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HIV CARE & TREATMENT

# Using Expanded Housing Categories to Improve Coordination and Service Provision for RWHAP Clients

*Reflections from SPNS Projects*

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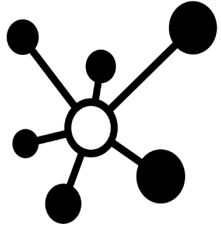
# Overview of Today's Presentation



- Introductions and Background
- Housing Data for RWHAP
- Our Perspective
- Discussion: Housing Instability from the Service Provider Perspective
- Next Steps

- RAND was the Coordination and Technical Assistance Center (CTAC) for the *Addressing HIV Care and Housing Coordination through Data Integration to Improve Health Outcomes along the HIV Care Continuum* SPNS Initiative
- Evaluated implementation at four sites to integrated RWHAP data systems with Housing Opportunities for People with HIV/AIDS (HOPWA) data for shared clients

# Project Goals



1. Integration of local **housing** (HOPWA) and **HIV care** (Ryan White) electronic data systems



2. Enhance **coordination** of services for PLWH between providers of housing and HIV care services

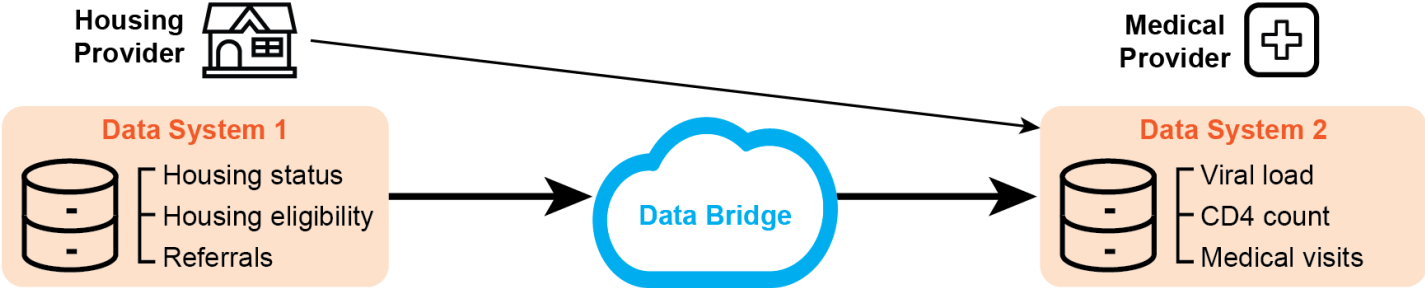


3. Improve client **housing and HIV care continuum outcomes**

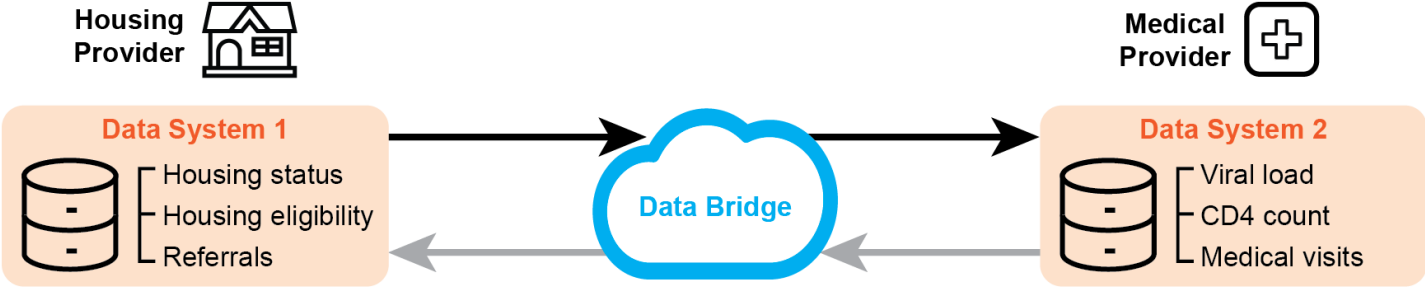
# Data Integration Models



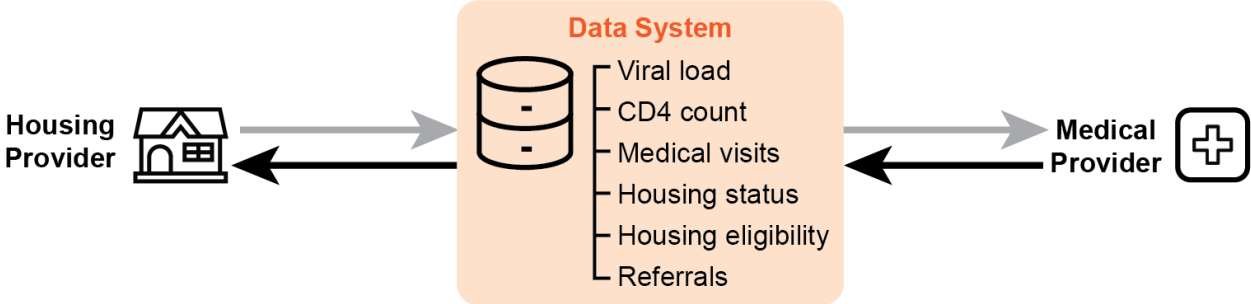
**Model 1:  
One-way  
data  
transmission**



