



Addressing the Housing Needs of Ryan White HIV/AIDS Clients: Technical Expert Panel Summary

2020 National Ryan White Conference on HIV Care and Treatment

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Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.



HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
 - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
 - Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



Housing for People with HIV

Background



Background: Housing and HIV

- Housing—or lack thereof—is one of the most significant issues facing communities today. When compared to people with stable housing, people experiencing homelessness or unstable housing are more likely:
 - To delay entry into HIV care(1);
 - To experience higher rates of discontinuous health care(2);
 - Are less likely to be prescribed antiretroviral (ARV) treatment(3);
 - Are less likely to reach sustained viral suppression(4);
 - and have poorer health outcomes; thus, increasing the risk of transmitting the virus.
- Addressing the barriers to stable housing and reducing homelessness among Ryan White HIV/AIDS Program (RWHAP) clients remains a priority for the Health Resources and Services Administration’s HIV/AIDS Bureau (HRSA HAB)
- Addressing these needs are critical to the “Ending the HIV Epidemic: A Plan for America” initiative.



Why Housing?

- Housing assistance increases access to and retention in medical care among people with HIV
- Access to adequate housing significantly affects the health of individuals at risk of or with HIV
- The lack of housing interacts with other risk factors:
 - Substance use
 - Risky sexual and injection practices
 - Physical violence

Why Housing? Summary of Research Data

- Stable housing has a direct, independent, and powerful impact on HIV incidence, health outcomes, and health disparities
- Housing status is a more significant predictor of health care access and HIV outcomes than individual characteristics, behavioral health issues, or access to other services
- For persons who lack a safe, stable place to live, housing assistance is a proven, cost-effective health care intervention



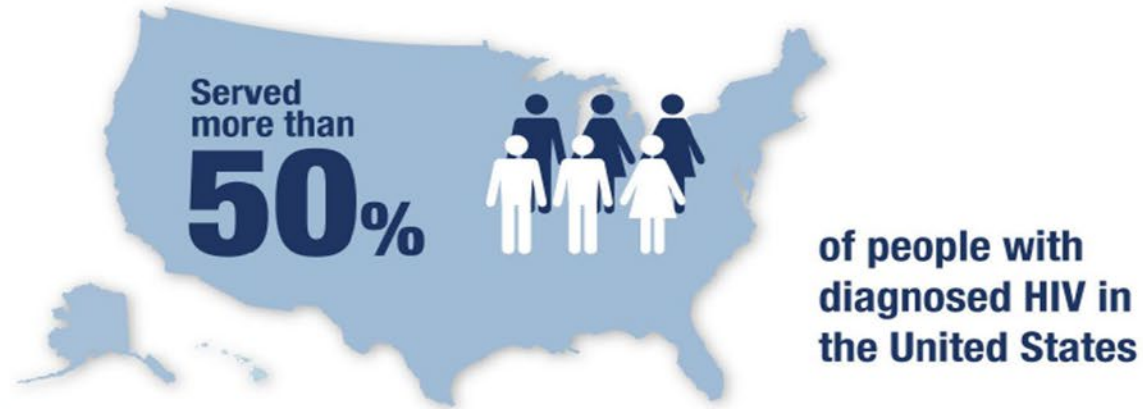
Taken from the US. Housing and Urban Development Publication, *HIV CARE CONTINUUM The Connection Between Housing And Improved Outcomes Along The HIV Care Continuum (2013)*. Available for download at <https://www.hudexchange.info/resources/documents/The-Connection-Between-Housing-and-Improved-Outcomes-Along-the-HIV-Care-Continuum.pdf>

