



Part 1. Overview Information

Funding Opportunity Title	Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Implementation Sites
Awarding Agency	Corporation for Supportive Housing
Number of Awards	Up to 10
Maximum Annual Award	\$250,000 per award year
Timetable	
RFP Release Date:	Thursday, December 15, 2022
RFP Technical Assistance Webinar:	Tuesday, January 10, 2023
Letter of Intent to Apply Due Date: (encouraged not required)	Monday, January 16, 2023
Due Date of Application:	11:59pm Eastern on Wednesday, February 15, 2023
Notification of Award:	Thursday, April 6, 2023

Executive Summary

In Fiscal Year 2022, the Health Resources and Services Administration’s HIV/AIDS Bureau (HRSA HAB), which administers the Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) program, announced funding to support a new initiative, entitled *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program* (referred to as the “SURE Housing” initiative). The purpose of the SURE Housing initiative is to implement and adapt housing-related intervention strategies for the following three priority populations of people with HIV experiencing unstable housing, who often have the highest HIV-related disparities:

- 1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people;
- 2) youth and young adults (aged 18-24); and
- 3) people who have been justice-involved.

The goal of this initiative is to promote the replication of effective housing interventions in the RWHAP to decrease health and housing disparities and improve health outcomes along the HIV care continuum.

The SURE Housing initiative has two separate yet coordinated recipients: an Implementation and Technical Assistance Provider (ITAP) and an Evaluation Provider (EP).

Serving as the ITAP, the Corporation for Supportive Housing (CSH), in partnership with Collaborative Solutions, Inc (CSI), will solicit, select, issue, and monitor subawards of up to \$250,000 per funding year for up to ten implementation sites. CSH and CSI will (a) provide the sites with technical assistance (TA) for implementing and adapting these interventions and (b) develop replication tools for other organizations

to uptake and adopt these intervention strategies for the above three priority populations of people with HIV experiencing unstable housing.

The implementation sites will participate in a multi-site evaluation to assess the effectiveness of the interventions' implementation and adaptation. The implementation of housing-related interventions at each site will be evaluated by the EP. The EP is comprised of researchers from Boston University, the University of Massachusetts, Lowell, and JSI Research & Training Institute. The EP will utilize the HRSA HIV/AIDS Bureau (HAB) Implementation Science framework to systematically collect and analyze data from sites, staff, and clients. Client-level health and housing data should come from Electronic Medical Records (EMR), a housing database (e.g., HMIS), and/or a RWHAP client-level database. Housing data is preferable from an HMIS system.

The purpose of the evaluation is to assess the ability of interventions to improve HIV clinical outcomes (linkage to care, retention in care, and viral suppression), housing stability, and other important outcomes for intervention participants. The evaluation will also document and analyze data related to implementation outcomes including adaptations, reach, cost, and sustainability.

Part 2. Funding Opportunity Description

Background and Purpose

Structural and social determinants of health, such as housing, employment, and disjointed service delivery systems, are strongly associated with HIV-related health disparities. Housing stability has a particular impact on the health of people with HIV. Homelessness was associated with 3.84 times the likelihood of incomplete viral suppression when compared to people with HIV who were stably housed (Berthaud et al, 2022). Housing is an essential mechanism in care.

Data from the Ryan White HIV/AIDS Program Services Report (RSR) show that although viral suppression rates have increased over time in the RWHAP, challenges remain for certain populations, especially clients with temporary or unstable housing. The 2021 RSR data show that RWHAP clients with unstable housing have lower viral suppression rates (77.3 percent) than clients with stable housing (90.8 percent). In addition, key populations with unstable housing continue to have low percentages of viral suppression: transgender people (72.3 percent); youth and young adults aged 20-24 years (70.8 percent); and men who have sex with men (MSM) (79.5 percent) (Ryan White HIV/AIDS Program Services Report, 2021). Additional studies have shown that people with HIV who are or have been justice-involved face increased difficulty achieving or maintaining viral suppression due to housing instability upon release (Ickowicz et al, 2019).

Data indicate that individuals with HIV infection experience far greater housing instability and homelessness than the general population: an estimated one-third to one-half are homeless or at risk of becoming homeless (Rourke et al. 2010). People with HIV who lack stable housing are more likely to delay entering HIV care and are less likely to have access to regular care, to receive anti-retroviral therapy (ART), and to adhere to their HIV medication regimen (White House Office of National AIDS Policy 2010). These data underscore the importance of replicating effective structural and evidence-informed housing intervention strategies for these subpopulations across the RWHAP.

HRSA has identified three priority populations for this project's focus: (1) LGBTQ+; (2) youth and young adults aged 18-24; and (3) people involved with the justice system. HIV disproportionately affects the

LGBTQ+ communities – in 2018, gay, bisexual, and other men who have sex with men (MSM) accounted for 69 percent of the 37,968 new HIV diagnoses in the United States (Centers for Disease Control and Prevention, 2020). Similarly, youth and young adults aged 18-24 accounted for approximately 21 percent of new HIV diagnoses in 2018 (Centers for Disease Control and Prevention, 2020). In addition, those with recent incarceration history were more likely to experience homelessness and less likely to report HIV medication adherence and durable viral suppression compared to those who were never incarcerated.

Despite their higher rates of HIV, people who identify as LGBTQ+ face greater barriers to care. These include legal discrimination, barriers to accessing health insurance, discriminatory attitudes and actions by healthcare providers, and poor trust-building between patient and provider. In most parts of the country, there is a shortage of healthcare providers who are knowledgeable and culturally-responsive in LGBTQ+ health, which may lead to people avoiding healthcare visits or not being honest with their healthcare provider (St. Catherine University, 2015). Further, studies have shown that “older LGBTQ[+] adults experience greater disparities in several physical health outcomes (e.g., higher prevalence of disability, poor general health, chronic conditions) and behavioral health outcomes (e.g., mental distress, smoking, and excessive drinking)” (National Health Care for the Homeless Council, 2021). People of trans experience face additional barriers to housing. The 2015 U.S. Transgender Survey Report noted 30 percent of respondents have experienced homelessness at some point in their lives. The same report noted that 12 percent of people of trans experience reported experiencing homelessness because of their transgender identity (James et al, 2016). Safe and affordable gender affirming housing plays an important role in linking and retaining trans people with HIV to care (Baguso et al, 2019).

