Leveraging Federal Ryan White HIV/AIDS Program and Housing Funds and Services

11/15/2016

HRSA
Ryan White & Global HIV/AIDS Programs

Federal Presenters

- **Health Resources Services Administration (HRSA), HIV/AIDS Bureau (HAB)**
  - Harold Phillips, Director, Office of Domestic and Global Training and Capacity Development (OTCD)
  - Amy Griffin, Public Health Analyst, Division of State HIV/AIDS Programs (DSHAP)
- **US Department of Housing and Urban Development (HUD), Office of HIV/AIDS Housing (OHH)**
  - Rita Flegel, Director
  - Benjamin Ayers, Deputy Director
  - Amy Palilonis, Community Development Specialist

Recipient Presenters

- **THRIVE, Huntsville, Alabama, Ryan White HIV/AIDS Program (RWHAP) Part C Recipient**
  - Mary Elizabeth Marr, Chief Executive Officer
- **City of Seattle TGA, Public Health-Seattle & King County, RWHAP Part A Recipient**
  - Kate Briddell, Ryan White Program Manager
- **City of Memphis TGA, Division of Community Services, Shelby County Government RWHAP Part A Recipient**
  - Jennifer Pepper, Administrator
- **State of New Jersey Department of Health, RWHAP Part B Recipient**
  - Nahid Suleiman, Quality Management Coordinator
  - Gilo Thomas, HIV Care Coordinator

Learning Objectives

- **At the end of this session, participants will be able to:**
  - Summarize 2 reasons that coordinating health and housing care systems improve health outcomes for persons living with HIV/AIDS
  - Identify 3 strategies for utilizing Ryan White HIV/AIDS Program (RWHAP) and Housing Opportunity for Persons with AIDS (HOPWA) dollars to support persons living with HIV/AIDS who are experiencing unstable housing in medical care and housing services.
  - List 4 innovative solutions or approaches to address system barriers associated with coordinating housing and health systems.

Agenda

- **Introduction and Purpose**
- **Coordinating Systems: Why Housing and Health Care Work Together?**
- **Federal Support for Housing and Health Care**
  - Ryan White HIV/AIDS Program (RWHAP): HRSA Presentation
  - Housing Opportunities for Persons with AIDS (HOPWA): HUD Presentation
- **Recipient Panel**
  - THRIVE Alabama
  - City of Seattle
  - City of Memphis
  - State of New Jersey
- **Discussion**

Obtaining CME/CE Credit

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Disclosures

None of the Presenters have financial interests to disclose.

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Coordinating Systems

Why Should Housing and Health Work Together?

Importance of Collaborative Approach to Housing-Health

Studies consistently find homelessness and housing instability are directly linked to higher viral loads and failure to achieve or sustain viral suppression, even after controlling other factors known to impact treatment effectiveness such as substance use and mental health needs.

- **Aidala,A.A, et al. (2012).Housing status and the health of people living with HIV/ AIDS: A systematic review. Presented at the XIX International AIDS Conference, Washington, D.C., July 2012; Leaver C.A. et al. (2007).The effects of housing status on health-related outcomes in people living with HIV:A systematic review of the literature. AIDS and Behavior, 11(6)/Supp 2: S85-S100.**

Why Housing?
National HIV/AIDS Strategy

Housing Measure

Indicator 7

- Reduce percentage of persons in HIV medical care who are homeless to ≤ 5 percent from a baseline 7.4 percent

Progress

- The rate of homelessness increased to 8.3% in 2012

Federal Action Plan

- Addressing HIV Care and Housing Coordination through Data Integration to Improve Health Outcomes along the HIV Care Continuum (HRSA)
- Improving the ability of HUD-funded "Continuums of Care" to identify homeless persons living with HIV and link them to housing assistance, medical care, and other services (HUD)
- Addressing the intersection of HIV and IPV, identify models of improved service integration among HIV housing providers and providers of services for persons experiencing sexual assault, domestic violence, dating violence, and stalking (HUD)

Why Housing?
Summary of Research Data

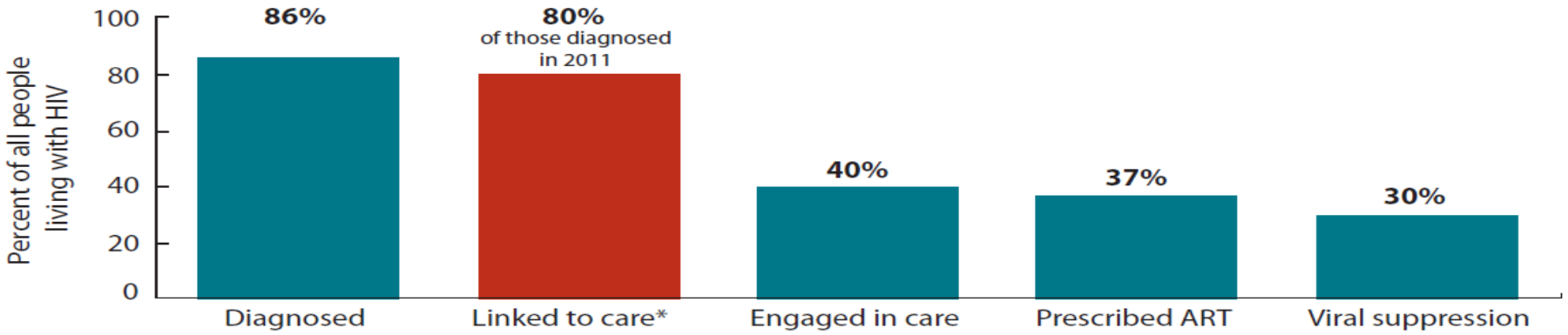
- For persons who lack a safe, stable place to live, housing assistance is a proven, cost-effective health care intervention.
- Stable housing has a direct, independent, and powerful impact on HIV incidence, health outcomes, and health disparities.
- Housing status is a more significant predictor of 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

HIV Continuum of Care

The prevalence-based HIV care continuum shows each step of the continuum as a percentage of the total number of people living with HIV ("HIV prevalence") and includes estimates of people whose infection has been diagnosed and people who are infected but don't know it ("undiagnosed").

