Teagan: Welcome and thank you for joining today's conference, Housing Unstable Youth & HIV Resources. Please note that all audience audio connections are muted. Please open your chat panel [inaudible 00:00:12] associated icon located in the toolbar at the bottom of the webinar screen. If you do not see the toolbar, please move your cursor and the toolbar will appear. If you are on a mobile device, tap your screen to display the toolbar. Closed captioning is available by clicking the live caption slash closed caption icon at the bottom of your screen. Captions will appear at the bottom of your screen. You may view the full transcript by clicking on the subtitle settings up on the closed captioning icon. If you need technical assistance, please send a chat and address the event services host. With that, I'll turn the conference over to [Caitlin Morath 00:00:44] from HUD. Please go ahead.

Caitlin: Thank you so much. And [Teagan 00:00:49], you can move to the next slide. Thank you everyone for being here. My name is Caitlin Morath. I am a Senior Advisor to the Deputy Assistant Secretary of Special Needs here at the Department of Housing and Urban Development, and I am thrilled for this collaboration that we are able to present to you today. Thank you all for being on this call. Today, we will be joined by presenters from HUD and from the CDC. You'll specifically hear the folks who are on this slide. [Jamine 00:01:24], Emily, [Erin 00:01:25], and [Celia 00:01:26] speak. I'll let them all introduce themselves a little bit later. We also have a number of other HUD and CDC colleagues standing at the ready for our Q and A session at the end of the call. So just know that there's a lot of support here and we are all very excited about this topic. Could you go to the next slide please?

For today, we're going to have a brief welcome from Jamine [Bryon 00:01:54], before we pass it over to our CDC colleagues to give us the framing and available resources related to youth who are experiencing housing instability and HIV. And then we're going to tie it back to some of the specific HUD programs. So we'll be talking a little bit about how this applies with YHDP and with FYI. Don't worry if this is already acronym soup, folks will be spelling that out for you along the way. And finally, we've set aside a good chunk of time at the end of this session for Q and A.

As Teagan mentioned, this session is being recorded, so we'll be posting that on our website. The resources mentioned will be linked and available to you, and we are really excited and see this as a kicking off, really honoring of the partnerships that we have on the ground. Much more to come, and again, thank you all so much for being here today. With that, I am going to pass things off to Jamine Bryon. Jamine is the Deputy Assistant Secretary of Special Seeds here at HUD. And if we could go on to the next slide, I will hand things over for you to welcome us, Jamine. Thank you.

Jamine: Thank you, Caitlin. Good afternoon, everyone, and welcome to today's webinar. As Caitlin said, my name is Jamine Bryon and I really honored to oversee two major programs here at HUD. One is the homeless assistance grants program. Under that, we administer the emergency solutions grant program, the continuum of care, the youth homelessness demonstration program and various other homeless assistance programs. I also, I'm honored to oversee the office of HIV Aids Housing, that office administer the HOPWA program. HOPWA, which is Housing for Persons With HIV Aids program.

We have two HUD programs specifically aimed at supporting the housing and service needs of youth. My colleagues in the office of Public and Indian Housing administer the foster youth to independence program. And in the office of special needs, we administer the youth homelessness demonstration program. Our offices are committed to a focus on health and safety needs of our youth, especially as it relates to high impact issues such as HIV. I will let our next speakers explain the specifics of the programs mentioned on this slide, but for now, what I mainly want to highlight is how HUD and CDC programs are already on the ground in many of the same communities, focusing on HIV prevention and treatment and housing for youth.

We want to come together in these communities, and in all communities across the nation, to ensure we are coordinated in our efforts. By connecting youth who engage with HUD programs to local HIV resources, we can help treat and prevent HIV. Through today's webinar, I hope you gain a better understanding of the HIV risk factors for youth with housing instability, learn how to access HIV prevention and treatment resources, and see how you can bring this information to your communities. HUD is grateful to work in partnership with CDC and with all of you across the country to support the health and wellbeing of youth. Again, thank you all for being with us today. Thank you to our partners in PIH CDC. And with that, I'll pass it over to Emily from CDC. Thank you everyone.

