

Breaking Down Silos: Coordinating Federal Resources for PLWH Experiencing Unstable Housing -- Housing Institute 101

December 12, 2018

Homeless and Housing Workgroup
HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)

US Department of Housing and Urban Development
Office of HIV/AIDS Housing



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 (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
- 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)



Welcome to Housing Institute

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Disclosures

Presenter(s) has no financial interest to disclose.

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Housing Institute Learning Objectives

- Participants in this Session Will Learn How :
 - To maximize federal resources through coordination and community planning
 - Raise awareness of the impact of unstable housing on HIV health outcomes.
 - To identify strategies to improve the coordination of HIV healthcare and housing services.
 - To create local action plans for leveraging HIV health and housing services.

Institute Format

- Housing 101

- Provide an overview of both the Housing Opportunities for Persons With AIDS (HOPWA) program and the RWHAP
- Discuss the impact of housing on health outcomes
- Provide information about how best to coordinate these programs to maximize the reach of the federal resources

- Housing 201

- Detail the community planning processes required for both the RWHAP and the HOPWA program
- Discuss ways that HIV health and housing community-planning processes may work together to support persons living with HIV (PLWH) experiencing unstable housing
- Provide recipient examples of how to integrate HOPWA and RWHAP planning.

Institute Format

- Housing 301

- Provide participating recipients with tools for assessing local coordination
- Examine action steps for developing a local plan to improve coordination among providers serving PLWH experiencing unstable housing

Why Housing?

Housing and the Ryan White HIV/AIDS Program



Why Housing?

Summary of Research Data

- 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>



Why Housing?

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

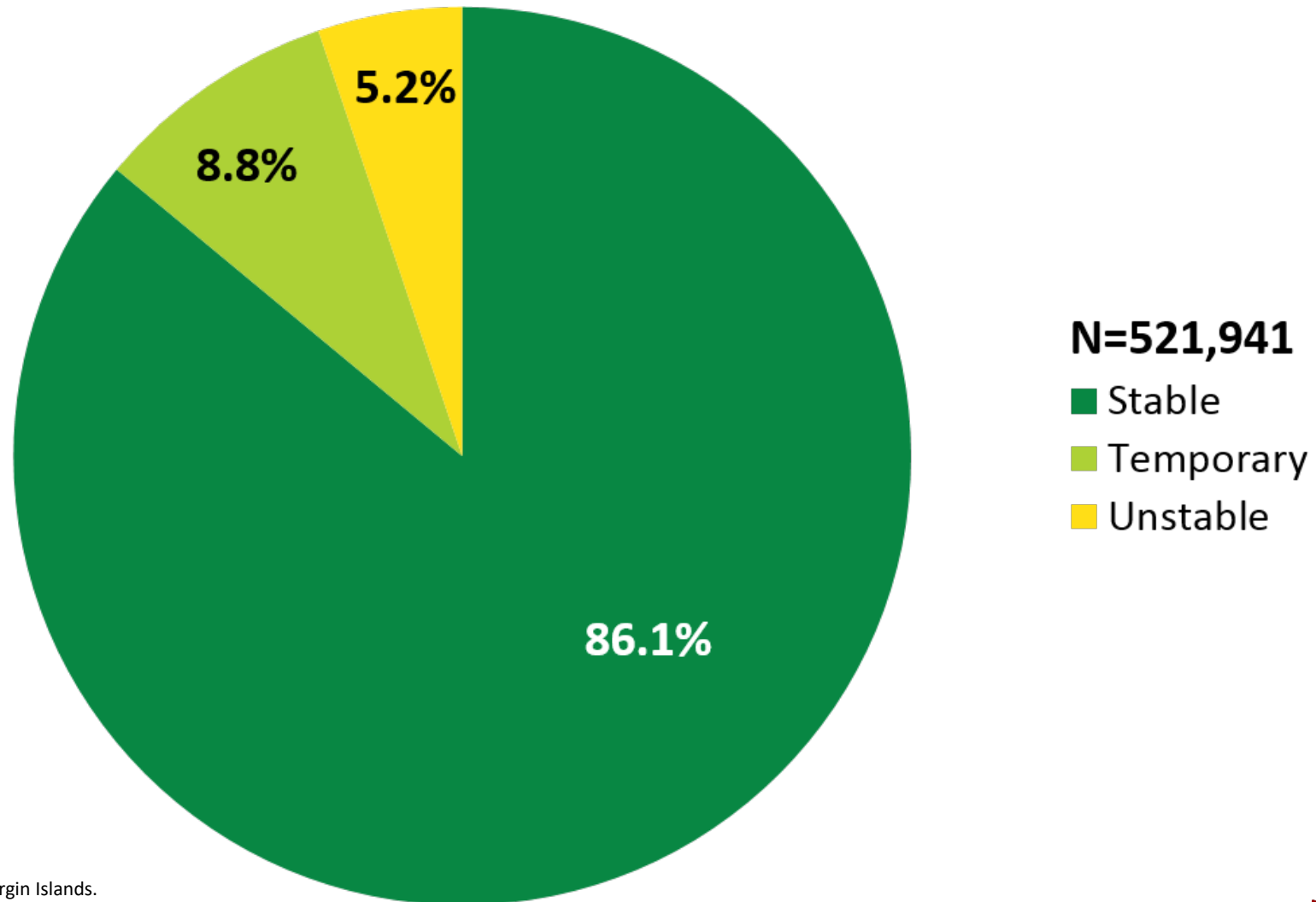
Housing Impacts on the HIV Care Continuum