Housing Among Clients Served by HRSA's Ryan White HIV/AIDS Program



Clients Served by the HRSA RWHAP (non-ADAP), 2018

Served **533,758** clients in 2018



73.7% of clients were racial/ethnic minorities**

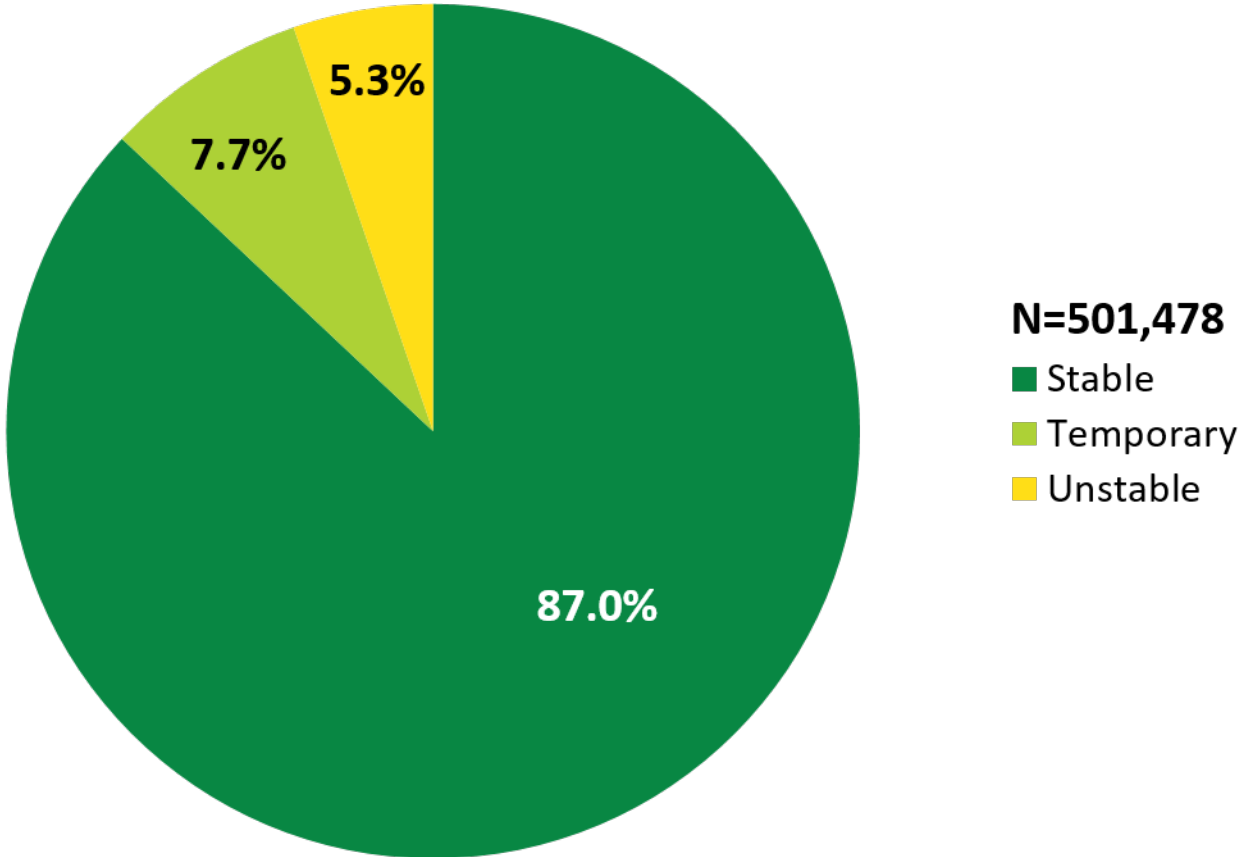


46.1% of clients were **aged 50 years and older**



61.3% of clients were **living at or below 100% of the Federal Poverty Level**

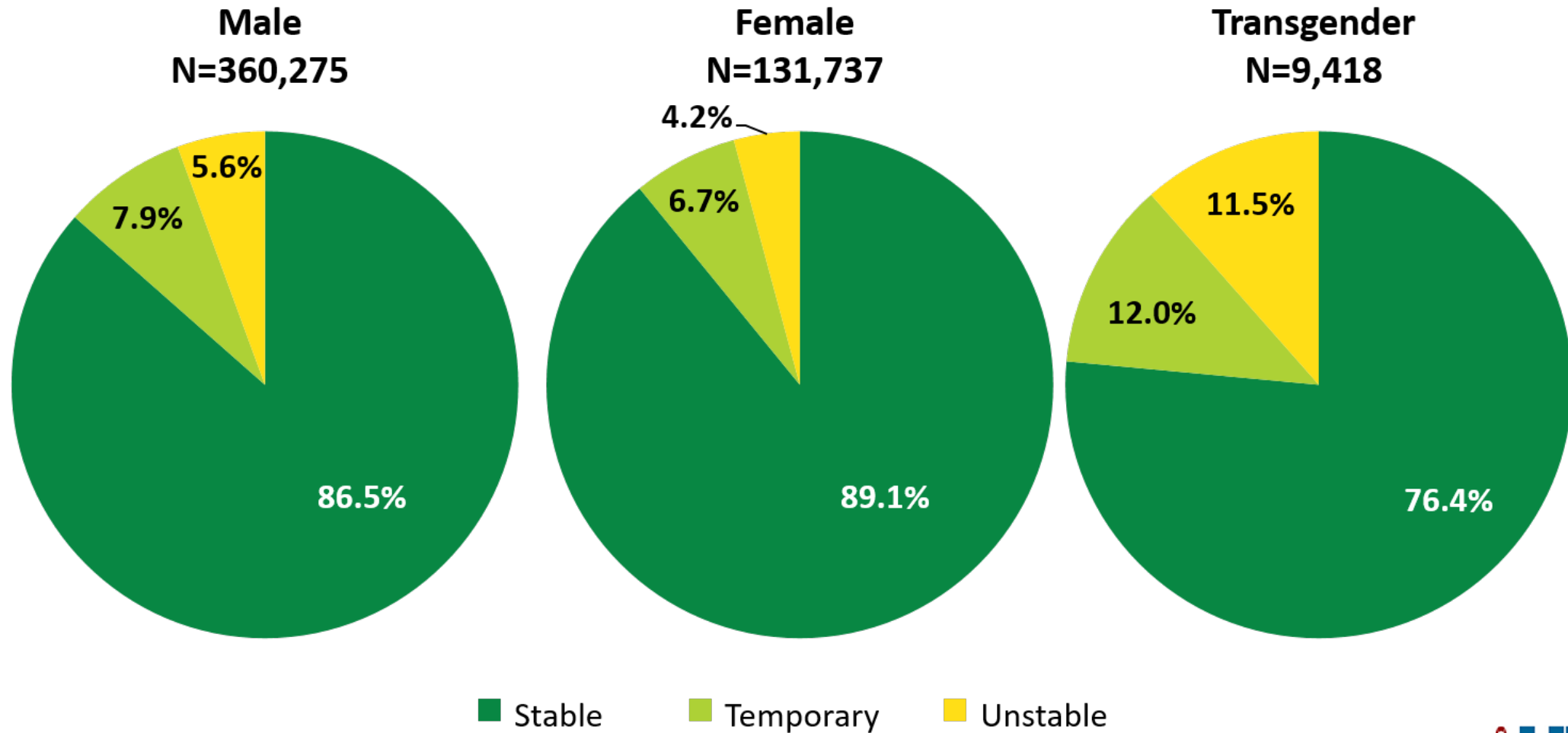
Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2018—United States and 3 Territories^a



