

# Criteria for low-barrier housing for people with HIV who use drugs

## Background

In late 2018, an HIV outbreak among people who inject drugs in Hennepin and Ramsey Counties emerged that coincided with a large encampment of people experiencing unsheltered homelessness in South Minneapolis that grew throughout that summer. The outbreak continues to expand with 259 cases reported as of June 20, 2024. Recognizing the increased need for housing assistance to effectively respond to the outbreak, Hennepin County Public Health's Ryan White Program convened a low-barrier HIV housing technical workgroup - a multi-disciplinary team of government and community-based HIV service provider and prevention experts - to develop a low-barrier model for housing people with HIV (PWH) who use drugs.

The technical workgroup's (TWG) goal was to create a pathway to safe, stable housing for PWH who are unhoused or living in encampments so that they can be provided with comprehensive, coordinated care that focuses on linkage to and retention in both care and support services, as well as harm reduction strategies. To develop a low-barrier pathway to housing, the TWG sponsored a project to engage community members who were associated with the outbreak and had experienced unsheltered homelessness in the past year. The Ryan White Program's CDC Public Health Associate Aurin Roy interviewed 22 community members to learn about the barriers and facilitators to a pathway to desirable safe housing for people with HIV who use drugs. This Consumer Input Project coincided with a Ryan White Program quality improvement initiative known as *create+equity*, which involved interviews with medical case managers and disease intervention specialists working with unhoused people with HIV. The work of both initiatives informed development of the below listed criteria for a low-barrier housing model for people with HIV who use drugs. Throughout its work, the TWG reviewed qualitative data from the Consumer Input Project and *create+equity* and articulated the criteria at a retreat on March 29, 2024.

## Principles

Employing the foundational principles of a trauma-informed, person-centered approach in a low-barrier model of housing for people with HIV who use drugs can increase success in securing a safe, stable, desirable, and affordable home. A person-centered approach has the person at the center of the model as the care leader and responds to client perspectives on healthcare and wellness. It is responsive at the client, service delivery, and system levels. A trauma-informed, person-centered approach promotes trust and dignity, is transparent, creates

safety, is empathetic and collaborative, respects culture and identity with humility, and is informed by lived experiences. It elevates client voice, provides choices, and facilitates empowerment.

## Criteria

The criteria are organized in three domains: housing desirability; trauma-informed support; and system and interagency process and workflow. Housing desirability and trauma-informed support criteria are organized further into sub-themes. The criteria are designed to mitigate barriers to safe, desirable and affordable housing and facilitate rapid movement along the housing continuum from unsheltered homelessness to a long-term person-centered housing solution. The list of desirable characteristics under each domain and category within domain are in order of priority as indicated by the Consumer Input Project interviews.

### Housing desirability

The housing desirability criteria come primarily from the Consumer Input Project interviews while some were generated from the TWG's retreat. Flexibility around each individual's unique and sometimes conflicting needs or wants surrounding housing is critical. There was not always agreement among the Consumer Input Project interviewees on some of the desirability criteria, which is why it's important to ask clients what they want when being placed in a housing unit. For example, some prefer having a front desk for safety while others did not want a front desk because it could be stigmatizing and violate their privacy.

The more desirability criteria included in housing options; the more likely stable housing will be sustained. Because there are many criteria and not all can always be achieved, prioritization with the client can help identify the best possible options. Housing desirability criteria are organized by the following: location; spaces and amenities; safety and security; building management policies and practices; and affordability. The list of desirable characteristics under each category are in order of priority as indicated by the Consumer Input Project interviews.

#### Location

- Close to community, services, and employment opportunities in South Minneapolis
- Accessible by public transportation
- Friendly and non-judgmental neighborhood with low violence and crime
- Groceries, social services and parks nearby

#### Space and amenities

- At least one bedroom with private kitchen and bathroom

- Visitors, pets and service animals welcomed
- On-site laundry and storage
- On a lower floor and ADA or elevator accessible
- Additional rooms for family or other housemates of choice
- Furnished as an option
- Quiet with sound proofing
- Heat and air conditioning with good air quality
- Internet access
- Library
- Fitness room
- Garden space
- Parking
- Smoking spaces
- Private meeting rooms and common space for activities and events to foster a sense of community

## Safety and security

- Safe neighborhood with gated entrance
- Resident friendly security
- Locks on doors
- LGBTQ+ accepting
- Anti-discrimination policies
- Harm reduction-based response to conflict arising from disruptive drug use
- Mediation between residents for conflict resolution
- Front desk

Additional considerations under the safety and security category include anti-discrimination policies that include relevant classes of people beyond classes currently protected by statute that are often overlooked. These include people experiencing homelessness, people with a criminal conviction, people with a substance use disorder (including those who inject drugs), and sex workers. Additionally, having a trauma-informed, harm reduction-based response to conflict arising from disruptive drug use may simultaneously protect other residents while treating the disruptive person who is using with respect by avoiding putting them in greater danger.