Example 1: Prevalence-Based HIV Care Continuum, 2011



*Linkage to care measures the percentage of people *diagnosed with HIV in a given calendar year* who had one or more documented viral load or CD4+ test *within three months of diagnosis*. Because it is calculated differently from other steps in the continuum, it cannot be directly compared to other steps and is therefore shown in a different color. See Table 1 on page 4 for more details

Source: CDC. Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV — United States, 2011. *MMWR*. 2014;63(47):1113-1117. Information downloaded on July, 18, 2016 from

https://www.cdc.gov/hiv/pdf/dhap_continuum.pdf

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 HIV
  - 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

Ryan White HIV/AIDS Program

The Role of Housing in 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.

HIV/AIDS Bureau Priorities

- **NHAS 2020/PEPFAR 3.0 -** Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0
- **Leadership -** Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation
- **Partnerships -** Enhance and develop strategic domestic and international partnerships internally and externally
- **Integration -** Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **Data Utilization -** Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery
- **Operations -** Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration

The Ryan White HIV/AIDS Program Overview

- The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive, public health system of care through primary medical care and essential support services for low-income PLWH who are uninsured or underinsured
  - The program works with cities, states, territories, and local community based organizations to provide a cohesive system of care, reaching over 500,000 people living with HIV
  - A smaller but equally critical portion is used to fund technical assistance, clinical training, and the development of innovative models of care
- The Ryan White HIV/AIDS Program is funded at $2.32 billion in fiscal year 2015

Ryan White HIV/AIDS Program
Program Intent

- Increase access to care and treatment for PLWH- safety net for uninsured and low-income individuals living with HIV/AIDS
- Only disease-specific discretionary grant program for care and treatment of PLWH
- Payer of last resort – eliminates duplication of effort

- Funding to support:
  - Primary health care, including medications
  - Support services to reduce structural barriers
  - Provider training to support and expand workforce
  - Technical assistance to increase capacity and improve quality
  - Demonstration projects to assess new models of care

Who We Serve

2014 Ryan White Program Services (RSR) Annual Client-Level Data Report

- 512,214 clients received services through the RWHAP
- 70.6% of clients were male, 28.3% were female, and 1.1% were transgender.
- Nearly three-quarters of RWHAP clients are from racial/ethnic minority populations.
- Nearly two-thirds of RWHAP clients are living at or below 100% of the federal poverty level (FPL) and over three-quarters live at or below 138% FPL.
- Three-quarters of RWHAP clients are covered by some form of health care coverage; just over half of all clients are covered by Medicaid, Medicare, or both.
- More than 81% of RWHAP clients achieved viral suppression in 2014.

The Ryan White HIV/AIDS Program
Core Medical Services

Core Medical Services in the Ryan White HIV/AIDS Program statute are defined as:

- Outpatient and ambulatory health services
- AIDS Drug Assistance Program (ADAP) treatments
- AIDS pharmaceutical assistance
- Oral health care
- Early intervention services
- Health insurance premium and cost sharing assistance for low-income individuals
- Home health care
- Medical nutrition therapy
- Hospice services
- Home and community-based health services
- Mental health services
- Substance abuse outpatient care
- Medical case management, including treatment adherence services

The Ryan White HIV/AIDS Program
Support Services

Defined in the Ryan White HIV/AIDS Program statute as services needed for individuals with HIV/AIDS to achieve medical outcomes. Examples include:

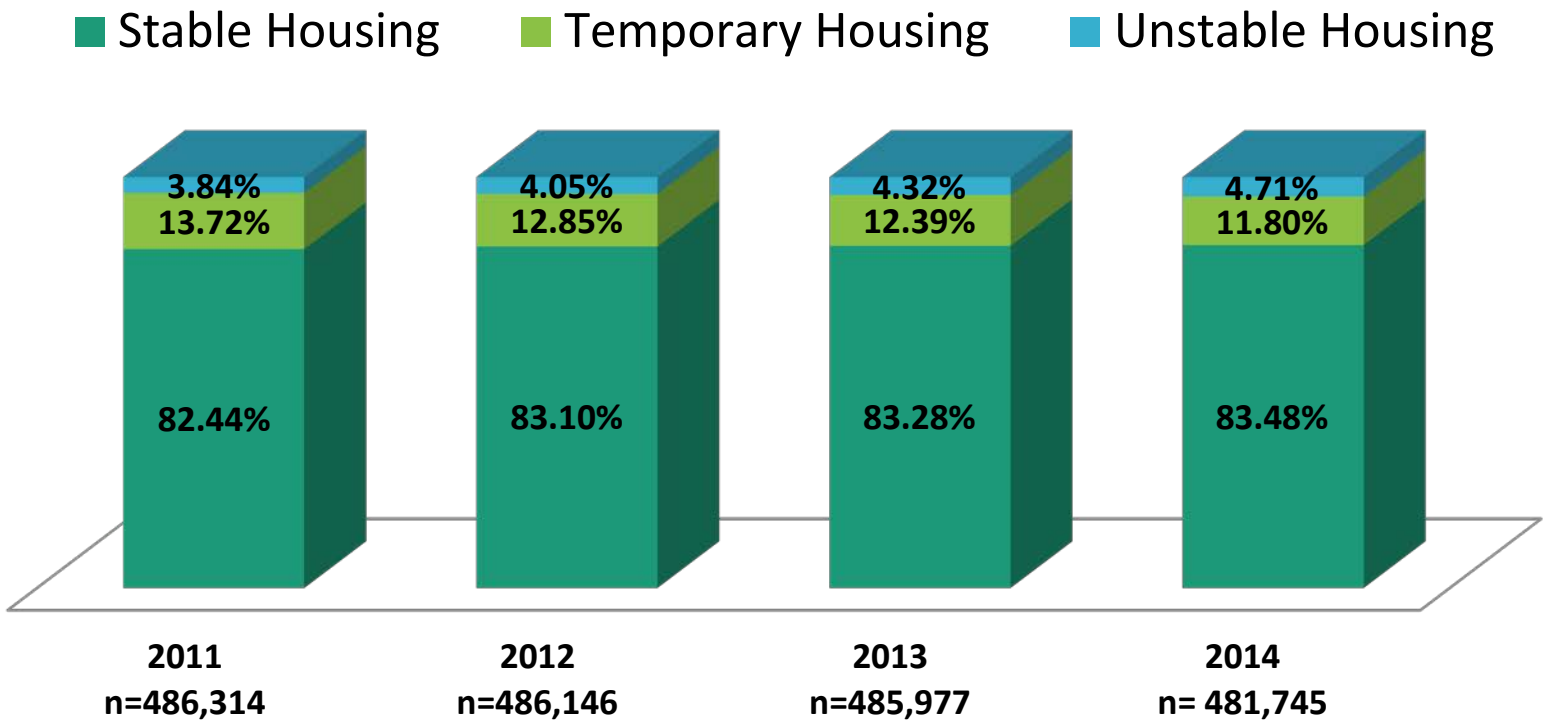
- Medical transportation
- Outreach services
- **Housing Services**
- Linguistic services
- Referrals for health care and support

