



C.H.A.I.N. REPORT

CHAIN Report 2017-1

The Impact of Ryan White HIV/AIDS Program Part A on Access to Health and Social Services in the New York Eligible Metropolitan Area: An Organizational- Level Analysis

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Executive Summary

This CHAIN report presents an analysis of the impact of Ryan White HIV/AIDS Program Part A (RWPA) funding for the New York EMA in nine health and social service categories. Two questions guided the assessment of the impact of RWPA funding on accessing services.

1. For each of the nine service categories, what proportion of CHAIN participants receive services from agencies with RWPA funding?
2. Do health and social service agencies that receive RWPA funding *reach* CHAIN participants who differ (in terms of demographic or social characteristics) from those reached at agencies delivering similar services without RWPA funding?

Key Findings

- In 34% of interviews conducted between 2016 and 2019, CHAIN participants reported receiving one or more health and social services from agencies with RWPA subcontracts.
- The proportion of CHAIN participants who mentioned receiving health and social services from an agency with a RWPA subcontract varied greatly by service category (see Table 3):
 - Among the 7% of CHAIN participants, who mentioned using legal services, 91% of the time the provider agency had a RWPA legal services contract.
 - Among the 14% of CHAIN participants using medical case management, 55% received these services from an agency with a RWPA medical case management or care coordination subcontract.
 - None of the CHAIN participants received harm reduction (substance abuse treatment) services or short-term housing assistance from agencies with RWPA subcontracts in these service categories.
- With the few exceptions summarized in Table 4, the demographic and social characteristics of CHAIN participants using services from agencies with RWPA subcontracts were similar to those using services from agencies without RWPA subcontracts.

Introduction

There are several ways to approach measuring the impact of the Ryan White HIV/AIDS Program (RWHAP).¹ First of all, there is the choice of unit of analysis. Do we assess the impact of RWHAP funding on individual HIV-positive clients who are the direct recipients of RWHAP funded services? That is, how do client outcomes change as a result of their participation in RWHAP funded services? Or do we assess the impact of RWHAP funding on agency-level effectiveness? That is, does RWHAP funding affect the care an agency provides to all of its HIV-positive clients, whether or not these clients are the direct recipients of RWHAP funded services? Finally, do we assess the impact of RWHAP with respect to the performance of an entire state or local system of health care? That is, does RWHAP funding affect services for all HIV-positive residents of a state or metropolitan area?

There is also the choice of what outcomes are being measured. The RWHAP provides grants to states, cities, counties, and community-based organizations that care for and treat people living with HIV (PLWH). The stated purposes of RWHAP grants are “to improve health outcomes and reduce HIV transmission among hard-to-reach populations (HRSA 2021).” To accomplish this, RWHAP funding is intended to expand the reach of health and social services to low-income PLWH. In turn, clients’ use of RWHAP funded services is intended to improve their engagement in medical care, adherence to antiretroviral therapies, and viral suppression.

Before specifying how this study operationally defines a RWHAP impact, we review the various approaches that the prior research literature has followed in measuring the impact of the RWHAP. There is a substantial literature that has investigated the effects of health and social services on PLWH outcomes, without regard to funding source. For example, studies have investigated the benefits of case management and other health and social services for engagement and retention in medical care as well as viral suppression (e.g., Aidala et al., 2007; Brennan-Ing et al., 2016; Messeri et al., 2004; Messeri et al., 2019) much smaller number of studies have assessed the specific impact of RWHAP funding on engagement in medical care and viral suppression (Bradley et al., 2016; Doshi et al., 2011; Sood et al., 2014; Willis et al.,

¹ This study uses “RWHAP” as a generic reference to the Ryan White HIV/AIDS Treatment Extension Act; whereas, RWPA refers specifically to funding through NYC EMA’s Part A grant.

2013). As summarized below, these studies provide mixed results regarding the impact of RWHAP funding.

For example, using data from the Ryan White Services Report, Doshi et al. (2015) found that among HIV-positive users of one or more Ryan White funded services (exclusive of ADAP assistance), 82.2% were retained in medical care and 72.6% achieved viral suppression. Retention and suppression increased with older age and there were small but still significant differences with respect to race/ethnicity and sex (Doshi et al., 2015). However, it is not possible to link study findings directly to funding, since Doshi et al. (2015) did not provide estimates for a comparison group. At best, the article suggests that the retention and suppression rates were similar to, or higher than, those reported in other studies of HIV populations.

Using U.S national data collected from the Medical Monitoring Project (MMP) surveillance system, Bradley et al. (2016) compared the impact of RWHAP assistance and other types of healthcare coverage (e.g., private insurance, Medicare, Medicaid) on rates of prescribing anti-retroviral therapy (ART) and viral suppression for U.S. patients in outpatient medical care facilities. Their analysis divided the MMP sample into four groups: (1) RWHAP assistance combined with other types of healthcare coverage (25.4% of the sample), (2) RWHAP assistance without healthcare coverage (15.3% of the sample), (3) healthcare coverage without RWHAP assistance (56.5% of the sample), and (4) uninsured and no RWHAP assistance (2.7% of the sample). They found that among the 18% of the sample that was uninsured (Groups 2 and 4), those receiving RWHAP assistance (Group 2) were much more likely than those without RWHAP assistance (Group 4) to be prescribed ART (94% versus 52%) and to be virally suppressed (77% versus 39%). Among the remainder of the sample with some type of healthcare coverage, RWHAP assistance increased ART prescription rates and viral suppression, although the RWHAP impact was substantially smaller in the insured population than in the uninsured population.

A more fine-grained assessment of a RWHAP impact is to focus on novel service delivery programs that are supported by RWHAP funding. For example, Willis et al. (2013) undertook an ecological analysis of the impact of a specific Ryan White service category. This study constructed a RWHAP intervention group consisting of clients of Washington, D.C. health care agencies that received medical case management (MCM) funding through Ryan White Part A or Part B and a non-RWHAP comparison group consisting of clients of agencies that either provided no MCM or non-Ryan White funded MCM. In this study, RWHAP MCM funded

agencies reached what might be described as a more vulnerable population. The RWHAP intervention group was slightly younger, more likely to be female, and more likely to be from a racial/ethnic minority than the non-RWHAP comparison group. However, there was no statistically significant difference in the small proportions of homeless individuals served by the RWHAP and non-RWHAP facilities. With respect to study outcomes, after adjusting for client demographic characteristics, PLWH utilizing RWHAP funded facilities were more likely to be retained in care than those in non-RWHAP funded facilities. However, there was no statistically significant difference in viral suppression between clients of agencies receiving RWHAP funding for MCM and clients of the comparison group of agencies not receiving RWHAP funding for MCM.

The NYC Health Department's HIV Care Coordination Program (CCP) is another instance in which RWHAP funding has been deployed to support novel health care programs designed to improve engagement in care and clinical outcomes for underserved populations. The CCP combined elements of case finding, case management, multidisciplinary care team communication, patient navigation, ART adherence support, and structured health promotion (Irvine et al. 2015). CCP had its greatest impact on participants who were not virally suppressed prior to program enrollment and newly infected participants. Over a three-year follow-up period, there was no statistically significance difference in achieving a durable viral load suppression between the full cohort of CCP clients and a matched usual care comparison group. However, among the subset of study participants with no evidence of viral load suppression during the 12-month pre-enrollment period, CCP clients were more likely to achieve a durable viral load suppression post enrollment than the matched usual care group (Robertson et al. 2019). Among study participants newly diagnosed with HIV, CCP reduced the time to viral load suppression but had no effect on immune recovery as measured by the length of time for a rebound in CD4 T-cell count above 500 (Robertson et al., 2020).

Assessing a RWHAP impact from the provider perspective, Sood et al. (2014) found an overwhelmingly positive sentiment. More than 80% of surveyed HIV care providers rated the "importance of the Ryan White program for access to care and quality of care" as excellent, very good or good. The overwhelming majority of respondents agreed that RWHAP was critical for providing a medical home for PLWH.

In summary, prior research offers evidence that the RWHAP has a beneficial impact on the health of PLWH either by funding enhancements in care of HIV clients among existing

health and social services or by supporting innovative models of health care that improve engagement in care among disadvantaged and marginalized populations. In this study, impact is operationally measured as the percentage of CHAIN participants who received health and social services from agencies that are supported by RWHAP funding. In contrast to the studies reviewed above that either estimated a RWHAP impact for the overall program or a RWHAP impact that narrowly focuses on a single program, this study separately estimates the impact of RWHAP funding for nine service categories (e.g. legal, housing, mental health). This study also extends previous RWHAP impact studies through subgroup analyses covering a broad range of demographic, socioeconomic and health characteristics including sex at birth, current gender identity, race/ethnicity, age, education, income, mental health status, immigrant status, current employment, drug use history, housing stability, and history of incarceration.