- Compared to stably housed persons, persons who are homeless or unstably housed:
 - Are more likely to become HIV infected
 - Are more likely to be diagnosed late, after infection has progressed to AIDS
 - Are more likely to delay entry into HIV care
 - Experience higher rates of discontinuous health care
 - Are less likely to be prescribed Antiretroviral (ARV) treatment
 - Are less likely to achieve sustained viral suppression
 - Have worse health outcomes, with greater reliance on emergency and inpatient care
 - Experience higher rates of HIV-related mortality

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>



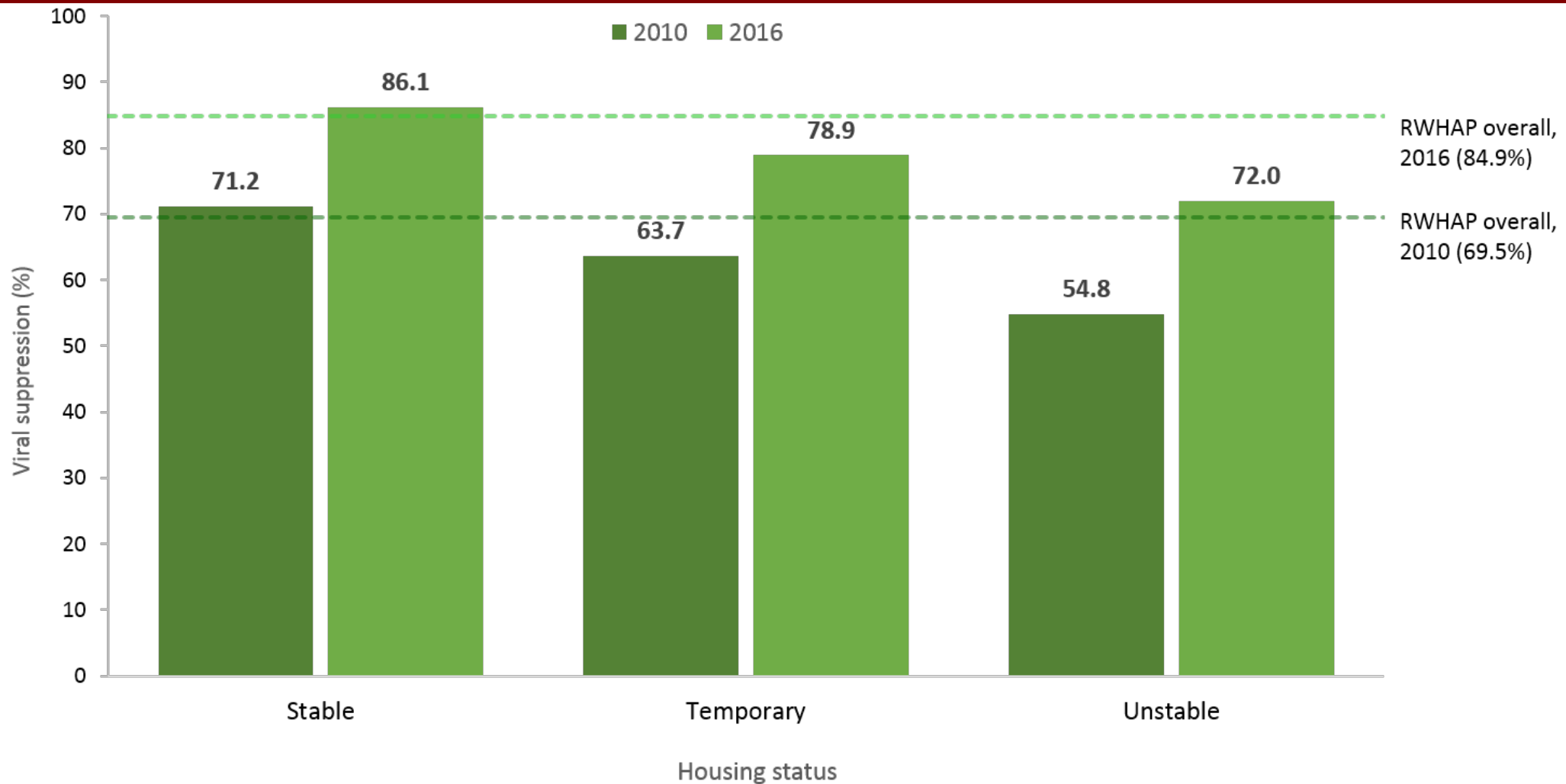
Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2016—United States and 3 Territories^a



