Collaborative Solutions, Inc.

Moderator: Valencia Moss
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Operator: This is Conference # 286460340.

Slide 1

(Christine): Good afternoon and welcome to Systems Coordination Continuum of Care Mainstream Housing Programs webinar. This is the fourth in the HOPWA modernization series.

The webinar will provide an overview of Continuum of Care programs and other mainstream housing programs and discuss best practices for coordination related to planning, funding, and direct service delivery, as well as community examples from HOPWA grantees.

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Today's agenda will include some introductions, some logistics, some content, an example from the field and how this work has been put into action

Slide 3

I'm being joined today by my colleague (Kate Briddell), and we're from Collaborative Solutions. Also, on the line is (Crystal Pope) and we have a special guest presenter, Alton Thornton from Acadiana Cares.

Kate, Crystal, and I are with one of the three TA firms assisting communities with the HOPWA modernization. The others are TAC and Cloudburst. Valencia Moss will be assisting us with the technical portion of this webinar - thank you so much Valencia for your assistance.

The audience today is made up of HOPWA grantees, project sponsors, other TA providers, and HUD staff.

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Here is a schedule of our upcoming webinars. You should have recently received a revised schedule. The one originally scheduled for November 15 has been rescheduled to February 14.

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As a reminder, we would like to share with you an overview of the HOPWA Modernization goals. These are values that we believe should be followed as we're doing our HOPWA modernization.

The first one is that no person should become homeless. All funds should be used to meet the needs of eligible households with no funds recaptured from grants. And grantees should ensure their project designs meet 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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The learning objectives for this webinar include highlighting the value and importance of collaboration between HOPWA and other programs, providing a high-level overview of Continuum of Care and other homeless and mainstream housing programs and to provide collaboration examples that could expand housing opportunities and services for persons with HIV.

I am now going to toss this to Kate as we start really moving into the content of our webinar. Kate-

(Kate Briddell): Thank you, Christine. Can you advance the slide, please?

(Christine): Yes.

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(Kate Briddell): Thank you. So, there are some special issues for communities who are experiencing decreases in funding to consider. What strategies you need to maintain your levels of service? The strategies to transition HOPWA assisted

households to other mainstream programs and the methods to communicate and educate your community on HOPWA funding changes.

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And there are some special issues for communities who are experiencing increases in funding. Consider gaps that are identified in your community needs assessment whether done by yourself or others. Consider sustainability of funding for new and expanded activities and try to avoid unnecessary duplication of service existing services in your system as well as others. Well, why should you collaborate?

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Well, we all know what we know. And we pretty much know what we don't know. For example, I don't know how to make a chocolate souffle. And you might know that Ryan White can pay for housing, but you might not know whether they fund it in your community.

And then you don't know what you don't know. We all have gaps in our knowledge and there are things out there that you may not know even existed. There might be things that you'd never know about.

Slide 10

That's why collaborating is important.

By working with partners in your community, you can maximize community resources, leverage existing housing stock, ensure a coordinated community response to housing. You can make or receive referrals. And you can market your program and outreach about your program.

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The last slide showed some really good reasons to collaborate and there are any number of ways in which you can collaborate. But the three most common are planning, funding and direct application for services for your client, including through Coordinated Entry into the Continuum of Care.

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I know this idea isn't new for most of you. And I'm sure that you're successfully partnering with others in your community. So, let's take a look at some other resources that might be available to your clients and we'll give you a brief overview of each one.

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The COC program is designed to assist individuals and families experiencing homelessness and to provide the services needed to help such individuals move into transitional and permanent housing with the goal of long-term stability. The program is designed to promote community-wide planning and strategic use of resources to address homelessness; improve coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness; improve data collection and performance measurement and allow each community to tailor its program to the particular strengths and challenges within that community.

HIV/AIDS Housing and Homeless COC serve an overlapping client population, but the two systems often operate in a very separate fashion with little coordination of housing and service resources.

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In keeping with our theme of planning, funding and access, what can you do with your local COC? Well, you can increase your involvement with the COC and you can do this by volunteering or being asked to be nominated to the COC board. You can serve on committees or advisory groups or steering committees. You can be part of the planning group related to updating 10-year plans or the Consolidated Plan or the Action Plan in your community.