Methodology

Source of Data

This analysis drew upon CHAIN interviews and RWPA subcontract information provided by the NYC Health Department. The CHAIN data came from 701 CHAIN interviews completed during two rounds of data collection between September 2016² and November 2019: 588 interviews with 493 NYC residents and 113 interviews with 110 Tri-County residents.

Information on RWPA funded services was obtained from 227 RWPA subcontracts that the NYC Health Department awarded to NYC and Tri-County agencies between 2016 and 2019.³ The subcontract information that the NYC Health Department shared with the CHAIN project included the name of the agency subcontractor, the subcontractor's street address, the subcontract's service category, and the subcontract's beginning and ending dates. Many RWPA

² The start date for the study period was intended to coincide with potential exposure to RWPA services starting with the 2016 contract year. Since interviews ask about service utilization during the six months preceding the interviews (we do not ask for the precise dates services were initiated), the earliest interviews eligible for this study were completed in September 2016 or six months after the March start of the RWPA 2016 contract year.

³ For this study, we excluded RWPA service categories with very small number of subcontracts: oral health care services (4), emergency financial services(1), medical transportation in Tri-County(1) and psychosocial support services(4). We also excluded subcontracts in service categories that primarily served HIV negative, at-risk individuals: targeted HIV testing (27), outreach to homeless youth(8) and early intervention services (34), and primarily health education and risk reduction(11). The numbers in parentheses are the number of years in which the NYC Health Department executed RWPA subcontracts in each of the excluded service categories. Excluding subcontracts in these categories, the study included 534 annual observations of subcontracts that went to agencies that may have served CHAIN participants during the study period.

funded agencies had multiple RWPA subcontracts with different street addresses. Table 1 lists the 22 RWPA subcontract service categories included in this study and shows how they were grouped into nine service categories. As RWPA subcontracts for care coordination and medical case management fund the same service, these are combined into a single medical case management service category.

Measuring Service Utilization

CHAIN interviews asked participants if, during the six months prior to the interview, they received assistance in nine service categories: legal, food and nutrition, harm reduction, mental health, housing assistance, temporary or transitional housing, medical case management, social service case management, and supportive counseling. For each service category participants reported using, they were then asked the agency name and street address for up to four service providers. Table 1 presents the wording of CHAIN interview questions used to measure self-reported utilization for each service category.

RWPA subcontracts can be matched to CHAIN interviews at multiple levels: the individual client, the geographic location (specific site) of service delivery or the parent agency. For multi-site agencies, we explored the possibility of matching CHAIN participants' self-reports of the street address where they received services to contract information on the geographic location of RWPA funded services. Unfortunately, the agency street addresses that CHAIN participants reported often did not match any of those obtained from RWPA subcontracts. Consequently, we matched RWPA service subcontracts to CHAIN interviews at the parent-agency level. Linking the CHAIN and RWPA datasets at the parent-agency level assumes that the RWPA funding-effect on CHAIN participants is evenly diffused across all agency locations.⁴

⁴The agency-level RWPA effect as measured in this study should be distinguished from an estimate of a client-level effect. The agency-level effect is an average of the individual effects for clients who do and do not receive RWPA funded services. That is to say, this study does not attempt to measure separately average RWPA effects for clients of the same agency who are and are not recipients of RWPA services. Furthermore, a study that estimates client-level effects would also need to decide whether or not to include a third group of clients, those who receive services from non-RWPA funded agencies. For this study, clients of non-RWPA funded agencies necessarily serve as the control group or counterfactual condition.

Table 1: Concordance between NY EMA RWPA Subcontract Service Categories and CHAIN Interview Questions by Study Service Category

Study Service Categories	RWPA Subcontract Service Categories	CHAIN Question Wording from NYC Wave 9 Follow-up Interview, July 2016 Version.
Legal Services	-Legal Services -Legal Services-Tri-County -Legal Services NYC	Section L Qx.28B In last six months have you received any services for legal matters? ; Section L Qx.28.2: List each agency providing help with legal matters in the past six months.
Food and Nutrition	-Food and Nutrition -Food and Nutrition Services-Tri-County	a. Section L Qx.35B: In the last six months have you received food, groceries or meals? ; Section L Qx.35.2 List up to three agencies providing this service. b. Section C Qx.44A: In the last six months have you received one-on-one nutritional counseling? ; Section C Qx.44C: List up to three agencies providing this service. c. Section C Qx.42A: In the past six months have you received any food or food voucher for a food pantry in which a program or agency provided food for you to take home? ; Section C Qx.42B: List up to four agencies providing this service. d. Section C Qx.41A: In the past six months, have any of your meals been home delivered? ; Section C Qx.41B: List agency providing home meals. e. Section C Qx.40A: In the past six months have you had any of your meals in a group setting such as a hot lunch program? ; Section C Qx.40B: List up to three agencies providing this service.
Harm Reduction	Harm Reduction Services	Section J Qx.12: Have you received any treatment for drug or alcohol use, including participation in any groups like AA or NA? ; Section J Qx.88: List agency for most recent drug treatment program visited in the last six months.
Mental Health	-Mental Health Services -Mental Health Services-Tri-County -Mental Health Services for Population with Multiple Special Needs	Section J Qx.13: In the last 6 months, have you received any psychological or emotional counseling or therapy, including talking to a pastor or religious counselor or attending a support group?); Section J Qx.96.01 List up to two agencies providing mental health services in the last six months.
Housing Assistance	-Housing Placement Assistance -Housing Services -Housing Services Tri-County	Section L Qx.26B: In the last six months have you received any services for housing ?; Section L Qx.26.2: List up to three agencies providing housing services. <u>Section C Qx11: In the last six months, have you ever spent the night in specialized AIDS housing, specify program.</u>

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Temporary or Transitional Housing	-Short-Term Rental Assistance -Short-Term Housing Services	Section C Qx.11.02: In the last six months have you ever spent the night in a temporary or transitional housing program? ; Section C Qx.11.02: Agency providing temporary or transitional housing.
Medical Case Management	-Medical Case Management -Medical Case Management Tri-County -Transitional Care Coordination -Care Coordination	Section L Qx.10A: During the last six months has any case manager...helped you get, or referred you to specific medical Services ? Section L Qx10B: List up to four agencies providing this service. Section L Qx.18A: During past 6 months, has any case manager... helped you keep an appointment for medical care? Section L Q18B: List up to four agencies providing this service? Medical Case Management is indicated if CHAIN participant mentioned an agency where either or both a referral for medical services and/or help keeping a medical care appointment was provided.
Social Service Case Management	-Non-Medical Case Management General -Non-Medical Case Management for Current Incarcerated or Recently Released Individuals	Section L Qx.9: Revise or develop a plan for dealing with your needs; Section L Qx.11: Help you get or refer to specific social service services; Section L Qx.12: Periodically check on how you are doing or asking whether you are getting the services you need; Section L Qx.13 Help fill out forms for benefits or entitlement; Section L Qx.19 Help you keep and appointment for social services; List up to four agencies providing each of these services. Social Service Case Management is indicated if CHAIN participant received from the same agency Qx.9 and Qx.12 and at least one or more among Qx.11, Qx.13, or Q.18a.
Supportive Counseling	-Supportive Counseling & Family Stabilization	Section L Qx31: In last six months have you received any services for emotional or psychological difficulties including relationship counseling. Section L.Q31: List up to four agencies providing such services

RWPA=Ryan White HIV/AIDS Program Part A

MAI subcontracts are combined with the base subcontracts in their respective service categories.

Measuring RWPA Funding Coverage

For this study, we constructed *absolute* and *relative* RWPA coverage measures for each of the nine service categories. The absolute coverage measure is the frequency with which RWPA funded agencies are mentioned as providers for a service category as a proportion of *all* interviews. The relative coverage is the frequency with which RWPA funded agencies are mentioned as providers for a service category as a proportion of interviews *in which utilization of that service category is reported*. Since CHAIN participants may report at the same interview multiple provider agencies within each service category, those receiving a particular service from both RWPA and non-RWPA funded agencies are classified as clients of RWPA funded agencies.