Ryan White HIV/AIDS Program
Why Housing Support?

- Over 16% of RWHAP clients have temporary or unstable housing situations
- Populations identified as high priority in National HIV/AIDS Strategy (NHAS) experience highest rates of unstable housing (youth, injection drug users, men having sex with men (MSM) injecting drugs, transgender persons)
- Unstably housed clients had lowest level of medical retention in all sub-analysis
- Clients with unstable housing also have among the lowest rates of viral load suppression of any sub-group

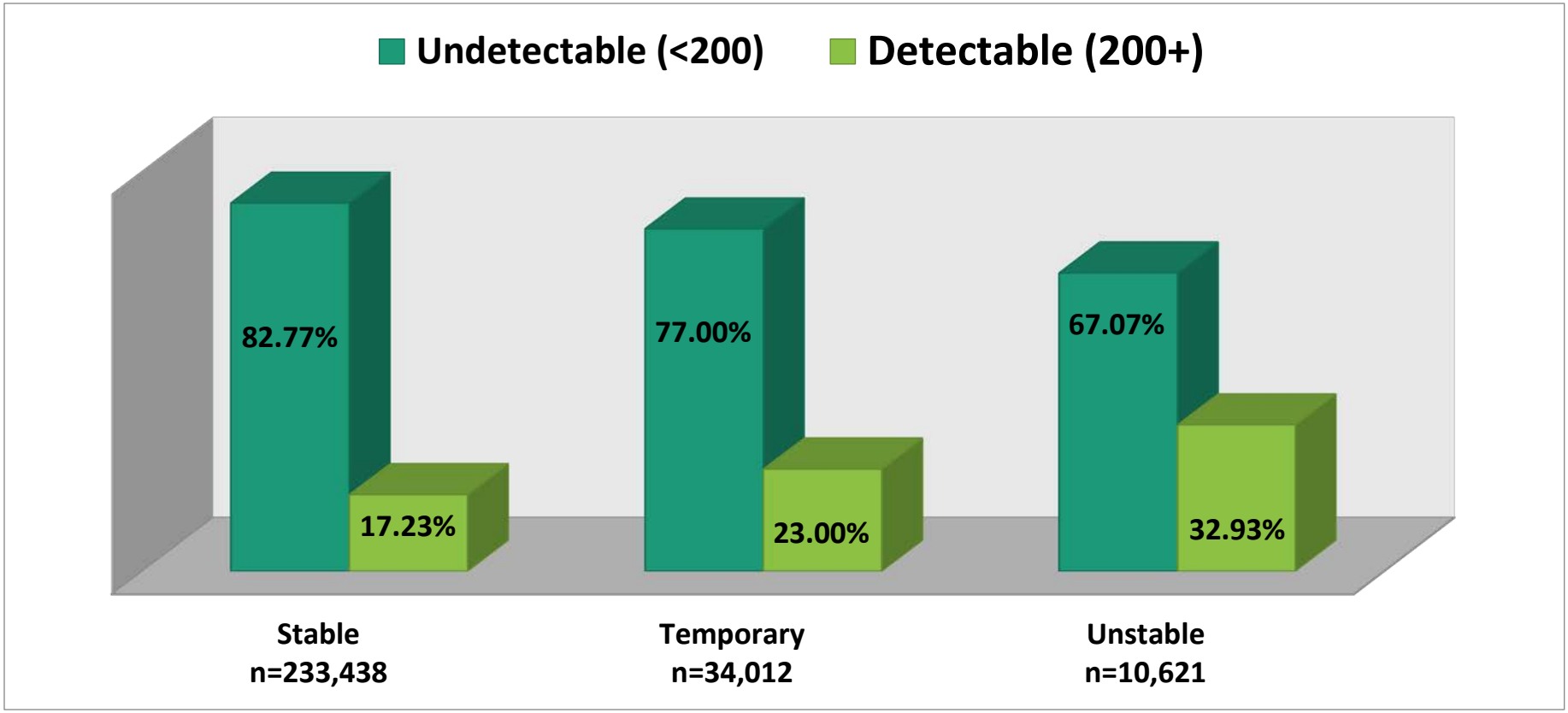
*Data taken from *Ryan White HIV/AIDS Program Annual Client-Level Data Report Ryan White HIV/AIDS Program Services Report (RSR)*

Ryan White Services Report, 2011-2014
Housing Status For Clients Served



Housing status is unknown or missing for 90,883 clients in 2010, 68,332 clients in 2011, 50,073 in 2012, and 38,698 in 2013. Housing status is required for clients who received outpatient ambulatory medical care, medical case management, non-medical case management, or housing services.

