

Housing—or lack thereof—is one of the most significant issues facing communities today. When compared to people with stable housing, people experiencing homelessness or unstable housing are more likely to delay entry into HIV care,¹ more likely to experience higher rates of discontinuous health care,² less likely to be prescribed antiretroviral treatment,³ less likely to reach sustained viral suppression⁴—and overall have poorer health outcomes, thus increasing the risk of transmitting the virus. Addressing the barriers to stable housing and reducing homelessness among Ryan White HIV/AIDS Program clients remains a priority for the Health Resources and Services Administration's HIV/AIDS Bureau. Furthermore, addressing these needs is critical to the “Ending the HIV Epidemic: A Plan for America” Initiative.

In November 2019, the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) convened a one-day technical expert panel (TEP) to discuss the housing needs of people with HIV in HRSA's Ryan White HIV/AIDS Program (RWHAP). Panel participants represented a diverse range of RWHAP recipients, stakeholders with lived experience, housing services providers and experts, public health organizations, and federal representatives from across HRSA, the U.S. Department of Agriculture (USDA), the Substance Abuse and Mental Health Services Administration, and the U.S. Department of Housing and Urban Development. The meeting focused on identifying facilitators of and barriers to housing for people with HIV and successful models or strategies for addressing housing needs. Throughout the meeting, panelists shared perspectives on best practices for fostering stable, healthy housing among RWHAP clients to support engagement in medical care and reaching viral suppression.

DEFINING HOUSING ISSUES FOR RWHAP CLIENTS

Unstable housing has a powerful impact on HIV incidence, health outcomes, and health disparities. Panelists identified and described housing issues facing RWHAP clients, other people with HIV, and, more broadly, all people experiencing housing instability or homelessness. TEP participants also noted that individual-level issues are connected to and intertwined with social, economic, and policy factors that affect housing and are largely outside of individual control. The multilevel (individual, organizational, community, and system) issues panelists described include—

- ▶ Incarceration history
- ▶ Lack of documents needed for acquiring housing
- ▶ Economic insecurity
- ▶ Limited housing options in metropolitan areas
- ▶ Limited transportation to health care centers
- ▶ Limited availability of housing support services
- ▶ Lack of staff preparation
- ▶ Criminalization of homelessness
- ▶ Inconsistent case management as individuals move through systems
- ▶ Increasing housing expense and dislocation caused by gentrification
- ▶ Lack of comprehensive, universal definitions of homelessness
- ▶ System fragmentation and inconsistent processes
- ▶ Lack of representation in policy- and decision-making settings

STRATEGIES AND INNOVATIVE MODELS FOR ADDRESSING UNMET HOUSING NEEDS

Participants discussed common characteristics of seven innovative models and four strategies to address unmet housing issues, with success defined by perceptions of effectiveness, replicability, and proven best practices. Model programs understand that the method by which providers and organizations deliver health care services that meet the cultural, social, and linguistic needs of patients has a direct impact on provider-patient relationships, health outcomes, and housing permanence.

These programs reflect a “whole person-centered approach” and are foundational for successful programs to impact homelessness and unstable housing needs. TEP participants highlighted HRSA’s RWHAP Part F Special Projects of National Significance (SPNS) Program, which supports the development of innovative models of HIV care and treatment to respond rapidly to the emerging needs of RWHAP clients. SPNS funds have helped address service gaps and generate space for creative innovation.

Common Characteristics of Innovative Models

Characteristics of innovative models identified during the TEP included—

1. Using **mobile and multidisciplinary approaches**, such as peer specialists, community health workers, social workers, and health care teams that go into the community to serve RWHAP clients and address basic needs.
2. Providing **multiple points of entry with low barriers to access** to essential housing needs, such as shelters.
3. Conducting **high-quality and intensive needs assessments** to establish trust and avoid overwhelming clients and/or triggering trauma.
4. Creating **seamless care coordination** to avoid care disruption.
5. Embedding **trauma-informed care** to promote an environment of healing and recovery.
6. Applying **culturally competent services** to improve health outcomes, eliminate stigma, and improve the quality of care for people with HIV.
7. Implementing **community engagement**, at all system levels, when developing policies that have an impact on people with HIV.

Strategies to Address Unmet Housing Needs

Examples of strategies identified during the TEP included—

1. **Preventing homelessness by leveraging services** provided via enhanced emergency shelters and interdisciplinary medical respite care that allows people with HIV to reside in temporary housing until they are accepted into a longer-term housing program.
2. **Intervening in unstable housing** by providing expansive housing case management with a particular focus on individuals who do have shelter but are at imminent risk of losing housing, who were recently housed, or who are, by definition, not homeless but are for functional purposes (e.g., those who are temporarily staying in a series of other people’s homes).
3. **Providing access to housing and supports** via data-driven, targeted, permanent, supportive housing as a creative approach to offset costs, integrate resources and policies across systems, and help ensure effective permanent housing with affordable wraparound support services.
4. **Supporting housing development** by increasing advocacy on two key issues: focusing resources on housing for households with extremely low income and providing funding to nonprofit housing developers.