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



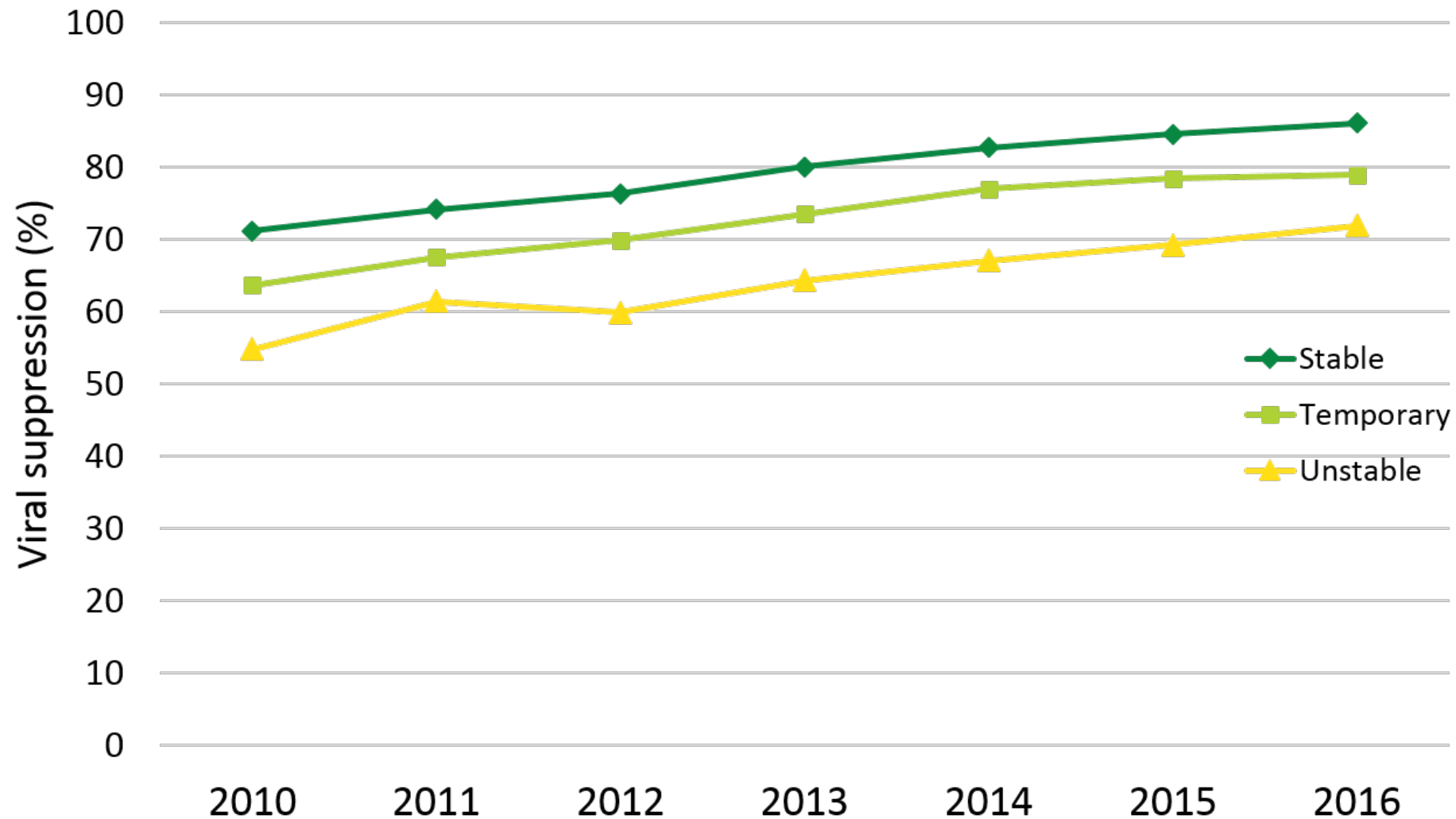
Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2010 and 2016—United States and 3 Territories^a



Viral suppression: ≥ 1 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 Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2010–2016—United States and 3 Territories^a

