



The Intersection of Housing and HIV Institute 201: Integrating Housing Services with HIV Services

2022 National Ryan White Conference on HIV Care and Treatment

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Vision: Healthy Communities, Healthy People



Presenters

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Disclosures

Susan Robilotto has no relevant financial interests to disclose.

Amy Palilonis has no relevant financial interests to disclose.

Linda J. Koenig has no relevant financial interests to disclose.

Jorge Cestou has no relevant financial interests to disclose.

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Agenda

- Recap of 101: Addressing Housing in HIV Prevention and Care
- Housing resources supported by HAB, HUD and CDC
- Partnerships that maximize housing and HIV resources to strengthen HIV service delivery and outcomes
- Question and answer session



Learning Objectives

- Identify housing, and HIV prevention, care, and treatment resources for people experiencing unstable housing and homelessness.
- Describe how funding for services are structured at the state and local level.
- Develop strategies to maximize resources through partnerships with housing, HIV prevention and care service providers.

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 challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



Recap of 101



HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcomes and reduce HIV transmission.
 - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.
- 89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 64.6%ⁱ.



Ryan White HIV/AIDS Program (RWHAP) Legislation

- Ryan White Comprehensive AIDS Resources Emergency Act-enacted on August 18, 1990
- Reauthorizations
 - 1996-Ryan White CARE Act Amendments of 1996
 - 2000-Ryan White CARE Act Amendments of 2000
 - 2006-Ryan White HIV/AIDS Treatment Modernization Act of 2006
 - 2009-Ryan White HIV/AIDS Treatment Extension Act of 2009
- Codified in title XXVI of the Public Health Service (PHS) Act, referred to as RWHAP
- Administered by the HRSA's HAB



HRSA's Ryan White HIV/AIDS Program Overview (cont.)

- The RWHAP has statutorily defined Parts that provide funding for medical and support services, medications, technical assistance, clinical training, and the development of innovative models of care.
- RWHAP Part A (cities/counties), Part B (states), Part C (community-based organizations), and Part D (community-based organizations for women, infants, children, and youth) services include:
 - Medical care, medications, and laboratory services
 - Clinical quality management and improvement
 - Support services such as case management, medical transportation, food/pantry services, and other services



HRSA's Ryan White HIV/AIDS Program Overview (cont.)

■ RWHAP Part F:

- **AIDS Education and Training Centers Program:** Supports a network of regional and national centers that conduct targeted, multidisciplinary education and training programs for health care providers serving people with HIV
- **Dental Programs:** Provide funding for oral health care for people with HIV and support dental and dental hygiene provider training through the HIV Dental Reimbursement Program and the Community-Based Dental Partnership Program
- **Special Projects of National Significance Program:** Supports the development and evaluation of innovative HIV care strategies and interventions for dissemination to and replication in RWHAP-funded recipients



RWHAP Allowable Service Categories

- RWHAP statute includes the allowable core medical and support services
- Jurisdictions have flexibility in which services they chose to fund based on local need and resources
- RWHAP clients must be determined eligible
 - HIV status
 - Low-income
 - ✓ The RWHAP recipient defines low-income
 - Residency
 - ✓ The RWHAP recipient defines its residency criteria, within its service area



RWHAP Allowable Service Categories – Core Medical Services

Core Medical Services (13)

1. AIDS Drug Assistance Program Treatments
2. AIDS Pharmaceutical Assistance
3. Early Intervention Services
4. Health Insurance Premiums and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient and Ambulatory Health Services
13. Substance Abuse Outpatient Care

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>



RWHAP Allowable Service Categories – Support Services

Support Services (17)

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals Health
4. Health Education/Risk Reduction
5. Housing
6. Legal Services
7. Linguistic Services
8. Medical Transportation
9. Non-Medical Case Management Services
10. Other Professional Services
11. Outreach Services
12. Permanency Planning
13. Psychosocial Support Services
14. Referral for Health Care and Support Services
15. Rehabilitation Services
16. Respite Care
17. Substance Abuse Services (residential)

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>



Overview of HUD's HIV Housing and Homeless Programs

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What is HOPWA?