^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Clients Served by the Ryan White HIV/AIDS Program, by Gender and Housing Status, 2018—United States and 3 Territories^a



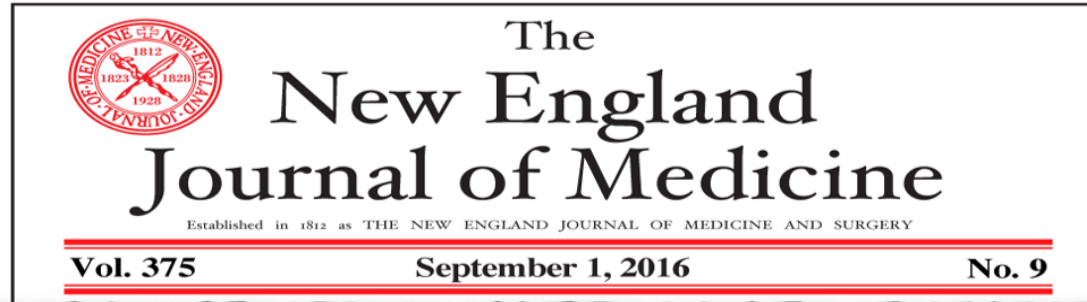
^a Guam, Puerto Rico, and the U.S. Virgin Islands.

HIV Viral Suppression

Treatment as Prevention



HPTN 052 Final Results, 2016



Antiretroviral Therapy for the Prevention of HIV-1 Transmission

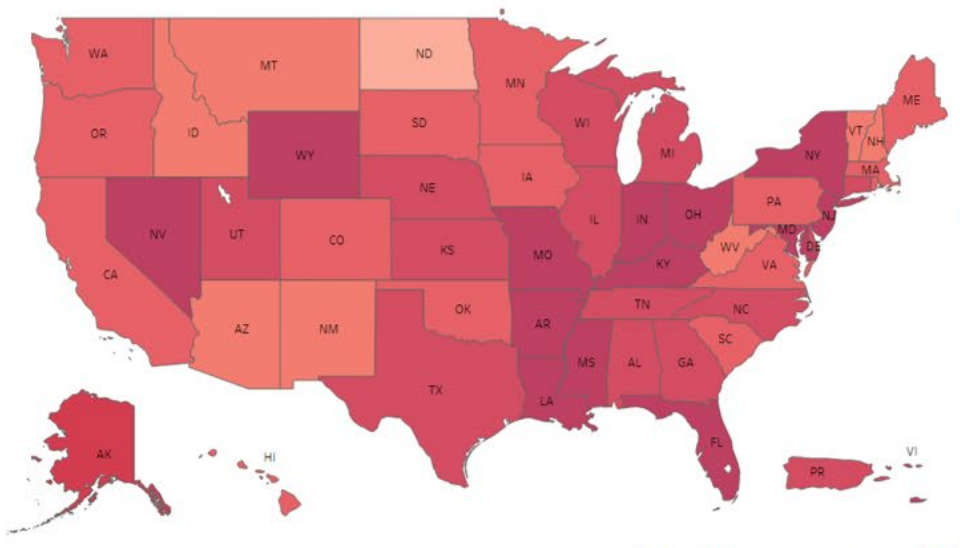
MS Cohen, TR Fleming et al. for the HPTN 052 study team