**Model 2:  
Bidirectional  
transmission**



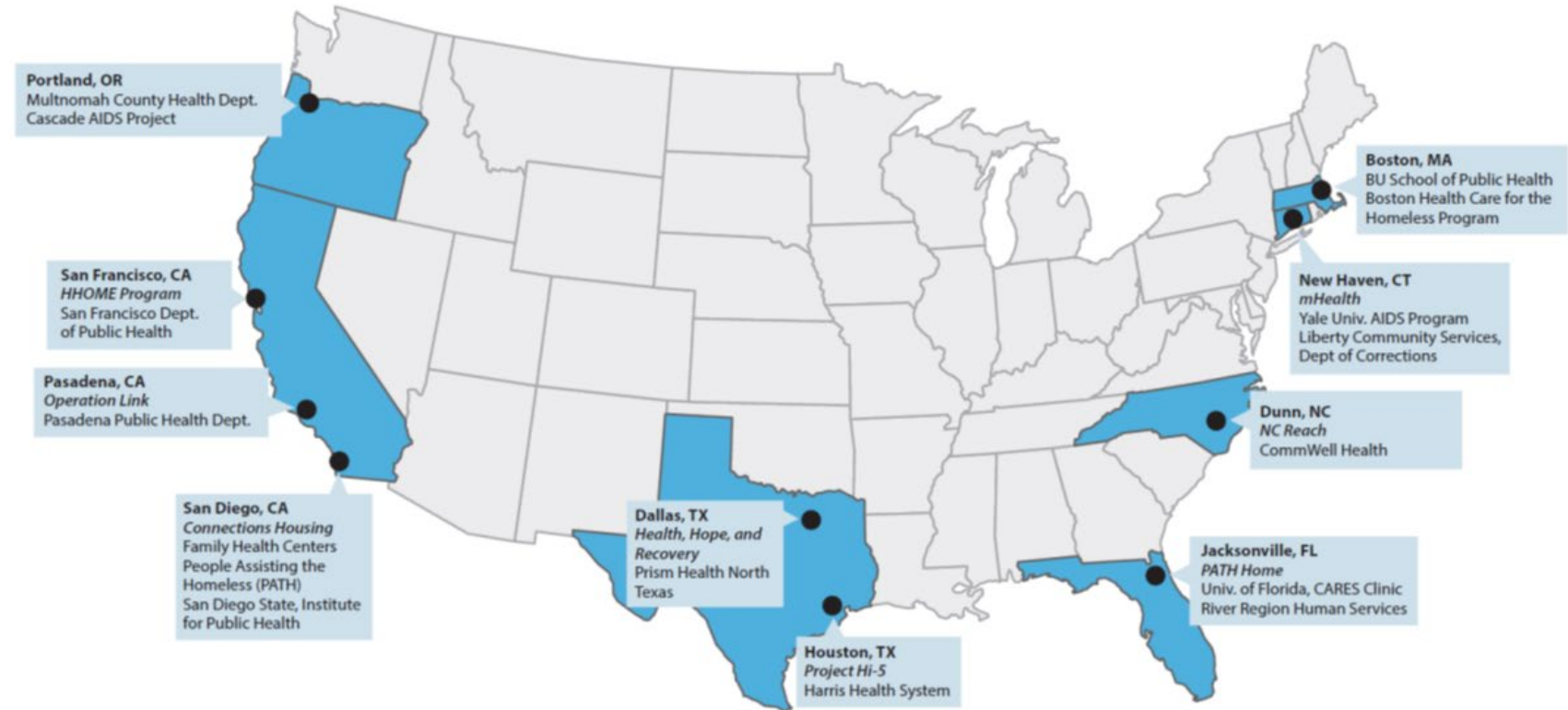
**Model 3:  
Integration  
into single  
data system**



- HRSA/SPNS Initiative Building a Medical Home for Multiply Diagnosed HIV-Positive Homeless Populations (2012-2017)
- Boston University was the Evaluation and Technical Assistance Center
- Nine demonstration sites across the US
  - 8 Urban, 1 rural setting
  - Outpatient hospital settings, HRSA Health Centers, City and County Health Departments, Ryan White Funded Comprehensive HIV Health Care Clinic

# Initiative goals

- Increase engagement and retention in HIV primary care
- Improve viral suppression rates
- Obtain stable housing



# Intervention model



- Patient-centered medical home (PCMH) framework
  - Comprehensive, coordinated, accessible, quality care
    - Integrated behavioral health & HIV primary care and treatment
    - Network navigators (e.g. care coordinators, peer navigators, service linkage workers)
    - System level coordination (housing, health, behavioral health providers)
    - Partnering with housing providers & landlords
    - Reuniting with families



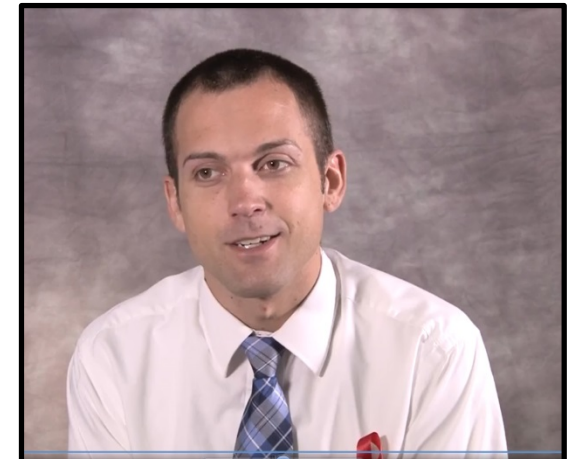
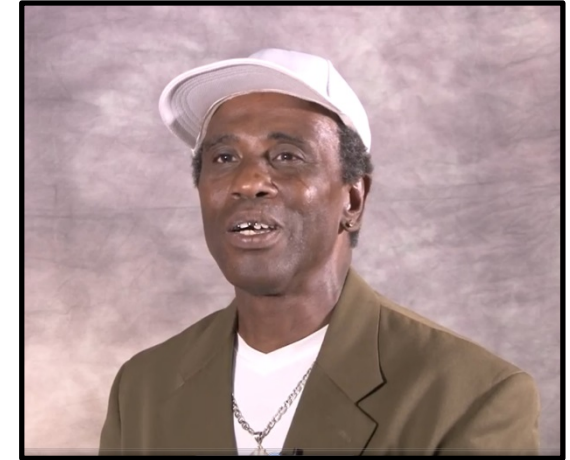
# Focus Population



- Persons living with HIV/AIDS who are 18 years of age or older;
- **AND** are experiencing homelessness or unstable housing
  - Literally homeless,
  - Unstably housed,
  - Fleeing domestic violence;
- **AND** have one or more co-occurring mental health and/or substance use disorders

# SPNS Participants

- 1,332 clients served
- Gender
  - 75% Male
  - 21% Female
  - 4% Transgender
- Race/Ethnicity
  - 47% African-American/Black
  - 17% Hispanic
- Average (SD) years experiencing homelessness: 6.4 (8.4)



# SPNS Participants



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Characteristics	%
Incarceration history	81%
Diagnosed mental health condition*	75%
Experienced sexual assault	40%
Experienced physical injury	44%
Illicit substance use, ever	
High risk (dependence)	24%
Moderate risk (problem)	78%
Food insecure, past 30 days	59%
Out of care, 6+ months	32%
Experienced HIV stigma, ever	>50%



And I started learning things because I wanted to get healthy.