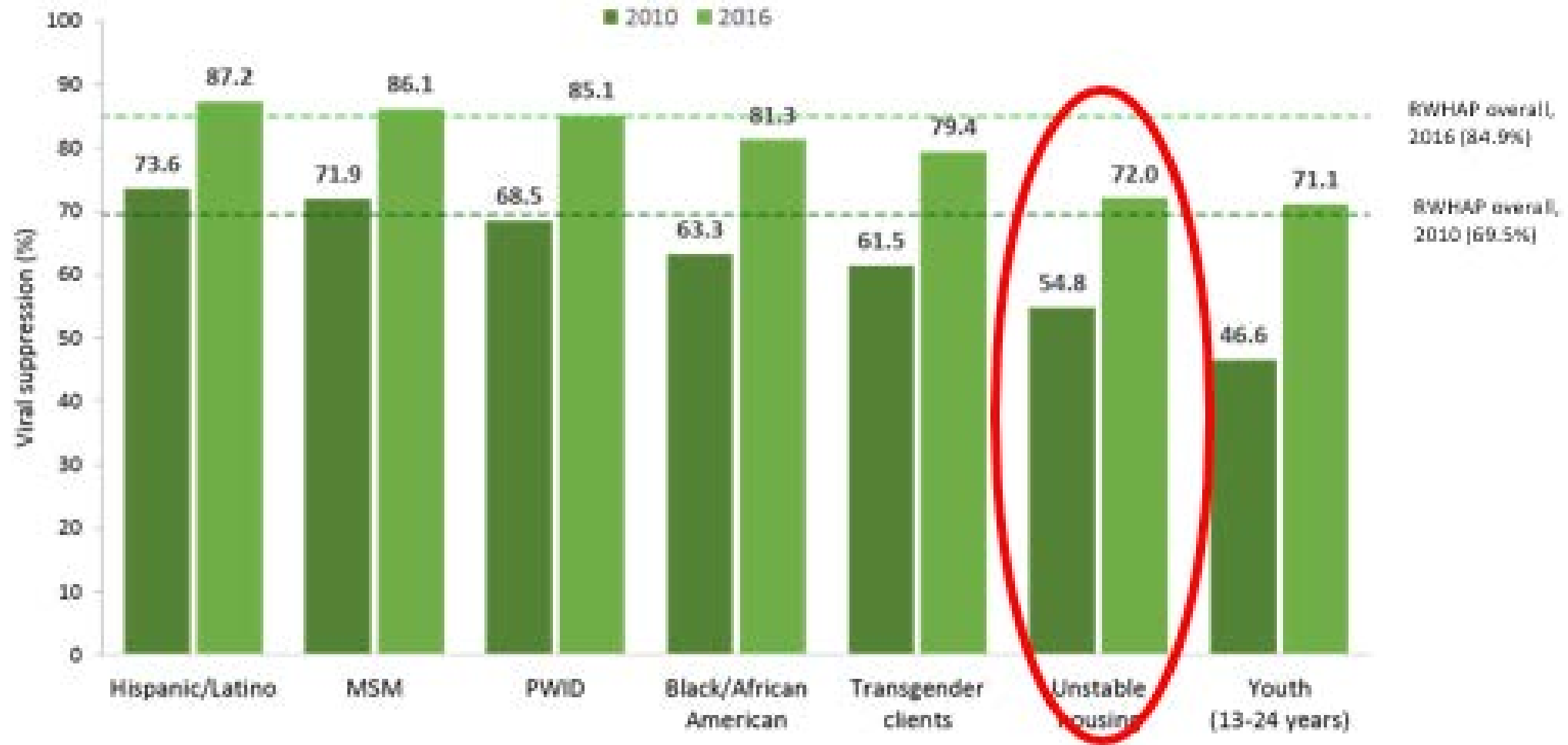


Viral suppression: ≥ 1 OAHs visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

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



Viral Suppression among 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.



The Ryan White HIV/AIDS Program

Housing Support

- Housing support services funded under Ryan White HIV/AIDS Program Parts A, B, C, and D.
- Allowable services include (Policy Clarification Notices 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
 - Must develop mechanisms to allow new clients access to housing services
 - Must develop annual, long-term housing plans for every client in housing



The Ryan White HIV/AIDS Program

Emergency Financial Assistance

- Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need
- May include essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication.
- Can occur as a direct payment to an agency or through a voucher program
- Cannot pay security deposits or late fees
- Should not be used in situations where more than one month payment is needed to stabilize the client



The Ryan White HIV/AIDS Program

Non-Medical Case Management

- Provides guidance and assistance in accessing medical, social, community, legal, financial, and other needed services including housing
- Has as the objective of providing guidance and assistance in improving access to needed services whereas Medical Case Management services has the objective of improving health care outcomes.
- Components may focus on housing and include
 - Initial assessment of service needs
 - Development of a comprehensive, individualized care plan
 - Continuous client monitoring to assess the efficacy of the care plan
 - Re-evaluation of the care plan at least every six months with adaptations as necessary
 - Ongoing assessment of the client's and other key family members' needs and personal support systems



How Can Ryan White HIV/AIDS Program Recipients Support and Leverage Housing?

- Examples of coordination and support may include some of the following:
 - Inclusion of housing services in planning processes and procurement
 - Focus on housing for needs assessment studies
 - Co-located housing and care services
 - Targeted adherence programs for PLWH experiencing unstable housing
 - Inclusion of a housing indicator as a risk for non-adherence and/or medical retention
 - Assessment of housing status as part of a care plan
 - Resource commitment as appropriate
 - Enhanced strategic relationships with housing providers/experts

RWHAP – HOPWA Collaborative Efforts

Program Implementation

- Development and monitoring of HRSA Special Projects of National Significance (SPNS) and the Secretary's Minority AIDS Initiative Fund (SMAIF) funding opportunities
 - HIV Care and Housing Coordination through Data Integration to Improve Health Outcomes along the HIV Care Continuum
 - Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services
- Providing opportunities at National conferences to educate and listen to stakeholders
 - HOPWA Institute (August 2017)
 - North American HIV Housing Research Summit (August 2018)



RWHAP – HOPWA Collaborative Efforts

Policy Development

- Expanding allowable uses of RHWAP Housing Service Category to include RWHAP Part C recipients
 - Program letter released August 18, 2016
 - Formalized in PCN 16-02: *Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds*
- Data Integration Efforts
 - Dear Colleague Letter signed by Associate Administrator of HRSA HAB, Dr. Laura Cheever, and Director of HUD's Office of HIV/AIDS Housing, Rita Flegel
 - Purpose: Encourage RWHAP and HOPWA recipients to share and use data sets
 - Goal: Improve HIV health and housing outcomes for PLWH experiencing unstable housing



RWHAP – HOPWA Collaborative Efforts

Researching Innovative Practices

Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations

Build and maintain
sustainable linkages to
mental health,
substance abuse
treatment, and
HIV/AIDS primary care
services



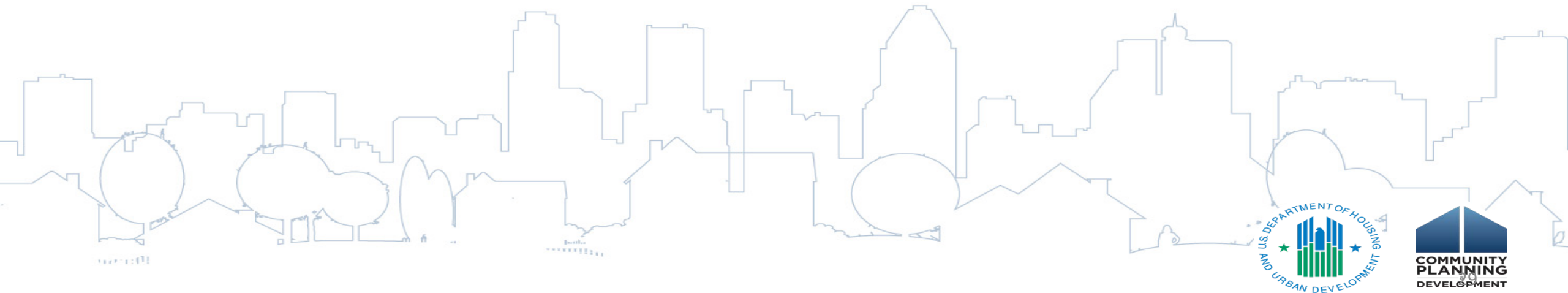
RWHAP Resources

- Policy Clarification Notice #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
 - https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
- Ryan White HIV/AIDS Program Annual Client Level Data Report 2016
 - <https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2016.pdf>
- Find a RWHAP Recipient
 - <https://www.careacttarget.org/grants-map/all>



U.S. Department of Housing and Urban Development (HUD)

The Housing Opportunity for Persons with AIDS (HOPWA) Program



HUD's Mission

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD is working to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality of life; build inclusive and sustainable communities free from discrimination, and transform the way HUD does business.