- **After 5+ years of follow-up, protective effect of early ART was sustained**
- **No linked infections when HIV was stably suppressed by ART (i.e. undetectable viral load) in HIV+ partner**

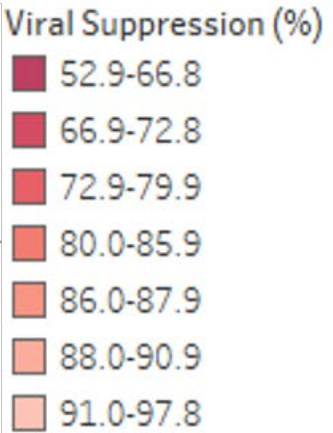
Treatment as Prevention: Viral Suppression

People with HIV who take HIV medications daily as prescribed and who reach and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to a partner without HIV

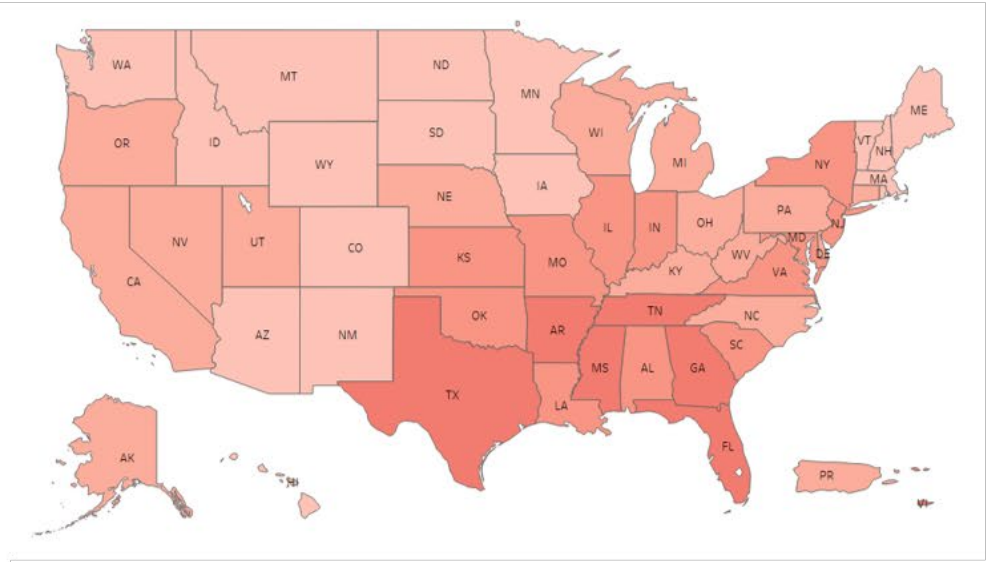
Viral Suppression among RWHAP Clients, by State, 2010 and 2018—United States and 2 Territories^a