Youth are another group that is at greater risk for HIV infection. One fifth of new HIV diagnoses in the U.S. are in young people aged 13 to 24 years of age (Centers for Disease Control and Prevention, 2020). Youth are more likely than other age groups to engage in behaviors that place them at higher risk for infection with HIV, such as unprotected sex, substance use, and having multiple sexual partners. After infection, young adults are also less likely than other age groups to connect to HIV-related health care and have lower rates of viral suppression (Toulou-Shams et al, 2019). Studies show that the provision of housing reduces risky behaviors and increases the likelihood of returning to care, completing care visits, receiving and adhering to ART, and ultimately achieving better health outcomes, including viral suppression (Centers for Disease Control, 2022).

In 2020, approximately 11,490 people living with HIV were in the custody of state and federal correctional authorities (Maruschak, 2022). Release from jail or prison is extremely destabilizing, as external health insurance is typically terminated when a person is incarcerated, and it can be difficult to reconnect to health care upon release. Additional challenges include legal and structural barriers when seeking housing and employment post-incarceration, including significant discrimination, which often leads to recidivism or homelessness. Black, indigenous, and people of color (BIPOC) are impacted by the justice system at higher rates than their white counterparts and are also more likely to experience homelessness after release from jail or prison.

Purpose of this Initiative

The purpose of the SURE Housing initiative is to implement and adapt housing-related intervention strategies for the following three priority populations of people with HIV experiencing unstable housing, who often have the highest HIV-related disparities:

- 1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people;
- 2) youth and young adults (aged 18-24); and
- 3) people who have been justice-involved.

This initiative will 1) apply the HIV/AIDS Bureau's Implementation Science approach to identify innovative intervention strategies to address the dual challenges of HIV and housing instability; 2) adapt, implement, and evaluate intervention strategies in up to 10 sub-awarded RWHAP-eligible sites; 3) provide TA to support implementation at the sites; and 4) develop accessible dissemination products to promote the replication and scale-up of housing intervention strategies in HIV service delivery organizations nationally.

The initiative focuses on selected housing intervention strategies that have demonstrated effectiveness in improving housing access and stability and health outcomes. Site implementation will be evaluated to assess progress using an Implementation Science framework. Lessons learned and best practices will be identified and shared with Ryan White HIV/AIDS Program recipient and subrecipient organizations, HOPWA providers, HIV/AIDS service and advocacy organizations, local housing providers, and other organizations that support youth, LGBTQ+ and people who are or have been justice involved. Funding is available to RWHAP eligible recipients or subrecipients that operate within the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and 6 U.S. Pacific jurisdictions. Maximum annual awards will be \$250,000 per grant year for the client enrollment, implementation, and closeout phases. Ongoing funding is based on successful achievement of stated goals and subject to future funds appropriated by Congress and awarded from HRSA.

Selected sites will receive notification by April 10, 2023. Funding begins May 1, 2023 to support start-up activities. Detailed instructions for the application and creating a budget are included in this announcement. During the startup phase, selected grantees will prepare for implementation by hiring staff, formalizing and updating organizational relationships with memoranda of understanding (MOU) as needed to implement the selected intervention, establishing protocols, considering data collection and IT needs, obtaining IRB approval for the evaluation of the intervention, and working closely with the ITAP and EP on program and evaluation planning activities.

The ITAP will provide technical assistance to the intervention sites during the startup phase as well as implementation. TA will include regular conference calls, webinars, annual site visits, and learning sessions which will occur twice per year. Sites will receive funding May 1, 2023 – July 31, 2026.

Eligibility Information

Eligible sites must:

- Be RWHAP-funded organizations who are co-funded or are partnering with housing service organizations.
- Demonstrate partnership with HOPWA or other funded housing organizations to leverage and provide housing services (e.g., MOU).
- Be able to collect and report client-level clinical data including demographics, lab test results, and dates of care visits through the delivery of outpatient health services on site, or demonstration of a formal data-sharing relationship to the health care settings of intervention participants (e.g., MOU).
- Be able to collect and report housing status data for all intervention participants from an in-house database or demonstration of a formal data-sharing relationship with an organization that maintains a housing database (e.g., HMIS).

Program Expectations

Applicant organizations should propose to implement the housing-related intervention strategies for one of the three key populations of people with HIV experiencing unstable housing: 1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people; 2) youth and young adults (aged 18-24); or 3)

people who are or have been justice-involved. For each intervention, the [RFP Appendix](#) provides a description, links to background information, and intervention-specific requirements. The intervention strategies were selected through a rigorous review process. Community members, leading experts in the field, and other subject matter experts convened to review and select the final list of intervention strategies.

The selected interventions should promote long-term stability, measured by successful connection to permanent housing supports and/or housing retention. All the interventions replicated and adapted for the SURE Housing initiative must be implemented with low barrier service models including [Housing First](#), [Harm Reduction](#), and [Trauma-Informed Care](#).

Housing First

Projects must operate as a low-barrier, Housing First program. Housing First approaches do not impose preconditions such as sobriety, minimum income requirements, absence of a criminal record, completion of treatment, participation in services, or other conditions. Housing First programs strive to address potential landlord-tenant problems to avoid eviction and prioritize avoiding returns to homelessness. Housing First programs do not impose rules upon participants other than what is typical in a rental agreement.

