



**LEVERAGING HOUSING
OPPORTUNITIES TO PROMOTE
RETENTION IN CARE FOR
PEOPLE WITH HIV INTERVENTION**



Center for
Innovation and
Engagement

Background

The Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV who are uninsured and underserved. RWHAP funds states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

NASTAD's Center for Innovation and Engagement (CIE) is funded by HRSA's HIV/AIDS Bureau (HAB), RWHAP Part F, Special Projects of National Significance (SPNS), under a three-year cooperative agreement entitled Evidence-Informed Approaches to Improving Health Outcomes for People Living with HIV. The purpose of this initiative is to identify, catalog, disseminate, and support the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving HIV health care or who are at risk of not continuing to receive HIV health care.

Acknowledgements

NASTAD Authors:

Rachel Browning, Manager, Health Equity,
NASTAD
Alexander Perez, Dissemination
Consultant
Rosy Galván, Director, Health Equity,
NASTAD

Intervention Development Team:

Eleonora Jimenez-Levi, MS, Director
Housing Services Unit
Christopher Beattie, MPH Evaluation
Specialist

Contributors



Natalie Cramer, Deputy Executive Director, NASTAD
Tara Kovach, Impact Marketing + Communications
Sarah Cook-Raymond, Impact Marketing + Communications

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U90HA31882 "Evidence Informed Approaches to Improving Health Outcomes for People Living with HIV." The project is part of an award totaling \$4,899,570 with no percentage of funds financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Suggested citation: NASTAD. Leveraging Housing Opportunities to Promote Retention in Care for People with HIV Intervention. [SPNS Intervention Implementation Guide.] March 2022.

Stock photos. Posed by models.

Intervention Snapshot

	<p>Priority Population</p>	<p>People with HIV experiencing homelessness and their families</p>
	<p>Setting</p>	<p>Health Departments and Community-Based Organizations</p>
	<p>Pilot and Trial Sites</p>	<p>New York City Department of Health and Mental Hygiene (NYC DOHMH) in partnership with 22 community-based organizations</p>
	<p>Model</p>	<p>The intervention consists of a tiered supportive housing model and access to other support services (e.g., mental health counseling, food access, etc.) to increase retention in care and viral suppression.</p>
	<p>RWHAP Ending the Epidemic (EHE) Opportunity</p>	<p>People with HIV experiencing homelessness face challenges to remain in care and increase viral suppression. Intervention outcomes illustrate that NYC DOHMH clients experienced higher retention rates in care (94 percent) than the control group (84 percent). Additionally, clients' odds of retention were three times higher compared to other people with HIV and AIDS.</p>
	<p>Intervention Funding</p>	<p>United States Housing and Urban Development Agency (HUD) Housing Opportunities for People Living with AIDS (HOPWA)</p>
	<p>Staffing</p>	<p>Staff positions in the intervention included a Housing Services Unit Director, HOPWA Program Manager, Program Analyst, HOPWA Fiscal Manager, HOPWA Fiscal Analysts, Policy Analyst, Data Quality Assurance Team, and Monitoring and Evaluation Team.</p>
	<p>Infrastructure Needed</p>	<p>Homeless Management Information System (HMIS) and other data systems which capture HIV and AIDS-related surveillance data to assist with client demographics and HIV-related service verification HOPWA Administrative team to monitor the activities of eligible HOPWA subrecipients</p>



Intervention Overview & Replication Tips

Why This Intervention?

The Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention increased retention in care and viral suppression for New York City residents with HIV (hereinafter referred to as NYC HOPWA clients) who are eligible for the United States Housing and Urban Development Agency's (HUD) Housing Opportunities for People Living with AIDS (HOPWA) program. The intervention was implemented by the New York City Department of Health and Mental Hygiene (DOHMH). DOHMH received 55 million dollars from the HUD HOPWA program.¹ HOPWA allocates funding and resources to states and jurisdictions to develop long-term, comprehensive strategies to meet the housing needs of low-income individuals with HIV and AIDS. HOPWA identified DOHMH as a designated-sub grantee due to New York City's high prevalence of people with HIV and AIDS. DOHMH oversees 22 HOPWA subrecipients within their jurisdiction, reaching 2,400 individuals with housing and other support services.¹

Although the intervention was funded through HOPWA it represents an example for RWHAP funded housing programs that are interested in maximizing impact and streamlining services despite having strained resources to meet the needs of people with HIV.

The outcomes of the intervention were the result of a tiered supportive housing model, which includes (1) Rental assistance (RA) which provides cash subsidies to establish or maintain permanent housing, (2) Housing placement assistance (HPA) which provides service plan development, escorts to appointments, apartment inspections, advocacy, and coordination of services to ensure clients secure permanent housing, and (3) Supportive permanent housing (SPH) which provides affordable, long-term housing that includes comprehensive support services (e.g., service plan development, advocacy, escorts to appointments, health education, and mental health and drug use counseling). Evaluators matched eligible NYC HOPWA clients (N=1,375)

against a random 20 percent sample of other people with HIV (N=13,489) in New York City. NYC HOPWA clients engaged in the intervention experienced higher retention rates in care (94 percent) than the control group (84 percent). Additionally, clients' odds of retention were three

times higher compared to other people with HIV and AIDS in matched and unmatched analysis [odds ratio (OR) = 2.97, 95 percent confidence interval (CI) = 2.35–3.74; OR = 3.06, 95 percent CI = 2.45–3.81, respectively].¹

Intervention at a Glance

This section provides an overview of the Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention, conducted by the New York City DOHMH, to help readers assess necessary steps for replication. Funding for NYC's HOPWA Program is administered by the HUD's Office of HIV/AIDS Housing (OHH). (See [Additional Resources Box](#)). HUD provides funding to eligible metropolitan statistical area (EMSA) jurisdictions and other entities through competitive and formula grants. NYC DOHMH is a HUD EMSA jurisdiction and formula grantee. The intervention has two aims: (1) to reach individuals with HIV and AIDS who are experiencing homelessness with other support services, and (2) provide tiered supportive housing to increase capacity to retain these individuals in care, ultimately resulting in viral suppression. DOHMH provides housing support through three supportive housing services: rental assistance, housing placement assistance, and supportive permanent housing.



Step 1

Determine HOPWA Funding Eligibility:






Organizations may apply for HOPWA funding through one of the following grants:

Formula Program Grants:

- HUD allocates 90 percent of HOPWA funding to eligible cities on behalf of their metropolitan areas and eligible states through formula grants.²
- Eligible applicants can include EMSAs with more than 500,000 people and at least 2,000 individuals with HIV, or states with more than 2,000 people with HIV outside of an EMSA.²
- Applicants are required to complete a Consolidated Plan from HUD's OHH to be considered for receipt of a formula grant. Consolidated Plans must receive approval from OHH before a jurisdiction can become a grantee.² (See [Additional Resources Box](#)).

Competitive Program Grants:

- HUD allocates 10 percent of HOPWA funding to applicants through a national competition.²
- Eligible participants can include states, local governments, and non-profit organizations.²
- Funding is prioritized for the renewal of grants for existing grantees that are providing permanent housing services. Once all existing grantee renewals have been allocated the remaining funding will become available through a notice of funding opportunity (NOFO), posted on HUD Exchange.² (See [Additional Resources Box](#)).
- Notice of Funding Opportunities (NOFO) are developed for HUD Special Projects of National Significance (SPNS) or New Long-Term Projects:
 - HUD SPNS: Projects that utilize innovative and effective models to provide housing and other support services to eligible, underserved populations.²
 - New Long-Term Projects: Projects that provide housing and other support services to eligible participants in areas that do not qualify for formula grantee funding.² (See [Additional Resources Box](#)).

