



Strengthening Collaboration and Partnership to Enhance Housing Services for PLWH through Collective Learning Communities

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HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant people, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
 - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to over 566,000 people in 2022—more than half of all people with diagnosed HIV in the United States.
- 89.6% of RWHAP clients receiving HIV medical care were virally suppressed in 2022, exceeding national average of 65.1%ⁱ. This means they cannot sexually transmit HIV to their partners and can live longer and healthier lives.



Learning Objectives

- Learn an overview of housing's current structure, components, and requirements of the various funding streams that can be used to provide housing support services.
- Identify opportunities for collaboration and partnership across programs to strengthen housing support for people with and impacted by HIV.
- Learn how participating jurisdictions strengthened their housing support programs for people with HIV after participating in the learning collaborative.

EHE Background

- The federal, multi-agency Ending the HIV Epidemic in the U.S. (EHE) initiative, which began in 2020, is an ongoing effort to reduce the number of new HIV infections in the United States by at least 90 percent.
- Reducing new infections to this level will essentially mean that HIV transmissions would be rare and meet the definition of ending the epidemic.

Collaborative Effort

- Office of the Assistant Secretary for Health (OASH)
- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

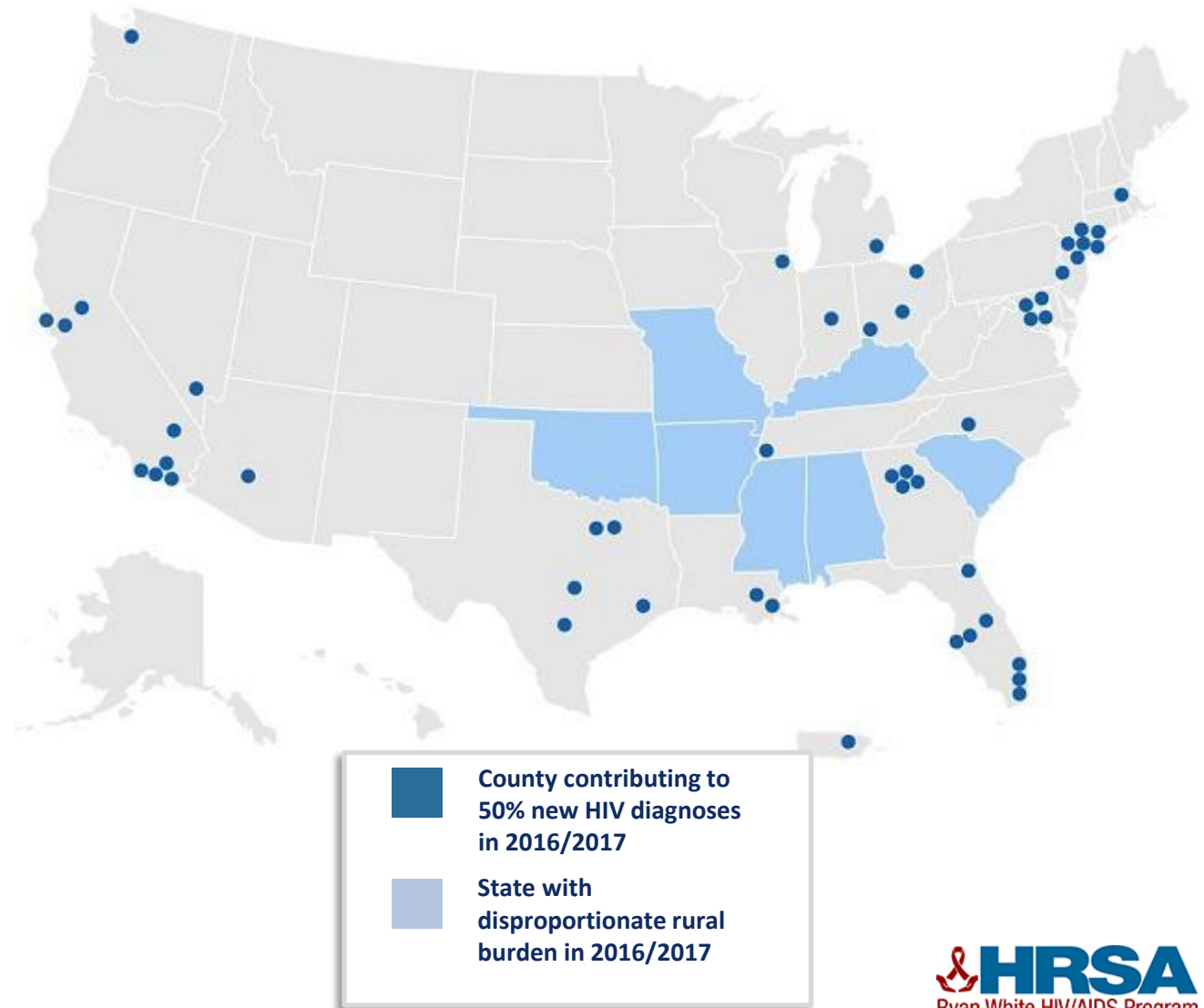


Ending the HIV Epidemic in the U.S.

- **Diagnose**
 - All people with HIV as early as possible.
- **Treat**
 - People with HIV rapidly and effectively to reach sustained viral suppression.
- **Prevent**
 - New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Respond**
 - Quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.

Geographic Locations of the Initiative

Efforts are focused in 48 counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and seven states with substantial rural HIV burden.



