HOUSING SERVICES DIRECTIVE
Approved by the HIV Planning Council on July 28, 2022

PURPOSE: The intent of placing the Housing Directive within the structure of the Implementation Research Logic Model (IRLM) is to describe each component of the planning and implementation process, including how evidence-informed housing services will be adopted, sustained, and/or scaled up to improve the health of people with HIV (PWH) in the New York Eligible Metropolitan Area (NYEMA). For more information on the IRLM: https://isc3i.isgmh.northwestern.edu/irlm/

STRUCTURE OF DOCUMENT: The flow of this logic model is a description of the intervention, implementation determinants, implementation strategies, mechanisms, implementation outcomes, and client-level outcomes.

ACRONYMS:

CTP: CARE AND TREATMENTPROGRAM
DOHMH: NYC HEALTH DEPARTMENT
FMR: FAIR MARKET RENTS
HAB: HIV/AIDS BUREAU
HASA: HIV/AIDS SERVICES ADMINISTRATION
HOPWA: HOUSING OPPORTUNITIES FOR PERSONS W/ AIDS
HRSA: HEALTH RESOURCES AND SERVICES ADMINISTRATION
HSU: HOUSING SERVICES UNIT
HUD: HOUSING AND URBAN DEVELOPMENT
IRLM: IMPLEMENTATION RESEARCH LOGIC MODEL
NYEMA: NEW YORK ELIGIBLE METROPOLITAN AREA
PCN: POLICY CLARIFICATION NOTICE
PLE: PERSON W/ LIVED EXPERIENCE
PWH: PEOPLE WITH HIV
RWHAP: RYAN WHITE HIV/AIDS PROGRAM
RWPA: RYAN WHITE PART A
SRO: SINGLE ROOM OCCUPANCY

THE INTERVENTION: This logic model is intended to improve the implementation of Ryan White Part A (RWPA) funded housing services: short-term housing, rental assistance and housing placement assistance.

Per Health Resources and Services Administration (HRSA) PCN 16-02:

DESCRIPTION:

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated bi-annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).
Housing activities also include housing referral services, including assessment, service plan development/update, placement, and housing advocacy services on behalf of the eligible client, as well as fees[1] associated with these activities.

PROGRAM GUIDANCE:

HRSA RWHAP recipients and subrecipients that use funds to provide housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at annually for existing clients. HRSA RWHAP recipients and subrecipients, along with local

decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HIV/AIDS Bureau (HAB) recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development (HUD), which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS (HOPWA) grant awards.

DETERMINANTS:

It is important to understand the local context where implementation occurs so that implementation strategies are tailored to the setting. Determinants, described below, are factors that make implementation easier (facilitators) or harder (barriers). Consider multiple types of determinants to make sure you are thinking of the context comprehensively, even if the strategies you pick will not address all of them. What contextual factors could influence implementation at the structural, interpersonal, and individual levels? (+/- to indicate facilitator/barrier)

INTERVENTION CHARACTERISTICS:

Characteristics of the Housing portfolio of services

INTERVENTION SOURCE: RWPA housing programs have been developed through an evolving process, incorporating information and feedback from funded agencies, best practices and subject matter experts. (+)

EVIDENCE STRENGTH AND QUALITY: Housing as an intervention toward improved HIV related outcomes[2,3,4,5,6] has been extensively studied. The research indicates that housing is critical to stabilizing clients and improving health outcomes. (+)

RELATIVE ADVANTAGE: Because housing is often primary to stabilizing a client, the type of program that will achieve optimal health outcomes for different clients is key. No effective alternatives exist to housing. (+)

ADAPTABILITY: Supportive housing offers a menu of services designed to meet the client where they are. Assessments are conducted to determine, in partnership with the client, what needs exist and how best to support them. The overall housing portfolio is highly adaptable as it strives to find the correct service level and combination of services to support clients. (+)

COMPLEXITY PERCEIVED: Complexity of delivering housing services varies on a client basis. The housing market in NYC (high demand for housing stock, lack of robust investment in quality low income and affordable housing and high rates of homelessness) adds to the complexity of securing and maintaining habitable housing. (-)

COST: Affordable and habitable housing is sparse, especially near public transportation, health promoting amenities. Securing and maintaining habitable housing stock has a high cost but is still cost effective when compared to service utilization for persons who are homeless and/or unstably housed. (-)