 <p>Step 2</p>	<p>Determine HOPWA Client Eligibility:</p> <p>HOPWA clients must have a confirmed HIV diagnosis, proof of residency in the jurisdiction, and meet HUD’s area median income (AMI) requirements.² Jurisdictions may choose to include other eligibility requirements to meet the needs of clients. New York City’s HOPWA eligibility requirements include residency in the city, a confirmed HIV diagnosis, and a gross income that does not exceed 50 percent of the AMI as outlined by HUDs family size requirements for NYC.¹</p>
 <p>Step 3</p>	<p>Implement a Community Mapping Tool:</p> <p>HUD’s eCon Planning Suite provides a free, publicly accessible mapping tool called Community Development Planning (CPD) Maps. Use CPD Maps to visually display and identify the specific needs of high-priority populations. Utilize CPD Maps to complete a Consolidated Plan (formula grantees) or develop a competitive application (competitive grantees).³ CPD Maps allows you to retrieve data on variables such as average household size, median income percentage, race and ethnicity, percentage change in population by age, and percentage change in housing units.⁴ Additionally, there is a “target jurisdiction” comparison feature which allows you to compare your jurisdiction data against national data and up to two other “reference geographies.”⁴ In the Guide to the Data-Driven Planning Toolkit in CPD Maps, HUD provides comprehensive instructions on utilizing CPD Maps to aid in the Consolidated Plan development process and retrieve data from the system.</p>
 <p>Step 4</p>	<p>Convene Key Stakeholders to Provide Feedback:</p> <p>Present CPD Map findings to leadership, housing advisory groups, and community members. Utilize this activity to identify unique challenges and assist in planning and developing the request for the Consolidated Plan or Competitive Plan depending on your jurisdiction’s eligibility.</p>
 <p>Step 5</p>	<p>Develop or Evaluate Existing Housing Service Model:</p> <p>NYC’s HOPWA program has been successful because it prioritizes comprehensive and long-term supportive housing. Housing service models should be tiered to provide options that will ultimately result in individuals receiving comprehensive support and long-term permanent housing.</p>
 <p>Step 6</p>	<p>Develop a Consolidated Annual Plan and Annual Action Plan (Formula Grantees only):</p> <p>The Consolidated Annual Plan assists state and local jurisdictions with assessing their affordable housing, community development needs, and market conditions to make investment decisions. This critical document facilitates conversations with community members to identify housing and community development priorities.³ The plan should outline the jurisdictional needs (e.g., number of households, justification of spending, cost of implementation) based on existing data. The Consolidated Annual Plan is updated every five years and submitted to OHH. The grantee must also complete an Annual Action Plan, which provides a summary of activities the grantee intends to implement to achieve the goals outlined in the Consolidated Annual Plan. Once completed both plans should be submitted to HUD’s OHH.</p>



Step 7

Identify Subrecipients with Service Eligibility:

Identify subrecipients who can implement the housing service model and provide other support services (e.g., assessment and case management, substance abuse treatment, mental health treatment, nutritional services, job training and placement assistance, and assistance with daily living)² through a notice of funding opportunity (NOFO). The NOFO should include eligibility criteria to evaluate each applicant. Subrecipients should have (1) experience with and focus on providing housing and other support services to people with HIV, (2) the ability to assess their performance and outcomes, (3) experience managing interdisciplinary programs, (4) cultural awareness and humility about intended clients, (5) previous success managing similar programs, (6) audit reports that illustrate effective financial management, (7) a valid unique identifier [e.g., Employer Identification Number (EIN), Tax Identification Number (TIN)], and (8) a history of prioritizing racial equity and social justice within their organization. Each subrecipient should sign a grant agreement which outlines service delivery, financial management, and reporting expectations.⁵ Additional guidance is provided in HUD’s Grantee Oversight Resource Guide. (See [Additional Resources Box](#)).



Step 8

Establish Confidentiality Policies and Data Sharing Agreements:

Have confidentiality policies in place and train all staff to protect client information.⁵ In addition, determine if subrecipient data-sharing agreements are needed. Data from subrecipients will enhance the monitoring and evaluation process.



Step 9

Develop an Oversight Plan:

Develop a HOPWA Grantee Oversight Plan to ensure that subrecipients are consistently meeting metrics. Plans should include a combination of site visits and remote monitoring (e.g., financial reports and data inputted into databases, sharing programmatic successes, etc.). Monitoring should be followed by providing timely feedback or observations to subrecipients.⁵ (See [Additional Resources Box](#)).



Step 10

Explore Existing or New Data Infrastructure:

HUD requires all grantees to utilize a Homeless Management Information System (HMIS). These information systems can include agency created or procured systems from local vendors. NYC’s HOPWA program purchased and utilized the HMIS Electronic Comprehensive Outcomes Measurement Program for Accountability and Success (eCOMPAS), a database developed by RDE Systems, LLC. The eCOMPAS database is fully compatible with HUD’s federal reporting system and provides tools to enhance contract management, quality and outcome management, and client feedback and satisfaction. Additionally, identifying other data systems which capture HIV and AIDS-related surveillance data assists with client demographics and HIV-related service verification. Having strong data quality control measures in place enhances the program’s ability to effectively monitor and evaluate client outcomes and service utilization.



Step 11

Recruit and Train Staff:

Generate staff descriptions and hire key team members (see Staffing Requirements and Considerations). Ensure all staff are familiar with HUD’s grantee requirements by completing all mandated trainings by HUD, conducting a data analysis training to establish baseline knowledge among staff, completing HOPWA’s Financial Management Online Training course, and reviewing the HOPWA Grantee Oversight Resource Guide and Program Administration Toolkit.³



Step 12

Conduct Staff Training with Subrecipients:

Ensure all subrecipients have undergone the mandated subrecipient HUD training specific to their roles. Provide additional training on reporting and data documentation procedures, structural determinants of health, and service delivery expectations. Subrecipients should also receive specific training on completing HUD’s Housing Assessment Plan. The Housing Assessment Plan is utilized by subrecipients to determine client eligibility, capture client level data pertaining to housing and supportive service needs, and gather client demographic information.⁶ (See [Additional Resources Box](#)).



Step 13

Implement the Intervention:

Launch the intervention and disseminate reporting requirements to subrecipients. Ensure quality control measures are in place. Provide implementation technical assistance to subrecipients as needed.



Step 14

Monitor and Evaluate the Intervention:

Utilize feedback from stakeholder engagement to continuously make improvements to the request for proposals (RFP). Implement the oversight plan to determine if subrecipients are meeting their metrics. Quarterly, utilize eCOMPAS (or another database) to monitor the performance of subrecipients. Additionally, quarterly, provide subrecipients with reports on clients who are out of care and those who are not virally suppressed. Conduct monthly check-ins with subrecipients to evaluate client enrollment in services and reassess the needs of clients.



Step 15

Celebrate and Acknowledge Effort:

Schedule regular events to celebrate grantee and subrecipient staff. Acknowledging staff can lead to higher morale, increased involvement in feedback evaluations, and strengthened relationships between the grantee and individuals providing direct services to clients.



Step 16

Submit End of Year Reports to OHH:

Formula grantees complete the HOPWA Consolidated Annual Performance and Evaluation Report (CAPER) annually. The CAPER report highlights programmatic successes and details how the grantee spent federal funds to meet the goals outlined in the Consolidated Plan and Annual Action Plan.⁷ (See [Additional Resources Box](#)).

Competitive grantees should submit the Annual Performance Report (APR) within 90 days after the end of each operating year. The APR is a management tool used to evaluate program performance and the performance of sub-recipients. Sub-recipients and the grantee should complete the APR, and then the grantee should consolidate the data and submit a final APR to OHH.⁸ (See [Additional Resources Box](#)).

Cost Analysis

Funding for NYC's HOPWA Program is administered by HUD's OHH. HUD provides funding to EMSA jurisdictions and other entities through competitive and formula grants (eligibility requirements for each grant are described in the Intervention at a Glance and Intervention Description sections of this guide).² NYC DOHMH is a HUD EMSA jurisdiction and formula grantee. HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. These include, but are not limited to, the acquisition, rehabilitation, or new construction of housing units; costs for facility operations; rental assistance; and short-term payments to prevent homelessness. An essential component in providing housing assistance for these priority populations is the coordination and delivery of support services.² Consequently, HOPWA funds may be used for services including, but not limited to, assessment and case management, substance abuse treatment, mental health treatment, nutritional services, job training and placement assistance, and assistance with daily living.² Low-income persons (at or below 80 percent of area median income) that are medically diagnosed with HIV and their families are eligible to receive HOPWA-funded assistance.²

A more detailed cost analysis of the HOPWA intervention was not available when this guide was developed. However, you can use the CIE Cost Analysis Calculator to create an estimate of the cost of implementing the intervention at your organization. (See [Additional Resources Box](#)).

