

Leveraging the Housing System through Planning and Coordination

Presented by:

- Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB)
- U.S. Department of Housing and Urban Development (HUD), Office of HIV Housing (OHH)
- National Alliance of State and Territorial AIDS Directors (NASTAD)
- National AIDS Housing Coalition (NAHC)
- NC Communicable Disease Branch, Division of Public Health, HIV/STD Prevention and Care Program

Agenda

1. Introductions
2. How Housing Status Affects Health Outcomes for Ryan White HIV/AIDS Program Clients
3. De-mystifying HUD
4. Leveraging Housing through Planning
5. How Can Organizations Better Connect People Living with HIV to Housing Systems?
6. Recipient Example: State of North Carolina
7. Questions and Answers

Introductions

Kristina Santana, Manager
in Prevention & Health
Care Access, NASTAD

Lauren Banks Killelea,
Housing Policy Specialist,
NAHC

Amy Griffin, Project Officer
HRSA/HAB

Detra Purcell
HOPWA Coordinator
NCDHHS

Amy Palilonis, Senior
Program Specialist
HUD/OHH

Learning Goals

1. Recognize housing (in)stability and its impact on client health outcomes.
2. Learn how housing services can be funded under Ryan White HIV/AIDS Program Part B and ADAP programs.
3. Understand HOPWA/HUD programs and their regulations, as well as how to use HOPWA to fill gaps.
4. Provide recommendations on how HIV systems can coordinate efforts with HOPWA programs and/or other housing systems.
5. Highlight a local health department/jurisdiction.

Ring Central Logistics

- This webinar will be recorded. We will send out the recording with the slides after the webinar.
- All participants will be muted while on the webinar.
- Use the “Q&A” button to submit any questions you may have. We will answer them at the end of the webinar.

HRSA HIV/AIDS Bureau

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.

RWHAP Moving Forward

**RYAN WHITE
HIV/AIDS PROGRAM
MOVING FORWARD
FRAMEWORK**



Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV

Overview: 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 – over 550,000 people – receive care and support services through the Ryan White HIV/AIDS Program
- **Funds grants to states, cities/counties, and local community based organizations**
 - \$2.36 billion annual investment (fiscal year 2017)
 - Recipients determine service delivery and funding priorities based on their local needs and planning process
- **Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payor is available**

Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2016

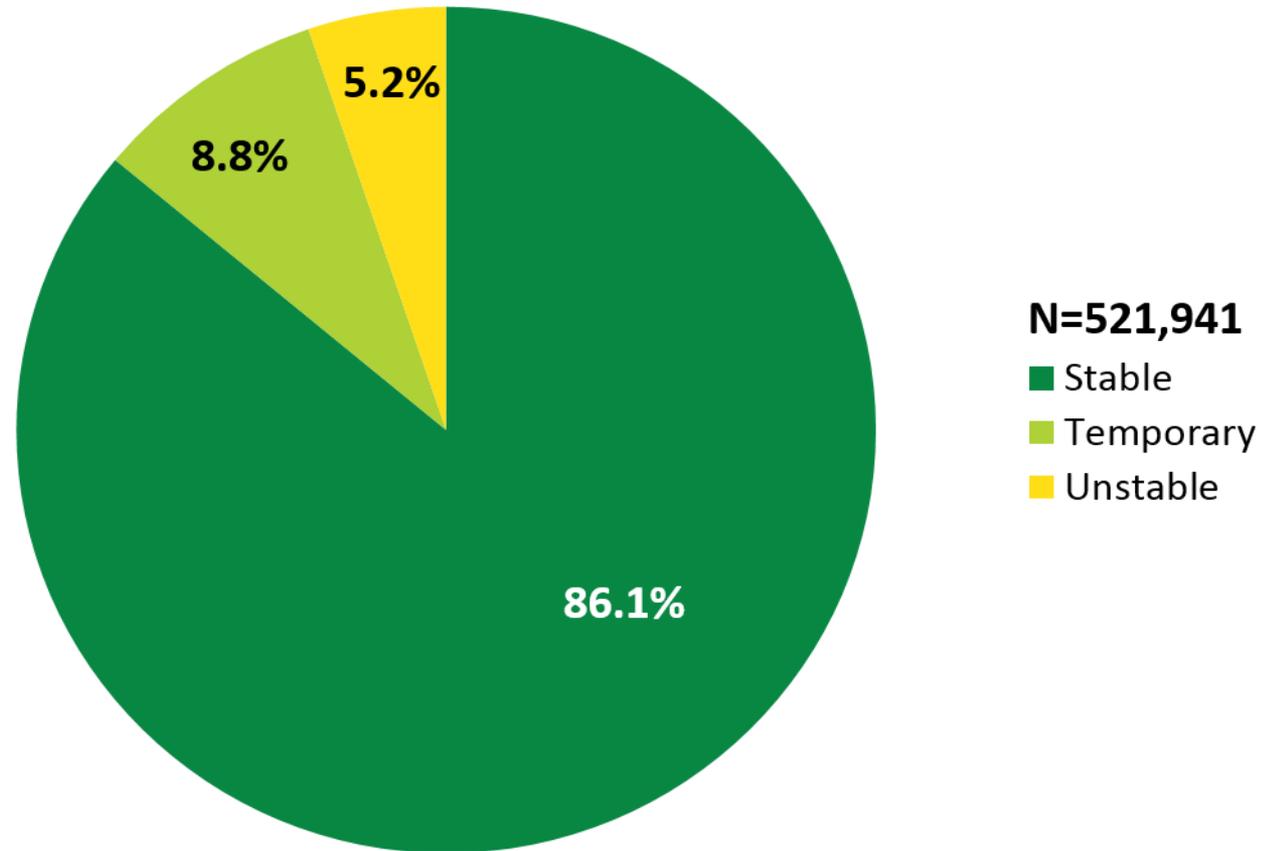
- 551,567 clients received services from RWHAP-funded providers (97% were PLWH)
- RWHAP served more than half of all people living with diagnosed HIV infection in the United States
- Nearly three-quarters (73%) of RWHAP clients are from racial/ethnic minority populations
- Approximately two-thirds (63%) of RWHAP clients are living at or below the poverty line
- Nearly 80% of RWHAP clients have some form of health care coverage

