

# Case Management Services in Community Housing for Persons Living with HIV/AIDS: Lessons Learned in Sustainable Housing Strategies

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## ABSTRACT

**Introduction:** As AIDS has been transformed from a life ending to a chronic disease, many low income, homeless or near-homeless persons with HIV/AIDS need housing with social service supports in order to maintain community housing. Independent community living is further complicated for AIDS patients who also suffer from psychiatric illnesses and substance abuse. This, combined with very limited affordable housing opportunities in the New Haven region, presents particular challenges for all providers of AIDS care, especially case managers.

**Description:** Leeway has an 11 year history of providing inpatient AIDS care in a 40-bed skilled nursing facility in New Haven, Connecticut. Leeway has recently expanded its programs to include the development of community-based supported housing and complementary services. Leeway's first partnership in supportive housing has provided valuable insights into the predictors of sustained successful tenancy in scattered site supportive housing as well as the overall benefits of housing case management services as an adjunct to independent living for frail, multiply diagnosed persons living with HIV/AIDS.

**Lessons Learned:** Housing Case Managers must be able to have flexible schedules to meet the varying quantity and dimension of client needs. Relapse to substance abuse is a sentinel event needing priority intervention.

**Recommendations:** The network of services along the HIV/AIDS continuum of care (hospital, SNF, substance abuse treatment, etc.) are all of themselves difficult to access – providers efforts to reduce/eliminate barriers for all persons with severe and chronic illnesses help sustain people in community housing. Referrals between providers can be simplified to prevent clients from dropping out of care. Also, Medicaid waivers, which provide a means of funding for the social services necessary to live successfully in the community, would be a helpful addition to the resources for PLWA in Connecticut.

## SITE DESCRIPTION AND METHODS

In partnership with CIL, Leeway has developed a five condo scattered site supportive housing project under the Next Steps Program. The five renovated scattered site condominiums are located in New Haven and West Haven. Four condos are 1 bedroom units; the fifth, condo offers two bedrooms. The condos are near CT Transit bus lines and local retail stores. CIL is the property developer and manager while Leeway provides the support services. CIL and Leeway jointly select each tenant. All tenants sign a one year lease agreement with the landlord, CIL, and pay approximately 30% of their income for rent. The remaining rent is subsidized. Supportive services are available at the request of the tenant by the Leeway staff member, whose title is Housing Case Manager.

The support services that are provided by the Leeway staff member to the tenants of the 5 condominium units are to be 4 hours per client per week, on average. The Leeway staff member typically visits each client each week, either in person or via telephone. A record is kept of the number of contacts, the type of contact and the content that describes the nature of the contact. These records are the source of the data reported here.

Table 1

Case Management Services  
December 2005 – December 2006

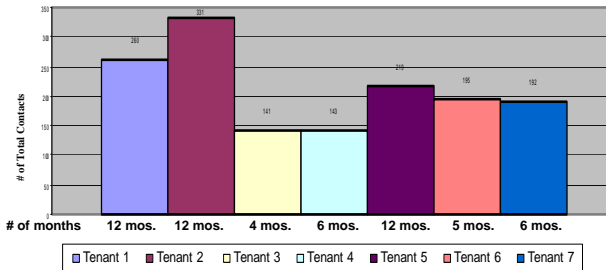
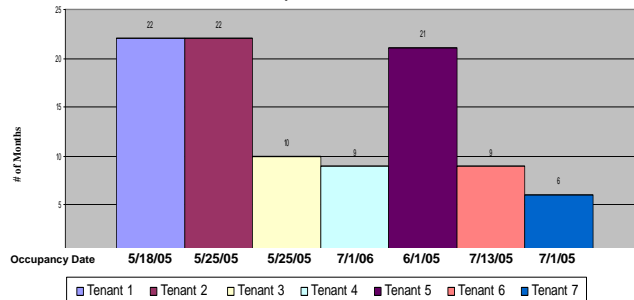


Table 2

Length of Tenancy by Months  
May 2005 – March 2007



## INTRODUCTION

Leeway, a freestanding 40-bed AIDS-dedicated skilled nursing facility located in New Haven, CT, decided to work on the problem of limited community housing for patients ready for discharge. The organization joined in a new state initiative in 2000 to create housing units for the homeless or near-homeless disabled population. Called PILOTS/Next Steps, the program partnered with the Department of Social Services, Department of Mental Health and Addiction Services and the CT Housing Finance Authority (DSS, DMHAS and CHFA) to underwrite the rental subsidies, service costs and capital costs for each project. Leeway and the Corporation for Independent Living (CIL) created a team to submit a proposal to house 5 persons living with AIDS (PLWA) in scattered site apartments in the greater New Haven area.

In May, 2005, after a considerably delayed timeline to bring the units on line, Leeway was the first of the PILOTS applicants to begin screening and placing clients into the 5 scattered site units. Since that time, a total of 7 clients have been housed in these units. The experience of these clients and the property management and Housing Case Management staff are reflected in this study analysis.

## RESULTS

Five of the seven total clients continue to succeed at independent living with varying degrees of support. All of them are in regular contact with the Housing Case Manager: the content of these contacts is reflected in Table 3.

The turnover of two units in the project is attributable to relapse of illicit substance use and the discontinuation of medical care for the clients' HIV. One client returned to inpatient care at Leeway and the other died in hospital. Yet, for each of these clients, the case management services were important to their efforts to live independently as long as they did. The Housing Case Manager was able to intervene to redirect both clients into medical treatment and substance abuse treatment. The HCM also assisted one of these clients reunite with a parent who had been in the criminal justice system, and deal with her physical limitations during the time she was living in the apartment.

## CONCLUSIONS

Recurrent social and behavioral health issues at the outset of housing clearly affect success in living independently. All tenants had histories of substance abuse and were homeless, unemployed and coping with advanced AIDS. Stabilizing factors include:

- Creating a productive daily schedule to have something useful to do with one's time
- Involvement with community AIDS Service Organizations
- Ready access to the Housing Case Manager via telephone for information and consultation
- Flexibility in the Housing Case Manager's schedule that allows time to be devoted to those tenants who need services the most

Our experience with these 5 housing units and the 7 tenants who have occupied them has taught us that relapse to substance use is the sentinel event most likely to cause tenants to experience worsening of all their medical problems and eventual loss of community housing.

We also learned valuable lessons in initial tenant selection process and, as a result, the selection process has been modified to look more closely at the applicant's history of substance abuse treatment and the distance in time from active substance use.



New Haven Condominium Unit

Table 3

Presenting Challenges Upon Occupancy

	Homeless	Entitlement Issues	Substance Abuse	Mental Illness	Financial Issues	Legal Issues	Lack of Life Skills	Limited Agencies Involvement	Unemployed	No GED or HighSchool Diploma	Negative or No Family Involvement
Tenant 1	X	X	X		X	X			X		
Tenant 2	X		X	X	X	X	X		X		X
Tenant 3	X		X		X		X	X	X	X	X
Tenant 4	X			X	X				X	X	X
Tenant 5	X	X			X			X	X		X
Tenant 6	X		X	X	X		X	X	X		X
Tenant 7	X	X	X	X	X			X	X		X

Table 4

Case Management Services Hours Per Week  
December 2005 – December 2006

