

Systems Coordination Part I_ RWHAP and Health Care Providers

Steven Ellis: Thank you for those of you who are already on the webinar. We will wait a few more minutes for more people to join. Then, we will get started. Thank you.

Welcome, everyone, to the next webinar in the HOPWA Modernization series. I'd like to thank you all for your time and attendance today on today's topic of maximizing community resources in the context of HOPWA Modernization, coordinating with Ryan White.

So that everyone is aware, this webinar is being recorded. It will be posted at a later date.

For much of the presentation, everyone will be on mute. Later though, as part of the webinar, we will unmute everyone for questions and discussion. At that point, we will remind people; if you are not speaking, you should mute yourself on your screen. You should see a microphone button on your screen to give yourself the ability to do that.

Also, as part of the webinar, if you have any questions about the presentation as we go along, since you will be muted, please feel free to type anything into the questions or chat box below. We will be reading those periodically to try to make sure we answer them. For any questions that we do not answer during the webinar, we will make sure they are addressed offline.

To begin with, I'd like to introduce myself. My name is Steve Ellis. I am a Senior Analyst at the Cloudburst Group and one of the TA firms assigned with helping our HOPWA communities affected by HOPWA Modernization.

I am joined by a coworker, if she would like to introduce herself?

Heather Rhoda: Hello, everybody, good afternoon. My name is Heather Rhoda. Thank you for joining.

Steven Ellis: Also, on the webinar speaking later, we do have representatives from three HOPWA grantee communities: Philadelphia, Phoenix and the state of California. They will introduce themselves later during the webinar when they talk about their communities.

We are also very lucky to have someone from HRSA here to speak on Ryan White, if they would like to introduce themselves?

Amy Griffin: Hi, everybody. My name is Amy Griffin. I'm a Project Officer at the Health Resources and Services Administration in the HIV/AIDS Bureau. We are the agency that administers the Ryan White HIV/AIDS Program. I'm super excited to be talking with you today.

Steven Ellis: Thank you so much, Amy. Before we get started, I'd like to turn this over to HUD through OHH to themselves and say a few words.

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Amy Palilonis: Thanks, Steve. Welcome, everyone. I'm Amy Palilonis. I'm a Senior Program Specialist in the office of HIV/AIDS Housing at HUD. I'm kind of the point person in the Office of HIV/AIDS Housing for all of our coordination efforts with the folks at HAB as well as other Federal agencies.

We have some great information to share with you today that I hope will spark some discussions at the end. I really just want to say thanks to Amy Griffin from HIV/AIDS Bureau for taking time out of her busy schedule to be on this webinar today and share more information with all of you regarding the Ryan White Program.

HAB is one of our strongest Federal partnerships. We're always looking for ways to collaborate better and we encourage our grantees, and recipients, to do the same.

I also just want to say thanks to the three grantees that will be sharing their local coordination efforts with us later on in this webinar. We really appreciate your willingness to talk about how you're working to better integrate the two programs in your communities.

That's really it for me. I will turn it back over to Steve.

Steven Ellis: Thank you so much. While it is important for HOPWA programs to coordinate with other programs and mainstream resources around them, today we will be focusing on coordinating with the Ryan White Program, especially in the context of HOPWA Modernization.

The focus will be on Ryan White today because of their importance to households with HIV/AIDS. The fact that these two programs share similar outcomes for these households, and the continuing partnership that exists between Ryan White and HOPWA, not just at the Federal level but also on the local level.

Before we begin today's webinar, I wanted to remind people of the three overarching goals regarding modernization, planning, and implementation. Those three goals or values are: 1) "that no person should become homeless as a result of HOPWA Modernization;" 2) "that all funds should be used to meet the needs of eligible households with no funds recaptured from grants;" and 3) "that grants 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 the HOPWA-assisted households."

While today's webinar will focus on all of these goals and values, you can very definitely see the overlap between Ryan White and HOPWA with modernization when we look at the goal of positive health outcomes and reduced viral loads for HOPWA-assisted households.

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I also wanted to share a preview of upcoming webinars as part of this series. You will see a list of the different topics and different dates. If you have any questions regarding these topics, please feel free to reach out to your assigned TA firm or to drop a question in the question or chat box.

For today's webinar, the goals or objectives are listed on the screen. You will see that today we want to highlight the value and importance of collaboration between HOPWA and other programs. We also want to provide a high-level overview of the Ryan White Program. And finally, we want provide an update on collaborations between HOPWA and Ryan White to spotlight HOPWA and Ryan White collaboration examples out in the field. These are our four objectives with the hope of generating some conversation and coordination between HOPWA and Ryan White not only at the grantee level but also at the project sponsor level.

Before we go into the details of Ryan White, we want to talk about why it's important for HOPWA to coordinate with other programs. There are three main benefits for systems coordination between HOPWA and other mainstream programs, as well as other mainstream housing programs. These can be summarized as a benefit to HOPWA households, a benefit to your HOPWA Program, and a benefit to the greater community of housing providers where you work and where you live.

As a benefit to your HOPWA households, coordinating with other programs will increase your assistance options and resources to those households. It could minimize possible wait times for assistance for those households instead of just waiting on your TBRA waitlist. Most importantly, it could help find a program that best fits the household needs. We're all aware that there are households that have more needs than just their HIV/AIDS. The more you coordinate with other programs, you can help determine what might be the best fit based upon the needs they have.

Furthermore, coordinating with other programs will provide a benefit to your HOPWA Program. By doing this, you'll be able to have a strategic use of your HOPWA funding by targeting funds to identify gaps for assistance, such as prioritizing assistance to underserved households or funding activities not currently covered by other programs.

You will also be able to increase your flexibility and resiliency of your budget. Furthermore, you'll make sure you reduce duplications of services across multiple funding streams.

When HOPWA coordinates with other programs, you also have a benefit for the entire community. By collaborating with others, you help establish strong community partnerships where you work and where you live. More importantly, where the households you serve work and live. You increase the understanding of a community's resources and programs. You help break down silos across multiple programs and funding streams. Most importantly,

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you also help provide meaningful planning at the community level to create a continuum of services and housing options for all populations and sub-populations where you live and work.