HAB EHE Recipients

- **Alabama**
- **Arkansas**
- Atlanta
- Austin
- Baltimore
- Baton Rouge
- Boston
- Charlotte
- Chicago
- Cleveland
- Columbus
- Dallas
- Detroit
- District of Columbia
- Ft. Lauderdale
- Ft. Worth
- Houston
- Indianapolis
- Jacksonville
- Jersey City
- **Kentucky**
- Las Vegas
- Los Angeles
- Memphis
- Miami
- **Mississippi**
- **Missouri**
- New York City
- Newark
- Oakland
- **Ohio**
- **Oklahoma**
- Orlando
- New Orleans Parish
- Palm Beach
- Philadelphia
- Phoenix
- Sacramento
- San Antonio
- San Bernardino
- San Diego
- San Francisco
- San Juan
- Santa Ana
- Seattle
- **South Carolina**
- Tampa



Technical Assistance Recipients


- **Technical Assistance Provider - Cicatelli Associates, Inc.**
 - Provides technical assistance on implementation of work plan activities, innovative approaches, and interventions
 - Hosts monthly online events
- **Systems Coordination Provider (SCP) - NASTAD**
 - Assists in coordinating initiative planning, funding sources, and programs within the existing HIV care delivery systems
 - Identifies existing and new stakeholders, as well as collate and disseminate best practices, innovative approaches, and interventions identified by the TAP that facilitate the success of the initiative
- **Intensive TA workshops**

Technical Assistance Topic Areas

- Rapid ART
- Linkage to care
- Housing strategy
- Community engagement
- Data collection
- Data management
- Capacity building
- Community Health Worker model
- EHE & AIDS Drug Assistance Programs
- Data sharing
- Insurance assistance
- Expanding partnerships
- Working with planning groups
- Planning and developing EHE activities
- Peer programs

NASTAD





Strengthening Collaboration and Partnership to Enhance Housing Services for People with HIV through Collective Learning Communities



About NASTAD

WHO: A non-profit association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Islands.

HOW: Interpret and influence policies, conduct trainings, offer technical assistance, and provide advocacy mobilization for U.S. health departments and ministries of health.



MISSION: NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.

NASTAD'S EHE TA Support

NASTAD's TA offerings include but are not limited to the following topic areas:

- Partnerships:
Building and/or enhancing new or existing partnerships with the private sector
- Community engagement:
Meeting facilitation and action planning for EHE
Building and/or enhancing new and existing relationships and partnerships
- HIV policy:
Communicating with & educating policymakers about EHE plans
Assist health departments with the development of comprehensive policies that support the implementation of their EHE plans
Policy and legal epidemiology analysis
- HIV workforce development
- Self-testing
- PrEP and telePrEP access
- Partner services
- Status neutral approaches
- Social determinants of health
- Peer to peer learning for EHE implementation
- Dissemination of best practices and resources for EHE implementation.



Not ready to request TA but interested in learning more about NASTAD's TA? Please reach out to [Krupa Mehta](#)

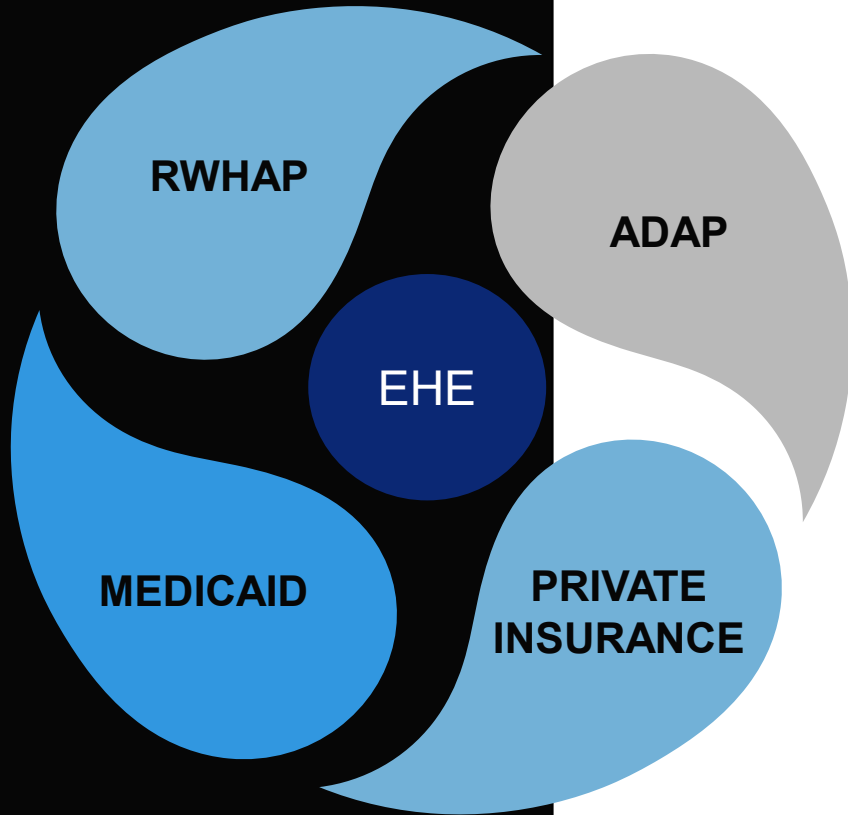
NASTAD is the **EHE Technical Assistance (TA) provider** funded through *CDC PS19-1906 Component A: National Level Strategic Partnerships, Communication, Policy Analysis, and Interpretation* and *HRSA-20-078 Ending the HIV Epidemic: A Plan for America – Systems Coordination Provider*.

The TA is tailored to the specific needs and goals of health departments. NASTAD delivers TA both virtually and in-person, and partners with other TA providers and national partners to ensure comprehensive TA for jurisdictions.

NASTAD.org/housing

NASTAD's Systems Coordination Provision (SCP)

Integration of the delivery of healthcare services (including medical and support services), across programs, payers and insurance types is a key component to Ending the HIV Epidemic in the U.S.



