

Maximizing Housing Opportunities

Wednesday, December 12, 2018

Presentations by:

- **Health Resource and Service Administration (HRSA) HIV AIDS Bureau (HAB)**
- **Seattle Transitional Grant Area Part A**
- **Boston University**



Session Agenda

- Welcome/Introductions
- Integrating and Leveraging Housing within Ryan White HIV/AIDS Program Part B Systems
 - Presented by the Health Resources and Services Administration (HRSA) HIV AIDS Bureau (HAB)
- Maximizing Housing Opportunities by Leveraging Resources from Other Systems
 - Presented by Seattle and King County Public Health Ryan White HIV/AIDS Program (RWHAP) Part A
- The HIV, Housing & Employment Project
 - Presented by the Boston University, Center for Innovation in Social Work and Health



Learning Objectives

- Improve RWHAP Part A-D recipients understanding of how unstable housing impacts HIV health outcomes
- Highlight innovative strategies to integrate and leverage housing and employment services within the RWHAP Part B system
- Highlight ways that RWHAP Part A-D recipients can create successful collaborations to address the employment and housing needs of PLWH

Integrating and Leveraging Housing within Ryan White HIV/AIDS Program Part B Systems

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Maximizing housing opportunities by participating in Coordinated Entry

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Integrating and Leveraging Housing within the Ryan White HIV/AIDS Program Part B System of Care December 12, 2018

**Division of State HIV/AIDS Programs (DSHAP)
HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)**



Agenda

- Welcome
- Health Resources and Services Administration (HAB) HIV/AIDS Bureau (HAB) Overview
- Why Housing?
- Ryan White HIV/AIDS Program (RWHAP) Part B Recipient Examples
 - Louisiana
 - Illinois



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 living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HIV/AIDS Bureau 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.



Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States – more than 550,000 people – receive care through the Ryan White HIV/AIDS Program
- 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
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 59.8%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)



Why Housing?

Role of Stable Housing for People Living with HIV (PLWH)



Why Housing

Summary of Research

- 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.

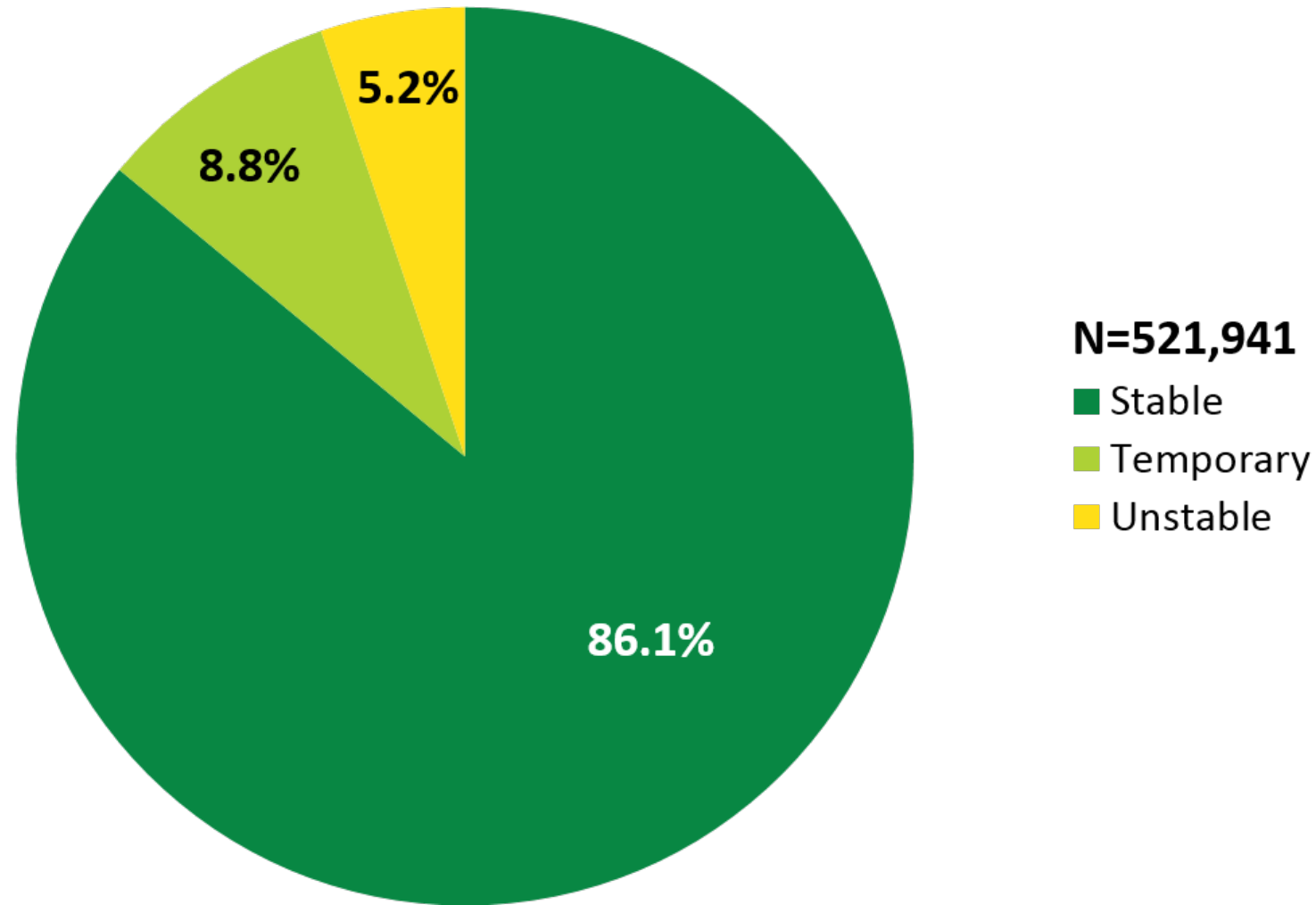
Taken from the US. Housing and Urban Development Publication, *HIV CARE CONTINUUM The Connection Between Housing And Improved Outcomes Along The HIV Care Continuum (2013)*. Available for download at <https://www.hudexchange.info/resources/documents/The-Connection-Between-Housing-and-Improved-Outcomes-Along-the-HIV-Care-Continuum.pdf>



Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services

- For communities at greatest risk for poor health care outcomes, providing effective HIV care also involves addressing structural factors, such as poverty, lack of education, **unemployment, homelessness**, and other social determinants of health.
- The overall goal of this SPNS initiative is to improve engagement and retention in HIV care and supportive services for PLWH impacted by **housing and employment instability** in racial and ethnic minority communities by designing, implementing, and evaluating innovative models of coordinated care service delivery across these sectors.

Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2016—United States and 3 Territories^a

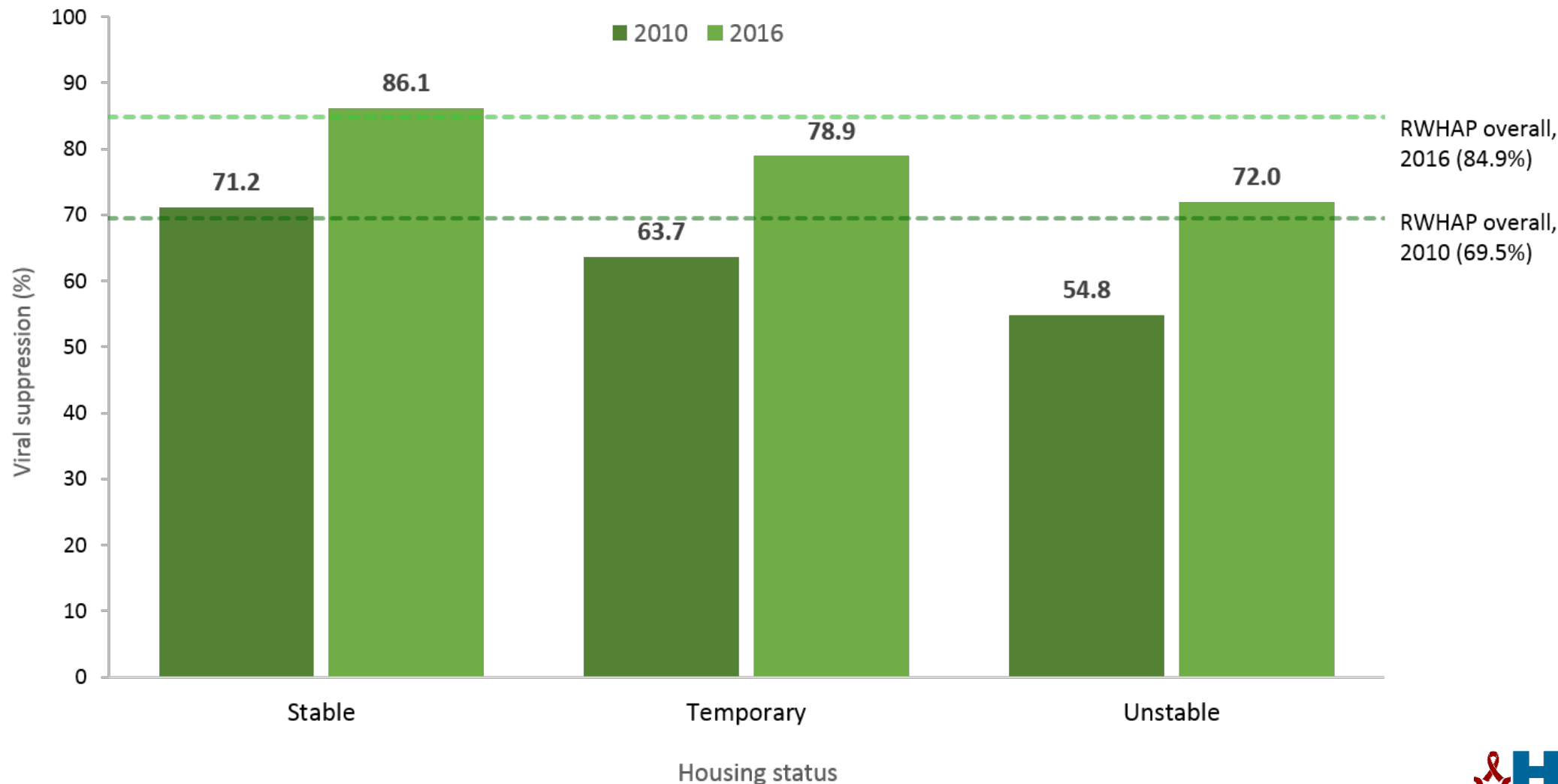


^a Guam, Puerto Rico, and the U.S. Virgin Islands.

Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2016. Does not include AIDS Drug Assistance Program data.



Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2010 and 2016—United States and 3 Territories^a



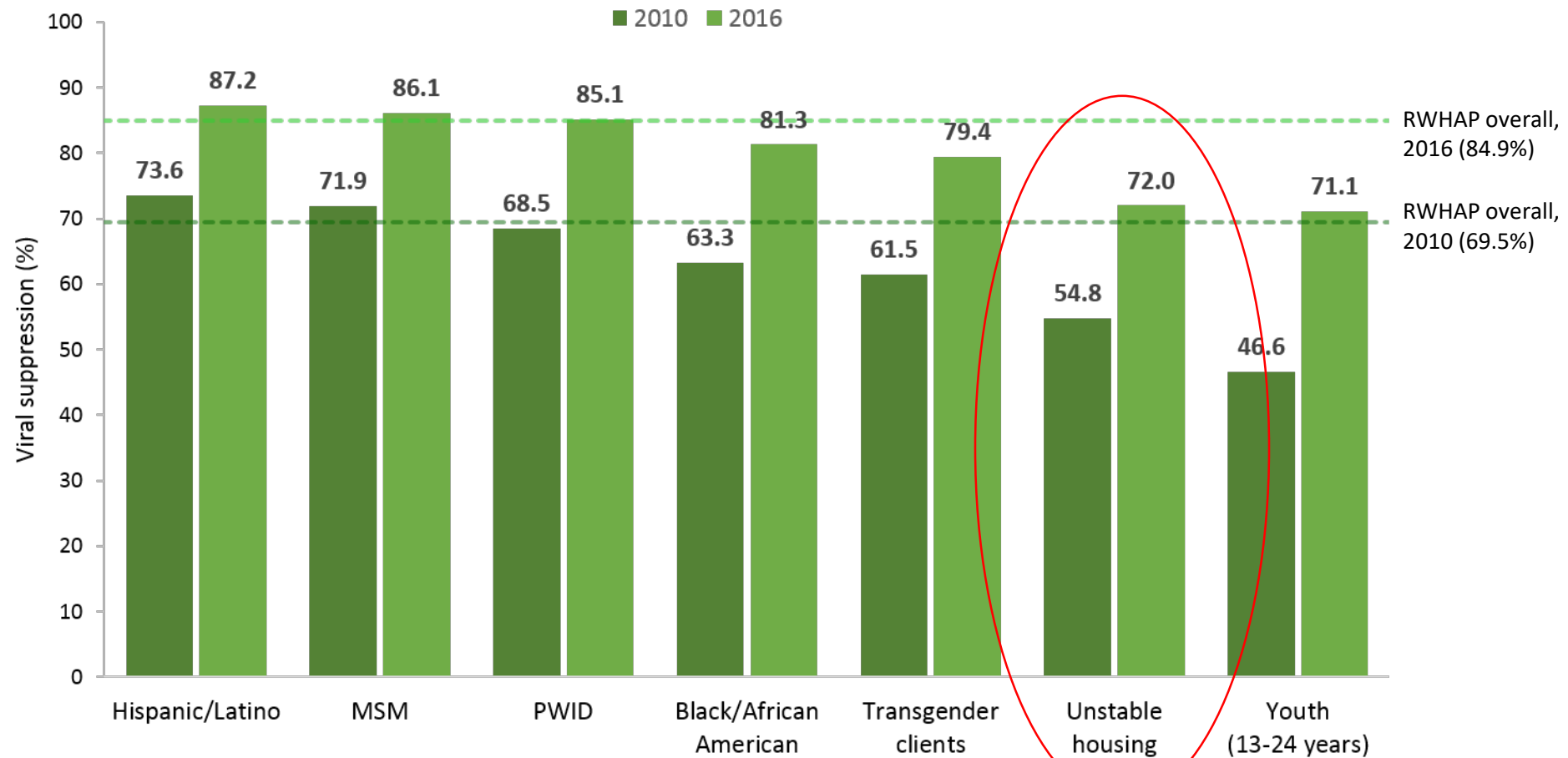
Viral suppression: >1 OAH visit during the calendar year and >1 viral load reported, with the last viral load result <200 copies/mL

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

Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2016. Does not include AIDS Drug Assistance Program data.



Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2016—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.



Models in Leveraging Housing

State of Louisiana

State of Illinois





HAB Ryan White Conference

**Integrating and Leveraging Housing within Ryan White HIV/AIDS
Program Part B Systems of Care**

December 2018

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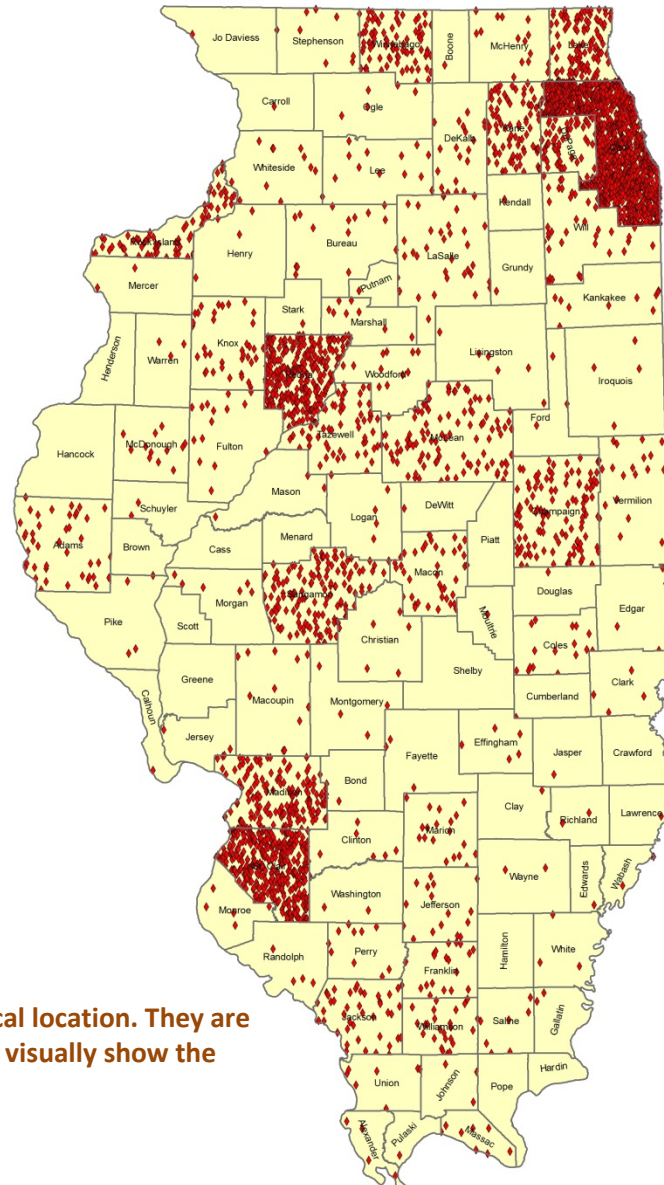
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PROGRAM OVERVIEW

- The Illinois Ryan White Part B Program CARE (IL RWPB CARE) offers 30 of HRSA's core medical and supportive services.
 - Illinois has divided its state into 8 jurisdictional regions, and not all services are available in every region.
 - ✓ Each region conducts an annual needs assessment to determine what services are needed and the level of funds to allocate.
- IL RWPB CARE served a total of **5,305** enrolled clients through its consortia model in FFY 2017.
 - The full RWPB portfolio with ADAP/Insurance served a total of **13,153** clients.
- Eligibility for most CORE and SUPPORTIVE services is set at 500% Household FPL.
- Housing and Emergency Financial Assistance are set at 80% the area median income.

CLIENTS ENROLLED – CARE SERVICES DOT DENSITY MAP



Total Clients Enrolled = 5,305

* Enrolled from 4/1/2017 to 3/31/2018

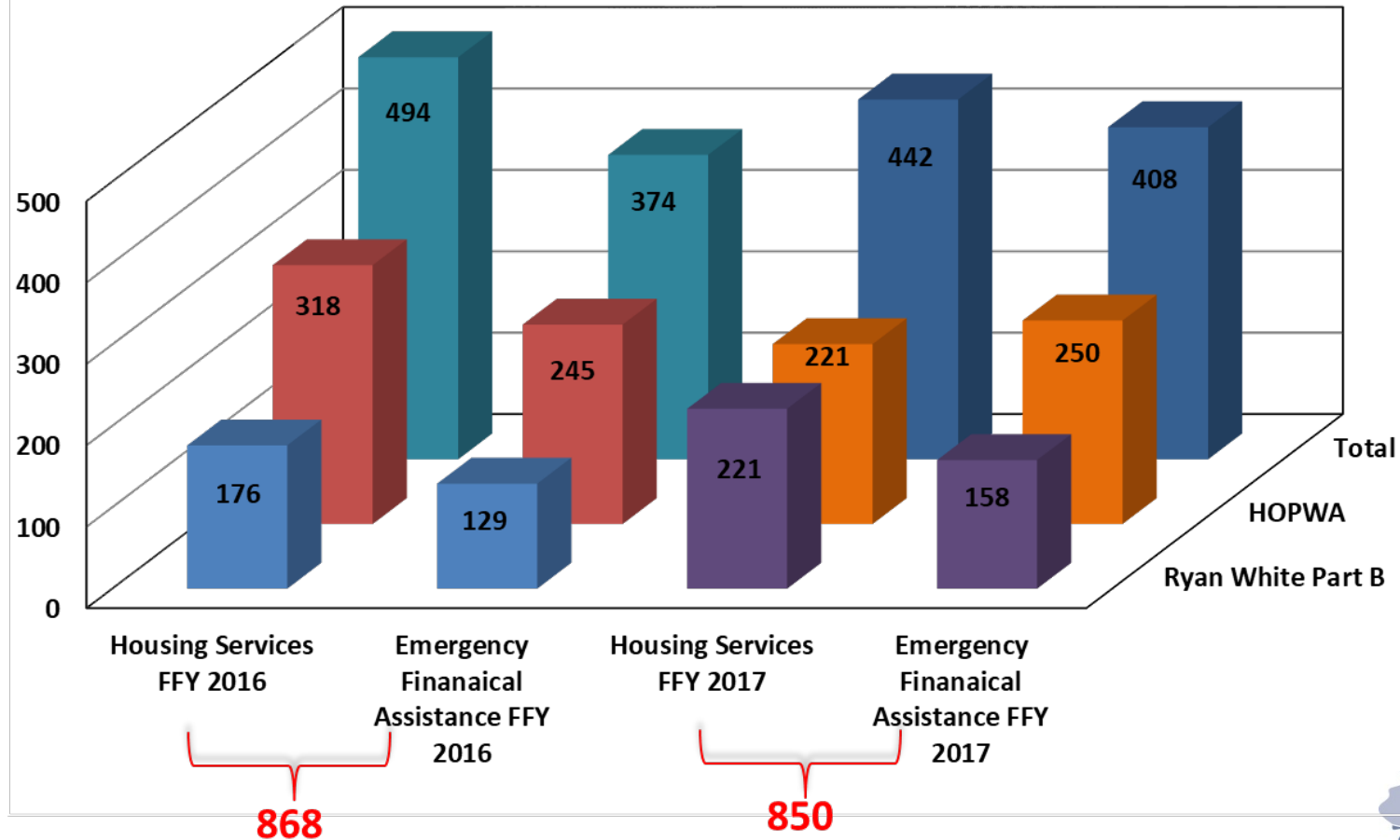
** Dots do not represent an actual physical location. They are a representation of a service provision to visually show the areas with the highest service utilization.