2014 Ryan White Services Report Data: Suppression by Housing Status



Viral suppression: had at least one OAMC visit, at least one viral load count, and last viral load test <200

The Ryan White HIV/AIDS Program
Housing Support

- **Housing support services funded under Ryan White HIV/AIDS Program Parts A, B, and D.**

- **Allowable services include (Policy Clarification Notices 11-01 and 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 long-term housing plans for every client in housing

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

- Examples of better coordination 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
  - Enhanced strategic relationships with housing providers/experts
  - 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

HUD's Office of HIV/AIDS Housing
HOPWA Program

The Role of Housing in Health Care

HOPWA
Housing Opportunities for Persons With AIDS

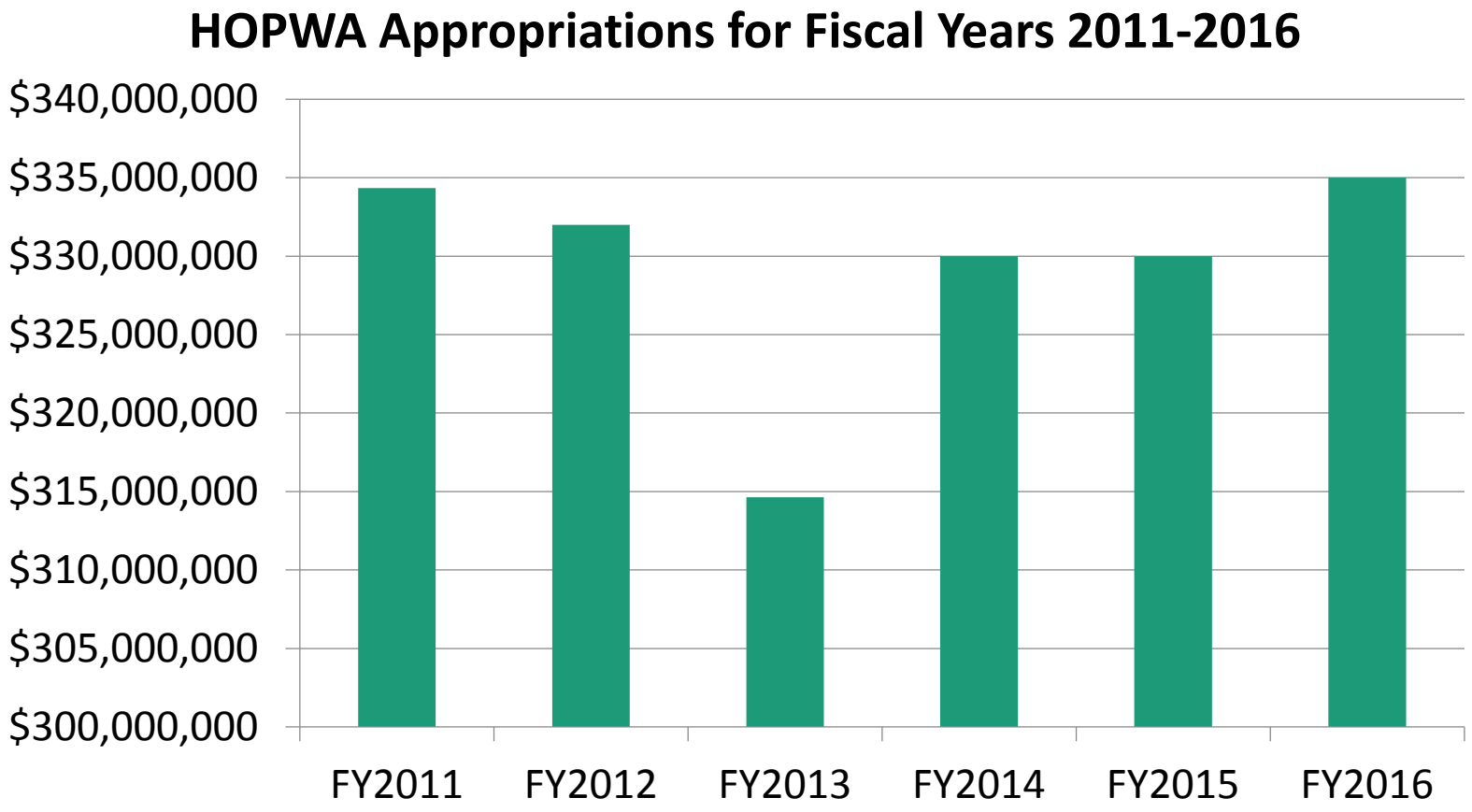
- The Housing Opportunities for Persons With AIDS (HOPWA) Program was authorized in 1992

- HOPWA was initiated to address the housing needs of low-income individuals living with HIV/AIDS and their families

HOPWA
Housing Opportunities for Persons With AIDS

- HOPWA was created with a purpose of:
  - providing state and local governments with resources and incentives for devising long-term strategies
  - developing a range of housing assistance and supportive services for low-income persons living with HIV/AIDS and their families
  - assisting those households to overcome the key barriers to stable housing - affordability and discrimination