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

HOPWA Program Structure

Formula Grants (90%)

- Eligible grantees:
 - metropolitan areas with more than 500,000 people and at least 2,000 HIV cases; and
 - States with more than 2,000 HIV cases outside of eligible metropolitan areas
- Awards are contingent upon the submission and acceptance of a community's Consolidated Plan/Annual Action Plan
- Grantees may provide housing and services directly or fund project sponsors (subrecipients) to carry out these activities
- 143 formula jurisdictions

Competitive (10%)

- Eligible grantees:
 - States, local governments, and nonprofit organizations
- Awards are based on an application process, with priority given to the renewal or replacement of expiring permanent supportive housing (PSH) grants
- If funds remain after renew/replace process, they are distributed under a new competition
- Grantees may provide housing and services directly or fund project sponsors (subrecipients) to carry out these activities
- 82 PSH grants; 20 new HIFA grants announced Dec. 2021

Between the formula and competitive programs – there is HOPWA funding in all 50 states, the district of Columbia, the commonwealth of Puerto Rico, and in the U.S. Virgin Islands.

HOPWA Client Eligibility

- There are two basic elements of HOPWA client eligibility:
 - Household has a least one person who is living with HIV. This includes households where the only eligible person is a minor; and
 - Total household income is at or below 80% of the Area Median Income (low-income as defined by HUD).
- Grantees can further restrict eligibility based on local needs and approved by HUD through the consolidated planning process or competitive application.

Eligible HOPWA Activities

- Facility-based and scattered-site emergency, transitional, and permanent housing
- Short-term rent, mortgage, and utility assistance to prevent homelessness
- Housing Development
- Permanent housing placement
- Housing information services
- Supportive services
- Resource identification
- Administration (by statute, 3% for grantees and 7% for project sponsors)

HOPWA Resources

- **HOPWA page on HUD.gov:**
https://www.hud.gov/program_offices/comm_planning/hopwa
- **HOPWA page on the HUD Exchange TA Portal:**
<https://www.hudexchange.info/programs/hopwa/>

CoC Program Overview

- HUD's Continuum of Care Program (CoC) provides competitive funding for efforts to quickly re-house individuals and families experiencing homelessness, while minimizing trauma and dislocation.
- CoCs are the regional or local planning body that coordinates housing and services funding to address homelessness in the community.
- Nonprofits, States, local governments, and public housing agencies are eligible to apply for CoC funds if they have been designated to apply by the local CoC.
- The program funds a range of permanent housing, transitional housing, and supportive services for individuals and families experiencing homelessness.

ESG Program Overview

- The Emergency Solutions Grants (ESG) program is a formula program that provides funding to:
 1. engage individuals and families experiencing homelessness living on the street;
 2. improve the number and quality of emergency shelters;
 3. help operate these shelters;
 4. provide essential services to shelter residents,
 5. rapidly rehouse individuals and families experiencing homelessness, and
 6. prevent families/individuals from becoming homeless.
- Eligible recipients generally consist of states, metropolitan cities, urban counties, and territories.
- Each recipient must consult with the local CoC in determining how to allocate ESG funds.

CoC and ESG Resources

- CoC program page on HUD.gov:
https://www.hud.gov/program_offices/comm_planning/coc
- ESG program page on HUD.gov:
https://www.hud.gov/program_offices/comm_planning/esg
- Homelessness Assistance Programs page on the HUD Exchange TA Portal:
<https://www.hudexchange.info/homelessness-assistance/>

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Housing and HIV Prevention:

Partnership Activities between the CDC Division of HIV Prevention and the Department of Housing and Urban Development

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Division of HIV Prevention

Centers for Disease Control and Prevention (CDC)