You can attend public hearings and you can get them to target critical issues like people living with HIV in their Centralized intake and assessment. What do you have to offer the COC? Well, you have information and you can provide them with training and education on the unique needs of PLWH.

You might have manpower. You can do assist them with their planning or implementation of their program. To provide information for them about how

to reach PLWH for their annual Point In Time Count or you can participate in their annual Point In Time Count.

You might have housing units that are available that you need to get people into. You have Permanent Housing Placement resources and you have data. (To) discuss the possibility of funding for housing for PLWH living homeless with the COC by engaging COC members in education and strategy sessions to discuss HIV funding and service needs of leveraging additional resources.

And what do you have to gain from better COC integration? We have better connections to funding and housing programs, increased access for your client, opportunities for better and new partnerships with other special needs housing providers and better representation of PLWH needs in their system.

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And finally, refer clients who are homeless or imminently homeless to your local Coordinated Entry process. What is it, you ask? Well, Coordinated Entry is used to prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner.

Per HUD, an effective Coordinated Entry process has the following qualities. It's prioritized, it's low barrier and has a Housing First orientation. It's person-centered. And it's designed to create fair and equal access. And standardized access and a standardized assessment tool and it's inclusive, and it makes referrals to COC funded projects, ESG funded programs, and other emergency resources.

What's the coordinated planning look like? Well as I mentioned, prioritizing people who are most vulnerable or who have the most severe service needs is a priority for the system. This means that the COC must engage in ongoing planning and stakeholder consultation in order to determine what “most vulnerable” means.

Again, you have an opportunity to educate the Coordinated Entry planning group on the needs of people living with HIV. Coordinated Entry processes

also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

And how would you get your client assessed? Well, each community does this differently just like they might plan differently, and they might use different tools as well, but they all have – must have the elements I indicated before and they are intended to get people to the most appropriate resource available in your area. This assessment can gain your clients access to housing opportunities they might not otherwise have known about.

Later, we'll hear from Alton Thornton about how his agency has collaborated with the COC in his community.

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Now, let's talk about the Emergency Solutions Grant. Depending on how your community conducts their Con Plan and Action planning responsibilities, you may know the folks who work in your ESG program, but you may not know what they do or how their program can intersect with yours.

Like HOPWA, ESG programs are required to participate in the Con Plan and action planning. Your data can help them in their work as well as potentially getting earmarked resources for PLWH in your community. Your funded agencies might be able to apply for funding for these activities. And your clients can gain access to these resources through your community's Coordinated Entry system. The bullets on this screen show you the types of activities they fund.

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The HOME program can be used to fund a variety of different things. But the ones that are most relevant to our work are capital investments and tenant-based rental assistance. HOME is also required to take part in Con and action planning, so there is an opportunity to collaborate. There might be opportunities to combine HOPWA funds with HOME funds in order to assist in the construction of a new project or units can be project-based into a building.

You could work with them to create and administer a tenant-based rental assistance program either creating one specifically for persons living with HIV or creating a set aside for people living with HIV.

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Generally, the mission of Public Housing Authorities is to provide high quality affordable housing and supportive services to person's experiencing homelessness. You can work with them to plan how you might secure a set-aside for your client either through negotiation or through purchase of set-aside units. You could ask them to administer your tenant-based rental assistance program. However, in my experience, they tend to apply their stricter standards to our clients, so be sure you understand their terms. Or you could ask them to conduct your Housing Quality Standards if you use that higher standard for your inspection.

This is all about relationship building. Find some common ground with your Public Housing Authority and educate them about your clients. Just because you don't have connections now you should work to achieve that especially if you are a community receiving decreased funding. You have something to bring to the table: the research and knowledge that housing improves health for everyone and you have this data to back that up.

That being said, PHAs may have many different housing opportunities for folks. I know that a number of jurisdictions have long waiting list or closed waiting list for their units, but clients can be encouraged to apply for this housing as appropriate.

The first option is public housing. These are project-based units. They vary by size and quality depending on the jurisdiction. And there are a number of housing authorities around the country that are able to provide supportive services to their client.

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As you know, another type of housing opportunity available through Public Housing Authorities is the Housing Choice Voucher. Sometimes called

Section 8. This is a tenant-based rental assistance and, like HOPWA, is income restricted.

