



HIV, Housing and Youth

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 living 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)



HIV, Housing and Youth

- **Definitions**
- **Youth, Unstable Housing and HIV**
 - Amy Griffin, Public Health Analyst, HAB
- **The RWHAP Response**
 - Chau Nguyen, Public Health Analyst, HAB
- **What are the issues?**
 - Kahlib Barton, True Colors United



Speakers

Amy Griffin

Public Health Analyst
Division of State HIV/AIDS Programs

Chau Nguyen

Public Health Analyst
Special Projects of National Significance

Kahlil Barton

Senior Program Officer
True Colors United



Learning Objectives

- Improve RWHAP Parts A-F recipients' understanding of how unstable housing impacts HIV health outcomes in youth
- Highlight innovative strategies to integrate and leverage housing services within the RWHAP Part B system for youth
- Highlight ways that RWHAP Parts A-F recipients can create successful collaborations to address the housing needs of youth



Homeless and Housing Workgroup

The Institute was designed and will include presenters from the HIV/AIDS Bureau's Homeless and Housing Workgroup:

- April Stubbs-Smith (Senior Sponsor)
- Wendy Cousino (Chair)
- Wendy Briscoe (Co-Chair)
- Amy Griffin
- Chau Nguyen
- Gail Glasser
- Jasmine Agostino
- Joanne Hsu
- John Eaton
- Keith Wells
- Lynda Bishop
- Marean Duarte
- Nicole Chavis
- Paul Mandsager
- Rishelle Anthony
- Sombo Pujeh



Definitions

Youth

Any client of the RWHAP ages 13 through 24 years old

Housing Definitions:

- Data taken from the 2018 Ryan White HIV/AIDS Program Annual Client-Level Data Report
 - <https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2018.pdf>
- Client's housing status at the end of the reporting period
- Measure includes people receiving Outpatient/Ambulatory Health Services, Case Management (Medical and Non-Medical), and Housing Services
- Categories: Stable, Temporary, Unstable

HUD Children and Youth Homelessness: <https://files.hudexchange.info/resources/documents/HUDs-Homeless-Definition-as-it-Relates-to-Children-and-Youth.pdf>



Youth, Unstable Housing and HIV

How Does Unstable Housing Affect HIV Care and Treatment?



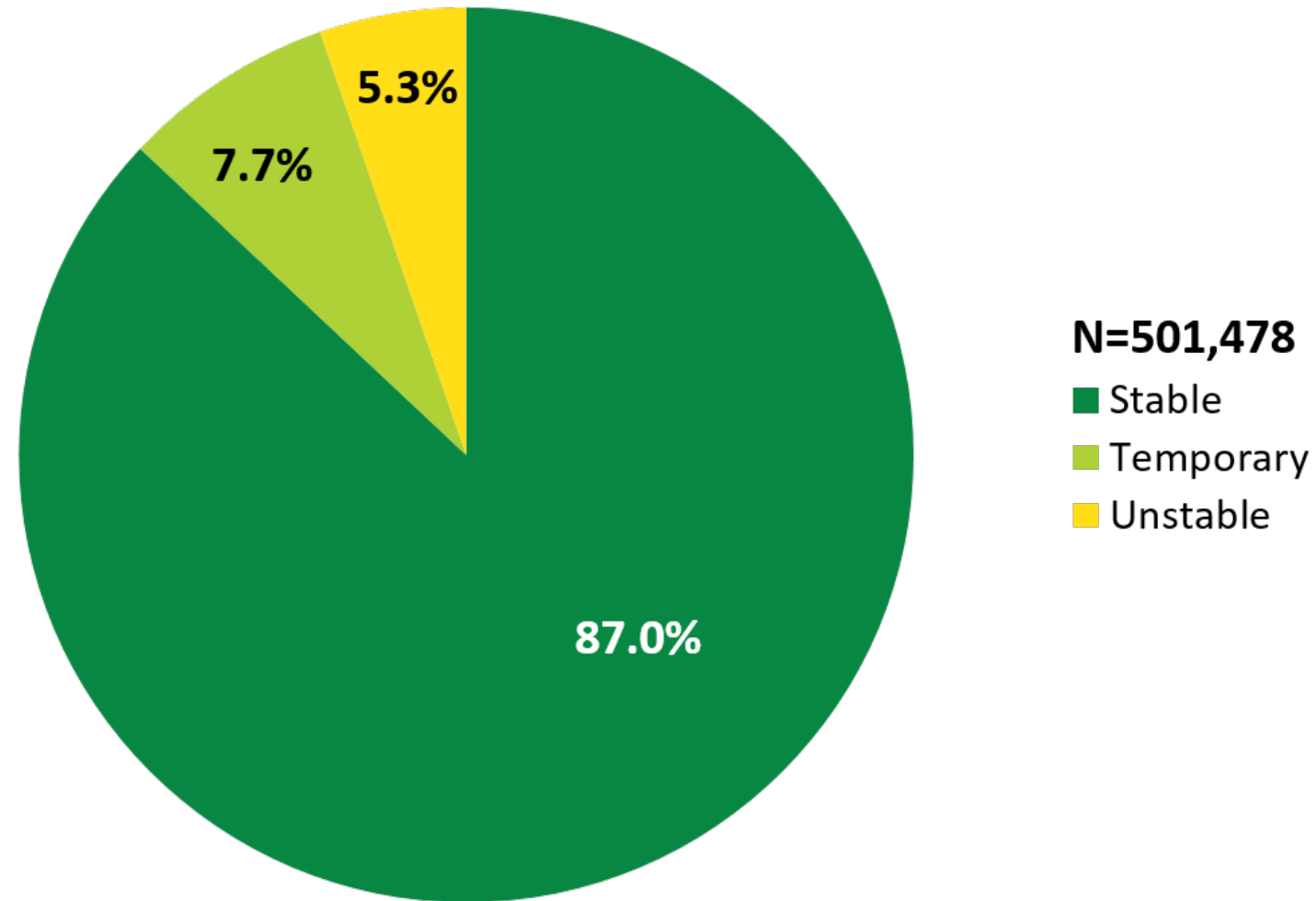
Why are Housing Concerns Important to the RWHAP?