PROGRAM OVERVIEW

- IL RWPB CARE has 2 funding streams that support its integrated housing program:
 - FFY 2017 - Housing Opportunity for People Living with HIV/AIDS (HOPWA), \$1,172,213.
 - FFY 2017 - Ryan White Part B Housing allocation, \$143,519.
- IL RWPB CARE has integrated its standard operating procedures (SOP) for HOPWA (TBRA and STRMU) Ryan White Housing and Emergency Financial Assistance.
- Housing and Emergency Financial Assistance are set at 80% the area median income for both funding streams, which is the HUD standard.

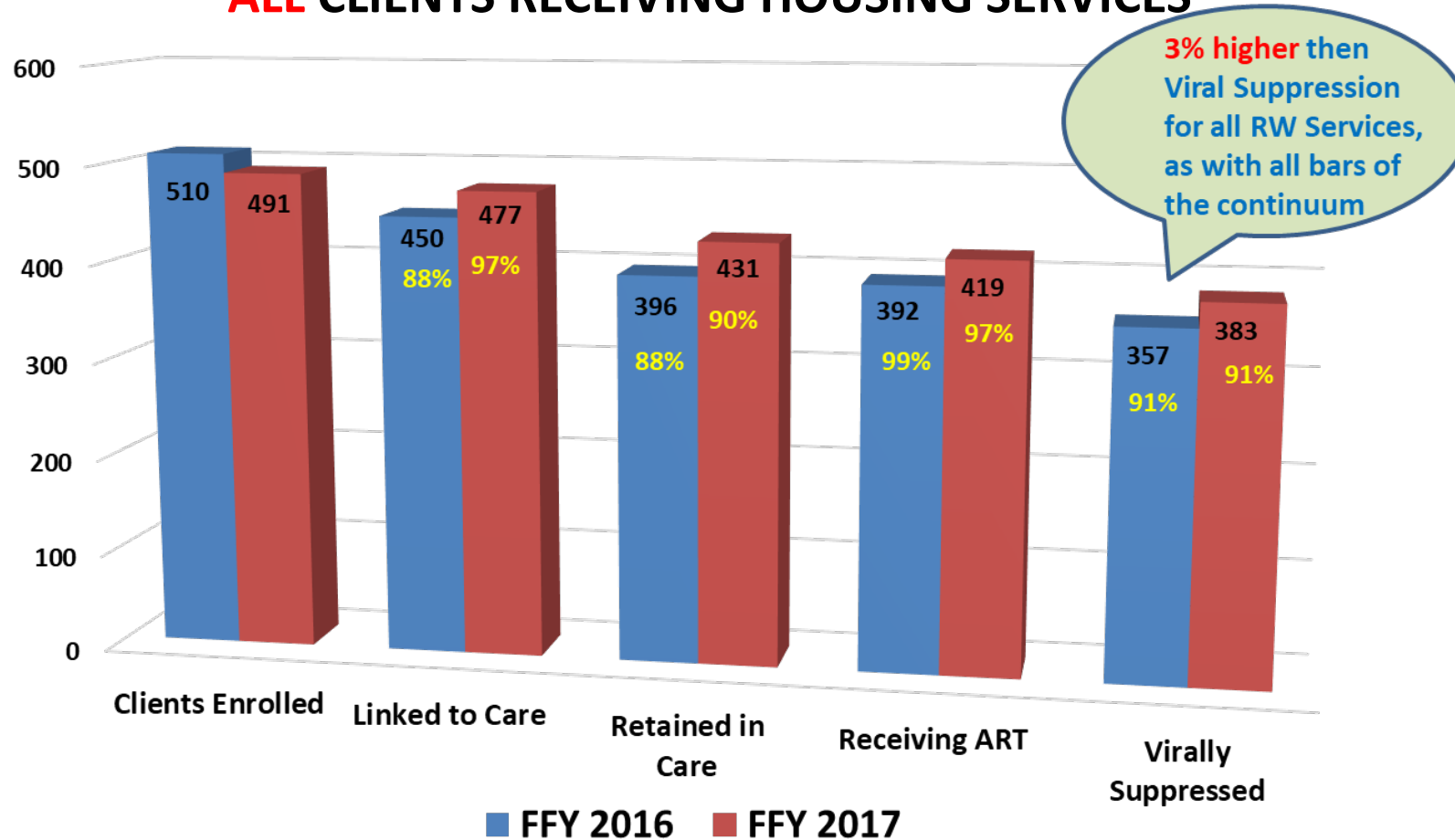
SERVICE BREAKDOWN

Clients Receiving Housing and Emergency Financial Assistance
By **Service and Funding Source**



ILLINOIS HOUSING SERVICES CASCADE

ALL CLIENTS RECEIVING HOUSING SERVICES



PROGRAM OVERVIEW

HOUSING ASSISTANCE WORKSHEET



Client Information



Rent/Mortgage Standards



Occupancy Standards



Rent Mortgage Burden



Payer of Last Resort

Fair Market Rent by County

Studio Cost

1 BR Cost

2 BR Cost

3 BR Cost

KEY ELEMENTS TO IMPLEMENTATION CHALLENGES & POINTS FOR CONSIDERATION

Legislative Cross Walks

- **Ensure to Cross walk differing legislative guidance. (Ex: HOPWA/HRSA).**
- Internal Task Force developed to walk through each legislative guidance.
- Take your time – 6 months allocated to this process.

Standardizing Common Operating Procedures

- **Determining where different legislative guidance shares common ground vs. Where one is more restrictive.**
- When appropriate the more restrictive guidance became the rule. (i.e., service funding caps, life time caps, FPLs,

KEY ELEMENTS TO IMPLEMENTATION CHALLENGES & POINTS FOR CONSIDERATION

Documentation and Reimbursement Protocol

- **Standardized Housing Plans requirement, methods of documenting progress notes, payment records, billing systems, and Administrative CAPs.**
- External Task Force of community partners that assisted in the development of documentation and reporting protocol.
- 4 months allocated to this process.

IT data system Infrastructure Development

- **Building out data system capacity to operate, monitor, track, bill for services, Administrative CAPs.**
- All elements of design and development was accompanied by our IT team that ensured the data system's grants management system was engineered for operational needs.
- 6 month allocated to development.

