiency and wellbeing of youth at-risk as conceptual framework in the information that we provide to you after this webinar.

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I wanted to talk a little bit, too, about our best practices with people who are 50 and older. As we were putting together this webinar, we knew that there were many sectors of our AIDS community that we're seeing an increase in, so we wanted to kind of highlight those. We do not by any stretch of the imagination say that these are the ones that, the only parts of the community that need to be addressed. We could probably do a whole webinar in and of itself for the LGBTQ community.

We could probably do one in and of itself for communities of color, rural communities as well. Each sector of our communities, we have to look specifically and tailoring our moving on strategy in those directions.

But we are at a point in the epidemic that we could only have dreamed of. People living with HIV are living longer and healthier lives. And as a community, we need to develop systems and infrastructures to support people aging with HIV.

First and foremost, we need to ensure that people who would benefit from these services are included in the planning and the implementation of these systems. This goes across the board to all sectors of our community. As we start thinking through and planning for these inevitabilities, it's imperative that those who are going to benefit from these changes and strengthening of these sections of our infrastructure are part of that planning process.

There are some strategies we can employ to strengthen systems to meet the needs of this sector of the population, those who are 50 and older. One is engaging existing government-sponsored task forces of agency planners, providers, consumers, workplace organizations to review emerging models of geriatric and HIV care. Approaches to outreach, training, care coordination should also be examined to reflect new models appropriate to the various aging populations.

Two, we need to encourage the development of best practices network and collaboration for co-located, integrated, accessible HIV and aging services. We need to review existing models of care for geriatric and chronically ill populations to determine how they may be modified and enhanced for people aging living with HIV.

In addition, review current HIV program models including comprehensive case management, nursing homes and adult day care to meet the health care needs, social support and other needs of the aging HIV population.

When some of these programs were initially designed, they were not with the thought of people aging being part of the program as being part of the design. So, right now we have great opportunity to build on the skill set that the HIV community has had to develop in developing innovative models to modify those to make sure that we're serving the aging population.

Another strategy we can use is to develop an expanded continuum of supportive and residential care options such as supportive housing, (social) day care, (naturally occurring) retirement communities and assisted living for persons living with HIV. Sometimes that may be partnering with those already established entities and overlaying HIV care and treatment in those already established settings.

Program models should incorporate prevention and treatment for current condition, comprehensive systems of care. The people living with HIV should address multiple medical needs, prevention programs to create HIV and STI awareness and encourage testing among older people, yes, our older population is having sex. Yes, they are having active, engaged lives and may have some the same risks as some of the younger elements of our community.

Innovative strategy should be engaged to reduce the main risk factors of chronic diseases among people living with HIV such as smoking, lack of physical activity or poor diet. Intra and interagency collaboration among agencies including the Departments of Health, Aging, Office of the Mental Health, Office of Alcoholism and Substance Abuse Services, Office of Temporary and Disability Assistance and other agencies focused on developing effective program models for aging adults living with HIV.

So, as you can see, there are many services that are already in existence for the population 50 and older. And what our job is us to make sure that we're integrating and overlaying that these people living with HIV in such a way that maximizes the quality of life with respect to our population.

Care and services should be established to communities where older and retired adults are located. Home and community-based care for aging in place

with HIV should be provided in residential settings such as supportive housing and assisted living programs. Care can be further facilitated by approving supportive services for seniors such as transportation, mental health and substance abuse treatment.

Interoperable electronic health record systems should permit patient access to personal health records and provide the sharing of health information consistent with the confidentiality laws. The goal being is really to integrate all pieces of their lives and being able to provide holistic care and treatment for our population who are 50 and older.

So, as you can see, there are many things we can do to support our residents moving on. We've covered a lot in this last hour and we're now going to open it up to questions and comments. Please flood the chat box now with any of your questions or comments or feedback. Share any of your experiences that you believe the community might be able to benefit from as they're developing their moving on strategy.

Crystal Pope: Christine, there's a question there now asking whether there are any agencies out there that have partnered with assisted living facilities. And that's probably a very timely question. I do not know that we have any examples of that, but are other people may as we're working with aging populations, that is one of the next steps.

Christine Campbell: So, I know of a program in – a couple of programs in California that have actually developed LGBTQ senior assisted living centers. And what they have done is they've integrated HIV as part of their largest living system.

I also know if a couple of programs here – well, I'm in D.C. so I would say in the Maryland D.C. area that the assisted living program has reached out to HIV service providers to bring education and prevention into their assisted living setting. So, it's beginning, but I think that we can actually proactively do some outreach and education in this area to really work with our populations of 50 and older, me being 55, I have a hard time calling it part of our aging community.

But, yes, I think we can proactively do some education and prevention in some of these settings and I know that there are groups that are already open and willing to integrating soon.

Crystal Pope: Aging is just another continuum.

Christine Campbell: That's right. That is right.

Crystal Pope: So, someone else asked about best practices for graduating clients whose income has risen and by that I'm assuming when people's income increases, they are no longer eligible for services through a program like HOPWA.

Christine Campbell: So, I think the part as you had mentioned a little bit earlier, one being real clear on the earned income disregard and what that means, how long someone can remain in the program before their earned income actually makes them ineligible for the program and maximizing that to the best of their ability.

Another participant talked about continuing wraparound services in post graduation and I think that is actually one of the – a great strategy for making sure we're staying in contact with folks, to making sure that as they move on, they are remaining healthy and connected to services. I think part of it is the case management services having regular check-ins with folks.