- For persons who lack a safe, stable place to live, housing assistance is a proven cost-effective health care intervention.
- 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.

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>



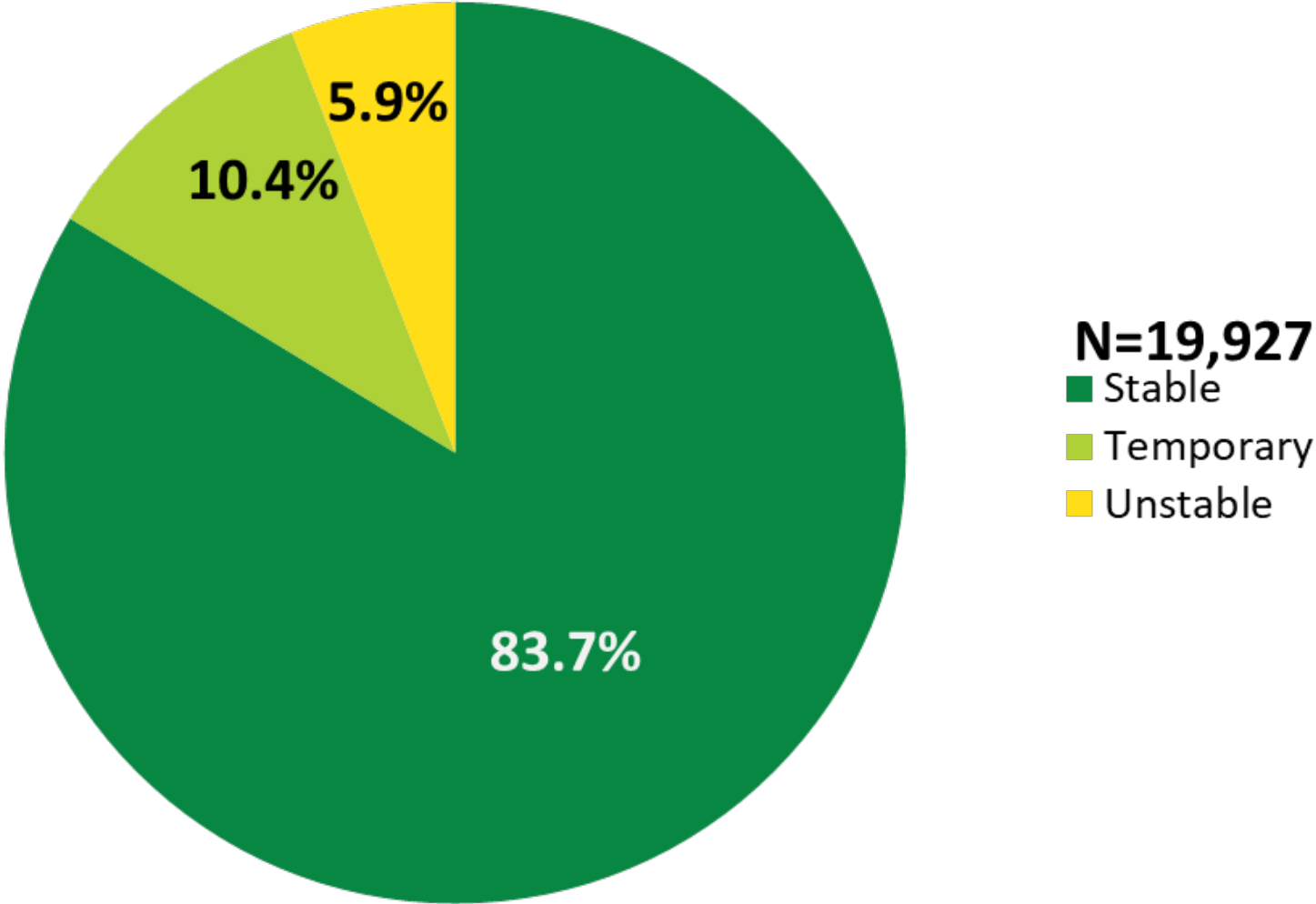
Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2018—United States and 3 Territories^a



