ENHANCED HOUSING PLACEMENT ASSISTANCE (EHPA)

Evidence-Based Structural Intervention

INTERVENTION DESCRIPTION

Goal of Intervention
- Improve viral suppression
- Improve housing outcomes among homeless persons with HIV

Intended Population
- Homeless persons with HIV

Brief Description

Enhanced Housing Placement Assistance (EHPA) is a rapid re-housing program for homeless persons with HIV residing in adult shelters. In the program, homeless persons with HIV are immediately assigned a case manager who quickly finds available and affordable housing, provides rent and move-in assistance, and after placement, delivers intensive housing stabilization services onsite at the person's residence. The housing stabilization services address issues that threaten housing stability (i.e., substance abuse, mental health, history of incarceration, financial management). Additional services offered by the case managers include picking up and accompanying participants to all housing appointments, assisting with entitlements advocacy to secure eligible housing subsidies, and conducting housing quality standard reviews. The case manager meets weekly and then monthly with study participants at their residence for direct case management.

Theoretical Basis
- Rapid Re-Housing

Intervention Duration
- At least 1 year, or until housing placement has occurred*

Intervention Setting(s)
- Adult shelters for homeless persons with HIV

Deliverer
- Case managers

Delivery Methods
- Case management
- Intensive housing stabilization services

Structural Components

- Capacity building – Hiring staff
  - Hired case managers to deliver services to the EHPA participants
- Social Determinants of Health – Survival
  - Placed homeless persons with HIV into permanent housing, and provided them with rent and move-in assistance
  - Provided housing stabilization services to address issues that threaten housing stability (e.g., substance abuse, mental illness, history of incarceration, financial management challenges)

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **Ellen Weiss Wiewel,** 42-09 28th Street, CN-44, Long Island City, NY 11101.

Email: **ewiewel@health.nyc.gov** for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation study was conducted in New York City, NY between 2012 and 2014.

Key Intervention Effects

- Increased viral suppression

Recruitment Settings

22 shelters for single homeless adults with HIV

Eligibility Criteria

Participants were eligible if they were 18 years or older, diagnosed with HIV, resided in the HIV emergency shelter, and were able to live alone without the assistance of a live-in aide.

Study Sample

The analytic study sample consisted of 235 participants, as 1 EHPA participant was excluded from the analysis because they were unable to be matched to the HIV surveillance registry and housing administrative database. The study sample is characterized by the following:

<u>EHPA (n = 118):</u>

- *61% non-Hispanic Black, 34% Hispanic, Latino or Latina, 4% non-Hispanic White*
- *70% cisgender men, 25% cisgender women, 4% transgender women, 0% transgender men*
- *Mean age of 46 years*
- *42% less than high school diploma, 31% high school diploma/GED, 26% some college or other degree*
- *50% disabled for work, 45% unemployed*
- *68% chronically homeless*
- *46% had ever been incarcerated (not within 2 years), 33% experienced recent (within 2 years) incarceration*
- *57% with mental health diagnosis*

- *HIV transmission risk: 43% injection drug use, 17% men who have sex with men, 19% heterosexual, 20% other/unknown HIV transmission risk*
- *97% engaged in HIV care in past year*
- *61% on ART with incomplete adherence, 18% not on ART*
- *28% viral suppression (≤200 copies/mL) in past year*

Usual Care (n = 117):

- *60% non-Hispanic Black, 32% Hispanic, Latino or Latina, 9% non-Hispanic White*
- *77% cisgender men, 18% cisgender women, 3% transgender women, 2% transgender men*
- *Mean age of 46 years*
- *37% less than high school, 32% high school diploma/GED, 31% some college or other degree*
- *56% disabled for work, 38% unemployed*
- *64% chronically homeless*
- *56% had ever been incarcerated (not within 2 years), 19% experienced recent (within 2 years) incarceration*
- *58% with mental health diagnosis*
- *HIV transmission risk: 49% injection drug use, 23% men who have sex with me, 16% heterosexual, 12% other/unknown HIV transmission risk*
- *100% engaged in HIV care in past year*
- *55% on ART with incomplete adherence, 18% not on ART*
- *52% viral suppression (≤200 copies/mL) in past year*

Assignment Method

Participants (N = 236) were randomized to EHPA (n = 119) or Usual Care (n = 117).

