Optimizing HUD-Assisted Housing Among People in Need of HIV Care and Prevention Services

Technical Expert Panel Executive Summary

The U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention (DHP), and the U.S. Department of Housing and Urban Development (HUD) Office of HIV/AIDS Housing (OHH) collaboratively hosted a virtual Technical Expert Panel (TEP) on August 1 and 2, 2022. The purpose of the TEP was to examine the facilitators and barriers to accessing HUD-assisted housing, including, but not limited to, the Housing Opportunities for Persons With AIDS (HOPWA) program for people with HIV, as well as those in need of HIV prevention services, with particular emphasis on the priority populations identified in the *National HIV/AIDS Strategy for the United States 2022–2025*.[1]

Collaborations among HRSA, CDC, and HUD demonstrate a long-standing commitment to understanding and addressing the challenges and barriers to HIV care and services, including unstable housing. As a collective, the trio of agencies sought to provide a platform for obtaining expert input to help further define and problem-solve the issues impeding access to stable housing and support services.

The two-day discussion with panelists—which included people with lived experience, grant-award recipients, subject-matter experts, and state and local service providers—explored issues that perpetuate housing barriers, such as systemic and social barriers; discussed known and needed community resources to help foster coordination; examined ways to incorporate trauma-informed care approaches that reduce stigma; and explored future areas for federal collaboration. The discussion focused on community-level, systems-level, and structural dynamics, including the following:

- Issues that perpetuate housing barriers, both systemically and socially, for people with HIV and those in need of HIV prevention services

- Facilitators that promote access, both systematically and socially, to HUD-assisted housing for people with HIV and those in need of HIV prevention services

- Trauma-informed care approaches to accessing and maintaining housing that reduce stigma for people with HIV and those in need of HIV prevention services

- Opportunities for increased coordination and collaboration among HRSA, HUD, and the CDC that strengthen access to and retention in assisted housing for people with HIV and those who have risk factors for HIV and need HIV prevention services (e.g., pre-exposure prophylaxis [PrEP], syringe service programs [SSPs])

Considerations for Improving Access to Housing and Supporting People With HIV and Those in Need of Prevention Services

Over the course of the discussion, several issues were raised, themes identified, and strategies documented related to the benefits of housing and the impacts and threats posed to people with HIV and those in need of prevention services who are challenged by access to safe and affordable housing. These included the following:

- **Gaps, Lengthy Processes, and Funding.** Public Housing Agency eligibility criteria, landlord screening criteria, availability of vouchers, ability to use housing vouchers in the community, and long waitlists impede timely access to safe and affordable housing.

- **Rising Housing Costs.** Housing costs are increasing and far exceed the minimum wage in many communities, especially those with a lack of affordable housing stock and long waitlists for HUD assistance.

Ryan White HIV/AIDS Program

Background: HUD-Assisted Housing Technical Expert Panel

Access to safe, quality, affordable housing and the support necessary to maintain it constitutes one of the most basic and powerful social determinants of health.

Over the course of the HIV epidemic in the United States, data have revealed that several communities—including gay, bisexual, and other men who have sex with men; people who inject drugs; and Blacks/African Americans—have been, and continue to be, disproportionately impacted by HIV. The *National HIV/AIDS Strategy for the United States 2022–2025* identifies the following groups as priority populations; that is, they are disproportionately affected by HIV and experience inequities in social determinants of health, such as homelessness and housing instability, poverty, unequal access to health care, stigma, and racism:

- **Men who have sex with men, in particular, Black, Latino, and American Indian/Alaska Native men**

- **Black women**

- **Transgender women**

- **Youth aged 13–24 years**

- **People who inject drugs**

Housing is believed to be a better predictor of health care access and HIV outcomes than individual characteristics, behavioral health issues, and access to other services. Stable housing allows people with HIV to access comprehensive health care and adhere to HIV treatment.

- **Data Sharing Limitations.** The opportunity exists to coordinate the efforts of the Ryan White HIV/AIDS Program (RWHAP), HRSA's Bureau of Primary Health Care, HUD, and Medicaid. Several panelists described confusion about what constitutes protected data, what data sharing agreements would need to cover, and how to operationalize data sharing so that people can better coordinate services between housing and health care organizations.

- **Lack of Coordination Between Programs.** Programmatically, panelists expressed concern about the disconnect and lack of coordination between health services and housing for people with HIV and the resulting shortage of opportunities to collaborate to develop complementary and coordinated guidelines for recipients.

- **Economy-Driven Decreases in Housing Stock.** Tourism, developers, and real estate are drivers of the economy. The inflated housing market is eroding affordable housing stock, reducing affordable housing, and forcing agencies to monitor developments in the housing market to meet the needs of vulnerable communities.