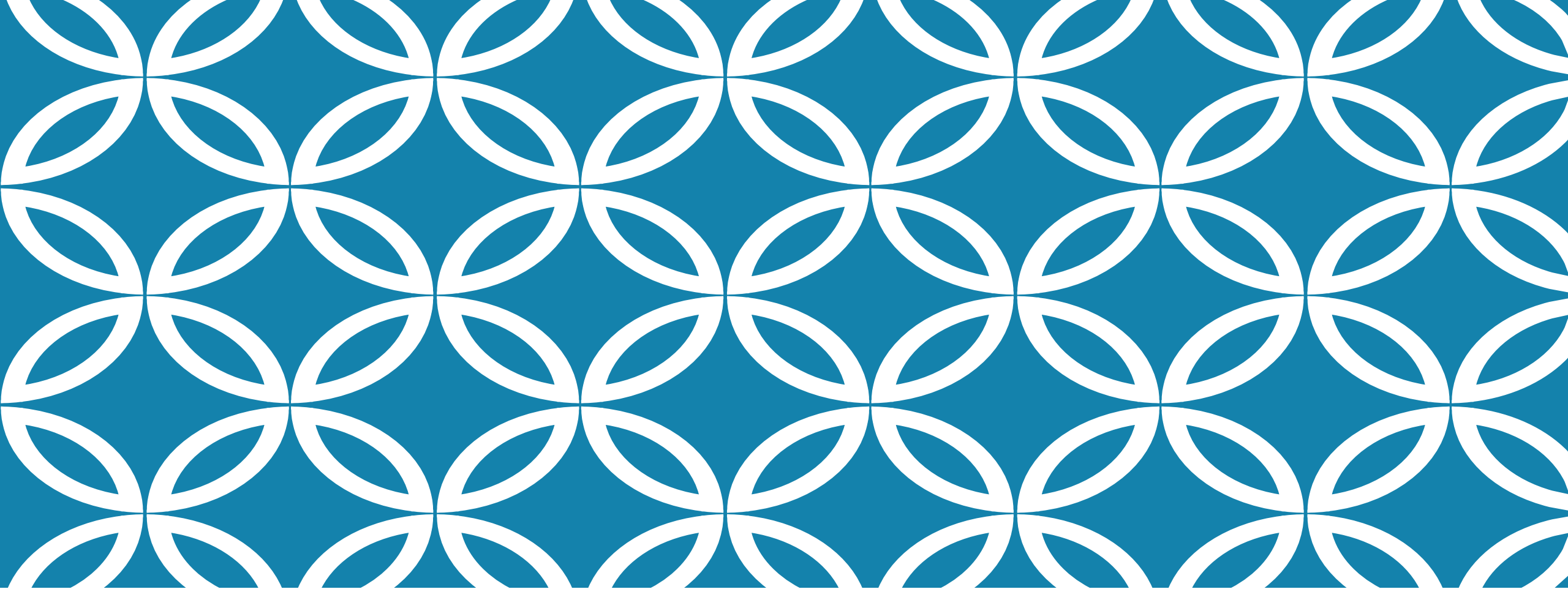
KEY ELEMENTS TO IMPLEMENTATION CHALLENGES & POINTS FOR CONSIDERATION

Community Partner Engagement

- Ensure recipients includes community partners feedback during the planning, development, and rollout of any new integrated SOP adopted for the new housing platform.
- Each of the 8 Regions had provider representation on the external task force.
- 8 months allocated to this process.
- Also participated as trainers when rolled out live.

Dynamic Process

- Annually the SOP and data system is reviewed with new federal guidance's to ensure compliance.
- Task Force reviews annually and updates are submitted to the statewide body.
- Still working on Technical Assistance with HUD on TBRA and STRMU transition with the new Housing Modernization Plan



INTEGRATING AND LEVERAGING HOUSING WITHIN RYAN WHITE



December 2018

HOUSING IN LOUISIANA

- In 2016 68% of Louisiana residents reported an income below 400% FPL.
- The median gross rent is \$800, and the median selected monthly owner costs with a mortgage is \$1,206.
- 65% of the housing units in Louisiana are owner occupied.
- 2017 Point in Time count for homelessness put the population at 3,305.

PROGRAM OVERVIEW

- Louisiana Part B offers currently 17 of the RWHAP Core and Support Services.
 - Seven regions, not all services are available in every region.
 - Part B Services has 2,538 clients currently enrolled and 3,783 enrolled in the ADAP program called LAHAP.
- Client eligibility for RWHAP Core and Supportive Services is set at 400% FPL.
- Client eligibility for HOPWA services is set at 80% area median income.

SERVICE BREAKDOWN

FY 2017 Funded Services

- HOPWA
 - TBRA
 - PHP
 - STRMU
- Facility Based Housing
- Resource Identification

FY 2018 Funded Services

- HOPWA
 - TBRA
 - PHP
 - STRMU
- Facility Based Housing
- Resource Identification
- Ryan White Housing
 - Focused on using the funds for transitional support

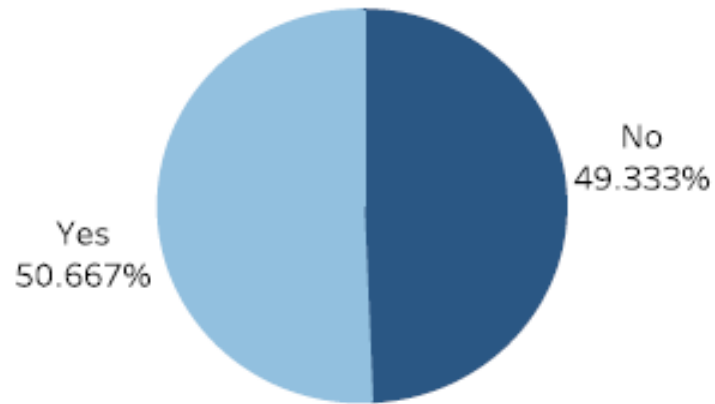


NEEDS ASSESSMENT

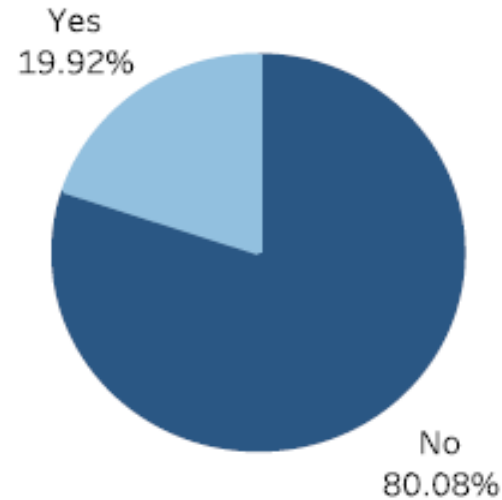
Housing

Percent of Respondents Who Reported They Had...