\*Includes depression, anxiety, schizophrenia, and PTSD

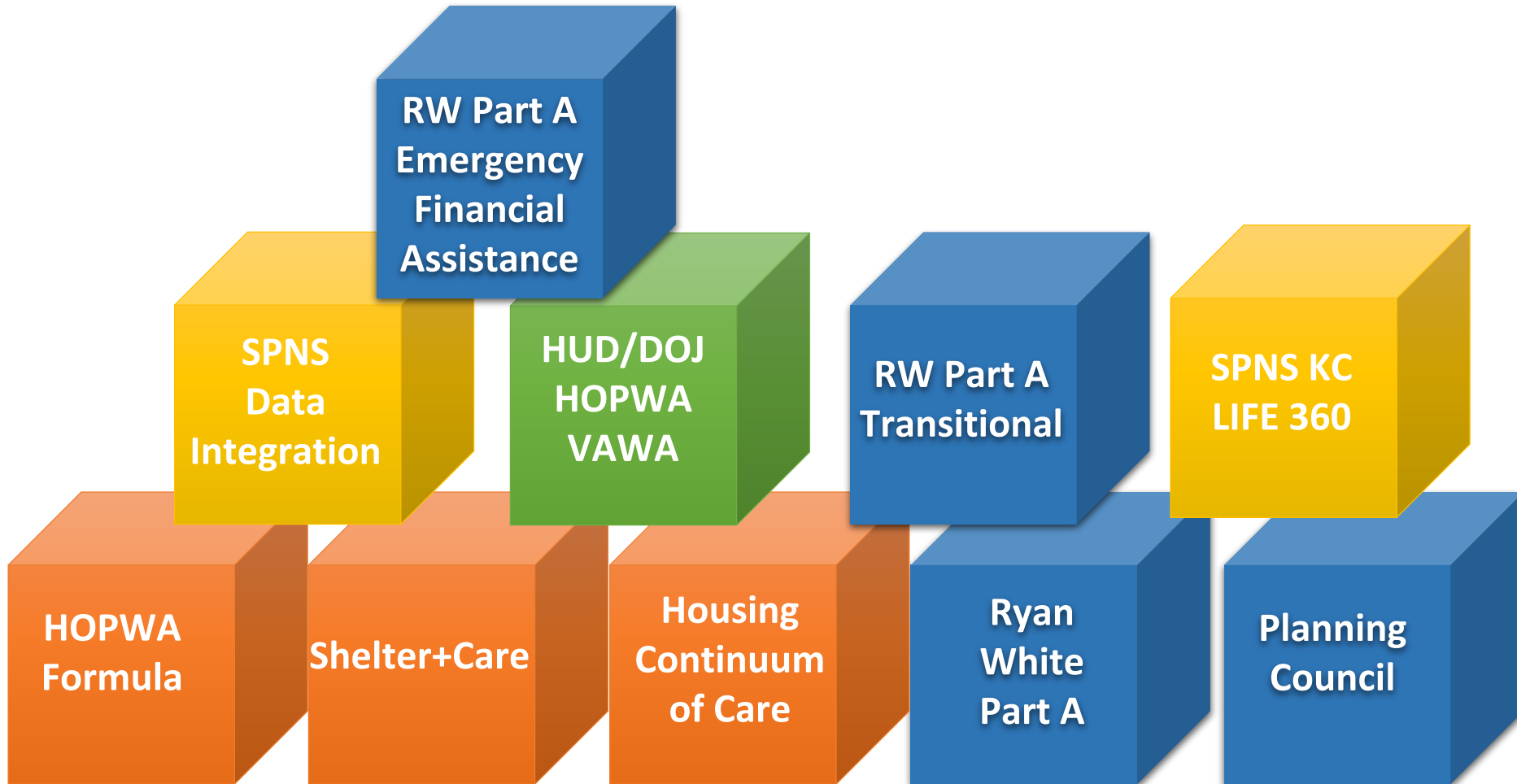
**The Kansas City Health Department (KCHD) has used two SPNS grants to maximize efforts.**

“Addressing HIV Care and Housing Coordination through Data Integration to Improve Health Outcomes along the HIV Care Continuum”

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“Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services” *aka KC Life 360*