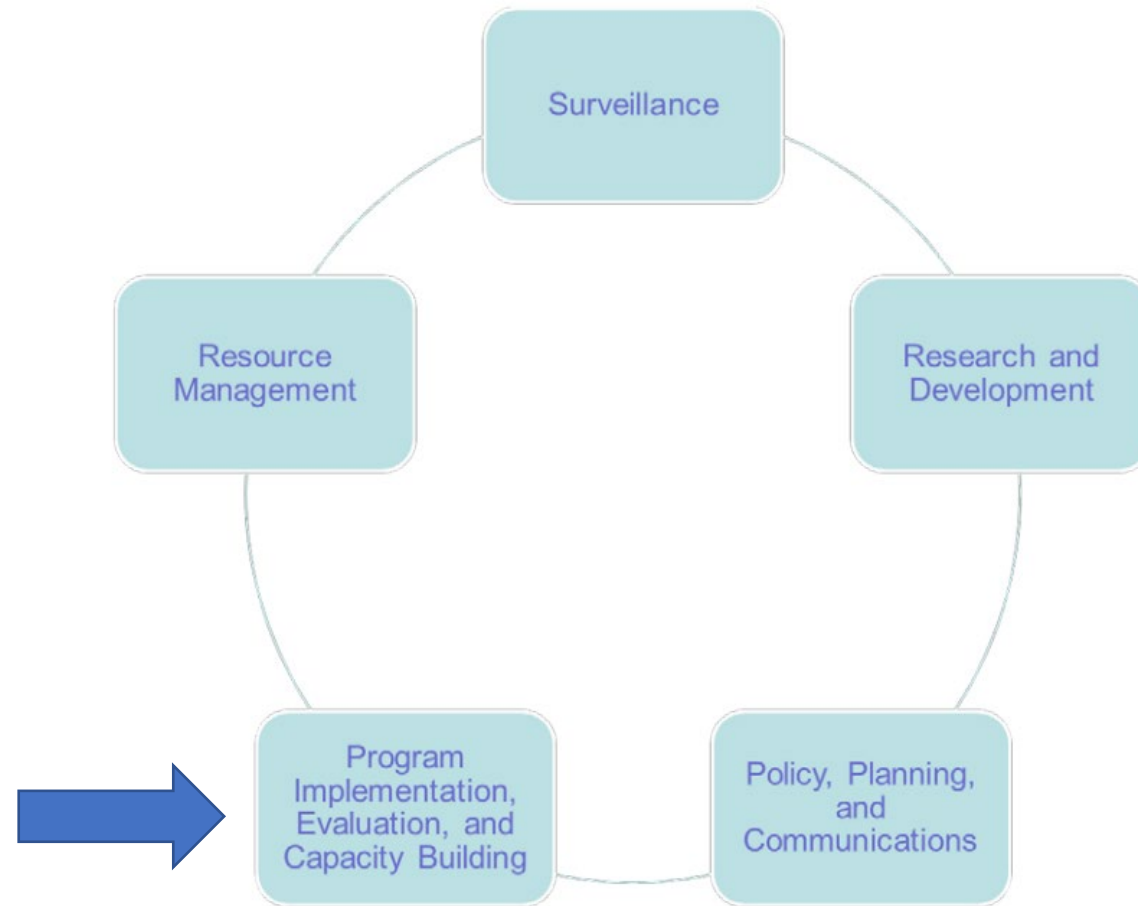
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Overview of Presentation

- Core Functions of the Division of HIV Prevention (DHP)
- Collaborations between DHP and the Department of Housing and Urban Development (HUD)
 - Outbreak Responses
 - Modeling Housing as HIV Prevention
 - Technical Expert Panel on HIV and Housing
 - HIV Prevention for Youth in HUD-Assisted Housing Programs for Youth

Five Core Functions of the Division of HIV Prevention



Supporting HIV Programs

- Annually, CDC provides approximately:
 - \$540M in integrated surveillance and program support to health departments
 - \$16M for capacity building
 - \$64M to community-based organizations

Housing Support

- Health department funds cover direct services only and don't cover housing. However, these funds do support 'navigator' positions that link or facilitate linkage to housing services.
- We also fund TA to jurisdictions, including support for strategic partnerships to connect service providers at state/local level
 - HOUSING LEARNING COLLABORATIVE (PS19-1906 funding to NASTAD for TA to EHE jurisdictions)
 - 1st cohort: October 2021 -- February 2022 (11 jurisdictions)
 - Virtual learning, TA, new 'players', peer learning and shared best practices
 - Made connections and enhanced partnerships between HIV service providers and housing programs at the local level.

CDC/HUD Collaborative Activities

HIV Outbreak Response

- Multiple recent HIV outbreaks among PWID, which often include many people experiencing homelessness or unstable housing.
- Health departments typically lead outbreak response activities, but CDC provides technical assistance or surge support during some specific outbreaks.
- In addition, CDC helps to coordinate response needs and activities with other federal agencies and facilitates increased collaboration at the local/state level.