Agency Structure

- Cabinet-level agency created in 1965.
- Responsible for national policy and programs that address housing needs, improve and develop communities, and enforce fair housing laws.
- Mission is carried out through component organizations and offices that administer a range of programs.
- The programs are implemented through a network of regional and field offices.



Office of Community Planning and Development (CPD)

- CPD seeks to develop viable communities by promoting integrated approaches that provide decent housing, a suitable living environment, and expand economic opportunities for low and moderate income persons.
- The primary means towards this end is the development of partnerships among all levels of government and the private sector, including for-profit and non-profit organizations.



CPD Principles

- Community building begins with job creation, employment, and creation of safe, decent and affordable housing.
- Planning and execution of community development initiatives must be bottom up and community driven.
- Complex problems require coordinated, comprehensive, and sustainable solutions.
- Government must be streamlined to be made more efficient and effective.
- Citizen participation in Federal, State and local government can be increased through communication and better access to information.



HOPWA Program Origin and Purpose

ORIGIN.....

The Housing Opportunities for Persons With AIDS (HOPWA) Program was created to address the housing needs of low-income individuals living with HIV/AIDS and their families.

Established by the AIDS Housing Opportunity Act of 1992 (42 U.S.C. 12901)

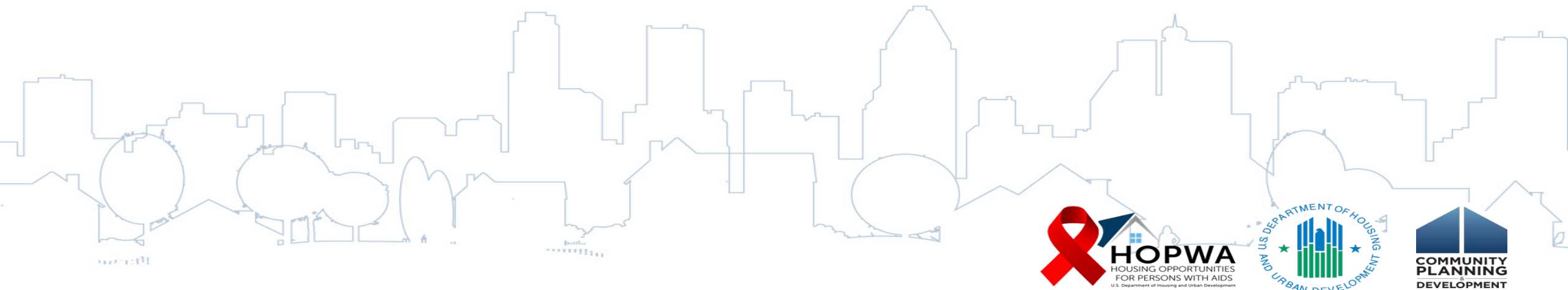
PURPOSE.....

To provide **state and local governments** with resources and incentives for devising **long-term strategies** to develop a range of housing assistance and supportive services for low-income persons living with HIV/AIDS **and their families** to overcome key barriers to stable housing - affordability and discrimination.



Office of HIV/AIDS Housing Vision

**To elevate housing as a structural
intervention in ending the AIDS Epidemic
in the United States**



Why Housing?



Housing Instability

- More likely to become infected
- More likely to delay HIV testing/entry into HIV care
- Higher rates of discontinuous health care
- Less likely to be prescribed ARV treatment
- Less likely to achieve sustained viral suppression
- Greater reliance on emergency and inpatient medical care
- Higher rates of HIV-related mortality



Housing Stability

- Reduced behaviors that can transmit HIV
- Increased rates of HIV primary care visits and continuous care
- More likely to be receiving ARV treatment
- More likely to be virally suppressed
- Less use of public resources



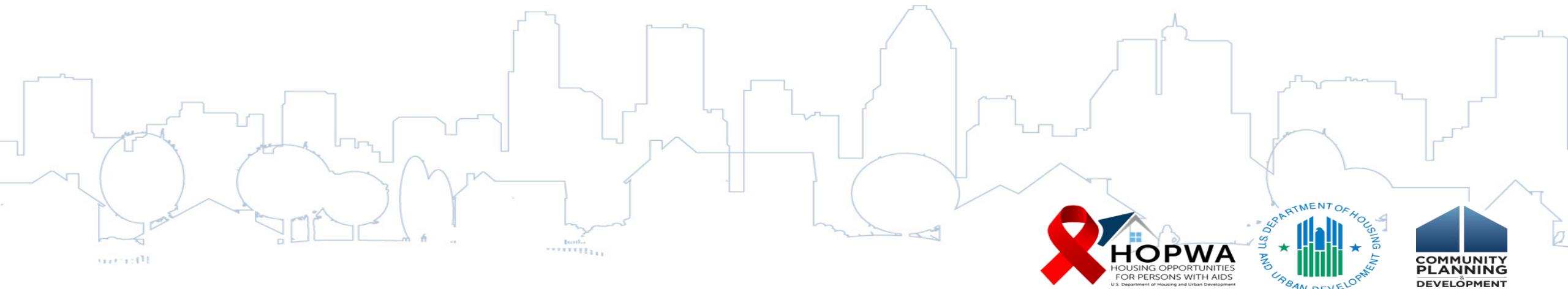
What is HOPWA?