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



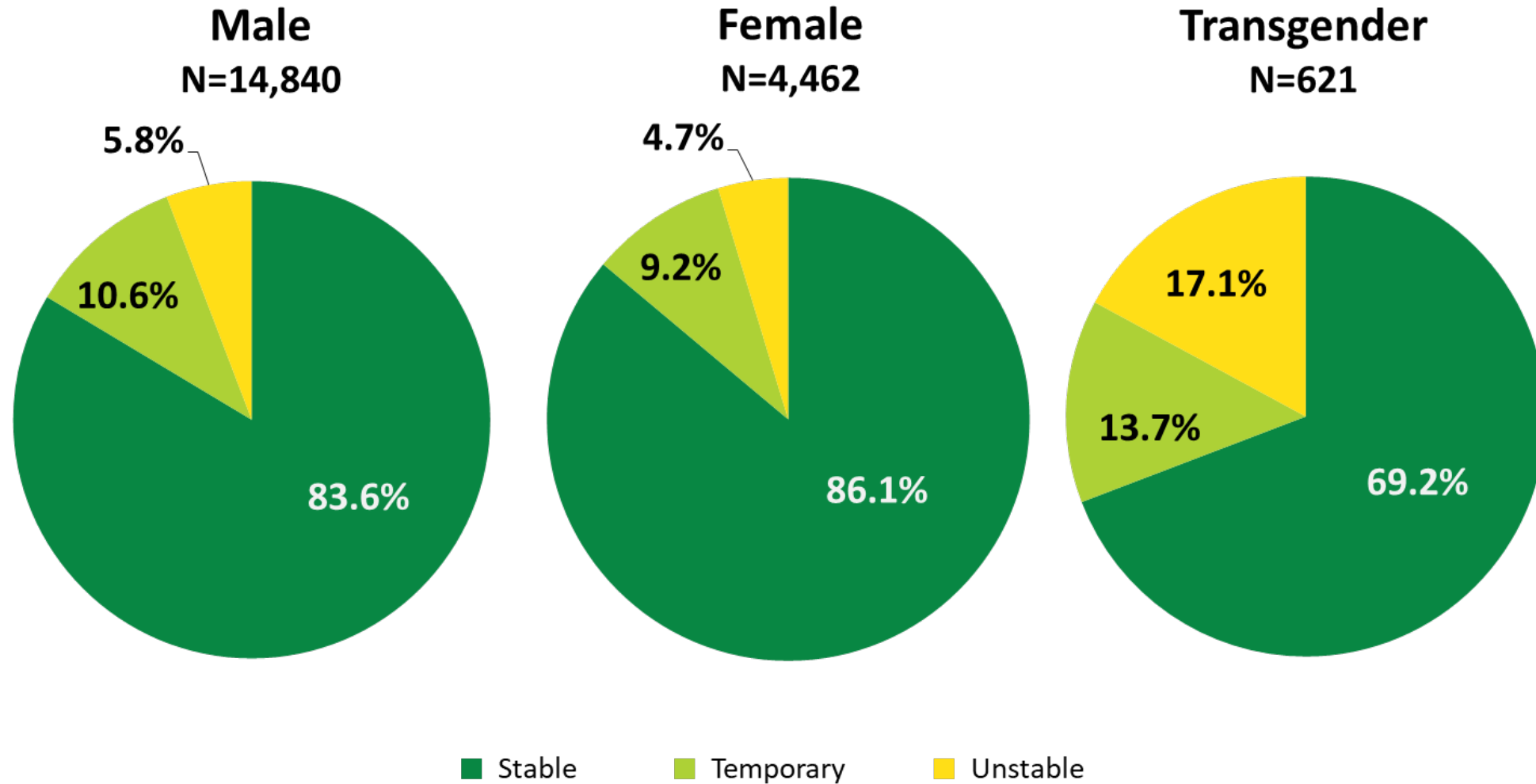
Youth and Young Adults Aged 13–24 Years Served by the Ryan White HIV/AIDS Program, by Housing Status, 2018—United States and 3 Territories^a