HIV Outbreak Response (2)

- CDC began discussions with HUD and HRSA's HIV/AIDS Bureau to identify ways to address housing needs during a response.
- Needs were identified for people without HIV but with HIV risk factors, as well as for people with HIV.
- CDC and HUD now meet regularly to coordinate outbreak response housing needs and identify 'best practices' for HIV outbreaks and housing.
- 'Best practices' that will be disseminated include the need to:
 - Improve integration of housing with multiple other social and behavioral health services
 - Ensure housing services reach people without, as well as with, HIV

Housing as HIV Prevention

- Positive association between housing and HIV outcomes for PWH is well established, including some evidence of economic benefits of housing interventions (e.g., reduced health care utilization costs) for PWH.
- Less is known about impact of housing as an HIV prevention strategy.
- Recent meta-analytic findings indicate that homelessness and unstable housing associated with increased risk for HIV and HCV acquisition among PWID.¹
- Can we model the impact of housing provision on prevention of new infections among persons with risk factors for HIV acquisition?

¹Arum et al. Homelessness, unstable housing, and risk of HIV and hepatitis C virus acquisition among people who inject drugs: a systematic review and meta-analysis. *Lancet Public Health*, 2021. May 6(5): e309-323

Modeling Housing as HIV Prevention

- CDC statisticians and HUD staff have been meeting to identify data needed to model this question nationally
- First step: Housing evidence review (ongoing):
 - Systematic literature search using CDC's Prevention Research Synthesis database to identify 'housing' studies
 - Identified 636 citations and 36 systematic reviews
 - Also identified non-HIV studies
 - Conducted detailed analysis of housing intervention studies (not limited to PWH), focusing on systematic reviews and economic evaluations

Modeling Housing as HIV Prevention (2)

- Based on a recent economic review¹:
 - Approximately one-half of housing interventions showed:
 - Partial cost-offsets, net cost savings
 - Positive return on investment (overall cost-savings)
- PWH-specific economic evaluations found that housing interventions:
 - Improved HIV outcomes
 - Well-designed RCT² found
 - cost-saving vs. usual care
 - larger per-person cost offsets (greater reductions in health care costs) for PWH vs persons with other chronic diseases

1. Davidson et al. Investments with returns: a systematic literature review of health-focused housing interventions. *Journal of Housing and the Built Environment*. 2020, 35; 829-845.
2. Basu et al. Comparative cost analysis for housing and case management program for chronically ill homeless adults compared to usual care. *Health Services Research*. 2012 Feb;47(1 Pt 2):523-43.

Modeling Housing as HIV Prevention (3)

- In preparation for modeling:
 - Analyzing correlational studies (those linking homelessness with HIV-related health and behavioral variables) to identify those with strongest correlation between homelessness and HIV-relevant behaviors to fit the model
 - Ongoing examination of programmatic data including costs/expenditures (to look at cost-effectiveness analyses as well as looking at HIV endpoints)

Technical Expert Panel (TEP)

- “Optimizing HUD-assisted Housing among People in Need of HIV Care and Prevention Services” TEP, August 2022
- Initiated by HUD to inform possible future guidance or actions to improve services for people with HIV or those with risk factors for HIV
- Cross-agency collaborative activity developed and hosted by HUD, HRSA and CDC
- Panelists include housing service providers, public health organizations, persons with lived experience and subject matter experts

Technical Expert Panel (TEP) (2)

- Will examine barriers and facilitators for accessing HUD-assisted housing for persons with, or without, HIV
 - Novel approaches from the field to facilitating access
- Specific areas the TEP will explore:
 - Systemic and social barriers
 - Needed community resources
 - ‘Status neutral’ housing services/models
 - Ways to incorporate trauma-informed care that reduce stigma
- Inform services as well as future areas of collaboration between HUD, HRSA and CDC

HIV Prevention for Youth in HUD-assisted Housing Programs

- Young people (ages 13-24) are an NHAS priority populations:
 - accounted for 20% of new HIV diagnoses in 2020* (21% in 2019)
 - Most (82%) acquired HIV through male-to-male sexual contact
 - A majority are of minority race or ethnicity (46.6% Black/African American; 12.6% Hispanic/Latino)
 - least likely of any age group to be aware of their HIV infection
 - have high rates of STDs and low rates of condom use¹
 - least likely of any age group to use PrEP²

1. [Special Focus Profiles | Volume 27 Number 3 | HIV Surveillance | Reports | Resource Library | HIV/AIDS | CDC](#)

2. [Volume 26 Number 2 | HIV Surveillance | Reports | Resource Library | HIV/AIDS | CDC](#)

HIV Prevention for Youth in HUD-assisted Housing Programs (2)