In regards to HOPWA Modernization, there are some special issues that we'd like to highlight for communities experiencing decreases in funding because of modernization. We hope that some of these topics will help to prompt some thought and discussion for these communities.

For example, some things that communities facing decrease in funding should think of are: methods used to maintain level of services in the absence or reduction of HOPWA funding. You'd like to make sure that you are serving your households to the best of your ability, but maybe not just with HOPWA funds. You should also consider methods to transition HOPWA-assisted households to other mainstream programs and methods used to communicate and educate the community on HOPWA funding changes.

For communities facing or experiencing increases in funding due to HOPWA Modernization, you will definitely want to consider the following topics listed on this screen. For example, the review of current community needs assessment to identify gaps in assistance. This could come from programs such as Ryan White, your CoC, or other programs in your community.

You should also keep in mind planning regarding reasonable sustainability of funding of new, or expanded, activities. Or consider expanding upon activities to ensure unnecessary duplication of your existing services.

While we really want to encourage HOPWA grantees in light of HOPWA Modernization to coordinate with different programs, we definitely want to stress the importance of collaborating with Ryan White. Particularly because Ryan White, the HIV/AIDS program is the largest HIV specific discretionary grant program in the U.S., and the third largest source of Federal funding for HIV care.

Ryan White helps improve housing and health outcomes for HOPWA households. They may be able to provide assistance for similar and complementary HOPWA funded activities. They also help employ a methodical and thoughtful process for determining needs and community planning.

With that quick background out of the way, I would like to turn the presentation back over to Amy Griffin to talk about the Ryan White Program.

Amy Griffin:

Hey, everybody. I have a lot to go over so you get to hear my voice for a little while. We really believe here at HRSA in the importance of integrating housing and HIV care systems to benefit people who are experiencing unstable housing. I really want, as you're thinking about HOPWA Modernization, to give you a sound background in the Ryan White Program.

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To that end, I want to go over, and give you an overview of the Federal systems that implements the Ryan White HIV/AIDS program. I want to give you some information about how the program works: what it can do around housing and what it cannot. Then also, ways that you can better integrate and leverage with our systems to support our mutual clients.

This is my name. A little bit about me and why I am very excited to be here today. I have been working in agencies that serve people living with HIV since 1991. I bounced back and forth between the Ryan White Program and the HOPWA Program. I have been a case manager in both systems. I have been a recipient of both systems. I have been a technical assistance provider for both systems.

I have been at HRSA for about five years now. One of the things that I really love about my agency is our leadership really understands the importance of integrating housing and HIV healthcare to support our clients. As we move forward, I think it's really important for you to understand our planning systems to either build or strengthen your collaboration with the Ryan White HIV/AIDS program.

I'm going to start with an overview of the Ryan White Program and the Federal structures that support the implementation of the program. The next slide?

We're obviously funded in whole different ways than HOPWA. Understanding the Federal structure that houses the Ryan White Program can be complicated. I just want to spend a minute providing you some background.

The Ryan White HIV/AIDS Program sits within the Federal agency called U.S. Department of Health and Human Services or HHS. HHS is a really large Federal system with over 20 agencies and offices, which include, among others: the Center for Disease Control and Prevention, or CDC; the Substance Abuse and Mental Health Services Administration or SAMHSA.

Within HHS, the agency that houses the HIV/AIDS Bureau is the Health Resources and Services Administration or HRSA. HRSA is a grant making entity that supports more than 90 programs for people who are geographically isolated, economically or medically vulnerable. We have grants and cooperative agreements with over 3,000 awardees or what we call recipients. HRSA program serves tens of millions of people, including those people who live with HIV.

The HIV/AIDS Bureau, or HAB, administers the Ryan White HIV/AIDS program. HAB is the second largest bureau within HRSA, right behind the Bureau of Primary Health Care, which administers the Health Centers Program.

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HAB's vision is optimal care and treatment for all. Our mission is to provide leadership and resources to assure access to and retention in high quality integrated care and treatment services for vulnerable people living with HIV and their families. The next slide?

I'm going to switch gears a little bit and give you an overview of the Ryan White HIV/AIDS program now that you sort of understand where we sit within the Federal government. The Ryan White Program was created through Public Health Law 111-87 under Title 26. It was enacted in 1990. At that time, it was called the Ryan White HIV Care Act. For those of you who are history buffs out there, the Act was named after a little boy named Ryan White, who was exposed to HIV through a blood transfusion. Because of fear at that time, he was not allowed to go to school. He ended up fighting through the courts to be able to go to school. He ended up becoming the public face of HIV at that time. He passed in 1990, the same year that the legislation was passed.

It has been reauthorized four times since then. It is now currently named the Ryan White Treatment and Modernization Act. It was last reauthorized in 2009, and expired at the end of September 2013. But, the way that reauthorization was written, the program does not go away as long as Congress continues to fund it. In 2018, the Ryan White HIV/AIDS Program was funded at 2.34 billion dollars. The next slide?

The Ryan White HIV/AIDS program provides a comprehensive system of care that includes primary medical care, as well as a central support system, such as housing, for low-income people living with HIV who don't have access to those services through other payer sources. Our recipients include cities, states and local community-based organizations. We provide services to more than a half a million people a year.

I'm going to talk about this more in depth later. But, each of our recipients determines which allowable services to fund. They base these decisions on local need and planning. As you try and strengthen your relationships with the Ryan White Program, it will be essential that you understand what those planning systems look like. They, in some ways, are similar to the CAPER but in a lot of ways are very different. We want to make sure you know how best to access those planning bodies.

An important provision in our statute is what we call the payer of last resort. That comes into play with housing as well. That means that Ryan White HIV/AIDS program funds may not be used for services, if another payer source is available. This prevents duplication. It maximizes the ways that our services leverage and work together. The next slide?