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



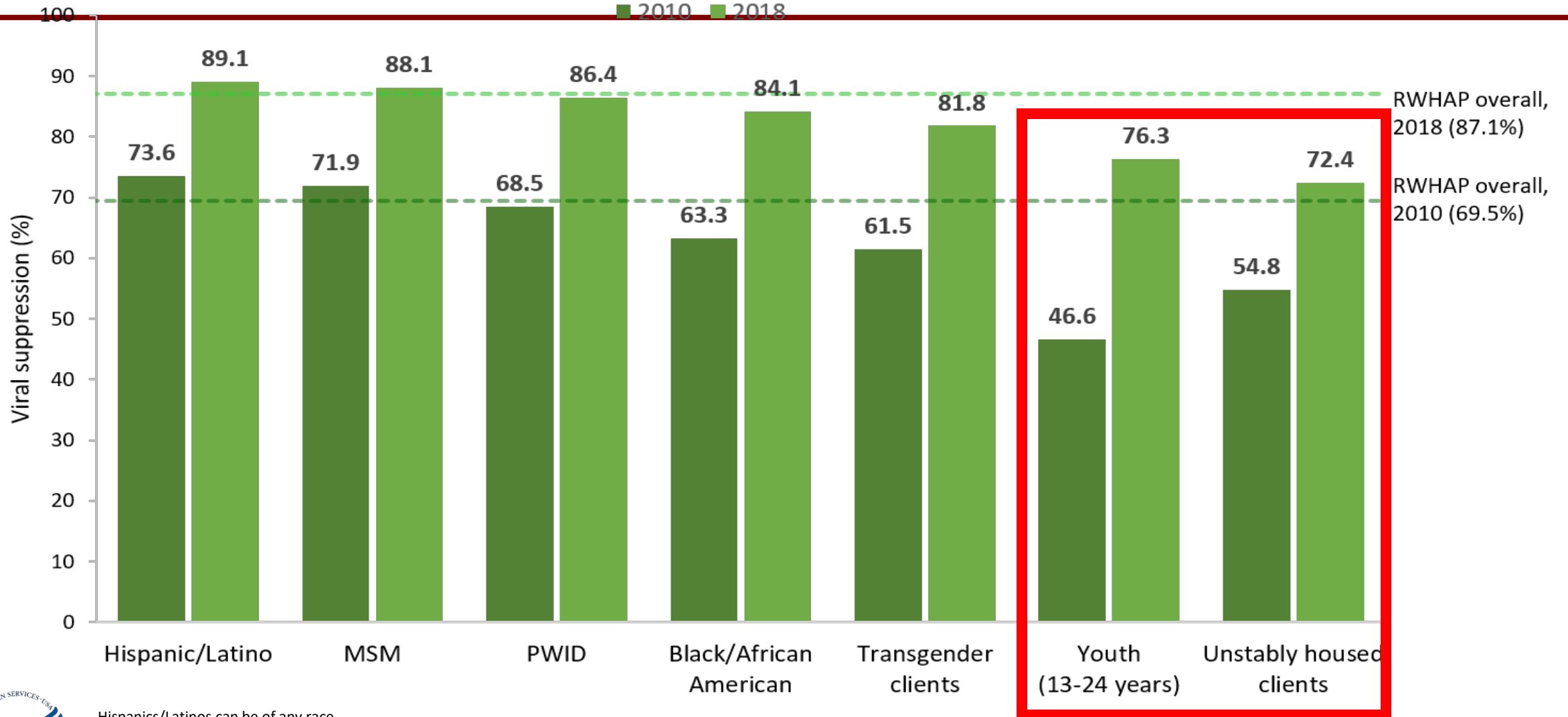
Youth and Young Adults Aged 13–24 Years Served by the Ryan White HIV/AIDS Program, by Gender and Housing Status, 2018—United States and 3 Territories^a



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



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



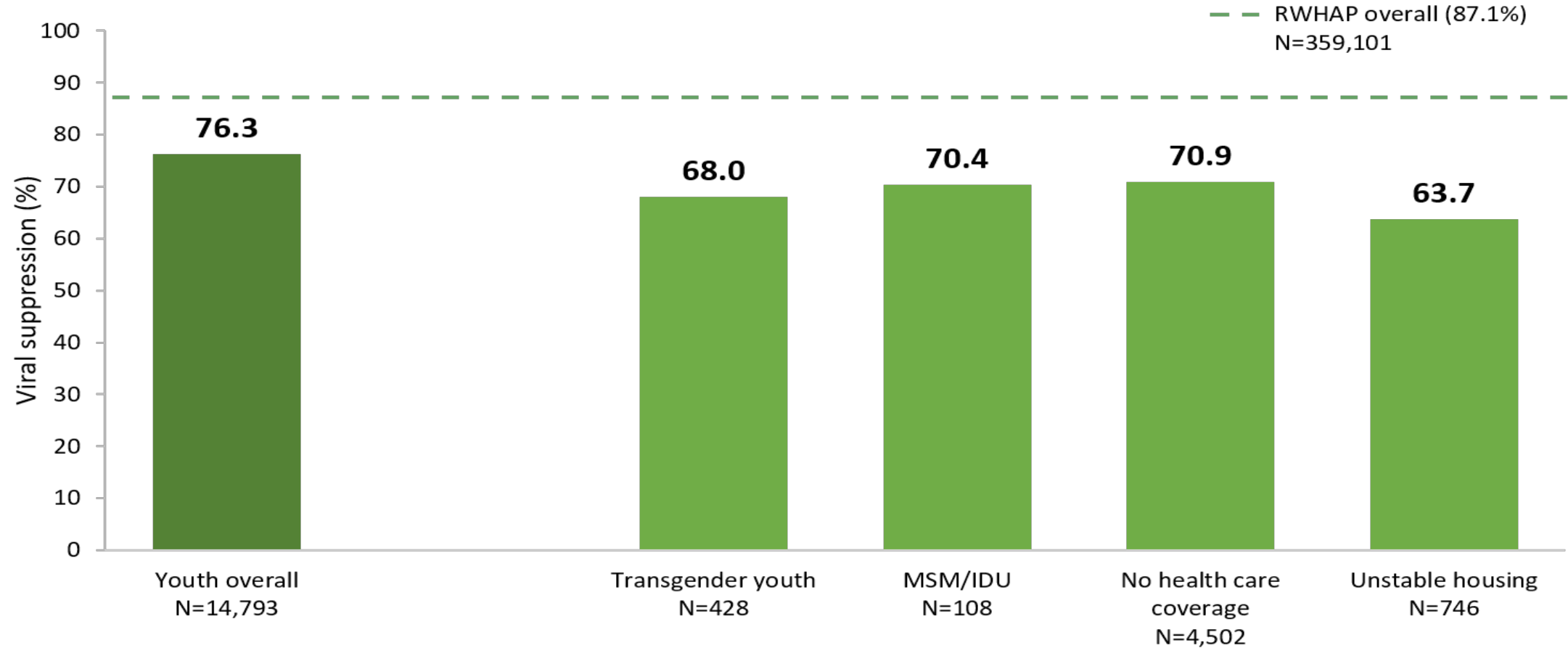
Hispanics/Latinos can be of any race.