- Those who experience homelessness or unstable housing have increased risk factors for acquiring HIV
- LGBTQ+ youth experience homelessness at higher rates than non-LGBTQ+ youth (highest rates among black/multiracial LGBTQ+ youth) ¹
- Reasons include¹:
 - family rejection
 - abuse
 - aging out of the foster care system
 - financial/emotional neglect

¹. [Homelessness and Housing | Youth.gov](https://www.youth.gov/homelessness-and-housing)

HIV Prevention for Youth in HUD-assisted Housing Programs (3)

- HUD programs addressing youth homelessness & housing instability
 - Foster Youth to Independence (FYI)

Provides Housing Choice Voucher assistance and supportive services to youth (18-24 years) with a history of child welfare involvement who have exited the foster care system and are without a home.
 - Youth Homelessness Demonstration Program (YHDP)

Supports selected communities in the development and implementation of coordinated community approaches to prevent and end youth homelessness.

HIV Prevention for Youth in HUD-assisted Housing Programs (4)

- FYI and YHDP likely to reach youth with increased HIV risk factors
 - LGBTQ+ youth, and those of minority race and ethnicity are over-represented within these programs
 - Moreover, many program sites in Phase 1 EHE jurisdictions – locations/regions with high percentage of new HIV diagnoses

HIV Prevention for Youth in HUD-assisted Housing Programs (5)

- Addressing HIV among youth requires that they have access to the information and tools they need to:
 - Make healthy choices
 - Understand and reduce their risk
 - Get treatment
 - Stay in care
- CDC and HUD are exploring ways to bring HIV prevention to youth in HUD-assisted housing programs

HIV Prevention for Youth in HUD-assisted Housing Programs (6)

- May 2022: CDC/HUD co-sponsored a webinar to share HIV information and resources with HUD providers
 - Over 100 housing service providers in attendance
- Future plans include:
 - Creating a toolkit with easily accessible HIV prevention resources
 - Exploring ways to incorporate these into HUD-assisted housing programs serving youth

Thank you

Thank you.

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The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