IN 2010
69.5%
VIRALLY SUPPRESSED



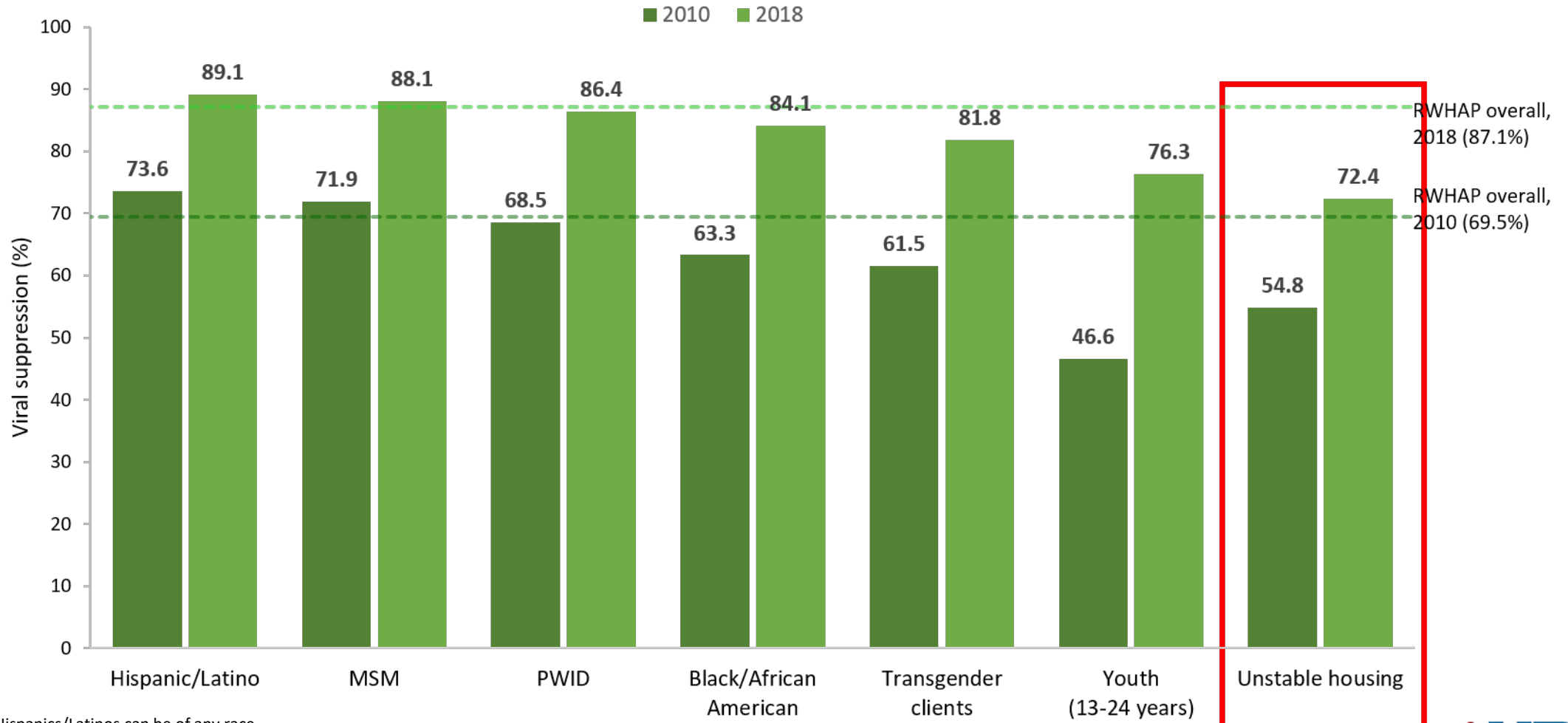
IN 2018
87.1%
VIRALLY SUPPRESSED



Viral suppression: ≥1 OAHs visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.
^a Puerto Rico and the U.S. Virgin Islands.



Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2018—United States and 3 Territories^a



