

"Advancing the National HIV/AIDS Strategy: Housing and the HCCI"

Housing Summit Los Angeles, CA

October 21, 2014





World AIDS Day



December 2, 2013



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NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES



Vision for the National HIV/AIDS Strategy

"The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination"





NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES



Reducing New HIV Infections

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

Reducing HIV-Related Disparities

Achieving a More Coordinated National Response to the HIV Epidemic

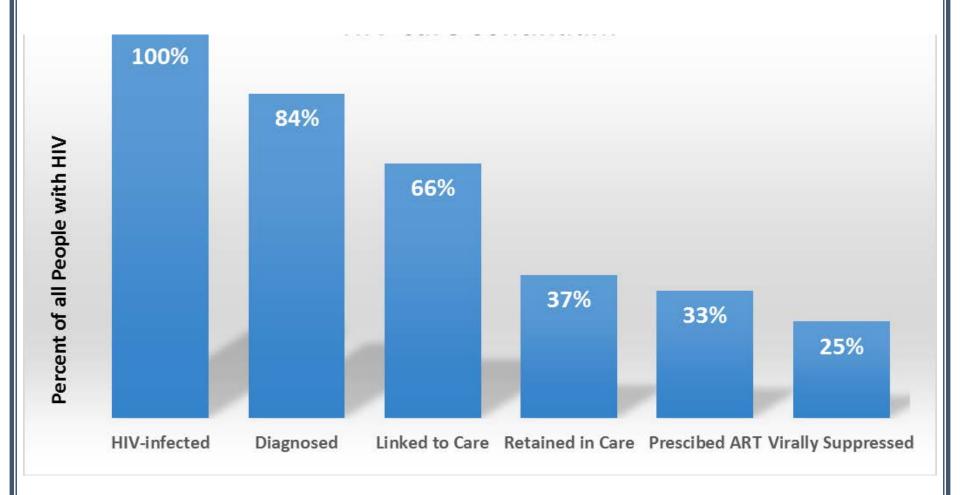


The National HIV/AIDS Strategy

Facets of the Strategy

- Limited number of action steps
- Sets 5-year quantitative targets to meet
- Emphasis on evidence-based approaches
- Multiple Federal agencies charged with Strategy implementation:
 - HHS (lead coordinating agency), HUD, VA, DOJ, DOL, SSA
- Roadmap for <u>all</u> public and private stakeholders responding to the domestic epidemic
- Focus on improving coordination and efficiency across and within Federal, state, local and tribal governments
- Emphasis on concentrating efforts where HIV is most concentrated and in populations with greatest disparities, including: gay men, people of color, and transgender women

HIV Care Continuum



Overall: Of the 1.1 Million American living with HIV, only 25 percent are virally suppressed.

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NATIONAL HIV/AIDS STRATEGY

IMPROVING OUTCOMES:
ACCELERATING PROGRESS ALONG THE
HIV CARE CONTINUUM

Office of National AIDS Policy

DECEMBER 2013



NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES

HIV Care Continuum Initiative

- Created via Presidential Executive Order in July 2013
- Responds to scientific advances since the Strategy's release
- Prioritizes focus on HIV care continuum
- Promotes expansion of successful HIV testing and service delivery models
- Encourages innovative approaches to addressing barriers to accessing testing and treatment
- Ensures that federal resources are appropriately focused on interventions that improve outcomes along the care continuum.
- Overseen by federal working group, jointly chaired by ONAP and HHS

Charge to the HIV Care Continuum Working Group

- Determine if there is appropriate emphasis among Federal agencies on addressing the HIV care continuum
- Review research on improving outcomes along the HIV care continuum
- Obtain input from Federal grantees, affected communities, and other stakeholders to inform strategies to improve outcomes along the HIV care continuum
- Identify opportunities to improve outcomes along the HIV care continuum
- Recommend ways to integrate efforts to improve outcomes along the HIV care continuum with other evidence-based strategies to combat HIV
- Specify how to better align and coordinate Federal efforts, both within and across agencies, to improve outcomes along the HIV care continuum.

HIV Care Continuum Initiative: Grounded in Recent Scientific Advances

- <u>Treatment is prevention:</u> Breakthrough NIH trial shows treatment reduced HIV transmission to partners by <u>96%</u>
- Earlier treatment prevents long-term complications: Treatment is now recommended for all adolescents and adults living with HIV in the United States, regardless of disease stage
- <u>Testing is faster and more accurate than ever before</u>: Advances in testing technology have created rapid, accurate HIV tests
- Near-universal testing guidelines: Screening for HIV is now recommended for all adults aged 15-65

