



# HOPWA and Ryan White Federal Panel on HIV and Health

National HOPWA Institute 2017  
Tampa, FL



# Why collaborate?

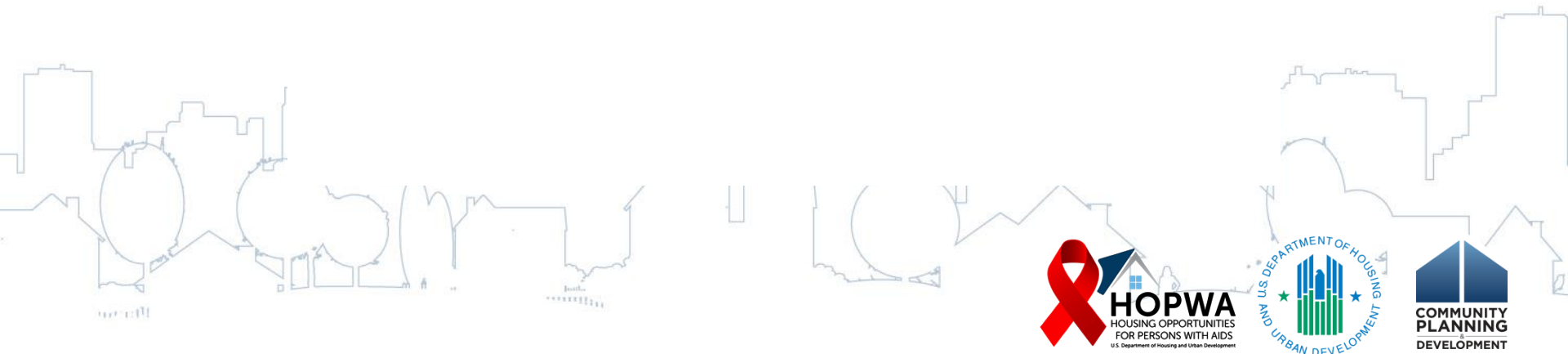
- Need is greater than available resources
- Coordination across funding streams:
  - Leads to more efficient use of funds and prevents duplication of services
  - Results in Improved quality of services and streamlined service delivery
  - Draws upon expertise of various providers (with varying purposes and histories)
  - Allows for a comprehensive approach to HIV/AIDS care and services.



Welcome!

# HRSA

Health Resources & Services Administration



# Outline

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- **Ryan White HIV/AIDS Program (RWHAP) Overview**
- **RWHAP Housing by the Numbers**
- **Role of RWHAP in Supporting Housing**

# HIV/AIDS Bureau Vision and Mission

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## Vision

Optimal HIV/AIDS care and treatment for all.

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.

# Ryan White HIV/AIDS Program Framework

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



- Public health approach to providing a comprehensive system of care
- Ensure low-income people living with HIV (PLWH) receive optimal care and treatment

# Ryan White HIV/AIDS Program: The Role of Housing

Health Resources and Services Administration  
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# The Ryan White HIV/AIDS Program Legislation

- The Ryan White HIV/AIDS Treatment Extension Act is a legislative program:
  - Public Health Law 111-87 under Title XXVI
  - Enacted into law in 1990
  - Reauthorized 1996, 2000, 2006, and 2009
- The authorization of appropriation for the Ryan White HIV/AIDS Program (RWHAP) expired on September 30, 2013. The Program will not sunset and can continue to operate through Congressional appropriations.