Viral suppression: ≥1 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.



Viral Suppression among Youth Aged 13–24 Years Served by the Ryan White HIV/AIDS Program, 2018—United States and 3 Territories^a

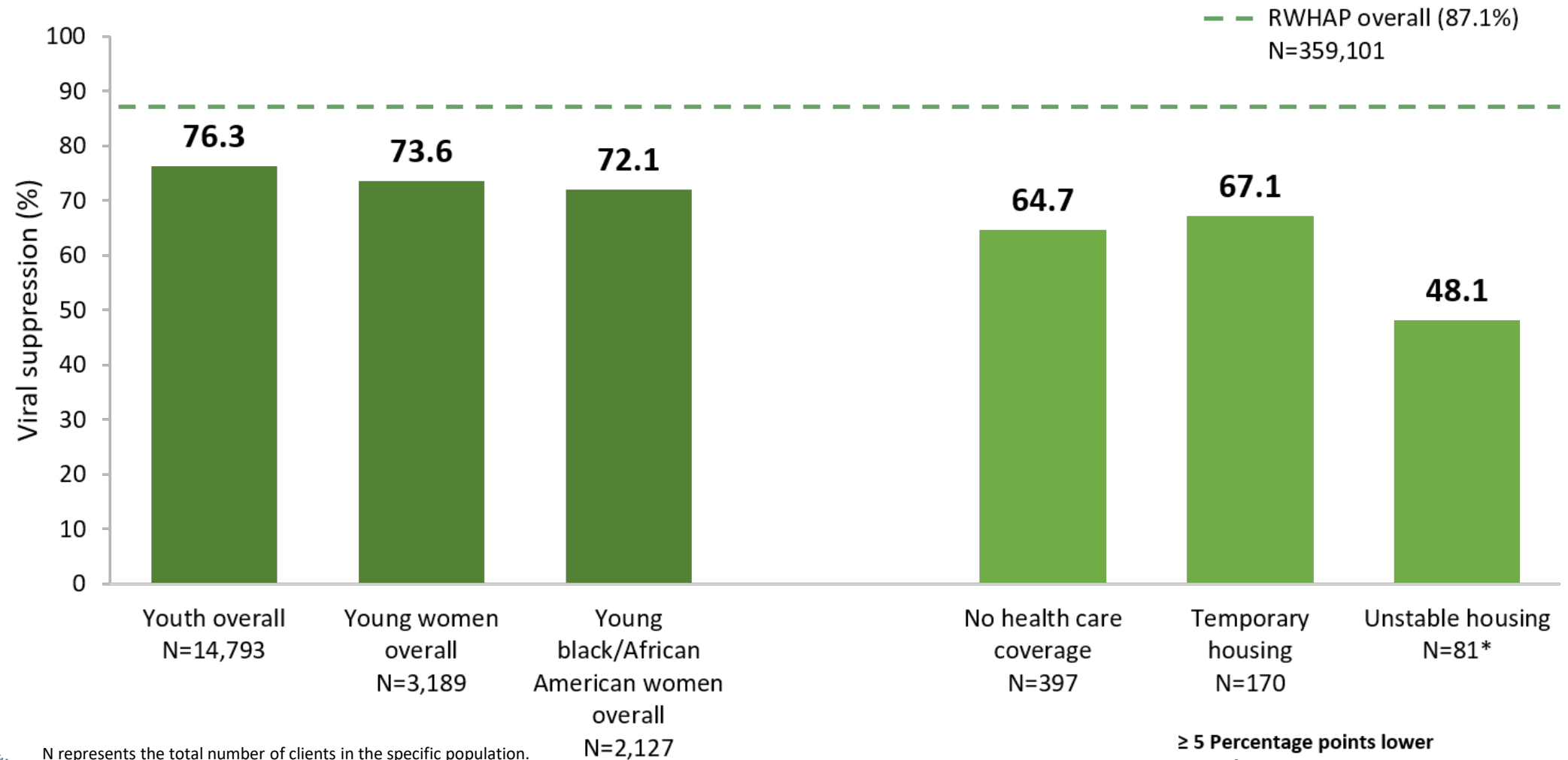


**≥ 5 Percentage points lower
than youth aged 13-24 overall**

MSM/IDU, men who have sex with men who also inject drugs.
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.