Resources Assessment Checklist

The NYC DOHMH has been a HOPWA grantee for over 20 years. Throughout the program, they have refined their processes to implement a comprehensive supportive housing model. Additionally, being geographically located in New York City and having support from local government has afforded them additional resources that may not be available within other HOPWA programs. Before implementing the intervention, your organization should walk through the following Resource Assessment (or Readiness) Checklist to determine a model for your jurisdiction. If you do not have these components in place, you are encouraged to develop capacity to conduct this intervention successfully. Questions to consider include the following:

- Will client eligibility criteria need to be expanded or be more specific to increase enrollment?
- What is the current supportive housing model offered? Do these options ultimately lead to permanent, long-term housing?
- Does your organization have a policy analyst? Do they have strong writing skills and a background in HIV and housing policy? If not, can you hire for this position?
- Have you identified key stakeholders and advisory groups who can provide feedback on the planning process and help identify challenges?
- Does your organization have the capacity to purchase the eCOMPAS database or another Homeless Management Information System (HMIS)? Or will they create their own HMIS?
- Does your organization have the capacity to hire new staff or expand current staff roles to meet the following needs: program and budget management, data quality management and analysis, monitoring and evaluation, grant writing and policy analysis, community outreach and engagement?
- Is a mapping tool being utilized? Is this information shared with stakeholders to aid in the planning process? If not, do staff have the capacity to learn basic GIS analytics?
- How will your organization make potential subrecipients aware of the notice of funding opportunity announcement?
- Have you identified or have existing relationships with other agencies providing housing to people with HIV who are experiencing homelessness? Do these agencies prioritize hiring individuals from the communities you are hoping to serve? Do they offer other support services including, but not limited to, assessment and case management, substance abuse treatment, mental health treatment, nutritional services, job training and placement assistance, and assistance with daily living?²
- Have you secured buy-in from leadership and staff within your organization?

New HOPWA grantees should pay particular attention to:

- Does your organization meet the eligibility requirements to apply for HOPWA's formula or competitive grant?
- What are the client eligibility criteria?
- Does your organization have the capacity to hire new staff or expand current staff roles to meet the following needs? If not, can your organization hire a consultancy agency to help meet these deliverables?
 - Develop and implement funded agency application process and selection
 - Develop the Annual Action Plan and Consolidated Plan (or competitive grant if applicable)
 - Develop and implement a community engagement strategy
 - Create report templates for funded agencies
 - Prepare your organization for HUD audits
 - Draft the HOPWA CAPER
 - Provide oversight of the service delivery of funded agencies
 - Develop privacy, data use and sharing agreements



Setting the Stage

According to the U.S Centers for Disease Control and Prevention (CDC), an estimated 1.2 million people are living with HIV in the United States.⁹ Approximately 75.7 percent of people with HIV received HIV medical care, 57.9 percent were retained in care, and 64.7 percent were virally suppressed.¹⁰ Improving client engagement and re-engagement in care is a national priority, with targeted retention measures established by the HIV National Strategic Plan (See [Additional Resources Box](#)), HRSA, and the Ending the HIV Epidemic (EHE) initiative, among others.¹¹ At each stage of the HIV care continuum, from diagnosis to viral suppression, individuals are not entering care or are falling out of care. CDC estimates indicate that some populations, including people experiencing homelessness, continue to disproportionately face challenges in accessing care and achieving improved health outcomes.¹

The New York City Housing Opportunities to Promote Retention in Care for People with HIV intervention is an innovative service delivery model designed to re-engage and retain low-income individuals with HIV, who are experiencing homelessness in care. Individuals in the United States with HIV who are experiencing homelessness (1) tend to have lower CD4 cell counts and higher viral loads at diagnosis, (2) have higher rates of comorbid infections like hepatitis, tuberculosis, and *Pneumocystis carinii* pneumonia than those who are stably housed, (3) are less likely to adhere to medication even with access to antiretroviral (ARV) therapy (ART) because immediate needs like food and shelter are not met, and (4) are less likely to be prescribed ARV medication as readily, due to concerns and biases that patients will not be adherent.¹ Despite substantial federal and local investments in HIV-related housing services and promoting HIV care and treatment, few studies have examined the effects of housing-related services on outcomes along the HIV care continuum.¹

The NYC DOHMH received 55 million dollars from HUD HOPWA program.¹ HOPWA allocates funding and resources to states and jurisdictions to develop long-term, comprehensive strategies to meet the housing needs of low-income individuals with HIV.² The NYC DOHMH is a designated



HOPWA grantee, given the high prevalence of people with HIV within their jurisdiction. They oversee 22 HOPWA subrecipients, reaching 2,400 individuals with housing and other support services.¹ Subrecipients are in Westchester County, Orange County, Manhattan, Brooklyn, Queens, the Bronx, and Staten Island.¹ Subrecipients include the HIV/AIDS Services Administration (HASA), the Department of City Planning, and other community-based organizations. Eligibility requirements include NYC residency, an HIV diagnosis, and a gross income that does not exceed at least 50 percent of the median income as outlined by HUD's family size requirements for NYC.¹ Subrecipients implemented the tiered supportive housing model by providing at least one of the following services: rental assistance (RA), housing placement assistance (HPA), and supportive permanent housing (SPH). RA provides cash subsidies to establish or maintain permanent housing.¹ HPA offers service plan development, escorts to appointments, apartment inspections, advocacy, and coordination of services to ensure clients secure permanent housing.¹ SPH provides affordable, long-term housing and other comprehensive support services (e.g., escorts to appointments, health education, and mental health and substance use counseling).¹ Subrecipients also provide support services to

meet client needs. People with HIV participating in a community referendum played a vital role in providing the NYC DOHMH with information on the housing needs, service delivery gaps, and solutions to address structural barriers.

The intervention was evaluated by analyzing data from NYC DOHMH's HIV Surveillance Registry, or "The Registry," programmatic data (eCOMPAS), other NYC HIV program data, and a merged dataset. The Registry includes population-based data, including name-based data, laboratory results, and vital status.¹ The eCOMPAS data system includes client-level data from subrecipients including demographics, enrollment information, services received, and self-reported data on medical and HIV treatment histories.¹ Other NYC HIV program data included name-based data from other NYC DOHMH subrecipients providing HIV-related services.¹ The merged dataset matched NYC HOPWA client data against data from the Registry. Data were matched based on the following variables: age, race/ethnicity, concurrent diagnosis, and programmatic data, such as the services enrollment date and services received.¹ Evaluators matched NYC HOPWA clients (N=1,375) against a random 20 percent sample of other people with HIV (N=13,489) in New York City. To be included in the project analysis NYC HOPWA clients had to: (1) be at least 18 years of age, (2) have an HIV diagnosis before January 2011, (3) have their diagnosis reported to the NYC DOHMH by September 2012, (4) receive HIV medical care in NYC in 2010, (5) be presumed living as of December 2011 (per vital statistics), (6) be enrolled in the intervention as of January 1, 2011, and (6) have accessed any of the three HOPWA service categories (RA, HPA, SPH).¹ Individuals included in the analysis were more likely to be: non-U.S born, Black (non-Hispanic/Latinx), formerly incarcerated, have a concurrent diagnoses of HIV or AIDS, and enrolled in other local HIV public assistance programs not administered by DOHMH.¹ NYC HOPWA clients engaged in the intervention experienced higher retention rates in care (94 percent) than the control group (84 percent).¹ Additionally, client's odds of retention were three times higher compared to other people with HIV in matched and unmatched analysis [odds ratio (OR) = 2.97, 95 percent confidence

interval (CI) = 2.35–3.74; OR = 3.06, 95 percent CI = 2.45–3.81, respectively].¹ Limitations to interpreting the data were that "enrollment" did not guarantee that clients received services, (2) research may not have fully controlled for measured variables when determining the effect of the intervention, (3) researchers were unable to account for unmeasured variables not reported to NYC DOHMH (e.g., private vs. public insurance, educational level, employment status, income, mental health, hospitalization, substance use history).¹

The Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention represents an attempt to assess engagement in HIV care and treatment among people receiving HIV housing services, in comparison to an alike group in the larger HIV population.¹ Housing as healthcare is an essential means to engage people with HIV, who are experiencing homelessness. The intent of this implementation guide is to highlight the advantages of replicating the Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention, some aspects of the intervention may not be feasible for all replicators. Replicators are encouraged to utilize information from this guide to enhance their own HOPWA programs and planning. The section that follows outlines how the Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention has evolved and sustained itself over the years.