- HOPWA is the only Federal program dedicated to the housing needs of persons living with HIV/AIDS (PLWHA).
- Under HOPWA, HUD makes grants to eligible cities, states, and nonprofit organizations to provide housing assistance and supportive services to low-income PLWHA and their families.
- HOPWA helps PLWHA enter and remain in housing, access and maintain medical care, and adhere to HIV treatment regimens.



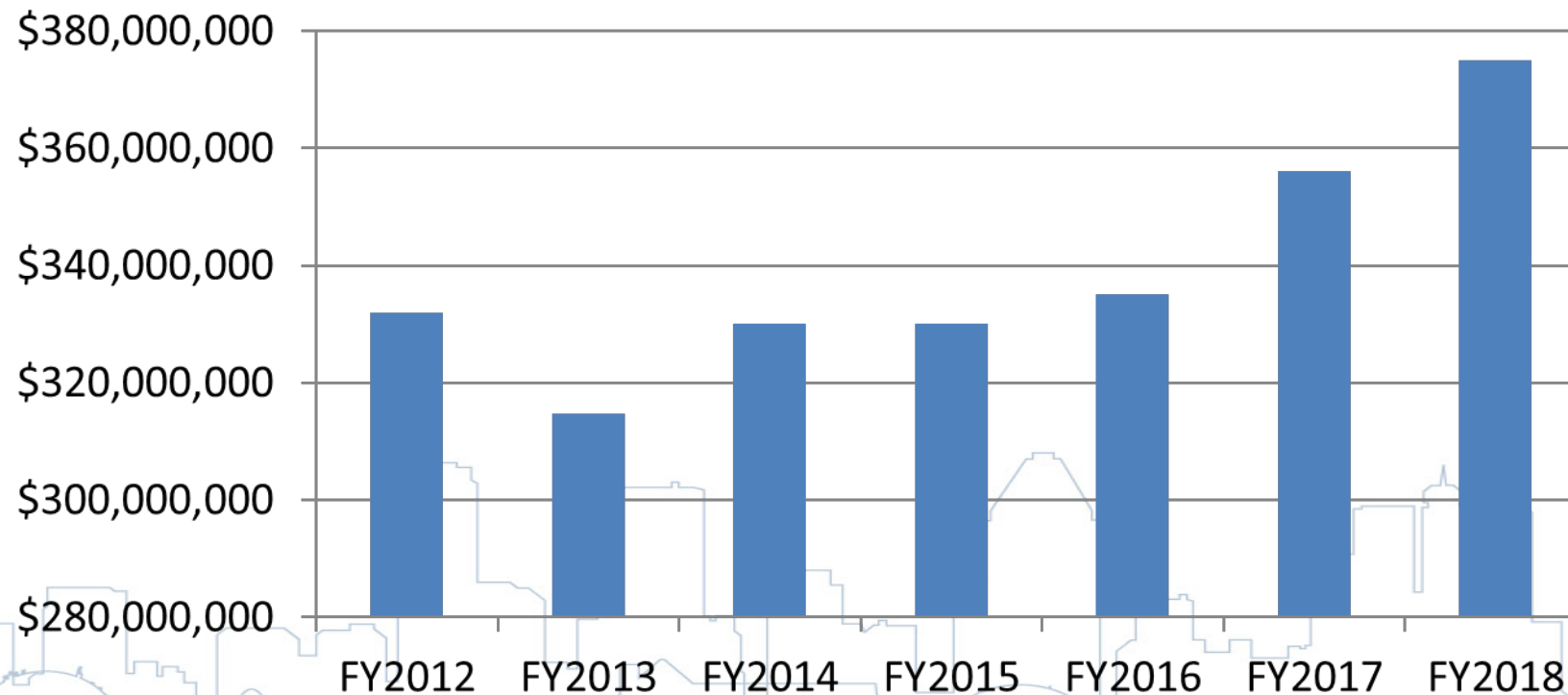
HOPWA Program Goals

- Increase Housing Stability
- Reduce Risk of Homelessness
- Increase Access to Care & Support