Ryan White HIV/AIDS Program

Why Housing Support?

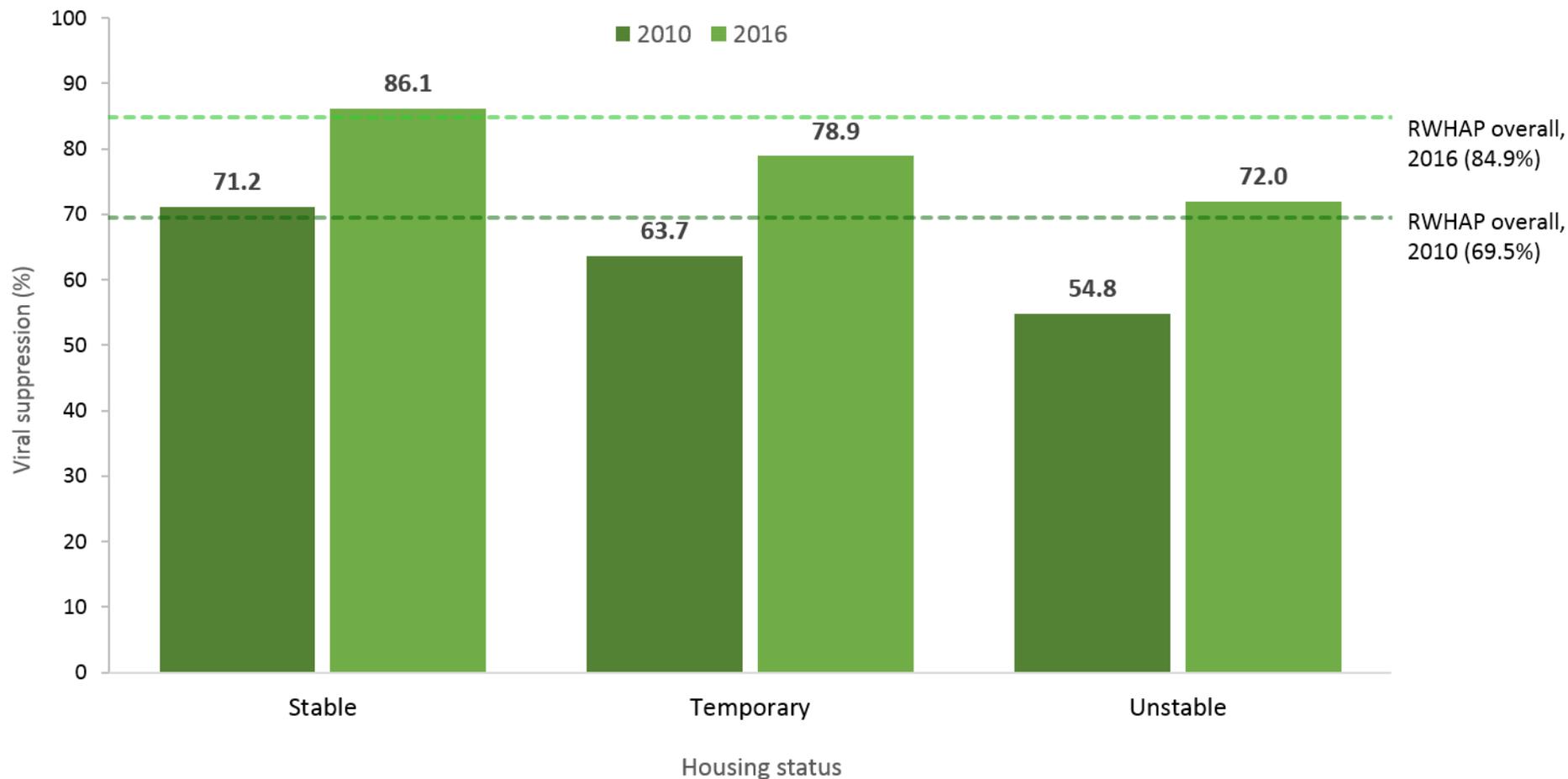
- In 2016, 8.8% of RWHAP clients had temporary housing and 5.2% had unstable housing
- Populations identified as most at-risk for exposure to HIV or poor HIV health care outcomes experience highest rates of unstable housing (youth, people who inject drugs [PWID], transgender individuals)
- Clients with unstable housing have lower rates of viral suppression compared to clients with stable or temporary housing

