



# Housing 201

February 15, 2023

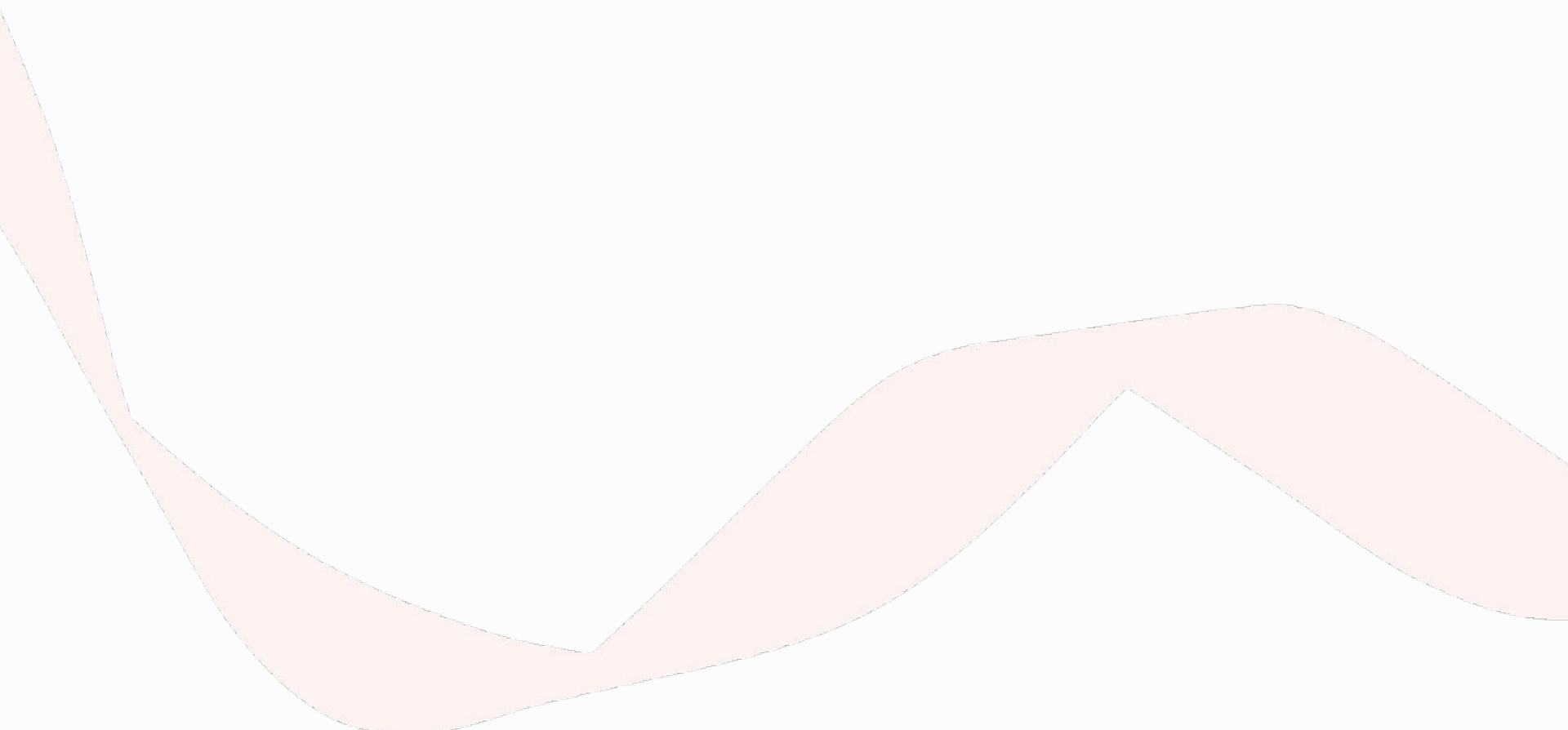
# Introductions: Planning Team & Speakers

- Angela Moore, Contra Costa County Housing Advocate
- Cassandra Ekdawy, Medical Case Manager at Lifelong
- Jayne Gagliano, East Bay Getting to Zero
- Jessica Price, PAETC-Bay Area
- Judy Eliachar, Alameda County HIV Housing Specialist
- Ramon Jackson, East Bay Getting to Zero
- Sami Lubega, East Bay Getting to Zero
- Shawn Demmons, PAETC-Bay Area
- Yamini Oseguera-Bhatnagar, East Bay Getting to Zero

# Group Introductions (brief)

- Name and pronouns
- Role
- Agency & location
- What are you hoping to get from today's session?

# Grounding Exercise



# Case #1 - Henry

- Henry is 49 years old. For the last 9 or 10 months he has been living with his sister, her husband and their 3 teenage children in a public housing apartment. This is only a temporary situation: he is not on the lease, he sleeps on the couch, and the apartment is small and crowded. His sister is worried that her family will be evicted if housing finds out he is living with them. Other than his sister, he has no immediate family in CA.
- Until last spring, Henry lived with his mother for 22 years in a rented house. He cared for her and shared the cost of rent and household expenses, but the lease was in his mother's name. He doesn't know his former landlord's name or how to get in touch with him. He believes the landlord might have worked for a management company with an office in San Leandro or Hayward.

# Case #1 – Henry (continued)

- Henry receives \$1,372 per month in Social Security Disability (SSDI) benefits and \$172 in food stamps. He worked in a convalescent hospital until 10 years ago, when he severely injured his back and his leg in a work-related accident. A former cigarette smoker, he was diagnosed with COPD four years ago. His health is worsening rapidly. He sleeps with an oxygen concentrator and often needs to use a portable oxygen tank and a walker when he leaves the house. Henry was diagnosed with HIV in 2003, and is virally suppressed. He has close relationships with his doctor and his medical case manager, and he is reluctant to move too far away because he doesn't want to leave his current care team.

# Case #2

- 33yo African American male living with HIV, veteran, unhoused on the streets, with no current source of income. Living in an encampment visited by our clinic's street medicine team and last in care 1 year ago. Visits the ED ~every 3 months.

# Bonus Case #3

- We have a 65 YO male, who is a refugee from Guineenne, he stated that he came here to seek political asylum. The client currently has no income and is receiving medical care from Highland Hospital. The client has been a long-term resident of EOCP since Jan 2018. We are an emergency shelter and the average stay is 90 days for clients. The client does have an alien number however he has not been considered for any PSH Matches through Homestretch to date. We have also applied in the past for EHV's. This is a complicated case not to mention the client does not speak English. We have used the SSA language line as well as Google translate to communicate effectively with the client.



# Bonus Case #4

- A client that is 67 years old and lives with her daughter and her family. My client has never worked her social security due to being dependent on her late husband for financial support. My client has zero income and is wanting to move out of her daughters home. My client expressed that she is depressed when she's at her daughters home due to having to do all the home chores, cooking, and babysitting the kids. My clients housing situation is causing an emotional strain on her health.

# Evaluation!

- Please remember to evaluate today's session – you will be getting the link in an email as well.

**[tinyurl.com/housing201](https://tinyurl.com/housing201)**