Viral Suppression among Young, Black/African American Women Aged 13–24 Years Served by the Ryan White HIV/AIDS Program, 2018—United States and 3 Territories^a

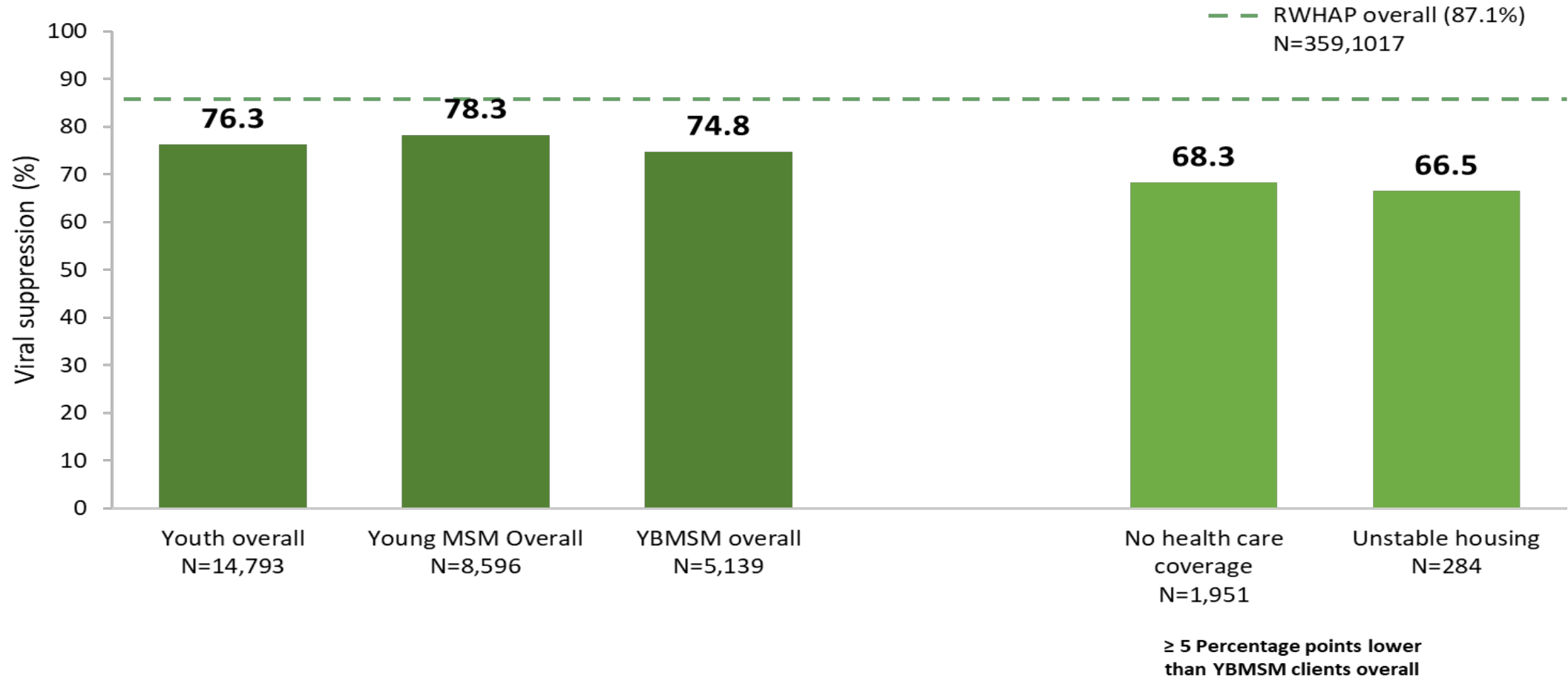


≥ 5 Percentage points lower than young black/African American women overall

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.
 * Use caution when interpreting results from small numbers.
^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Viral Suppression among Young, Black/African American MSM (YBMSM) Aged 13–24 Years Served by the Ryan White HIV/AIDS Program, 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.



