

## **Housing Unit Interview**

R: My name is Fernando. What is your name?

C: Casey Paine

R: Casey Paine, okay. So, how many years of experience do you have in this area?

C: Hm with housing and Hiv a little over 2 years.

R: 2 years okay and how many people are working in this unit?

C: Hm in the housing?

R: mhm

C: There are three of us right now and there's one coming on Sep 26

R: okay, so it would be..

C: Four.

R: What's the name of the person who is the supervisor of this unit?

C: Cindy Burdaine

R: Cyndy Burdaine, okay. so what are you in charge of, inside of this unit?

C: Mm not really in charge, but hm I actually, I have.. We are in five different grants. Three of them are hiv grants, two of them involve homelessness. One involves homelessness and hiv which is called housing links. Hm there's fewer in that one, but the other one is called [sounds like "Hapua"] and that is where we help anyone who is hiv positive with rent and utility assistance.

R: Okay, so are these grants given to housing in particular

C: Yes, they are housing.

R: Who gets these grants? Is it Positive Link?

C: Hm it's a [sounds like Hud] funded program and then IU Health. Jill writes the grants and then...

R: Oh Jill writes the grants, okay. And it's through IU Health

C: Right. We are all employed through IU Health.

R: Okay. So who are your clients?

C: Hm most of my clients are. What do you mean who are they? What are they like or...

R: Hm yeah what are they like, who are they, cuz I have this idea, but I'm not sure..

C: What is your idea?

R: My idea is that it's men that have sex with men

C: I do have a few heterosexual clients. Most are gay men. Hm

R: What about ages, race?

C: All ages, I mean we just had a 23 year old that we house. It goes all the way up. I think one of our.. One that I just closed with is probably like 50s, so.. hm they range from all ages. This is Kym (Kym enters the room) She is a coworker. Another housing person. She can probably answer some questions for you too.

R: Oh yeah sure! Hi I'm Fernando. I'm a phd student and I'm doing research about HIV and social support. So if you could help answer. This is going to be very.. no more than 40 minutes in total.

K: awesome

R: So,

C: We are very different in how we work.. hm you may get completely different answers from her than you would get from me. We have totally different styles.

R: I'm just going to put the microphone this way so that I can listen to both of you. What is your name again?

K: I'm Kym Nasat.

R: Okay great. So you were saying that all your clients are of all ages. And all races..

C: All ages, male and female. All races.

R: the majority are men who have sex with men or gay men.

C: yeah I would say that the majority ..

K: We also have hm so transgender people hm specifically transgender women hm but the majority of trans women that we see are from Indianapolis.

R: Okay, don't they have something similar in Indianapolis? Or are you the only ones for the whole southern indiana?

K: Hm we handle. so positive link and the Damian center are the two care sites that have been awarded the Indianapolis Hapua funding so while there are other care sites in Indianapolis like step up and concord hm they would do the hapua applications but then they'll send them to us to process because we are the ones who have been awarded the money.

R: Okay I see. So would you say that the majority of your clients have jobs?

C: Some.. when they first come in or they're first diagnosed they're pretty down and out. I mean that's just because of the whole mental process. usually we don't see them unless they're having problems. Do you feel like? or they are low income.

K: yeah, yeah hmm like some of our clients do have jobs hmm but like we don't see the clients that have really high paying jobs. We see clients that are on the lower end of the income range. Like our program actually hmm only hmm the grant allows for up to 80% or above the poverty limits within each county.. Hmm so you can't be above a certain income in order to get funding from us.

R: And that would be for housing.

K: For housing yeah so, if you make over a certain amount of money then we cannot help you.

R: Okay,

K: Care coordination is different hmm but housing.

C: we see mostly low income or people who are in trouble.. financially.

K: yeah

R: okay, so what are your responsibilities? What are the responsibilities of the unit?

C: we do short term assistance which is just rent and utilities only. hmm we would go to Indianapolis to the care sites and meet with our clients and then hmm we'll go back and go

before committee and it has to be approved and voted on through the committee and then we can help them that way. and then we have long term assistance which is through Hapua for a 2 years max. It's for a year but they can get a renewal for another year and that includes us being involved as case workers. We do housing.. it's a system called housing first which means that we get them into housing and then kind of get that chaos out of their life from not having a place to live and then we case manage them, help them with getting insurance, food stamps hmm whatever they need, help them with getting jobs

R: So health insurance?