HOPWA Funding

HOPWA Appropriations for Fiscal Years 2012-2018

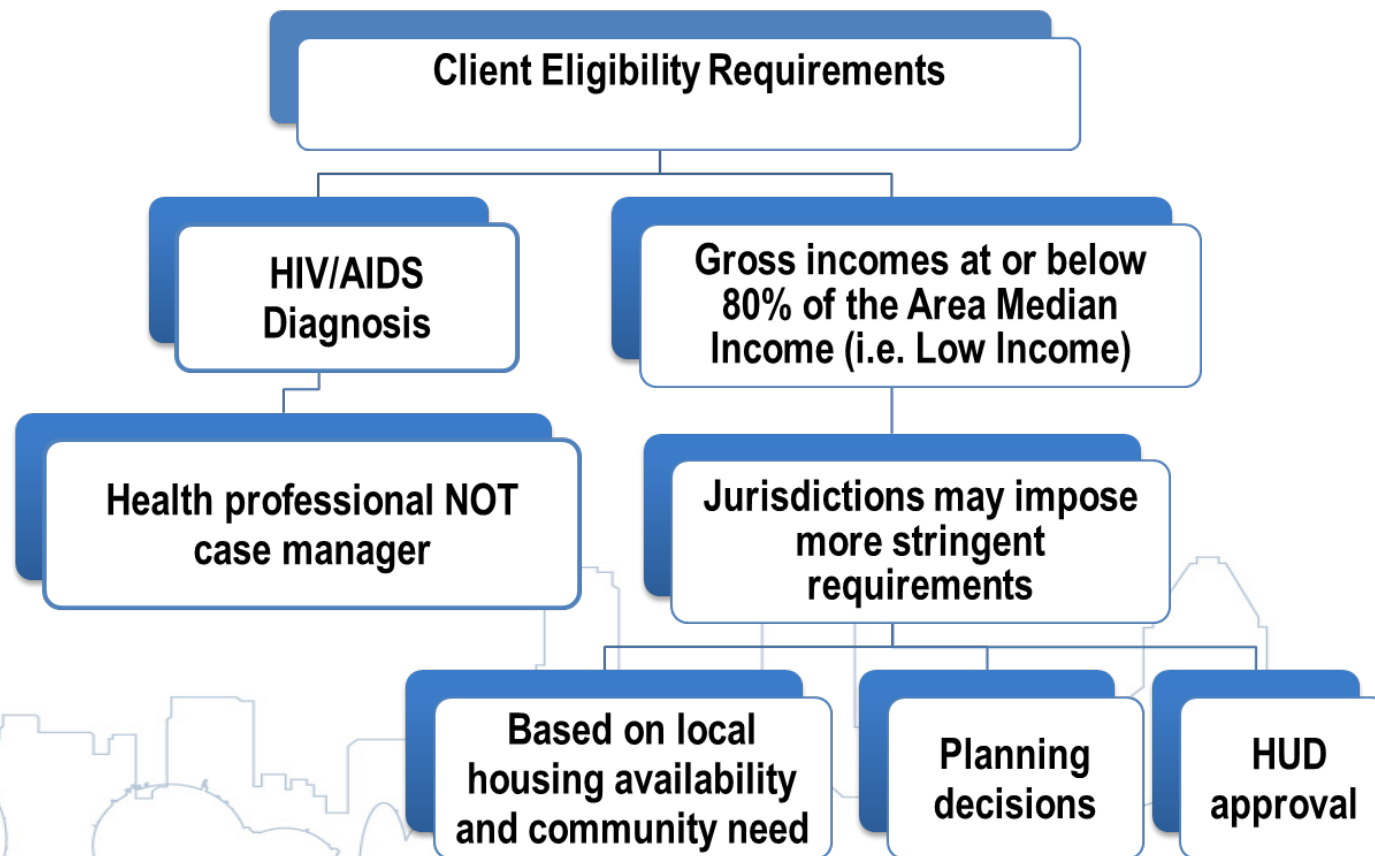


HOPWA Program Structure

- The annual HOPWA appropriation is divided between two programs:
 - 90 percent for formula program grants that are made using a statutorily-mandated formula to allocate funds to eligible cities on behalf of MSAs and to eligible states.
 - 10 percent for HOPWA competitive grants that are awarded to states, local governments and non-profits on the basis of a national competition.
- Grantees contract with Project Sponsors (non-profit organizations and governmental housing agencies) to carry out eligible activities.
- There are local HOPWA programs in all 50 States, the District of Columbia, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.



HOPWA Client Eligibility



Eligible HOPWA Activities

- Facility-Based and Scattered-Site Permanent Supportive Housing
- Transitional/Short-Term Facilities
- Short-Term Rent, Mortgage, and Utility Assistance
- Permanent Housing Placement
- Supportive Services

Activities funded in each community vary based on local planning decisions (formula grantees)/approved competitive applications



Who HOPWA Serves

- Approximately **100,000** households receive HOPWA housing assistance and/or supportive services annually.
- **7 out of 10** HOPWA beneficiaries are extremely low or very low income.
- Among new clients served last year, approximately **4,400** (18%) were homeless and HIV-positive.
- Over **60%** of the HOPWA-eligible individuals served under the program are male and **47%** are between the ages of 31 and 50.
- **55%** identify as Black or African American, **35%** identify as White, and **16%** identify as having Hispanic/Latino ethnicity.



HOPWA Client Outcomes

- Percent of households receiving long-term assistance that have achieved housing stability: **95%**
- Percent of households receiving transitional housing that have maintained housing stability or had reduced risks of homelessness: **68%**
- Percent of households who have had contact with a case manager: **96%**
- Percent of households who have had contact with a primary care provider: **92%**
- Percent of households who accessed or maintained medical insurance: **93%**
- Percent of households who accessed or maintained income: **87%**



HOPWA Modernization

- The HOPWA formula was modernized with the passing and signing of the Housing Opportunity Through Modernization Act (HOTMA), Public Law 114-201 in July, 2016.
- Major changes to the HOPWA formula under HOTMA (effective FY2017 allocation year):
 - HOPWA formula is now based on “living with HIV” data instead of “cumulative AIDS” data;
 - New requirement that 25% of funds be distributed based on Fair Market Rents and poverty rates; and
 - 5 year stop-loss provision to avoid highly volatile shifts in either direction for any one jurisdiction.



Why Modernization?

- The use of data on persons living with HIV is recognized by the CDC as the single best measure of the current geographic burden of the epidemic.
- The previous formula was based on cumulative cases reported since the beginning of the epidemic.
- Modernized formula recognizes the shift in geography of the epidemic and targets the distribution of HOPWA funding to communities based on current need.



HUD Values for Modernization

- No person should become homeless as a result of HOPWA Modernization;
- All funds should be used to meet the needs of eligible households, with no funds recaptured from grants; and
- Grantees should ensure their project designs meet the changing needs of the modern HIV epidemic, with the goal of positive health outcomes and reduced viral loads for HOPWA-assisted households.