Harm Reduction

Projects must adhere to the principles of Harm Reduction, which aim to reduce the negative consequences of drug use and build respect for the rights of people who use drugs. The principles of Harm Reduction are:

1. Reducing the harmful effects of drug use rather than promote abstinence-only approaches;
2. Recognizing the continuum of drug use and that some drug use is safer than others;
3. Promoting quality individual and community life as essential to successful intervention;
4. Providing voluntary, non-judgmental services to people who use drugs;
5. Ensuring that people who use or have used drugs have a voice in the creation of policies and programs designed to serve them;
6. Promoting peer support and empowerment among people who use drugs;
7. Recognizing how poverty, racism, classism, sex and gender discrimination, and other social inequities effect people's vulnerability to and capacity for dealing with drug-related harm;
8. Honoring the real harm and danger that can be caused by drug use.

Trauma-Informed Care

Many people who experience housing instability have experienced trauma, and housing instability and homelessness themselves are traumatizing experiences. Trauma Informed Care (TIC) is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of trauma. All organizations funded through this opportunity are expected to be trauma informed.

Project Components

Projects must meaningfully collaborate with people with lived expertise (PWLE) in all aspects of project planning and implementation. Projects will need to have or develop mechanisms for people served by the project to provide meaningful and ongoing input on design, rules, service practices and policies, and development of a formal grievance policy that is provided to all participants.

Projects must incorporate the following housing support services:

- If using tenant-based rental assistance or scattered site units, projects must include staff that will conduct outreach to landlords.
- Projects must include outreach and navigation staff to provide assistance with securing resources for move-in, including security and utility deposits, basic furniture, and household goods, and assistance with actual move-in to housing units.
- Projects must include coordination between services and outreach/navigation staff to ensure a warm hand-off.
- All services should focus on building relationships and service engagement through person-centered, culturally responsive, trauma-informed, strengths-based practices. Services should align with the Housing First model (see Addendum – Definitions). The purpose of these relationships is to support each household to achieve housing stability through individualized planning and connections with community resources.
- Services should be voluntary, non-intrusive, and provide minimal disruption to meet the expressed needs and desires of the participant.
- Services should be highly flexible and tailored to meet the needs of each household.

Each implementation site will be required to fully participate in a multisite evaluation to assess implementation and outcomes of the intervention strategy. Participation will include interviews and surveys with organizational leadership, staff, and clients as well as electronic submission of information on enrolled clients, their exposure to the intervention strategy, and their health and housing outcomes. Implementation sites will be required to ensure appropriate staffing to support the evaluation activities. Further details on evaluation requirements are provided below. The evaluation will contribute to the evidence of effective intervention strategies, highlight core elements that contribute to successful implementation, and contribute to reports of lessons learned.

Sites funded through this initiative will be required to work collaboratively with the ITAP and the EP throughout the project period. Sites are expected to fully participate in the evaluation led by the EP. The EP will create and share the evaluation plan, and there may be aspects of the evaluation plan that are specific to each focus population of the project: youth aged 18-24, LGBTQ+ individuals, and justice-involved individuals. Each site will be expected to collect and report data in compliance with the evaluation plan.

Staffing and Personnel

Intervention Implementation:

[See RFP Appendix](#)

Evaluation:

- Hire or assign existing staff to fill a minimum of 0.5 FTE responsible for managing data collection and evaluation activities (e.g., data manager, coordinator, evaluator).
- Evaluation staff will implement activities with the support of the EP including coordination and administration of evaluation activities, including the collection, cleaning, and management of evaluation data. Specifically, the collection and reporting of housing and clinical data on individuals will be required; these data can be complicated and time consuming to locate and collect in a regular fashion. Evaluation staff will also:
 - Enroll participants in the evaluation, including obtaining informed consent from individuals

- Schedule time with individuals to administer baseline and follow-up surveys
- Administer surveys to intervention participants at multiple time points, and responsible for maintaining contact with individuals to collect follow-up data.

Note: Evaluation staff cannot be part of the intervention staff implementing the intervention activities.

Human Subjects Research

This evaluation involves research on human subjects. The evaluation plan and protocols must be approved by an Institutional Review Board (IRB).

- All project staff must successfully complete training on Human Subjects Research, such as the [CITI training](#), and submit their post-training certificate to the EP.
- Apply for approval of the evaluation from an Institutional Review Board with the support of the EP (Note: There will be a cost to implementation sites for IRB approval if external IRB review is needed. Please include this cost in your proposed budget. In addition, additional IRB considerations will be required for data collection from individuals who are incarcerated.)

Evaluation Training

- Participation in all trainings to facilitate the evaluation, including EP-provided trainings.
- Note: There will be a mandatory in-person training for all evaluation staff.

Implementing the Evaluation

- Recruit and enroll intervention participants in the evaluation.
 - Goals for enrollment in the evaluation are as follows:
 - 50 participants in Rapid Re-housing for Youth.
 - 50 participants in Enhanced Housing Placement Assistance for people who are or have been justice involved.
 - 75 participants in Gender Affirming Housing and Services for people identified as LGBTQ+.
- Sites will be allowed to use grant funds for incentives for the evaluation component and are encouraged to include this in their budget.
- Adhere to evaluation protocols for data collection, including requirements related to confidentiality and data storage protocols.
- Participate in all data collection activities and reporting, including:
 - Conducting periodic chart reviews.
 - Conducting interviews with participants.
 - Data completeness cleanup activities.
- Program leadership and implementation team will work with the ITAP and the EP to finalize an implementation plan that clearly identifies the implementation strategies that will be used to implement the intervention.
- Program leadership and implementation team will participate in regular organizational assessments, staff surveys, and interviews.
- Program leadership and staff will collect and submit information to the EP on the cost of delivering the intervention at specified intervals.
- Intervention staff will collect and submit information on individual client service data at regular intervals as specified in the evaluation plan; this may include dates and length of interactions with clients, types of activities with clients, etc.
- Evaluation staff will be primarily responsible for collecting and submitting all data requested by the EP including health and housing outcomes.