Emily: Thank you so much. I think that was a perfect introduction. Next slide, because we are also so eager to be here today for this collaboration. We know how important it is and we are just delighted to be here. We can go to the next slide. As the introduction was laid out, I'm here to talk to you today about HIV in youth. And I actually, in my full-time job, I run the Let's Stop HIV together campaign, which is the national campaign focused on the HIV prevention, treatment, stigma and testing, and I work within the division of HIV prevention at CDC. Next slide.

And I saw on the slide we just saw previously, mention of the [EHE 00:06:32] jurisdictions. I don't know how familiar you are with the terms, so I'm going to just run through this quickly as an overview, but wanted to highlight where we're going with EHE. We have this very ambitious goal that was set out that's an inter agency effort to end the HIV epidemic, basically in the next 10 years. That's what we're shooting for. Actually, I guess now it's eight, we've already gone through a couple years. And we're going to do that by reducing the number of HIV infections by 75% in five years and 90% in 10. And it's ambitious, but we think we can get there because we have the tools we need.

Next slide. One of the ways we're doing this, and this is with totally aligns with what we were just seeing there on that list. We know that over 50% of new HIV diagnoses are happening in 50 jurisdictions, including Washington, DC, San Juan, Puerto Rico, and 48 other counties, as well as seven rural states, you can see here on the map. For the majority of our campaign and outreach efforts, we are really focusing in these locations and we are specifically prioritizing populations that are at greatest risk or bare disproportionate burden of disease within these locations and across the US. And so in order to do that, we really, like I said, are focused on these four main pillar areas of EHE.

Next slide. The first one is the diagnosed pillar. This one's critical because if people don't know that they have HIV, they're obviously not going to do anything about it and are obviously at risk of transmitting it. We know that less than 40% of people have ever been tested for HIV in the US. And we know that about 80% of annual HIV infections are transmitted by people who don't know that they have HIV and are not then in care. And if you look at the next slide, you will see that we have youth are actually disproportionately affected, so you can see in the 13 to 24 range, and then up to the 34 range, we see that is where the bulk of HIV new diagnoses are occurring in the US every year.

And if we go on to the next slide, you will see that not only is that where the burden is, but it's because their knowledge is low. Most youth don't really realize that they're living with HIV, and so of course, again, are not going to be taking appropriate actions to address it. You can see here in the yellow box at the beginning that 56% of youth, 13 to 24, knew their status as compared to obviously much higher numbers in the older groups and it just keeps increasing, the older people are in terms of knowing their status. Clearly we have a lot of work to do in making sure youth know their status.

On the next slide, you will see that it doesn't affect everyone equally, as is the case in much of what we do in public health work. We know there are certain populations that are disproportionately affected. HIV is no exception. We know that the bulk of new diagnoses, particularly among youth for HIV in the US, fall on black and Latino youth. We see almost 80% between those two groups, and so that is one of our main focus areas.

And if we look at the next slide, you will see that it is particularly, again, not affecting everybody equally. We know that gay and bisexual men and transgender people are at disproportionately high risk of HIV for a variety of reasons, and then really everything else is much lower after that in terms of risk. But we do know that particularly among young black women, that they're also at higher risk for heterosexual contact.

Next slide. I'm going to tell you what we're going to try to do about it. Ooh, I think we skipped one there. Oh, no. Did we skip a slide? Can you go back one? Oh, no. Okay. Sorry. Continue. It must have been my mistake.

In terms of how we're going to address this, we really have to focus on prevention strategies. And I don't know how much you all know about HIV or follow, but we actually have amazing tools at our disposal today. We have something called PrEP, which is pre-exposure prophylaxis. This is a drug that people can take that actually prevents someone from getting HIV. And so this is something that we are really trying to increase access and services to PrEP, to make sure that people are aware of it and that the people who actually could benefit from it most are getting it. And then we're also focused on safe syringe service programs, because I don't know if you noticed on the previous graph, but injection drug use is also a priority area for us. So these are two areas that we're specifically focusing on in terms of prevention.