NASTAD supports EHE Phase 1 jurisdictions through:

- Leadership development (e.g., EHE Mentorship program)
- Learning Collaboratives (e.g., Housing Learning Collaborative)
- Communities of Practice (e.g., LinkUp Rx)
- Resources (e.g., Rapid Start Toolkit, webinars)
- Peer-to-peer learning

Additionally, NASTAD is excited to assist jurisdictions with technical assistance in some of the following areas:

- Data sharing, integration and data to action/data to care
- Program policies and procedures (Parts A/B vs EHE administrative design)
- Procurement, subrecipient monitoring and program evaluation
- Development of innovative programming for key populations
- Stakeholder engagement/systems level engagement



Why Housing?

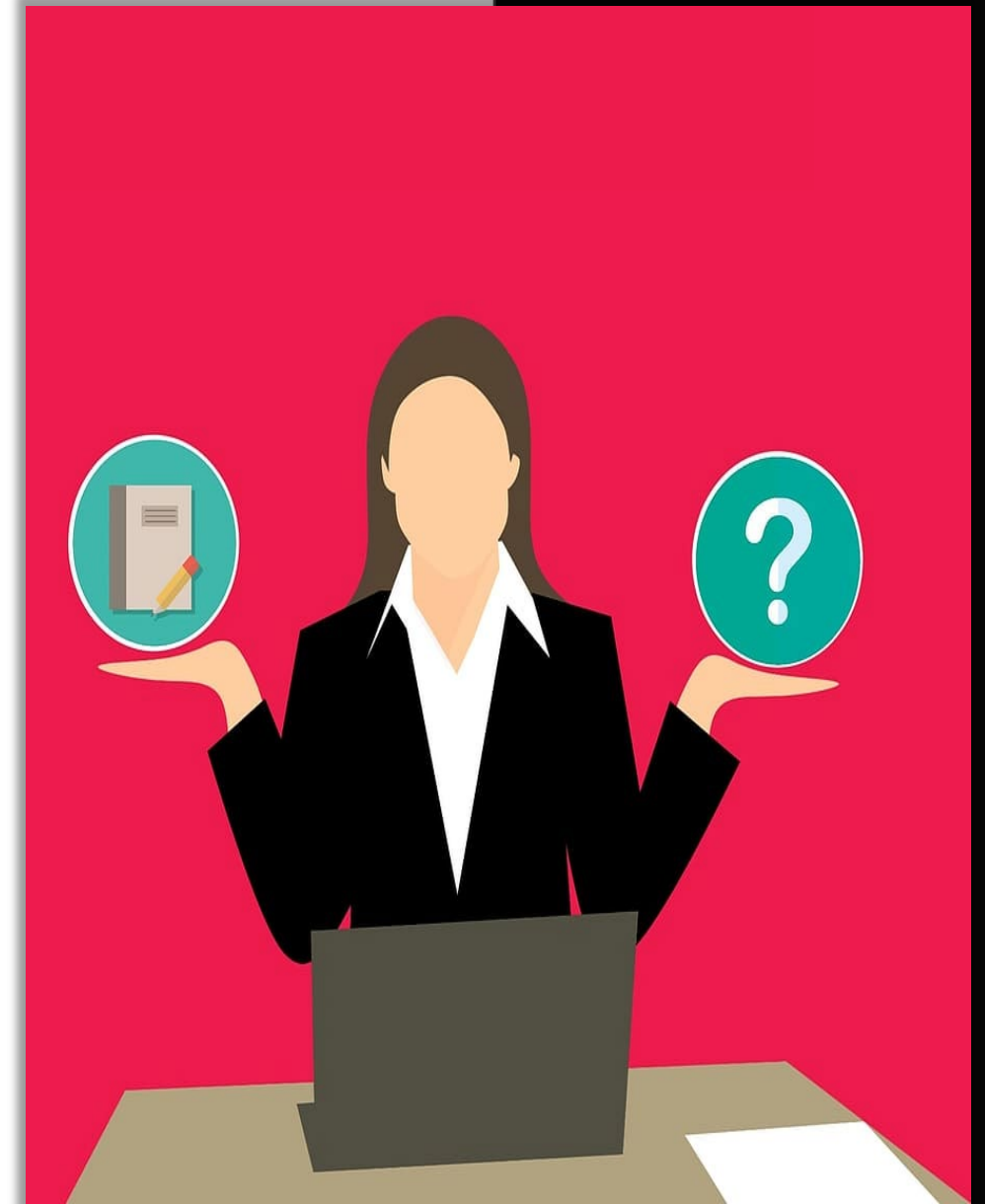
HIV and Housing Instability/Homelessness



- Nationally, housing is one of the greatest unmet service needs for people with HIV.
- The lack of housing may exacerbate other factors:
 - Substance use
 - Mental Health
 - Sexual and injection practices
 - Physical violence
- Experiencing homelessness or housing instability makes it more difficult to gain access to treatment and adhere to treatment.

What Does Research Say

- Housing is an effective structural intervention. Housing reduces HIV risk and improves health outcomes among people with HIV.
- Unmet housing needs are a significant barrier to accessing and maintaining appropriate HIV medical care.
- Research found a positive relationship between stable housing and access to care and maintenance of care.



Safe and adequate housing is a basic human right and is important for maintaining health and well-being.*

Ensuring that all people with HIV in the U.S. have safe and adequate housing remains a national priority and is key to meeting national HIV care and treatment goals.



1 in 4

People with HIV had shelter or housing service needs.