I'm going to spend a little bit of time here. If you're new to the Ryan White Program, you may have heard of part A and part B, but you don't really maybe understand what they are. The Ryan White legislation separates us

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into five parts.

Part A is grant funding that goes to cities: what we call eligible metropolitan areas and transitional grant areas. But, those are essentially population centers that are most severely affected by HIV/AIDS.

Part B funds services to states and territories. Our grant recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five U.S. Pacific territories. The Part B program – I actually work in the Part B program – also includes the AIDS Drug Assistance Program, or ADAP, which provides access to medication, and help with insurance premium, and cost sharing assistance for people.

Our Part C provides funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. It also funds planning grants, which help organizations more effectively deliver HIV care and services.

Part D provides grant funding to support family-centered comprehensive care for women, infants and children, and youth living with HIV.

The last part is Part F. Our Part F supports research, technical assistance, and access to care. Specifically, under there are our Special Projects of National Significance, or SPNS, which supports demonstrations and evaluation projects of innovative models for hard to reach populations. Our AIDS Education and Training Centers Program, or AETCs, which supports education and training of healthcare providers to build capacity and ensure that people are getting high quality care. We have dental programs that provide oral health care for people through an HIV/AIDS dental reimbursement programs, and community based dental partnership programs. The Minority AIDS Initiative Fund, which provides funding to evaluate and address the impact of HIV on disproportionately affected minority populations. The next slide?

This is a little information about who it is that the Ryan White HIV/AIDS Program serves. We collect client level data, which is aggregated and analyzed both at the local level and at the national level. That's important for you to know because your Ryan White provider has data around what's happening in their system of care at the local jurisdictional level.

We put out an annual client level data report, which looks at some information nationally, and then breaks it down by some of our jurisdictions. The data that you're seeing here and in some of the upcoming slides are based on that report. In 2016, we served over 551,000 clients, 97 percent who are living with HIV.

We do have a small allowance for what we call “Early Intervention Services” that supports the connection between people learning their diagnosis and

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getting connected to care. That program sometimes sees some high-risk negatives. That's where that last three percent comes in. But, our legislation is very clear about mostly serving people who are living with HIV.

Our client population accounts for more than half of all people living with diagnosed HIV infection in the United States according to HIV surveillance data. That's a pretty astounding number. It means that our service delivery systems impacts a significant portion of people living with HIV in our country.

Nearly three quarters of our clients are from racial and ethnic minority populations. Approximately two-thirds are living at or below the poverty line. About 80 percent have some other form of healthcare coverage. You may recognize some overlap here in who we serve and who you are also serving. The next slide?

Why do Ryan White providers care about housing support? It comes down to our data and our mutual clients that we're seeing and what our data tells us about the impact of unstable housing.

In 2016, 8.8 percent of our clients had temporary housing and 5.2 percent identified as having unstable housing. The key here is that populations identified as most at risk for poor health outcomes – including youth, men who have sex with men, and transgender individuals – also experienced the highest rates of unstable housing. Unstable housing was one of the largest predictors in our system of poor medical retention and unsuppressed viral loads. The next slide? The next slide, please?

Amy Griffin:

Okay. The next slide really was just a visual representation of the information I just presented. It's a pie wedge that shows about nine percent of our clients reported temporary housing. Five percent showed unstable housing.

If you can catch up with me, you can go two slides ahead. But this slide, the slide shows a visual representation of viral suppression in our system and housing status.

Nationally, our viral suppression rate has risen from 69.5 percent in 2010 to 84.9 percent in 2016.

For those of you who may be unfamiliar, viral suppression is the detector that we look for where the virus is no longer detectable in a person's blood. People who are virally suppressed and maintain viral suppression cannot transmit HIV through sexual contact. It is also the point at which a person with HIV is least at risk for opportunistic infections.

This substantial increase in viral suppression nationwide is really a testament

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to the work that the Ryan White HIV Care Program does. If you could see my really pretty slide, what you would see is: it has a bar graph that looks at viral suppressions by housing status. We have really seen increases in the viral suppression for all of our people, regardless of what their housing status is. There has been approximately a 15 percent increase in viral suppression for people who identify as unstably housed. We've seen that between 2010 and 2016. But, what's important to note is that viral suppression rates for people with unstable housing are still among the lowest in our healthcare systems in Ryan White.

I have a slide also that shows what some of our populations that are still struggling a little bit in our system are. In 2016, most notably, those with the lowest viral suppression rates were people who identified as youth, ages 13 to 24, and unstably housed clients.

Looking at those numbers, our goals for the Ryan White Program are: addressing the needs of people who are unstably housed. Both to work with our HOPWA Program to get them housed and find housing options. But also, to support those individuals to stay in healthcare or take their medications, while they're dealing with their housing crisis, is also a really big goal for us.

I'm going to move on and talk to you a little bit about the ways in which Ryan White recipients choose what services to fund in their system. We put out something called "Policy Clarification Notices" or PCNs. Those are the ways in which the HIV/AIDS Bureau further clarifies some of our legislative guidance.

We have one PCN called Policy Clarification Notice 16-02, which is entitled "Ryan White's HIV/AIDS Program Services Eligible Individuals and Allowable Uses of Funds." This PCN defines all of our allowable service categories. It ensures consistency of program service across the board and with our legislation. It clarifies service categories and program guidance related to services. It aligns our service categories with our documents, our products, and in our activities. All services funded by a Ryan White HIV/AIDS program recipient must fit into one of those services.

Amy Griffin:

Can you go to the next one, 23?

I just want to highlight this slide. This is one of the slides that shows viral suppression. It breaks it down by some of our key populations.

The important point in here is that while we've seen some really great increases in viral suppression for people who are unstably housed, you can see; it's still among the lowest in our healthcare systems. It's the one that's circled in red. The next slide?

Okay. This is the one that talks about our Policy Clarification Notice. You can see the visual for this. What I was saying, all services that a recipient, a

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Ryan White HIV/AIDS Program recipient funds must fit into one of the service categories defined in 16-02. If it does not meet the requirements laid out in 16-02, it cannot be funded by our programs.