# Ryan White HIV/AIDS Program

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- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV (PLWH)
  - More than half of people living with diagnosed HIV in the United States – more than 500,000 people – receive care through the Ryan White HIV/AIDS Program
- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available

# Ryan White HIV/AIDS Program

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- Parts A (Cities), B (States), C (Community based organizations), and 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 including case management, medical transportation, and other services
- Part F Services
  - Clinician training, dental services, and dental provider training
  - Development of innovative models of care to improve health outcomes and reduce HIV transmission among hard to reach populations
- 83% of Ryan White HIV/AIDS Program clients were virally suppressed in 2015, exceeding national average of 55%

# Ryan White HIV/AIDS Program

## Core Medical Service Requirement

- Under Title XXVI of the Public Health Service Act, recipients receiving Ryan White HIV/AIDS Program Part A, B, and/or C funds are required to spend at least 75% of grant funds on Core Medical Services:

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

- Support Services are defined as services that are needed for people living with HIV to achieve their medical outcomes.

# Who We Serve

## 2015 Ryan White Program Services (RSR)\* Annual Client-Level Data Report

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- 533,036 clients received services from RWHAP-funded providers
- Nearly three-quarters (73%) of RWHAP clients were from racial/ethnic minority populations
- Approximately two-thirds (65%) of RWHAP clients were living at or below the federal poverty level (FPL)

\* Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. Does not include clients receiving only AIDS Drug Assistance Program services

# Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program\*, 2010–2015—United States and 3 Territories\*\*

- The percent of RWHAP clients virally suppressed has increased steadily from 69.5% in 2010 to 83.4% in 2015.
  - The Centers for Disease Control and Prevention estimates that in the United States, 54.7% of people diagnosed with HIV are virally suppressed.
- Viral suppression outcomes lower among:
  - Younger age groups (13–24 years)
  - Specific minority populations
  - **Clients with unstable housing**

*\*Source:* HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. Does not include clients receiving only AIDS Drug Assistance Program services; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4).

\*\*Puerto Rico, Guam, U.S. Virgin Islands

# Ryan White HIV/AIDS Program

## Why Housing Support?

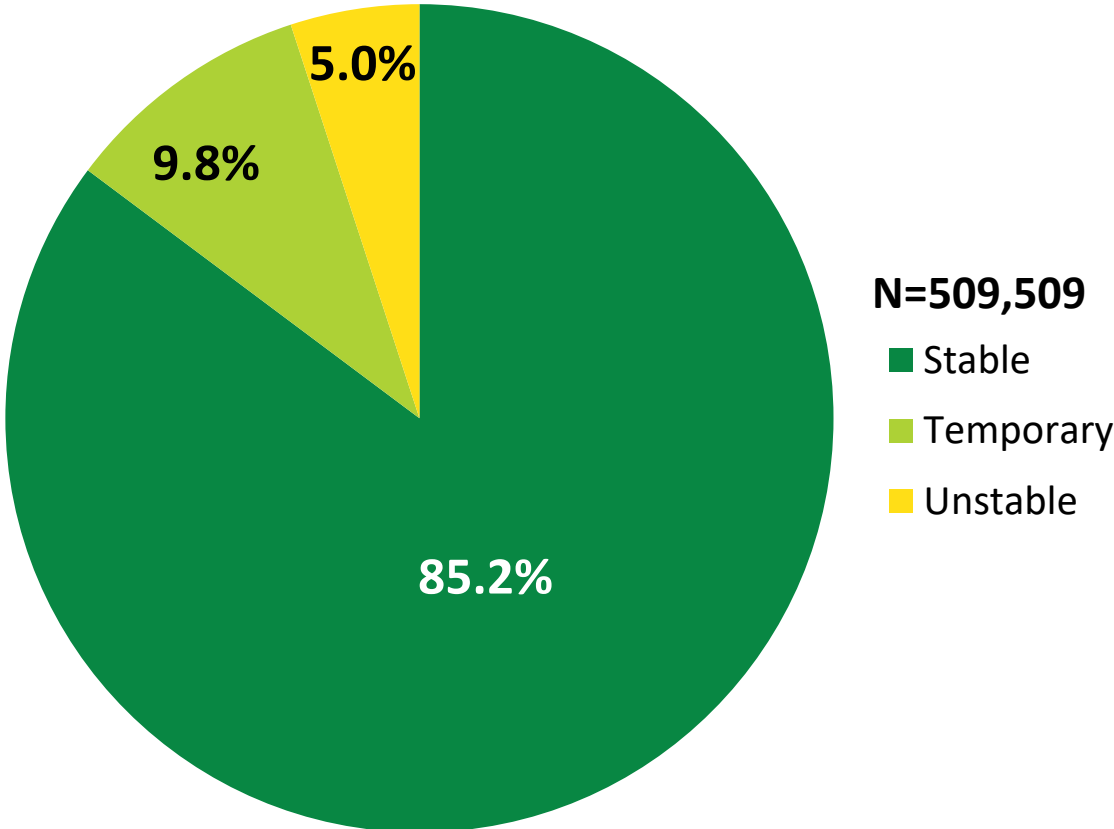
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- In 2015, 9.8% of RWHAP clients had temporary housing and 5.0% had unstable housing situations
- Populations identified as most at-risk for exposure to HIV or poor HIV health care outcomes experience highest rates of unstable housing (youth, people who inject drugs [PWID], transgender persons)
- Clients with unstable housing have lower rates of retention in medical care and viral suppression compared to clients with stable or temporary housing