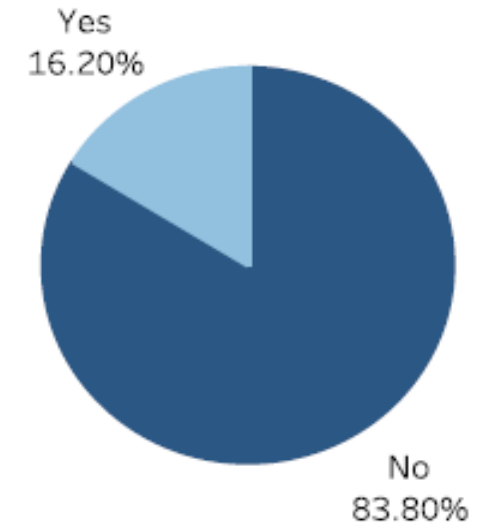
Difficulty in Paying Rent, Mortgage
or Utility Bills in Past Year



To Move in the Last 3 Years Because
They Could No Longer Afford Housing

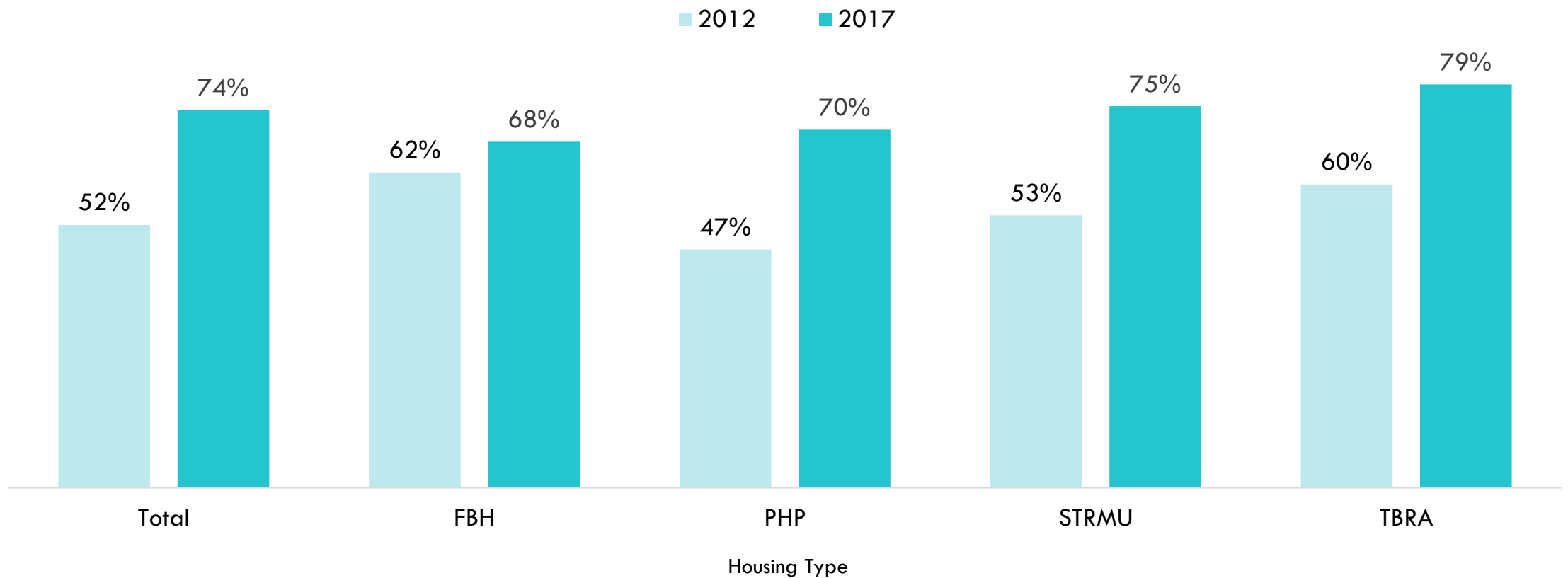


Trouble Obtaining Housing
in Last 6 months



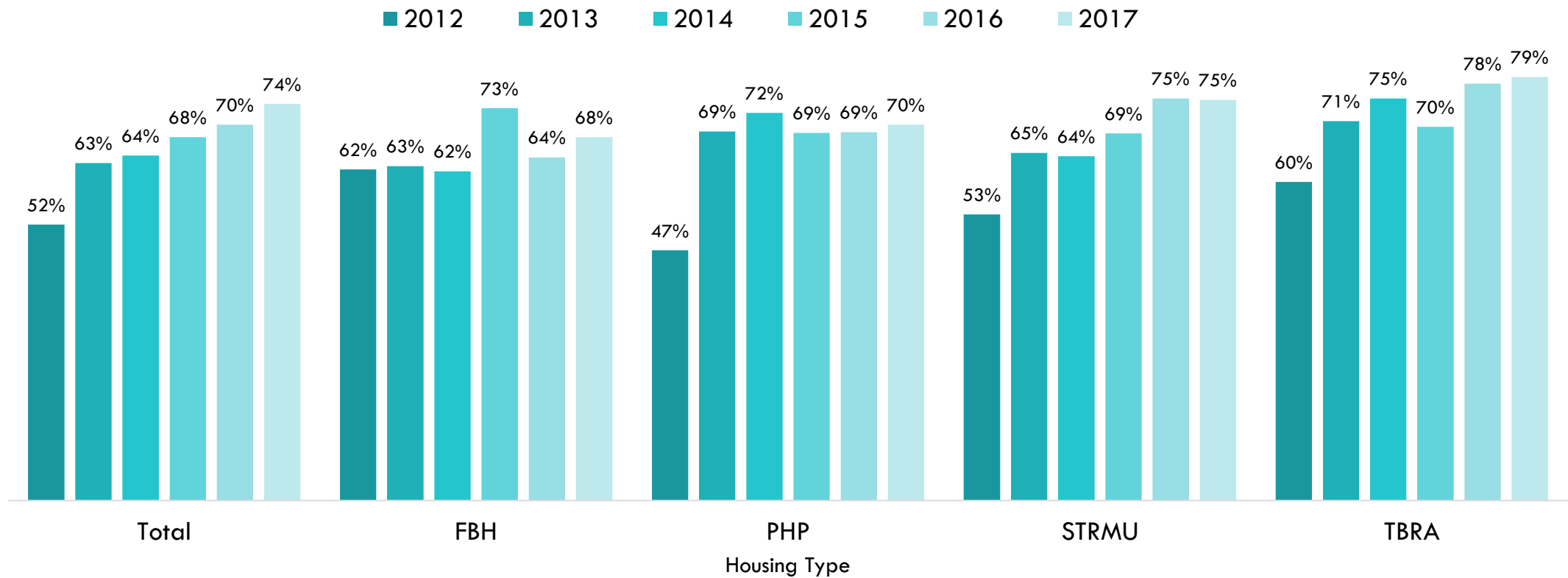
2012 AND 2017 HOUSING CONTINUUMS

Viral Suppression by Housing Type, 2012 & 2017



2012 - 2017 HOUSING CONTINUUMS

Viral Suppression by Housing Type, 2012-2017





Maximizing Housing Opportunities by Leveraging Resources from Other Systems

Seattle Transitional Grant Area
Part A



Public Health
Seattle & King County
HIV / STD Program

The numbers

- 13,136 – number of persons experiencing homelessness on January 25, 2018 (2018 Point in Time count data)
- 6,780 – number of those who were unsheltered
- 8,054 - # of PLWDH
- 11% - % of 2017 Medical Monitoring Project respondents from King County replied that they “needed, but could not get” housing
- 25% - of RW clients were homeless or unstably housed

Housing is #1 priority in Seattle TGA

Non-medical case management for housing supports is ranked #4

Maximizing opportunities through...Coordinated Entry

Lifelong

- Funded for Emergency, Transitional, Permanent Housing, and Non-medical Case Management-Housing
- Reduced clients on waitlist
September 2017: **214**
September 2018: **75**
- **25%** of single persons placed through Coordinated Entry answered affirmatively to the question “would you be interested in housing for PLWH?”