However, it is also important to know that not all jurisdictions fund all service categories. Recipients are required to conduct needs assessments and involve stakeholders through planning bodies as part of their decision making. They are also required to spend at least 75 percent of their award on core medical services as defined in our legislation.

Just a little bit more about the Ryan White planning bodies; they vary across parts. Many of you may be familiar with the Planning Council. Planning Councils are required for all of our Part A recipients. Remember, those are the hardest hit cities. These planning bodies establish resource and allocation priorities for Part A funds. Through this process, the Planning Council and the recipient work together and determine what services to fund. However, what you may not know is that the statewide entity that administers the Part B, which is usually the State Health Department, must also convene a planning body, which makes recommendations for funding priorities. While the State Health Department is not required to implement those recommendations, they are required to use those recommendations in their decision making process.

These planning bodies are a significant way for you to get involved in the Ryan White system. They are required to make sure that they are the payer of last resort and that they leverage, and coordinate with other systems, including Medicaid and Medicare. Homeless service providers is explicitly written in the legislation, and substance abuse service resources, among other things. It's not always the right people who are at the table for that. Sometimes it's the HOPWA director. Sometimes it might be a case manager.

If you're looking to better engage with your Ryan White system, finding out who runs those planning bodies, and seeing if you can work with them to either better integrate with the planning body or present to the planning body may really help you figure out better how Ryan White can help you fill service gaps or build capacity. Especially in the rural areas, I think, some of our agencies are really poised to help some of the organizations that are getting large increases. You really want to get involved with them.

I have a couple of suggestions for ways that you can do that you can get involved with these planning bodies successfully. One is to make sure you have data. Ryan White system, some of them, can also be funding poor.

You're competing with other types of services that people also need. The more that you can show why housing is important in the jurisdiction and how HOPWA Modernization might affect service utilization, and create either opportunities or gaps, the more likely you will be able to successfully coordinate.

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You should also be prepared to discuss how HOPWA can better integrate into Ryan White care. Can HOPWA providers improve the way they assess and link clients into the Ryan White care system? Can you develop data sharing agreements that help identify clients who fell out of care?

A lot of times when people are struggling with housing, they present to you before they present to us. There is an opportunity to better connect people into healthcare as they're experiencing housing crisis. What can you do to help make this new collaboration or the strengths in collaboration a win-win for everybody? The next slide?

This is a list of our service categories just so you know. They're broken out by core medical and support services, and then again further defined in Policy Clarification Notice 16-02. You'll notice core medical includes things like outpatient ambulatory health care, the ADAP, mental health services, medical nutritional therapy, medical case management (which is one of our largest funded service categories). You'll see that support services include non-medical case management. The difference really has to do with improving health outcomes versus accessing services. We have a housing service category, which I'm going to give you more information about. We also have one called emergency financial assistance. The next slide.

This is our housing support service category. There are a couple of things I want to highlight for you. Housing services can be funded under Ryan White Part A, B, C, and D. The goal of our housing service category is to supplement existing services such as HOPWA, but not to supplant those services.

You'll remember, I talked earlier about payer of last resort. We are bound by that. To that end, we are only allowed to fund short-term transitional or emergency housing services, as well as services designed to help people find an access more permanent housing options.

We are not allowed to pay for security deposits. We are not allowed to pay for permanent housing. One of the things that you want to do as you're looking to better collaborate and perhaps have Ryan White fund some housing support is: work with them and to understand what you can pay for. What Ryan White can pay for, and make sure that you are maximizing our systems of care.

We have some program guidelines, which are also in 16-02. New clients have equal access to services. If there is a waiting list, they don't have to have priority but they need to be assessed and provided the same types of services as clients who have been existing.

All clients must have a service plan which helps move them toward more permanent housing. Some examples of how to use this: people have used our

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programs to pay for shallow rent subsidies to help people. To pay for a staff member who helps people find permanent housing. To help pay for people's rent and utilities similar to the STRMU program.

I also want to highlight, and it's not on this slide, but we have a service category called Emergency Financial Assistance. Or, what some people will call EFA. It can be used for one-time payments for things such as rent, utilities, food, transportation. It has fewer requirements around housing plan. Sometimes people use it inappropriately. It should not be used to supplant our housing category or to supplant STRMU. It's really designed for a one-time emergency. The next slide.

These are some ways that our programs have integrated and leveraged each other. Obviously, we pay for housing in some jurisdictions. But, what you'll hear most often is a Ryan White clinic that maybe has a small pot of money for STRMU or for TBRA. That is an example. There are also other programs where a Ryan White case manager or a clinic maybe collocated within a shelter. That's another way.

I wanted to put what we highlighted on the bottom, enhanced strategic relationships. A lot of times what we hear is that these relationships are happening very successfully at the case management level. Meaning that case managers are familiar with their HOPWA providers and that they are really good at referring in appropriate ways. But, we really encourage you to have those strategic conversations at the system's level and to really understand how you're funding things. To plan ahead for how you can work with your Ryan White provider as you implement HOPWA Modernization. The next slide.

Before I wrap up, I want to provide you with a little information about the ways in which HRSA has collaborated with the Office of HIV/AIDS Housing at HUD. We thought it worth noting that we have a long history of working together. We really think of HOPWA as our sister program. I want to show you some of the ways that we collaborate. Perhaps it will spark something in your own community about how you could better collaborate.

At the Federal level, what collaboration means is thinking about what areas of our individual systems can be leveraged and studied? What are some of the available funding streams? How can these efforts be sustained? How do we engage and contract with our recipients? There are some crossovers. We may have some people on the phone, for example, who implement both Ryan White and HOPWA. How can we monitor recipients? How do we evaluate outcomes? How can this information be used to expand successful models? The next slide.

I spoke briefly about our SPNS project. We have been able to develop some funding opportunities that explore the way HIV housing and HIV healthcare can better work together to support people living with HIV who are

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experiencing unstable housing and to help expand the body of research around this specific topic. Remember, our SPNS programs are designed to evaluate innovative models.