INNER SETTING:

There are two relevant inner settings- the CTPCTP Program (CTP) in collaboration with the Housing Services Unit (CTP) of the NYC Health Department (DOHMH) & RWPA Funded Organizations

- Housing services are tailored to client needs (+)
- Staff turnover at funded organizations leads to inconsistency of service delivery (and impacts housing standardization) and diminishes trust and increases anxiety among consumers when long-term provider relationships end (-)
- A lack of continuous opportunity for training and professional development by staff at funded organizations. (-)
- Overburdensome bureaucracy can lead to actions being delayed such as the delivery of services or funding which are crucial to PWH (-)
- Siloed work within DOHMH, which is then reflected in the work in the community with consumers and with the providers. (-)
- Grant reporting can be cumbersome (i.e., requirements, limitations, deadlines, and administrative procurement hurdles), disincentivizing community partners to participate (-)
- Inadequate safety training for outreach staff who may have to reach out to a consumer in crisis or in an extremely unsafe living situation. (-)
- Transitioning clients into permanent housing often requires stabilization (i.e., finances, legal issues, etc.) and other supportive services which may require additional time. (-)
- The collaboration between the CTP and HIV/AIDS Services Administration (HASA) helps our RWPA housing clients and agencies. (+)
- Experienced housing contract analysts at DOHMH have long-standing relationships with and knowledge of housing providers (+)
- The CTP research and evaluation team run reports and conduct statistical analyses (+)
- Expertise in matching program data to DOHMH surveillance data to ascertain HIV care and viral load outcomes among consumers (+)

OUTER SETTING CHARACTERISTICS:

Patient needs and resources, external policies, and incentives.

- In NYC, people experiencing mental health crises and/or substance use disorders are frequently incarcerated and/or mandated into psychiatric care. During and upon release from incarceration and mandated treatment, there is a of lack adequate HIV care support and navigation. (-)
- Most available affordable housing is located in low-income neighborhoods, which are subject to entrenched economic, social, and environmental inequities (i.e., unsanitary, food deserts, poor air quality, structural and interpersonal violence, substandard housing conditions, inaccessible). (-)
- A lack of affordable or reliable transportation near supportive, affordable housing units. (-)
- Consumers may not understand the processes involved in securing housing and their role in the process. (-)
- Limited or no social/familial supports, particularly among persons who are homeless/unstably housed. This social isolation can leave them vulnerable to illness and harmful structural determinants of health (-)
- Inequitable access to care has been exacerbated by the COVID-19 pandemic. Technology/telehealth-based care and support services have increased access for some while adding additional barriers for others, particularly older adults. (+/-)
- Classism and criminalization of poverty and homelessness coupled with a lack of behavioral health care services. (-)

- The routine destruction of homeless encampments contributes to the disruption of already fragile provider relationships and outreach intended to support and stabilize clients. (-)
- Low or limited availability to broadband (high speed internet) access in low-income communities makes it challenging for clients to access or identify services or housing – widening the digital divide. (-)
- Low or limited literacy levels, in any language, makes it difficult to navigate a complex web of the social services safety network. People get discouraged and refuse to engage. (-)
- A general distrust of government and health supports, often exacerbated by social media. (-)
- Victimization and/or abuse experienced by PWH, particularly during interactions with governmental agencies, decreases trust in services. (-)
- Many PWH rely on Social Security and/or Social Security Disability payments, which do not afford them housing without an additional subsidy. (-)
- Minimum wage employment in NY is estimated to be $31,200/annually, which puts a single adult with no dependents over the income limit for many social services programs such as SNAP. (-)
- HASA works in partnership with RWPA-funded housing programs and provides key housing services to non- RWPA consumers, including permanent supportive housing, rental subsidies, and same-day emergency shelter. (+)
- NYS is currently home to approximately 100,000 PWH and has the highest cumulative number of HIV cases. This creates a demand for resources and has inspired numerous innovative service supports. (-/+)
- NYC has an activist history including ACT-UP and VOCAL that empower the voices of PWH to be heard (+)
- High concentration of high-quality public and private medical care, including HIV specialty centers and about a dozen Designated AIDS Centers (+)

CHARACTERISTICS OF INDIVIDUALS IMPLEMENTING THE INTERVENTION:
CTP/DOHMH & RWPA Organizations (Knowledge, beliefs about intervention, self-efficacy.