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.

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

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 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>

Contact Information

Amy Griffin, MSW
Public Health Analyst
Division of State HIV/AIDS Programs
HIV/AIDS Bureau, Health Resources and Services
Administration
U.S. Department of Health and Human Services
agriffin@hrsa.gov
301-443-0424



Demystifying HUD

Amy Palilonis, Senior Program Specialist

Office of HIV/AIDS Housing



HUD's Mission

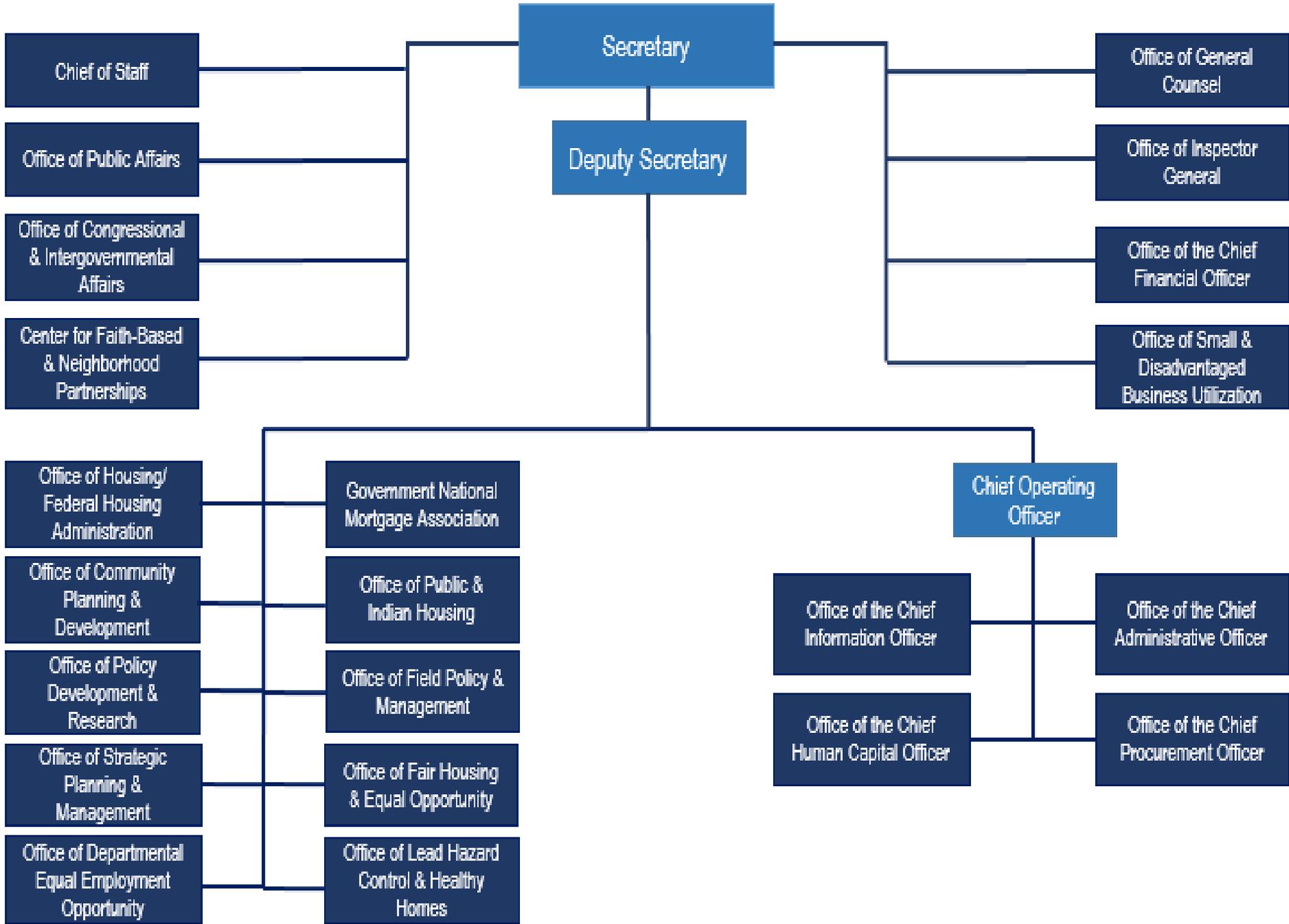
HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD is working to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality 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.
- HUD's 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 and partnerships with other Federal agencies, state and local grantees, and private sector and philanthropic and non-profit organizations.