We have three SPNS programs in recent years that have focused on housing. The first was building a medical home for multiply diagnosed HIV positive homeless populations. That SPNS looked specifically at care systems that could develop different types of multidisciplinary teams to address the needs of people who were diagnosed with HIV, and with a mental health, and, or substance use disorder. In many cases, the clients had both diagnosed mental health issues and substance use disorder. That project ended last year. I just want to give you some of the outcomes. The number of clients who were unstably housed dropped from 84 percent to 36 percent over 18 months. Of the clients who were out of care or newly diagnosed at enrollment, 84 percent were linked to care. Seventy-four percent were retained in care. Seventy-one percent achieved viral suppression within 12 months, which is pretty fantastic.

I think this second one, the “HIV care and housing coordination through data integration to improve health outcomes along the HIV care continuum” – a very long name – will be of particular interest to a lot of you. This project is in its final year. It's looking at some models for ways that people can share and integrate their HOPWA and Ryan White Program data, specifically to turn it into an intervention that can address the housing and HIV care needs for people who are the hardest to reach sometimes: our homeless clients and those clients with unstable housing, experiencing unstable housing. I was able to see a presentation that the evaluation and Technical Assistance Center, which is evaluating the whole project, did this past August. The models, the results, and how they think about it is going to be really great information. I'm hoping that we'll be able to put out more information about that in the next couple of years.

The last SPNS on here started just a year ago. It's looking at programs that integrate HIV healthcare, housing, and employment as a way to foster stability in clients experiencing both unstable housing and income. We're really looking forward to seeing the results of that. The next slide.

Another way that we work together to support our recipients to leverage services systems is by webinars like this. We've spoken at a number of national conferences. I spoke along with my colleague, Harold Phillips, at the HOPWA Institute last year. We think as much as we can get the message out there about the ways that our systems can work together, we love going out and spreading that message.

We actually have our national Ryan White conference this coming December. Any joint recipient, hopefully we'll see you out there. We'll be doing a Housing Institute at that conference. HUD is presenting along with us to look at ways that we can better align our planning systems. If you're there,

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we look forward to seeing you. The next slide.

Before I turn the floor over, the last way that we work together is through policy initiatives. The one that's on the screen is one that we did after talking to our recipients and talking to OHH. Prior to 2016, our Part C recipients were not allowed to spend funding on housing. After hearing from our Part C's that they were really seeing a need, in 2016 we expanded Policy Clarification Notice 16-02 to allow our Part C recipients to use the housing services category and spend some of their funds on housing.

Particularly for those agencies that are expanding capacity, our Part C's and D's can often be in rural areas. They may be great resources if you're looking to build provider capacity. The next slide.

I think this is my last slide. But, the last policy initiative we did in conjunction with OHH. It was signed by Dr. Laura Cheever, who is the Associate Administrator of HAB, and Rita Flegel, from OHH. It was about encouraging our providers to create data sharing agreements. We think this is really important in identifying our mutual clients, getting them into care, and identifying what their housing needs are. We know that this can be a high bar to cross, a high hurdle to cross. We know that there are lots of legal issues that come in HIPAA when you're dealing with client confidential information. However, we truly believe that the benefit to working through that, identifying clients who need assistance, and better leveraging our systems far outweigh the work that you would need to do to go into that.

As you work together as a community, I encourage you to reach out to other systems that have already done those data sharing agreements. They may have worked through some same issues that you need to work through. We think it's important enough that we put out this joint letter with HUD.

Thank you all so much for your time. I really hope this was helpful to you. I will be staying to answer questions.

Steve, I'm turning the floor back over.

Heather Rhoda: Thank you very much, Amy. We really appreciate all of the information that you provided about the Ryan White Program, very informative.

We're still trying to get Steve to be able to come back on. Unfortunately, the GoToMeeting on his end had frozen. We apologize. Thank you very much for your patience.

At this point, too, Steve had mentioned at the beginning of the presentation, we have some coordination examples where HOPWA providers have successfully coordinated with their local Ryan White Programs.

At this point, we're going to first take a look at Philadelphia, Pennsylvania.

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I'm just going to make sure that the presenter can speak. I think she can, Sheree?

Sheree Heaven: Yes, hi. Can you hear me?

Heather Rhoda: Hi. I successfully unmuted you. Thank you.

Sheree Heaven: Okay, great.

Heather Rhoda: I'll let you introduce yourself. Then, you can just go right in and provide a description of your coordination efforts.

Sheree Heaven: Okay, hello, everyone. My name is Sheree Heaven. I'm from the City of Philadelphia. I work at the Division of Housing and Community Development. We are the HOPWA grantee.

As you can see on the slide, the process was to coordinate programs and funding with Ryan White to determine shared program activities to reduce HOPWA budget without cutting resources to households with HIV/AIDS.

I'm just going to go back a little and give you a little history. As a large metropolitan area, historically in Philadelphia there has always been some sort of ongoing communication with the Division of Housing and Community Development. Our local Office of Homeless Services, they have the Continuum of Care (CoC) grant. And our Health Department, through the AIDS Activities Coordinating Office (AACO), has the Ryan White grant.

I'm going to fast forward a little. As housing has always been an issue in our city for homeless and persons living with HIV/AIDS, it made sense for staff from this office to apply to become members of our local Ryan White Planning Council, which today is called the HIV Integrated Planning Council. Staff from that office were members of our HIV Housing Advisory Committee, as well as sitting on our local CoC board.

When our city moved to a coordinated entry system – some of you may have heard that term – the HOPWA applications and referrals eventually became part of that system to sort of act as a one-stop shop for homeless persons, persons living with HIV/AIDS, and other populations as well.

I am the member of the Planning Council here from the Division of Housing. I have sat in meetings where we are constantly discussing housing, the housing crisis, and housing shortage. Sitting on the Planning Council, there was little hesitation about adding funding to the houses service category. Because as Amy was pointing out, all of those good rules about Ryan White, there is also a 24-month restriction. There was apprehensive because, of course, we don't want to give people 24 months of housing and not be able to transition them to independent living.