A second type of Housing Choice Voucher is what we call a NED voucher, some of us call it a NED voucher for non-elderly disabled people. Some PHAs have NED units. There are two categories of NED vouchers, Category 1 and Category 2. There is a link to the Frequently Asked Questions about this, which contains a spreadsheet of PHAs that have NED units at the bottom of this page.

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A similar program for the NEDs is the Mainstream Vouchers formerly called Section 811, which provide assistance to non-elderly persons with disabilities who are transitioning out of institutional or other segregated setting; at serious risk of institutionalization, homeless or at risk of becoming homeless. They are also very low or extremely low-income individuals. The eligible household member does not have to be the head of household.

Only PHAs that administer housing choice voucher assistance and non-profit that already administer housing choice voucher mainstream assistance are eligible to apply for this funding.PHAs must have partnered with one or more health and human or disability service agencies with a demonstrated capacity to coordinate outreach and recruitment of potential applicants and to assist residents with disabilities in the referral and application processes in their housing search.

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And the last PHA programs that we're going to mention is the HUD-VASH program. This is exclusively for veterans who are VA healthcare benefit-eligible and who are HUD homeless. As you know, but just as a reminder, be sure to check on the veteran status of the clients that you see, because this is a really great resource. The VA determines the eligibility for this program.

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As our clients are getting older, you can also consider senior housing. One such program is the Section 202 program. Residents must be elderly, over the age of 62 and very low income. Residents live independently, but the facilities

may have supportive services on site. An inventory of units is available via the link on this page.

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We are pleased to have with us today Alton Thornton, the Director of Housing for AcadianaCares in Lafayette, Louisiana. Alton is going to share with us how they have been successful in participating with their CoCs and the way in which they have done it. Alton, thank you for being here and please take it away.

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Alton Thornton: Thank you. Again, as she says, my name is Alton Thornton with the AcadianaCares. I am the Director of Housing here. If I can get a hold of the slides – there we go. I'm the Director of Housing here.

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What I'm going to talk to you today is about how we participate with our CoC and our activities within it. I'm pretty much informal, so I'd like to talk about what we do. It may not necessarily work for everybody, but I can just tell you what we've been doing and how – what successes and what challenges we've had behind it, so we can get started.

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Just a little quick opening on what AcadianaCares is. We were an organization that came up that centered on a response to the HIV epidemic back in the 80s. And what we found that started happening in the late 90s, once everybody started getting on medication and medication started working, people need to learn how to live again. And so we started spreading out our services to help clients in different manner. So we started looking at housing as one of those things that we need to look at.

We also wanted to look at how we can spread out our message to people who were not positive and we're trying to keep them from being positive. And so then we started looking at different substance abuse programs. And recently we looked at a medical clinic that we recently opened up.

And so we found that we needed to change our mission statement to fit what we were doing with people that we were trying to serve. And so that's how we've gotten to today to our mission statement of helping those vulnerable communities who are affected by HIV, homeless, and substance abuse to help change their lives. So we're trying to affect those who are positive and also trying to affect those who aren't positive and keep them from becoming positive.

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So once we started getting into housing, we started looking at different ways that we can help people in the community – in our community. And one of the things that we started looking at is that we wanted to develop a Continuum of Care just for AcadianaCares.

Each area each region has a CoC that helps all the different counties – or in Louisiana we have parishes, but we wanted to do something in-house. So we looked at working with our CoC. We looked at collaborating with the other agencies. We looked at making sure that as far as the Con Plan, that was mentioned earlier, that HIV was a high need and/or a high priority when it came to the (10-year) Con Plan. So as we looked at developing our own continuum and we started looking at different programs.

So as far as outreach and engagement, we also have a Coordinated Entry program within the AcadianaCares. As mentioned earlier, as we try to get people – find those people who need housing and we go through it – the Coordinated Entry process.

The emergency part of our program, we have emergency beds within our Hope House residential facility, which we'll talk about a little bit later, and our Seasons of Serenity program which is part of our treatment program. What is important to note about those programs, as mentioned earlier, we use CDBG and ESG funds as far as the help with the renovation and with some of the operations of those programs.

Our transitional programs include Seasons of Serenity also, which is our treatment program and the transitional part is that they can stay 90 days – we

have a 90-day program and a one year program for people who may have been homeless and are working on trying to stay sober.

And then our TBRA program, Tenant-Based Rental Assistance, which I'm sure everybody has, provides some Scattered Site Housing through the Ryan White and HOPWA funding.