C: yeah and we usually work closely with the care coordinators in order for them to get insurance whether it be through like medicaid or government insurance. or if it's the hiv insurance that.. the Ryan Wyatt insurance that is provided.. usually it's kind of based on the income what they get and based on need. Hm

K: We also pay mortgage assistance and we do first month's rent and security deposit as well but it's separate funding for first month's rent and security deposit than mortgage or rent and utility assistance.

R: How do you determine who gets what?

K: The financial assistance committee determines, so what we do when we do an application is we get the basic information of the client like their address, their age, their demographic information and then we get their situation in life that's led them to ask for financial assistance. A lot of people are undergoing health issues that are related to the hiv. Like we've seen people with gallbladder cancer or anal cancer and are undergoing treatments or need surgeries to hmm try to just avoid worst outcomes for these conditions hmm and so we'll make narratives, explaining this client is in this situation and this is why they are requesting assistance and then we also with the client come up with a plan hmm because for housing first there are like 5 steps to hmm stability of housing, there's stabilization plan, gas policy, like the housing process and then hmm I can't the other two.. (grabbing a notebook) just wrote them down.. hmm

R: But your main function would be housing, right? To put them in a place

C: I think that a lady at one of our meetings or community outings that we had she did a speech and she said you must have roof over your head before you have a table to eat at. So like I always think of that whenever we are doing in this process because a lot of times when a person comes to us and in need and they need housing they are in constant chaos and then you kind of just watch them go through that cycle of you know getting the chaos out of the life and they actually wanting to get things going with their health. I mean health first of course but they want all those things but like they're surviving they are just trying to survive so they are not really thinking about insurance or a job or anything like that because a lot of them are trying to figure out where they are going to sleep the night. Just to kind of a good way to look at it.

R: Okay, and did you find the other two steps?

K: The other two steps honest monthly budget and risk assessment. so after we get the narrative like what's going on in their life that's making them need assistance, we'll go over a plan to try to figure out ways that they might not need assistance in the future. Like ways that they'll be able to stabilize and that's often like setting them up with vocational rehab to try to find a job or applying for social security disability to try to get that kind of stable income hmm just so that their lives in the future won't be so chaotic and reliant on someone else's assistance because with these grants we can only help people for 20 weeks. So that's only 5 months of the year. So we are limited in our ability.

R: so, some grants because you told me that there are cases that you can help for 2 years.

C: that's long term. She's talking about the short term.

K: yeah short term.

C: and that's rent and utility only. That's the only thing that we can help them with.

K: and mortgage.

C: And mortgage. Most of them don't have mortgage

R: they don't have mortgages. Okay so you have to convince them, you have to sort of study the case. Who is the committee?

K: It's at positive link hmm Jill is on the committee. Housing case manager sits in on the committee so that we can record the outcomes of what the committee decides but we are not actually supposed to weigh in hm what we think should happen. I mean if it's our client we can explain the situation more that the client is going through but it's Jill and then it's other community partners like there's community health professor from IU hmm and there's someone from the community hmm what does Dan Nederman do?

C: I've never seated on that one. I have no clue.

K: There's someone from Hand the housing and neighborhood development program that helps work with people and getting hmm like disability accessible item in their homes. And then there's Emily who is part of Positive Link who is the like substance use coordinator who does work with a lot of clients from Bloomington that are requesting assistance and frequently knows their situation but she comes from a different perspective than housing.

R: Emily is part of what unit?

K: Emily is part of prevention.

C: And then Jessinda is from the hospital right?

K: Jessinda is from IU. She's a public health professor not community health..

R: and they vote I suppose.

C: Yeah. it's usually a discussion and then hmm I mean usually like everyone agree,, well Jessinda and Jill kind of don't agree sometimes but hmm usually it's a long discussion. Everybody kind of agrees at the end you know which way to go. You can pretty much go through those and see who is really in need.

R: and from your experience do you think that most of the cases that come to you are going to.. what I'm trying to say is that you find ways that they can themselves solve the situation that they have or in the majority of cases you have to provide assistance.