Source: Ryan White HIV/AIDS Program Annual Client-Level Data Report Ryan White HIV/AIDS Program Services Report (RSR) 2015. Published December 2016.

# Ryan White Services Report\*, 2015

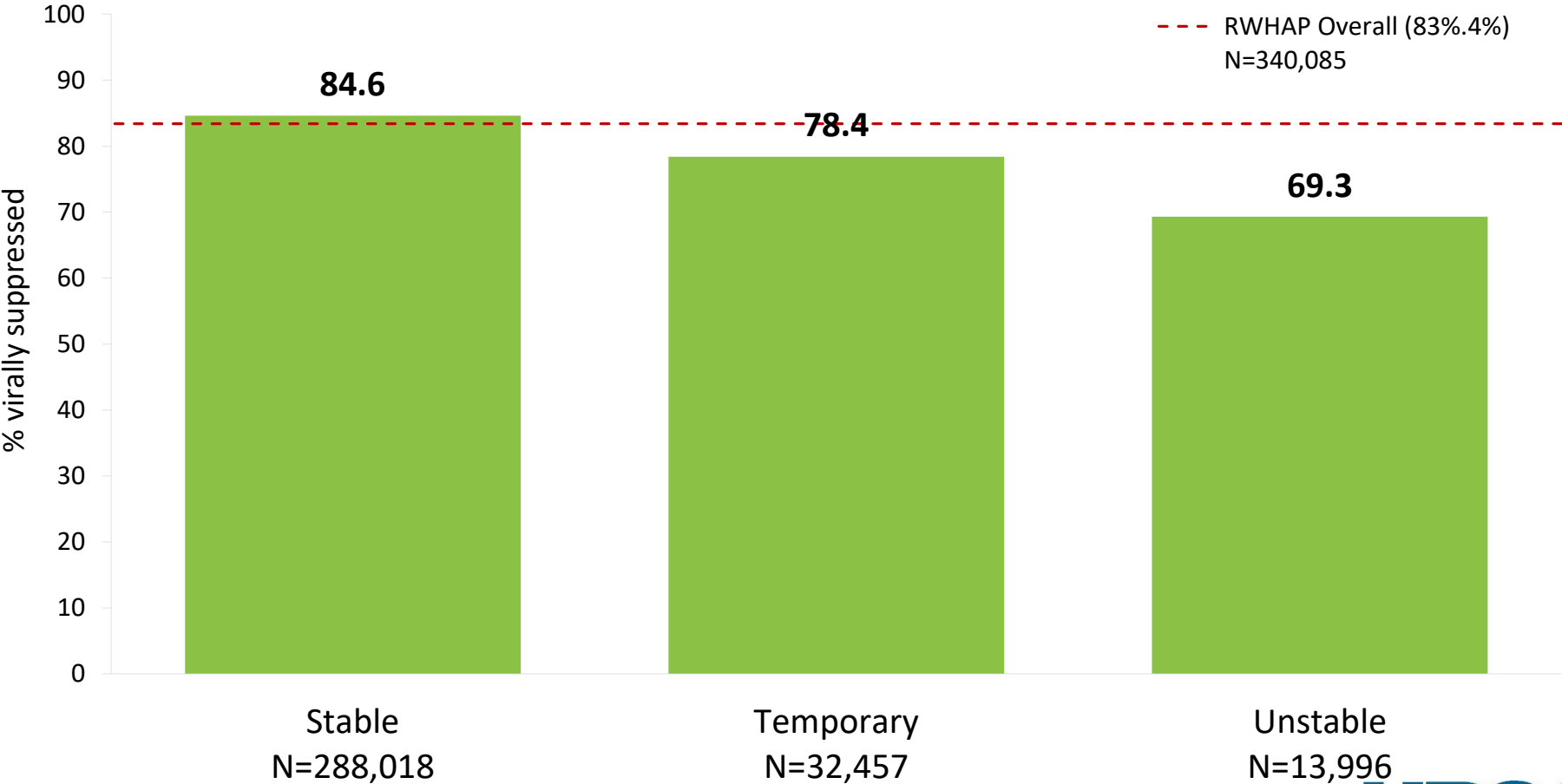
## RWHAP Clients by Housing Status



\*Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. Does not include clients receiving only AIDS Drug Assistance Program services

# Ryan White Services Report, 2015

## Viral Suppression by Housing Status



Note: N represents the total number of clients in the specific subpopulation.

Viral suppression:  $\geq 1$  OAMC visit during the calendar year and  $\geq 1$  viral load reported, with the last viral load result  $< 200$  copies/mL.





# The Ryan White HIV/AIDS Program

## Housing Support

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- Housing support services funded under Ryan White HIV/AIDS Program Parts A, B, C, and D.
- Allowable services include (Policy Clarification Notices 16-02):
  - Housing referral (i.e., assessment, search, placement, advocacy, and the fees associated with these services)
  - Short-term or emergency housing
  - Transitional Housing
- Program Guidelines for Housing Support:
  - Must be payor of last resort
  - Must ensure that housing is limited to short-term or transitional support
  - Must develop mechanisms to allow new clients access to housing services
  - Must develop annual, long-term housing plans for every client in housing

# The Ryan White HIV/AIDS Program

## New Actions: **Employment Services**

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### Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services