Highly Impacted Communities

Sta	Name	Sta	Name
AL	Alabama	MS	Jackson
AL	Birmingham	MS	Mississippi
AR	Arkansas	NC	Durham
AR	Little Rock	NC	Greensboro
AZ	Phoenix	NC	North Carolina
CA	San Francisco	NC	Wake County
CO	Denver	NJ	Jersey City
FL	Florida	NJ	Newark
FL	West Palm Beach	NY	New York City
GA	Atlanta	PA	Pennsylvania
GA	Augusta	PA	Philadelphia
GA	Georgia	PR	San Juan
IL	Chicago	TN	Memphis
IL	Illinois	TX	Houston
LA	Baton Rouge	TX	Texas
LA	Louisiana	VA	Richmond
LA	New Orleans	VA	Virginia Beach
MD	Baltimore		

- “HM-HICs” = HOPWA Modernization Highly Impacted Communities
- Grantee Assessment Tool:
 - Look at current allocation and activities funded
 - Review number of households supported
 - Assess funds expended and spending patterns
 - Determine unmet need
 - Identify non-HOPWA funds to leverage



Resources

HOPWA Webpage:

<https://www.hudexchange.info/programs/hopwa/>

Grantee Contact Information:

<https://www.hudexchange.info/grantees/>

HOPWA Performance Profiles:

<https://www.hudexchange.info/programs/hopwa/hopwa-performance-profiles/>

HOPWA Formula Modernization Page:

<https://www.hudexchange.info/programs/hopwa/formula-modernization/>



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POSITIVE**IMPACT**
HEALTH CENTERS



INTEGRATION OF RYAN WHITE
AND HOPWA SERVICES IN A
COMMUNITY-BASED AGENCY

Program Model Presentation

Positive Impact Health Centers (PIHC)

AGENCY HISTORY:

For 26 years, Positive Impact Health Centers has provided medical and behavioral healthcare and worked tirelessly to prevent the transmission of HIV. The organization was formed from the successful 2015 merger of two long-standing and successful AIDS Services Organizations: Positive Impact and AID Gwinnett.

Positive Impact was founded in 1993 by gay men affected by the HIV epidemic to respond to the mental health care needs of HIV-affected communities. AID Gwinnett was founded in 1990 by parents of People Living with HIV and AIDS in need of medical care.

Today, Positive Impact Health Centers operates 2 locations in the Atlanta Metro area and provides HIV care, housing and employment services, HIV testing/counseling; PrEP and pharmacy access and behavioral health and substance abuse services for over 100 new patients per month and 2,300+ patients per year.

Program Description:

Mission: Client centered care for the HIV community to have a life worth loving.

Varied Funding:

- RWHAP Parts A, B, C, and SPNS
- HOPWA
- CDC
- Community Foundation Grants (Kaiser, United Way, etc.)

List of Services:

- Primary HIV Medical Care (including access to ARVs)
- Medical Case Management Behavioral Health
- Outpatient Chemical Dependency Program
- Housing and Employment Programs (HOPWA, HRSA/HOMES)
- Community Health Worker Program HIV Testing/Counseling
- PrEP

Integrating HOPWA and RWHAP Programming:

- Ongoing and consistent agency wide communication centered on new funding opportunities and new program ideas.
- Ability to transition clients from one program (HRSA/HOMES) into another (HOPWA) while utilizing client care plans to ensure the proper use of available agency resources.
- Weekly case conference, confidential EMR communications and the ability to review complete client records in the agency's EMR system.

Integrating HOPWA and RWHAP Programming:

- One Stop Shop with Wrap around services:
 - Primary Care
 - Pharmacy Services
 - Prevention / Testing / PrEP Services
 - Medical Case Management
 - Substance Abuse Counseling
 - Behavioral Health
 - Community Groups
 - Housing/Employment Services
 - Food Assistance
 - Transportation

Integrating HOPWA and RWHAP Programming:

- Challenges faced while providing care in the State of GA:
 - No Medicaid expansion
 - Limited ACA options for patients
 - Lack of care in rural areas – rural hospitals closing
 - High rates of new HIV infections
 - Statewide STD epidemics
 - Strong stigma related issues
 - Difficult political climate
 - Minimal available state resources for Behavioral Health services
 - Some of the nations fastest raising housing costs – lack of affordable housing options.

Data Driven Decisions:

- Agency wide viral suppression rates and goals.
- Agency wide adherence to care and retention in care rates.
- Overall out-of-care numbers for PLWAs in the metro Atlanta area (see Georgia Integrated Plan and RW Atlanta website).
- Anticipation of funding changes/reductions—e.g. HOPWA Modernization Act.
- Rate of new HIV infection – GA ranks #2 nation wide (1-51 Georgians are expected to contract the HIV in their lifetime).
- Georgia ranks among the top five states in America with the highest rates of chlamydia, gonorrhea and syphilis.

Measures of Success and Impacts:

- Improvement in overall client viral suppression rate.
- Appointments kept (adherence rates).
- Length of time continuously retained in care.
- Housing stability over time.
- Employment/income stability over time.
- Percentage of patients that obtain health insurance.

Lessons Learned & Next Steps :

- Importance of consistent and ongoing interdisciplinary communication.
- The impact of funding and policy decisions on programmatic development.
- Continued evaluation of current funding resources and ability to utilize other funding resources (340B).
- Continued evaluation of how Georgia being a non-Medicaid expansion State impacts adherence rates.

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Questions

Thank you for participating!!



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