HIV Housing Status Neutral Program

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August 25, 2022

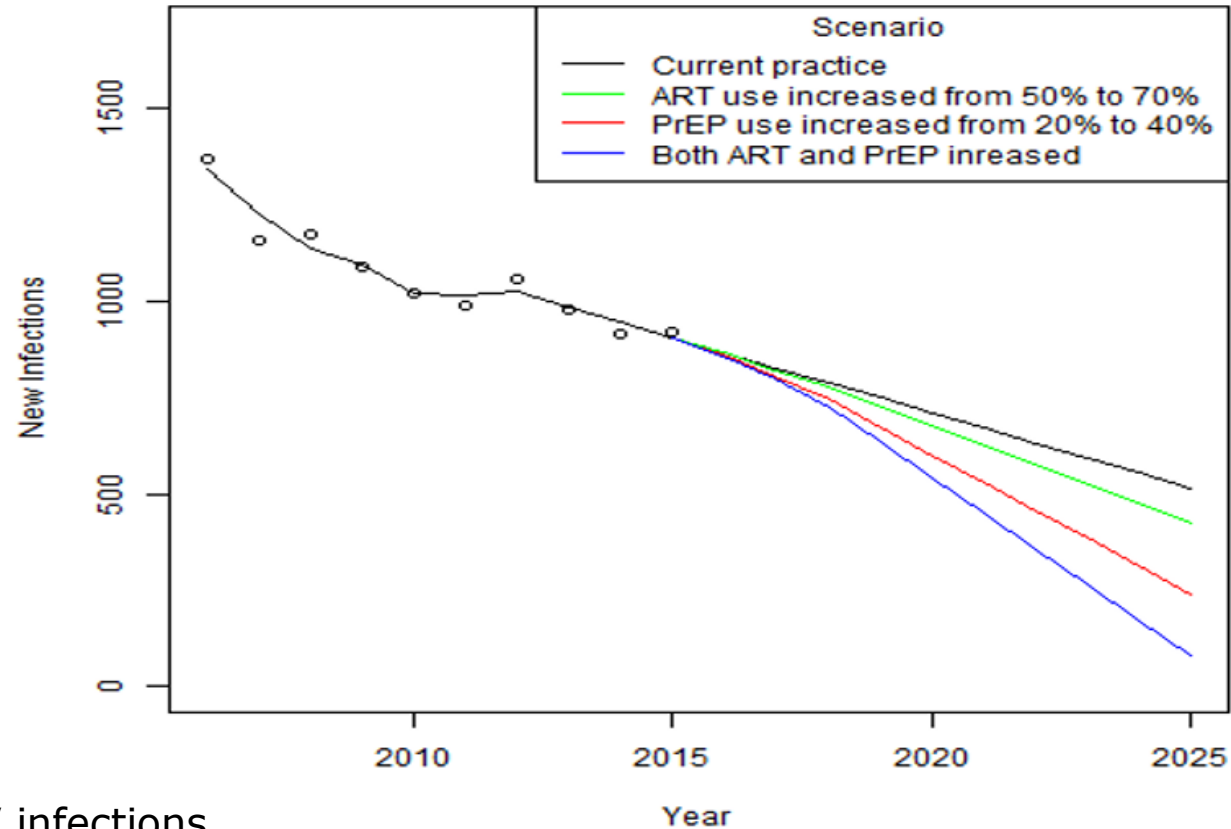


Agenda continued

- Overview/structure
- Funding streams
- Clients served
- Outcomes
- Take aways
- Contact information



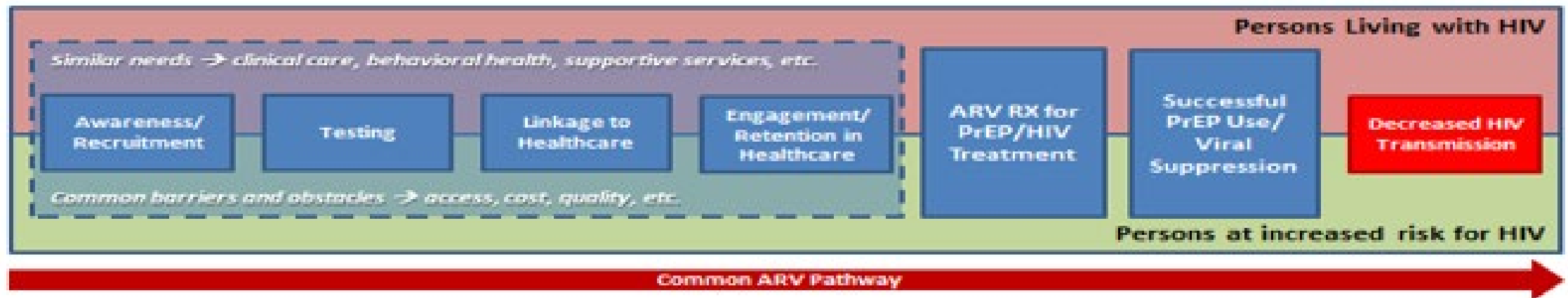
★ Overview/structure –GTZ Illinois



GTZ Goal =Functional zero new HIV infections
↑ by 20% PLWH who are virally suppressed and
↑ by 20% Persons Vulnerable to HIV who use PrEP