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Homeless prevention. We use emergency financial assistance to help, I guess, bridge people when they're having some difficulty paying different bills or different utility bills and rent. Also with STRMU, Short-Term Rental, Mortgage Utility Assistance that falls in line with that.

Rapid Re-Housing is when we're trying to get those people who are potentially homeless or on the verge of being homeless and trying to get them housed very quickly. So we use those monies for a first month's rent, deposit and things of that nature.

And then permanent supportive housing, we have – that we've gotten through CoC, which is our Project Home Again, we have residential and scattered site. Residential would be part of our Home Again program that's – Home Again residential program that's located on the grounds.

And then we also have some units for our Home Again apartments and we have 13 units for people who are disabled and they just need a place to stay and their income is usually – their rent is 30 percent of their income. And we also have a sober living program involved with our apartments.

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That chart shows you how our Continuum of Care program works. So if you look in the center, where the client starting point is where the client comes in to our program for basically an assessment to see what services they may need and would qualify for.

And so as you can tell, they can get wellness services, which is through our medical clinic, recovery services, which would be through our treatment program, support services, mostly our Ryan White services program and our

housing program which includes the things that we discussed earlier. Be it through our Coordinated Entry, Home Again program and Rapid Re-Housing, Seasons of Serenity and Homeless Prevention and Rapid Re-Housing.

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The next slide is a little bit better to see and it further explains how our housing program would work. So if you come in for outreach and come into our program, we actually go out and look for our clients through our outreach and assessment which would be our Coordinated Entry and Ryan White services Prevention.

Emergency housing, which we discussed earlier with the emergency beds in our residential facility, HOPWA, STRMU and emergency financial assistance, transitional housing, Seasons of Serenity and HOPWA and our Permanent Supportive Housing that we've gotten through our CoC along with our PHP program. And if you've noticed from the grant – from the chart, they can come in for emergency services and bypass transitional housing and go straight to permanent supportive housing with the ultimate goal being self-sufficiency.

To us that's the goal of, the client is no longer on the need of any vital programs. That may be them moving on to say a Section 8 voucher or Housing Authority Voucher, but they are no longer in need of our housing services.

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So how do we work with our Continuum? Our Continuum here is called ARCH, Acadiana Regional Coalition on Homelessness & Housing. We've been an active member of our coalition since 2004.

We – with the Coalition, we've gotten a good reputation as far as being an organization that says that, if we say we're going to do something then we're actually going to do it. That reputation has benefited us in that sometimes we actually have our local government, our community development agencies calling us and asking us, “Do we have a project that they can collaborate with us on?”

They may have the funding and they see that we may have a need. And so they'll come to us with funds and see if we can help them win a project. The ultimate goal of what we're trying to do with the CoC is take care of people living with HIV population and make sure that they have access to health care and supportive services.

And in order for us to do this as a Continuum, we need to have everyone in the Continuum, looking to make the whole community better to make a commitment to that.

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So when I say that we've – we're an active member of the CoC, I mean we're a very active member of the CoC. As far as I can remember, and I've been at the Agency for 19 years, we've been very active – and a member of the CoC being that we've been on the Executive Board and any Committee that you can actually think of that the CoC. I've made a small list of the Committees that we've been a part of, but that's not a complete list.

We are actually – or I am a current member of the Executive Board and recently I was named Vice President of the Executive Board. The one thing that we do to make sure that it's fair to the other agencies is that, if you're a CoC member and you're on the Executive Board, you are prohibited from doing any kind of votes on any allocations decisions.

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So the types of funding that we receive through our CoC - We receive permanent housing funds and that's for housing services for homeless individuals and families with disabilities. With the way that HUD lists HIV that automatically lists our clients available for different permanent supportive housing funds.

With the programs that I mentioned earlier, we make it kind of easy for how we list our permanent supportive housing programs. So Project Home Again II, we have units, residential and scattered sites for people who are homeless and HIV positive. We have 12 residential units and 18 scattered site units.

And then for our other program which is Project Home Again IV, we have for people who are homeless and disabled. For that program, we have 48 scattered site units and between the two programs there are three case managers that cover all the clients that we have in those programs.