2 in 5

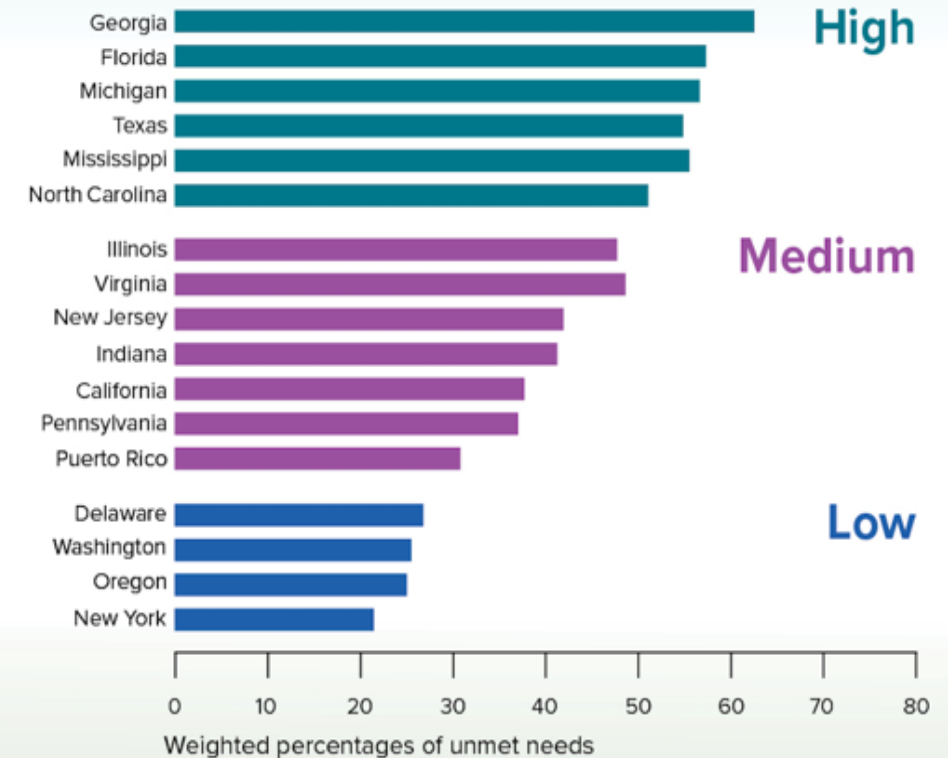
People with HIV who needed shelter or housing assistance did not receive it.

Data showed that the distribution of **federal housing assistance funds** for people with HIV may not be aligned according to local needs.



Addressing housing service needs among people with HIV requires a multilevel approach, including **strengthening partnerships** between HIV care facilities and local housing service providers and ensuring that **federal housing assistance funds** are aligned with local housing assistance needs.

Unmet needs for shelter or housing assistance varied by jurisdiction and were especially high in **many reporting jurisdictions in the South.**



Note: Unmet need was defined as needing, but not receiving shelter or housing assistance, and was calculated among those who reported any need for shelter or housing assistance.

*United Nations. The Universal Declaration of Human Rights. <https://www.un.org/sites/un2.un.org/files/2021/03/udhr.pdf>

*The White House. The National HIV/AIDS Strategy, 2022-2025. <https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025>

<https://www.cdc.gov/hiv/statistics/systems/mmp>



Housing Programs for people with HIV

Housing Opportunities for People With AIDS (HOPWA)



- HOPWA sits within HUD's CPD portfolio
- Received its first direct appropriations on October 28, 1992
- HOPWA Modernization Act of 2016 (HOTMA)
- HUD estimates that **378K** households living with HIV qualify for HOPWA. Only about **55K** are served with direct housing assistance.
- As funded, HOPWA can only provide 1.24 months per person per year.
- Funding Awards are Formula and Competitive
 - Formula awards are contingent upon the submission and acceptance of a community's Consolidated Plan/Annual Action Plan
 - Competitive awards are based on application process, with priority given to renewal or replacement of expiring permanent supportive housing (PSH) grants.

HOPWA EMAs and Client Eligibility



- Formula award eligible grantees:
 - Eligible metropolitan areas (EMAs) with more than 500,000 people and at least 2,000 HIV cases; and
 - States with more than 2,000 HIV cases outside of eligible metropolitan areas
- There are two basic elements of HOPWA client eligibility:
 - Household has at least one person who is living with HIV. This includes households where the only eligible person is a minor; and
 - Total household income is at or below 80% of the Area Median Income (low-income as defined by HUD).
- Grantees can further restrict eligibility based on local needs and approved by HUD through the consolidated planning process or competitive application.

Who Covers What? – Generally

Ryan White

Core Medical Services

Medical Case Management

Short Term Housing (up to 24 months)

