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!

Health Resources & Services Administration
Outline

• Ryan White HIV/AIDS Program (RWHAP) Overview

• RWHAP Housing by the Numbers

• Role of RWHAP in Supporting Housing
HIV/AIDS Bureau Vision and Mission

**Vision**

Optimal HIV/AIDS care and treatment for all.

**Mission**

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

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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

- 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

• 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

- 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%
• 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:

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

• 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

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

Ryan White Services Report*, 2015
RWHAP Clients by Housing Status

85.2% Stable
9.8% Temporary
5.0% Unstable

N=509,509

*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: ≥1 OAMC visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.
The Ryan White HIV/AIDS Program
Housing Support

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

• Allowable services include (Policy Clarification Notices 16-02):
  • Housing referral (i.e., assessment, search, placement, advocacy, and the fees associated with these services)
  • Short-term or emergency housing
  • Transitional Housing

• Program Guidelines for Housing Support:
  • Must be payor of last resort
  • Must ensure that housing is limited to short-term or transitional support
  • Must develop mechanisms to allow new clients access to housing services
  • Must develop annual, long-term housing plans for every client in housing
The Ryan White HIV/AIDS Program
New Actions: Employment Services

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*
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

• Policy Clarification Notice #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
  • https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

• Ryan White HIV/AIDS Program Annual Client Level Data Report 2015
  • https://hab.hrsa.gov/sites/default/files/hab/data/datarports/2015rwhapdatreport.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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HRSA
Ryan White & Global HIV/AIDS Programs
Panel Questions