Recommendations of the HIV Care Continuum Working Group

- Support, implement and assess innovative models to more effectively deliver care along the care continuum
- II. Tackle misconceptions, stigma and discrimination to break down barriers to care
- III. Strengthen data collection, coordination and use of data to improve health outcomes and monitor use of Federal resources
- IV. Prioritize and promote research to fill gaps in knowledge along the care continuum
- V. Provide information, resources, and technical assistance to strengthen the delivery of services along the care continuum, particularly at the state and local levels

Housing In the HCCI

Target 6: Increase Ryan White program clients with permanent housing to 86 percent

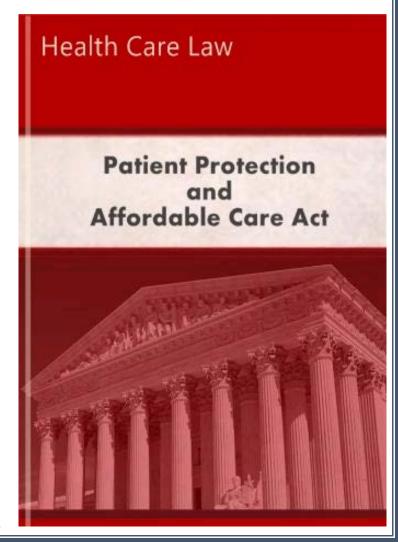
 Being stably housed is an important precursor to getting people into regular care. Homeless or marginally housed people living with HIV are more likely to delay or have poorer access to care and are less likely to receive and adhere to optimal antiretroviral therapy.

 The percentage of Ryan White program clients with permanent housing increased.

Toward Health Equity: The Affordable Care Act

GAME-CHANGER!

- No denial of coverage for preexisting conditions (includes HIV)
- Expands Medicaid eligibility to 138% of Federal poverty level
- Creates affordable insurance exchanges with a choice of private insurance plans and with tax credits to make coverage affordable
- Increased resources to community health centers (\$11 billion over 5 years)



Source: Office of the Assistant Secretary for Planning and Evaluation, 2012

Ongoing National HIV/AIDS Strategy Implementation Needs

- Continued collaboration among Federal, State and local governments, and private partners
- Focus on geographic and demographic hotspots with greatest HIV burden: gay and bisexual men, transgender women, blacks, Latinos
- Maximize outcomes along the continuum of care
- Focus on primary prevention
- Technical assistance to prepare HIV workforce for ongoing changes in environment
- More rapid analyses of surveillance data and use of data for public health purposes

Office of National AIDS Policy Priorities

- <u>PRIORITY 1</u>: Further implement the HIV Care Continuum Initiative
 - Identify and test the approximately 183K people who are living with HIV, but not yet diagnosed
 - Locate, return and retain in care the 29% of people who have fallen out of care—IDENTIFY ROLE OF HOUSING
- PRIORITY 2: Update NHAS quantitative targets
- PRIORITY 3: Ensure Ryan White/ACA coordination
- PRIORITY 4: Align federal resources with epidemiological data
- <u>PRIORITY 5</u>: Develop Public-Private Partnerships that augment federal efforts

Office of National AIDS Policy Priorities

- <u>PRIORITY 6</u>: Explore employment & employment services that create opportunities for people living with HIV to get back to work, or become employed for first time
- <u>PRIORITY 7</u>: Develop interventions that address the intersection of HIV/AIDS, violence against women and girls & gender-related health disparities
 - Specific focus on trauma experienced by women and girls as a result of IPV and other forms of violence and abuse
- PRIORITY 8: Reduce HIV disparities in the southern U.S.
- PRIORITY 9: Reduce HIV disparities among gay and bisexual men, with attention on young black, gay/SGL men

Federal Housing Efforts

- FY 2015 \$332M to prevent homelessness and increase housing stability for approx. 52K economically vulnerable households living with HIV
- HOPWA assists persons who are w/o stable housing arrangements. Only federal program dedicated to providing supportive housing for PLWH/A: permanent supportive housing, transitional/short-term housing, case management and supportive services
- Proven cost savings strategy. Reduces ED visits and inpatient stays

Federal Housing Efforts

- Funds received under Ryan White maybe used for Housing referral services defined as assessment, search, placement, and advocacy services, which must be provided by case managers or other professionals who possess a
- Or short-term or emergency housing defined as necessary to gain or maintain access to medical care, which must be related to either

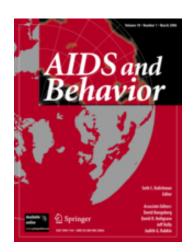
Some Challenges Along the Continuum Failure in routine testing Outreach Access to HIV care Access Referral failure Offer **Transportation** Stigma Coverage Childcare Non-disclosure Failure of targeted Competing **Transportation** testing needs Competing Frequency Feeling ok demands Fear of testing Care churn Myths. 100 -Failure of Lack of misperceptions provider to therapeutic 82% prescribe connection Adherence 80 Pharmacy Lack of Side effects delay/deny culturally Percent of all People with HIV 66% Mental illness Aversion to competent care Substance use pill taking 60 Unstable Conspiracy housing theories Viral 37% 40 resistance 33% 25% 20 0 Diagnosed Linked Retained **Prescribed** Virally Suppressed to Care in Care **ART**

Housing Challenges

- As HIV/AIDS becomes a chronically manageable disease, increase of program beneficiaries becoming older than in previous years
- 54% of persons served are 51 years or older
- Annual costs to provide permanent supportive housing represents nearly 90% of all housing assistance expenditures
- In 2011, transgender and IDU clients were least likely to report stable housing (74.5 percent and 75.6 percent, respectively).