Description of the Intervention Model

The Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention helps provide stable housing and other support services (e.g., assessment and case management, substance abuse treatment, mental health treatment, nutritional services, job training and placement assistance, and assistance with daily living)² to increase engagement in HIV medical care. The intervention successfully retained individuals experiencing homelessness in HIV medical care and improved their health outcomes. The intervention was funded through a formula grant from HUD's HOPWA program. This funding provided support to the NYC DOHMH and 22 other subrecipients which provide access to rental assistance, housing placement assistance, permanent housing, and support services (e.g., assessment and case management, substance abuse treatment, mental health treatment, nutritional services, job training and placement assistance, and assistance with daily living).² The intervention is implemented in six phases:

1. Determine Funding and Client Eligibility

Establishing an effective and innovative HOPWA program begins with determining the organizations eligibility to apply for HUD's HOPWA funding and client eligibility. Steps towards this goal are:

- a. *Determine HOPWA Funding Eligibility:* Accessing HUD funding for HOPWA requires an organization to be eligible for either a formula

or competitive program grant. Organizations eligible for formula program grants can include EMSAs with more than 500,000 people and at least 2,000 individuals with HIV or states with more than 2,000 HIV cases outside of EMSAs.² Organizations eligible for competitive program grants can include states, local governments, and non-profit. Organizations who receive competitive program grants must also determine if there is a formula grant HOPWA program in their jurisdiction.² If so, the competitive grantee must provide services outside of the formula grantee's jurisdiction to avoid duplication of services in an EMSA.²

- b. *Determine HOPWA Client Eligibility:* Eligibility requirements can vary by jurisdiction to meet client needs and improve service delivery. At a minimum, HUD criteria includes: an individual or a member of a household with a confirmed HIV or AIDS diagnosis, proof of financial need, residency in the jurisdiction, and meets HUD's median area income requirements.² Other criteria to be determined by the jurisdiction, may include evidence of engagement in HIV medical care or proof of enrollment in other assistance programs.

2. Build Data Infrastructure

Although available resources may vary by organization, take the following steps to build data infrastructure:

- a. *Implement a Community Mapping Tool:* An essential component of the HOPWA program is understanding the specific needs of people with HIV who are experiencing homelessness in a jurisdiction. Utilize geographic information systems (GIS) to display and identify the needs of key populations and establish community development strategies. The use of mapping tools illustrates the relationships between multiple sets of variables (e.g., zip codes and mortality rates) and compare these variables amongst different geographic areas. HUD's eCon Planning Suite provides a free, publicly accessible mapping tool called CPD Maps. Use CPD Maps to visually display and identify the specific needs of priority populations. Utilize CPD Maps to complete a Consolidated Plan



(formula grantees) or develop a competitive application (competitive grantees).³ CPD Maps is fully integrated with and increases the ease of transferring mapping data into the Consolidated Plan.¹² Review HUD's Guide to the Data-Driven Planning Toolkit in CPD Maps, which provides comprehensive instructions on retrieving data and utilizing CPD Maps to complete the Consolidated Plan. (See [Additional Resources Box](#)).

Organizations may also choose to use additional data sources to enhance mapping findings. These data sources may include the CDC's Epi Info platform, which provides basic GIS visualization capabilities alongside other software tools. (See [Additional Resources Box](#)). Agencies using mapping tools should provide the following information in the Consolidated Plan: estimated number of people with HIV who reside in the EMSA, estimated number of people who earn an income at or below the area median income (AMI) as specified by HUD, and estimated number of low-income people with HIV needing housing assistance. Once findings are gathered, share them with stakeholders to gather additional input on client needs.¹³

- b. *Explore Existing or New Data Infrastructure:* HOPWA provides access to the Homeless Management Information System (HMIS), but you may consider purchasing the eCOMPAS data system for program planning and implementation. HUD provides specific guidance on procurement for grantees in the HOPWA Oversight Resource Guide. (See [Additional Resources Box](#)). The NYC DOHMH has been using eCOMPAS since 2008 and has utilized the following software features: Annual Performance Report (APR) and Consolidated Annual Performance and Evaluation Report (CAPER) submission tool, electronic assessment system, digital dashboard, electronic contract management module, housing management inventory module, visual analytics report, housing eligibility and recertification portal. The electronic assessment system enhances subrecipient's ability to report client level services and HIV medical data (i.e., viral suppression, retention in care, etc.). Consider using multiple

data systems to evaluate client outcomes compared to the general population of other homeless individuals with HIV. Determining other data systems that capture HIV and AIDS-related surveillance data in addition to eCOMPAS will aid with client demographics, service verification and demonstrating differences in HIV outcomes between HOPWA clients and the general population.

3. Engage Stakeholders

Although available resources may vary by organization, take the following steps to engage stakeholders:

- a. *Disseminate Mapping Findings to Key Stakeholders:* Presenting mapping findings to organizational leadership, advisory groups, and potential consumers can aid in the identification of unique challenges or gaps in current or proposed service delivery. Consider presenting findings by convening community town hall meetings with representatives of client population(s) and other key stakeholders. Gathering feedback from stakeholders can also assist with the development (e.g., scope, language, etc.) of the Consolidated Plan and the organization's Annual Action Plan.
- b. *Evaluate Existing Housing and Support Services:* The goal of all HOPWA programs is to transition clients into long-term, permanent housing. Assess the presence and accessibility of housing services (tenant-based rental assistance, permanent housing, short-term rent, and utility assistance) within their jurisdiction. Support services are also a fundamental component of ensuring people with HIV are retained in care. Evaluate the existing support services (e.g., assessment and case management, substance abuse treatment, mental health treatment, nutritional services, job training and placement assistance, and assistance with daily living)² by researching the support services offered by other agencies within their jurisdiction.
- c. *Develop a Consolidated Plan and Action Plan:* Being a successful HOPWA grantee requires being able to clearly illustrate how project activities will meet client needs.

The Consolidated Plan will need to outline the jurisdictional needs (e.g., number of households, spending justification, implementations) based on existing data. To receive HOPWA funding, grantees must submit and have their Consolidated Plan approved by HUD’s Office of HIV Housing. The grantee must update their Consolidated Annual Plan every five years and complete an Annual Action Plan. The Annual Action Plan provides a summary of activities the grantee intends to implement to achieve the goals and objectives outlined in the Consolidated Annual Plan.³ The Annual Action Plan should also be made available for community members and key stakeholders to provide feedback. Consider convening advisory groups, holding community town halls, public hearings, and posting the Annual Action plan on the organization’s website. Community members should have at least thirty days to provide feedback.¹⁴

4. Identify Subrecipients

It is now time to identify subrecipients who will assist with the program delivery:

- a. *Identify Subrecipients:* Subrecipients are identified through a formal process, such as a notice of funding opportunity (NOFO) and request for proposals (RFP). To ensure a robust number of applicants, consider using various methods (e.g., posting on social media pages, direct outreach, making announcements at community forums, listservs, etc.) to make agencies aware of funding.¹⁴ When releasing the RFP, utilize a rubric system to score applications. Items to be evaluated include: a description of the agency; financial and programmatic background; performance history as a HOPWA subrecipient if applicable; clearly identified services to be provided and demonstrated evidence of ability to implement proposed services; analysis of client needs; action plan; budget; evidence of fiscal responsibility; willingness to adhere to HUD guidelines and regulations as they relate to HOPWA; and the operationalization and integration of social justice and racial equity in the proposed housing response.^{14, 15} Consider agencies that have experience with providing

housing and other support services to people with HIV, the ability to assess performance and outcomes, experience managing programs serving clients with intersectional identities, staff with lived experience and overall cultural awareness about the intended clients, previous success managing similar programs, audit reports that illustrate effective financial management, and a valid unique identifier [i.e., Employer Identification Number (EIN), Tax Identification Number (TIN)].⁵



Staff Adaptation

If the grantee does not have capacity to develop a NOFO, RFP, and scoring rubric, consider contracting with a consultant to fulfill this activity.¹⁶ If utilizing a consultant, the consultant should work alongside programmatic staff to ensure alignment between activities outlined in RFPs and proposals and programmatic goals and work plans.

- b. *Establish Confidentiality Policies and Data Use and Sharing Agreements:* A critical aspect of service delivery is ensuring access to subrecipient client data. Confidentiality policies should be in place to ensure client information is protected. All staff within grantee and subrecipient agencies should be aware of these policies and receive training on maintaining client confidentiality. Establishing data use and sharing agreements enhances the monitoring and evaluation process. If your organization does not have the technical capacity to formulate these agreements, consider contacting other HOPWA grantees for resources.¹⁷



Staff Adaptation

If your organization does not have the capacity to establish confidentiality policies, data use and sharing agreements, and privacy notifications, utilize a consultancy group such as Actionable Intelligence for Social Policy (AISP) to support the process.¹⁷

5. Staff Recruitment and Training

Once gaps have been assessed, organizations will need additional staff for program enhancement and implementation. Take the following steps to build an administrative team and capacity among partnering agencies:

- a. *Recruit and Train Administrative Staff:*
An effective administrative team requires individuals who have exceptional customer service skills, an understanding of social determinants of health and their impact on clients, and a general understanding of HUD's HOPWA program. Administrative teams should be able to fulfill the following activities: program and budget management, data quality management and analysis, monitoring and evaluation, grant writing and policy analysis, and community outreach and engagement. Additionally, individuals with lived experience, or who have provided direct services at other HOPWA-funded organizations, offer an invaluable perspective on program implementation. These individuals can offer guidance on the feasibility of program activities required of funded agencies.