- **Purpose:** to improve engagement and retention in HIV care and supportive services for PLWH impacted by social determinants of health, specifically housing and employment instability
  - Evaluation and Technical Assistance Provider (ETAP)
  - Demonstration Sites
  - Award start date October 1, 2017
  - Collaboration among HRSA, HUD and Department of Labor
  - Builds upon HUD's *Getting to Work Training Curriculum*

# The Ryan White HIV/AIDS Program

## New Actions: **Data Sharing**

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### Joint Letter from HUD and HRSA supporting data sharing

- **Purpose:** To convey to recipients and project sponsors our agencies' support and encouragement of efforts to use HIV care and HOPWA data sets for decision-making and to improve service planning and coordination.
- **Expectations:**
  - Identify service gaps; tracking of client outcomes
  - Facilitate evaluation of program effectiveness
  - Decrease duplication of data entry
  - Improved information for resource allocation and planning

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

## Examples of coordination may include some of the following:

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

# Resources

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- **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](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 2015**
  - <https://hab.hrsa.gov/sites/default/files/hab/data/datareports/2015rwhapdatareport.pdf>
- **Target Center: Tools for the RWHAP Community**
  - <https://www.careacttarget.org/>
- **Find a RWHAP Recipient**
  - <https://www.careacttarget.org/grants-map/all>

# Contact Information

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# Panel Questions