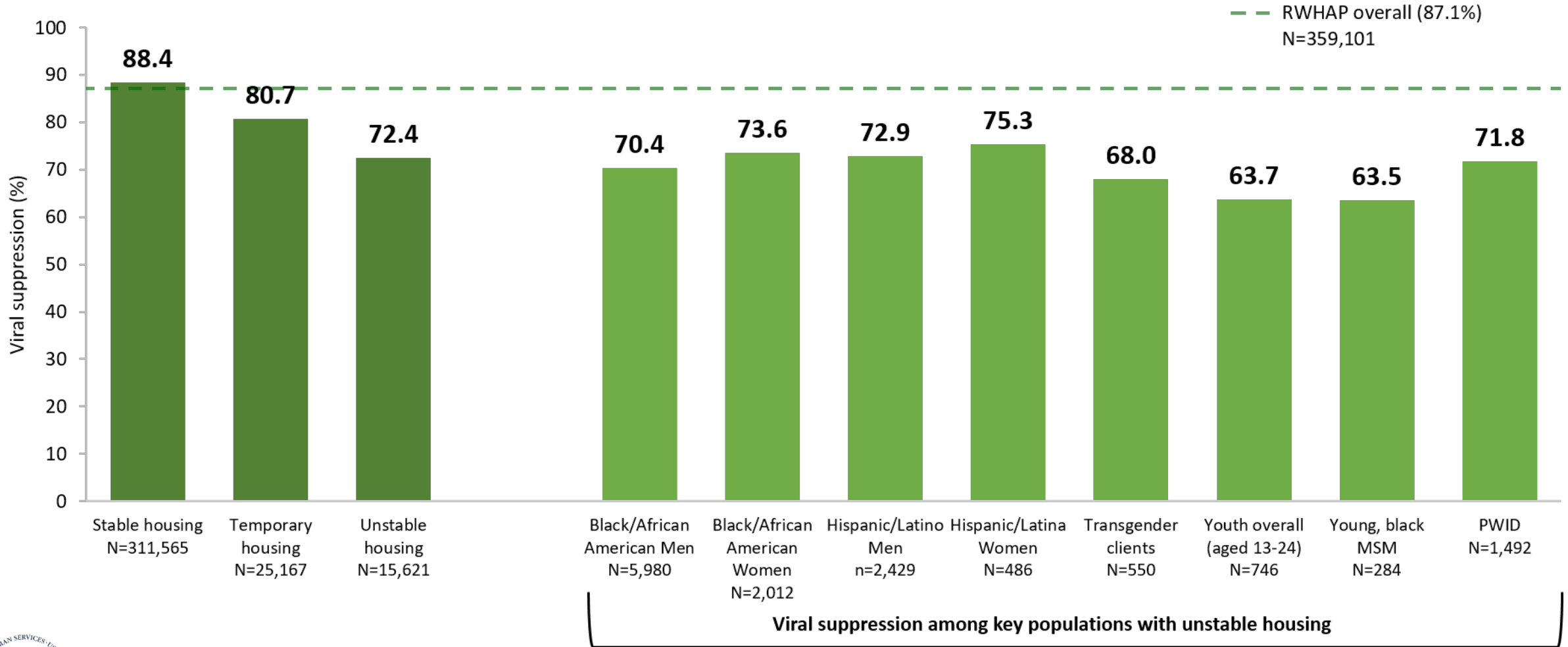
Hispanics/Latinos can be of any race.

Viral suppression: ≥ 1 OAH visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Viral Suppression among RWHAP Clients, by Housing Status and among Key Populations with Unstable Housing, 2018—United States and 3 Territories^a



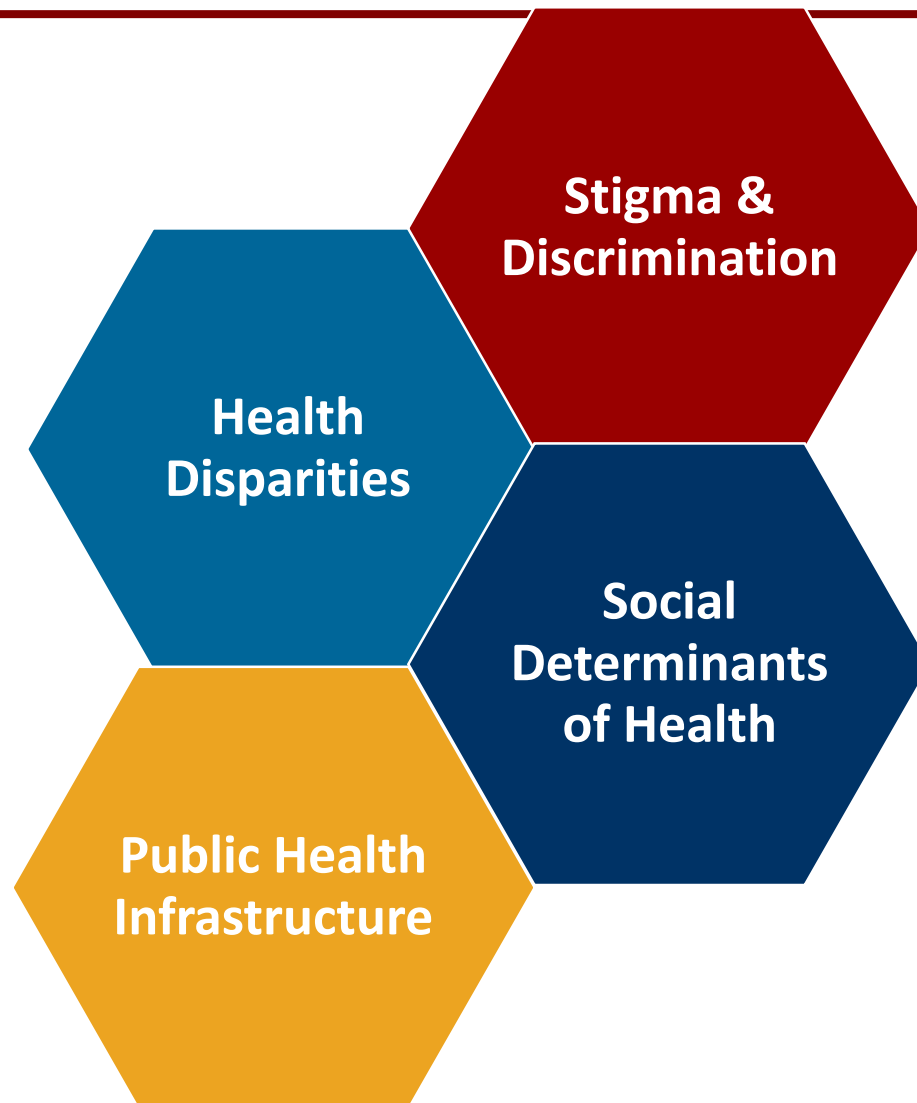
N represents the total number of clients in the specific population.