The RWHAP Response



Policy

Housing

Description:

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

[HIV/AIDS BUREAU POLICY 16-02](#)

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Definition of Housing

- HAB better defined housing services and removed the requirement to show medical necessity

Supporting Data Integration

- In 2017, HAB and US Department of Housing and Urban Development put out a jointly signed letter supporting the integration of RWHAP and Housing Opportunity for Persons with AIDS (HOPWA) data

Expanding Allowable Services

- In 2016, HAB expanded the housing services category to include RWHAP Part C



Program Implementation: Housing Provision

Flexibility allowed to address the housing needs of youth. These service categories are listed on the HAB webpage in Policy Clarification Notice (PCN) [16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#)

- **Housing Services:** transitional, short-term, or emergency housing assistance as well as housing referral services (assessment, search and placement) and housing advocacy services for clients.
 - ✓ Individualized housing plan updated annually
 - ✓ Can be incorporated within another core or support service
- **Emergency Financial Assistance:** limited one-time or short-term payments to assist with an urgent need for essential items or services necessary to improve health outcomes, including utilities and housing



Program Implementation: Ancillary Services

Implementing programs to address youth homelessness should include either directly funded or leveraged support services to address trauma, substance use, mental illness, health literacy, special health needs, etc. Some relevant service categories may include:

- Medical Case Management
- Non-Medical Case Management – focus on accessing services such as employment and education centers and permanent housing
- Peer Navigators
- Mental Health Services
- Support Groups
- Specialized medical care
 - ✓ Separate kids from adults
 - ✓ Address transgender health issues
 - ✓ Provide holistic, patient-centered care



Demonstration and Evaluation – Special Projects of National Significance (SPNS)

Building a medical home for multiply diagnosed HIV positive homeless individuals, 2012 – 2017

- Employed models of care focused on the development of sustainable linkages to mental health, substance abuse treatment, and HIV primary care services for homeless or unstably housed people with HIV
- Interventions adopted a set of organizational structures characterized by integrated or co-located strategies for service provision

Use of social media to improve engagement, retention, and health outcomes along the HIV care continuum, 2015-2019

- Social media methods to identify, link, and retain HIV positive, underserved, underinsured, hard-to-reach youth and young adults (ages 13-34)

Resources

- For more information about the SPNS Program: <https://hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-special-projects-national-significance-spns-program>
- For information about specific interventions: <https://targethiv.org/ihip>



Understanding Youth Homelessness

Kahlib Barton, Senior Program Officer



What we do:



Training & Education



Advocacy



Youth Collaboration

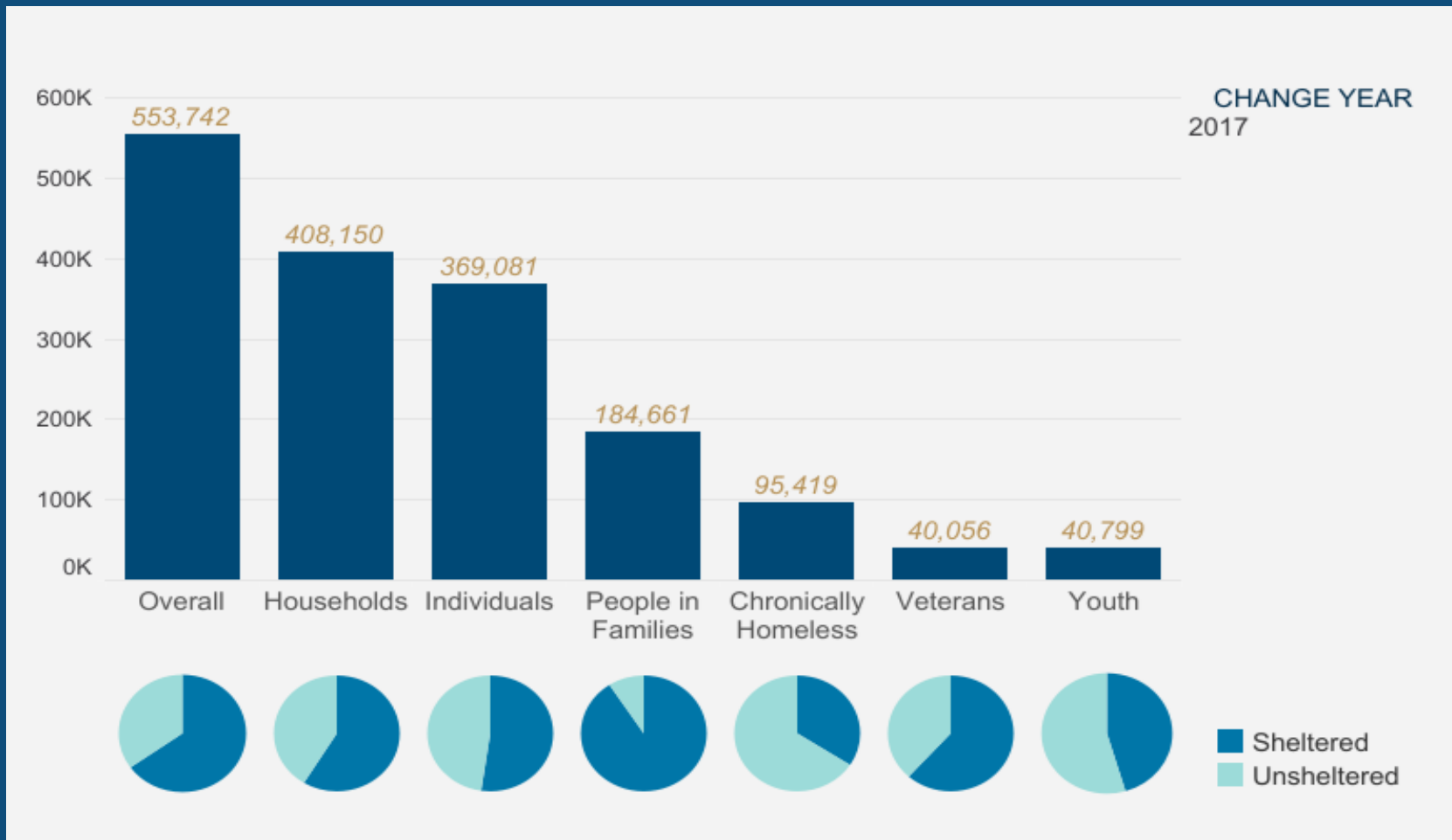
What Causes Homelessness?