The numbers

2017

VL	Total	
<200	604	84%
>=200	115	16%
Grand Total	719	100%

Engaged PCP	Total	
No	328	46%
Yes	391	54%
Grand Total	719	100%

2018

VL	Total	
<200	448	85%
>=200	80	15%
Grand Total	528	100%

Engaged PCP	Total	
No	175	33%
Yes	353	67%
Grand Total	528	100%

Maximizing opportunities through...Department of Corrections (DOC)

Washington State Department of Corrections

- Clients in this program are not able to access Coordinated Entry
- Funded as a Pilot project
- Transitional and emergency housing
- Services paid for by DOC

The numbers

80% of clients are virally suppressed

100% of clients are engaged in care



NICE WORK IF YOU CAN GET IT

Improving Health Outcomes through the
Coordination of Supportive Employment
and Housing Services

BACKGROUND

Achieving success in housing, employment, and HIV primary care requires an intentional and coordinated effort, as they are interdependent upon one another.

- Finding and maintaining housing is difficult in the absence of employment.
- Employment is challenging to keep if stable housing is not achieved.
- Both lack of housing stability and employment can negatively impact retention in HIV primary care.

HIV care, Housing, and Employment must be addressed collectively for people living with HIV to achieve viral suppression.

BACKGROUND

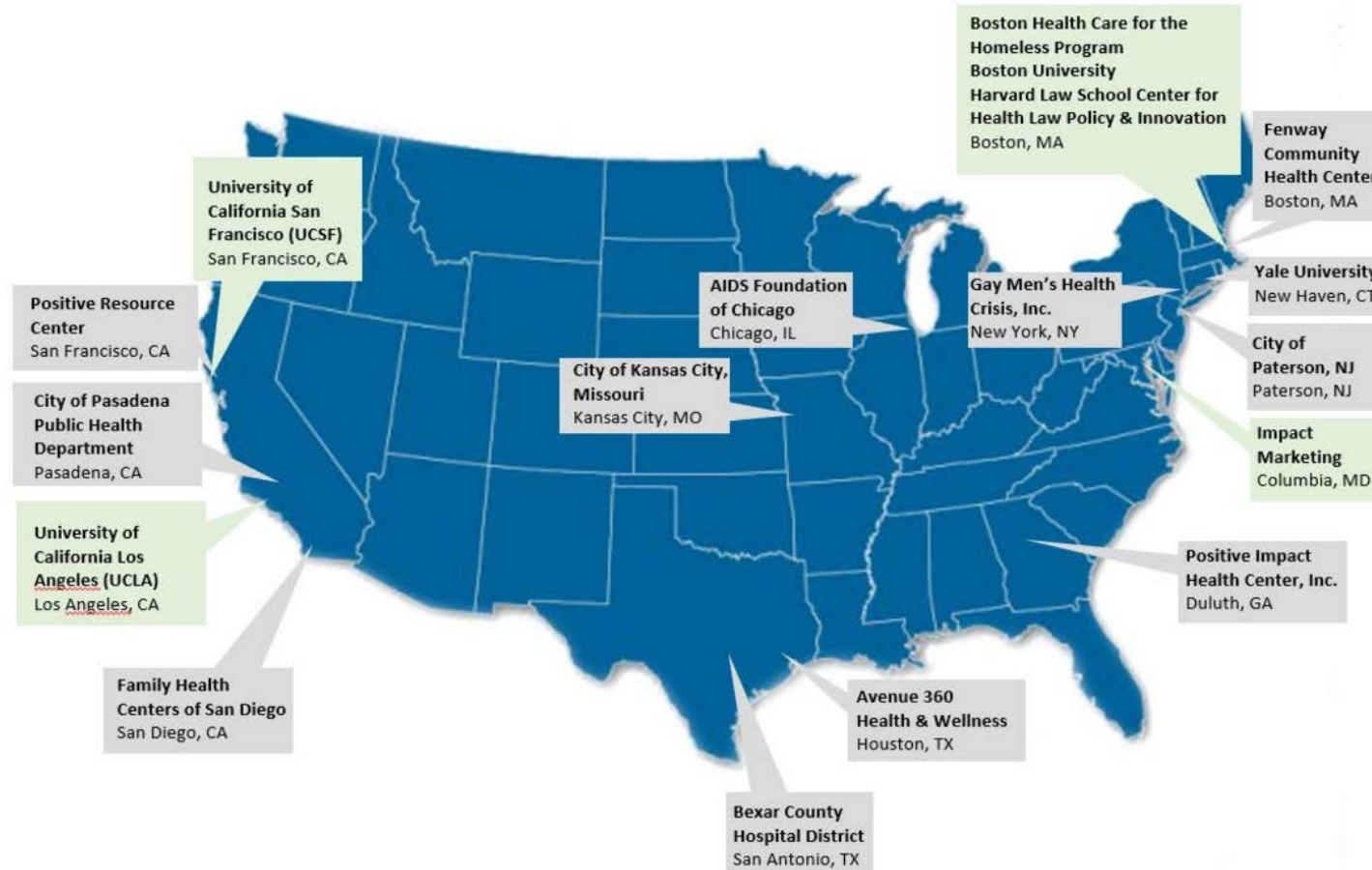
Three-year initiative supported through funding from the Department of Health and Human Services Secretary's Minority AIDS Initiative Fund, HRSA's HIV/AIDS Bureau, Special Projects of National Significance program

Twelve Demonstration Sites funded to improve health outcomes for low-income, uninsured, and underinsured people living with HIV (PLWH) in racial and ethnic minority communities by coordinating health, housing and employment service systems designed to address social determinants of health disparities such as poverty and homelessness