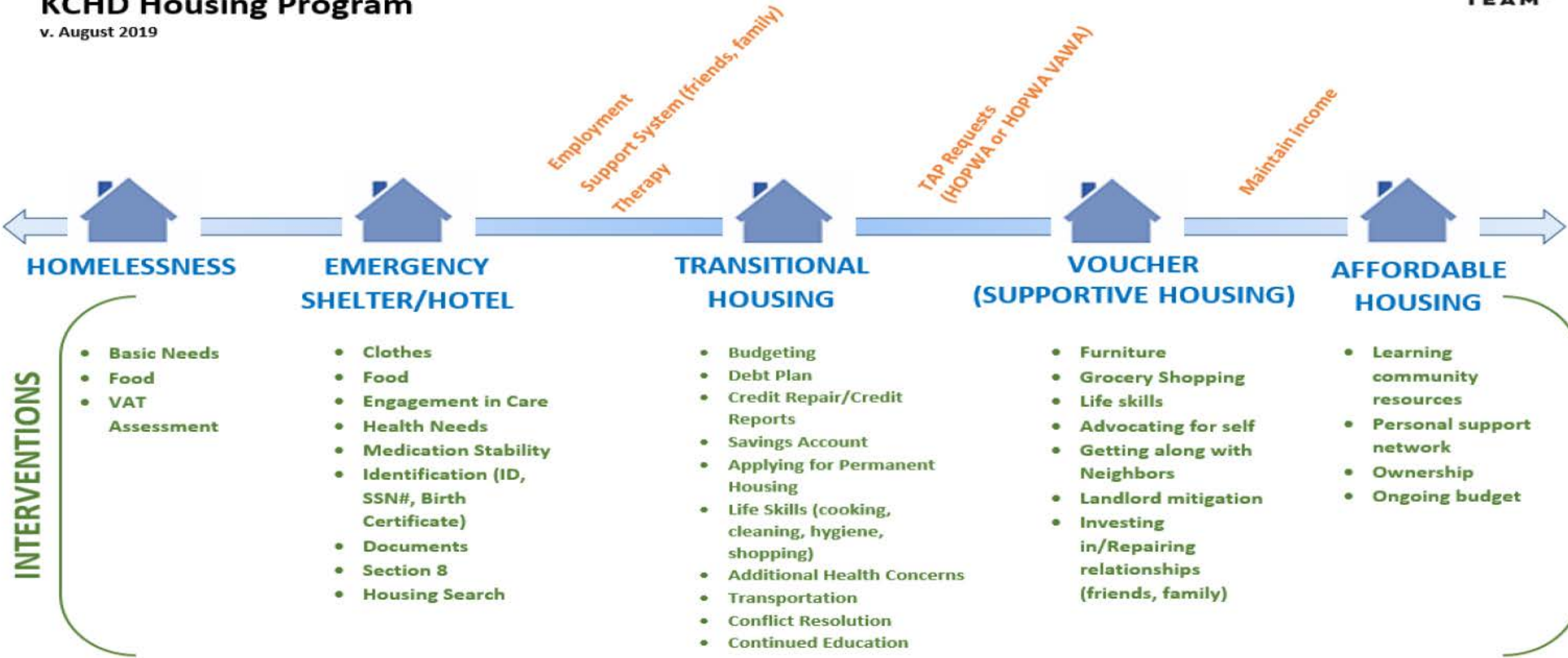
# Establish Systematic & Structural Interventions to Support Clients on HIV Care Continuum



# KANSAS CITY, MO Housing Continuum

## KCHD Housing Program

v. August 2019



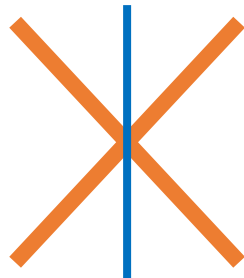
# Working the Intersectionality



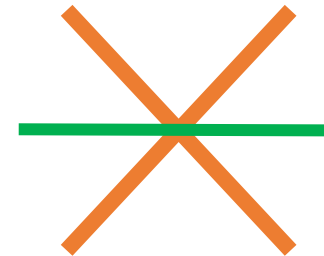
Housing Status & Living HIV+



Data Systems & Users



Housing Status, Living HIV+,  
Intimate Partner Violence



Housing Status, Living HIV+,  
Employment

Strategic efforts in Kansas City to address infrastructure and social determinants of health through data and programming

# KCHD Unidirectional Model

**HOPWA Data  
from  
HMIS  
(MAACLink/  
CaseWorthy)**



*One Directional  
CSV format*

**Combine with  
Existing Health Data  
in SCOUT  
(mixed sources)**



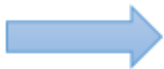
BRDI: MO Surveillance Data (CD4/VL)  
Quarterly upload to SCOUT Labs Module



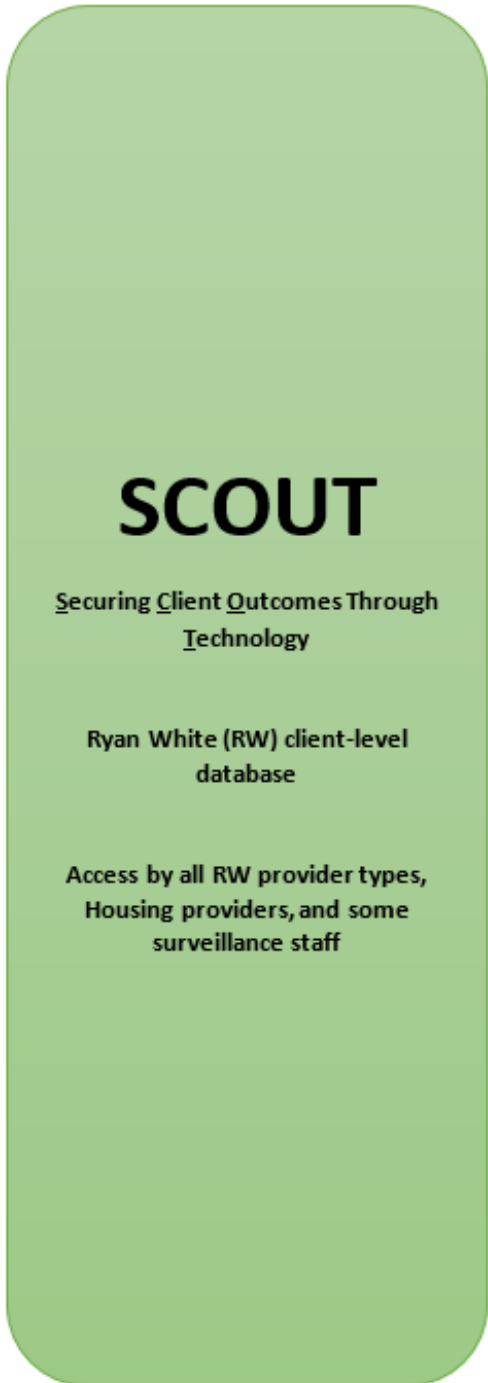
KSEHARS: KS Surveillance Data (CD4/VL)  
Monthly upload to SCOUT Labs Module