- Unrealistic requirements (i.e., credit score, qualifying income) for safe and quality housing being imposed by landlords. (-)
- Agency housing staff may not be representative of, or no longer have intimate knowledge of the community as the landscape and staffing has changed dramatically over the past 2 years. (-)
- Range of areas of expertise of DOHMH CTP and Housing staff, including contracting, programs, TA, fiscal, and research and evaluation. (+)

PROCESS:

Engaging, planning, executing, reflecting & evaluating.

- People with lived experience being treated as an equal contributor to the solution when they do get a seat at the decision-making table. (+)
- Lack of expertise among policy and program development when seeking to include input from persons with lived experience (PLE) (-)
- Lack of monetary compensation for input from PLE, and lack of recognition for the value of community outreach (-)
- A PLE may not be or feel adequately supported in their participation in Planning Council and other DOHMH or agency activities. (-)

- HUD Fair Market Rents (FMR) are used by agencies to limit housing subsidy budgets, but do not accurately reflect the cost of safe and habitable housing. (-)
- Quarterly meetings of the HIV Housing Advisory Committee, with representatives from agencies funded for housing services via Ryan White and HOPWA (+)

IMPLEMENTATION STRATEGIES:

Strategies are actions you will take to achieve your implementation outcomes. Strategies are often multilevel and should align with the determinants that have been prioritized, utilizing facilitators and addressing barriers. In this section, we list the intervention sub-categories and the accompanying implementation strategies for the housing directive that are meant to improve adoption, implementation, sustainment, and scale up of effective services.

ALL STRATEGIES ARE TO BE INITIATED WITHIN ONE YEAR OF CONTRACT AWARD, EXCEPT WHEN NOTED.

OVERARCHING HOUSING SERVICES - APPLIES TO ALL SERVICE SUB-CATEGORIES:

INTERVENTION INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING:

1. Ensure that interpretation services for all client interactions, including case management and navigation, are available as needed. Translated client materials must also be available as needed.
2. Ensure that a resident's obligation to contribute to rent does not exceed 30% of household income
3. Housing programs will provide education to clients on rights to housing and housing choice.
4. Identify and mitigate displacement of housed clients by ensuring rapid response to client inquiries and linkage to legal and other support services, as needed.
5. Services are available to clients in all five boroughs of NYC and Tri-County

OVERARCHING IMPLEMENTATION STRATEGIES - APPLIES TO ALL SERVICE SUB-CATEGORIES:

PRE-PLANNING IMPLEMENTATION STRATEGIES

6. To apply for RWPA funding, organizations must submit written responses on the following:
    a. Past and ongoing staff trainings to dismantle stigma (e.g., implicit bias, racism, sexism, homophobia, and other forms of discrimination)
    b. Past and ongoing projects to support staff, heal vicarious and residual trauma and apply trauma informed care lens to staff supervision.
    c. List established linkages to other social and support agencies if the agency does not directly provide the following services: rapid HIV testing, medical care, food and nutrition, housing, legal services, medical case management, vocational services/job readiness, behavioral health and oral health services.
    d. Outline experiences with individuals and families who are homeless/unstably housed and/or HIV-positive in attaining and maintaining short-term housing. Include situations where clients also may have had mental health disorders.

POLICY IMPLEMENTATION STRATEGIES

7. Adjustments of the service model and shifts in how services are delivered may occur throughout the program term perCTP guidance
8. Programs must make every effort to house clients in apartments not listed on the NYC Worst Landlord Watchlist
9. "CTP", in tandem with housing programs, should collaborate to develop a standardized method for
    a. Identifying clients in extreme need of housing

   b. Identifying clients who are engaged but unable to successfully attain housing
   c. Examining the efficiency and length of the housing process for clients with
      i. Mental health and/or substance use disorders
      ii. Co-morbidities
      iii. Few or no social supports who are homeless or unstably housed
10. Support and facilitate client access to long term, permanent housing, including home ownership.
11. Providers must be paid within 30 days of receipt of an accurate and complete invoice for delivered services