- Evaluation staff will be required to submit implementation and outcome data through a secure, online portal as per the evaluation plan.
- Provide regular information related to adaptations and barriers and facilitators to implementation of the intervention through monitoring calls, annual site visits, and submission of related implementation documents.

Applicants should carefully review the materials related to each intervention. Considerations when selecting an intervention should include:

- Organization's ability to address the need/gap in services for the subpopulation given current client demographics/characteristics
- Fit and feasibility of implementation of intervention given current organizational culture, structure, and processes.
- Additional considerations/requirements are listed per intervention in the RFP [Appendix](#).

Once implementation sites are selected, the ITAP and EP will conduct a needs assessment with each site. This assessment will identify potential challenges to implementation, clarify implementation strategies that are still in process, and inform TA that will support implementation planning and execution. Sites will be required to implement the intervention for which they are funded within the awarded project period. Implementation sites will be required to send project staff to virtual learning sessions featuring the entire cohort, the first of which will be held in September 2023. Learning sessions will be held twice yearly between September 2023 and June 2026. Each site should plan to send two staff to the first learning session in September 2023; guidance on attendance expectations and details for subsequent learning sessions will be provided. In addition, each site should plan to send two staff to an in-person annual convening of all sites, location and dates to be announced.

Selection Process

Final selection of sites will be based on:

- Demonstrated organizational leadership support of intervention implementation.
- Demonstrated ability to recruit and enroll clients to participate in the intervention strategy.
- Demonstrated organizational readiness to implement the selected intervention strategy and to quickly hire and train the required staff.
- Demonstrated strong existing partnerships with community organizations. Additional information is included per intervention strategy in the RFP [Appendix](#).
- Demonstrated ability to leverage resources (e.g., HUD/HOPWA, RWHPA Parts A-D, Ending the HIV Epidemic, or other relevant funding) for the provision of housing services.
- Demonstrated ability to collect and transmit data required by the EP.

During the selection process, the ITAP may request a videoconference with organizational leadership to answer additional questions about your organization's capacity to implement the intervention strategy. Funding will be obligated through grants from CSH to selected sites and will be managed on a monthly cost reimbursement basis. Therefore, applicant organizations should be prepared to demonstrate that they have the financial ability to support the project in the period between incurring an expense and receiving reimbursement from CSH.

Federal Compliance: While grants will be issued by CSH to support sites during this project, funding is provided under HRSA HAB RWHPA. As such, all federal regulations included in 45 CFR 75 and RWHPA-

related regulations will apply to all selected intervention sites. CSH will perform contract monitoring activities in accordance with federal guidelines.

Letter of Intent to Apply

Applicants are strongly encouraged, though not required, to submit a Letter of Intent to submit a full proposal. Letters of Intent will be non-binding and are intended to help CSH determine how to deploy personnel and expertise to review applications and issue awards. Letters of Intent are due by **January 16, 2023**. Letters of Intent should identify your organization (including location and main point of contact), intent to apply, and a brief description of your proposal, including priority population and intervention strategy to be adapted.

Letters of Intent should be submitted electronically to HRSA.TA@csh.org with include in the subject line “HRSA SURE Letter of Intent [Applicant Organization Name]”.

Application and Submission Information

All proposal items must be submitted ELECTRONICALLY by 11:59pm Pacific time on **Wednesday February 15, 2023** to HRSA.TA@csh.org. Note: hard copies of proposal or application materials will not be accepted. Proposal narrative (including project abstract) must be submitted in a single PDF and should not exceed fifteen (15) single-spaced pages using 12-point font, minimum 1.0 line spacing, and one-inch margins. Attachments 1-5 do not count towards the 15-page limit.

Project Abstract (no more than one page)

Subpopulation and Intervention strategy

- 1. For which subpopulation of people with HIV experiencing unstable housing and intervention are you seeking funding?**
 - Gender Affirming Housing and Services for people with HIV who identify as lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+), prioritizing people who identify as transgender.
 - Rapid Re-Housing for youth and young adults (ages 18-24) with HIV; and
 - Enhanced Housing Placement Assistance for people with HIV who been involved with the justice system.
- 2. Please provide the amount requested for the total period of funding.** (*This can be found by adding the budget totals for all implementation periods in your [Budget Template](#) document.*)

Organizational Profile

1. Is your organization a RWHAP provider? If so, what RWHAP Part(s) are you funded by?
2. Describe current or previous funding received by your organization for the key population of focus or programs related to the selected intervention strategy, if any.
3. Summarize your organization’s mission (two to three sentences).
4. Describe the geographic area served by your organization (urban, suburban, rural, reservation-based, statewide, region, etc.).
5. Describe the population of clients served by your organization.

Project Narrative

The narrative should provide a comprehensive description of how your organization will implement the proposed housing intervention strategy, a summary of the benefits anticipated for your organization and clientele, and an overview of the agency’s ability to successfully meet program expectations.

Proposals should provide complete information. Proposal scoring criteria are included below.