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Like I said, there has always been ongoing communication between HOPWA and Ryan White staff. Of course, everyone knows that housing was healthcare. We were sharing data, of course, and showing better health outcomes when people are stably housed.

I am going to fast forward a little bit to modernization. Our Housing Advisory Board, Ryan White Part A, and our local Health Department, this is our process: We're now beginning discussions. We're looking at data and trying to figure out what else Ryan White could pick up under housing in order to sort of free up, or stretch, our HOPWA dollars to continue to cover rent, so that, of course, people will not lose their housing as a result of modernization.

It was decided that Ryan White Part A would add funding to emergency assistance under housing. Of course, in our HOPWA world, we do call it STRMU. But we had to keep in mind that Ryan White would not support the mortgage assistance. What we did was we had to look at our reports and see how many people tapped into that resource for mortgage assistance. We will still have a small contract with one of our providers to support STRMU so that folks won't be missing out on that service.

I guess I would suggest start trying to work and coordinate with your local Ryan White planning body or your CoC. Look at what your funding is and what you're currently funding under HOPWA. I mean, the budgets are very important. Sit at the tables together with your budgets – the actual spreadsheets – just to make sure that there is not a duplication of services. Then, also have those conversations about what is eligible under Ryan White to make sure you're appropriately making the decision about how to do it.

When you go to your Ryan White Planning Council; I mean, there's the Council. There are a bunch of subcommittees under that Council. It had to be presented to the Finance Committee. The Finance Committee had to take it to the Comprehensive Planning Committee. Then, the Planning Committee presented it to the whole entire body and it had to be voted on. So I'm speaking in terms of our relationships that we do have, yes. But there is some different structure behind the coordination as well.

With that, on the slide, you'll see the outcome was the Ryan White emergency housing funding. We utilize that to supplement HOPWA STRMU budget with more coordinating and more funding conversations happening.

Also, we were looking at that category, non-medical case management. We're continuing discussions about that and just trying to continue to see how it will work out. I actually am one of the co-chairs for our Ryan White Planning Council. If you guys end up getting those good relationships, I have to remember that when I go in there; although, I'm a HOPWA grantee. Now, I'm there to discuss and vote on services. I kind of take my HOPWA hat off.

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It may sound a little complicated. But, once you get in tune to it and get in the flow, it's good. It's good as we all are experiencing modernization. Whether it positively impacted your community, or negatively impacted your community, because you have a bigger picture of what's going on where you are.

Thank you all for listening. I guess, if we have any questions, maybe they will be asked at the end of all of this.

I'm going to turn it back over to our Cloudburst.

Heather Rhoda: Great. Thank you so much. I appreciate you presenting what you guys are doing in Philadelphia.

Sheree Heaven: Thank you.

Heather Rhoda: We are going to hold questions as we get to the end just to make sure we're able to get through all of our presenters. For the next community, we're going to be taking a look at Phoenix, Arizona. The presenter here is Sandra Jones. Hi, Sandra.

Sandra Jones: Hi, Heather.

Heather Rhoda: How are you?

Sandra Jones: I'm great. Thank you.

Heather Rhoda: Why don't you take a couple of minutes to introduce yourself? Then, you can start talking about your coordination efforts in Phoenix.

Sandra Jones: Okay. Hi, everyone. My name is Sandra Jones. I work for the City of Phoenix Housing Department. I'm the project manager for the City of Phoenix HOPWA Programs that serve Maricopa and Pinal Counties in Arizona.

The HOPWA Programs we currently provide include TBRA, transitional housing, permanent independent, and permanent supportive housing programs, as well as housing information, housing, advocacy, and employment supportive services programs.

Over the past few years, we've seen a steady increase in our waitlist numbers for transitional housing. An opportunity arose this year for partnership with the Maricopa County Ryan White Part A Program making it possible to house more clients into transitional housing. This was a result of Maricopa Integrated Health System, or MIHS, grant that was applied for to HRSA with the goal of providing services to stabilize and improve the health, employment, and housing status of those living with HIV/AIDS.

While this grant was not awarded, it did result in MIHS, the Arizona

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Department of Health Services, and Maricopa County facilitating a meeting with agencies and organizations that provide services to those living with HIV/AIDS. To discuss how unspent Ryan White Part B, pharmaceutical rebate funds, could be utilized to serve this population.

Once it was determined that these funds could be used for transitional housing, it was decided that the City of Phoenix would take the housing program lead due to already having the infrastructure in place.

The development of the program, which is entitled Project Home, continued to have multiple stakeholder meetings, subcommittee meetings to work on every aspect of developing the program in alignment with Ryan White regulations. Drafting and execution of an IGA between the City of Phoenix and Maricopa County, Ryan White Part A, was a requirement.

The Ryan White Part B funding is funneled through the Arizona Department of Health Services to Maricopa County, Ryan White Part A program, who has contracted with us to manage the housing program. We then, in turn, have contracted with a community nonprofit agency to provide the actual housing services. The services and the funding of the services covers two and a half years, which began October 1st of this year. But, we are hopeful the funding will be available beyond the two and a half years.

Fortunately, going into this process, the City had an established partnership with the supervisor of the Ryan White Central Eligibility Office already because the same person supervises some of the HOPWA supportive services programs. Therefore, she also already had a connection to the Maricopa County, Part A, staff.

Although some partnerships were already established, the process of expanding a transitional housing program included the need to educate partners on the complexities and housing requirements. It also included the development of new forms, programmatic systems, and access to and training on the Ryan White CAREWare database.

This has just been a huge collaborative effort with amazing teamwork across the board. The process has also required the ability of key partners to have good communication, compromise when appropriate, and understand the needs, and requirements of each program.

Last week, we began housing our first group of clients – which is very exciting and rewarding. The City Phoenix would just like to thank Cloudburst for the opportunity to share about this collaboration with Ryan White.

Heather Rhoda: Thank you very much, Sandra. It's wonderful to hear that you have started housing some clients. That must be very exciting for your community.

Sandra Jones: It is.