TRAINING IMPLEMENTATION STRATEGIES

12. DOHMH and organizational housing program staff must continuously engage in all federal, state and city required trainings (i.e., CLAS standards) and must continuously engage in training on harm reduction, person centered care, implicit bias, anti-stigma, e.g., anti-racism, xenophobia, homophobia and other trainings that improve equitable service delivery through a trauma informed care lens
13. CTP will provide accessible education for providers and peers to educate clients on clients' rights to housing and support housing programs in educating clients on their rights. This training should include, but not be limited to:
    a. Ensure that clients with mental health and substance use disorders know their right to access housing
    b. Train providers to conduct housing intake and education of clients without bias
    c. Include information and support for access to legal services and/or advocacy for clients who experience discrimination

QUALITY SERVICE IMPLEMENTATION STRATEGIES

14. Programs will report on trends in the demographics of PWH seeking housing assistance and common barriers to securing housing among the client population to inform the development of interventions
15. CTP will ensure all providers are aware of and know how to utilize available interpretation services as well as resources available for translation services.
16. In line with the Framing Directive, programs must track completion of referrals, per recipient guidance, to needed health and supportive services, including but not limited to, financial entitlements (coordinated with HASA when appropriate), HIV primary health care, mental health care by licensed professionals, substance use and harm reduction treatment services, medical case management and food and nutrition services.
    a. For clients enrolled in HASA, programs will obtain all necessary releases and paperwork to share private client information in order to coordinate and support care
17. Assist clients in completing all relevant supportive housing applications – including a 2010e. Assistance must include:
    a. helping the client obtain a psychiatric evaluation, if necessary.
    b. Submission of completed application
    c. Preparation, accompaniment and navigation through the interview processes, including gathering and submitting all necessary documentation.

18. Support client referrals to income generating opportunities (peer work, vocational training, research studies, etc.)

SHORT TERM HOUSING (STH) SERVICE SUB-CATEGORY:

INTERVENTION INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING:

19. Programs will screen all clients, with support from CTP, to determine an appropriate housing placement. If a housing placement is found to be insufficient to support a client, programs will seek additional guidance and support from CTP and other community supports to identify a more appropriate and supportive placement. Client choice will be respected.
20. CTP will provide guidance on allowable costs for housing services funded by RWPA as well as expand upon housing services as described by HRSA policies.
21. Identify and facilitate access for clients and their family of choice (subject to availability of funds), to safe, appropriate and habitable[7] short-term (such as emergency or transitional) housing and services.
22. Active substance use and/or mental health conditions must not disqualify clients from accessing services and attaining housing. Agencies that successfully house and maintain housing for clients with active substance use and/or severe mental health disorders qualify for incentivized funding.
23. Assist clients in attaining short term housing that is more stable, safe, affordable, appropriate and habitable through, but not limited to the following: advocacy, accompaniment, navigation, paperwork support, and transportation access
24. Provide MetroCards and/or fund client transportation for travel both to and from provision of services, as funding/budget allows.
25. Leverage all available resources, within and external to RWPA, to support and stabilize clients throughout enrollment in program services
26. Work with clients to determine their priorities for geographic placement and access to amenities such as transportation, supermarkets, etc.
27. Assist clients in transitioning to permanent housing by assisting in locating and securing safe, affordable, habitable and appropriate housing through, but not limited to the following: identification of programs and housing, advocacy, accompaniment, navigation, paperwork support, and transportation access
28. Assess, refer, provide linkages and accompaniments to all needed health and supportive services, including but not limited to, financial entitlements (coordinated with HASA when appropriate), HIV primary health care, mental health care by licensed professionals, substance use and harm reduction treatment services, medical case management and food and nutrition services.
29. Through financial literacy, financial management education, access to life skills, income generating opportunities and vocational training, encourage and support the client to contribute 30% of household income toward monthly housing costs.[8,9,10,11] Clients with no income or on full public assistance are not required to contribute to monthly housing costs.
30. Provide housing assistance with access to clinicians (co-located or by linkage agreement) as needed and when appropriate for PWH with high needs, when available
31. Provide ready access to voluntary services and supports that promote engagement and maintenance in care, retention in permanent habitable housing, adherence to primary medical care, health promoting services and inpatient treatment (as necessary)