K: It really depends. I was the housing case manager for Terrahought and we had really limited funds last year to serve the Terrahought region and so while people were applying for assistance it became that clients needed to apply with the trustee first and if the trustee denied them then.. I mean they could put forward an application without going to the trustee but what I would tell them is you need to go to the trustee and put in an application

R: What do you mean by trustee?

K: The trustee is like part of each township that can provide financial assistance to its residents hmm in Terrahought unfortunately they do not cover first month's rent hmm or even second month's rent. So we would have a lot of clients requesting like second month's rent and the trustee wouldn't approve them.

R: What do they cover then?

K: They cover some rent if you've a resident of the township for a while and they'll cover utility bills as well they will provide some financial assistance. But hmm with utility bills there's hm like an energy assistance program that sometimes the committee would want to see the client trying to actively do the work themselves to get some assistance, especially if they have already requested assistance from the committee. They'll want to see the client trying to be a little more independent and moving forward with other steps because it's such a time limited thing for short term hapua.

R: So if I understand correctly, your services would be mainly to provide housing to people. It could be short term or long term. In both cases you would have to show all the information about your clients, the particular case and story to the committee so they can approve.

K: aha

R: if they want to give them assistance or not. But your services also overlap with other units, right? because you were talking about insurance,

C: we are definitely very team oriented. Like we have to, especially with our long term clients we try to stay in the loop with each other's so we know what is going on, what's happening.

R: Do you share a document? Because I was talking to Care and they said that they put all the information on this database so do you do the same thing?

C: We are not on that database. We are in a completely different database.

R: Okay, so where is this database. where do you store all this information?

C: we do in a database called HMIS which is.. but we keep ours private like really the only people that can see it is internal.

R: so it's internal. It's a positive link database. What kind of information do you collect and store?

C: Usually about we are doing as far case management. Whatever we are working on at that time. hmm I don't know about Kym but I do record like things that are going on in their lives that are keeping them, kind of barriers to keep them from moving forward with their goals because we do a housing plan with them. And we try to enforce those, sometimes it works, sometimes it takes a month, sometimes it takes six months. It really does depend on them.

R: The text document where you write about a particular client and you put it in the database

C: yeah

R: and what about the information about where they are living, you know what they are paying for, how much money they are receiving. Is that information that you also store?

C: we do their income every six months we do a review to check and see where they are at this time. We do a thing called a self-sufficiency matrix where we go in and talk.. it's like a survey that asks us about their safety, their environment, their education and it kind of gives you a graph to show if they have improved their lives since we've been in their life as far as income. Things like that.

R: So this self-sufficiency matrix is interesting. Did you develop that matrix?

C: We developed it as case managers from entry and each time we do a review we go back in and do the survey to see.. it's kind of we can visually see the improvements in their life based on that survey which I think is great because you can really see that they are more stable.

R: okay, and do you think that I could see a copy of that survey?

[20:54]

K: We would have to check with Jill

R: Cuz it would be interesting to see the dimensions that you measure in order to say this person is doing good or bad. What do you pay attention to. So, what do you think would be the dimensions that that survey measures?

K: It tries to measure food stability like is the client on food stamps, do they have, are they able to afford any kind of food they want, or they afford to get their basic food needs met. If they have children like do they adequate child care or are they struggling with child care. Hmm things like that and also like income. Most of the clients that we see they like I always put when someone is applying for short term assistance that their current income isn't adequate because they are applying for assistance and that their rent or mortgage is currently unaffordable because they're applying for assistance which is pretty low.

C: A lot of our clients are on disability and that's 733 dollars a month and around here and in Indianapolis I haven't seen anything less than 400 so they're automatically.. their rent is not affordable I mean that doesn't leave them that much money left over. Hm so it I mean a lot of ours are inadequate or no income, no job at that point.

R: Okya, so do you generally see in your matrix that they improve after you provide housing to them?

C: Short them sometimes no, hm because they could come back a year later

R: Can they do that? If they have been in short term, can they re apply?

C: Oh yeah of course, they have 20 weeks which 20 weeks is based on hm a month is 4 weeks so hm if they come in, say they come in in April and hm wanted utility or rental assistance, that's considered 4 weeks. they could come back in June and something else may be going on completely different and then that would be another 4 weeks.