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Heather Rhoda: Yeah. That's wonderful. Just before we move onto the next community, I just want to let you know Steve is back on. But, we're going to keep it on mute just in case his computer screen freezes up again.

We are going to move on to the next community. Here we have the State of California. Jessica, I think you're off mute.

Jessica Heskin: I think I am, too, hopefully.

Heather Rhoda: Hi.

Jessica Heskin: Hi. Thank you for allowing us to present. My name is Jessica Heskin. I am the Chief of the Care program section here at the California Department of Public Health Office of AIDS.

We are the state agency that administers Ryan White Part B and also the HOPWA Program. With HOPWA, in our state we serve approximately 40 counties through 21 contractors. We had to sort of look at this at more of a systems level, because we are at the state level, and think "how do we coordinate Ryan White Part B and HOPWA together?"

Steve Ellis: We can hear you.

Jessica Heskin: We had our HOPWA unit that handled HOPWA. Then, we decided to reconstruct that and make it a housing unit. Then, our housing unit staff coordinate with Ryan White Part B to help administer housing that is funded with Ryan White Part B. For example, we have a pilot project that is funded by Ryan White Part B for shallow rent subsidies for up to 24 months. The housing unit is the one that actually administers those contracts.

It was really important that we were able to, at the state level, share data. I really want to echo what was said earlier by Amy. Data are essential for us to be able to administer correctly, and to be able to identify gaps with some of our contractors, as well as overlaps.

Our staff here, our HOPWA staff and our Ryan White staff, coordinate on budgets. They coordinate on reporting. They coordinate on site visits to contractors that are dually funded. Sometimes we even go out with them on contractors that are just Ryan White funded, who are doing housing to make sure that the contractors also see that we're coordinated here at the state level.

In terms of coordinating with our project sponsors or subrecipients, depending on which term you understand (we say "contractors"), we had to make sure that the contractors were, in turn, coordinating with each other. The way we accomplished this. If it is not an agency that's dual funded (in other words, you have one agency, a Health Department with Ryan White.

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Maybe, let's say, a CBO that gets the HOPWA funding): We had to, first off, ask them, obviously, if they're coordinating. Then, we checked data. We have a shared data system called ARIES where we can look at HOPWA data as well as our Ryan White Part B data. We were looking to see if it looked like they were coordinating.

If our contractors were not coordinating, then we would facilitate that coordination. Because we feel that's our job at the state to do so and to explain why and how. For example, with one county, we went down and we did a process mapping exercise of the systems to see where they connect and where there are gaps. What we found, for example, in that case was: the two offices were very far apart. They were having a problem with a handoff from Ryan White to HOPWA and vice versa. The solution was: we coordinated with them, and facilitated them having the HOPWA provider in the Department of Public Health office for two days a month. They would set up appointments. They could just walk, and ride over there, and get them hooked up with those services. In turn, if the HOPWA provider encountered clients that needed Ryan White services, they would be able to have them meet down there and have the warm handoff.

Contractors were also able to pull resources together as everybody else has already talked about. Then, we went back at the state level. We would look and do follow up to see if they are actually, indeed, coordinating. We did that through our ARIES system, which is, as I mentioned, our data system. But also, through some of the quarterly calls that both Ryan White staff and the HOPWA housing staff have with the contractors to see how it's going, to make sure that process continues with our support as they need it.

Then, we were able to also, of course, brainstorm with them and facilitate because we review the budgets concurrently between our two sides of the house to see if there are ways we can maximize those housing dollars. For example, as we have already mentioned, Ryan White can't pay mortgage. Of course, obviously, HOPWA would pick up mortgage in terms of the short-term rent. But, what if one side, a household reached a maximum of the time of funding for a rent subsidy? Let's say, a temporary rent subsidy. We could switch them over to the other form of funding, if they needed another month or a few weeks in order to be able to establish permanent housing through Section 8 or some of these other programs.

The outcome of all of this was the improved coordination of our funding activities. The biggest benefit, we feel, was that it provided a more efficacious expenditures of our funding. This resulted in an increased stable housing and viral load suppression for our clients that we serve through our project sponsors at the local level. That's all.

Heather Rhoda: Thank you, Jessica.

It has been great to hear from all of these communities. I want to again,

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thank the City of Philly, The City of Phoenix, and the State of California. We really appreciate that you agreed to participate in today's webinar. Also, a great big thank you to Amy Griffin talking about the Ryan White Program.

At this point we're going to start to wrap up. But, we wanted to make sure that we share some resources with you. If you were looking at the screen, we included several resources related to Ryan White: A Policy Clarification Notice, and annual client level data report, and also a link so you can find your local Ryan White recipient.

Also, you can learn more about Ryan White following the link provided on the screen. You can follow them on Facebook, Twitter, or YouTube as well.

We wanted to include in this presentation, the ability to have some discussion. But, we're a little bit concerned about screens freezing up, or individuals not being able to hear everybody. I'm going to check in quickly with Steve. He is on audio and I want to see if we do have any quick questions?

Steven Ellis: Hi, again, everyone. We do have some questions.

Heather Rhoda: There he is.

Steven Ellis: Hi. Unfortunately, since I don't think we'll be able to do discussion, we do have some questions we want to throw out there. Feel free to throw in any other questions you might have, as we'll gladly answer whatever we can; or, try to make some connections or answer those offline.

One of the questions that got asked: "Will we be sending out this presentation?" Which, yes, we will definitely be doing once we are completed, so that everyone has not only the information, but also has some of the resources that have been shown.

An interesting question that has been asked: "Do the collaborations between Ryan White and HUD go to the extent of addressing the successful transition of clients under HOPWA and Ryan White to the HCV program? If so, do the collaborations go to the extent to address the long waitlist at some of the PHAs?"

I think this is a great question. Before I answer anything, Amy Griffin, is there anything you'd like to answer with this question?

Heather Rhoda: I'm trying to get her off mute.

Steven Ellis: While we sort that out, I do think it is worth noting that any sort of collaboration with any other program, whether that's Ryan White or another HUD program, you would always want to keep in mind what your end result is for these households. Right?