Housing Costs > Income
(lack of affordable housing + poverty +)

- Healthcare access
- Racial inequity
- IPV
- Family Conflict
- Systems involvement
 - (child welfare, justice system, etc.)



Who's Experiencing Homelessness?



Why focus on LGBTQ+ and Youth of Color?

Homelessness isn't harming all youth equally.

Youth of color are MOST represented in youth experiencing homelessness ages 18-24 (89%)

Experiences of homelessness have proven to be twice as fatal for LGBTQ+ and youth of color

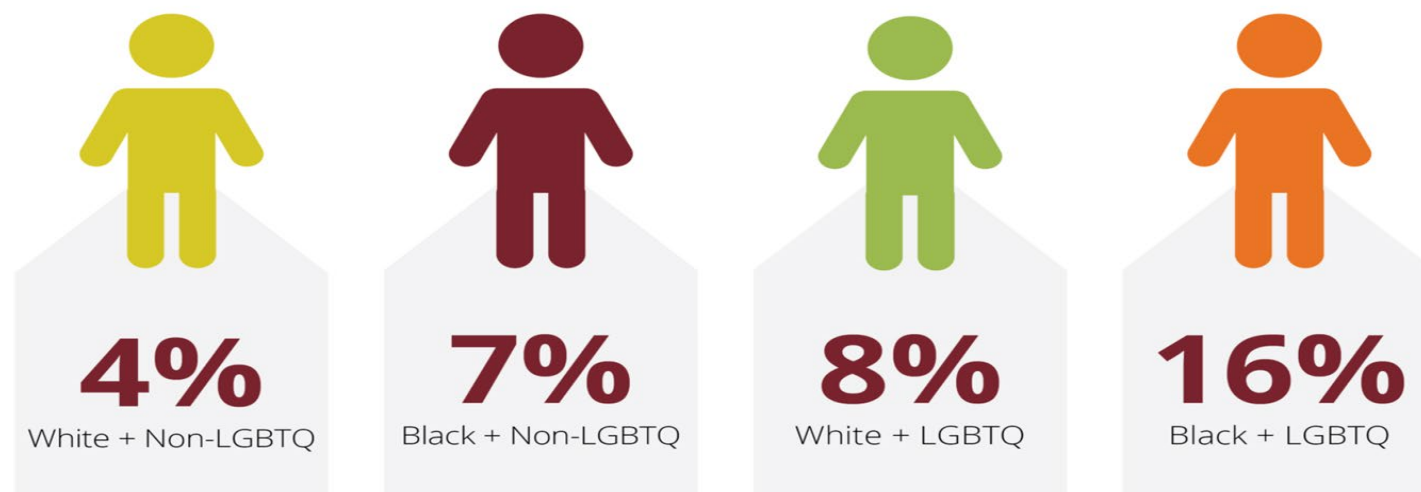
Targeted universalism



Intersections of Identity & Race

Figure 2. Youth who are black *and* LGBTQ reported the highest rates of homelessness

Explicit homelessness over the last 12 months, self-reported by young adults, ages 18-25. These estimates do not include reports of couch surfing only.



(Source: VoYC National Survey)



Targeted Universalism



If we reach the needs of the people who are most impacted by youth homelessness (LGBTQ+ and youth of color) then we create a system that effectively meets the needs of all youth.

What is an effective system?

Ineffective:

Making decisions for communities of people

System incoordination

Limited points of entry

LivEx limited to frontline staff positions

Effective:

Meaningful inclusion of people with lived experience
(LivEx)

Coordinated entry system

Multiple points of entry (healthcare, education,
justice)

Economic justice



Critical Barriers to Addressing Youth Homelessness.

History (40 years!) and ideological orientations

Systemic vs. programmatic approaches

Data, counts, and intervention models

Language

Cultural NIMBSism



A Good Crisis Response System.

An effective crisis response system reaches all people in need of shelter and provides immediate and easy access to safe and decent shelter that is focused on getting people rehoused as quickly as possible.

- Homelessness is rare, brief, and non-recurring
- Housing focused system: all interventions quickly end the episode of homelessness and move people to permanent housing
- Right mix of interventions that match the needs – system is right sized
- It is easily understood and navigated by persons experiencing homelessness



Housing First.

Thank you!

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Contact Information

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