Office of Community Planning and Development

- The Office of Community Planning and Development (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.



Overview of CPD Programs

Program	Who is Eligible to Receive Housing?	Activities	Focus	Eligible Grantees
HOPWA	<p>Household has a least one person who is living with HIV</p> <p>Total household income is 80% of Area Median Income (AMI) or less</p>	Tenant-based rental assistance; permanent facility-based housing; short-term/transitional housing facilities; short-term rent, mortgage, and utility assistance; and supportive services	To help ensure low-income PLWHA and their families have access to safe, stable housing	<p>Formula – Cities on behalf of MSAs, States</p> <p>(Competitive- States, units of local government, non-profits)</p>
CoC	Persons experiencing homelessness as defined by regulation; additional eligibility criteria may be added through the annual NOFA	Permanent housing, transitional housing, supportive services, and homelessness prevention	CoCs are the regional or local planning body that coordinates housing and services funding for homeless families and individuals; focus on housing first	Nonprofit organizations, State and local governments, instrumentalities of local governments, and public housing agencies designated by the CoC

Program	Who is Eligible to Receive Housing?	Activities	Focus	Eligible Grantees
ESG	Persons experiencing homelessness as defined by regulation; additional eligibility criteria may exist for certain program components	Street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance	Immediate needs of people who are homeless; providers must consult with local CoC	Eligible recipients generally consist of metropolitan cities, urban counties, territories, and States
HOME	Overall, 80% of AMI or less; for rental housing and rental assistance, at least 90% of households should be under 60% AMI	Development including acquisition, hard costs and related soft costs, relocation assistance, homeowner assistance, tenant-based rental assistance	HOME emphasizes consolidated planning and flexibility allows communities to set their own priorities based on local needs	States, participating jurisdictions
Housing Trust Fund	100% for extremely low-income households (\leq 30% AMI) or families with incomes at or below the poverty line (whichever is greater) when HTF funds are less than \$1 billion 75% for extremely low-income households (\leq 30% AMI) or families with incomes at or below the poverty line (whichever is greater) when HTF funds are greater than \$1 billion; up to 25% for very low-income households (< 50% of AMI)	New construction, acquisition, and rehabilitation of rental and homebuyer units (1st time homebuyers only), Operating costs for rental projects (up to one third of annual grant)	Intended to provide revenue to build, preserve, and rehabilitate housing for people with the lowest incomes	States or state-designated entities