HOPWA Appropriations for Fiscal Years 2011-16



HOPWA-eligible Housing Activities

Acquisition

New Construction

Rehab/ Conversion/ Repair

Operating Costs for Facilities

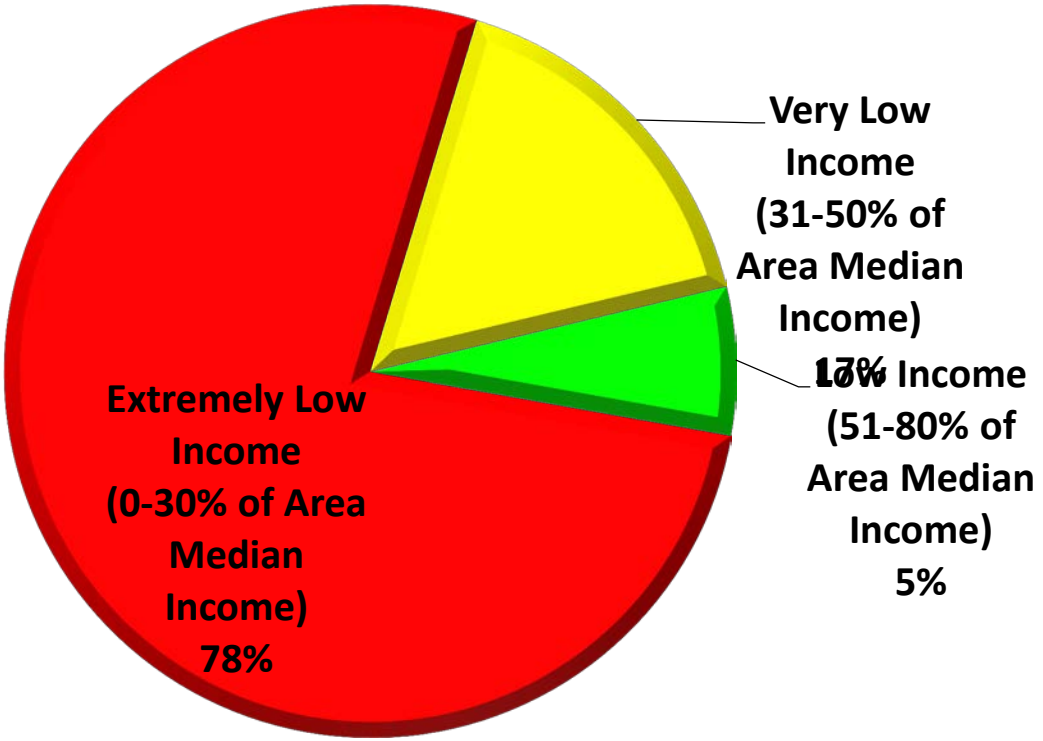
Leasing & Master Leasing

Permanent Housing Placement

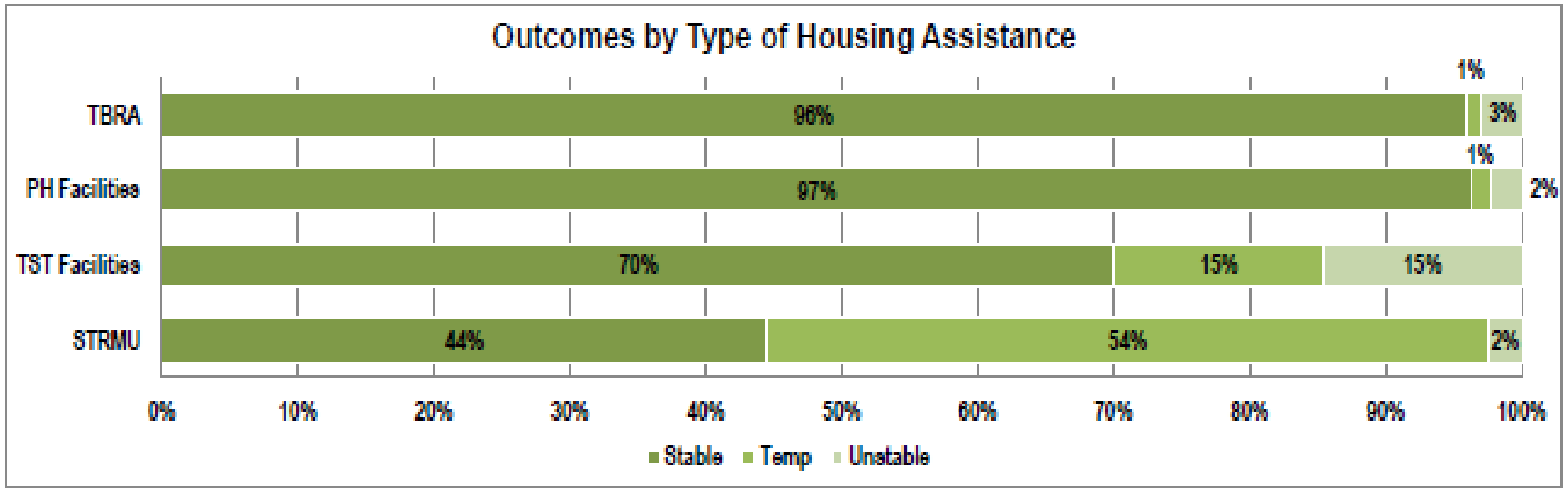
Housing Information

HOPWA-Assisted Households in 2015

Total 54,647 Households

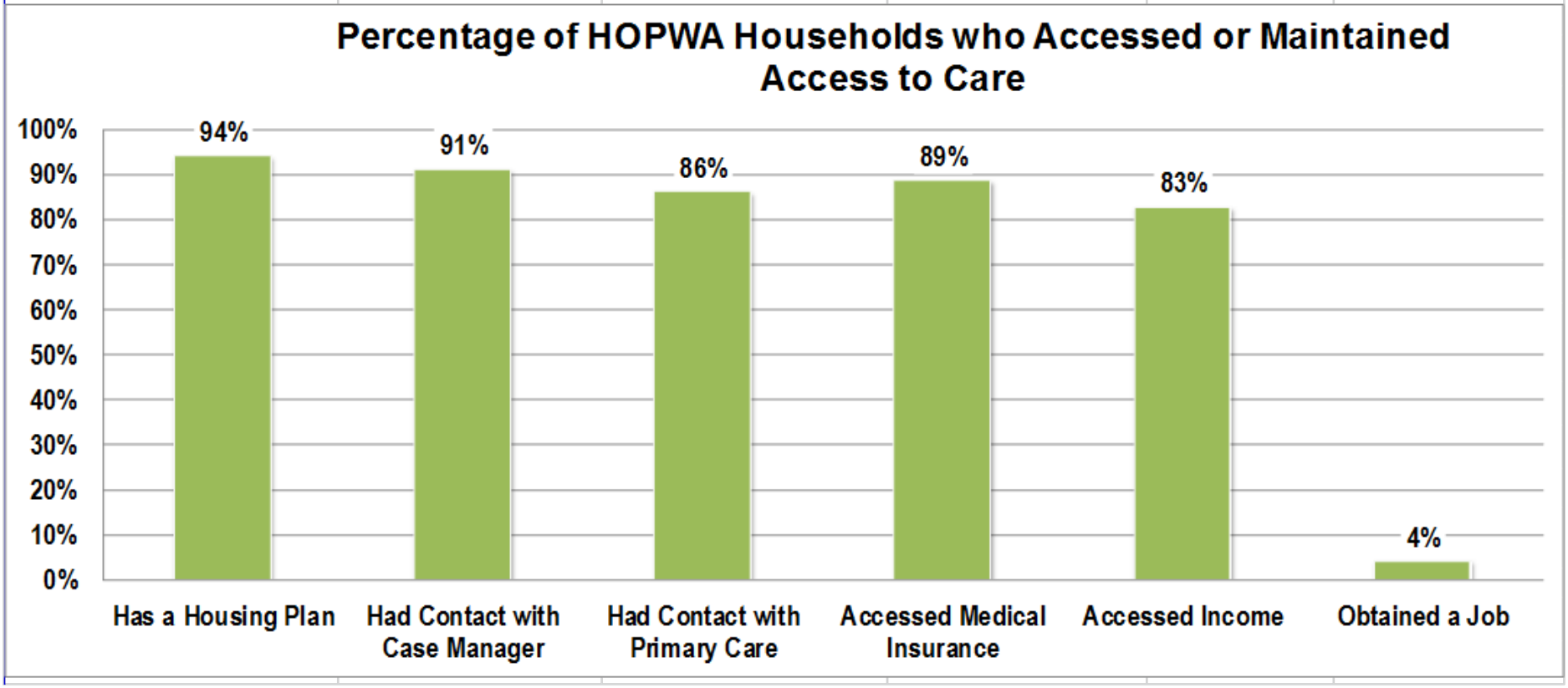


HOPWA-Assisted Households, 2015



Outcomes by type of Housing Assistance: Tenant Based Rental Assistance (n=17,753) is 96% Stable, 1% Temporary, and 3% Unstable; Permanent