For each service category, we measure the absolute and relative coverage of RWPA funding within subgroups defined by sex at birth, current gender identity, race/ethnicity, age, education, income, mental health status, immigrant status, current employment, drug use history, housing stability, and history of incarceration. Table 2 presents operational definitions for each of these variables. Mental health status is measured using the mental component summary (MCS) scale that is constructed from answers to the SF-12 Health Status Survey included in the CHAIN interviews. The MCS is a 12-item weighted scale that ranges from 0 to 100, with increasing values indicating better mental health. For this study we dichotomized the scale at 37 to distinguish poor from better mental health status.⁵ Income is asked for the calendar year prior to the interview and is a total of all sources including salary, wages, social security, social welfare benefits, investment income, and gifts. We asked about food stamps but did not attempt to monetize this or other forms of nonmonetary material support. Here we report a simple dichotomy as to whether the sum of income from all sources is above or below the federal poverty level.

⁵ Based on national benchmark studies, the scale is normed such that 50 represents the mean score for the U.S. adult population. The 37 cut point is based on the mean score for a sample of psychiatric inpatients (Ware et al. 1995).

Table 2: Subgroup Variables

Sex at Birth	Female/male
Current Gender Identity	Female/male/transgender
Race/Ethnicity	White/Black/Latinx/other
Age	20-39/40-59/60+
Education	Not a H.S. graduate/H.S graduate/completed junior college or some college/BA or BS/completed some post-baccalaureate training
Income	Above/below the federal poverty line
Current Employment	Full-time, regular part-time or irregular or occasional part-time/unemployed
Mental Health Status	Poor mental health status [mental health component summary score (MCS \leq 37)/better mental health status (MCS $>$ 37)]
Immigrant Status	U.S./foreign born
Housing Status (last six months)	Stable/unstable/at least one period of homelessness
History of Incarceration	Any time in jail or prison
History of Substance Use other than Alcohol or Tobacco	Never/past/current

Findings

Table 3 summarizes utilization rates broken down by RWPA funding status. The leftmost column displays overall utilization rates for each of the ten service categories. They range from a high of 64% of interviews in which use of food and nutrition services is mentioned, followed by 54% for housing assistance to a low of 6% for legal services and 5% for harm reduction (substance use treatment) and 5% for temporary housing assistance.

Table 3 also presents absolute and relative RWPA coverage. Based upon the absolute measure (the sum of column 4 and 5 in Table 3), RWPA support is most extensive for the food and nutrition and the housing assistance service categories: participants in 15% of all interviews report receiving food and nutrition services from RWPA funded agencies, and participants in 9% of all interviews report receiving housing assistance from RWPA funded agencies. Among other frequently used services, absolute RWPA coverage of mental health, social service case management, and supportive counseling services is much lower, ranging between 3% and 4%.

Table 3: Utilization of Selected Health and Social Services Distributed by RWPA Funding Status

Service Category	% of Interviews that Report Utilization:					Relative RWPA Coverage ^a
	From at least One Agency	Where Provider Agency is Unknown	Exclusively from Agencies with no RWPA Funding	(Absolute RWPA Coverage)		
				Exclusively from Agencies with RWPA Funding	From Multiple Agencies with and without RWPA Funding	
Legal	6.1%	1.1%	0.4%	3.3%	1.3%	91.4%
Food & Nutrition	63.9%	10.7%	38.1%	0.4%	14.7%	28.4%
Harm Reduction	4.9%	2.1%	2.7%	0.1%	0.0%	5.0%
Mental Health	39.1%	12.3%	22.7%	4.1%	0.0%	15.4%
Housing Assistance	54.3%	7.6%	37.9%	5.7%	3.1%	18.9%
Temporary Housing	5.1%	0.0%	5.1%	0.0%	0.0%	0.0%
Medical Case Management	14.3%	0.0%	5.9%	7.3%	1.1%	55.0%
Social Service Case Management	44.1%	0.0%	40.7%	0.6%	2.8%	7.8%
Supportive Counseling	37.8%	5.6%	28.7%	3.4%	0.1%	11.1%

Table data are compiled from 701 interviews with 603 separate individuals conducted between September 6, 2016 and November 8, 2019.

RWPA=Ryan White Part A

^a Relative RWPA Coverage =(Number receiving service from one or more agencies with RWPA funding [columns 4 and 5])/(Number receiving service from a known agency [columns 3,4, and 5]).

The relative RWPA coverage measure is presented in the rightmost column of Table 3. It suggests a different rank ordering of service categories from that based upon the absolute RWPA coverage measure. Based upon the relative coverage measure, RWPA funding is most common for legal services and medical case management, as 91% and 55% of interviews, respectively, mention that these services were obtained from RWPA-funded agencies.

Table 4 presents a summary of subgroup variation in the reach of RWPA funded services as delineated by the variables listed in Table 2. The complete results of this analysis are presented in the Appendix, Tables 5a to 5i. The first column of Table 4 summarizes statistically significant ($p < 0.05$) subgroup variation in utilization for each service category, regardless of funding source. For eight of the nine service categories listed in Table 4, there are significant subgroup variations. The one exception is medical case management. Service utilization varies by race/ethnicity for four of the service categories (legal, mental health, housing assistance, supportive counseling). Among all ethnic groups, White participants have relatively high utilization rates for mental health, housing, and supportive counseling. When compared to other race/ethnic groups, Latinx participants have relatively high utilization rates for three of the service categories: legal, mental health, and supportive counseling, and lower rates of utilization of housing services. In contrast, Black participants are least often engaged in services. Their utilization rate of mental health, housing, and supportive counseling services is lower than that for two or more of the other racial/ethnic groupings. There are also age-related differences in three service categories. Use of food and nutrition services is higher among older participants, whereas use of temporary housing assistance and social service case management services is higher among younger participants.

Service utilization is also associated with low income and unemployment. Individuals with income below poverty level have significantly higher utilization rates than those with income above poverty level in four of the nine service categories: mental health, housing, temporary housing assistance, and social service case management. Unemployed participants are over-represented among those seeking food and nutrition services, mental health services and housing services. Individuals with a history of incarceration are over-represented among clients for food and nutrition, harm reduction, and housing services.

Table 4: Subgroup Differences in Utilization by Service Category

Service Category	Significant Subgroup Differences	
	Utilization from any Agency	Differential Use between RWPA and Non RWPA Funded Agencies^a <i>Among those Using Each Service:</i>
Legal	Use is higher among: -Latinx participants -Immigrants	No statistically significant subgroup differences
Food and Nutrition	Use is higher among: -Older participants -Currently unemployed participants -Past and current substance users -Stably housed and homeless participants -Participants with a history of incarceration	Transgender participants are more likely than cisgender males and in turn cisgender males are more likely than cisgender females to receive this service from a RWPA funded agency
Harm Reduction	Use is higher among participants with a history of incarceration	Insufficient number of CHAIN participants received RWPA funded services (N=1)
Mental Health	Use is higher among: -White and Latinx participants -Low-income participants -Currently unemployed participants -Participants with poor mental health status	-A statistically significant association between gender identity and RWPA funding cannot be reliably interpreted due to small number of transgender participants (N=2) using this service. - Participants with a history of incarceration are more likely than other participants to receive this service from a RWPA funded agency
Housing Assistance	-Use is highest among participants who are White and “Other” race/ethnicity, followed by Black participants and lowest among Latinx participants -Use is highest among homeless, followed by stably housed, and then unstably housed participants. Use is higher among: -Low-income participants -Unemployed participants. -Participants with a history of incarceration.	-Unemployed participants are less likely than currently employed participants to receive this service from a RWPA funded agency -Stably housed and homeless individuals are more likely than unstably housed individuals to receive this service from a RWPA funded agency
Temporary Housing	Use is higher among: -Transgender participants -Participants younger than 40 -Low-income participants -Immigrant participants	No participants received this service from an RWPA funded agency
Medical Case Management	No statistically significant subgroup differences	No statistically significant subgroup differences

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<p>Social Service Case Management</p>	<p>Use is higher among: -Participants younger than 40 -Low-income participants -Homeless participants</p>	<p>-Cisgender males are more likely than cisgender females to have received this service from a RWPA funded agency -Too few transgender participants (N=4) used this service to interpret statistically significant association between current gender identity and RWPA service utilization -Current substance users are more likely than former and never substance users to receive this service from a RWPA funded agency</p>
<p>Supportive Counseling</p>	<p>Use is higher among: -White and Latinx participants -Low-income participants -Unemployed participants -Participants with poor mental health status</p>	<p>Black participants are more likely than White and Latinx participants to receive this service from a RWPA funded agency</p>

RWPA= Ryan White HIV/AIDS Program Part A

^a When participants report receiving a service from multiple agencies, they are considered to have received RWPA funded services if at least one of the reported agencies had a RWPA subcontract in that service category.