Staff Adaptation

The Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention is expansive and requires specific staffing for smooth implementation. The need for specific roles and additional hires varies depending on your jurisdiction size and HOPWA implementation plan. If funding is limited, consider reassigning existing team members to the HOPWA program and merging the program and fiscal analyst positions into one position. The housing director and program manager can also work together to complete the Consolidated Plan, Annual Performance Report, and other HUD reporting requirements.

- b. *Conduct Staff Training with Funded Agencies:*
Working with funded agencies increases program engagement and prioritizes individuals who have experience working with community members. Ensuring funded agencies have

received adequate training will enhance service delivery by decreasing data documentation errors and implementing the program to fidelity across all agencies. They will also need to undergo mandated training (e.g., HOPWA Financial Management Training course, HOPWA Oversight Training, etc.) offered through HUD as a part of their funded agency agreement. Additional training should include an overview of structural determinants of health, service delivery expectations, environmental review training, client confidentiality, privacy measures, review and utilization of the client housing assessment plan, lead-based paint requirements, income and eligibility verification measures, and data documentation training (eCOMPAS).

6. Engage and Retain People with HIV in Care

Although housing models vary by jurisdiction, monitoring, evaluation, and staff acknowledgment efforts should be consistent across all models. An implementation template should include:

- a. *Monitor and Evaluate the Intervention:* The administrative team should establish methods to gather feedback from clients and stakeholders and to make continuous improvements to the RFP. Additionally, funded agencies should be monitored to ensure each agency is meeting its deliverables. Evaluate client HIV-related care data quarterly and provide partnering agencies with reports on clients who are out of care and who are not virally suppressed. Conduct monthly check-ins with partnering agencies to evaluate client housing assessment plans to reassess the client's need for services. Provide technical assistance and meet with sub-contractors to ensure goals are met.
- b. *Celebrate and Acknowledge Effort:* Staff engagement is a critical component of programmatic sustainability. Being intentional about recognizing and celebrating staff can lead to higher morale, increased involvement in feedback evaluations, and strengthen relationships between staff and subrecipients. These activities can include annual staff appreciation celebrations, providing food during training, providing promotions for staff, inviting staff and subrecipient staff to present at conferences or contribute to scientific research papers.

Logic Model

Resources	Activities	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> Partnerships with subrecipients providing diverse housing services for people with HIV, who are experiencing homelessness Connections with key stakeholders, advisory groups, and community members to provide insight on needs and service model development (Consolidated Plan) Access to multiple client-level databases Sufficient funding to purchase the eCOMPAS database Availability of staff to fulfill HOPWA specific roles and responsibilities Available level of effort to conduct mapping activities and coordinate proposals/plans as needed 	<ul style="list-style-type: none"> Create and implement a mapping tool to determine the unique needs of potential consumers Identify community-trusted subrecipients providing housing and other support services Identify multiple client-level databases to increase case management and establish data sharing agreements Develop an Oversight Plan to monitor subrecipient activities, client outcomes, and program successes Recruit a HOPWA administrative staff that fulfill the following needs: Program and budget management, data quality management and analysis, monitoring and evaluation, grant writing and policy analysis, community outreach and engagement 	<ul style="list-style-type: none"> Retention in HIV primary care People with HIV, who are experiencing homelessness engaged in housing and other support services Accessible and reliable referral system to meet the needs of clients and “graduate” clients to permanent housing Sense of pride among subrecipients and increase in morale 	<p>Among participating clients with HIV, who are experiencing homelessness:</p> <ul style="list-style-type: none"> Reliable referral system to increase access to receive permanent housing Improved overall health with connections to other support services Increased ability to address social determinants of health <p>Among the grantee and subrecipients:</p> <ul style="list-style-type: none"> Increased ability to evaluate client retention in care in comparison to engagement in housing Increased ability to conduct matched analysis Increased partnership and streamlined referrals with a wide variety of organizations offering services to people with HIV Increase ability to streamline contract management, quality and outcome management, and client feedback and satisfaction activities required by HUD through eCOMPAS 	<ul style="list-style-type: none"> Increase retention in care for people with HIV, who are experiencing homelessness Increased engagement in long-term, permanent housing for clients Increase in client usage of support services.

Your Planned Work

Your Intended Results

Staffing Requirements & Considerations

Staff Capacity

Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention has been implemented for over 20 years and has had time to identify key staffing roles to optimize intervention outcomes. When looking to replicate this intervention one should strive to meet these staffing roles. Alternatively, if capacity is a concern, one should consider if existing staff can meet the responsibilities required by these roles. As a part of the intervention, developers hired staff who had previous experience working within subrecipient agencies. Having prior experience working in the community allows staff to utilize their experiences to provide thoughtful guidance to the administrative team. The following staff implemented the intervention at the NYC DOHMH:

- *Director, Housing Services Unit:* Provides oversight of the HOPWA program and communicates with HUD as needed. The responsibilities of the Director include:
 - Provide oversight of the HOPWA grant;
 - Identify and hire additional staff, as needed;
 - Provide oversight and direction to the administrative team; and
 - Attend subrecipient site visits.
- *HOPWA Program Manager:* Provides oversight of the program analysts and ensures the service model is implemented correctly. Specific responsibilities include:
 - Manage and oversee the work of program analysts and fiscal manager;
 - Ensure consistency between technical assistance provided by program analysts and subrecipient activities;
 - Provide support to subrecipients during the contract process;
 - Ensure the project team is familiar with the HOPWA framework, grant expectations, and consistent program messaging; and
 - Attend subrecipient site visits
- *Program Analysts:* Consider reassigning administrative staff to fulfill this role. Analysts provide oversight on day-to-day service delivery. These individuals report to the HOPWA Program Manager. Responsibilities include:
 - Monitor service delivery;
 - Deliver technical assistance training to subrecipients to ensure adherence to service delivery model and eCOMPAS;
 - Document activities in eCOMPAS;
 - Ensure that intended consumers are benefitting from the program; and
 - Conduct subrecipient site visits.
- *HOPWA Fiscal Manager:* Provides extensive knowledge to the administrative team on HUD's HOPWA fiscal requirements and compliance measures. This individual reports to the HOPWA Program Manager and should have prior experience working with auditors. The fiscal manager's responsibility is to lead and participate in internal and external HUD audits.
- *HOPWA Fiscal Analysts:* Must work closely with Program Analysts to develop annual budgets that reflect the program model. Responsibilities include:
 - Coordinate reimbursements;
 - Develop budgets and determine spend down, personnel, overhead, etc.;
 - Monitor expenses; and
 - Work with program analysts three times per year to negotiate partner agency contracts, make mid-year budget

**It is vital to give vendors the ability to modify the budget to efficiently spend funds to address changing needs.*

- *Policy Analyst:* This position requires a person with strong writing skills who has extensive knowledge in housing and HIV policy. These skills improve the project team's ability to successfully advocate for the program when faced with potential limitations (e.g., funding cuts to partnering agencies, reallocation of funding, etc.). Specific responsibilities include:
 - Report summaries of work and service continuation plans to HUD;
 - Complete the HUD HOPWA grant application;
 - Develop RFPs;
 - Connect with community members for participatory involvement in the annual plan and RFP development processes; and
 - Provide ideas to the administrative team on utilizing existing housing and HIV policies to maximize service delivery.
- *Data Quality Assurance Team:* Provide technical expertise to ensure data is documented correctly. Additionally, this team will aid the administrative team in thinking about the operations of the grant from a systems perspective. The data quality assurance teams' responsibilities include:
 - Ensure information and processes are synchronized, so data are translated in paper and electronic chats on eCOMPAS; and
 - Ensure data collection is clean and consistent.
- *Monitoring and Evaluation Team:* Consider reassigning an existing research and evaluation team to this role. This team works with subrecipients and the administrative team to ensure data are being inputted correctly and develop strategies to improve subrecipient documentation measures. The team should also have a thorough understanding of structural determinants of health (e.g., racism, poverty, gender inequality, etc.). Additional responsibilities include:
 - Provide data analysis and quality assurance support;
 - Extract data and note discrepancies to initiate programmatic follow-up with subrecipients to identify gaps, errors, etc.;
 - Lead the feedback loop setup for timely course correction;
 - Publish research for advocacy and to reinforce the need for additional funding;
 - Track indicators to identify new areas for research and methodologies for data collection as well as assess the project's impact on emerging trends, etc.; and
 - Attend subrecipient site visits.