Themes Highlighting Housing Access Barriers

Several themes emerged from the discussion that highlight barriers to accessing housing opportunities. These include the following:

- Challenges producing or demonstrating viable rental history to document accountability, especially among younger clients

- Scarce support for locating housing and guidance on how to maintain housing

- Limited access to affordable housing and the impact of rising housing costs

- Lack of critical documentation (i.e., social security, driver's license, state identification, proof of legal citizenship) required to prove identity and legal citizenship

- Limited access to mental health or disability services in communities to reduce stressors attributed to social determinants of health

- Significant discrimination and stigma—including homophobia and transphobia—in racial and gender minority communities

- Low(er) and lack of income to demonstrate sustainable means to maintain housing

- Shortage of health and housing services that prioritize individual needs and are independent of a one-size-fits-all approach

Strategies for Improving Access to Safe and Affordable Housing

- Braided funding (weaving together two or more funding sources) is an effective strategy for securing funding that can ultimately support the development and operation of housing—improving existing programs, increasing access to housing inventory, and expanding access to comprehensive care at scale.

- Housing as health care is an objective for treating and preventing HIV and an intervention for unstable housing. Panelists suggested that coordinating tailorable, safe, and effective onsite case management to address individual needs would promote inclusivity and signify safe spaces, especially for communities to obtain needed services.

Barriers and Facilitators Promote Access to HUD-Assisted Housing, Both Systematically and Socially, for People With HIV and Those in Need of HIV Prevention Services

Person-Centered Barriers to Housing

Panelists acknowledged the need for meaningful input and equal compensation, including the following:

- Equal compensation for people with lived experience who provide input and expertise that contributes to the delivery of services that are tailored to the needs of people with HIV and those in need of prevention services

- Thoughtful involvement of people with HIV in decision-making processes, because it is imperative that people with HIV be empowered to choose as opposed to selecting from preconstructed options that limit decision-making authority

- Effective and replicable programming that encourages flexibility, mobility, and customization that meets people where they are and is accommodating, especially for people unable to produce the necessary documentation to receive needed services

- Accessible low-barrier services co-located in convenient spaces with a full complement of wraparound resources

- Culturally responsive services with information translated into multiple languages to disentangle barriers and implicit biases

Person-Centered Facilitators

Training and capacity building are needed to help providers understand the Fair Housing Act and how they can meet the housing needs of people with HIV in a manner that is consistent with the Act. Given the diversity of people experiencing unstable housing, panelists emphasized the importance of providing a broad array of housing approaches that thoughtfully facilitate access to housing, such as the following:

- **Offering competitive salaries and pay** that acknowledge lived experiences as a profitable skill

- **Implementing programs infused with trauma-informed strategies** that integrate harm-reduction models to meet individuals where they are and acknowledge and support clients' individual goals for establishing healthy, trusting relationships and reducing the risk of re-traumatization

- **Creating healthy connections** and coordinating with individuals and agencies that have sightlines into support services to develop scalable, self-sustaining, cross-sectional services

- **Advocating for all communities** by creating bridges to housing, especially in socially vulnerable communities; championing improved access to services, transportation, and co-located services; and providing training to clients in housing literacy as partners in their own self-care

Housing Access: Systems That Hinder Access and Systems That Facilitate Access

System Barriers That Hinder Housing Access

In addition to attempts to remove barriers that impede access to housing, several outlying issues were central to discussions. Panelists described several impediments, including extensive eligibility processes, such as a past criminal history that can delay and restrict housing eligibility, along with lengthy housing waitlists and limited housing stock that present challenges for individuals trying to obtain and use housing vouchers. Individuals can be on waitlists for months or years before receiving a housing voucher, and once a voucher is received, it may be difficult to find a landlord who will accept the voucher due to low Fair Market Rents (FMRs),[2] discrimination, or other issues. Opportunities clearly exist to engage health care providers on how to access and coordinate services to ensure that basic needs (e.g., housing, health, food) are met.

System Facilitators That May Improve Housing Access

Direct Cash Transfers

Panelists reflected on practices that make it easier to access housing—including housing prioritization—that either improve housing stability by reducing barriers to access and utilization or increase efficiency and equity in a program. For example, Direct Cash Transfer programs[3,4] can reach individuals often excluded from federally funded programs, elevate individuals with the greatest need, provide recipients with flexibility, and reduce application barriers associated with navigating eligibility and documentation requirements. The need for housing prioritization followed by the delineation of who gets housing first within a priority community is warranted. Relaxing the eligibility requirements for housing programs would enable more people to access those programs and achieve and sustain housing stability.

Priorities and Policies

Panelists expressed system-level opportunities or policy modifications, such as having a way to track common issues and standardizing language to approach solutions, that would help facilitate or drive change, especially among culturally diverse communities. Creative approaches to serving clients at a system level include incentivizing client evaluations to gather rich data directly from communities and ensuring policy alignment across agencies on Housing First approaches, both of which point to how systems see, receive, and support clients' needs. Other creative approaches to serving clients at a system level include adjusting salaries for housing-related staff commensurate with market rates to increase retention and subject-matter expertise.