Housing Facilities (n=7,316) is 97% Stable, 1% Temporary, and 2% Unstable; Transitional/Short-Term Housing Facilities (n=4,825) is 70% Stable, 15% Temporary, and 15% Unstable; STRMU (n=21,011) is 44% Stable, 54% Temporary, and 2% Unstable. Outcomes do not include households where head of household died during operating year.

Access to Care and Support



What is the connection between HIV and Homelessness?

HIV is a major risk factor for homelessness

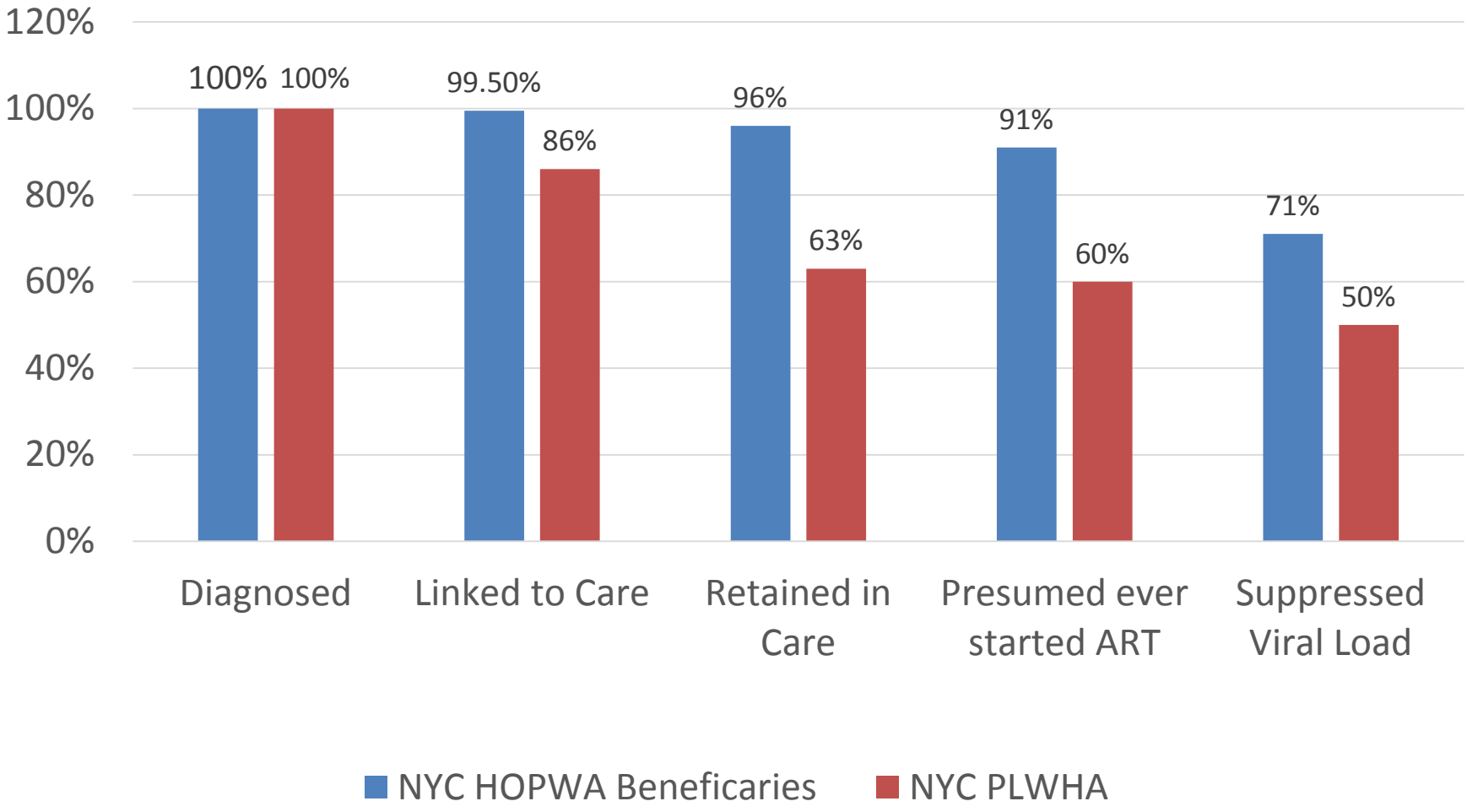
At least half of Americans living with HIV experience homelessness or housing instability following diagnosis.