Comparison

In the Usual Care comparison, homeless persons with HIV were immediately referred to a community-based organization engaged by the City of New York for housing services prior to the initiation of the study. Participants were also offered housing stabilization services on an ad hoc basis and had to travel to the organization's office for all services. Services were typically terminated within 3 months post-enrollment.

Relevant Outcomes Measured

- Viral suppression, defined as having a most recent viral load test result of ≤ 200 copies/mL, was measured as improvement in viral suppression from baseline to 12 months post-enrollment.
- Engagement in care, defined as having ≥ 1 HIV laboratory test result (CD4 count or viral load) reported to the NYC HIV Surveillance Registry, was measured as improvement in engagement in care from baseline to 12 months post-enrollment.

Participant Retention

Because participant retention is not a criterion for the Structural Interventions chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- EHPA participants had a significantly greater improvement in viral suppression from baseline to 12 months post-enrollment compared to Usual Care participants (EHPA: 28% to 47%; Usual Care: 52% to 57%; adjusted odds ratio = 2.1; 95% CI: 1.1, 4.1; p = 0.03) [¥°*].

Considerations

Additional significant positive findings on non-relevant outcomes

- EHPA participants were significantly more likely to be placed in housing within 12 months post-enrollment (Log-rank test, p = 0.02), and had a 80% higher rate of housing placement compared to Usual Care participants (adjusted hazards ratio = 1.8; 95% CI: 1.1 – 2.8)°

Non-significant findings on relevant outcomes

- There were no significant intervention effects for engagement in HIV care. It is important to note that more than 97% of participants in both study arms were in care at baseline and at 12 months after enrollment.

Negative findings

- None reported

Other related findings

- ¥There was a significant difference in baseline viral suppression (EHPA: 28% Usual Care: 52%; $\chi^2 = 1.3$; p <0.01). This difference was accounted for by conducting the McNemar's test and the conditional logistic regression. Because the logistic regression model assessed change in viral suppression over time (i.e.., from baseline to 12 months post-enrollment), baseline viral suppression was an element of the outcome, and not a covariate, which allowed for the comparison in the improvement of viral suppression before and after enrollment within and between arms, instead of comparing post-enrollment viral suppression only.
- The EHPA arm delivered intensive case management at the participant's residence, and housing outcomes for these participants were significantly better than for those in the Usual Care arm. Yet for EHPA participants, the average amount of time to housing placement (143 days) and the percentage who were placed within 12 months of enrollment (45%) were lower than benchmarks suggested by The National Alliance to End Homelessness for rapid re-housing programs (i.e., permanent housing should occur within 30 days of program entry and at least 80% of households in the prior 12-month period should be placed). Health conditions may contribute to housing placement difficulties. The study authors suggest that rapid re-housing providers should consider rates of comorbidities, including HIV infection, among their homeless populations when setting performance benchmarks. *

Implementation-research related findings

- None reported

Process/study execution-related findings

- None reported

Adverse events

- None reported

Funding

No funding was used, as the study's evaluation was covered through existing responsibilities of staff at the New York City Department of Health and Mental Hygiene. *

*Information obtained from author

°Adjusted for current gender identity, race/ethnicity, age, and Social Security Income (SSI)/Social Security Disability Income (SSDI)

REFERENCES AND CONTACT INFORMATION

Towe, V. L., Wiewel, E. W., Zhong, Y., Linnemayr, S., Johnson, R., & Rojas, J. (2019). A randomized controlled trial of a rapid re-housing intervention for homeless persons living with HIV/AIDS: Impact on housing and HIV medical outcomes. *AIDS and Behavior, 23*(9), 2315–2325.

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