And then for support services only, we receive funding from the CoC. We use that to supplement our Coordinated Entry program. It used to be mainstream services to where we were actually connecting clients to mainstream services, be it Social Security, food stamps, Medicaid, Medicare or things of that nature. And then we transitioned into a Coordinated Entry.

Through the Coordinated Entry, we are also able to assist clients and make sure they apply for those services, but it's more of a direction instead of the actual client. But the Coordinated Entry is where we're actually looking for clients and making sure they make them by-name-list to be eligible for housing services.

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The benefits and challenges of working with the CoC. It allows us different opportunities to access funds through the CoC for our clients who may be HIV positive. It gives us an ability to network with other service providers. That way we get to know what they're doing and they get to know what we're doing.

And we also promote our current services at AcadianaCares cares. One thing that the CoC here is good in doing is that every now and then we'll do a presentation to the other agencies on what each person is doing. So you may take 10 to 15 minutes before – during each meeting to update everybody and let them know how they can apply for services. And it also gives you a chance to learn from other agencies.

Different challenges. Each organization feels that their mission is most important. So we do not agree on everything. There have been some contentious meetings, contentious Committee Meetings to where we have to work it out. Not everybody is on the same team mentality. They are looking out for their organizations as we do also. And it can be quite time consuming.

To be on all the different Committees and all the different Boards is going to take one, two, sometimes three people spreading out to make sure that all the meetings are attended. And the Allocations Committee, the decisions that they make, are not always favorable to your organization.

As I mentioned earlier, we have to look at benefiting the community as a whole. But that doesn't necessarily mean that it's going to benefit your organization at that time. Sometimes you have to wait your turn.

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If there are any questions I'll be happy to answer those right now. I may have went through pretty quick, but I'm willing to answer any questions someone may have.

Crystal Pope: Thanks Alton. This is Crystal. I know we have a few questions and – that folks have given to us. Wondering if you could talk a little bit more about – I know you've gone through some transitions within the agency from more traditional programs to things that embrace lower barrier first approaches. Could you talk a little bit about that and how that has worked for you?

Alton Thornton: So, mean that we've been doing the housing programs for a while. We've gone from where I remember in the beginning where there was so many things that you – I guess, some would say hold over the clients head as far as different barriers and whatnot, as far as them getting in the program and staying in the program.

Over the years we've transitioned to all our programs being a Housing First program. So the way that we did the transition, we did a lot of research first. We did different trainings, spoke to different organizations on what they did and how they did and what difficulties that they ran into.

What was the most important thing about changes to Housing First, everybody had to be on board, from the CEO down to the case manager and we had to have one message that was put out by the organization. So that meant doing – changing your rules, changing your procedures, changing on how you actually bring participants into the program.

So what we looked at was – for Housing First, we looked at changing when someone, say if they had a relapse or they were using drugs, how we looked at them and the methods on keeping them in the program. So if you had somebody say that they were – like to use drugs or smoke and drink alcohol, let's work on that budget for – if you want to have entertainment, let's have an entertainment budget so that you can take care of your desires for that, but you can also take care of your bills.

Let's have conversations with the landlords on if there's a problem with a client or a tenant, call us and let us take care of it. Don't evict them, let us work with them so that we can keep them in the program and save you the cost of having to try to get the unit back up to snuff to renting out again. But the main thing that we found is that, it had to be a collective unit of changing to a Housing First program.

Crystal Pope: Great. And thank you for that, because that is something, I know, that a lot of programs are trying to transition to being lower barrier and more open and using different methods will benefit from that information.

Another question we have is, how does Coordinated Entry work for your agency? I think that comes from some HOPWA providers are very hooked into the CoCs Coordinated Entry system and in other areas it's not. So just wondered if you could talk a little bit more about that.

Alton Thornton: So for our Coordinated Entry, we use what is called a by-name list. The by-name list comprises everybody that's within the housing programs of the CoC, be it through the housing assessment, where they go into our Coordinated Entry system or they may be in one of their housing programs. They would go into a coordinated system – Coordinated Entry system and come on the by-name list.

On the by-name list, the program that you may have would determine how you pull clients off the by-name list. So say, for example, for our Home Again II program, there is a question on the by-name list that asks if someone would be willing to live in HIV housing, because we don't want to out anybody on

the list as far as being HIV positive, because other people have access to the by-name list.

So what we do at that point if we need someone for our HIV program, we run – we take the spreadsheet, we filter it out by those people who say they'll be willing to live in housing for someone who's HIV positive.