HMIS: Housing Data (select data elements)  
Monthly upload to SCOUT back end tables



MCMs: Medical Care Data (CD4/VL/ Visit)  
Standard requires @ least 2 (CD4/VL/VMC) per client per year  
SCOUT Verified Medical Care Module  
Additional RW Core & Support Services



# Establishing an integrated system in Kansas City

# Housing Data for RWHAP

# Opportunity to Enrich the Data that is Being Collected in a Comparable Way Across Sites



- In order to provide better services around housing to clients, it's important to understand their housing needs at a granular level
- The HOPWA programs recognize the need to capture more specific data, but individual circumstances necessitate the ability to better understand each situation and specific needs
  - The same situation can be stable, temporary, or unstable, depending on circumstances
  - Staying or living in a family member's room, apartment or house – how long will they stay? Was this an unstable, one-night offer until a better arrangement can be found? Is this a temporary arrangement until housing is found? Is this a permanent arrangement and family members have shared that they are welcome to stay as long as necessary?
- Service providers are better able to match the need with services if the right information is captured before the client is unstable

# Background



- Ryan White systems and the HOPWA systems capture living situation (or housing status) quite differently.

RSR reporting categories	HMIS categories
3	21

# Proposed mapping to RSR categories



Matching RSR Category	HMIS Data Coding Categories
<b>Stable</b>	<ul style="list-style-type: none"><li>• Permanent housing for formerly homeless persons</li><li>• Long-term care facility or nursing home</li></ul>
<b>Unstable</b>	<ul style="list-style-type: none"><li>• Emergency Shelter, including homeless shelters or hotel or motel paid for with emergency shelter voucher</li><li>• Psychiatric hospital or other psychiatric facility*</li><li>• Jail, prison, or juvenile detention facility*</li><li>• Place not meant for habitation, including a car, park, abandoned building, bus or train station, airport, or anywhere outside</li></ul>

# Proposed mapping to RSR categories



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Matching RSR Category	HMIS Data Coding Categories
Temporary	<ul style="list-style-type: none"><li>• Transitional housing for homeless persons, including homeless youth and maternal group homes*</li><li>• Substance abuse treatment facility or detox center*</li><li>• Hospital or other residential non-psychiatric medical facility*</li><li>• Hotel or motel paid for without emergency shelter voucher*</li><li>• Residential project or halfway house with no homeless criteria (may or may not have time limits for residency)*</li><li>• Interim Housing, where person has been accepted for permanent housing but has not yet moved and remains in transitional housing*</li></ul>



# Our Findings and Perspectives

# Data Integration: Adding Follow Up to Select Categories



- Living situations that may be variable based on other factors include:
  - Has there been a change in the client's financial or employment information that may create a difficulty in paying rent and/or utilities?
    - Rental / Owned, no ongoing housing subsidy
    - Rental by client, with subsidy
  - What duration of time is the client permitted to stay in a shared situation?
    - Staying with family or friends
  - Is the client aging out of / ending a program that provides housing?
    - Foster care home or group home
    - Incarceration or hospitalization
    - Transitional / Interim housing programs or voucher-provided housing



# Living situations requiring additional information to determine whether they are stable, temporary, or unstable



Matching RSR Category	HMIS Data Coding Categories
<b>Determined based on Follow-up Questions</b>	<ul style="list-style-type: none"><li>• Rental by client, no ongoing housing subsidy</li><li>• Owned by client, no ongoing housing subsidy</li><li>• Rental by client, with GPD TIP subsidy</li><li>• Staying or living in a family member's room, apartment or house</li><li>• Staying or living in a friend's room, apartment or house</li><li>• Foster care home or foster care group home</li></ul>

# New Living Situation Options



Matching RSR Category	HMIS Data Coding Categories
<b>Stable</b>	<ul style="list-style-type: none"><li>• Staying or living with family, permanent tenure</li><li>• Staying or living with friends, permanent tenure</li><li>• Foster care, within age limit</li></ul>
<b>Temporary</b>	<ul style="list-style-type: none"><li>• Staying or living with family, temporary tenure</li><li>• Staying or living with friends, temporary tenure</li></ul>
<b>Unstable</b>	<ul style="list-style-type: none"><li>• Staying or living with family, day-to-day</li><li>• Staying or living with friends, day-to-day</li><li>• Foster care, departure approaching</li></ul>

# RAND Expanded Housing Categories: Feedback



- Providers thought the categories were an improvement
  - “It would be much more informative to have this kind of an option” (MCM)
  - “That would be great if it gets dumped into [data system]. We’ll take it” (MCM)
- In the current system, such detailed information was only in notes
  - “It’s more in the notes that you’d find out, really, what’s going on with your client” (HCM)

# Expanded Housing Categories: Feedback



- RWHAP providers had concerns about accuracy, given rapid and/or temporary housing changes (e.g., jail, hospital)
  - “I think having this information is a good thing. I just don’t know how this information would be collected and updated, consistently.”
  - “All of the institutional situations—that’s actually awesome data to have. Because it happens so frequently for such a short duration, that’s what I worry about it, is just if we are having to change in [system] and [system] every time we have a client with a psych stay. That’s a lot of data collection to have to do and maintain.”