Variation in service category utilization rates is largely uniform across other CHAIN participant characteristics, with a few exceptions summarized below. Not surprisingly, homeless individuals have high rates of use of housing services, and the homeless are also concentrated among clients of social service case management. Gender differences are limited to higher use of temporary housing by transgender individuals compared to cisgender individuals. Difference in use by mental health status is limited to higher use of mental health services among individuals with poor mental health status compared to individuals with better mental health status. A history of substance use is only associated with increased use of food and nutrition services. Immigrants are more likely than U.S. born participants to use legal services. Finally, there are no significant education-related differences in utilization rates in any of the service categories.

The second column in Table 4 summarizes the extent to which RWPA funded agencies serve a different sociodemographic population than non-RWPA funded agencies. Two service categories (harm reduction and temporary housing assistance) lacked a sufficient number of CHAIN participants using these services at agencies receiving RWPA funding to draw statistically reliable conclusions. Among the remaining seven service categories, statistically significant subgroup differences are present for all areas except legal and medical case management services. Specifically, RWPA funded food and nutrition services reach a higher number of transgender clients than non-RWPA funded food and nutrition programs. RWPA

funded mental health services reach a higher concentration of clients with poor mental health status. RWPA-funded housing services reach higher concentrations of both the stably housed and homeless, but lower concentrations of the unemployed than non-RWPA funded housing programs. RWPA funded social service case management reach higher concentrations of male clients and current substance users than non-RWPA funded social service case management. Finally, Black participants are more likely than participants in other ethnic groups to report receiving supportive counseling services from RWPA funded agencies. It is interesting to note that the group(s) disproportionately reached by RWPA funded agencies are unique to each service category.

Discussion

At the outset of this report, we framed investigation of a potential RWPA impact as an answer to two study questions. Stated in compact form, this study investigated the impact of the NY EMA's RWPA program as (1) the overall dependence of service utilization on RWPA funding and (2) the reach of RWPA funded services, particularly with respect to marginal and vulnerable populations.

With regard to the first point, RWPA funding looms large in supporting access to health and social services used by substantial numbers of CHAIN participants. The overall importance of RWPA funding in supporting CHAIN participants' access to care may best be gauged by the fact that in 34% of CHAIN interviews conducted between 2016 and 2019, CHAIN participants report receiving one or more services from agencies with RWPA subcontracts.⁶ However, the findings of this study also indicate a substantial variation in the dependency of service utilization on RWPA funding. At one extreme, 91% of CHAIN participants who report using legal services (see Table 3) mention an agency with a RWPA legal services subcontract. At the other extreme, 5% or less of the reported instances of assistance with temporary housing, or harm reduction (substance abuse treatment) are provided by agencies receiving RWPA funding for these service categories. It should be noted that the low dependency on RWPA funding for housing for PLWH is most likely due to the existence of other federal programs, such as Housing Opportunities for

⁶ The analysis sets aside what is probably the RWPA program with the greatest impact on the lives of people living with HIV: the AIDS Drug Assistance Program (ADAP), which assures widespread access to effective antiretroviral medications among low-income PLWH with limited or no health care coverage.

People Livings With AIDS (HOPWA), that are alternative sources of community-based support for specialized housing for PLWH.

The evidence presented in this report, as summarized in Table 4 and in Tables 5a through 5i, provides limited support for the hypothesis that RWPA funded services reach a more vulnerable population than similar services provided at non-RWPA funded agencies. RWPA funded services generally reach a population that is similar to that served by non-RWPA funded services. Among the twelve participant characteristics included in this study (see Table 2) there are only seven statistically significant subgroup differences between the clients of RWPA and non-RWPA agencies across the nine service categories (see right-hand column of Table 4).⁷ For six of these seven differences, RW-funded services do reach a more vulnerable population than non-RW-funded services. It should be noted that small subgroup samples often impeded reliable inferences in detecting subgroup differences.

One explanation for the minimal subgroup differences in the reach between RWPA funded non-RWPA funded agencies may reside in the design of the CHAIN sample. The CHAIN sample is drawn to approximate the population eligible for and represented in RWPA services. That is, the CHAIN sampling strategy is intentionally designed to *overrepresent* lower income and underinsured individuals living with HIV. Therefore, it is to be expected that the large majority of CHAIN participants who receive services from either RWPA or non-RWPA agencies have incomes below the poverty line (65%) and are from a racial or ethnic minority group (93%).

This analysis operationally defined a Ryan White impact as a difference in reach between agencies with and without RWPA funding. As suggested in the introduction to this report, a Ryan White impact may also be manifested as a system-wide diffusion of the benefits of RWPA that spill over to all EMA agencies, whether or not a service provider is a recipient of RWPA funding. With over three decades of experience in serving PLWH clients, it is possible that the NYC and Tri-County agencies forming the region's HIV/AIDS care network, regardless of RWPA funding, share a common commitment to outreach and engagement of PLWH clients from demographic groups that traditionally have experienced access-to-care barriers.

In conclusion, this study finds that RWPA funded agencies provide a substantial proportion of the health and social services used by the economically and socially vulnerable populations

⁷ There are a total of 108 (12 characteristics X 9 service category) subgroup comparisons.

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represented by CHAIN participants. There are minimal differences in the populations reached by RWPA and non-RWPA funded agencies, and there is also little evidence that social and economic disadvantage are major barriers to health care access among CHAIN participants. From a system-level perspective this may reflect a long-term beneficial RWPA impact on mitigating access-to-care inequities across the entire health care network serving PLWH residing in the NYC EMA.

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Appendix

Statistical tests were performed on each of the following tables for differences in rates of service utilization and utilization of RWPA funded services among service users by sex at birth, current gender identity, age, race/ethnicity, income, education, current employment, drug use history, recent housing status, poor mental health status, and incarceration history. Statistically significant group differences in service use from any agency are flagged in the first column. Statistically significant group differences between use of RWPA and non-RWPA services are flagged in the second column. So that the percentages in each row add to 100%, the first column of each table reports the percent of not use and the remaining columns apportion percentages between RWPA and non RWPA providers.

Table 5a: Utilization of Legal Services by Client Demographics and RWPA Funding

	Service Not Used	NonRW Agency	RW Funded Agency	Unidentified Agency	Total
All Participants	93.9% (658)	0.4% (3)	4.6% (32)	1.1% (8)	100.0% (701)
Sex at Birth					
0 Female	94.0% (218)	0.9% (2)	3.9% (9)	1.3% (3)	100.0% (232)
1 Male	94.0% (439)	0.2% (1)	4.7% (22)	1.1% (5)	100.0% (467)
Gender Identity					
0 Female	93.1% (241)	0.8% (2)	4.6% (12)	1.5% (4)	100.0% (259)
1 Male	94.5% (409)	0.2% (1)	4.4% (19)	0.9% (4)	100.0% (433)
3 Trans	88.9% (8)	0.0% (0)	11.1% (1)	0.0% (0)	100.0% (9)
Age Groupings					
20	94.7% (341)	0.0% (0)	5.0% (18)	0.3% (1)	100.0% (360)
40	91.5% (237)	1.2% (3)	5.0% (13)	2.3% (6)	100.0% (259)
61	97.6% (80)	0.0% (0)	1.2% (1)	1.2% (1)	100.0% (82)
Race/Ethnicity	**				
1 White	97.1% (33)	0.0% (0)	0.0% (0)	2.9% (1)	100.0% (34)
2 Black	96.1% (342)	0.6% (2)	2.8% (10)	0.6% (2)	100.0% (356)
3 Latinx	90.2% (238)	0.4% (1)	8.0% (21)	1.5% (4)	100.0% (264)
4 Other	95.7% (44)	0.0% (0)	2.2% (1)	2.2% (1)	100.0% (46)
Income Level					
Above poverty line	94.4% (252)	0.0% (0)	3.7% (10)	1.9% (5)	100.0% (267)
Below poverty line	93.5% (406)	0.7% (3)	5.1% (22)	0.7% (3)	100.0% (434)