Viral suppression: ≥ 1 OAHs visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.



RWHAP: A Whole Person Approach to Care



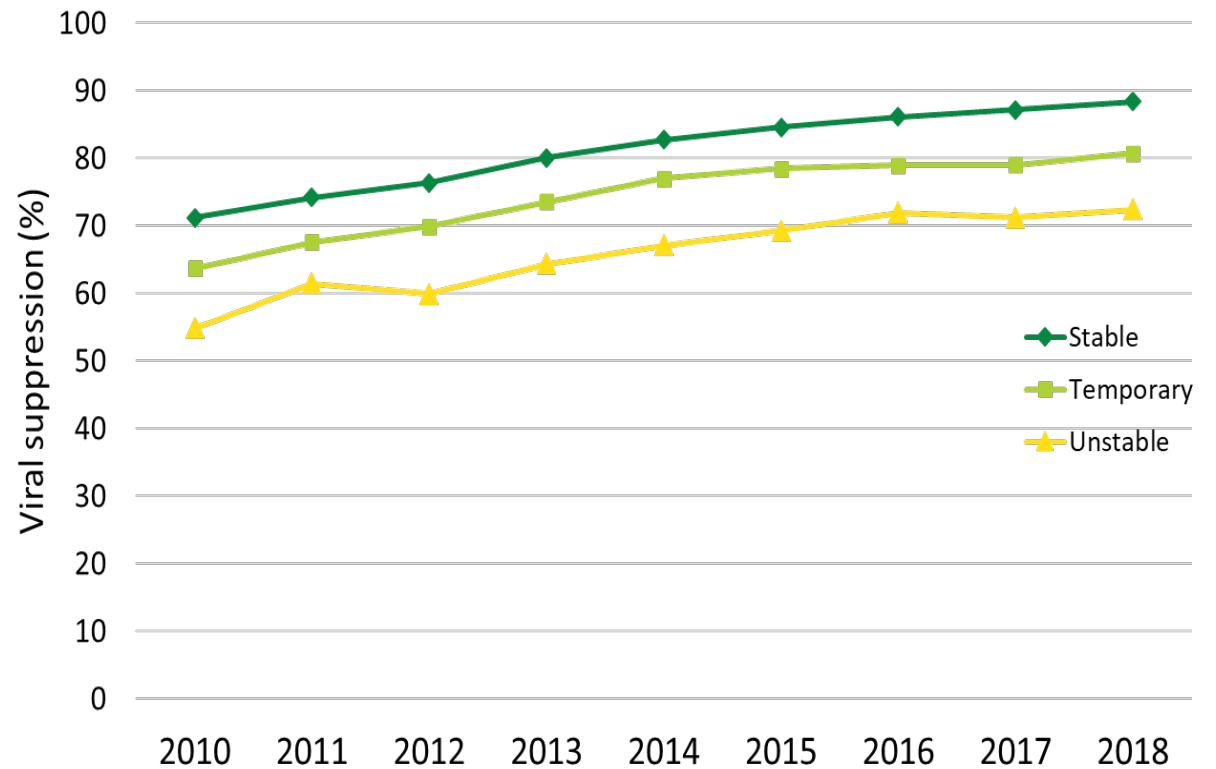
**PUBLIC HEALTH
as a KEY DRIVER
OF SUCCESS**

Leveraging Housing Resources for People with HIV



Addressing Social Determinants of Health

- **Special Projects of National Significance (SPNS) Initiative: HIV Care & Housing – Using Data Integration to Improve Health Outcomes along HIV Care Continuum (completed 2019)**
- **Minority HIV/AIDS Fund Initiative: Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services**
- **SPNS Initiative: Building a Medical Home for Multiply-Diagnosed HIV-Positive Homeless Populations (completed 2017)**