# Expanded Housing Categories: Feedback



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- RWHAP providers had concerns about client reactions and wondered about the benefit to clients
  - I feel like this could really potentially cause some barriers for the client... They already don't like the system, or they don't like something. And then I'm really having to push them for more details? I feel like that could really frustrate them...like, "I'm not gonna come to medical care because you're asking me too many intrusive questions." (MCM)
  - "For a housing provider, I could definitely see this being potentially helpful and relevant, more than it is for us. We don't really care what kind of subsidy they have, as long as they're housed, you know?" (MCM)

# Expanded Housing Categories: Suggestions



- Providers suggested comprehensive training
  - “My thought is as a medical case manager and not housing, look at this list, some of them I could easily put my client into. Other things, I don’t necessarily have the training on how to ask those questions. For me, it’s like, “Do you own your home? Yes or no?” I don’t understand that there’s subsidies for that or what those look like. I would still be afraid without proper training that I would still be mislabeling people.” (MCM)
  - “Because am I gonna mess something up because—not trouble for me—but like, ‘Am I messing something up eventually for the client because I didn’t check the right box?’” (MCM)

# Expanded Housing Categories: Suggestions



- Providers were hesitant about incorporating changes to their data collection systems
  - I think the general sense is that people prefer more information around identifying housing status. It's just the changing of forms across different providers and doing customizations, changing all of our reports, all of the imports. It's a big task, and we're just not in a place where we can run with it quite yet. (Data Manager)

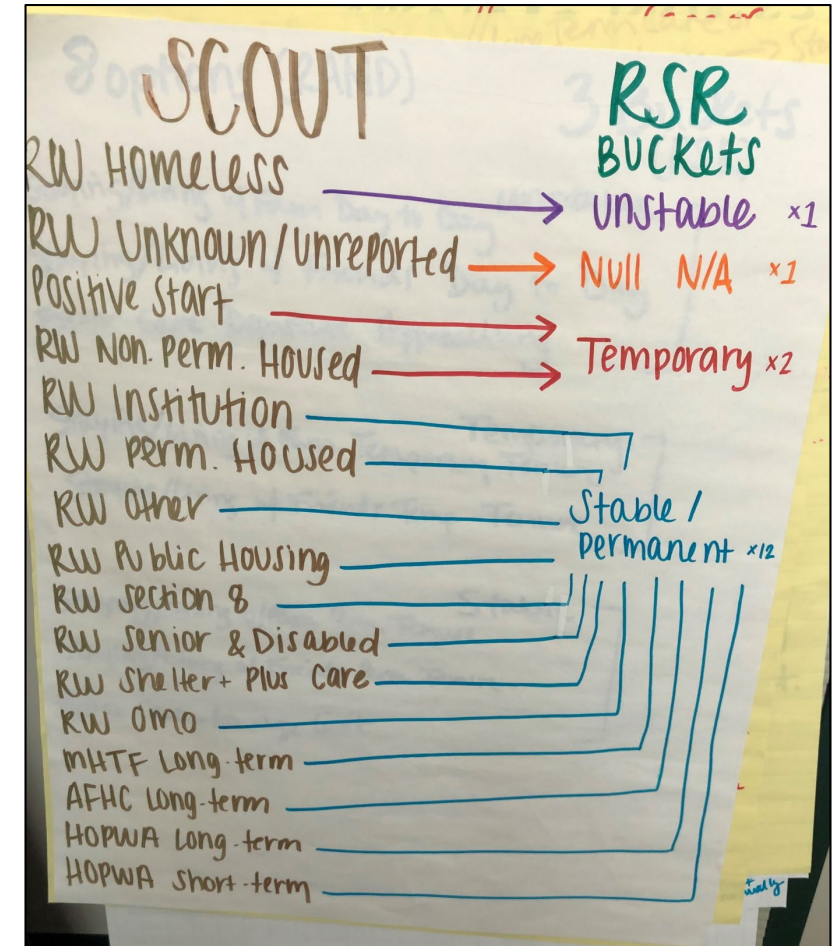
- There is a need for clear definitions and guidance on how to capture housing status and match housing needs to services
  - Definitions matter – they will guide what information is collected and allow for data to be compared across agencies
- Expanding housing categories assist service providers in meeting their clients' housing needs and predicting housing instability



# Knowing Your Data's Journey

*in Kansas City....*

- **List of drop down menu types for housing status**
  - 16 types
  - Some not specific to KC-TGA jurisdiction
- **Get mapped into SCOUT (client-level database) groups**
- **Then get mapped to RSR Categories**
  - 1= Stable/Permanent
  - 2=Temporary
  - 3=Unstable



*Explanation of SCOUT mapping*

# Discussing & Standardizing



*in Kansas City....*

- **Used the Housing Task Force to dive into this discussion**

## Questions Asked:

- Does the KC-TGA feel SCOUT maps housing types appropriately RSR categories?
- Should HRSA adopt housing types like HUD HMIS?
- What are benefits of more granular housing types? What are the drawbacks?
- Are there housing types the KC-TGA would like to request HSI add to the drop-down menu?
- What are standardization needs? What is clear to front-line workers and what isn't?

# Piloting Expanded Housing Definitions

*in Kansas City....*

- Created a project timeline
- Housing Task Force piloted the process
- Database Administrators created an assessment
- Implemented for 3 months
- Discussed pros and cons

*Ex: Couchsurfing is categorized as RW NonPermanent which is mapped to Temporary.*

*Ex. Clients staying or living with Family or Friends is mapped to*

*Stable/Permanent regardless of length of stay (<90 days; >90 days*

**Legend:**  
Red: Not Answered , Purple: Answered First Choice , Green: Answered Other than First Choice , Blue: Sections

**Sections Subtotals:**  
RW Homeless = 0, RW Institution = 0, RW Permanent = 0, RW Non-Permanently Housed = 0, RW Public Housing = 0, RW Section 8 = 0, RW Shelter + Care = 0, RW Senior and Disabled = 0, Positive Start = 0, RW Other = 0,

Save Move Next>> Save & Finish Undo Add/Update Plan

Place not meant for habitation, including a car, park, abandoned building, bus or train station, airport, or anywhere outside

Choices  No(SCORE:0)  Yes(SCORE:3)

Modified Date  Score

Record ID: SCT.124723938 Entry Date: 4/30/2019 6:0  
Entered By: JSHANK

*Screenshot of assessment in database*

# Piloting Expanded Housing Results



*in Kansas City....*

## **Beneficial Housing Status Types**

- Couchsurfing
- Staying with Family <90 days
- Staying with Friends <90 days
- Staying with Family > 90 days
- Staying with Friends > 90 days