## Building management policies and practices

- Safeguards against evictions
- Sobriety not required
- Options that are not recognizable as HIV or culturally specific
- Clean, well maintained, pest free with timely repairs
- Friendly, supportive, sympathetic landlord with lots of grace (goodwill)

- Criminal history flexibility
- Reasonable accommodations for people with disabilities
- Clear understandable resident charges
- Review of lease with landlord for mutual understanding of leases and annual renewals
- Clear open lines of communication among all parties working to provide housing
- Thorough inspections and adherence to quality standards

## Affordability

- Subsidized with basic income not included in rent calculation
- Utilities included
- Move-in assistance, including financial assistance with acquiring furniture and household items
- Robust security deposit and application fee assistance or not required

## Trauma-informed support

Trauma-informed services promote independence and freedom. These criteria can help overcome housing system, provider and client-level barriers and facilitate timely movement along a housing continuum from unsheltered homelessness to a safe, stable, desirable, and affordable home. Providing culturally adaptive services and living environments that facilitate cultural and social connections can help provide the sense of community expressly desired by people experiencing homelessness that is not often found when their housing is remote from their established support network. Ensuring service intensions match community member desires and needs builds trust and supports retention in care.

Trauma-informed support criteria are organized under six service categories: housing placement assistance; care coordination; financial assistance and basic needs; legal assistance; medical and behavioral health; and educational services.

## Housing placement assistance

- Housing navigator ( $\leq$ 1:12 navigator to client ratio) to provide hands-on support to secure housing
- Comprehensive needs assessment
- Client phone or consistent street outreach to maintain communication
- Rehousing support
- Peer resident support

## Care coordination

- Long-term medical or non-medical case management

- Peer resident support

## Financial assistance and basic needs

- Basic income (if living in poverty)
- Emergency financial assistance
- Employment assistance
- Payment for identity document fees (ID, driver's license, or birth certificate)
- Rent subsidies (long-term)
- Payment for security deposits and utilities
- Assistance with moving expenses
- Clothing and furniture exchanges
- Food support, including grocery deliveries
- Transportation
- Child-care and after school programs
- Language interpretation and translation
- Incentives for personal growth (including contingency management)

## Legal assistance

- Criminal record expungement
- Eviction record expungement
- Housing court assistance to prevent eviction
- Warrant clearing
- Tenant's rights advocacy
- Custody and family reunification support
- Conflict mediation
- Immigration process representation

## Medical and behavioral health

- Harm reduction services readily accessible including syringe services and medication assisted therapy
- Accessible home-based nursing
- Disease management
- Nutritional counseling
- Mental health care
- Peer recovery and support
- Psychosocial support
- Animal and art therapy

## Educational services

- Life skills training, especially financial management and literacy
- Job skills training
- GED and tutoring
- Information on available resources and how to access public assistance
- Sexual health education and counseling

## System and interagency process and workflow

System and interagency process and workflow criteria focus on overcoming system or program-specific barriers that can sometimes evolve into cyclical failures that shut down movement along a housing continuum or result in the need for rehousing. Identifying sympathetic landlords that are flexible and willing to work in partnership with skilled housing service providers can create more collaborative and productive housing processes.

- Person-centered/whole-person approach
- Coordinated entry not required
- Landlord navigator/mediator to recruit new landlords and problem solve tenant issues
- Landlord damage compensation fund
- HIV housing programs inventory for providers
- Streamlined pathways to eligibility and enrollment without repetition
- More transitional housing options with warm handoffs from program to program
- Flexibility in eligibility to prevent loss of services or benefits as service needs change
- Clear housing timelines and expectations

## Lowering barriers

The Consumer Input Project interviews showed how interconnected and self-reinforcing barriers to housing can be. Barriers including substance use disorder, undesirable housing, mental health, lack of social support, and lack of motivation, among others, often amplify and feed off each other creating larger, cyclical barriers to housing. When interconnected, housing facilitators such as supportive services, strong relationships with providers, family and friends, desirability, and motivation can become synergistic allowing unhoused people with HIV to address their barriers and maximally benefit from the facilitators. Incorporating as many of the criteria as possible in a more effective model for housing can disrupt specific cyclical housing barriers and create new pathways to a safe, desirable, and stable home for people with HIV who inject drugs.

The low-barrier HIV housing technical workgroup promotes the use of these criteria by both HIV-specific and non-specific housing providers and funders to pursue and dedicate resources to implement lower barrier housing models to eliminate homelessness among people with HIV who inject drugs. This may include:

- Incorporating low-barrier housing criteria in HIV housing services standards of care;
- Including the criteria in requests for proposals to develop and deliver more effective lower-barrier housing services for people with HIV; and
- Incorporating the criteria in contracts for housing services into scopes of services and service deliverables and provider expectations.

## References

[Executive Summary of Consumer Input Project Findings](#)

[create+equity Executive Summary of Findings](#)