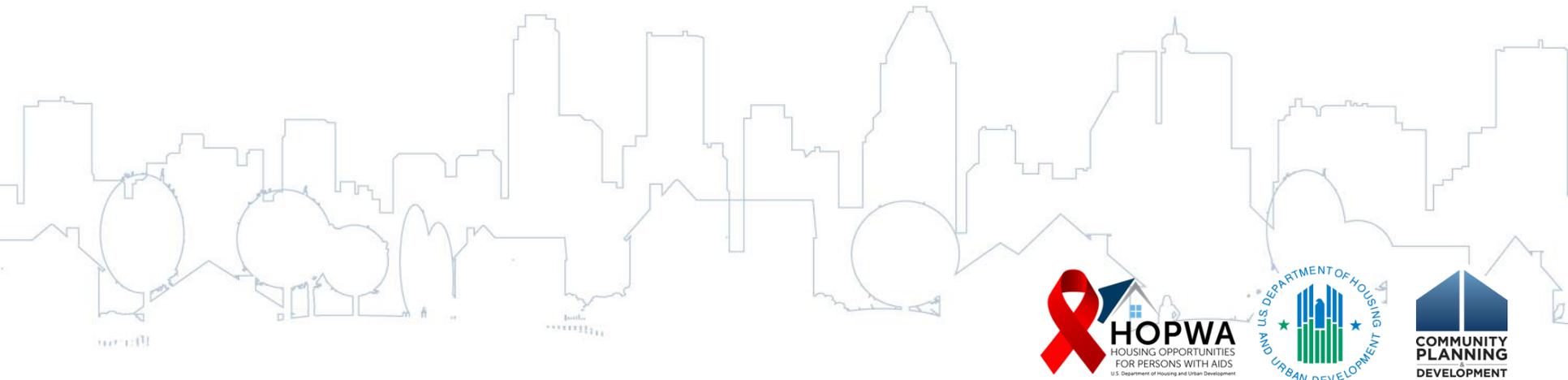
Consolidated Plan

- Designed to help states and local jurisdictions assess their affordable housing and community development needs and market conditions, including the needs of low-income PLWH.
- Framework for a community-wide dialogue to identify housing and community development priorities that align and focus funding from the CPD formula grant programs (HOPWA, CDBG, HOME, ESG, HTF).
- Carried out through Annual Action Plans that summarize the actions, activities, and the specific federal and non-federal resources that will be used each year to address priority needs and specific goals.



CoC Planning

- Responsible for developing a plan for a coordinated housing and service system that meets the needs of individuals, unaccompanied youth, and families experiencing homelessness.
- Includes annual point-in-time count of unsheltered and sheltered persons who are homeless and gaps analysis of the homeless needs and services available.



Resources

HUD's online platform for providing program-specific information:

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

Local CPD Program Contacts:

“About Grantees” Feature on the HUD Exchange:

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

Local Public Housing Agency Contacts:

https://www.hud.gov/program_offices/public_indian_housing/pha/contacts

HIV Non-Discrimination Resources:

<https://www.hudexchange.info/programs/hopwa/other-hiv-aids-resources/>



Leveraging the Housing Service System through Planning & Coordination

LAUREN KILLELEA

HOUSING POLICY SPECIALIST
NATIONAL AIDS HOUSING COALITION



Becoming Involved in Housing Planning

Housing is Healthcare!

To improve the health outcomes of Ryan White recipients, and the broader community, we must look at housing and other factors that contribute to people's wellness.

To begin your way into the housing world...



Know your people. Get the data.

Include Housing questions in Ryan White HIV/AIDS Program Needs Assessment

Find out if people are stably housed.

Are people couch surfing?

Are people homeless? At a shelter?

Ask specific questions.



Find out who key players are.

Chances are, there is a housing need among your population.

Who is serving people?

Who are HOPWA providers in your area?



Grantees

All States ▾

Programs

- CDBG: Community Development Block Grant Program
- CoC: Continuum of Care Program
- Emergency Shelter Grants Program
- ESG: Emergency Solutions Grants Program
- HOME Investment Partnerships Program
- HOPWA: Housing Opportunities for Persons With AIDS Program

Year	State	Organization Name	Program Name & Type	Amount
2017	AL	Alabama	HOPWA : Formula	\$1,744,315.00
2017	AL	Birmingham, AL	HOPWA : Formula	\$1,098,294.00
2017	AR	Arkansas	HOPWA : Formula	\$636,976.00
2017	AR	Little Rock, AR	HOPWA : Formula	\$387,161.00
2017	AZ	Arizona	HOPWA : Formula	\$273,229.00
2017	AZ	Phoenix, AZ	HOPWA : Formula	\$2,099,910.00
2017	AZ	Tucson, AZ	HOPWA : Formula	\$520,326.00
2017	CA	Anaheim, CA	HOPWA : Formula	\$1,755,395.00
2017	CA	Bakersfield, CA	HOPWA : Formula	\$438,169.00
2017	CA	California	HOPWA : Formula	\$2,962,451.00
2017	CA	Fresno, CA	HOPWA : Formula	\$441,305.00

Beyond HOPWA

- CDBG: Community Development Block Grant Program

- Emergency Shelter Grants Program

- ESG: Emergency Solutions Grants Program

- CoC: Continuum of Care Program

- HTF: Housing Trust Fund

- HOME Investment Partnerships Program

- NSP: Neighborhood Stabilization Program

Know the housing players.