Payor of Last Resort

HOPWA

Non-Medical Transportation

Employment Services

Mortgage Payments

Rental Deposits

Long-Term Housing

Property Procurement

Both

Non-Medical Case Management

Food Services

Childcare Services

Medical Transportation

Short-Term Housing

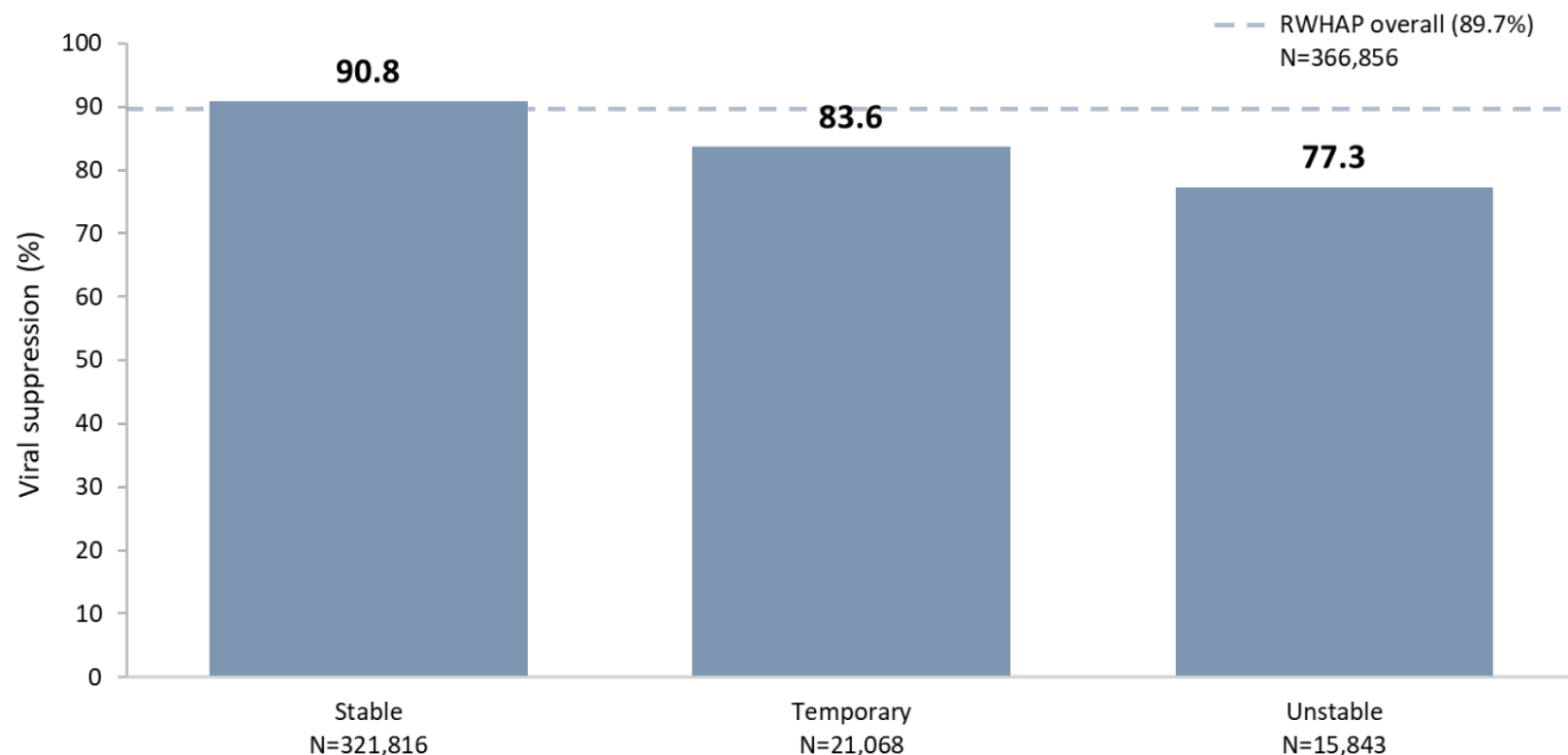
Emergency Housing

Transitional Housing



Quick Look at Ryan White HIV/AIDS Program Data

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2021 – United States and 3 Territories^a

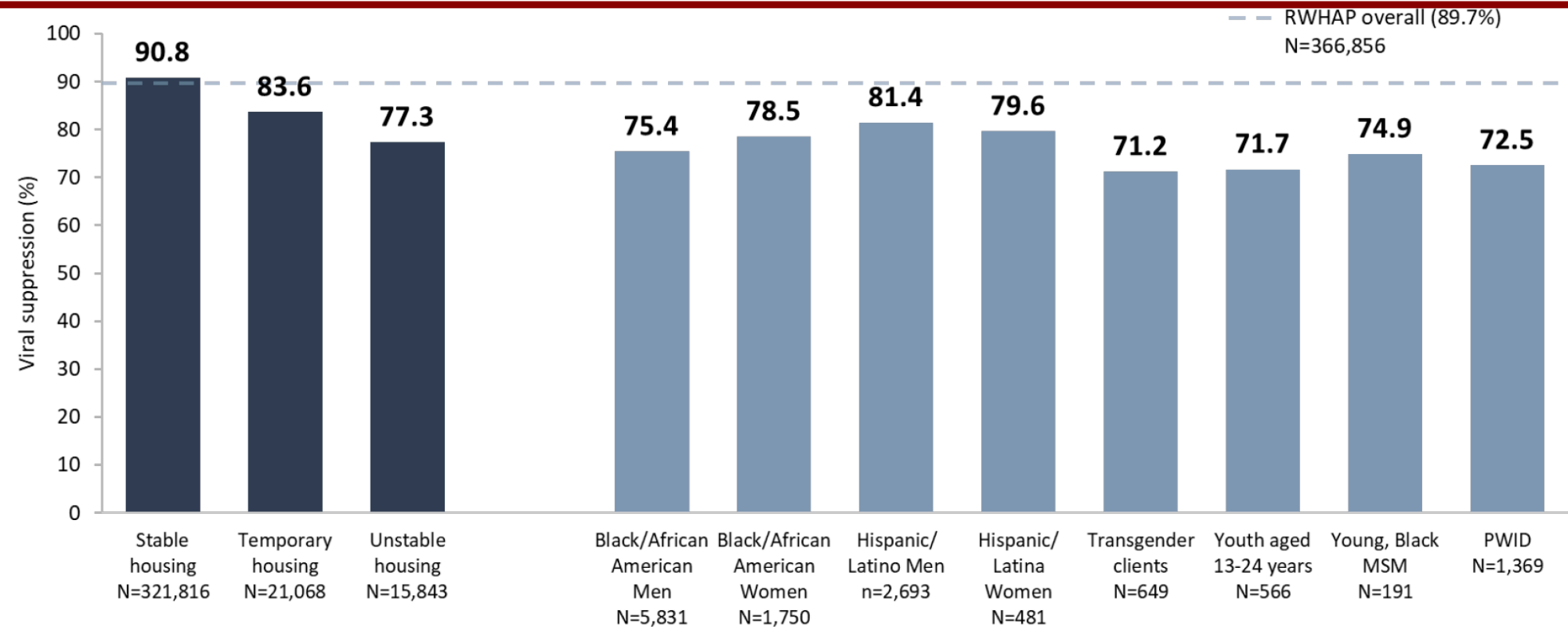


N represents the total number of clients in the specific population.
Viral suppression: ≥ 1 OAHS visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.
^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2021. Does not include AIDS Drug Assistance Program data.