*P<0.05 **p<0.01 ***p<0.001

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Table 5a (Cont.)	Service Not Used	NonRW Agency	RW Funded Agency	Unidentified Agency	Total
Educational Attainment					
1 Less than HS	92.9% (210)	0.4% (1)	5.8% (13)	0.9% (2)	100.0% (226)
3 High School	94.4% (286)	0.3% (1)	4.3% (13)	1.0% (3)	100.0% (303)
5 Some college	94.3% (50)	1.9% (1)	3.8% (2)	0.0% (0)	100.0% (53)
6 4 yr college	94.0% (63)	0.0% (0)	6.0% (4)	0.0% (0)	100.0% (67)
Current Employment					
Not Employed	94.5% (447)	0.4% (2)	4.4% (21)	0.6% (3)	100.0% (473)
Employed	92.0% (162)	0.6% (1)	6.3% (11)	1.1% (2)	100.0% (176)
Drug use History					
0 Never	91.7% (288)	0.3% (1)	7.3% (23)	0.6% (2)	100.0% (314)
1 Former	97.2% (173)	0.0% (0)	2.8% (5)	0.0% (0)	100.0% (178)
2 past six months	94.3% (150)	1.3% (2)	2.5% (4)	1.9% (3)	100.0% (159)
Immigrant	**				
0 No	94.7% (531)	0.4% (2)	4.1% (23)	0.9% (5)	100.0% (561)
1 Yes	88.9% (80)	1.1% (1)	10.0% (9)	0.0% (0)	100.0% (90)
Recent Housing Status					
0 Stable	93.3% (429)	0.2% (1)	5.4% (25)	1.1% (5)	100.0% (460)
1 Unstable	94.2% (81)	1.2% (1)	4.7% (4)	0.0% (0)	100.0% (86)
2 One or More Spells of Homelessness	96.2% (101)	1.0% (1)	2.9% (3)	0.0% (0)	100.0% (105)
Poor Mental Health Status					
0 Yes	92.4% (231)	0.0% (0)	6.8% (17)	0.8% (2)	100.0% (250)
1 No	94.8% (380)	0.7% (3)	3.7% (15)	0.7% (3)	100.0% (401)
Ever Incarcerated					
0 No	92.9% (367)	0.3% (1)	6.1% (24)	0.8% (3)	100.0% (395)
1 Yes	95.3% (244)	0.8% (2)	3.1% (8)	0.8% (2)	100.0% (256)

*p<0.05 **p<0.01 ***p<0.001

Table 5b: Utilization of Food and Nutrition Services by Client Demographics and RWPA Funding

	Service Not Used	NonRW Agency	RW Funded Agency	Agency Unspecified	Total
All Participants	36.1% (253)	38.1% (267)	15.1% (106)	10.7% (75)	100.0% (701)
Sex at Birth		*			
0 Female	35.3% (82)	42.7% (99)	12.1% (28)	9.9% (23)	100.0% (232)
1 Male	36.4% (170)	35.8% (167)	16.7% (78)	11.1% (52)	100.0% (467)
Gender Identity		*			
0 Female	38.2% (99)	42.1% (109)	11.2% (29)	8.5% (22)	100.0% (259)
1 Male	34.6% (150)	35.8% (155)	17.3% (75)	12.2% (53)	100.0% (433)
3 Trans	44.4% (4)	33.3% (3)	22.2% (2)	0.0% (0)	100.0% (9)
Age Groupings	**				
20	41.7% (150)	37.5% (135)	11.9% (43)	8.9% (32)	100.0% (360)
40	32.0% (83)	38.6% (100)	18.1% (47)	11.2% (29)	100.0% (259)
61	24.4% (20)	39.0% (32)	19.5% (16)	17.1% (14)	100.0% (82)
Race/Ethnicity	**				
1 White	26.5% (9)	32.4% (11)	29.4% (10)	11.8% (4)	100.0% (34)
2 Black	34.3% (122)	40.2% (143)	14.3% (51)	11.2% (40)	100.0% (356)
3 Latinx	39.4% (104)	36.4% (96)	14.4% (38)	9.8% (26)	100.0% (264)
4 Other	37.0% (17)	37.0% (17)	15.2% (7)	10.9% (5)	100.0% (46)
Income Level					
Above poverty line	39.7% (106)	33.7% (90)	14.2% (38)	12.4% (33)	100.0% (267)
Below poverty line	33.9% (147)	40.8% (177)	15.7% (68)	9.7% (42)	100.0% (434)

*p<0.05 **p<0.01 ***p<0.001

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Table 5b (Cont.)	Service Not Used	NonRW Agency	RW Funded Agency	Agency Unspecified	Total
Educational attainment					
1 Less than HS	36.3% (82)	43.4% (98)	15.0% (34)	5.3% (12)	100.0% (226)
3 High School	34.7% (105)	41.6% (126)	16.5% (50)	7.3% (22)	100.0% (303)
5 Some college	43.4% (23)	35.8% (19)	18.9% (10)	1.9% (1)	100.0% (53)
6 4 yr college	41.8% (28)	35.8% (24)	17.9% (12)	4.5% (3)	100.0% (67)
Current Employment	***				
Not Employed	31.1% (147)	44.4% (210)	18.0% (85)	6.6% (31)	100.0% (473)
Employed	52.3% (92)	32.4% (57)	11.4% (20)	4.0% (7)	100.0% (176)
Drug Use History	*				
0 never	42.0% (132)	36.0% (113)	16.6% (52)	5.4% (17)	100.0% (314)
1 past	31.5% (56)	43.3% (77)	18.0% (32)	7.3% (13)	100.0% (178)
2 current	32.7% (52)	48.4% (77)	13.8% (22)	5.0% (8)	100.0% (159)
Immigrant					
0 No	36.4% (204)	42.4% (238)	15.7% (88)	5.5% (31)	100.0% (561)
1 Yes	40.0% (36)	32.2% (29)	20.0% (18)	7.8% (7)	100.0% (90)
Recent Housing Status	***				
0 Stable	33.7% (155)	43.3% (199)	17.4% (80)	5.7% (26)	100.0% (460)
1 Unstable	59.3% (51)	26.7% (23)	5.8% (5)	8.1% (7)	100.0% (86)
2 Homeless	32.4% (34)	42.9% (45)	20.0% (21)	4.8% (5)	100.0% (105)
Poor Mental Health Status					
0 Yes	34.8% (87)	40.4% (101)	17.6% (44)	7.2% (18)	100.0% (250)
1 No	38.2% (153)	41.4% (166)	15.5% (62)	5.0% (20)	100.0% (401)
Ever Incarcerated	**				
0 No	41.5% (164)	38.5% (152)	14.9% (59)	5.1% (20)	100.0% (395)
1 Yes	29.7% (76)	44.9% (115)	18.4% (47)	7.0% (18)	100.0% (256)

*P<0.05 **p<0.01 ***p<0.001

Table 5c: Utilization of Harm Reduction Services by Client Demographics and RWPA Funding

	Service Not Used	NonRW Agency	RW Funded Agency	Agency Unspecified	Total
All Participants	95.1% (667)	2.7% (19)	0.1% (1)	2.0% (14)	100.0% (701)
Sex at Birth					
0 Female	97.0% (225)	2.2% (5)	0.0% (0)	0.9% (2)	100.0% (232)
1 Male	94.2% (440)	3.0% (14)	0.2% (1)	2.6% (12)	100.0% (467)
Gender Identity					
0 Female	96.9% (251)	1.9% (5)	0.0% (0)	1.2% (3)	100.0% (259)
1 Male	94.0% (407)	3.2% (14)	0.2% (1)	2.5% (11)	100.0% (433)
3 Trans	100.0% (9)	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (9)
Age Groupings					
20	95.3% (343)	3.3% (12)	0.0% (0)	1.4% (5)	100.0% (360)
40	95.8% (248)	1.9% (5)	0.4% (1)	1.9% (5)	100.0% (259)
61	92.7% (76)	2.4% (2)	0.0% (0)	4.9% (4)	100.0% (82)
Race/Ethnicity					
1 White	88.2% (30)	8.8% (3)	0.0% (0)	2.9% (1)	100.0% (34)
2 Black	96.3% (343)	2.0% (7)	0.0% (0)	1.7% (6)	100.0% (356)
3 Latinx	94.3% (249)	3.0% (8)	0.4% (1)	2.3% (6)	100.0% (264)
4 Other	95.7% (44)	2.2% (1)	0.0% (0)	2.2% (1)	100.0% (46)
Income Level					
Above poverty line	95.1% (254)	1.9% (5)	0.0% (0)	3.0% (8)	100.0% (267)
Below poverty line	95.2% (413)	3.2% (14)	0.2% (1)	1.4% (6)	100.0% (434)