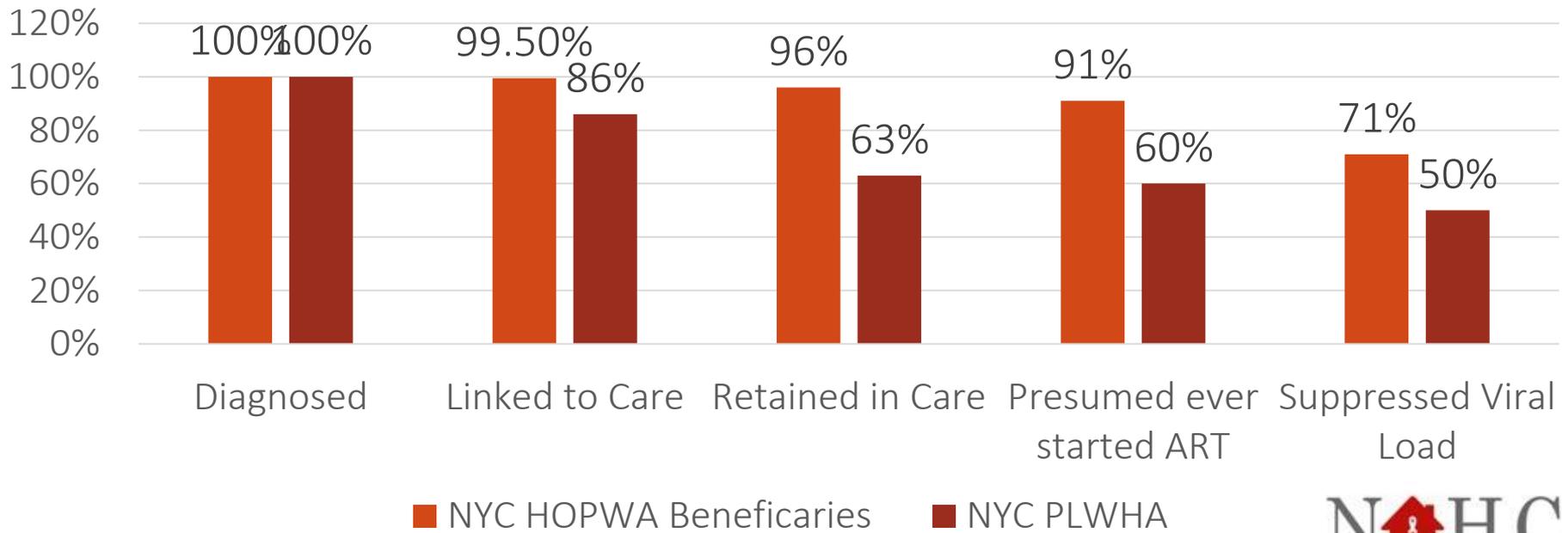
Plan a meeting between Housing Grantees and Ryan White HIV/AIDS Program sub recipients.

Where can you collaborate in

- ❖ coordinated entry?
- ❖ service delivery?
- ❖ data collection?

WHY COORDINATE?

NYC Care Continuum with HOPWA, 2013



Using the HIV Care Continuum

- **Create an HIV Care Continuum for your jurisdiction.**
 - Pick your categories, your population, and track the data.
- **Analyze your data.**
 - Where are the gaps in your system?
 - Where are you doing well?
- **Advocate for change. Determine where you will focus time.**
 - Need more housing dollars?
 - What about retaining people in care?

Using Housing Knowledge in RWHAP Planning

The Washington Example

Gathered information on community/client need

Added direct subsidy of housing expenses to fundable services

Encouraged sub-recipients to provide housing services

Tracked housing instability with viral suppression

For More Information

Contact:

Lauren Banks Killelea, LaurenK@nationalaidshousing.org

Follow us on Facebook: National AIDS Housing Coalition

Follow us on Twitter: @AIDSHousing

Thank You!



