

**Responses to June 17, 2014 Ryan White Planning Council Follow-up Questions**  
**Project PLASE, Inc.**  
**People Lacking Ample Shelter & Employment**  
**410.837.1400, ext. 111**  
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**Question 1.** *On average, how many transgender individuals are housed at your facility, and do they receive transgender needs care in addition to HIV care?*

Over the last several years PLASE has averaged 2-4% of our population being transgender persons annually. Though this is a small percent, these are populations that PLASE is committed to serving and housing. This percent means, PLASE is serving additional 5-10 transgender persons each year.

Also as I stated during the Panel discussion, PLASE just recently had requests to house 3 transgendered females and were unable to. They did not present with HIV/AIDS and these were the only beds available. I feel there is a need for beds earmarked just for transgendered persons or beds with the priority status given to transgendered persons (both with and without HIV).

All transgendered persons at PLASE are made aware of other care and services in the Baltimore community for transgendered persons. Some opt to take advantage of this support while others do not.

**Question 2.** *One of the major barriers to referring patients to an organization is the actual referral process. Is there any way to streamline the process or have training for case managers on the referral process?*

The Mayor's Office of Human Resources/ Homeless Services is in the process of implementing a Centralized intake for the City of Baltimore. Ms. Whitney Swander [Whitney.Swander@baltimorecity.gov] is the contact there if anyone on the planning council would like to follow-up or coordinate with this new city-wide system. They have just begun a trial-run of this system and are trying to give priority to vulnerable persons and those with health needs.

PLASE's intake process includes either to have persons come in person Monday-Friday to 1814 Maryland Ave., 21201 -hopefully before 2-3 PM, or call. They can be interviewed and placed as quickly as there is a bed available. What can speed it up is if the health provider or client themselves can present the documents required for Ryan White eligibility, the proof of the HIV and income verification. To reach PLASE's intake coordinator, you can also call 410.837.1400, ext. 210, the front desk and have him paged.

**Question 3.** *Is there currently a waitlist to get into HIV transitional housing? If there is a waitlist currently, is it due to a lack of funding or a lack of available beds?*

We often have a waiting list for persons to enter PLASE Transitional Housing. Currently there are 29 men and women who are on this list that and are still current.

At various times, funding is an issue, in that we provide 24 hour services and staffing. Without coverage of the costs we are limited. At other times, all beds are filled and we are awaiting space in order to house and assist additional persons.

So the answer is a combination of both. There is a need for more beds to address the actual need and that is clearly a funding issue. And then because of the need, the actual beds that exist fill up and others have to await their availability.

PLASE has recently purchased a large closed school building in South west Baltimore city and is in the process of a Capital Campaign, in order to expand the amount of both transitional and affordable permanent housing, with all being one bedroom, allowing for privacy , comfort and healing.

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**Question 4.** *How long does the process take from initial referral to your program to getting an HIV slotted bed in transitional housing?*

At some points, the time can be quick, even the same day, and other times, the wait is long, like 6 months or longer. That is, due to the need, as well as the amount of time a person already housed may need the bed and its corresponding services to become stable. The time in a bed varies, due to the time it takes to receive disability income, work, get stable medically, mentally, or concerning substance use and to access affordable or subsidized housing. E.g. we currently have one person who has had cancer surgery and needs healing and rehabilitation, lengthening his stay. There are lots of complicating factors given the many levels and types of co-morbidities of our clients. This effects when beds become available.

**Question 5.** *How easy or difficult is it to get HIV positive patients into permanent housing, and what percentage are you able to get into permanent housing?*

During the period March 2013 through May 2014, 62.4% of the persons housed in PLASE's Ryan White Transitional Housing moved to Permanent Housing.

There is a great need for more affordable or subsidized housing for homeless persons with HIV/AIDS. The low economic level of our clients is a barrier to getting permanent housing and adds to the difficulty, and the great need for subsidies.

Thank you so much.

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Respectively submitted,

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