Viral Suppression among RWHAP Clients, by Housing Status and among Key Populations with Unstable Housing, 2021 – United States and 3 Territories^a



Viral suppression among priority populations with unstable housing



PWID, people who inject drugs (i.e., HIV attributed to injection drug use).
N represents the total number of clients in the specific population.
Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.
^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2021. Does not include AIDS Drug Assistance Program data.



NASTAD's Learning Collaborative Opportunity

Learning Collaborative

a method for supporting practice change in which teams of peers and recognized experts come together to learn from each other and apply strategies and knowledge to a specific area.

What is a Learning Collaborative?

Generally, include:

- Experts across a single or multiple organizations working together for an extended period of time of 6-18 months.
- Subject matter led learning sessions with built-in time for peer-to-peer sharing and problem-solving.
- A consistent method of connection and communication (e.g., monthly calls) and method of evaluation.

Learning collaboratives:

- Help promote patient-centered, team-based care.
- Employ evidence-based quality improvement and implementation science methods.
- Foster peer learning by providing ample opportunities for participants to connect and problem-solve together.
- Use participant feedback to make real-time improvements and for collective evaluation.

NASTAD's Housing Learning Collaborative



Purpose

The Housing Learning Collaborative (HLC) aims to expand housing service knowledge, partnerships, and support services in order to mitigate health disparities through an HIV status-neutral lens within EHE jurisdictions.

Eligibility

CDC PS20-2010 Component A and HRSA-20-078 health department staff and their housing agency partners.

Format

- In-person Kickoff meeting
- A virtual learning community
- Combined presentation and open discussion approach
- Ongoing TA sessions with NASTAD staff and SME faculty
- Individual and Group TA
- Peer learning discussion sessions
- Seven-month participation with 2-3 meetings each month.

Introduction to the EHE
Housing Learning
Collaborative

Self-Care and
Prioritization

Housing Operations,
Support Structures, and
Systems

Federal and State
Housing Programs

Collaborative
Relationship Building

Housing Syndemic and
Determinant
Considerations

Engaging Youth and
Transgender
Communities

Integrating Advocacy and
Community Engagement

Cultivating Partnerships
and Culturally Responsive
Messaging

Legal, Policy, and
Regulatory
Considerations

Financial Considerations
for Housing Support and
Sustainability

Quality Improvement
and Program Evaluation

HLC Application

Purpose

- To better understand the housing support structures currently in place or in need of support.
- Identify where participants are in the process of housing support services or programming
- Ascertain goals and needs through the HLC process.

Housing Learning Collaborative Application

Current Relationship with Local Housing Authority*

Local housing authorities are independent agencies that work in conjunction with local governments and agencies to develop long-term housing strategies for communities.

8. Please describe your health department's current relationship with your jurisdiction's local housing authorities. *

[Back](#) [Submit](#)

75%

Partner Services Needs & Goals

5. Please describe your jurisdiction's interest in the Partner Services Learning Collaborative. What do you hope to learn and achieve through the collaborative? *

Words used: 0 out of 250.

6. Please describe your health department's housing needs and/or goals. *

7. Please describe the major challenges you are experiencing with expanding housing support services. *

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50%

Housing Expert Consultants

NASTAD released an RFP for combined HIV and housing experts to partner with NASTAD.

For the first cohort, Collaborative Solutions was selected as the sole consultant. The National HIV/AIDS Housing Coalition (NHAHC) was selected as an additional consultant during the second cohort.

NHAHC continued as the sole consultant for the third cohort.



COHORT 1: 2021-2022

Highlights

- Participants include HIV prevention and care staff, health equity staff, and community partners.
- Invited guest speakers from Trans Equity Coalition to speak on housing support for the trans community and Advocates for Youth to speak on housing support for young adults.



COHORT 1: 2021-2022

“One of the biggest takeaways was when they explained the difference programs under HUD vs. HOPWA and that best practices are when jurisdictions look at all programs under different housing streams and how they fit together.”

“We are now a work ‘family’ and can reach out to each other with information and questions – this is very valuable.”

“We wanted to have a draft action plan by the end of the collaborative, and we did. That internal deadline helped move the project along. NASTAD gave us some structure for that.”