Integration of the NC Communicable Disease Branch HIV Prevention, Care and HOPWA Program

Detra Purcell

Public Health Program Consultant

HOPWA Coordinator

NC Communicable Disease Branch, Division of Public Health,
HIV/STD Prevention and Care Program

NC's Integrated Prevention, Ryan White & HOPWA Program

- Historically, the Ryan White Part B and Housing Opportunities for Persons with AIDS (HOPWA) programs have been integrated and administered through the AIDS Care Program in the NC Communicable Disease Branch.
- To ensure greater collaboration and integration in our Prevention, Care and HOPWA services, the Branch combined the Care, Prevention and HOPWA Request for Application (RFA) funding announcements into one announcement.
- Integrating the 3 programs allowed our jurisdictions to better align prevention, care, treatment and housing needs in their service areas and accomplish the goals of the National HIV/AIDS Strategy, (NHAS) and the principles and the intent of the HIV Care Continuum.



The NC Patient Management Model/Regional Networks of Care Concept

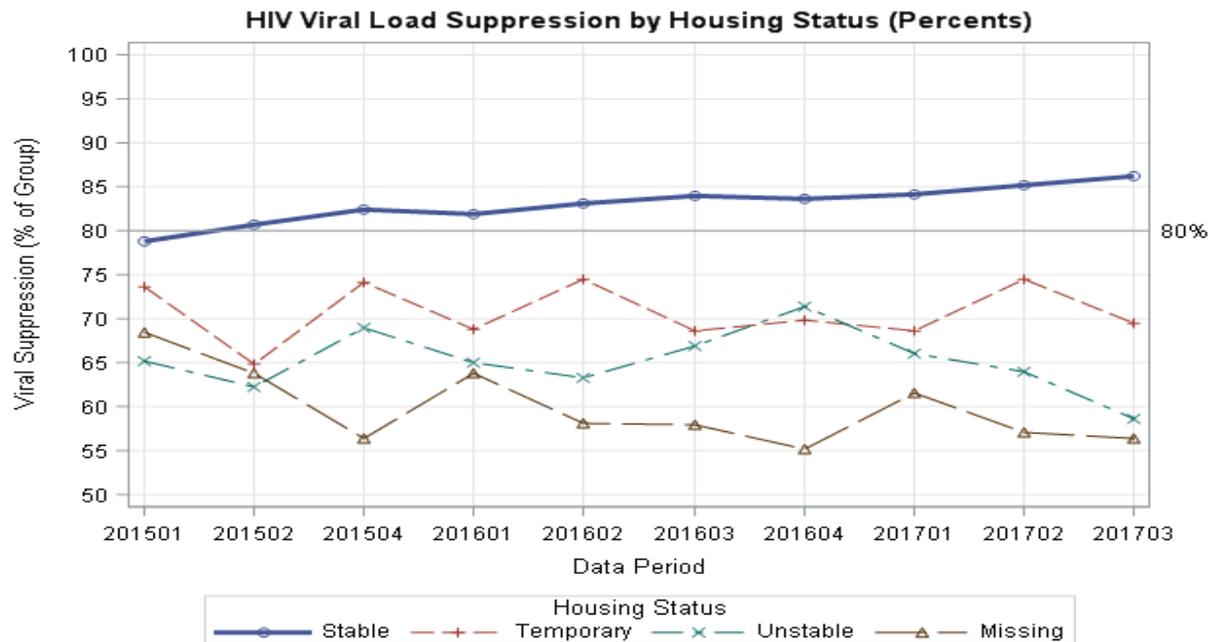
- NC is divided into 10 Networks of HIV Care that includes Ryan White Part B Core Medical and Support services, HOPWA and Prevention services.
- Providers (funded and non-funded) work together collaboratively to streamline the accessibility and availability of a myriad of medical care, support, housing and prevention services.

Integration Process & Activities

- Joint Request For Application (RFA) released in August of 2016
- Joint Provider Meetings held 4 times a year with Prevention, Care and Housing providers
- Mandated Quarterly Network Meetings of Prevention, Care, and Housing providers that are both funded and non-funded partners
- The NC HOPWA Grantee hosts quarterly calls with all of the HOPWA Grantees in NC (Wake County, Virginia Beach, VA, Durham-Chapel Hill, City of Greensboro, and Carolinas Care Partnership in the Charlotte-Mecklenburg MSA) to share best practice and discuss collaborative housing initiatives to meet the housing needs of the State
- Integrated (Prevention, Care and HOPWA) Formula Funding meetings with Sub-recipient input
- Integrated Prevention and Care Plan/Statewide Coordinated Statement of Need (SCSN)
- HOPWA is a part of the Consolidated Plan Partners consisting of the Community Development Block Grant (CDBG), NC Housing Finance (HOME Investment Partnerships), and the Emergency Solutions Grant (ESG)