- A. **Statement of Needs (15 points)** This section should describe the HIV epidemic in the area you intend to serve through the proposed intervention strategy. To demonstrate the acuity of need for the intervention strategy in your area and client population, please:
- Summarize any local public health data that is specific to your geographic area and the population of focus of the intervention strategy.
 - Summarize any client population data that is specific to the intervention strategy's key population of focus.
 - DO NOT include national data/statistics.
 - In addition, this section should include:
 - i. Brief description of barriers related to meeting the housing needs of people experiencing unstable housing in the area, particularly barriers encountered by the key population of focus.
 - ii. Brief description of how the intervention strategy would address these barriers.
 - iii. Data on services provided by the organization that are related to the intervention strategy, if any, and that can demonstrate the need for the intervention strategy.
- B. **Overview of Organizational Capacity (25 points)**—This section should describe why your organization is best positioned to take on the proposed project.
- Describe your organization's experience with providing direct HIV care and treatment for people with HIV experiencing unstable housing.
 - Describe your organization's experience implementing the intervention.
 - Describe how your organization would manage the requirements of a cost-reimbursement contract, which requires sufficient financial ability to support expenses incurred until reimbursement is made by CSH.
 - Describe activities your organization will undertake during the funding period to ensure the sustainability of successful intervention strategies after the award period.

Key Population of Focus:

- Describe your organization's history, capacity, and interest to serve the key population of focus. See RFP [Appendix](#) for further details and requirements for each key population.
 - Describe the current use of your organization's services by the key population of focus.
 - Describe how your organization meaningfully involves people with HIV, particularly people from the key populations of focus, in identifying program priorities and strategies that address the local HIV epidemic.
- C. **Project Description (30 points)**—This section should describe how your organization would implement the selected intervention based on the level of requested funding. This should include a proposal of why the intervention is deemed adaptable by your organization and appropriate to the clients you serve; strategies you have taken and will take to ensure successful implementation (e.g., stakeholder engagement, planning process, training, and quality management); and your organization's capability to enroll clients for the selected intervention. Additional considerations/requirements are listed per intervention in the RFP [Appendix](#)
- Please include information and data about your organization's size, number of clients served, number of HIV cases, and unmet housing need reported among key population within the last two years.

- Describe the project staffing plan, include whether applicant would hire new staff or transition existing staff to fill positions. If hiring new staff, please describe the hiring process and timeline. If incorporating existing staff, please describe their experience relevant to the intervention strategy. **Additional considerations/requirements are listed per intervention in the RFP [Appendix](#).**
- Describe your organization’s partnership(s) with HOPWA or other funded housing organizations that will be used to leverage and provide housing and services. Include Memoranda of Agreement in your application. **Your organization must be co-funded by OR partnering with housing service organization(s). Your application and Memoranda of Agreement and Letters of Support as specified in the RFP [Appendix](#) must be included to demonstrate strong community connections.**
- Describe how your organization will incorporate people with lived experience (people who identify as one or more of the key populations of focus) throughout project planning, design, and implementation.
- Describe how the proposed project(s) will address potential inequities and barriers to equal opportunity, and/or contribute to greater access to services for underserved and historically marginalized populations.
- Describe the outcome/impact your organization would like to achieve with the selected intervention.

D. Evaluation Capacity (25 points)— Note: Please refer to the section on the evaluation (pages 5 and 6) when writing this section of the narrative. The evaluation of the interventions implemented in this initiative involves the direct administering of surveys to collect data from intervention participants at multiple points in time in addition to collecting and reporting of housing and clinical data on individuals from existing databases like an electronic medical record or HMIS system. Although time consuming, the evaluation will help build the evidence for the importance of housing for improved individual outcomes like HIV viral suppression, as well as provide critical lessons learned and guidance for others implementing housing-related interventions in the future.

This section should describe your organization’s experience and capacity to collect client-level data and enter data in an online database.

Describe any experience your organization has working with an Institutional Review Board (IRB) on research or program evaluation activities and your plan to engage with an IRB for this project. Note that previous experience with an IRB is not a requirement, and sites will receive support from the EP on obtaining IRB approval.

Describe your organization’s plan for staffing of the evaluation components of the project including data collection and management (at least 0.5 FTE), and any previous experience working on program evaluation or research activities.

Include a description of your plan to recruit and retain participants for the evaluation component, including evidence of your organization’s ability to recruit, enroll, and follow participants over the project period.

Include a description of your organization’s ability to meet the requirements of the evaluation activities listed in the Program Expectations Section that have not already been described.

- E. **Program Integration and Sustainability (5 points)**—This section should describe how your organization intends to incorporate this intervention strategy as part of your scope of services during the award period and after the award period. Describe how the organization plans to incorporate new staff, if applicable.
- F. **Financial and Other Attachments** - Required for all applications. If you do not have components 2–5 below, please attach separate document(s) addressing each requirement to assure that we do not miss your explanations in the review process. These attachments do not count toward the 15-page maximum for the narrative noted above.
- a. Please include the following in your application:
 1. Attachment 1: Completed [Budget Template](#). Do not use any budget form other than the one provided by CSH.
 2. Attachment 2: Most recent audited financial statements, including cover page and the auditor’s notes/findings. Negative audit findings will be considered in funding decisions.
 3. Attachment 3: Memoranda of Agreement from housing partner(s).*
 4. Attachment 4: Letters of Support from partner organizations. *
 5. Attachment 5: Fiscal Sponsor Agreement, if applicable

**Memoranda of Agreement and Letters of Support as specified in the RFP [Appendix](#) must be included and should demonstrate strong community connections necessary to implement the intervention.*

SAM Registration Requirement. Applicants must be registered with <https://www.sam.gov/> before submitting their application. Applicants must maintain current information in SAM on immediate and highest-level owner and subsidiaries, as well as on all predecessors that have been awarded a federal contract or grant within the last three years, if applicable.

UEI (FORMERLY DUNS) Number Requirement. Applicants must provide a valid UEI/DUNS number, registered and active at [/www.sam.gov/](https://www.sam.gov/) in the application.

Submission Dates and Times

Completed proposals are due via email by **11:59PM Eastern Time, Wednesday, February 15, 2023**. ALL COMPONENTS of your application must be in by this time. The subject line of your email submission should follow the format: “HRSA SURE Application Submission_ (your org name)”. Please signal in the subject if multiple emails will be sent because of file size (ex: “1 of 2”).