R: But they have the maximum of 20



C: Right.

K: And then it starts over again in the next year.

R: Oh so they have 20 weeks per year.

K: per year yeah

C: and they catch on real quick on how all that works so hm it's.. they could come in and have a completely different problem. or it could be a lot of people.. a lot of our clients are waiting on their disability and they're just trying to make ends meet in order to get that point. I mean sometimes getting your disability is a long process so we have to wait for them to get that.

R: So the service that most of the clients need from you is housing, is paying the rent? So they come to you and they say okay, I don't have money this month to pay for my rent and what happens if someone has been evicted? Would that be a long term or short term thing?

C: We try to prevent eviction. If someone is on the chopping block we try to .. sometimes we would do an emergency short term where will you email it out to the committee and then they'll tell us yes or no and we would call the landlord and say look .. we try to get a lot of places in Indianapolis, not so much around here but a lot of places in Indianapolis would charge this horrific late fees and then sometimes I can call and persuade them into waiving the late fees and getting everything back to [unintelligible] supposed to be with the client.

R: Okay, so what are your day to day activities? What do you do on a daily basis?

C: It's only 3 of us right now so we're a little bit short as far as having you know hm a lot of times we come in and work on our case notes. That's the way my daily thing is. I come in first thing because I'm fresh in the morning and no one's really gotten my ear with the phone or anything like that so I'll come in and work on case notes and hm just work on getting files together things like that, and then the phone would start ringing hmm 8:30ish usually. One of us is always on call to let everyone else to kind of catch up on everything. Monday morning seem to be the worst because weekends happened and chaos has happened over the weekend or whatever hm a lot of times we do home visits, we'll be with our long term clients, we'll go to their house and see how things are going. See if they need anything or you know kind of inspect and see you know what's going on. A lot of times they'll try to move people in or things like that.

R: Okay, and for example in care they told me that they have to contact them at least once a month, Do you have to do the same?

K: Yes, with the long term clients. With short term clients hm I mean we do the intake with them where we get their hm situation

R: Do you use the same forms the care unit uses for intake?

K: No,

R: You have your own

K: Aha, and then we put forth their application and then the care coordinator notify the clients.. like with short term clients we just interact with them when we do the intake and then we insure payment. But with long term clients hm we do a bit more case management.

C: Sure.

R: And you contact them at least once a month, and do you have cases where you have to contact them more often?

C: Yeah

R: What would be an example?

C: Like a lot of times our long term clients, we're just helping with rental assistance and they are not getting utility assistance and their utilities are getting [sounds like shot] off hmm a lot of times they'll call me and ask me if there's something available to them which we can always send them to the trustee. Most of the time the trustee says no hm a lot of times we'd refer them to the Damian center where they can possibly get some sort of assistance through them. But if they are in the long term Hapua they can't get Hapua short term assistance so hm

R: So the long term assistance is what? In the long term assistance you give them monthly rent?

C: We pay a subsidy. If they have no income we pay the full rent, and if they have an income they have to pay 30%.

R: But you don't cover utilities

C: No.

K: They get a utility allowance

C: with 0 income

K: So, what that means the utility allowance is figured out by Hod

R: What is Hod

K: Housing and urban development. It's a federal program. and they figure out what the utility cost is for each county. for each state, for like a single house vs an apartment complex and how many bedrooms and they estimate how much it will cost for people to pay utility bills and with the utility allowance we deduct that from their total rental amount and so they don't have to pay that because they get a discounted rent amount and then they are expected to pay their utilities with that discounted rent amount. Does that make sense?

R: Yeah, so then again, people sometimes would come back to you and say okay I don't have money to pay utilities so that's when you cannot do anything else

C: yeah, and we can kind of refer them to different places in order to get that. We also have something called DEFA which if they have something else going on then we can do a DEFA request but usually what I do is I'd send it out to their care coordinator and have the care coordinator do the DEFA

R: What is DEFA

C: It's a different grant.

R: When you talk to these other organizations you can send them to.. who are they?

C: It's Damian center which is they're very similar to what we do. They have a Hapua program there and they have different programs for HIV up in Indy.

R: Oh so it's based in Indianapolis.