Agencies interested in replicating the intervention may have limited resources and may be unable to hire for the positions outlined above. At a minimum, consider having the following positions in place to effectively run a HOPWA program:

- Housing Director
- HOPWA Program Manager
- HOPWA Fiscal Manager
- HOPWA Fiscal Analyst (at least one)
- HOPWA Program Analyst (at least one)
- Research and Evaluation Staff Person (at least one)

If funding is limited, consider combining the Program and Fiscal Analysts positions into one position. Additionally, in lieu of the Policy Analyst position, the Housing Director and Program Manager can work together to complete the Consolidated Plan, Annual Performance Plan, and other HUD reporting requirements.

Staff Characteristics

Core competencies of all staff should include:

- Excellent technical assistance and training skills;
- Understanding of HUD and HOPWA requirements;
- Ability to facilitate engaging presentations to stakeholders about HUD and HOPWA requirements;
- Baseline data analysis skills;
- Strong customer service skills;
- Working knowledge of structural determinants of health (racism, discrimination, poverty, etc.) and their impact on client health outcomes;
- Baseline knowledge of social epidemiology;
- Knowledge of treatment as prevention;
- The ability to view clients as individuals and work to humanize data to advocate for clients effectively;
- Understanding of the needs of clients living in your service jurisdiction;
- Knowledge that addressing housing instability can positively affect health outcomes for people with HIV and AIDS (“Housing as Healthcare”);
- Willingness to work with clients to address individual barriers through HOPWA services; and
- Lived experience or nuanced understanding of the experiences of people with HIV experiencing homelessness.

When discussing the importance of recruiting staff the NYC DOHMH explained:

“ . . . several of our staff come from agencies that we formally funded, so they have first-hand experience delivering housing services and working with consumers directly, and now they’re coming to the side of administrator, and they give really thoughtful insight when we issue guidance about elements that we need to consider when that guidance is implemented. And I think that’s always such a huge benefit for our program, that people are given an opportunity to gain employment here and professional growth.”

– NYC DOHMH DIRECTOR, HOUSE SERVICING UNIT

Replication Tips for Intervention Procedures and Client Engagement

Successful replication of the Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention involves working with trusted subrecipients, gathering community feedback, and utilizing multiple databases to enhance case management when possible.

Work with Trusted Subrecipients:

Depending on the size of your jurisdiction, partnering with other community-based, city, or state-level agencies will be essential to implementing an effective HOPWA program. Ideally, these agencies should have strong relationships with clients. For your replication process, consider taking the following steps:

Identify subrecipients that hire staff with lived experience: Staff with lived experience should represent within all levels of the subrecipient agencies and the HOPWA administrative team. Receiving services from people who have similar lived experiences helps agencies build a positive rapport with clients and aid in retention. Individuals with lived experience will provide a unique perspective on barriers for clients, community engagement strategies, and feasibility of intervention approaches.

Identify subrecipients with prior experience as HOPWA recipients: Subrecipients with previous experience as HOPWA grantees will be familiar with HOPWA's reporting processes and subrecipient expectations. This experience can reduce the amount of assistance needed to ensure subrecipients are properly documenting data and service delivery expectations are met.

Identify subrecipients that provide additional support services: In addition to identifying subrecipients that can assist with providing housing services organizations, agencies who can offer other support services (e.g., assessment and case management, substance abuse treatment, mental health treatment, nutritional services, job training and placement assistance, and assistance with daily living)² are essential. Utilizing mapping tools and gathering community feedback helps identify unique client needs that expand beyond housing stability.

Provide training to subrecipients: HUD provides live and accessible pre-recorded trainings for subrecipients based on their jurisdictional requirements and needs. Grantees should prioritize the following trainings for subrecipients (See [Additional Resources Box](#)):

- Moving On Webinar Series:
 - Introduction
 - Resources
 - Moving On for Public Housing Agencies (PHAs)
 - Assessment Processes
 - Creating a Culture of Supportive of Moving On
 - Services in Supportive Housing
 - Tracking and Evaluations
- The HOPWA Institute:
 - HIV Housing Care Continuum
 - Housing-Based Case Management & Support Services
 - Income & Rent Calculation-in 25 Minutes!
 - Core Principles of Financial Management
 - HOPWA Rental Assistance: Building Programs That Work! (If applicable)
 - Rural Challenges - Operating HOPWA Housing Programs in Rural Communities (If applicable)
 - Effect Approaches to Monitoring
 - Spotlight on STRMU (If applicable)
 - HOPWA and Ryan White: Federal Panel on HIV and Health
- HOPWA Modernization: Moving On Strategies
- HOPWA Intake, Initial, and Annual Recertification—Using Remote, Virtual, and other Methods
- HOPWA APR Training Modules
- HOPWA CAPER Training Modules
- The Impact of Housing on Health and Using your HIV Housing Care Continuum

Additional training should be provided to agencies focusing on data documentation, navigating eCOMPAS, and service delivery expectations (e.g., rapid data entry, eligibility qualifications, etc.)

Work with subrecipients that offer permanent housing: Some subrecipients may offer one or two supportive housing services (temporary short-term housing, short-term rent, utility assistance, tenant-based rental assistance, and permanent housing). When determining which agencies to work with, ensure that some partners provide permanent housing and other housing services. Housing service models should include comprehensive long-term support options and short-term options to respond to immediate needs. Having a tiered model with an established referral process provides the ability for clients to receive warm hand-offs between subrecipients while guiding them through their journey to permanent housing.

Gather Community Feedback

Providing supportive housing services requires utilizing a client-centered approach. Feedback will assist with developing awareness about the unique client needs gathering input about service delivery. Community members serve as key informants on barriers to service accessibility, stigma, gaps in services within the jurisdiction, and help to identify trusted agencies. For your replication process, consider taking the following steps:

Create spaces to receive community feedback: Hold public hearings, implement client satisfaction surveys, conduct in-person and online community outreach, utilize focus groups, and establish community advisory boards among other strategies. When creating these spaces, consider participants accessibility (e.g., preferred language, transportation vouchers, wheelchair ramps, etc.) and compensating people for their involvement.¹⁴

Join national housing stakeholder workgroups: HOPWA programs can vary significantly depending on the size of the jurisdiction, available resources, and support from local government officials. Joining national housing stakeholder workgroups can provide a space for knowledge exchange, identifying contractors to provide technical assistance, and developing housing advocacy strategies. These types of workgroups can help to build a community of practice where strategies across institutions and jurisdictions are shared.

Identify technical assistance contractors: The NYC DOHMH is a well-resourced agency and has the capabilities to hire staff as necessary to fulfill HOPWA program needs. It may be appropriate for other agencies with fewer resources to consider utilizing contractors to assist with program and budget management, grant writing and policy analysis, monitoring and evaluation, and data quality control.

Establish an advisory group: This group should consist of clients, people with lived experience, and other providers. This group will provide a critical role by guiding the development of the Consolidated Plan and Annual Action Plan.

Attend site visits: Replicators should encourage all administrative staff to attend site visits to connect with clients, develop a better understanding of client needs and observe the standard of services being provided. Site visits can provide space for the administrative team to better advocate on the client's behalf, as some clients may not feel comfortable advocating for themselves at the risk of losing access to housing or other support services.

“ . . . consumers get to see who is behind the scenes . . . It can be a really beautiful exchange or ends up being a good opportunity for us to advocate if the housing conditions for a given consumer are not meeting quality standards. One of the first ones I went to happened to be a situation of that kind, and the consumer felt just very apologetic and grateful for housing, and they didn't feel like they should complain about the mold and the leaking that was happening.”