From there, being that we're – this is easier for us, I'm not saying it's going to work for everybody, but it's easy for us. That we pretty much get everybody who's lower income and HIV positive usually comes through our program that we have access to those people who are positive.

We take that list and we get with the case managers and see, "OK, hey, here's Richie that's on the list. Is he positive or do you know if he's homeless?" And so we go and grab HIV positive clients off that list that way. And then we can also conduct one-on-one interviews with that person if they come up next on the list and do a personal interview with him and see if they're positive.

If they're trying to come into our program that is not for people who are positive, but they still qualify for, we just take the first person that's off the list, because for permanent housing you have to take the person who is the longest time homeless off of your Coordinated Entry program.

Transitional housing would be a little bit different. Transitional housing is going to go by – it'll also go about along with some homeless, but it doesn't necessarily mean that that person has to be positive. It depends on a couple of other factors on if they're going to be placed in a permanent housing or transitional housing.

Transitional housing, they don't have to be disabled in order to get in one of those programs. But like I said earlier, for clients who are HIV positive, they automatically qualify for disabled housing – disability housing and they will qualify for transitional housing. So if a client is homeless and HIV positive and they're on the by-name list, then they're going to be eligible for multiple services.

Crystal Pope: And how do they get on that list?

Alton Thornton: The way that they get on that list is that they go to one of the Coordinated Entry sites and it doesn't necessarily have to be us. There’s of the 14 agencies that are listed as part of ARCH. I would say three or four of them are open at all times to be put on the Coordinated Entry list.

There is also, we call 232-Help where someone can call in and talk about their situation and they can be put on a Coordinated Entry list that way and referred to a Coordinated Entry program who would then do a follow up assessment with them to get them on the Coordinated Entry/by-name list.

Our Coordinated Entry case managers here can also go and meet someone, be it at home, on the street, in the hospital to do a coordinated assessment on them, so that they can get on the list.

Crystal Pope: Great. And then – really that's very helpful, because I think every community is different and how their Coordinated Entry system is set up. And I think that the key there is to be involved in – both in the development and the ongoing management of it.

Alton Thornton: I think what was most important for us is that we have multiple points of entry, so that if someone didn't want to go into office, they can make a phone call. If the hospital had somebody who reported as being homeless then we can actually go to them. So it's very important the multiple points of entry.

Crystal Pope: Great. I have one more question and then I think Christine has some as well. So one of the things that we hear from HOPWA agencies a lot is that they have difficulty developing relationships with their Public Housing Authorities and working with them to leverage housing or to really share information or get information from them that will be helpful for their clients. I’m just wondering if you all have any thoughts on that, on how to best establish those relationships.

Alton Thornton: As, I would say two years ago, it was very difficult to work with the different Housing Authorities as far as getting them involved within the CoC. CARES – AcadianaCares in itself had a relationship with some of the workers at our local Housing Authorities. So we were able to make calls and see if they had

anything going on as far as opening up the waitlist on – if there was any availability in the Housing Authorities.

We had developed personal relationships with them. We invited them to come see our facilities. We went and did a couple of visits with them, left information. With our apartments here, we worked with the Housing Authority because they had VASH vouchers. And the VASH program worked through the Section 8 office and we had available units.

So they liked the relationship of – there was someone on site that could help get them in apartments and they liked the idea that we were sympathetic to the needs of the veterans and different populations similar to that, because a lot of veterans were going through some mental health issues, some substance abuse issues and we had become accustomed to working with that population. So we had developed that relationship with them as far as cares.

The CoC, the Executive Director that we have, made a point of going to visit with the Housing Authority and bringing them into the CoC meetings and we pretty much stayed on them. And so they got a new Executive Director and she recently started coming to the meetings.

One collaboration that we recently had with them is that they did 50 set-asides for our homeless population to where they were taking people directly from the street, directly from the emergency shelters, and letting them use Section 8 vouchers with the assistance of the CoC helping gather all the paperwork for the potential resident. So that's how we kind of open the door with them.

They had a need with vouchers and they were trying to get filled. We had a need of – we had homeless people on the street that we wanted to get off the street, and that's worked really well in the last – I think, we did that in the last year.

