

MASTAD

Supportive Transitional Housing Project for Young Gay, Bisexual and other MSM Living with HIV in New Jersey

 TARGET POPULATION	Young Gay and Bisexual Men Living with HIV
🤨 LOCATION	Essex and Atlantic Counties, New Jersey
# PROGRAM DESIGN	Housing twenty-seven residents, Project Nest includes transitional housing and supportive services programs
\$ ESTIMATED COST	\$2,000,000
FUNDING SOURCE	Ryan White Rebate

BACKGROUND

Gay, bisexual, and other MSM, particularly men of color, continue to be severely affected by HIV above any other demographic group in the U.S. New Jersey continues to see a rise in HIV incidence among young gay, bisexual, and other MSM despite general HIV incidence decreasing. Social determinants-including lack of access to culturally responsive health care, racism, homophobia, stigma, and poverty-negatively affect the abilities of young gay, bisexual, and other MSM from starting and continuing treatment and care. To responds to the needs, the New Jersey Department of Health Division of HIV, STD and TB Services (DHSTS) developed a supportive transitional housing project, funded through Ryan White Part B rebates, to co-locate needed medical case management, psychosocial support services, independent living readiness, and more in a transitional housing program in partnership with the AIDS Resource Foundation for Children. From 2015 to present, 54 residents have been inducted into the program. Of those 54, 30 have stayed longer than three months with 90% achieving viral suppression, 100% with access to treatment, and no missed HIV medical visits in the last six months.

CORE ACTIVITIES

Civen that young gay, bisexual, and other MSM face numerous structural and social challenges to receiving health care, the population needs a unique, traumainformed intervention. Combining housing support with medical case management, which includes directly observed therapy by a nurse, mental health services and substance use services, the program also includes transportation and life skills training for independent living and career development. The program works in a phase system, and movement through the system is dependent on benchmarks predetermined in treatment plans. As residents move through the phase system, they gain increased freedom and responsibility. After two years, residents are given the ability to move to an apartment, if ready, and maintain their connections to the services at the facilities.

DATA

As of June 2018, 54 residents have been inducted into the program, with 30 having stays longer than three months. Of the 30 residents, 100% have prescriptions for ART, 90% have achieved viral suppression, and there have been no gaps in HIV medical visits in the last three months. The project goes through bi-weekly monitoring calls and annual site visits with DHSTS.

FUNDING & COST

The program initially began with an award of \$870,422 through Ryan White Part B supplemental funding. AIDS Resource Foundation for Children, through funding from DHSTS, leases the facilities. The foundation was selected given their extensive knowledge of community needs and best location for services. The Essex county facility was previous used as a group home and the Atlantic County facility was a bed and breakfast. Due to the success of the program, it was funded the following year with \$990,930 and a second home was developed. Currently, there is ANASTAD 😽



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roughly \$1,895,000 budgeted for the program with the Department of Health looking to continuing sustaining this program.

STRENGTHS

Trauma-informed approach to care, flexibility of program to meet residents where they are and tailor individual care and housing plans, collaboration with multiple stakeholders and behavior change therapy as the framework.

LIMITATIONS

Residents have come in with substance use and more serious mental health concerns than previously anticipated. Given the population, staff must be well trained and culturally responsive to the needs of young gay, bisexual, and other MSM. There is also some shock entering the well-structured program for residents, given their previous arrangements, and there is difficulty in finding adequate living situations for those who are ready for more independent living.

STAKEHOLDERS

New Jersey Department of Health Division of HIV, STD and TB Services AIDS Resource Foundation for Children, HRSA, New Jersey HIV Planning Group, Ryan White Part A, local providers and healthcare organizations, and local community-based organizations.

PROGRAM CONTACT

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