"In a Perfect World"

Panelists identified ideal scenarios that would centralize the needs of people who experience unstable housing.

- Concentrated homeless assistance grants to get people housing assistance immediately
- Person-centered language
- Limited lag time between provider follow-up and the request for assistance
- Health promotion and reduced political pressures
- Priority of medical transportation as part of HRSA's core medical and support services
- For aging populations, Medicaid and Medicare's paying for housing for older people with HIV
- Modification to funding cycles to reduce administrative burdens associated with the timing of awards
- Permanent increase in Fair Market Rents
- Prioritization of clients with multiple barriers (e.g., criminal history)

Improved Data Collection

Clear, concise, current, appropriate, and client-informed data are necessary to understand the growing needs of communities. Panelists suggested that requiring health analysis and reports by hospitals would be a means for accessing the data and understanding needs better. Other data concerns would require the attention of federal systems and partners, such as the integration of housing into CAREWare and the inclusion of RWHAP services in the Homeless Management Information System. Such data sharing would inform communities and organizations about the services that clients are already receiving and what other services might benefit clients. It would also improve the adaptability of the databases to allow data collection on critical points, such as sexual orientation and gender identity. Policy considerations and technical assistance would help determine how, when, and where to integrate and disseminate data within communities to better align

and inform service providers of community needs. From a systems perspective, panelists expressed the disconnect between RWHAP recipients and subrecipients and how systems may not adequately communicate to other RWHAP providers or may not contain critical data points. Panelists supported requiring permissions and consents with consideration for how data are shared across programs and exploring how to respect participants by allowing them to be in control of their own data.

Opportunities for Increased Coordination and Collaboration

Panelists identified key considerations that can influence and improve equitable access to housing, especially among transition-age populations (aged 18–24 years). Long-term, sustainable solutions remain in effect for meeting the needs of youth. Organizations that consider the value of their missions and how they might creatively address housing needs in communities, especially in communities that are seemingly underserved, provide a crucial service by substantially reducing the long-term impact of homelessness. Holistic and comprehensive approaches empower youth to stabilize their lives and move forward.

Approaches to Trauma-Informed Care and to Policy That Can Reduce Stigma and Help People Access and Maintain Housing

- Inclusivity and representation of gender-affirming roles and staff who mirror the clients and commonly speak their languages
- Treatment and support from expert individuals with lived experience who share similar experiences
- A communication style that lies between listening and providing information, similar to motivational interviewing, to empower communities and strike a healthy balance
- Language that avoids negative labeling or marketing that would intentionally distinguish (health) services and housing for people with HIV apart from coexisting communities
- Advocacy from leaders who support a holistic training approach, including regular culturally responsive and culturally sensitive training and trauma training to ensure that their practices are intentionally communicative and not re-traumatizing
- Adjustments to policy and practice based on data that demonstrate housing as a cost-effective intervention
- Avoidance of restrictive regulations that create gaps in services and add to barriers (e.g., allowing individuals with lived experience to receive cash payments for services rendered commensurate with their expertise)
- Improved service delivery, specifically around housing first, with targeted processes for achieving goals
- "Housing roadmaps" to assist health providers with navigating housing access points and to address system language gaps

Opportunities to Ensure Equitable Housing Access

- Systems navigation support for clients, especially clients with mental health challenges
- Staff and peer education regarding underrepresented and underserved communities and access barriers
- Connection of people to safe housing as soon as they test positive for HIV; rapid housing as part of a rapid treatment program
- Creative marketing to address stigmas associated with housing people with HIV
- Integration of trauma-informed strategies
- Comprehensive wraparound services (e.g., financial management, how to be a good neighbor and take care of the home)

Conclusion

Systemic, structural, social, and organizational barriers—such as HIV stigma, homophobia, transphobia, poverty, and racism—continue to perpetuate obstacles to health care, limitations to HIV prevention education, and lack of stable housing, driving disparities and both directly and indirectly increasing the risk for HIV. Addressing these barriers and encouraging safe and supportive communities can help improve health outcomes for all, including people with HIV and those in need of prevention services.

References

[1] The White House. 2021. *National HIV/AIDS Strategy for the United States 2022–2025*. Washington, DC. Available at https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf.

[2] The FMR is the 40th percentile of gross rents for typical, non-substandard rental units occupied by recent movers in a local housing market. FMRs are established by HUD and used to calculate the amount of rent that can be paid by a Housing Choice Voucher.

[3] Chapin Hall at the University of Chicago. 2022. "Maximizing Impact of Direct Cash Transfers to Young People." Chicago. Available at https://www.chapinhall.org/project/direct-cash-transfers-policy-toolkit.

[4] U.S. Department of Housing and Urban Development, Office of Policy Development and Research. 2023. "Potential Program Design for Direct Rental Assistance." Washington, DC. Available at https://www.huduser.gov/portal/sites/default/files/pdredge/DRA-proposal-9-5-23.pdf.