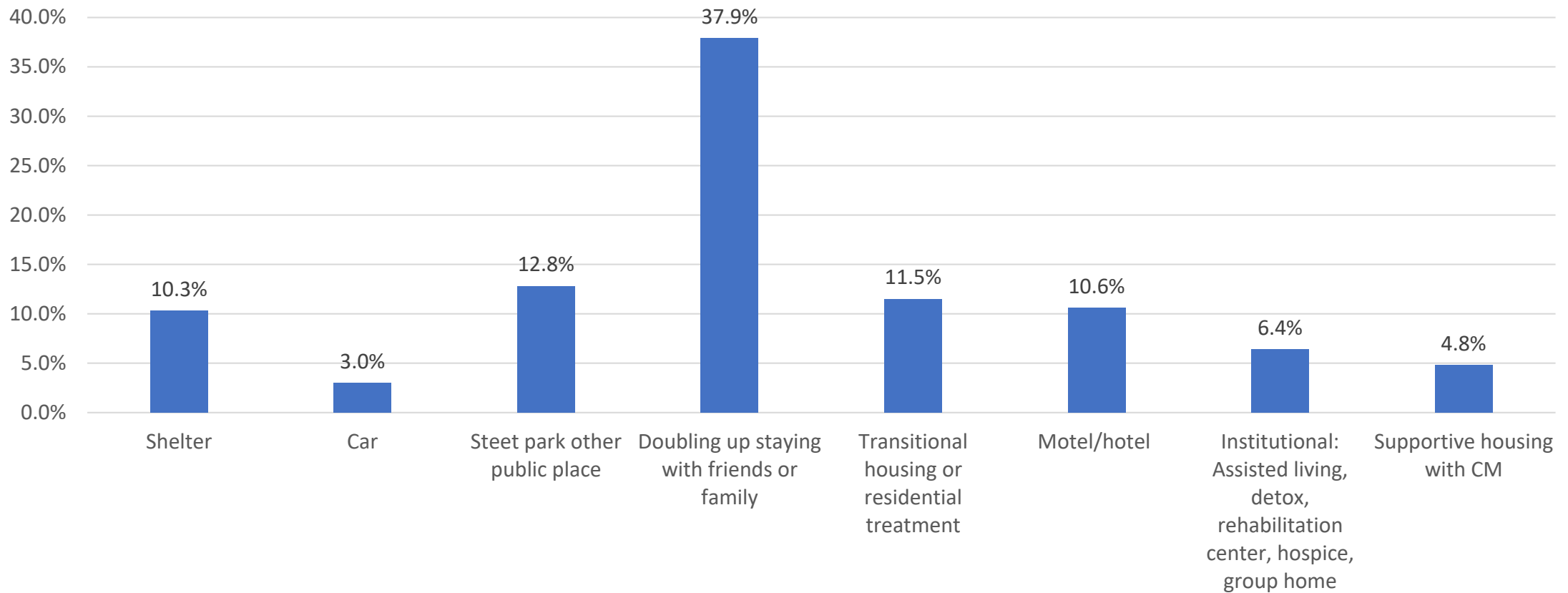
## **Next Steps**

- Working with Database Administrator in 2 capacities:
- Creation of drop-down menu types
- Mapping of SCOUT categories to RSR housing status types
- Associated training
- Associated report creation

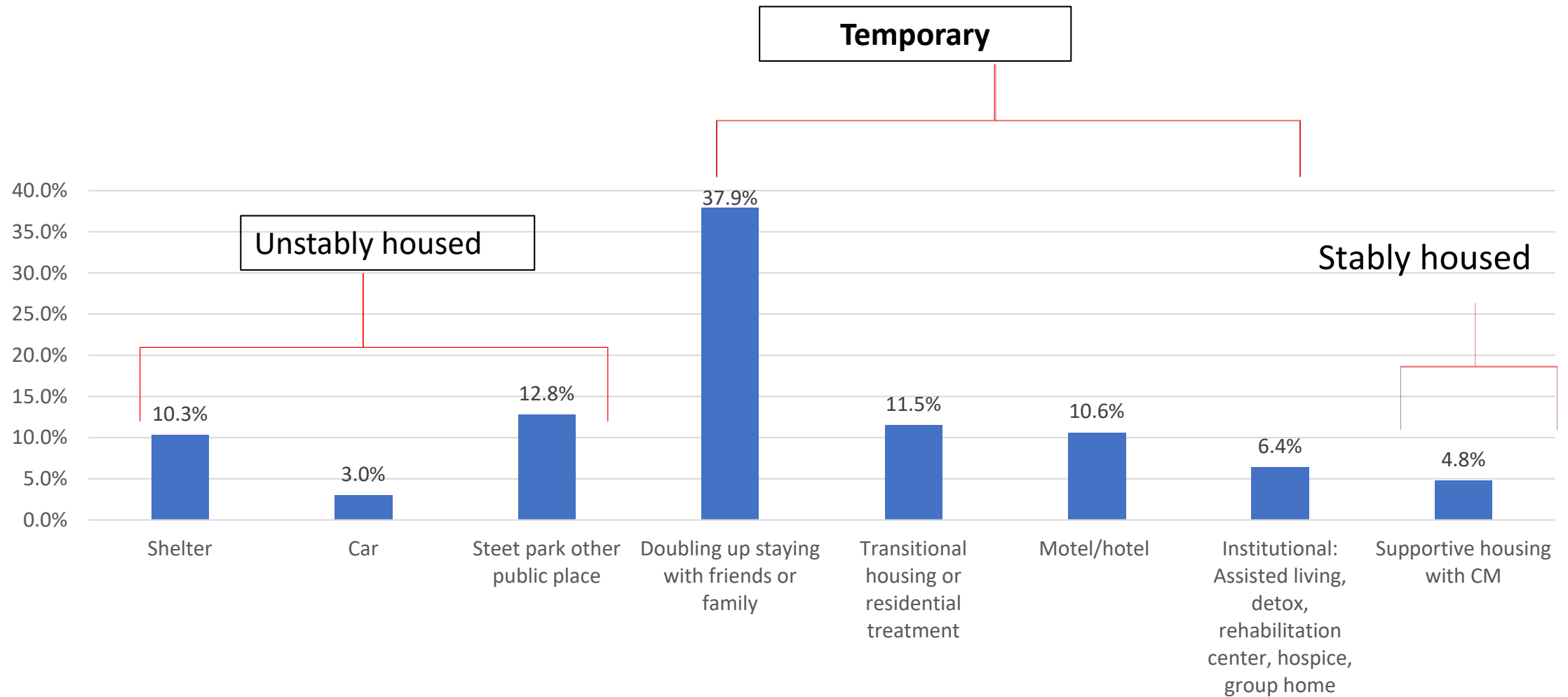
# Housing categories: SPNS Building a Medical Home Initiative