Homelessness is a major risk factor for HIV Infection

Rates of HIV infection are 3 times to 16 times higher among persons who are homeless or unstably housed, compared to similar persons with stable housing.

50% of PLWHA will have some form of a housing crisis in their lifetime.

NYC's HIV Housing Care Continuum, 2013



HOPWA
Housing Opportunities for Persons With AIDS

When their housing situation improved, PLWHA reduced their drug related and sexual risk behaviors by as much as half, and were more likely to adhere to ART.

•Wolitski, R.J., Kidder, D.P., Pals, S.L., et al. (2010). Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. *AIDS & Behavior*, 14(3): 493–503; Buchanan, D.R., Kee, R., Sadowski, L.S., & Garcia, D. (2009). The health impact of supportive housing for HIV-positive homeless patients: A randomized controlled trial. *American Journal of Public Health*, 99/Supp 3: S675-S680; Lima, V.D. (2008). Expanded access to highly active antiretroviral therapy: a potentially powerful strategy to curb the growth of the HIV epidemic. *Journal of Infectious Diseases*, 198(1): 59-67; Holtgrave, D. and Curran, J. (2006). What works, and what remains to be done, in HIV prevention in the United States. *Annual Review of Public Health*, 27: 261-275.

THRIVE: Coordinating Housing and Healthcare

Mary Elizabeth Marr

CEO, Thrive Alabama

Gaps in coordinating Housing and Healthcare for PLWH

First Huge issue was getting Board “buy in”

- Had been an ASO in the late 90’s that grew into a Heathcare provider, Mental Health provider, Substance Abuse Treatment provider, etc
- Board said “why are we doing this?”
- Answer – our clients have an unmet need

Filling the gaps

Collaborating with local agencies

- Mental Health Center of Madison County had unites that they were willing to give us to house dual diagnosed MH/HIV
- Got involved with Continuum of Care in outlying areas – Florence Alabama 1.5 hours away
- An allocation that was not being done by a housing authority for “individuals with a disability” HIV is a qualifying disability
- Using funds through HPRP, foundations such as MAC Cosmetics to fill the gaps of back rents, utility deposits even moving expenses
- Leveraging Ryan White funds for housing needs

Barriers

Board Buy in

- Needs Assessment information for gaps in housing
- Staff presentations to the board

Gaining expertise

- Requested technical assistance from Collaborative Solutions

Funding for staff and units

- Pieced together through state (Alabama Rural Assistance Program), federal (HOPWA), foundations (MAC Cosmetics), local CoCs

Largest Barrier today that for some programs clients must show proof of homelessness instead of imminently housed – couch surfing

Housing and Stability Services for Low Income People with HIV/AIDS
Housing Opportunities for People with AIDS (HOPWA) and Ryan White Program Part A – Request for Proposals

Kate Briddell

Ryan White Part A Program Manager

Seattle TGA

Background

- 2012 – HIV/AIDS Housing Leadership Collaborative was convened, including 18 leaders in housing services and HOPWA & RWPA staff
  - Goals:
    - Expanding housing available for PLWH
    - Streamlining the process for accessing and maintaining housing for PLWH
    - Increasing and leveraging and impact of HOPWA funds
  - Vision for the future:
    - Establish a Lead Agency
    - Establish STRMU program
    - Use RWPA dollars for ES, TH, and supportive services
    - Participate in the homeless services combined funding NOFA

What's happened since then?

- We rolled out the Lead Agency and found it didn't work for us as well as we'd hoped
  - Don't underestimate stigma and client identity and geographic access
  - Increased housing costs dispersed the "traditional" population base beyond the "traditional" boundaries
- We created a STRMU program
- We figured out how to align our funding cycles
- The ACA was implemented & Medicaid Expansion
- Coordinated Entry for HUD-funded homeless services systems

Questions

Why did we decide to issue a joint RFP with HOPWA?

- To provide complementary rather than competing services
- To introduce collaboration throughout the entire HIV housing continuum
- Homeless crisis
- Putting our money where our mouth is.

What barriers/challenges did we encounter?

- Funding cycle alignment
- The variances in income eligibility for each program *may* present a challenge
- Our eligible areas are not exactly the same; our most rural county is served by a different HOPWA grant

Questions

What have we learned?

- It is necessary to step back and review.
- Leveraging other resources is necessary.
- Change takes time.
- We are not afraid to take chances and make mistakes.

What's your funding?