– NYC DOHMH DIRECTOR, HOUSE SERVICING UNIT

Utilize Multiple Databases to Enhance Case Management

Utilizing multiple datasets helps evaluate the program and optimize case management. People with HIV may be accessing services from various providers. Having access to these data is essential to determine client retention and engagement and monitor HIV-related medical data. Consider the following replication recommendations:

Procure eCOMPAS or other Homeless Management Information System (HMIS): The primary database the NYC DOHMH used to gather data from subrecipients is eCOMPAS. RDE Systems is the eCOMPAS developer and provides free consultation with agencies interested in utilizing the database. The consultation includes an assessment of the current data infrastructure and client and staff buy-in. RDE will then determine pricing based on agencies database preferences and available funding. RDE works with agencies to ensure staff readiness and sustainability, address data migration concerns, and provide optimal security of client data. RDE provides training to the agency's Information Technology department at launch and throughout the duration of database usage. RDE addresses data migration concerns by assessing electronic health record integration and secure data sharing. Additionally, RDE offers security and privacy features that extend beyond standard

HIPPA compliance through the Federal Risk and Authorization Management Program (FedRAMP) certification and Zero-Knowledge encryption.

At a minimum, consider purchasing the following features from eCOMPAS or other database: electronic contract management module, housing management inventory module, and electronic assessment system. The electronic contract management module and housing management inventory module are helpful when monitoring the subrecipient activities. The electronic assessment system enhances subrecipient's ability to report client level services and report data on HIV related medical data (i.e. viral suppression, retention in care, etc.)

Establish partnerships to access medical data: Having access to client-level HIV-related surveillance data is helpful to determine the number of clients retained in care, viral suppression, and CD4 count.¹ Utilizing HIV surveillance data in combination with eCOMPAS can illustrate how stable housing leads to retention in care.

Establish confidentiality policies and data sharing and use agreements: Depending on capacity, utilizing a consultancy group may be necessary to complete this step.¹⁷ If you share data, a data agreement and client confidentiality policies should be in place.

When discussing the importance of utilizing eCOMPAS and multiple databases:

“[The impact of HOPWA housing on health outcomes] that’s been the biggest advocacy piece on why housing is so important, that it’s not just about putting a roof over someone’s head; it’s stabilizing all major quality of life indicators. And we [NYC DOHMH] could not do that if we didn’t have eCOMPAS. We certainly couldn’t do that if we couldn’t match the data to surveillance . . .”

– NYC DOHMH DIRECTOR, HOUSE SERVICING UNIT

Securing Buy-In

Securing the support of leadership, staff, and other relevant stakeholders is a critical step when implementing an intervention. Highlighting the advantages is one way to secure support. The following strategies may help to secure buy-in for the Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention:

Implement activities to encourage community feedback on the Annual Action Plan and Consolidated Plan:

- Utilize public hearings or convene focus groups to gather feedback from community members on the Annual Plan. Utilize social media, listservs, radio announcements, and print media ads to make the public aware of the event(s). Consider hosting these events virtually and in-person to reduce barriers for community members. Compensate (e.g., gift cards, transportation vouchers, etc.) attendees for their participation.
- Utilize your organization's social media and website for people to provide feedback on the Annual Plan. Compensate (e.g., gift cards, transportation vouchers, etc.) people for their participation by collecting email addresses.
- Convene an advisory board of key stakeholders to gather feedback from a diverse audience to understand client needs, provide input on the annual plan, and continuously update the RFP.
- Liaise with community leaders to identify additional opportunities for community feedback through formal and informal channels (e.g., block parties, suggestion boxes, etc.)



Highlight the advantages your organization may receive by implementing the intervention:

- The ability to use client-level HIV medical data to assess if supportive housing leads to higher rates of retention in care and viral suppression.
- Increase housing service coordination within the jurisdiction.
- Increase ability to conduct matched analysis.
- Increase ability to streamline contract management, quality and outcome management, and client feedback and satisfaction activities required by HUD through eCOMPAS.
- Ability to use evaluation data to increase advocacy efforts focused on permanent housing for people with HIV.
- Designation as a HOPWA grantee increases the potential of receiving continuation funding from HUD.
- Conference and training opportunities to present on the implementation and outcomes of the intervention.

Highlight the advantages funded agencies may receive by implementing the intervention:

- The ability to use client-level HIV medical data to assess if supportive housing leads to higher rates of retention in care and viral suppression.
- Access to a network of other providers to meet distinct client needs, increasing the referral process for other services.
- Receive routine reports on client retention (e.g., HIV medical care, support services, housing service).
- Access to technical assistance to optimize the organization's service delivery and staff capacity.
- Increase visibility of the agency as a HOPWA subrecipient.



Overcoming Implementation Challenges

There are always challenges when implementing a program or intervention. Anticipated challenges, as well as possible solutions, include:

- **Federal funding and governmental changes:** Federally funded programs such as HOPWA are susceptible to significant fluctuations between fiscal years based on shifts in governmental administrations or priorities. This can impact the amount of available funding a jurisdiction receives, ultimately impacting the services that the jurisdiction is able to provide. Having support from state and city government to fund programming can offset a reduction or loss of federal funds.
- **Housing as an indicator of higher retention:** Enrollment does not guarantee that services were received, nor does it indicate a particular dose of treatment. Future programs should identify if there is a specific threshold of service utilization for which the evidence of the intervention's effectiveness becomes clearer (i.e., receiving a certain number of type of services results in increased outcomes).
- **Promoting staff engagement:** Even in smaller jurisdictions, housing programs tend to involve a wide range of stakeholders, organizations, and staff. This can involve extensive and ongoing coordination which may be challenging. Keep staff motivated by holding ceremonies for funded agencies that expressly acknowledge the work of case managers. These celebrations allow space for vendors to connect, gather feedback from administrators and case managers, reconnect to the program's goals and mission, and acknowledge the work of staff who are often people of color and are the lowest paid. Ceremonies can include food, goodie bags, gift certificates, and other incentives. Future programs should also consider equitable methods of acknowledgement, such as wage increases, providing professional development opportunities and yearly bonuses for staff.
- **Creating mechanisms to receive feedback:** Being actively involved in diverse community workgroups and discussions can aid in identifying research evaluation ideas, analyzing data, and ultimately developing new strategies. Make sure that communities feel heard and that their suggestions are integrated across programming to promote engagement and sustainability.

Promoting Sustainability

NYC DOHMH is the largest HOPWA grantee in the United States, with over 20 years of experience implementing the program. Program longevity is partially due to support from local government officials and advocates and being in a jurisdiction with significant resources for people with HIV. Other jurisdictions without the same level of support can implement this intervention by identifying other funding resources, scaling down the number of support services offered, decreasing the number of subrecipients, and working with housing advocates to promote policies that impact people with HIV who are experiencing homelessness. Replicators are encouraged to connect with neighboring jurisdictions that have implemented HOPWA or other housing programs to learn their processes

and best practices. This may offer unique ideas on how to best leverage resources to implement a housing intervention that is sustainable and effective. Regarding analysis of the intervention, replicators should strive to determine if all clients enrolled in the HOPWA program are actually receiving services, and if so, that the service dosage (i.e., the number and type of services, duration, quality, etc.) is clearly defined and consistent across subrecipients. Replicators should also strive to record additional variables that may impact the effectiveness of the intervention (e.g., private vs. public insurance, educational level, employment status, income, mental health status, hospitalization, substance use history, etc.).¹

SWOT Analysis

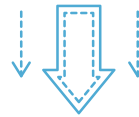
SWOT is an acronym for Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is a structured planning method used to assess the viability of a project or intervention. By conducting a SWOT analysis in advance of an intervention, organizations can proactively identify challenges before they occur and think through how to best leverage their organizational strengths and opportunities to improve future performance.



STRENGTHS

The Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention retains people experiencing homelessness with HIV in care by:

- Triangulating client data, using multiple databases to monitor client service engagement and evaluate client retention,
- Including the voices of clients and other key stakeholders in the development of the Consolidated and Annual Plan,
- Acknowledging and celebrating staff for their work and commitment to implement the intervention, and
- Utilizing eCOMPAS, a database to easily perform data management, contract management, quality improvement, and client satisfaction activities.



WEAKNESSES

Agencies will find it challenging to implement the Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention without:

- Access to client level HIV medical data
- Current relationships or leads on identifying key stakeholders and community members to guide the planning process,
- Provide sufficient training and technical assistance to subrecipients on the intervention model, data documentation, and reporting procedures,
- Identify or hire staff to aid with monitoring, evaluation, and implementation oversight for subrecipients, and
- Access to a database that the grantee and subrecipients can use to store and share programmatic and client level data.