What I noticed some programs do is they create forums for graduates who are able to either come back and provide education, peer mentoring or things like that so that they stay connected to some of the services that they have been receiving, and also allows for service providers to ensure that they're doing well so that if there is a point where it's triggered that people need to return back into services, they're doing it before a crisis arises.

The other thing that I wanted to talk little bit about are the housing counseling services that are available in communities that help do things like look at credit history, that look at criminal background history and how to work with landlords to ensure that people are eligible for some of these housing settings.

So, some of the services that we're connecting our folks with may not necessarily be HIV-specific but are part of a larger community and keep them tapped into services and support systems. As we talked about earlier, all of us come upon situations where we may need assistance, and making sure that our graduates, quote-unquote graduates have the opportunity and kind of – I was about to say an old-fashioned term – Rolodex, but list of opportunities where they can go should assistance be required after they have graduated from the program.

Crystal Pope: And I think it's pretty common across the board for HOPWA programs not to really know all of the employment-related services and job training programs that are in their community. So, this is a really good opportunity to kind of jumpstart that.

I see that at least one person has indicated in the chat box that he's an employment program coordinator at Goodwill in Houston and that they always do outreach to work with other HOPWA agencies to provide employment services to their clients.

Christine Campbell: We are seeing people do across the country is really reach out to other chronic condition groups and services providers. So, one of the things we know is that we're seeing more of our people living longer with HIV and moving on but their primary issue was not HIV. It may be cancer. It may be diabetes. It may be high blood pressure.

So, reaching out to those service providers to be able to couple some of those services or provide services to our part of the population in a way that makes sense again from a real holistic perspective. We're seeing that happen not only on the service part but on the advocacy side. We're seeing the need that as we are more than 30 years into this epidemic really focusing on how we could integrate HIV in with some of the other chronic conditions and the way they're working with clients not only sharing our best practices which we had to develop because HIV has been in such epic a crisis mode for such a long time. And now we are a chronic condition that still have epidemic level, we need to really think about how can services for people living with HIV

become some of the foundation in community service planning, in safety net planning across the board.

So, whereas service providers may not have the opportunity to do that but sharing what those needs are with those folks that are doing advocacy can actually increase the resources and increase the push for more integrated services that will meet the needs of our population.

Are there other questions or thoughts that people would like to share, strategies that they have found to be very successful in their community?

(Slide 23)

So, before we close today and as I said we're going to be sharing this webinar with you.

(Slide 24)

We've got a couple of pages here of resources that we wanted to share with you. Some of them we mentioned earlier in the webinar that we think may be really helpful to developing your moving on strategies. One is the Corporation for Supportive Housing Moving On Toolkit – it's just a great resource and it's exactly what we're talk about is the toolkit; the Section 811 Mainstream Housing Choice Voucher which we talked a little bit; the Getting to Work Training – Mark shared with you a tiny URL but here's the whole URL on the HUD exchange; the Red Ribbon, Silver Threads: Healthy Aging in the Era of HIV – this was done by the Health Department in New York that provides a lot of information.

As we mentioned earlier, the Advancing the Self-Sufficiency and Wellbeing of At-Risk Youth, that framework is here; the Workforce Investment Act; the Ending Youth Homelessness Promising Programs Model. So, all of these resources are available to you that can really assist you in looking at how you can really develop strong moving on strategies.

In addition, what we will be able to do as we move forward is we're going to be putting together a resource document for you that will be posted on the HUD website and in addition to what we have here, we will add some moving

on strategies for people who are transgender. And for those who wanted to hear a little bit about shallow rent subsidies and things of that nature, we can actually add that to some of our resources as well.

And the other question that we didn't really address directly in this webinar was how the Homestead Act impacts acquisition strategy. So, we can include some of those in the resource that we develop after this webinar.

(Slide 25)

Crystal Pope: Christine, do you or others have any idea about conferences that might be coming up that address employment services especially for people with HIV?

Mark Misrok: I do. There's one that's happening – would it be helpful for me to jump in, this is one that I'm ...

Crystal Pope: Absolutely.

Mark Misrok: ... helping to work on right now that I think a first. On June 14 in Chicago there will be full day event called Positively Aging and Work: What Are My Options? It is a full day community employment information and resource event for people over 50 living with HIV. It will be a part of the reunion project 2.0 town hall and if anyone is interested in information about that event, you can go to ([bit.ly/PositivelyAgingAndWork](http://bit.ly/PositivelyAgingAndWork)) and I will post that in the comments.

Christine Campbell: And we'll add that in the resources that we send out to people.

Mark Misrok: Oh, great.

Christine Campbell: So, if there are no other questions or comments or feedback, we would really like to thank you for joining us this afternoon. We hope this has been helpful as you start thinking about putting together your moving on strategies. And this is an ongoing dialogue.

The Office of HIV/AIDS Housing is dedicated is to making sure that the grantees and project sponsors have the resources needed to have really strong

programs. Part of that is making sure that people who are moving on have what they need and access to services and support systems that will lead to successful placement and increased qualities of life.

So, again, on behalf of Collaborative Solutions, the Office of HIV/AIDS Housing and the TA providers that have been working together, we thank you for your time and attention this afternoon and look forward to our continued dialogue around this topic.

That concludes our webinar. Thanks.

Operator: The leader has disconnected. The conference will be terminated in five minutes.

END