Housing status by type

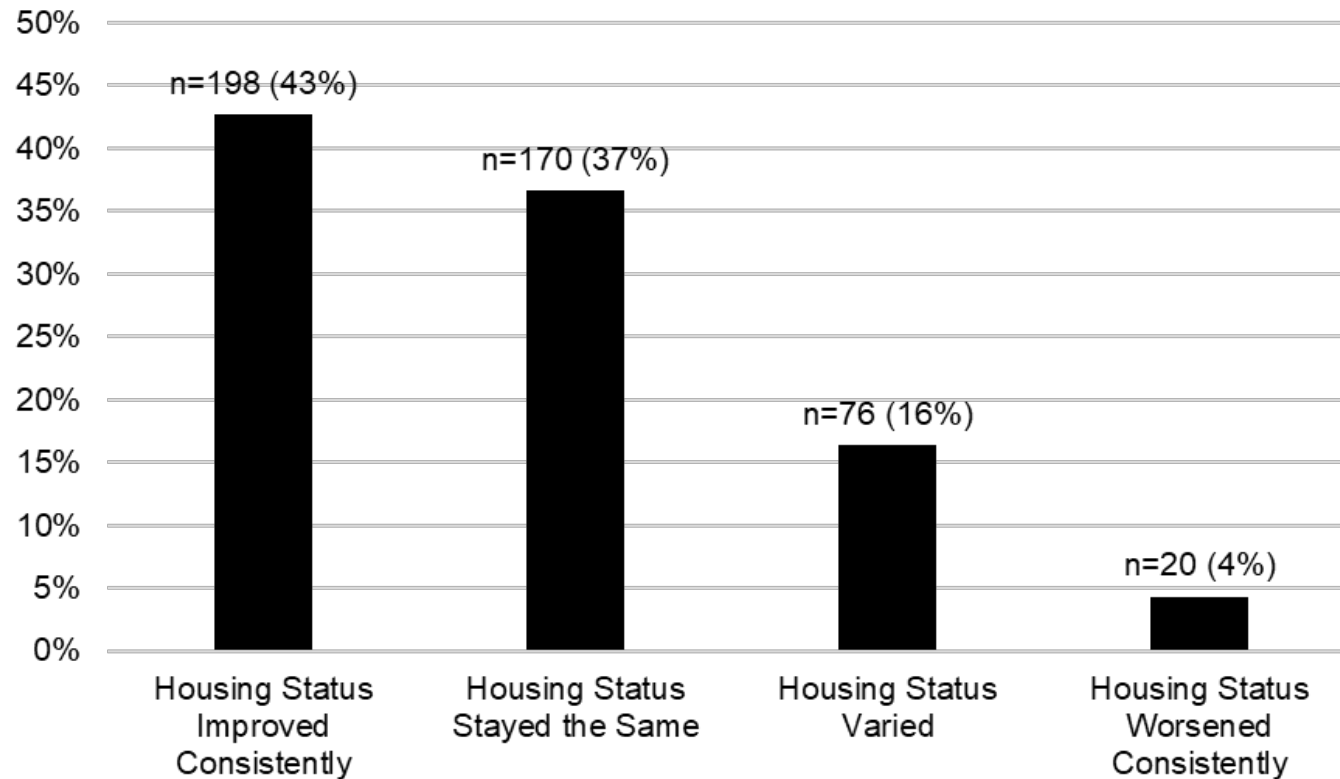


# Housing categories: SPNS Building a Medical Home Initiative



# Housing status is fluid

Figure 1. Changes in Housing Status from Baseline to 6 Months to 12 Months Post-enrollment Analytic Sample Taken from Participants Enrolled in the National, Multisite HRSA SPNS Initiative: Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations, September 2013 to February 2017 (N = 464)



Marcus, R., de Groot, A., Bachman, S., Chisolm, N., Quadri, Y., Cabral, H., & Rajabiun, S. (2018). Longitudinal determinants of housing stability among people living with HIV/AIDS experiencing homelessness.

American Journal of Public Health, 108(S7), S552-S560.

# Challenges with measuring housing status



- Describing a person’s housing status by “physical location” only is insufficient
  - Incomplete picture of a person’s housing security
- Current measures ignore other critical elements:
  - Quality of housing
  - Safety: perceptions of neighborhood and personal
  - Number of moves—due to job loss, illness, other life events



# Next Steps



- Collaboration between HRSA and HOPWA to expand the housing information that is being collected
- Training and support for RWHAP to collect and use housing data
- Opportunities for additional research

# Contact Information



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# Discussion

# Collecting Housing Information



- Do you collect more than the required RSR data categories?
  - If so, are those stored in your data systems or in your notes?
  - Have you found a benefit to having additional information, or, if not collected, do you think it would be beneficial to have that information?
- Is there collaboration with HOPWA or other housing agencies?
- How do you support staff at intake to collect the right information?

# Using Housing Information



- How do you use the housing information that you collect?
- Do you collect more than the required RSR data categories?
- Is there collaboration with HOPWA or other housing agencies?
- Do you have access to HOPWA housing data?