What we're hoping to do next is, if this program is successful that we can take some of our people who are on permanent supportive housing vouchers and move them on to Section 8 vouchers. That way we can move some out other disabled people who are on the street and homeless and bring them on to

private supportive housing programs. Because with Section 8 vouchers they're usually looking for people who are homeless but have some form of income.

With a permanent supportive housing vouchers, being a Housing First program, they don't necessarily have to have income to get in the program, and so we can work with them a little bit more and get those off the street and possibly get them income and then hopefully to a Section 8 voucher.

So it's been there's been a process to get the Housing Authorities involved with the CoC and its– recently – I'd say the last two years, where we've seen a lot of progress.

Crystal Pope: That's great. And I think this is really an illustration that programs – HOPWA programs don't need to just do that kind of collaboration on their own, but sometimes doing it as part of the CoC or part of some other community group will have a better impact in building those relationships.

Alton Thornton: Yes, because everybody's program is a program of last resort. So if we're always saying, go to them first, go to them, go to them, but no one's working together. Then everybody is going to always refer to or not collaborate with somebody.

But if you have agencies collaborating together and they're saying, OK, we know that you work well with the HIV population. Can you help us with this? Yes, we can help you with this. But can you also help us with making sure this person's utilities paid for, even though we're helping them with the rent, can you help them with utilities? That's where collaborations between different agencies come in.

Christine: So we have another question Alton, and thank you so much for this. This is so extremely helpful and informative. But how do you deal with the extensive waiting lists that the PHAs have and how did you get our clients served within that mix?

Alton Thornton: So with the way that the Coordinated Entry works, everybody is on that list if everybody is on equal ground, in a way that's good, in a way that's bad. The

way it's good is that the person who may have a mental health diagnosis doesn't move up on the list quicker than someone who has an HIV diagnosis.

The way it could be bad is that, if you have the funding for everybody's program is tied up, being that everybody's program is full, then everybody is still waiting on the list, where we have the advantage for without clients who are HIV positive, we have a program that's specific for people who are HIV positive. But it also helps that we have a program that is not specific for people who are HIV positive.

So if I have a slot in Home Again IV, which is not for people who are positive, but the person that's next on the list is somebody who's positive, I can put them in that slot. How we try to deal with the waiting lists?

We use our other programs as far as permanent supportive housing. They may be on the TBRA program for a year or two, while there's something that's coming up for a permanent supportive housing program. We may use emergency housing funds to help get them through that immediate need.

But we also look at when we use deterrent. There are some times where reunification of the family is possible and so the case managers are working with that client, that resident to say, "Hey, this option isn't here right now. How about – because something happening where you can live with a family member here and there?"

And one of the things that we also push that I forgot to mention earlier. We also try to push people if they're able to work toward employment and taking care of their bills and their rent themselves. Because what we've seen in the last couple of months – Social Security is doing reassessments on a lot of people be it HIV positive or not.

And so during those reassessments, people are doing well, they're healthy, they are – lot of people are losing their disability as far as Social Security income. So we're encouraging people more and more, "Hey, if you can get in a training program or hey, get a job, because you don't know if this funding is going to last."

As with any nonprofit, you never know at any point that anyone can go away. So we are trying to prepare people for the future, so that if they're on the waiting list and we can do something to get them off the waitlist to where they don't need our services anymore, then let's take them off that list. So that's how we've been dealing with that.

Christine: OK. So you've talked a lot about building partnerships and in terms of developing different types of housing models with the CoC partners. Can you talk a little bit about the decision-making process your agency went through to decide what the spectrum of services AcadianaCares was going to be involved in? And then how you went about doing outreach to the CoC to form some of those partnerships?

Alton Thornton: So deciding to go into housing was – that was the easy one, because we were getting a lot of requests for STRMU assistance. There were people who were reporting that they didn't have any place to live.

And that the idea of housing with healthcare was real strong then. And so we needed to do something for our clients so that they could be in a safe environment, take their medications and get better. And so we had done a lot of work with the city as far as emergency solutions – back then it just Emergency Financial Assistance as far as getting money to help with paying for utilities and things of that nature.

And so as we got more and more into housing and we saw what our CoC was doing, then we wanted to do a residential facility for our population. And so the place where we were at the time, we were in a two-story facility and we had an open story above us and it was – it needed renovation. But we also needed the funding to get it done.