Trauma associated with risk of treatment failure and mortality

- Meta-analysis of 29 studies of women with HIV/AIDS in the United States:
 - 30% PTSD (5x times national rate)
 - 55% intimate partner violence (> 2x the national rate)
- Recent trauma had 4x the odds of antiretroviral failure
- Domestic violence doubles risk of death from HIV

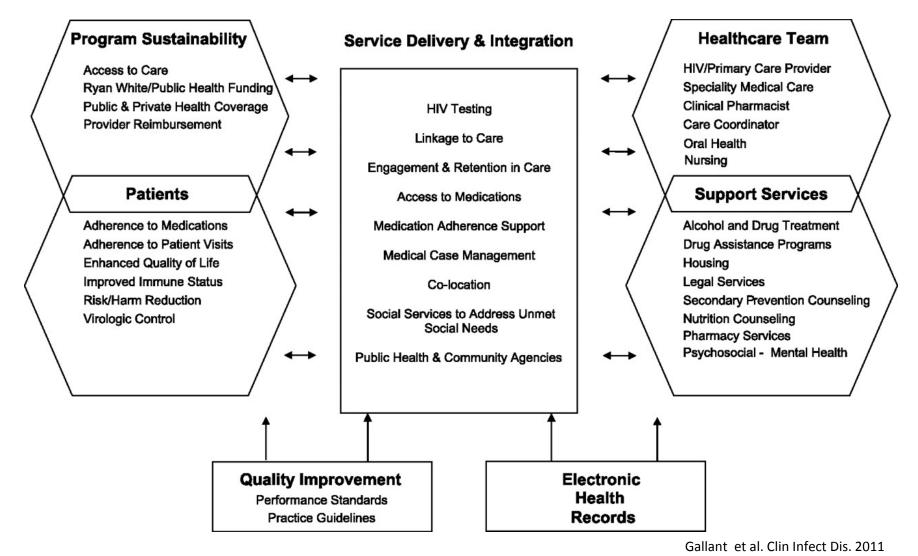


MH and SUD

 Substance use and mental disorders are major risk factors in HIV and viral hepatitis

- Effects of drugs/alcohol alter judgment; may result in high risk drug use and sexual behaviors contributing to spread of HIV; adherence to treatment difficult
- Alcohol and drug abuse linked to poor treatment response and more rapid progression of HIV
- Prevention and treatment efforts for HIV and viral hepatitis must include concurrent screening for and treatment of behavioral health issues
- Behavioral health and primary care settings must include screening of and integrated treatment for HIV and viral hepatitis and substance use/mental disorders

Maximizing the Care Continuum: Components of Comprehensive HIV Care



Maximizing Housing Opportunities

- Department of Justice's Office on Violence Against Women and the U.S.
 Department of Housing and Urban Development's (HUD) Office of HIV/AIDS
 Housing have partnered to coordinate their expertise and resources to address
 the housing needs of women facing violence. This collaboration will enable HUD to
 award transitional housing assistance grants to organizations that will provide
 housing and support services for HIV-positive women who are victims of sexual
 assault, domestic violence, dating violence, or stalking. Eligible housing grantees
 will partner with local domestic-violence and sexual-assault service providers to
 offer support, services, and advocacy to improve the lives of women living with
 HIV/AIDS and ensure better long-term health outcomes for them.
- HUD's HOPWA program's new emphasis on integrating housing and care services, and the Department of Labor's (DOL) support of policies and practices to maximize employment opportunities for people living with HIV, are important steps towards increasing housing stability for people living with HIV. In addition to housing assistance, these local programs provide access to needed supportive services such as life skills, job readiness services and employment training
- New models for supporting vulnerable populations may also be needed.

Trauma-informed Primary Care

SCREENING

Inquiry about current & lifelong abuse, PTSD, depression and substance use

ENVIRONMEN

Calm, safe, empowering
for both patients
and staff



RESPONSE

Onsite and community-based

Onsite and community-based

Onsite and healing.

FOUNDATION

Trauma-informed values, robust partnerships, clinic champions, support for providers and ongoing monitoring and evaluation.