*P<0.05 **p<0.01 ***p<0.001

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Table 5c (Cont.)	Service Not Used	NonRW Agency	RW Funded Agency	Agency Unspecified	Total
Educational Attainment					
1 Less than HS	92.9% (210)	3.1% (7)	0.4% (1)	3.5% (8)	100.0% (226)
3 High School	95.7% (290)	3.0% (9)	0.0% (0)	1.3% (4)	100.0% (303)
5 Some college	98.1% (52)	1.9% (1)	0.0% (0)	0.0% (0)	100.0% (53)
6 4 yr college	95.5% (64)	3.0% (2)	0.0% (0)	1.5% (1)	100.0% (67)
Current Employment					
Not Employed	94.1% (445)	3.4% (16)	0.2% (1)	2.3% (11)	100.0% (473)
Employed	97.2% (171)	1.7% (3)	0.0% (0)	1.1% (2)	100.0% (176)
Drug use History**					
0 never	99.0% (311)	0.6% (2)	0.0% (0)	0.3% (1)	100.0% (314)
1 past	89.3% (159)	5.6% (10)	0.0% (0)	5.1% (9)	100.0% (178)
2 current	93.1% (148)	4.4% (7)	0.6% (1)	1.9% (3)	100.0% (159)
Immigrant					
0 No	94.7% (531)	2.9% (16)	0.2% (1)	2.3% (13)	100.0% (561)
1 Yes	96.7% (87)	3.3% (3)	0.0% (0)	0.0% (0)	100.0% (90)
Recent Housing Status					
0 Stable	95.7% (440)	1.7% (8)	0.2% (1)	2.4% (11)	100.0% (460)
1 Unstable	94.2% (81)	4.7% (4)	0.0% (0)	1.2% (1)	100.0% (86)
2 Homeless	92.4% (97)	6.7% (7)	0.0% (0)	1.0% (1)	100.0% (105)
Poor Mental Health Status					
0 Yes	95.2% (238)	2.8% (7)	0.0% (0)	2.0% (5)	100.0% (250)
1 No	94.8% (380)	3.0% (12)	0.2% (1)	2.0% (8)	100.0% (401)
Ever Incarcerated	**				
0 No	97.5% (385)	1.8% (7)	0.0% (0)	0.8% (3)	100.0% (395)
1 Yes	91.0% (233)	4.7% (12)	0.4% (1)	3.9% (10)	100.0% (256)

*p<0.05 **p<0.01 ***p<0.001

Table 5d: Utilization of Mental Health Services by Client Demographics and RWPA Funding

	Service Not Used	NonRW Agency	RW Funded Agency	Agency Unspecified	Total
All Participants	60.9% (427)	22.7% (159)	4.1% (29)	12.3% (86)	100.0% (701)
Sex at Birth					
0 Female	61.2% (142)	23.3% (54)	4.3% (10)	11.2% (26)	100.0% (232)
1 Male	61.0% (285)	22.3% (104)	4.1% (19)	12.6% (59)	100.0% (467)
Gender Identity		**			
0 Female	59.8% (155)	24.3% (63)	5.0% (13)	10.8% (28)	100.0% (259)
1 Male	61.4% (266)	22.2% (96)	3.2% (14)	13.2% (57)	100.0% (433)
3 Trans	66.7% (6)	0.0% (0)	22.2% (2)	11.1% (1)	100.0% (9)
Age Groupings					
20	59.2% (213)	22.5% (81)	4.7% (17)	13.6% (49)	100.0% (360)
40	61.0% (158)	22.4% (58)	4.6% (12)	12.0% (31)	100.0% (259)
61	68.3% (56)	24.4% (20)	0.0% (0)	7.3% (6)	100.0% (82)
Race/Ethnicity	*				
1 White	52.9% (18)	38.2% (13)	0.0% (0)	8.8% (3)	100.0% (34)
2 Black	65.7% (234)	20.8% (74)	4.8% (17)	8.7% (31)	100.0% (356)
3 Latinx	54.9% (145)	24.2% (64)	3.8% (10)	17.0% (45)	100.0% (264)
4 Other	63.0% (29)	17.4% (8)	4.3% (2)	15.2% (7)	100.0% (46)
Income Level	**				
Above poverty line	67.0% (179)	18.0% (48)	2.2% (6)	12.7% (34)	100.0% (267)
Below poverty line	57.1% (248)	25.6% (111)	5.3% (23)	12.0% (52)	100.0% (434)

*p<0.05 **p<0.01 ***p<0.001

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Table 5d (Cont.)	Service Not Used	NonRW Agency	RW Funded Agency	Agency Unspecified	Total
Educational Attainment					
1 Less than HS	63.3% (143)	22.6% (51)	4.9% (11)	9.3% (21)	100.0% (226)
3 High School	61.7% (187)	21.8% (66)	5.3% (16)	11.2% (34)	100.0% (303)
5 Some college	47.2% (25)	35.8% (19)	3.8% (2)	13.2% (7)	
6 4 yr college	62.7% (42)	32.8% (22)	0.0% (0)	4.5% (3)	100.0% (67)
Current Employment					
	**				
Not Employed	57.7% (273)	27.7% (131)	4.4% (21)	10.1% (48)	100.0% (473)
Employed	70.5% (124)	15.3% (27)	4.5% (8)	9.7% (17)	100.0% (176)
Drug use History					
0 never	64.6% (203)	23.2% (73)	3.5% (11)	8.6% (27)	100.0% (314)
1 past	55.6% (99)	27.5% (49)	4.5% (8)	12.4% (22)	100.0% (178)
2 current	61.0% (97)	22.6% (36)	6.3% (10)	10.1% (16)	100.0% (159)
Immigrant					
0 No	61.9% (347)	24.4% (137)	4.3% (24)	9.4% (53)	100.0% (561)
1 Yes	57.8% (52)	23.3% (21)	5.6% (5)	13.3% (12)	100.0% (90)
Recent Housing Status					
0 Stable	62.2% (286)	23.9% (110)	4.1% (19)	9.8% (45)	100.0% (460)
1 Unstable	64.0% (55)	19.8% (17)	3.5% (3)	12.8% (11)	100.0% (86)
2 Homeless	55.2% (58)	29.5% (31)	6.7% (7)	8.6% (9)	100.0% (105)
Poor Mental Health Status					
	**				
0 Yes	53.6% (134)	28.0% (70)	6.0% (15)	12.4% (31)	100.0% (250)
1 No	66.1% (265)	21.9% (88)	3.5% (14)	8.5% (34)	100.0% (401)
Ever Incarcerated					
0 No	63.0% (249)	23.5% (93)	3.0% (12)	10.4% (41)	100.0% (395)
1 Yes	58.6% (150)	25.4% (65)	6.6% (17)	9.4% (24)	100.0% (256)

*P<0.05 **p<0.01 ***p<0.001

Table 5e: Utilization of Housing Services by Client Demographics and RWPA Funding

	Service Not Used	NonRW Agency	RW Funded Agency	Agency Unspecified	Total
All Participants	45.6% (320)	37.9% (266)	8.8% (62)	7.6% (53)	100.0% (701)
Sex at Birth					
0 Female	45.7% (106)	36.2% (84)	10.8% (25)	7.3% (17)	100.0% (232)
1 Male	45.6% (213)	38.8% (181)	7.9% (37)	7.7% (36)	100.0% (467)
Gender Identity					
0 Female	46.3% (120)	37.1% (96)	10.0% (26)	6.6% (17)	100.0% (259)
1 Male	45.0% (195)	38.8% (168)	7.9% (34)	8.3% (36)	100.0% (433)
3 Trans	55.6% (5)	22.2% (2)	22.2% (2)	0.0% (0)	100.0% (9)
Age Groupings					
20	44.4% (160)	38.9% (140)	10.0% (36)	6.7% (24)	100.0% (360)
40	47.5% (123)	37.5% (97)	7.3% (19)	7.7% (20)	100.0% (259)
61	45.1% (37)	35.4% (29)	8.5% (7)	11.0% (9)	100.0% (82)
Race/Ethnicity	***				
1 White	32.4% (11)	47.1% (16)	11.8% (4)	8.8% (3)	100.0% (34)
2 Black	41.3% (147)	39.3% (140)	11.8% (42)	7.6% (27)	100.0% (356)
3 Latinx	55.7% (147)	33.3% (88)	4.2% (11)	6.8% (18)	100.0% (264)
4 Other	32.6% (15)	45.7% (21)	10.9% (5)	10.9% (5)	100.0% (46)
Income Level	*				
Above poverty line	50.9% (136)	31.5% (84)	7.9% (21)	9.7% (26)	100.0% (267)
Below poverty line	42.4% (184)	41.9% (182)	9.4% (41)	6.2% (27)	100.0% (434)