Late, incomplete, mailed, express-delivered, or faxed proposals will NOT be accepted. Funded organizations will be notified of decisions by April 10, 2023. Questions about the application process should be directed to HRSA.TA@csh.org, with your organization's name in the subject line of the message.

Please do not call or email to inquire about the status of your application during the review process.

Application Checklist

- ✓ Project Abstract (Applicant Information; up to 1 page)
- ✓ Project Narrative (up to 14 pages)
- ✓ Attachment 1: Project [Budget Template](#)
- ✓ Attachment 2: Audited Financials
- ✓ Attachment 3: Memoranda of Agreement with housing partners
- ✓ Attachment 4: Letter(s) of Support
- ✓ Attachment 5: Fiscal Sponsor Agreement, if applicable

RFP Technical Assistance Webinar

ITAP will convene a webinar at 3pm Eastern on **January 10, 2023** for the purpose of providing clarification about the RFP and key application submission tips. This webinar recording will be accessible for viewing on CSH's YouTube Channel and linked on [TargetHIV](#).

APPENDIX

All organizations replicating interventions through the SURE initiative are expected to use [Housing First](#), [harm reduction](#), and [Trauma-Informed Care](#) models for providing responsive and low-barrier services.

YOUTH AND YOUNG ADULTS (18-24)

Rapid Rehousing for Youth (RRH for Youth)

Description

RRH for Youth is a low-barrier intervention that includes a) rapidly moving youth and young adults (18-24) into permanent housing with leases in their own name, b) offering rental assistance subsidies for up to 24 months, and c) providing case management and wrap-around services. RRH for Youth aligns with the Housing First Model and is offered without precondition. As such, RRH for Youth does not require young people to get a job, enroll in school, abstain from alcohol or other drugs, receive mental health treatment, resolve court cases, etc. to receive and complete the intervention.

Background and evidence

Rapid Re-housing (RRH) was initially created to help individuals and families who lost their housing and who spent unnecessarily long and expensive periods in shelter or transitional housing trying to save money for or arrange a new place to live. It more efficient and effective to help them immediately move into permanent housing, spending few or even no days in shelter. RRH is associated with high rates of housing placement, few returns to homelessness, and significant cost savings compared to other housing interventions like transitional housing.

In 2009 Congress provided HUD with significant funding for RRH through the [Homelessness Prevention and Rapid Re-Housing Program](#), part of the American Recovery and Re-investment Act. HUD also made rapid re-housing an eligible use of ongoing HUD McKinney-Vento funding. The Department of Veterans Affairs embraced the concept as well and provides funding under the [Supportive Services for Veteran Families](#) (SSVF) program.

RRH for Youth is a flexible adaptation of the RRH model that is specifically tailored to the developmental stages and social service needs of homeless young people. RRH for Youth has been implemented nationwide using a range of funding sources. Successful approaches have included: [Northwest Youth Services in Bellingham, WA](#), the [Pathfinders Q-Blok](#) program in Milwaukee, WI; and the [Valley Youth House](#) programs in Philadelphia and Montgomery County, PA.

Duration

Up to 24 months.

Core Elements

RRH for Youth includes **three** core components: Housing Identification, Rental and Move-in Assistance, and supportive services like Case management.

1. *Housing identification*: Rapid assistance for individuals to find and secure rental housing, including collaborations with private landlords and assistance navigating lease applications. This is typically provided by the RRH case manager and/or the Housing Engagement Specialist.
2. *Rental and move-in assistance*: Financial subsidies to defray cover move-in costs as well as ongoing rent and/or utility payments. The structure of rental assistance subsidies may be adapted based on local community need and funding availability.
 - a. Duration: Rental assistance subsidies can be provided for as little as six months or up to two years
 - b. Amount: Rental assistance subsidies can cover 100% of rental costs or some lesser portion (so long as clients do not pay more than 30% of their own monthly income in rental costs)
 - c. Some programs adopt a progressive engagement model in which the amount of rental assistance subsidy is adjusted over time
3. *Case Management and support services*: Case management support and connection to community-based resources that can help them maintain housing stability (e.g., employment support, benefits navigation, mental health or substance use support, etc.) This is provided by an RRH for Youth Case Manager.
 - a. RRH for Youth case managers use developmentally appropriate case management strategies to address threats to housing and social stability common among the intervention’s target age group. Strategies include the [Positive Youth Development](#) framework and other supports to assist youth with navigating this stage of their lives, including support with household management and budgeting, setting appropriate social boundaries, etc.

Successful replication of RRH for Youth benefits from meaningfully engaging young people who have experienced housing instability to design the RRH for Youth adaptation and support implementation and evaluation.

Staff roles include:

- *Housing/Landlord Engagement Specialist*: primarily responsible for outreaching to and engaging with landlords, doing property searches, and supporting clients throughout the housing search process, including helping them create budgets, understand the terms of the lease, and conduct unit inspections. This position is responsible for ensuring a warm hand-off to care with the RRH Case Manager once the client is housed..
- *RRH Case Manager*: primarily responsible for providing ongoing case management throughout the client’s time in the program, including regularly meeting with clients to assess their housing situation and identify potential threats to stability; making referrals and facilitating warm handoffs to appropriate health and social services (e.g., mental health, substance use care, healthcare, education, job training); counseling clients on strategies to address future housing instability
- *Program Manager/Director*: responsible for overseeing the RRH program, including planning and projecting program budget, overseeing client/Case Manager assignments and ratios, determining when the program has capacity for additional clients, and approving rental subsidy models and exceptions to the approved model.