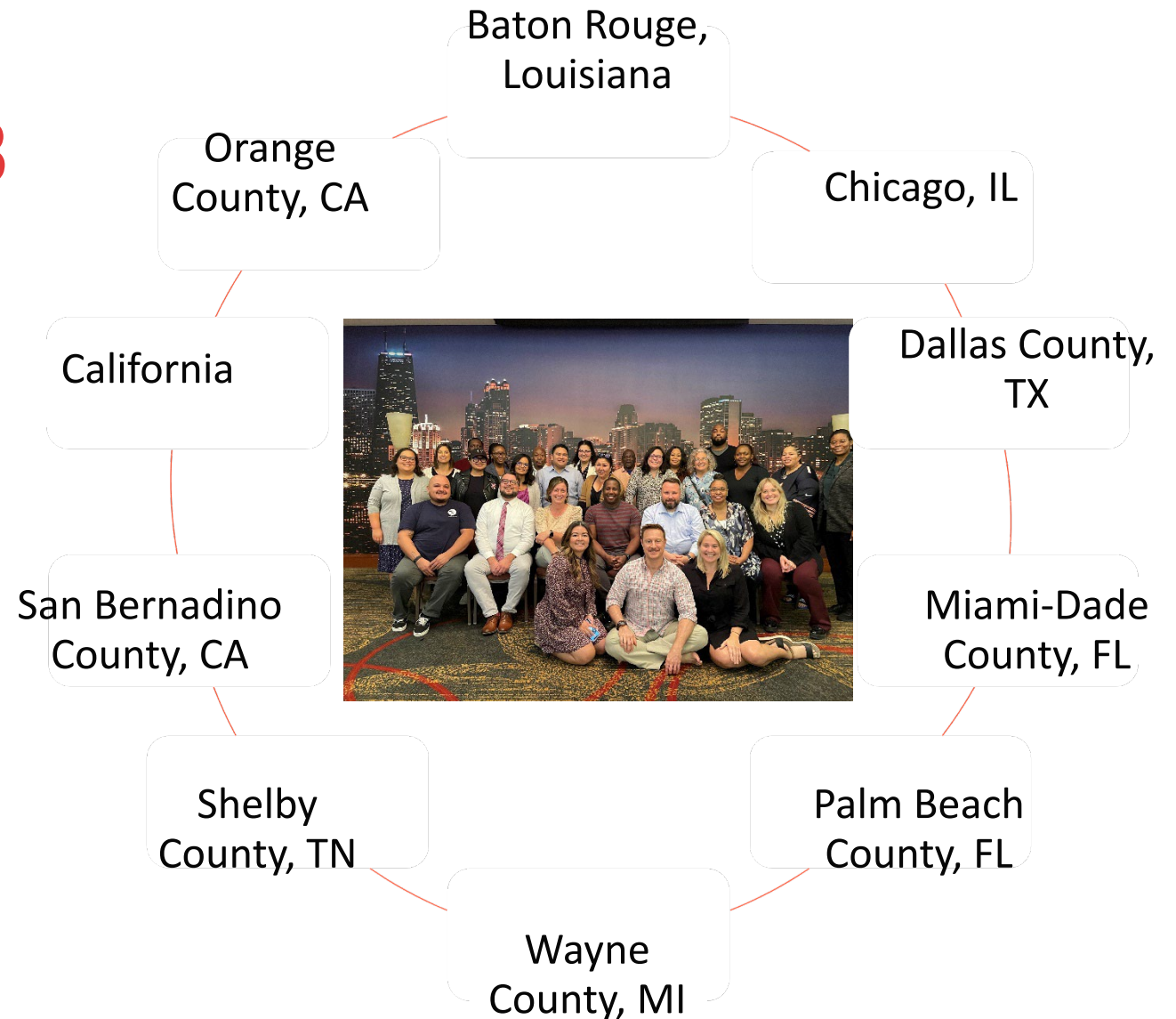
Priorities

- Struggle to make or sustain contact with HOPWA counterparts.
- The housing system and programs are extensive and confusing.
- Funding for housing PLWH is limited, especially within HIV prevention.
- Fair Market Rent and gentrification impacting the ability to support clients.

COHORT 2: 2022-2023

Highlights

- Hosted an in-person kickoff meeting in Chicago, IL September 2022.
- Added The National HIV/AIDS Housing Coalition as an expert consult.
- Invited guest speakers from Trans Equity Coalition to speak on housing support for the trans community and NASTAD consultants to speak on housing support for people who use drugs.



COHORT 2: 2022-2023

"Instead of people in silos talking about the importance of housing and healthcare, we have been able to bridge gaps. It's more of a collective voice now."

"The collaborative has been valuable in providing contacts, networking, innovative ideas, and space to collaborate and innovate."

"Starting the conversation and just being aware that more is needed, especially for those who are underserved - it is a crisis on top of a crisis."

Priorities

- Not knowing where to begin or with whom to network within the housing field.
- Opportunities to address lack of housing availability, especially affordable options.
- Funding confusion and knowledge.
- Inexperience with housing advocacy & policies.
- Have funds and internal support but don't know how to move forward.

Cohort 3 2023-2024



- We launched cohort 3 in September 2023 with a 2-Day In-person Kickoff
- Virtual Meetings: October 2023 through May 2024
- Six EHE jurisdictions participating
 1. Arkansas
 2. Baltimore County
 3. Dallas CBO with county
 4. Kentucky
 5. Maryland (Montgomery County and Prince George's County)
 6. South Carolina
- Individual TA available to participating jurisdictions