*p<0.05 **p<0.01 ***p<0.001

RWPA Organizational-Level Impact Analysis

Table 5e (Cont.)	Service Not Used	NonRW Agency	RW Funded Agency	Agency Unspecified	Total
Educational Attainment					
1 Less than HS	45.6% (103)	41.2% (93)	10.6% (24)	2.7% (6)	100.0% (226)
3 High School	42.6% (129)	41.6% (126)	8.9% (27)	6.9% (21)	100.0% (303)
5 Some college	50.9% (27)	37.7% (20)	7.5% (4)	3.8% (2)	100.0% (53)
6 4 yr college	50.7% (34)	34.3% (23)	10.4% (7)	4.5% (3)	100.0% (67)
Current Employment	**	*			
Not Employed	41.0% (194)	44.6% (211)	8.9% (42)	5.5% (26)	100.0% (473)
Employed	55.7% (98)	29.5% (52)	11.4% (20)	3.4% (6)	100.0% (176)
Drug Use History					
0 never	48.1% (151)	39.2% (123)	8.3% (26)	4.5% (14)	100.0% (314)
1 past	45.5% (81)	38.2% (68)	10.1% (18)	6.2% (11)	100.0% (178)
2 current	38.4% (61)	45.9% (73)	11.3% (18)	4.4% (7)	100.0% (159)
Immigrant					
0 No	44.2% (248)	41.7% (234)	9.4% (53)	4.6% (26)	100.0% (561)
1 Yes	50.0% (45)	33.3% (30)	10.0% (9)	6.7% (6)	100.0% (90)
Recent Housing Status	***	*			
0 Stable	50.2% (231)	35.7% (164)	9.6% (44)	4.6% (21)	100.0% (460)
1 Unstable	61.6% (53)	32.6% (28)	0.0% (0)	5.8% (5)	100.0% (86)
2 Homeless	8.6% (9)	68.6% (72)	17.1% (18)	5.7% (6)	100.0% (105)
Poor Mental House Status		**			
0 No	46.8% (117)	33.6% (84)	12.4% (31)	7.2% (18)	100.0% (250)
1 Yes	43.9% (176)	44.9% (180)	7.7% (31)	3.5% (14)	100.0% (401)
Ever Incarcerated	*				
0 No	48.6% (192)	36.7% (145)	10.1% (40)	4.6% (18)	100.0% (395)
1 Yes	39.5% (101)	46.5% (119)	8.6% (22)	5.5% (14)	100.0% (256)

*p<0.05 **p<0.01 ***p<0.001

Table 5f: Utilization of Temporary Housing Assistance Services by Client Demographics and RWPA Funding

	Service Not Used	NonRW Agency	Total
All Participants	94.9% (665)	5.1% (36)	100.0% (701)
Sex at Birth			
0 Female	97.0% (225)	3.0% (7)	100.0% (232)
1 Male	93.8% (438)	6.2% (29)	100.0% (467)
Gender Identity	**		
0 Female	95.8% (248)	4.2% (11)	100.0% (259)
1 Male	94.9% (411)	5.1% (22)	100.0% (433)
3 Trans	66.7% (6)	33.3% (3)	100.0% (9)
Age Groupings	**		
20	91.9% (331)	8.1% (29)	100.0% (360)
40	98.1% (254)	1.9% (5)	100.0% (259)
61	97.6% (80)	2.4% (2)	100.0% (82)
Race/Ethnicity			
1 White	100.0% (34)	0.0% (0)	100.0% (34)
2 Black	93.8% (334)	6.2% (22)	100.0% (356)
3 Latinx	95.1% (251)	4.9% (13)	100.0% (264)
4 Other	97.8% (45)	2.2% (1)	100.0% (46)
Income Level	*		
Above poverty line	97.0% (259)	3.0% (8)	100.0% (267)
Below poverty line	93.5% (406)	6.5% (28)	100.0% (434)

*P<0.05 **p<0.01 ***p<0.001

RWPA Organizational-Level Impact Analysis

Table 5f (Cont.)	Service Not Used	NonRW Agency	Total
Educational Attainment			
1 Less than HS	94.2% (213)	5.8% (13)	100.0% (226)
3 High School	94.1% (285)	5.9% (18)	100.0% (303)
5 Some college	96.2% (51)	3.8% (2)	100.0% (53)
6 4 yr college	95.5% (64)	4.5% (3)	100.0% (67)
Current Employment			
Not Employed	93.7% (443)	6.3% (30)	100.0% (473)
Employed	96.6% (170)	3.4% (6)	100.0% (176)
Drug Use History			
0 never	95.2% (299)	4.8% (15)	100.0% (314)
1 past	96.1% (171)	3.9% (7)	100.0% (178)
2 current	91.2% (145)	8.8% (14)	100.0% (159)
Immigrant			
0 No	95.2% (534)	4.8% (27)	100.0% (561)
1 Yes	90.0% (81)	10.0% (9)	100.0% (90)
Recent Housing Status			
0 Stable	95.9% (441)	4.1% (19)	100.0% (460)
1 Unstable	96.5% (83)	3.5% (3)	100.0% (86)
2 Homeless	86.7% (91)	13.3% (14)	100.0% (105)
Poor Mental Health Status			
0 Yes	92.8% (232)	7.2% (18)	100.0% (250)
1 No	95.5% (383)	4.5% (18)	100.0% (401)
Ever Incarcerated			
0 No	94.4% (373)	5.6% (22)	100.0% (395)
1 Yes	94.5% (242)	5.5% (14)	100.0% (256)

*p<0.05 **p<0.01 ***p<0.001

Table 5g: Utilization of Medical Case Management Services by Client Demographics and RWPA Funding

	Service Not Used	NonRW Agency	RW Funded Agency	Total
All Participants	85.7% (601)	5.8% (41)	8.4% (59)	100.0% (701)
Sex at Birth				
0 Female	85.3% (198)	7.3% (17)	7.3% (17)	100.0% (232)
1 Male	85.9% (401)	5.1% (24)	9.0% (42)	100.0% (467)
Gender Identity				
0 Female	86.1% (223)	6.6% (17)	7.3% (19)	100.0% (259)
1 Male	85.5% (370)	5.3% (23)	9.2% (40)	100.0% (433)
3 Trans	88.9% (8)	11.1% (1)	0.0% (0)	100.0% (9)
Age Groupings				
20	83.6% (301)	6.7% (24)	9.7% (35)	100.0% (360)
40	88.4% (229)	3.9% (10)	7.7% (20)	100.0% (259)
61	86.6% (71)	8.5% (7)	4.9% (4)	100.0% (82)
Race/Ethnicity				
1 White	85.3% (29)	2.9% (1)	11.8% (4)	100.0% (34)
2 Black	83.7% (298)	6.2% (22)	10.1% (36)	100.0% (356)
3 Latino	88.6% (234)	5.3% (14)	6.1% (16)	100.0% (264)
4 Other	84.8% (39)	8.7% (4)	6.5% (3)	100.0% (46)
Income Level				
Above poverty line	86.5% (231)	4.9% (13)	8.6% (23)	100.0% (267)
Below poverty line	85.3% (370)	6.5% (28)	8.3% (36)	100.0% (434)

*P<0.05 **p<0.01 ***p<0.001

RWPA Organizational-Level Impact Analysis

Table 5g (Cont.)	Service Not Used	NonRW Agency	RW Funded Agency	Total
Educational Attainment				
1 Less than HS	85.8% (194)	6.6% (15)	7.5% (17)	100.0% (226)
3 High School	82.8% (251)	6.3% (19)	10.9% (33)	100.0% (303)
5 Some college	83.0% (44)	7.5% (4)	9.4% (5)	100.0% (53)
6 4 yr college	89.6% (60)	4.5% (3)	6.0% (4)	100.0% (67)
Current Employment				
Not Employed	84.6% (400)	6.6% (31)	8.9% (42)	100.0% (473)
Employed	84.7% (149)	5.7% (10)	9.7% (17)	100.0% (176)
Drug use History				
0 never	83.4% (262)	5.4% (17)	11.1% (35)	100.0% (314)
1 past	87.1% (155)	6.2% (11)	6.7% (12)	100.0% (178)
2 current	84.3% (134)	8.2% (13)	7.5% (12)	100.0% (159)
Immigrant				
0 No	85.7% (481)	5.7% (32)	8.6% (48)	100.0% (561)
1 Yes	77.8% (70)	10.0% (9)	12.2% (11)	100.0% (90)
Recent Housing Status				
0 Stable	85.0% (391)	6.5% (30)	8.5% (39)	100.0% (460)
1 Unstable	84.9% (73)	4.7% (4)	10.5% (9)	100.0% (86)
2 Homeless	82.9% (87)	6.7% (7)	10.5% (11)	100.0% (105)
Poor Mental Health Status				
0 Yes	83.2% (208)	7.2% (18)	9.6% (24)	100.0% (250)
1 No	85.5% (343)	5.7% (23)	8.7% (35)	100.0% (401)
Every Incarcerated				
0 No	84.3% (333)	6.8% (27)	8.9% (35)	100.0% (395)
1 Yes	85.2% (218)	5.5% (14)	9.4% (24)	100.0% (256)