Participant Eligibility

- Aged 18-24
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- Experiencing homelessness
 - Diagnosed with HIV

Outcomes

- Reduce the amount of time spent homeless.
- Reduce shelter recidivism.
- Increase housing stability.
- Reduced engagement in high-risk subsistence strategies (e.g., transactional sex).
- Increase or stabilize access to healthcare and other services to improve overall health and well-being (including viral suppression).
- Promote housing stability when RRH rental subsidy ends (i.e. prepare tenant to absorb future rent costs through employment or access to another income/rental subsidy source).

Site Criteria/Conditions

In addition to the program expectations listed in the RFP, organizations applying to implement this intervention strategy **must include the following information in their application:**

- Inclusion in the budget for reassigning or hiring at least one full-time RRH case manager.
- Inclusion in the budget for reassigning or hiring at least one full-time housing specialist/housing navigator.
- Statement describing your organization’s experience, or the experience of an implementation partner, with implementing a Positive Youth Development approach or other framework for supporting youth and providing case management to specifically address the housing and psychosocial challenges experienced by youth aged 18-24.
- Statement describing current process for identifying client needs and referrals to meet these needs
- Statement describing experience within your organization, or within an implementation partner, engaging and recruiting landlords.
- Include how your organization will hire and retain staff which reflect the demographics of youth being served by the project. Include how staff will be trained and demonstrate proficiency in Housing First, Trauma-Informed Care, Positive Youth Development, and culturally-responsive strategies and practices.

Application Attachment(s):

- Statement of Support from Youth Advisory Board or Youth Action Board.

Training/Onboarding: Within 30 days of hire, new staff must be oriented to the basic program philosophy and the RRH Operating Standards of Practice. Staff who provide direct services and those who supervise staff that provide direct services should be trained in the core components of RRH for Youth, as well as the following: Housing First; Trauma Informed services; Harm Reduction; Local Coordinated Entry policies and procedures; Data collection requirements and procedures.

Further Reading and Information

- [RRH for Youth: Northwest Youth Services Program Profile](#)
 - [Rapid Re-Housing Handbook](#) Updated 2022 Point Source Youth
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- [The Impact of Rapid Re-housing on Youth Experiencing Homelessness](#) 2021; Point Source Youth and Dr. Robin Petering, Lens Co.
 - [Rapid Re-housing: What the Research Says](#) June 2015 Urban Institute
 - [Rapid Re-housing Toolkit](#) March 2022. National Alliance to End Homelessness.
 - [Understanding Rapid Re-housing: Systematic Review of Rapid Re-housing Outcomes Literature](#) July 2018. Office of Policy Development and Research (PD&R)

PEOPLE INVOLVED WITH THE JUSTICE SYSTEM

Enhanced Housing Placement Assistance

Description

Enhanced Housing Placement Assistance (EHPA) (demonstration program in NYC) is a Rapid Re-Rousing program that involves a) immediately assigning people with HIV a case manager who quickly helps them secure available and affordable housing b) providing rental assistance subsidies for at least one year and up to 24 months, and c) providing intensive housing stabilization case management and wrap-around services onsite at the client's residence.

EHPA provides housing stabilization services to address issues that threaten housing stability (i.e., substance abuse, mental health, history of incarceration, financial management). Given the focus on people impacted by the justice system, housing stabilization services shall include removal of long-term barriers to housing access, including legal services to help review and expunge criminal records.

EHPA aligns with the Housing First Model and is offered without precondition.

Background and evidence

EHPA is based on the Rapid Re-Housing intervention model and is demonstrated to be an effective, cost-effective strategy for improving housing stability.

[A Randomized Controlled Trial of a Rapid Re-housing Intervention for Homeless Persons Living with HIV/AIDS: Impact on Housing and HIV Medical Outcomes \(2019\) found that EHPA clients were placed faster than usual services clients, more likely to be placed, and twice as likely to achieve or maintain suppression. While the study showed that EHPA led to significantly better outcomes than did the "usual services", 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."](#)

Duration

At least one year and up to 24 months.

Core Elements

- *Immediate connection to case manager and high-intensity support to identify housing:* Rapid assistance for individuals to secure rental housing, including collaborations with private landlords and assistance navigating lease applications. This is typically provided by the case manager and/or the Housing Engagement Specialist.
- *Rental subsidies and move-in assistance:* Financial subsidies to defray cover move-in costs as well as ongoing rent and/or utility payments. The structure of rental assistance subsidies may be adapted based on local community need and funding availability. Rental assistance is provided for at least one year and for up to 24 months.
- *Intensive housing stabilization support services:* Services are provided onsite at the participant's home/housing site. Services are provided frequently; weekly to start and then monthly as stabilization is increased. Stabilization services focus on specific issues that threaten housing

stability, including support navigating parole requirements or conditions of release, financial management challenges, substance use, and mental health challenges.

Additional services offered by case managers include 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 participants at their residence for direct case management.

Staff roles include:

- *Housing/Landlord Engagement Specialist*: primarily responsible for outreaching to and engaging with landlords, doing property searches, and supporting clients throughout the housing search process, including helping them create budgets, understand the terms of the lease, and conduct unit inspections. This position is responsible for ensuring a warm hand-off to care with the EHPA Case Manager once the client is housed.
- *EHPA Case Manager*: primarily responsible for providing ongoing case management throughout the client's time in the program, including regularly meeting with clients to assess their housing situation and identify potential threats to stability; making referrals and facilitating warm handoffs to appropriate health and social services (e.g., mental health, substance use care, healthcare, education, job training); counseling clients on strategies to address future housing instability
- *Program Manager/Director*: responsible for overseeing the EHPA program, including planning and projecting program budget, overseeing client/Case Manager assignments and ratios, determining when the program has capacity for additional clients, and approving rental subsidy models and exceptions to the approved model.