OPPORTUNITIES

The Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention offers opportunities to:

- Create a network of services with stakeholders who support people with HIV who are experiencing homelessness,
- Identify specific intervention service doses (i.e., frequency, quality, duration, etc.) that result in increased retention and viral suppression,¹
- Identify and hire staff with lived experience from subrecipient agencies to join the administrative team, and
- Build and strengthen relationships with stakeholders and community members to collaboratively advocate for housing opportunities for people with HIV.



THREATS

Threats to the Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention's success include:

- Inability to develop a strong Consolidated Plan or lack of funding for new competitive grantee applicants,
- Changes at the executive level of the federal government may result in funding allocation changes,
- Leadership changes in your local jurisdiction may result in the reprioritization of activities,
- Failure to secure buy-in from stakeholders and staff,
- Inability to identify subrecipients that provide permanent housing and other support services,
- Inability to establish data use and sharing agreements to obtain client-level HIV and other supportive service-related data, and
- High staff turnover with the administrative team and subrecipient agencies.



Conclusion

The Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention is an attempt to assess engagement in HIV care and treatment amongst people receiving HIV housing services, in comparison to an alike group in the larger HIV population. This innovative service model includes housing and other support services that enable client retention and improve HIV-related health outcomes. Findings from the study conducted by the NYC DOHMH on the impact of the intervention showed that:

- Clients engaged in the intervention experienced higher retention rates in care (94 percent) than the control group (84 percent).¹
- Clients' odds of retention were three times higher compared to other people with HIV in matched and unmatched analysis [odds ratio (OR) = 2.97, 95 percent confidence interval (CI) = 2.35–3.74; OR = 3.06, 95 percent CI = 2.45–3.81, respectively].¹

This intervention also leverages NYC DOHMH's 20 years of experience with HOPWA implementation, stakeholder engagement, and access to multiple client-level databases to identify and address the unique challenges faced by people with HIV who are experiencing homelessness. Overall, the Leveraging Housing Opportunities to Promote Retention in Care for People with HIV intervention illustrates how organizations can utilize tiered supportive housing models to increase retention in HIV care for people who are experiencing homelessness.

Additional Resources

HIV National Strategic Plan

<https://www.hiv.gov/federal-response/hiv-national-strategic-plan/hiv-plan-2021-2025>

United States Department of Housing and Urban Development (HUD) Housing Opportunities for Persons with AIDS Eligibility Requirements

<https://www.hudexchange.info/programs/hopwa/hopwa-eligibility-requirements/#:~:text=HOPWA%20formula%20grants%20are%20made,basis%20of%20a%20national%20competition>

United States Department of Housing and Urban Development (HUD) Housing Opportunities for People with AIDS (HOPWA) Grantee Oversight Resource Guide

<https://www.hudexchange.info/resource/1003/hopwa-grantee-oversight-resource-guide/>

United States Department of Housing and Urban Development (HUD) HOPWA CAPER Form: HUD-40110-D

<https://www.hudexchange.info/resource/1011/hopwa-caper-form-hud-40110-d/>

United States Department of Housing and Urban Development (HUD) HOPWA Annual Progress Report (APR): HUD-40110-C

<https://www.hudexchange.info/resource/1012/hopwa-annual-progress-report-apr-form-hud-40110-c/>

United States Department of Housing and Urban Development (HUD) eCON-Planning Suite: Guide to the Data-Driven Toolkit for CPD Maps (Click on Guide to the Data-Driven Toolkit for CPD Maps)

<https://www.hudexchange.info/programs/consolidated-plan/guides/#cpd-maps>

Centers for Disease Control and Prevention Epi Info

<https://www.cdc.gov/epiinfo/index.html>

United States Department of Housing and Urban Development (HUD) eCON Planning Suite Trainings

<https://www.hudexchange.info/programs/consolidated-plan/econ-planning-suite-trainings/>

United States Department of Housing and Urban Development (HUD) Trainings Webpage

<https://www.hudexchange.info/search/?km=10&ct=Trainings&dsp=&q=HOPWA>

[Search using specific training titles found in Staffing Requirement and Considerations]

CIE Cost Analysis Calculator

<http://ciehealth.org/innovations>

Endnotes

¹ Terzian, A.S., Irvine, M.K., Hollod, L.M., et al. (2015). Effect of HIV Housing Services on Engagement in Care and Treatment, New York City, 2011. *AIDS and Behavior: AIDS Behav*, 19, 2087-2096. <https://doi.org/10.1007/s10461-015-1003-4>

² United States Department of Housing and Urban Development. (n.d.). HOPWA Eligibility Requirements. Retrieved March 23, 2021, from <https://www.hudexchange.info/programs/hopwa/hopwa-eligibility-requirements/>

³ Virginia Department of Housing and Community Development. (n.d.). Virginia Homeless and Special Needs Housing Funding Guidelines, 2018-2020. <https://www.dhcd.virginia.gov/sites/default/files/Docx/vhsp/homeless-and-special-needs-housing-guidelines-2018-2020.pdf>

⁴ United States Department of Housing and Urban Development. (2014, April). The eCON suite: Guide to the Data-Driven Planning Toolkit in CPD Maps . Retrieved May 21, 2021, from <https://files.hudexchange.info/resources/documents/Data-Driven-Planning-Guide-CPD-Maps.pdf>

⁵ United States Department of Housing and Urban Development. (n.d.). HOPWA Grantee Oversight Resource Guide. Retrieved March 29, 2021, <https://www.hudexchange.info/resource/1003/hopwa-grantee-oversight-resource-guide/>

⁶ United States Department of Housing and Urban Development. (n.d.). HOPWA Housing Application and Assessment. Retrieved March 29, 2021, from <https://www.hudexchange.info/resource/1833/hopwa-housing-application-and-assessment/>

⁷ United States Department of Housing and Urban Development. (n.d.). HOPWA caper form: hud-40110-d. Retrieved March 23, 2021, from <https://www.hudexchange.info/resource/1011/hopwa-caper-form-hud-40110-d/>

⁸ United States Department of Housing and Urban Development. (n.d.). HOPWA Performance Management and Monitoring. Retrieved March 29, 2021, from <https://www.hudexchange.info/programs/hopwa/hopwa-performance-management-and-monitoring/>

⁹ Centers for Disease Control and Prevention. (2020, May). Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data-United States and 6 Dependent Areas, 2018, HIV Surveillance Supplemental Report 2020;25(No.2). <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>

¹⁰ Centers for Disease Control and Prevention. (2020, May). HIV Surveillance Report, 2018 (updated), vol.31. Retrieved March 23, 2021, from <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>

¹¹ White House. National HIV/AIDS Strategy for The United States: Updated to 2020. 2020;74. <https://files.hiv.gov/s3fs-public/nhas-update.pdf>

¹² United States Department of Housing and Urban Development. (n.d.). eCON Planning Suite. Retrieved May 21, 2021, from <https://www.hudexchange.info/programs/consolidated-plan/econ-planning-suite/>

¹³ Government of the District of Columbia Department of Health. (n.d.). HOPWA: FY 2011 Annual Action Plan for Washington DC Eligible Metropolitan Statistical Area. https://dhcd.dc.gov/sites/default/files/dc/sites/dhcd/release_content/attachments/19602/APPENDIX%20B%20HOPWA%20-%20part%20-%20-%20Action%20Plan.pdf

¹⁴ Government of Puerto Rico. (2019, May 13). State Consolidated Plan for Housing and Community Development Programs, 2019 Action Plan. <https://www.vivienda.pr.gov/wp-content/uploads/2019/05/2019AnnualActionPlan-DRAFT-Comentarioshastael12dejuniuio2019.pdf>

¹⁵ New York State Homes and Community Renewal (HCR). (n.d.). New York State 2019 Annual Action Plan. <https://hcr.ny.gov/system/files/documents/2020/06/nys-2019-annual-action-plan-with-attachments.pdf>

¹⁶ Hunt, Guillot & Associates. (n.d.). East Baton Rouge City-Parish: Grant Management and Environmental Services to Include HUD, CDBG, HOME, ESG, and HOPWA Programs for Housing, Infrastructure, and Public Services. Retrieved March 23, 2021 from <https://www.hga-llc.com/resources/east-baton-rouge-city-parish-grant-management-and-environmental-services-to-include-hud-cdbg-home-esg-and-hopwa-programs-for-housing-infrastructure-and-public-services/>

¹⁷ Virginia Department of Housing and Community Development. (2020). Virginia's Homeless Programs 2019-2020 Program Year, A Report to the House Appropriation and Senate Finance Committees. <https://rga.lis.virginia.gov/Published/2020/RD504/PDF>