32. Link clients to programs and services that ready them, voluntarily, for the transition to permanent housing, including but not limited to legal services, credit repair, psycho-social rehabilitation, mental health care, food preparation and storage, etc.
33. Programs will operate on a congregate or scattered site housing model with shared common spaces, private sleeping areas (never shared), and shared (up to 3 persons) or private bathrooms
34. Work with client to develop a housing plan for long-term housing needs; assist with fees (broker fees, moving costs, etc.) associated with the transition to permanent housing, including linkage to sources of assistance to cover security deposits.
35. Regular reports must be reviewed, when available, on client retention in care, viral load suppression, and durable viral load suppression among clients receiving housing assistance
36. Client eligibility: chronically homeless[12], homeless[13], unstably housed PWH and their chosen families.
37. Service populations are to include all named priority populations in the NYC End the HIV Epidemic plan, such as people who are formerly incarcerated, mentally ill, substance users, youth, and/or emergency SRO residents.
38. Programs may house a maximum of 15% PWH who are not in the service population in housing units dedicated to specific priority populations (only applies to programs that select priority populations).
39. Programs must maintain wait lists of applicants.
40. CTP must maintain an inventory of available vacancies among contracted programs.
41. Programs must make every effort to house all clients in need and to fill all available housing units.
42. Programs will inform clients and conduct wellness checks (in person/virtually) at scatter sites at least once a month, and with increased frequency as needed. Congregate wellness checks will occur with greater frequency and as needed.
43. Programs will make themselves available and accessible to clients, as needed.

SHORT TERM HOUSING IMPLEMENTATION STRATEGIES:

QUALITY SERVICE IMPLEMENTATION STRATEGIES

44. CTP will work with contracted programs to efficiently manage vacant units in the housing inventory with a goal of informing CTP within 5 days of a vacancy.
    a. Programs will support the efficient tenancy of vacancies by identifying and resolving client barriers to moving in.

POLICY IMPLEMENTATION STRATEGIES

45. Programs that have identified priority populations but have difficulty engaging them to live in available housing, may submit a waiver to prioritize the filling of available housing units with individuals who are otherwise eligible.
46. Ensure that housing placement meets the clients' needs with regard to any current or emerging disability accommodations
47. Work with landlords and tenants to develop permanent placement offers at program sites

SHORT TERM RENTAL (STR) ASSISTANCE SUB-CATEGORY:

INTERVENTION INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING:

48. Provide short-term rental assistance to enable PWH to secure or maintain appropriate, stable, habitable and affordable housing (e.g., rent payments paid directly to landlords, including brokers fees)

49. Provide referrals to permanent housing subsidies, when applicable
50. Through financial literacy, financial management education, access to life skills, income generating opportunities and vocational training, encourage and support the client to contribute 30% of household income toward monthly housing costs.
51. Make case management available at intake and routinely (i.e., every six months at minimum) to reassess a household's eligibility for housing entitlements, non-RWPA rental assistance, support services and provide referrals, as requested or appropriate
52. Coordinate with HOPWA-funded rental assistance program(s) to ensure duplication of services does not occur
53. Work with clients of short-term rental assistance programs to develop a housing plan to address long-term housing needs
    a. Update as appropriate and/or as needed and/or requested.
54. Make program rental assistance payments directly to landlords; *cash payments to clients are not allowable under RWPA programming.*
    a. Programs will support, as permissible, clients engaged in housing disputes, such as rent or repair issues (e.g., rent strike) through housing court proceedings and other resolution processes.
55. Client eligibility: non-HASA eligible PWH and their families of choice, who are 1. homeless or 2. unstably housed and 3. meet the medical and financial criteria for the HASA program but are otherwise not eligible for services via the HASA program.
56. Provide linkages to clients who wish to relocate between the regions of Tri-County and NYC of the NY EMA. Linkage agreements and coordination between programs must be supported to facilitate the relocation of services between both regions (Tri-County & NYC), when applicable.

SHORT TERM RENTAL ASSISTANCE IMPLEMENTATION STRATEGIES:

POLICY IMPLEMENTATION STRATEGIES

57. Use a payment standard for determining the amount of rental assistance that is in line with HUD fair market rent, and when possible, use the HUD community wide exception rent standard[14] to ensure that PWH are less financially disadvantaged in the housing market.