Participant Eligibility

- Adults 18 years of age or older
- HIV-positive
- Living in an emergency shelter
- People who have been justice-involved: Defined as any person who is engaged (or who has previously been engaged) at any point along the continuum of the criminal justice system as a defendant including arrest, incarceration, and community supervision.

Outcomes

- Reduce the amount of time spent homeless.
- Reduce shelter recidivism.
- Increase housing stability.
- Increase or stabilize access to healthcare and other services to improve overall health and well-being (including viral suppression).
- Promote long-term housing stability

Site Criteria/Conditions

In addition to the program expectations listed in the RFP, organizations applying to implement this intervention strategy must include the following information in their application:

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- Inclusion in the budget and project description staffing plan for reassigning or hiring at least one full-time housing case manager.
 - Inclusion in the budget and project description staffing plan for reassigning or hiring at least one full-time housing specialist/housing navigator.
 - Statement describing experience within your organization, or within an implementation partner, with successfully supporting people who have been impacted by the justice system (e.g., people with incarceration, felony conviction histories, or similar experiences) to secure and maintain stable housing, including your experience addressing justice-related barriers to entering housing and maintaining housing stability.
 - Statement describing experience within the organization, or within an implementation partner, engaging and recruiting landlords to rent to individuals who have experienced homelessness.
 - **Please explain your organization’s experience with case management to individuals who are justice-involved, currently or formerly incarcerated; currently on parole probation; or subject to court supervision.**
 - **Please explain your organization’s experience working with the justice-involved participants experiencing unstable housing.**

Attachment(s):

- Letter(s) of Support from criminal legal system focused organizations in your community (including re-entry services organizations, legal services, or jail/prison/court system representatives) that describe local partnerships designed to enhance services, supports, and referrals available to participants aimed to help support housing stability.

Further Reading and Information

[Enhanced Housing Placement Assistance](#) CDC, Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER OR QUESTIONING (LGBTQ+) PEOPLE

Gender Affirming Housing and Services (Our Trans Home Rental Subsidy)

Description

Financial rental assistance for transgender, gender non-conforming & intersex people. The intervention offers support finding housing as well as on-going support to help individuals remain stably housed.

Background and Evidence

One in five transgender people in the United States has been discriminated when seeking a home, and more than one in ten have been evicted from their homes, because of their gender identity (National Center for Transgender Equality). [A study in 2020 published in the International Journal of Transgender Health](#) outlined solutions to housing instability among transgender populations in the United States. As per the study, transgender people face a unique blend of discrimination and compromised social services, putting them at risk for housing insecurity and associated public health concerns. Many respondents raised the importance of transgender-inclusive shelter projects, societal prioritization of housing and raising the minimum wage. To address barriers to housing this intervention seeks to provide rental assistance and housing identification and stabilization services. Findings “support increasing transgender housing security intervention resources that address intersecting and cyclical discrimination, trauma, housing, employment, and health issues”.

Intervention Implementation: Our Trans Home (OTH)

The OTH Rental Subsidy program provides financial support for transgender, gender-non-conforming, and/or intersex (TGI) people in the Bay Area, CA. The program serves people at risk of losing their housing or in need of additional support to secure and maintain housing. The program provides on-going housing navigation support in addition to rental assistance subsidies, based on the needs of the individual. The average length of a subsidy is up to 18 months.

OTH is suitable for RWHAP clients seeking support through outreach, housing identification/navigation, rental assistance up to 24 months, and housing case management. Those delivering the intervention may modify activities to assist the client in achieving their housing and health care goals, such as staff and client education, care coordination, and referrals. The intervention seeks to increase or stabilize services provision and access to healthcare through stable housing, improving overall health and well-being (including viral suppression).

Duration

Up to 24 months.

Eligibility

- Adults 18 years of age or older
- HIV-positive
- Unstably housed
- Participant's household must have an annual income that does not exceed 50% of AMI. If enrolled, income will be verified every three months to determine continued eligibility. The amount of subsidy awarded depends on income and will decrease over time.

While TGI people are the focus population for the intervention, anyone who identifies as LGBTQ+ person living with HIV and is unstably housed would be eligible for assistance. As highlighted by the [National Health Care for the Homeless Council](#), under the framework of targeted universalism, embracing gender-affirming care benefits people of all genders, including cisgender people. When programs make their culture, processes, and systems safe for the most marginalized, all people stand to gain.

Core Elements

- Income based eligibility
- Housing navigation
- Rental subsidy
- Housing stabilization case management

Outcomes

- Reduce the amount of time spent homeless.
- Reduce shelter recidivism.
- Increase housing stability.
- Increase or stabilize income once stably housed.
- Increase or stabilize services provision and access to healthcare to improve overall health and well-being (including viral suppression).
- Ensure linkage to permanent stable housing when rental subsidy ends (i.e. tenant can assume full rent costs, or receives a housing voucher, or enrollment into permanent supportive housing program).

Site Criteria/Conditions

In addition to the program expectations listed in the RFP, organizations applying to implement this intervention strategy must include the following information in their application:

- Inclusion in the budget and project description staffing plan for reassigning or hiring at least one full-time housing case manager
- Inclusion in the budget and project description staffing plan for reassigning or hiring at least one full-time housing specialist/housing navigator
- Describe experience within your organization, or of an implementation partner, with implementing gender-affirming housing and services.
- Describe experience within your organization, or within an implementation partner, engaging and recruiting landlords.

Attachment(s):

- Letters of Support from LGBTQ+ and/or transgender specific organizations in your community that describe local partnerships designed to enhance services, supports, and referrals available to participants to help support housing stability.

Due to the disproportionate impact of homelessness and housing instability on gender-diverse people, applicants are expected to embrace gender-affirming care as a best practice. Access more information [here](#).

Further reading and information

[HOTT Housing Subsidy for Trans Tenants](#)