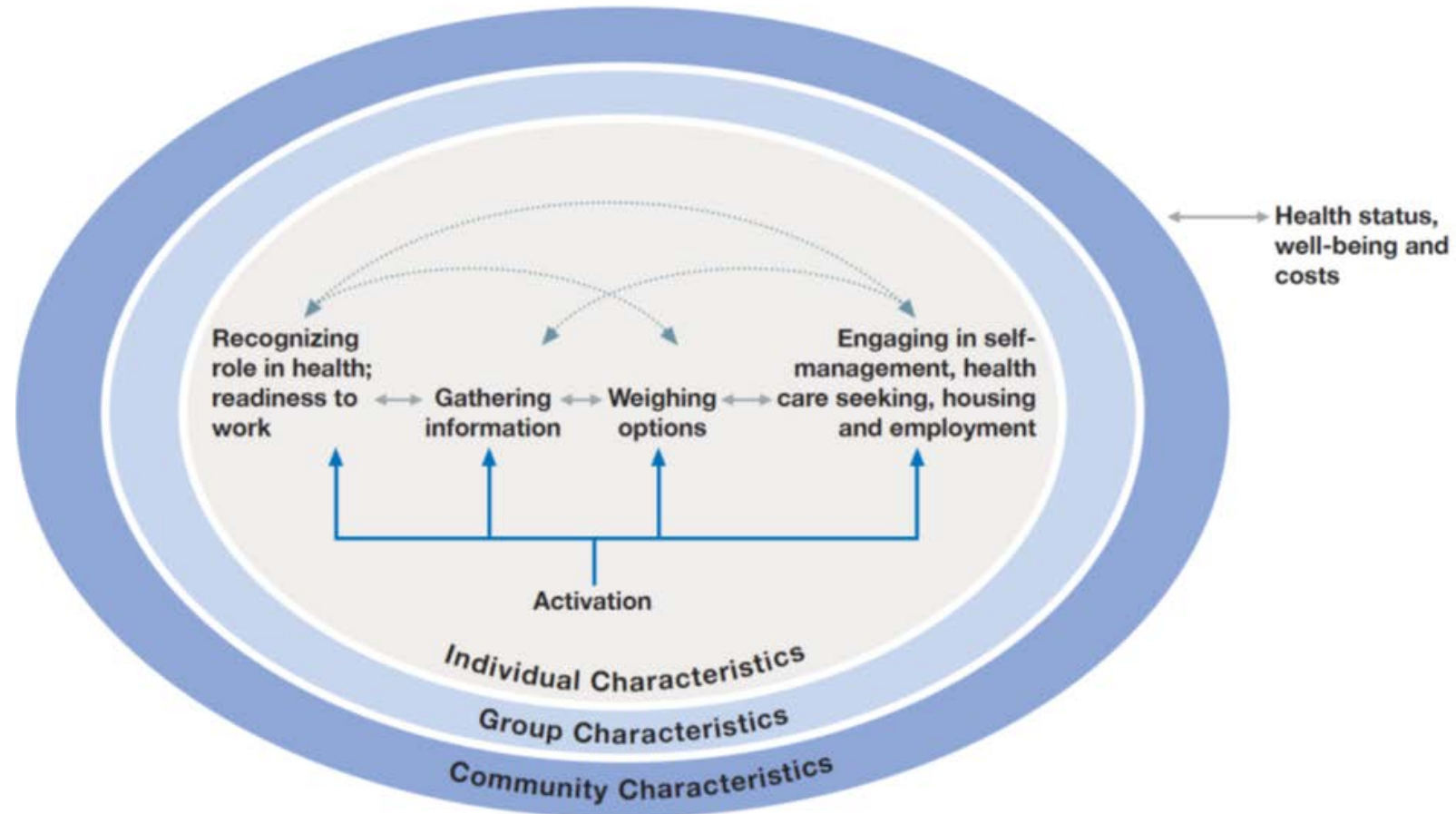
One Evaluation and Technical Assistance Provider funded to:

1. Conduct a rigorous multi-site evaluation of the implementation and outcomes of demonstration site project interventions;
2. Coordinate and provide both remote and on-site TA to the demonstration sites; and
3. Lead and coordinate the efforts for publication and dissemination of findings and lessons learned from the initiative over the course of the three years.

TWELVE DEMONSTRATION SITES & FOUR TA PROVIDERS



THEORETICAL FRAMEWORK





PROCESS & IMPLEMENTATION QUESTIONS

- What are the key strategies to expanding employment opportunities for homeless and unstably housed PLWH? How do these strategies reduce barriers and facilitate access to employment opportunities?
- What is the level of engagement needed to get a PLWH employed?
- What does it cost to implement a successful intervention?
- What are the barriers and facilitators to the implementation of the proposed model?
- How is the model integrated into the mission and existing work of the site clinic/agency?

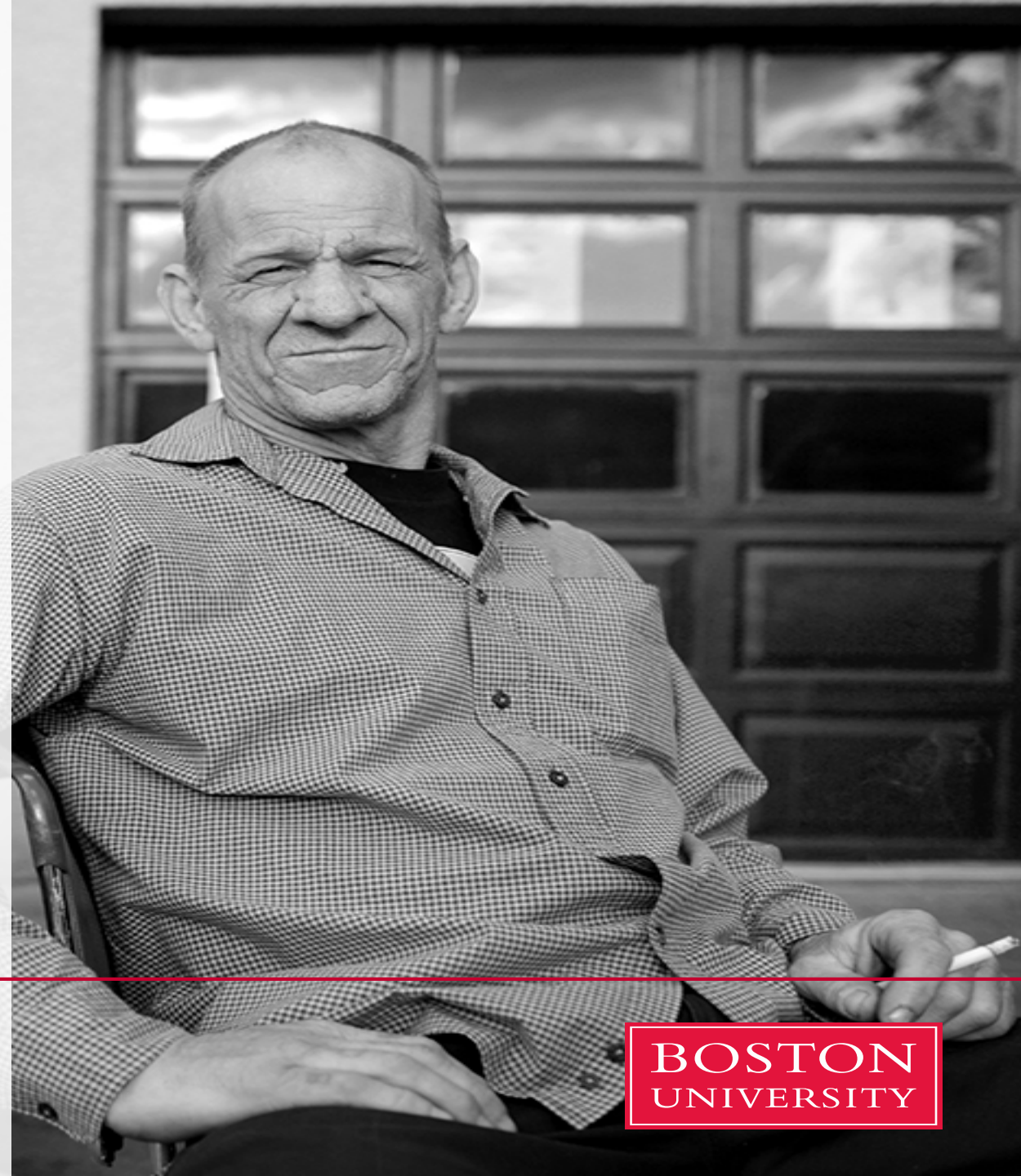
OUTCOME QUESTIONS

Do the interventions

- lead to an increase in the number of previously homeless/unstably housed PLWH retained continuously in quality HIV care?
- lead to an increase in the number of previously homeless/unstably housed PLWH who are virally suppressed?
- lead to an increase in the number of employed PLWH retained continuously in quality HIV care?
- lead to an increase in the number of employed PLWH who are virally suppressed?

Are there differences in health outcomes over time for PLWH by housing status and employment status?

What factors are associated with improved employment over time for PLWH?



Questions?

Thank you for your participation!





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