HOUSING PLACEMENT ASSISTANCE (HPA) SUB-CATEGORY:

INTERVENTION INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING:

58. Intake, assessment and referral to appropriate housing assistance for PWH experiencing homelessness or housing instability, including those placed at increased risk of housing loss, including referral and placement in transitional and permanent housing.
59. Provide ready access to voluntary services and supports that promote retention in permanent housing, adherence to HIV primary medical care and an optimal quality of life.
60. Leverage all available resources, within and external to RWPA, to support and stabilize clients throughout enrollment in program services
61. Work with clients to determine their priorities for geographic placement and ensure easy access to amenities such as transportation, supermarkets, laundromats, social and leisure activities, etc.
    a. Ensure clients are able to navigate their new neighborhoods, access transportation as needed, and generally feel safe, secure and comfortable in their new placement
62. Work with client to develop a collaborative housing plan to meet long-term housing needs
    a. Update as appropriate and/or as needed and/or as requested.

63. Provide services, including post-placement verification of engagement in care, for up to 12 months and provide referral services as appropriate. Higher intensity follow up is recommended in the months following placement.
64. Client eligibility: PWH and their chosen families who are chronically homeless[15], homeless[16], unstably housed, or at risk for becoming homeless
65. Priority populations to include all named priority populations in the NYC End the HIV Epidemic plan, including people who are formerly incarcerated, mentally ill, substance users, youth, and/or emergency SRO residents.

HOUSING PLACEMENT ASSISTANCE IMPLEMENTATION STRATEGIES:

POLICY IMPLEMENTATION STRATEGIES

66. Coordinate with and between governmental and intergovernmental actors to compile and share best practices/lessons learned, and to develop and/or strengthen existing policy that increases access to housing for PWH.

MECHANISMS:

A mechanism is the process through which your strategies work to achieve your outcomes. They reflect something that will change, often related to determinants, before your outcomes can be achieved e.g., increases in provider knowledge and willingness to utilize interventions, improved shared decision-making processes between PWH and providers, reduction in staff burnout and turnover.

OVERARCHING HOUSING IMPLEMENTATION STRATEGY MECHANISMS:

1. a. b. c. d. (Pre-planning) Supports the selection of organizations that have the experience and skills to appropriately and compassionately house PWH who are homeless/unstably housed
2. (Policy) Supports program improvements through modifications to program services based on emerging evidence and evaluation data.
3. (Policy) Supports use of available local tools to place clients in habitable housing.
4. (Policy) Standardizes the definition of housing need and prioritizes clients in highest need of housing.
5. (Policy) Supports transition to permanent housing.
6. (Policy) Supports fiscal health of contracted organizations through ensuring payment to sub-recipients in a timely manner.
7. (Training) Supports destigmatized and equitable, trauma informed service delivery.
8. (Training) Supports clients' education on housing rights.
9. (Quality Service) Supports the identification of barriers to care that may help inform potential interventions.
10. (Quality Service) Supports provision of interpretation and translation as needed by clients.
11. (Quality Service) Supports an evaluation of the linkage aspect of the service model.
12. (Quality Service) Supports economic empowerment among clients.

SHORT TERM HOUSING IMPLEMENTATION STRATEGY MECHANISMS

1. (STH-Quality Service) Supports efficient access to and placement in vacancies within available housing stock.
2. (STH-Policy) Supports flexibility in housing clients in need.
3. (STH-Policy) Supports improvements in the quality of life of PWH enrolled in programs

4. (STH-Policy) Supports a path to permanent housing

SHORT TERM RENTAL ASSISTANCE IMPLEMENTATION STRATEGY MECHANISM

1. (STR-Policy) Expands financial access to housing

HOUSING PLACEMENT ASSISTANCE IMPLEMENTATION STRATEGY MECHANISM

1. (HPA-Policy) Supports coordination and implementation of best practices across housing services agencies

IMPLEMENTATION OUTCOMES:

Implementation outcomes are the changes we expect to see in adoption, implementation, cost, feasibility, reach, and sustainment of effective HIV interventions delivered throughout the RWPA portfolio of housing services; they are the direct result of the implementation strategies that will then lead to longer-term improved service delivery and client health outcomes.