*P<0.05 **p<0.01 ***p<0.001

Table 5h: Utilization of Social Service Case Management Services by Client Demographics and RWPA Funding

	Service Not Used	NonRW Agency	RW Funded Agency	Total
All Participants	55.9% (392)	40.7% (285)	3.4% (24)	100.0% (701)
Sex at Birth		**		
0 Female	58.2% (135)	40.5% (94)	1.3% (3)	100.0% (232)
1 Male	55.0% (257)	40.5% (189)	4.5% (21)	100.0% (467)
Gender Identity				
0 Female	55.6% (144)	42.9% (111)	1.5% (4)	100.0% (259)
1 Male	56.1% (243)	39.5% (171)	4.4% (19)	100.0% (433)
3 Trans	55.6% (5)	33.3% (3)	11.1% (1)	100.0% (9)
Age Groupings	**			
20	49.4% (178)	45.3% (163)	5.3% (19)	100.0% (360)
40	62.5% (162)	35.9% (93)	1.5% (4)	100.0% (259)
61	63.4% (52)	35.4% (29)	1.2% (1)	100.0% (82)
Race/Ethnicity				
1 White	52.9% (18)	44.1% (15)	2.9% (1)	100.0% (34)
2 Black	56.2% (200)	40.2% (143)	3.7% (13)	100.0% (356)
3 Latinx	56.4% (149)	40.5% (107)	3.0% (8)	100.0% (264)
4 Other	52.2% (24)	43.5% (20)	4.3% (2)	100.0% (46)
Income Level	*			
Above poverty line	60.7% (162)	37.1% (99)	2.2% (6)	100.0% (267)
Below poverty line	53.0% (230)	42.9% (186)	4.1% (18)	100.0% (434)

*p<0.05 **p<0.01 ***p<0.001

RWPA Organizational-Level Impact Analysis

Table 5h (Cont.)	Service Not Used	NonRW Agency	RW Funded Agency	Total
Educational Attainment				
1 Less than HS	49.6% (112)	46.0% (104)	4.4% (10)	100.0% (226)
3 High School	52.5% (159)	43.9% (133)	3.6% (11)	100.0% (303)
5 Some college	60.4% (32)	35.8% (19)	3.8% (2)	100.0% (53)
6 4 yr college	55.2% (37)	43.3% (29)	1.5% (1)	100.0% (67)
Current Employment				
Not Employed	50.1% (237)	46.1% (218)	3.8% (18)	100.0% (473)
Employed	58.5% (103)	38.1% (67)	3.4% (6)	100.0% (176)
Drug Use History		**		
0 never	53.5% (168)	43.6% (137)	2.9% (9)	100.0% (314)
1 past	50.6% (90)	48.3% (86)	1.1% (2)	100.0% (178)
2 current	52.8% (84)	39.0% (62)	8.2% (13)	100.0% (159)
Immigrant				
0 No	54.0% (303)	42.6% (239)	3.4% (19)	100.0% (561)
1 Yes	43.3% (39)	51.1% (46)	5.6% (5)	100.0% (90)
Recent Housing Status	**			
0 Stable	55.2% (254)	41.5% (191)	3.3% (15)	100.0% (460)
1 Unstable	55.8% (48)	41.9% (36)	2.3% (2)	100.0% (86)
2 Homeless	38.1% (40)	55.2% (58)	6.7% (7)	100.0% (105)
Poor Mental Health Status				
0 Yes	49.6% (124)	46.4% (116)	4.0% (10)	100.0% (250)
1 No	54.4% (218)	42.1% (169)	3.5% (14)	100.0% (401)
Ever Incarcerated				
0 No	50.1% (198)	45.1% (178)	4.8% (19)	100.0% (395)
1 Yes	56.3% (144)	41.8% (107)	2.0% (5)	100.0% (256)

*P<0.05 **p<0.01 ***p<0.001

Table 5i: Utilization of Supportive Counseling Services by Client Demographics and RWPA Funding

	Service Not Used	NonRw Agency	RW Funded Agency	Agency Unspecified	Total
All Participants	62.2% (436)	28.7% (201)	3.6% (25)	5.6% (39)	100.0% (701)
Sex at Birth					
0 Female	62.1% (144)	30.2% (70)	3.0% (7)	4.7% (11)	100.0% (232)
1 Male	62.5% (292)	27.6% (129)	3.9% (18)	6.0% (28)	100.0% (467)
Gender Identity					
0 Female	61.4% (159)	30.5% (79)	3.9% (10)	4.2% (11)	100.0% (259)
1 Male	63.0% (273)	27.0% (117)	3.5% (15)	6.5% (28)	100.0% (433)
3 Trans	44.4% (4)	55.6% (5)	0.0% (0)	0.0% (0)	100.0% (9)
Age Groupings					
20	58.6% (211)	30.8% (111)	4.7% (17)	5.8% (21)	100.0% (360)
40	65.3% (169)	25.9% (67)	3.1% (8)	5.8% (15)	100.0% (259)
61	68.3% (56)	28.0% (23)	0.0% (0)	3.7% (3)	100.0% (82)
Race/Ethnicity	**	**			
1 White	55.9% (19)	38.2% (13)	0.0% (0)	5.9% (2)	100.0% (34)
2 Black	68.0% (242)	22.8% (81)	5.6% (20)	3.7% (13)	100.0% (356)
3 Latinx	54.2% (143)	37.5% (99)	1.1% (3)	7.2% (19)	100.0% (264)
4 Other	67.4% (31)	17.4% (8)	4.3% (2)	10.9% (5)	100.0% (46)
Income Level	*				
Above poverty line	67.8% (181)	23.2% (62)	3.0% (8)	6.0% (16)	100.0% (267)
Below poverty line	58.8% (255)	32.0% (139)	3.9% (17)	5.3% (23)	100.0% (434)

*p<0.05 **p<0.01 ***p<0.001

RWPA Organizational-Level Impact Analysis

Educational Attainment					
1 Less than HS	64.2% (145)	27.9% (63)	6.2% (14)	1.8% (4)	100.0% (226)
3 High School	63.7% (193)	29.0% (88)	2.6% (8)	4.6% (14)	100.0% (303)
5 Some college	49.1% (26)	49.1% (26)	1.9% (1)	0.0% (0)	100.0% (53)
6 4 yr college	59.7% (40)	34.3% (23)	3.0% (2)	3.0% (2)	100.0% (67)
Current Employment	**				
Not Employed	59.0% (279)	33.6% (159)	3.8% (18)	3.6% (17)	100.0% (473)
Employed	71.0% (125)	23.3% (41)	4.0% (7)	1.7% (3)	100.0% (176)
Drug Use History					
0 never	65.6% (206)	27.7% (87)	4.1% (13)	2.5% (8)	100.0% (314)
1 past	56.2% (100)	38.8% (69)	1.7% (3)	3.4% (6)	100.0% (178)
2 current	62.9% (100)	27.7% (44)	5.7% (9)	3.8% (6)	100.0% (159)
Immigrant					
0 No	62.4% (350)	30.8% (173)	3.9% (22)	2.9% (16)	100.0% (561)
1 Yes	62.2% (56)	30.0% (27)	3.3% (3)	4.4% (4)	100.0% (90)
Recent Housing Status					
0 Stable	63.3% (291)	30.2% (139)	3.9% (18)	2.6% (12)	100.0% (460)
1 Unstable	66.3% (57)	25.6% (22)	2.3% (2)	5.8% (5)	100.0% (86)
2 Homeless	55.2% (58)	37.1% (39)	4.8% (5)	2.9% (3)	100.0% (105)
Poor Mental Health Status	**	*			
0 Yes	54.8% (137)	38.4% (96)	2.4% (6)	4.4% (11)	100.0% (250)
1 No	67.1% (269)	25.9% (104)	4.7% (19)	2.2% (9)	100.0% (401)
Ever Incarcerated					
0 No	62.5% (247)	29.9% (118)	4.3% (17)	3.3% (13)	100.0% (395)
1 Yes	62.1% (159)	32.0% (82)	3.1% (8)	2.7% (7)	100.0% (256)

+*p<0.05 **p<0.01 ***p<0.001