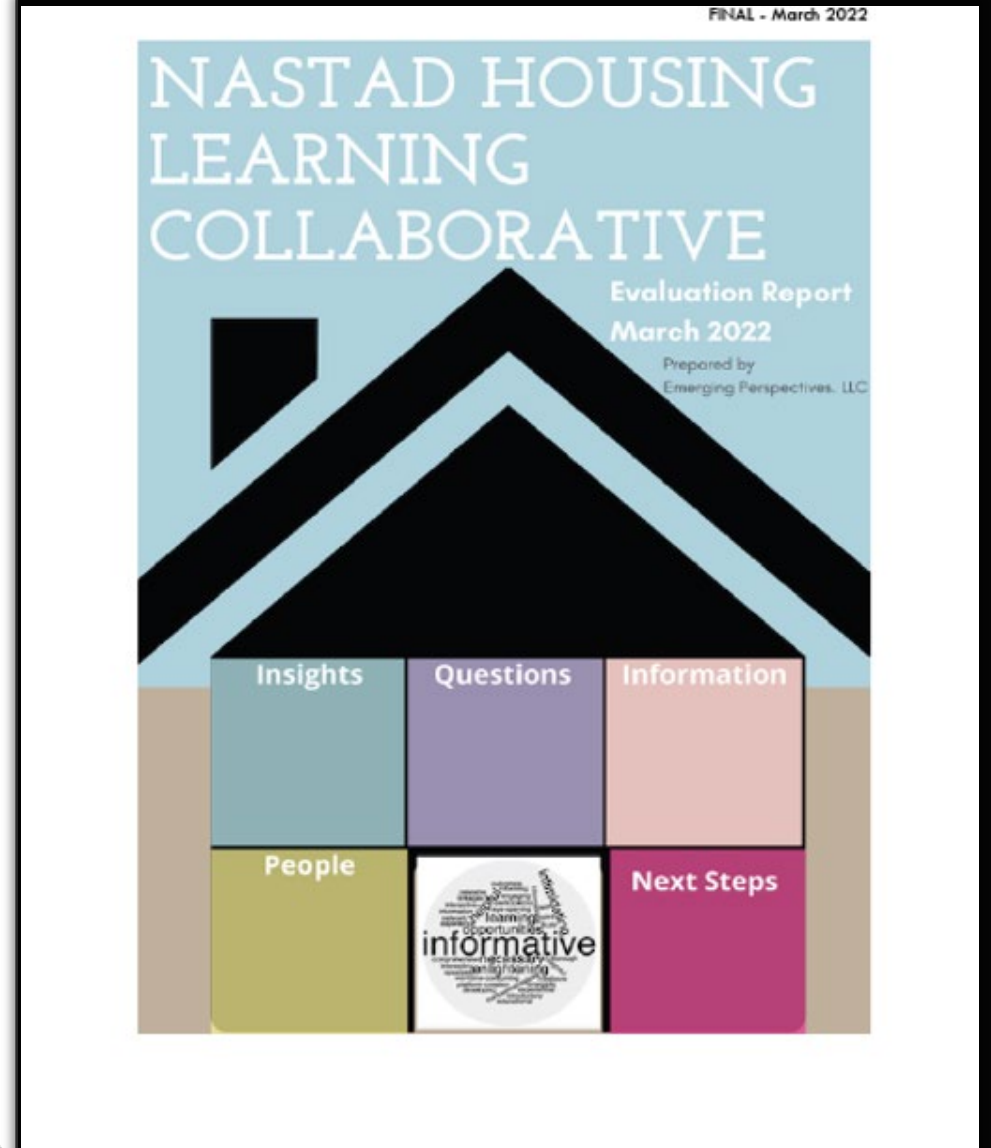
Evaluation and Outcomes



EVALUATION

NASTAD contracted with Emerging Perspectives to evaluate each cohort following the conclusion of HLC.

The evaluations have allowed NASTAD to identify successes, challenges, and opportunities for growth for HLC. The evaluations have also helped participants assess how much HLC has expanded their housing focus and capabilities.



Participants were asked what were some **actions taken or changes made throughout the collaborative**. Below is a small sample of what they indicated across various topics.

Communication & Collaboration

- Starting conversations with partners about their goals.
- Reaching out to HOPWA representatives to start the process and conversation.
- Restarting and joining housing authority meetings post-Covid and learning how clients living with HIV can be prioritized into programs.
- Meeting as a team during and after the collaborative to discuss ways EHE could support housing support services.

Internal Planning & Infrastructure

- Working on asset mapping to identify new partners.
- Working on internal infrastructure, including housing as part of program reorganization.
- Looking at other housing assessments, including Planning Council & City assessments.
- Drafting an action plan for data-sharing agreements between housing and HIV.

Implementation

- Creating a peer support program, navigation and housing support services.
- Opening of three low-barrier clinics for people who are homeless. These clinics will be a new resource for PLWHIV. Case management is being funded in these clinics.
- Publishing a housing strategic plan.
- Issuing funds for sub-recipients.

Participants were also asked **what worked well with the collaborative and where there were opportunities for growth**. Below is a small sample of what they indicated.

What Worked Well

- The abundance of high-quality resources.
- Interacting with knowledgeable people
- Networking both within jurisdictions and between them.
- The learning collaborative was a catalyst for people in a jurisdiction to meet regularly, collaborate, and strengthen relationships.
- Discussing multiple points of view on the topics covered.
- Opportunities for self-reflection

Growth Opportunities

- It is a large amount of information. Provide additional notes that break it down even more.
- Present actionable examples of data systems or data collection that are more responsive to the topics, especially the trans community.
- More support on how to apply topic area information to their specific jurisdictions or area of interests.
- More prevention focused opportunities.
- Use more case studies.

NASTAD HOUSING RESOURCES



Video: Washington D.C.'s PrEP
Housing Support Program



[Housing Microsite](#)

<https://www.youtube.com/watch?v=e zdgSVz tvWg&t=2s>

What's Next?

We hope to secure additional funding to support future cohorts of the Housing Learning Collaborative.

We also are connecting with past participants in cohorts 1 & 2 to check-in on what they are doing and if there are additional TA needs.

Lastly, we are exploring additional ways to facilitate and strengthen communications between HOPWA grantees and HIV prevention and care staff.



For any questions, please reach out to:

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Associate Director, Prevention
ksantana@NASTAD.org

Alicyn Heinrich
Manager, Health Systems Integration
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The success and growth of HLC are due in large part to the support from our federal partners (CDC & HRSA), national partners, health department staff, and NASTAD colleagues. Thank you to all who advocated for HLC and are involved!

Thank you!



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