ADVANCING PROMISING INNOVATIVE APPROACHES AND BEST PRACTICES: KEY THEMES

Themes from the TEP reflected approaches to promote facilitators and address barriers at multiple levels—individual (e.g., RWHAP clients), organizational (e.g., RWHAP recipients), community (e.g., housing coalitions), and system (e.g., federal and state departments). The following table provides a synthesis of overarching themes that emerged from the discussion.

Promising Approaches and Best Practices Key Themes	Level of Focus			
	Individual	Organization	Community	System
Engage people with lived experience	<ul style="list-style-type: none"> Preparation for policy-making roles Preparation for peer roles 	<ul style="list-style-type: none"> Advisory Council Program planning Peer support program 	<ul style="list-style-type: none"> RWHAP Planning Council Continuum of Care Board 	<ul style="list-style-type: none"> Person-centered or whole-person program design Policy development Resource allocation
Understand and address the impact of trauma	<ul style="list-style-type: none"> Access to person-centered, whole-person services Service settings using trauma-informed approaches 	<ul style="list-style-type: none"> Trauma-informed approaches The effects of trauma on the brain Support staff in addressing secondary trauma 	<ul style="list-style-type: none"> Care coordination Mental health literacy 	<ul style="list-style-type: none"> Knowledge sharing Widespread training Policies that reflect implications of trauma
Pursue integrated planning	<ul style="list-style-type: none"> Many pathways to housing Responsive care team 	<ul style="list-style-type: none"> Strategic partnerships using a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) 	<ul style="list-style-type: none"> Visualize the continuum from A to Z Strategic use of carryover funds and program income 	<ul style="list-style-type: none"> Common vision Champion/leadership Investment in structure Bridge funding/blended funding
Integrate HIV care within the housing continuum of care	<ul style="list-style-type: none"> Progress in place Flexibility Housing across the lifespan 	<ul style="list-style-type: none"> Build staff and organizational capacity for cross-sector work 	<ul style="list-style-type: none"> Plan and implement cross-sector pilots Implement shared data/data collection 	<ul style="list-style-type: none"> Small policy changes that address significant barriers, address social determinants of health Strategic use of funds Coordination among federal agencies
Expand housing availability and access	<ul style="list-style-type: none"> Ensure easy, low-barrier entry to housing Provide access to housing in desired neighborhoods 	<ul style="list-style-type: none"> Strategic partnerships using MOUs, MOAs 	<ul style="list-style-type: none"> Quality, affordable scatter-site housing 	<ul style="list-style-type: none"> Policies that support public-private partnerships
Collect data using a person-centered approach	<ul style="list-style-type: none"> Explain how data are used (e.g., epidemiology, quality improvement, improving outcomes) 	<ul style="list-style-type: none"> Properly train staff who are collecting and mining data 	<ul style="list-style-type: none"> Track housing and health outcomes Redesign intake tools/instruments to be less invasive 	<ul style="list-style-type: none"> “If data systems talk, practitioners will talk.” Universal, validated instruments

HOW HRSA’S RWHAP CAN SUPPORT PEOPLE WITH HIV WHO ARE EXPERIENCING UNSTABLE HOUSING OR HOMELESSNESS

RWHAP recipients are funded to provide a range of services to support the HIV-related needs of eligible individuals to gain or maintain access to medical care, including prevention of homelessness. [HRSA HAB Policy Clarification Notice \(PCN\) 16-02](#) details the allowable uses of RWHAP funds to provide services to both people with HIV and, in some instances, people who are affected by HIV.

Information from the TEP will be used to inform the future work of HRSA HAB, RWHAP recipients, and partners by identifying potential technical assistance and training needs, strategic partnerships, and program priorities to address unstable housing and homelessness.

RESOURCES

U.S. Department of Housing and Urban Development: <https://www.hud.gov/>.

U.S. Department of Agriculture Housing Programs: <https://www.usda.gov/topics/rural/housing-assistance>.

Medicaid Homeless Initiative: <https://www.medicaid.gov/medicaid/long-term-services-supports/balancing-incentive-program/homelessness-initiatives/index.html>.

Medicaid Innovation Accelerator Program State Medicaid-Housing Agency Partnerships Toolkit: <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/functional-areas/mhap-toolkit.pdf>.

HHS Substance Abuse and Mental Health Services Administration's Homeless Programs and Resources: <https://www.samhsa.gov/homelessness-programs-resources>.

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