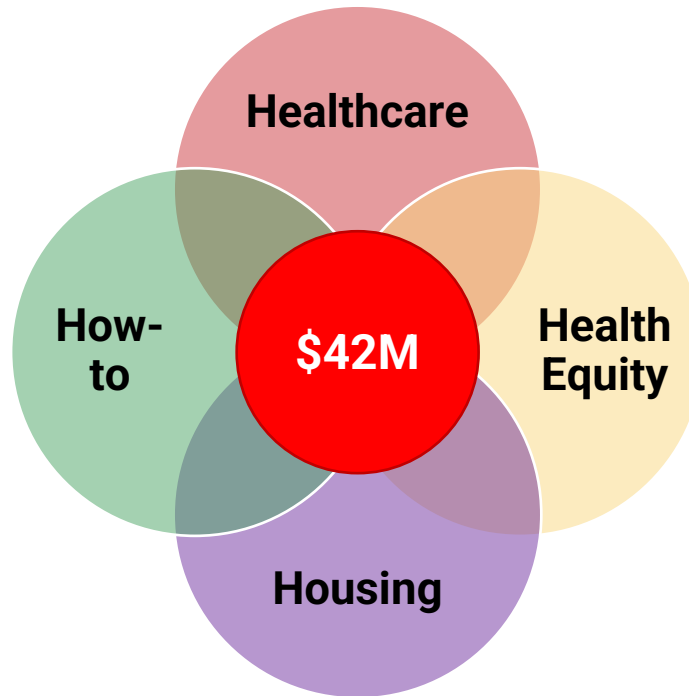


★ Overview/structure -Similar path to ARVs



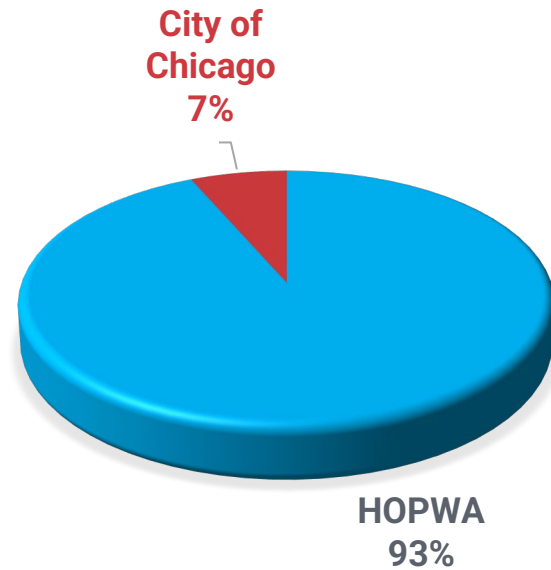


Overview/structure – Domains of Status Neutral Portfolio



★ HIV Housing Funding streams

- HUD HOPWA \$10,600,000 for Persons Living with HIV
- City of Chicago \$750,000 for Individuals Vulnerable to HIV pilot program





Clients served – HUD HOPWA

- Persons Living with HIV (2021)
 - Houses 946 families through Tenant-based Rental Assistance, Facility-based Housing Assistance, and Transitional/Short-term facilities.
 - Provided supportive services to 719 families through Housing Information Services, Behavioral Health, and Short-term Rental Mortgage and Utility assistance.
 - 693 were male, 218 females, and 35 Transgender
 - 87% of clients are over the age of 30
 - 79% are Black/African American, 12% White
 - 8% Hispanic/Latino
 - 100% 0-30% of Area Median Income (extremely low)





★ Clients served –City of Chicago

- Persons Vulnerable to HIV 2021
 - Housed 36 clients
 - 79% Black MSM, 21% Latino MSM





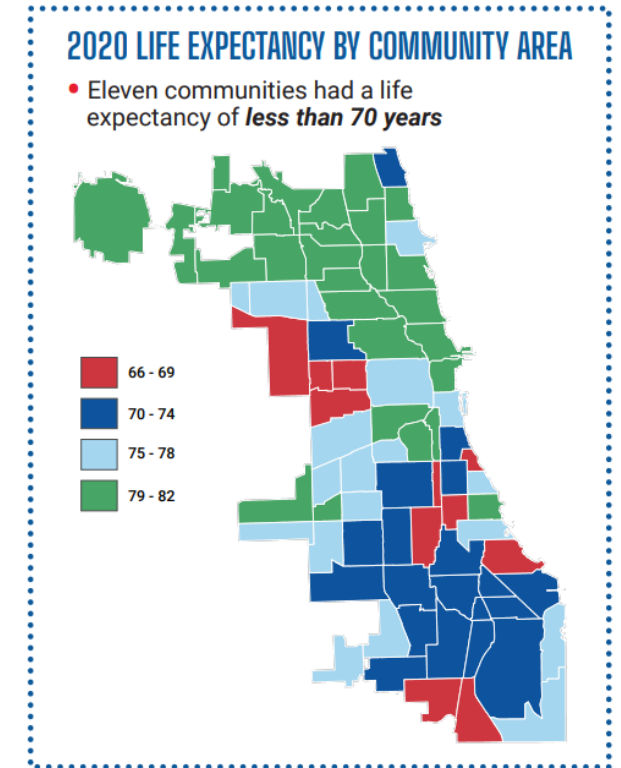
Outcomes

- Persons Living with HIV (2021)
 - 87% Accessing care, 69% Virally suppressed
- Persons Vulnerable to HIV
 - 100% Remained HIV Negative!



★ Take aways


- Status Neutral programs are highly successful.
- The propensity to HIV infection is a vulnerability in need of housing support.
- Black and Latino MSM, between the ages of 20-29, for the past couple of years, have accounted for ~80% of new HIV infections in Chicago and have a life expectancy of 74 years of age.
- We have an opportunity to contribute to Ending the HIV Epidemic from a housing status neutral perspective.





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