So we approached our state funders for HOPWA funds and then we also sought out the CoC about different programs that we could do to support those populations. So the first thing we did was we made sure we became a member of the CoC and in that way we figured out how to apply for funds.

We made sure we attended meetings. We stayed in the planning process, be it with the CoC and with our Con Plans. We made sure that the city knew that we were there and that we were interested in doing different programs.

And so once we got our housing programs afoot, we were actually fortunate and we received a donation to the facility where we are now. And so with all the space that we have, it was like, "OK what can we do next to help our population?"

And so when you see all the people who were struggling with substance abuse and how the halfway houses around town, a lot of them were having problems staying open. We decided to collaborate with two halfway houses that were going to be soon going to go defunct, and doing our residential facility for people who were struggling with substance use. And that's how we started our program for that – for our Seasons of Serenity for our 90-day and primary program.

And then we saw that we had some other space and the city here was like, "Hey, we have more money. Do you have a project that you can do?" And we were like, "Yes, we have something to do. We want to open – we want to make some apartments. Can you help us out with it?"

And so with assistance with them and also with Federal Home Loan Bank, that's how we were able to open up our apartments and we had it open to where it wasn't just people who are HIV positive, so that when we get those apartments full, we have income coming in. It's an income producing project. And so when that income comes in, we use that income to supplement our other programs, which in turn helps supplement our HIV programs.

So the thing about all our programs that we have coming in, we go about a simple mantra, “if you don't make dollars then it don't make sense”. So every program has to be able to support itself in order to help the whole project – the whole program as a whole. That way we stay true to our core mission of helping people who are HIV positive and also helping people stay from becoming HIV positive.

And then the last part that we had of our facility was the medical. We have our university hospital here and there were – they had their normal hours. But some of our clients when you start working is like, "Hey, I can't make it to the hospital at these normal hospital hours, we need something different."

And so when we did our medical clinic here, we made sure that two nights out of the week we stay open till 8:00, so that people can access medical services outside those normal those normal hours. So whenever we decide what programs that we were going to do, we looked to see where the need was and then decided how we were going to approach it.

And with our housing, the best way to approach it so that we would cover all our bases, was to work with our CoC to access those funds, to work with the city to access those funds for our renovation and operations, so that the programs can keep going, so that no program drags down to now in the other because the organization must survive.

Christine: So we have just one more question, Alton. So when you're working with the CoC what strategies did you use to really educate them about HIV/AIDS and people living with HIV and their needs?

Alton Thornton: So the way we do that – well, I mentioned earlier we do presentations to show them, "Hey, this is – this could be such and such who is HIV positive. They are no different than anybody else". So the need that the homeless person may have who's mentally ill, he needs housing, that's first and foremost. The person who is HIV positive that's first and foremost. They need housing.

We've done a lot of meetings here at our facility and at our facility we're no different than any other HIV agency. It's that there's going to be a lot of materials around that talks about HIV. There's going to be materials around that talks about prevention. There's going to be condoms all over the place. People – well, there are. People are going to be comfortable if they come here.

And so we're not shy about what we do. We talk very frank. Well, we have to watch ourselves around half way services, that's little bit different we can help. But we're very open on what we do and how we do it. And so any information that they may have – that we may have, it is open to them.

And so we just put it all on the table and they've become quite comfortable with us. Any new organization that may come into the CoC, they get oriented on what each agency does every year and we just had ours.

We do a case management training for all the different case managers in the programs and they get an overview of what each agency does. And so they become comfortable and they know that they can call us for anything, especially when it comes to dealing with our HIV population.

Christine: Kate?

Kate: Thank you so much, Alton. What a great example your organization is of how to coordinate with other systems for the benefit of your community. Can we go to the next slide please?

Alton Thornton: Christine, there you go.

Slide 37

Kate: So today we've talked about a number of different HUD resources, but there might be other state and local resources in your area to explore. Also explore public/private partnerships. When you're developing your HOPWA Mod planning groups, be sure to include these folks, because they have valuable things to bring to the table.

We've included links to all of the programs that we mentioned today. And the slide deck will be available to all registered viewers.

Slide 38

A reminder of the next webinar is to take place on November 29, it will be on Rural Challenges - how to leverage resources, operating housing programs in rural areas, landlord engagement, and serving the entire EMSA.

Slide 39

Thank you for your time today and have a great afternoon.

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