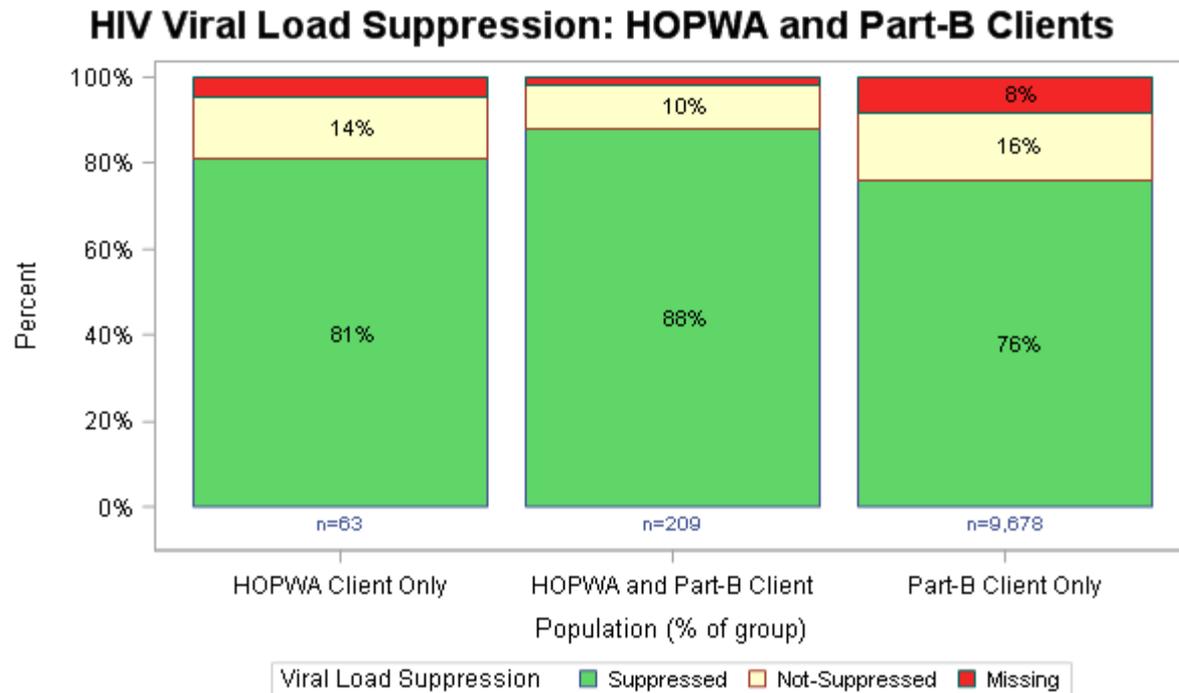
Stable Housing & Viral Suppression

- In review of preliminary data in CAREWare and NC ECHO we are seeing a positive correlation between stable housing and Viral suppression.



Data from CAREWare Clients Receiving One or More Part B Services During the Period
Outcomes Data from NC ECHO; Last VL Value from Measurement Year (Indexed by QTR)

HOPWA and Ryan White Part B Clients and Viral Load Suppression



Clients Receiving HOPWA and/or Part-B Services during Calendar Year 2016

Clients Only Receiving Part-B Funded Bridge Counseling Services Excluded

HOPWA Funded Services include: TBRA, STRMU, PHP

Viral Load Outcomes Data from NC ECHO Combined Labs & Services

Viral Load Suppression Defined as ≤ 200 copies/mL from Last Viral Load in Calendar Year 2016

Housing, An Intervention Strategy for Improved Health Outcomes

- Stable housing is an effective intervention strategy for improved and sustained health outcomes and ultimately sustained viral load suppression, thus making the integration of HIV medical care, support services, housing and prevention (our Patient Management Model) necessary.

Building Partnerships

- Get connected to and reach out to housing providers:
 - Meet and share information
 - Set common goals to address the needs
 - Enter into Data-Sharing Agreements
 - Develop an HIV Care Continuum of funded and non-funded providers of prevention, care, support and housing services

Thank You

Detra Purcell, Public Health Program
Consultant, HOPWA Program

Email: detra.purcell@dhhs.nc.gov

Phone: (919) 755-3134

Questions

- Use the “Q&A” button to submit any questions you may have. We will answer them at the end of the webinar.
- Direct to which presenter you would like to ask the question.
- Please do not use the chat function to ask questions.

Thank You!

Thank you for your participation today.

Please take a moment to complete the evaluation which can be found in the chat box.

Kristina Santana: ksantana@NASTAD.org

Bianca Ward: bward@NASTAD.org