OVERARCHING HOUSING OUTCOMES

1. Decrease the number of PWH who experience and/or are unstably housed.
2. Increase in continuity of care and resulting HIV outcomes among PWH with experiences of homelessness and unstable housing
3. Increase in peer workers supporting the delivery of housing services

SHORT-TERM HOUSING OUTCOMES

1. Increase in coordinated patient-centered care for PWH, through referral support for addressing HIV-related co-occurring conditions and challenges in meeting basic needs.
2. Increase data collection on completed client referrals to supportive services.
3. Increase in timely support and reimbursement to the agencies that provide housing services

Increase in provided guidance on allowable costs for housing services funded by Ryan White dollars and within HRSA policy

CLIENT OUTCOMES:

Increase in PWH aware of their status, retained in care, and virally suppressed
Decrease in HIV transmission
Increase in PWH reported quality of life[17,18]
Increase PWH reported satisfaction with HIV services
Decrease in anticipated, internalized, and enacted stigma reported by clients
Decrease in the number of PWH and their household members experiencing homelessness, housing instability, and/or inadequate/unhealthy housing.
Increase in client knowledge of rights to and options to access and maintain habitable housing
Increase in clients who feel supported in their receipt of housing services.

[1] Fees refers to broker and moving fees

[2] Shubert V, Bernstine N. Moving from fact to policy: housing is HIV prevention and health care. AIDS Behav. 2007 Nov;11(6 Suppl):172-81. doi: 10.1007/s10461-007-9305-9. Epub 2007 Aug 19. PMID: 17705094.

[3] Buchanan, David et al. "The health impact of supportive housing for HIV-positive homeless patients: a randomized controlled trial." American journal of public health vol. 99 Suppl 3, Suppl 3 (2009): S675-80. doi:10.2105/AJPH.2008.137810

[4] Rajabiun, S., Tryon, J., Feaster, M., Pan, A., McKeithan, L., Fortu, K., Cabral, H. J., Borne, D., & Altice, F. L. (2018). The Influence of Housing Status on the HIV Continuum of Care: Results From a Multisite Study of Patient Navigation Models to Build a Medical Home for People Living With HIV Experiencing Homelessness. *American journal of public health*, *108*(S7), S539–S545. https://doi.org/10.2105/AJPH.2018.304736

[5] Rajabiun S, Davis-Plourde K, Tinsley M, Quinn EK, Borne D, Maskay MH, et al. (2020) Pathways to housing stability and viral suppression for people living with HIV/AIDS: Findings from the Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations initiative. PLoS ONE 15(10): e0239190. https://doi.org/10.1371/journal.pone.0239190

[6] Yaoyu Zhong, Christopher M. Beattie, John Rojas, X. Pamela Farquhar, Paul A. Brown, and Ellen W. Wiewel, 2020:
Enrollment Length, Service Category, and HIV Health Outcomes Among Low-Income HIV-Positive Persons Newly Enrolled in a Housing Program, New York City, 2014–2017
American Journal of Public Health 110, 1068_1075, https://doi.org/10.2105/AJPH.2020.305660

[7]***Housing quality standards.*** All housing assisted under § 574.300(b) (3), (4), (5), and (8) must meet the applicable housing quality standards outlined below.

(1) ***State and local requirements.*** Each recipient of assistance under this part must provide safe and sanitary housing that is in compliance with all applicable State and local housing codes, licensing requirements, and any other requirements in the jurisdiction in which the housing is located regarding the condition of the structure and the operation of the housing.

(2) ***Habitability standards.*** Except for such variations as are proposed by the locality and approved by HUD, recipients must meet the following requirements:

(i) ***Structure and materials.*** The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.

(ii) ***Access.*** The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.

(iii) ***Space and security.*** Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.

(iv) ***Interior air quality.*** Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.

(v) ***Water supply.*** The water supply must be free from contamination at levels that threaten the health of individuals.

(vi) ***Thermal environment.*** The housing must have adequate heating and/or cooling facilities in proper operating condition.

(vii) ***Illumination and electricity.*** The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliance while assuring safety from fire.

(viii) ***Food preparation and refuse disposal.*** All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.

(ix) ***Sanitary condition.*** The housing and any equipment must be maintained in sanitary condition.

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