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You wouldn't want to put someone on a transitional program without already having an idea of where they're going. An HCV program is a great end result for many of these households. I do know there are many HOPWA grantees who have in the past worked with their local Housing Authority to work out special programs or Set-Aside vouchers for some of these households. So that at the end of a transitional program, not only could a household with HIV/AIDS move potentially to an HCV voucher. But, more importantly to that Public Housing Authority, they would have the ability to take a household that has services, right. Just because HOPWA or Ryan White rental assistance might have ended, it doesn't mean the household still won't have supportive services like case management.

After a period of time of being with HOPWA, Ryan White, or another transitional program, this household goes to HCV with our sense of historical knowledge of the household, any fluctuations in income, or household composition. They have a good idea of how stable the household will be, whether they're good tenants, etc. Also, that knowledge of knowing that there is case management, or potentially case management, involved to keep that household going.

I think you definitely want to keep these partnerships in mind with PHA when doing these programs. When it comes to waitlists for some of these programs, that's definitely something you would want to discuss with that local Housing Authority to make sure that they had the ability to run a program like this. Or, how they might be able to help you or some of your households navigate that waitlist more quickly.

Amy Griffin: Hey, this is Amy. I think I'm unmuted. Can you hear me?

Steven Ellis: Yes.

Amy Griffin: Awesome.

Heather Rhoda: Great, thank you.

Amy Griffin: The Ryan White Program, there's a couple ways to sort this out: I think one is the expectation, especially if you're funding temporary housing, you are coordinating at a local level with more permanent housing options.

Now, that's sort of the easy answer. We know that's often much more complicated in systems where HOPWA was being cut, where there are waiting lists for Public Health, where Affordable Housing within urban districts is decreasing or becoming harder to find. It is a really complicated answer.

I think, at the Federal level, our job is to provide what the parameters of the legislation are. Then, we rely on our TA organizations often to look at what

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some best practices are.

I think one of the things that we really see as essential in these systems has to do with our SPNS program around employment. Often the issue for our clients is unemployment or under employment and having sufficient income to engage in stable housing systems. There is a growing body of research that shows a lot of our clients are able to work and that they are fearful of losing benefits. Or that they need help getting back into a workforce after a gap in their resumes.

One of the suggestions that we have is that you look to your employment organizations locally. HUD has put out some really great information in the “Getting to Work” video series that can help you identify what your local resources are. But the more that you can work within your system to help the client be stable on their own, then the farther all of our resources go. That's one best practice that we're currently looking at. Hopefully, that's helpful.

Steven Ellis: That's very helpful. Thank you. Amy, while you're ready, I think there is another great question to ask I think it would be great for you to address. It's about the Ryan White needs assessment surveys. Particularly, “how can HOPWA grantees can get access to this data, or even add some housing questions to that survey?”

Amy Griffin: That is a great question. The Ryan White legislation broadly says that you need to have needs assessment data that shows gaps in services and assesses what the service system looks like. The best way to access that is through the planning bodies that we talked about. For cities, the needs assessment and planning is done often through the Planning Council. That's a great way to take care of it.

My suggestion would be to contact your local AIDS directors. Whether it's the statewide AIDS director or the local, there is a lot of latitude in what that planning can look like. Just as a side note, each of our planning bodies gets Ryan White dollars to conduct planning and evaluation. They are allowed to focus it differently on housing. Way back in 2010 – it was in the early 2010s somewhere - the City of Memphis did a really great needs assessment that focused specifically on housing. It looked at who was becoming unstably housed in their system? What types of services would help people to become more stably housed?

There is latitude to add those housing questions. But, you have to be a known entity within the planning bodies to be able to suggest those questions. I would suggest you contact your state director and your local jurisdictions if you have Part A's in your community.

Steven Ellis: Thank you. For any communities that are thinking about doing something like that, definitely reach out to the planning bodies. Particularly for grantees, if you need any assistance in that or part of the coming up with questions for

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the survey, please feel free to reach out to your assigned TA firm.

I noticed on the questions, Heather, there are a lot of specific questions about Ryan White. I just wanted to let everyone know all of these questions we will get to. We may not get to them on the webinar but we'll definitely address, at least offline, particularly some of the specifics of Ryan White. Some of those might be a little more complicated for the time we have remaining.

Unfortunately, we don't have time or the ability for discussion. Before we move on from those questions, I would ask as we wrap up this webinar: one thing we're really curious about is future topics of coordination. If there are other programs out there, such as the CoC or ESG funded programs, that you would like to learn about, let us know. If people have the ability to type into the chat or question box about other programs they'd like to learn about collaboration with, it would be much appreciated.

Heather Rhoda: Also, as a reminder, keeping with the theme of systems collaboration, the next webinar is scheduled for November 1st, 1:00 to 2:30 p.m. Eastern Time. That is Systems Coordination Part 2, CoCs and Mainstream Housing Programs.

If you have had a chance to, or if you take some time to, think about other programs or systems that you might want to learn about that could possibly be integrated into this next webinar, please let your individual assigned TA provider know. We'll make sure that the TA provider who is presenting during the next webinar receives that information. Any other closing comments, Steve?

Steven Ellis: I don't have any, besides once again, to thank everyone for their time. Especially, to thank our speakers: the three HOPWA grantees and their communities for taking the time to represent HOPWA and their communities so well. You should all be very proud of the great work that you're doing. I hope it has given other people on the phone some interesting ideas for next steps for them to run similar programs and to coordinate with Ryan White.

A very special thank you to Amy Griffin for all the wonderful information that she presented about Ryan White, HRSA, and particularly the collaboration between the two programs.

Heather Rhoda: At this point, I think we're going to end the presentation. As Steve mentioned, we'll make sure to review the questions that were submitted, and follow-up either via e-mail or through some resources that we'll provide that will be able to answer those questions.

Thank you again, everybody. We really appreciate your attendance. Again, we apologize for the technical issues.

Have a great rest of the week and a great afternoon. Thank you.

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[END OF TAPE]