How HRSA's RWHAP Can Support People with HIV Experiencing Homelessness

RWHAP recipients are funded to provide a range of services to support the HIV-related needs of eligible individuals, including prevention of homelessness



Housing Support Services

- Housing support services funded under RWHAP Parts A, B, C, and D
- Allowable services include (Policy Clarification Notice 16-02):
 - Housing referral (i.e., assessment, search, placement, advocacy, and the fees associated with these services)
 - Short-term or emergency housing
 - Transitional Housing
- Program guidelines for housing support:
 - Must be payor of last resort
 - Must ensure that housing is limited to short-term or transitional support (as defined by the HRSA RWHAP recipient)
 - Must develop mechanisms to allow new clients access to housing services and assess housing needs of existing clients
 - Must develop annual, long-term housing plans for every client in housing



RWHAP Core Medical and Support Service Categories

Core Medical Services	Support Services
AIDS Drug Assistance Program (ADAP)	Child Care Services
AIDS Pharmaceutical Assistance (Local and Community Pharmaceutical Assistance)	Emergency Financial Assistance
Early intervention services (EIS)	Food Bank/Home Delivered Meals
Health insurance premium & cost sharing assistance	Health Education/Risk Reduction
Home & community-based health services	Housing Support Services
Home health care	Linguistic Services
Hospice services	Medical Transportation
Medical case management including treatment adherence	Non-Medical Case Management Services (NMCM)
Medical nutrition therapy	Other Professional Services
Mental health services	Outreach Services
Oral health care	Psychosocial Support Services
Outpatient ambulatory health services	Referral for Health Care and Support Services
Substance abuse services – outpatient	Rehabilitation Services
	Respite Care
	Substance Abuse Services (residential)



Emergency Financial Assistance (EFA)

- EFA support services funded under RWHAP Parts A, B, C, and D
- Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes
- Allowable Services:
 - Utilities
 - Housing
 - Food
 - Transportation
 - Medications that would not otherwise be covered
- Direct payments to clients are not allowed



Housing for People with HIV: Summary of HRSA HAB Technical Expert Panel



Housing: Technical Expert Panel

- In November 2019, HRSA HAB convened a one-day consultation on housing services for RWHAP clients
- The purpose of this consultation was to understand the breadth of housing resources, identify barriers and supports to leveraging these resources across programs, and assess strategies that address the housing needs of people with HIV while engaging them in care and treatment.
- Panel participants included:
 - RWHAP recipients
 - Stakeholders with lived experience
 - National organizations focused on housing
 - Federal partners
 - Housing and homelessness providers and experts



Housing: Technical Expert Panel, cont.

- The meeting focused on:
 - *Facilitators and barriers to housing services*
 - *Community resources identified and utilized to support housing needs for people with HIV*
 - *How data and data systems can be used to drive programming and identify gaps and resources*
 - *Successful models or strategies for addressing housing needs*
- Panelists shared perspectives on best practices for fostering stable, healthy housing among RWHAP clients to support engagement in medical care and reaching viral suppression.



Defining Housing Issues for RWHAP Clients

Multilevel Factors Affecting Housing	
Incarceration history	Inconsistent case management as individuals move through systems
Lack of documents needed for acquiring housing	Increasing housing expense and dislocation caused by gentrification
Economic insecurity	Lack of comprehensive, universal definitions of homelessness
Limited housing options in metropolitan areas	System fragmentation and inconsistent processes
Limited transportation to healthcare centers	Lack of representation in policy- and decision-making settings
Limited availability of housing support services	Criminalization of homelessness
Lack of staff preparation	



Addressing Unmet Housing Needs

- TEP participants identified many innovative programs that are addressing the unmet housing needs of persons with HIV
- Successful models share seven common characteristics:
 - Mobile and multidisciplinary approaches
 - Multiple points of entry with low barriers to access
 - High quality and intensive needs assessments
 - Seamless care coordination
 - Trauma-informed care
 - Culturally-competent services
 - Community engagement at all system levels



Strategies to Address Unmet Housing Needs

- TEP participants identified four strategies for addressing unmet housing needs that include:
 - *Preventing homelessness by leveraging services*
 - *Intervening in unstable housing by providing expansive housing case management*
 - *Providing access to housing and supports through permanent housing services*
 - *Supporting housing development*

This social ecological model represents approaches to promote facilitators and address barriers at a range of levels—system, community, organizational, and individual.



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