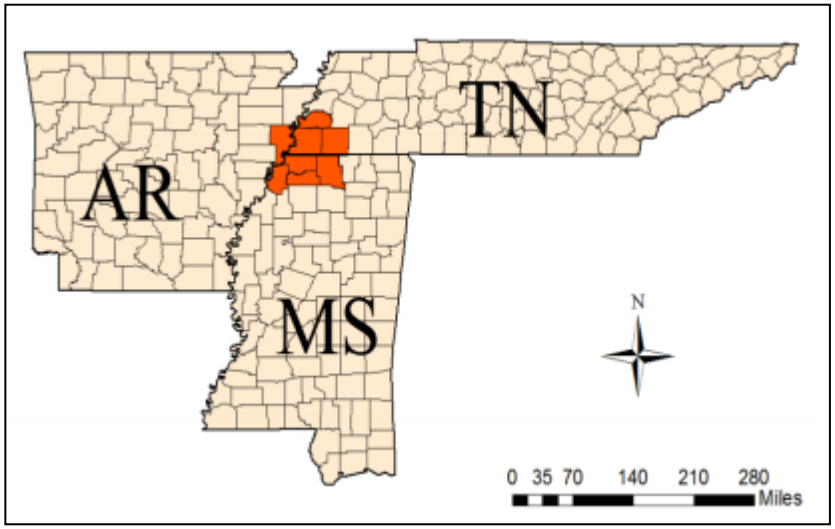
- HOPWA funds all things Permanent Housing – rental assistance, Permanent Housing Placement, and STRMU
- RWPA funds temporary housing (including medical motel, ES, and TH) and case management to help people obtain and maintain housing.

Memphis RWHAP Part A: Assessing Need and Coordinating Housing Services

Jennifer Pepper, Memphis Ryan White HIV/AIDS Part A Program, Administrator

Memphis TGA

- Awarded Part A/MAI in 2007
- Consists of 8 counties in 3 states*
- Only AR expanded Medicaid
- Part A/MAI Clients in 2014
  - 91% live in Shelby County, TN
  - 26% not stably housed
  - 69% virally suppressed



* Want to learn more about how we coordinate care across 3 states? Join us Thursday, 8/25 @ 1:30pm for the session *Building, Improving, and Innovating to Overcome Obstacles in the Southern United States*.

Gaps in the Memphis TGA

- 2011 Housing Needs Assessment*
  - Significant Predictors for Unstable Housing
    - Physical disability, 2.6 times more likely
    - Diagnosis of a mental health problem, 3.4 times more likely
    - Income of $0-$300, 2.6 times more likely
    - Criminal activity, 2.9 times more likely
    - On a housing waitlist, 2.1 times more likely

- 2015 Comprehensive Needs Assessment*
  - 24% of PLWH surveyed needed but did not get housing services (ranked 2)
  - 35% of providers believed RW programs did not meet the needs of homeless PLWH (ranked 1)
  - Focus Groups among MSMs and PLWH in Mississippi ranked housing as #1 least satisfying service

** Full reports available at www.hivmemphis.org*

Filling Gaps and Funding

- Utilize Ryan White housing funding to support housing services for PLWHA
  - TBRA Look-a-like Program tied to explicit medical outcomes
- Ensure that Ryan White service providers are informed about all available housing services, eligibility criteria and application processes
  - Annual Medical Case Manager Training
- Develop more linkages between other housing programs and service providers
  - Linkage with HOPWA Program and Providers
  - Membership with Community Alliance for the Homeless

Overcoming Barriers

- Lack of safe affordable housing in the TGA
- PLWH on sex offender registry
- Competing needs for limited Part A funding of support services
  - Applying for CMS Wavier for FY 2017
- All HOPWA funded providers are located in Shelby County, TN
  - Networking housing providers in North Mississippi to apply for HOPWA funding

Lessons Learned

- Be thoughtful and flexible – funding changes
- Be involved in other housing programs in the community
- Establish and grow strong relationships with the local HOPWA grantee
- Don’t assume everyone knows what’s available

NJ Housing Initiative

Nahid Suleiman, PhD and Gilo Thomas, RN,MSN

Quality Management Coordinator and HIV Care Coordinator

New Jersey Department of Health

Target Population

Gap:

- Gay and bisexual men are more severely affected by HIV than any other group in the United States; New Jersey is no exception. Although incidence of HIV in New Jersey as a whole is decreasing, the percentage of cases among young gay and bisexual men between ages 13 to 24 has significantly increased.
- Additionally, seventy two percent (72%) of new infections among all gay men were among minorities.
- Young gay and bisexual men living with HIV who are also homeless face unique challenges and have unique needs compared to homeless adults.

What is NJ Doing

- To fill this gap, NJ applied for and received HRSA Supplemental funding to support a home for up to fifteen (15) HIV-positive gay men (18-25).
- The structured transitional housing has access to a continuum of health services and life skills opportunities for a period up to twenty-four months.
- HIV positive young gay and bisexual men require different interventions and services. Aside from addressing their unique health care needs, and immediate basic needs, homeless youth require a range of life skills opportunities to support their transition into adulthood and prepare them for independence and self-sufficiency.
- The cornerstone of the NJ model is the population-specific, evidence-based dialectical behavior therapy (DBT).

Barriers

1. Two viable applicants applied for the housing dollars; one was suitable and licensed.

2. Residents are required to sign a behavioral contract to fully participate in all program activities, some applicants were not interested in structured living. This resulted in admission delays.

Lessons Learned

- Build statewide collaboration with housing providers and experts in gay and bisexual youth programming.
- Locate housing programs regionally as clients prefer to stay closer to familiar surroundings.
- MOAs and lease agreements must be detailed and multi-year.

Discussion

- How might you or your community apply some of the concepts discussed?
- What barriers exist in your community?
- What more do you need to know to better coordinate housing and health care services in your programs?
- Other?

THANK YOU!