Next slide. And within that, it really is then a variety of factors. If we want people to engage, particularly in PrEP use, we really have to be thinking about it from every angle. We're working on training providers to make sure that they know who can benefit most

from being on PrEP and know what the newest guidance is, in terms of clinical recommendations for PrEP, particularly, for example, now we just came out, there's now injectable PrEP, as well as a daily pill, so people have options in terms of how they can take it. We're making sure that everyone is aware that they could be prescribing PrEP, including general practitioners and primary care providers. We are making sure that the general public and people who are most at risk are aware of what PrEP is and that it's something that they might want to consider using. So we're doing a lot of educational and promotional campaigns.

And then also, HHS has a program called Ready, Set, PrEP, which you may have heard of, which actually provides, donated by the manufacturer, free PrEP for up to 200,000 uninsured people every year, so there's also access for people to just get PrEP if they need it.

Next slide. We see that this is something that disproportionately affects youth, and PrEP coverage in particular is an area that we're concerned about because youth are far less likely to be on PrEP, to even know about PrEP, than older age groups. As you can see, only 16% of youth who would be eligible or benefit from PrEP are actually getting it right now.

Next slide. And then in the treatment space, we really, we know that HIV can be managed just like any other chronic disease. People who take their medication as prescribed and get on and maintain what's called an undetectable viral load, or are virally suppressed, have effectively no risk of transmitting HIV. And it means that they are living their healthiest lives and can go on to live long healthy lives. That is the goal with treatment, is to get people into care and get them to stay in care.

Next slide. But this graph shows, not just for youth, this is an issue that we have really across the board. We have not really made as many inroads as we would like in terms of getting people to be able to reach that undetectable status. So as you can see here, the first row across all of these columns is the number of people who are, percent of people who have received care, followed by the percent of people who have been retained in care. And then last, those that are virally suppressed. And so, you will see that we have a lot of work to do if we are actually going to end the epidemic by increasing these numbers, particularly in that last two categories, around getting people to stay in care once they've started it, and in terms of making sure people achieve viral suppression and to do this, we have to address all of the factors that go into why people are not necessarily staying in care.

Next slide. We know that there are a myriad of things that affect this, but one of them is homelessness among youth. We know that for people diagnosed with HIV, homelessness prevents people from getting in care and getting the treatment that they need, and we know again that this disproportionately affects young adults. If you see, 14% of young adults 18 to 24 fall into that category, so that is definitely a priority area for us. And not just for treatment, but also if you go to the next slide, there are other challenges that I'm sure I don't have to tell all of you about that include things around stigma and experiencing homelessness and access to educational information and access to care and services and whole person sindemic issues that we know are larger.

We also know that homelessness disproportionately affects LGBTQ plus youth, which we know is a group at risk for HIV. We also know there are other challenges just around inadequate sex education, low rates of condom and PrEP use, because they are not concerned about it or don't know that they're at risk, and also high rates of STD, which puts you at higher risk for HIV as well.

Next slide. What are we going to do about all of this? That is what I'm here to tell you about today. If you go into the next slide, you will see, this is what I do. I run the Let's Stop HIV Together campaign, and we have all the things you could possibly need.

Next slide. We cover four different content areas for both general public communities, populations, as well as for clinicians and providers. We have resources on how to reduce stigma around HIV and also for inclusive and gender firming care, on testing prevention and treatment across our portfolio.

And if you go to the next slide, all of these resources that we have developed, we have developed with solid evidence based behind them. We do a ton of formative research. We do message testing. We are then doing constant evaluation of our campaigns. And so everything that we are putting out is stuff that we have thoroughly tested and feel like is the best material that could possibly be out there to help support the populations that we serve, and it's ready to go for all of you to just take off the shelves whenever you are ready.

Next slide. Across our campaign portfolio, we don't just focus on youth. We have several priority populations that have been identified through EHE and also through the National HIV Aids Strategy, which include gay and bisexual men and other men who have sex with men, particularly black, African American, Hispanic, Latino, and American Indian, Alaska, native men. Black, African American, cisgender women, transgender women of all races and ethnicities, youth 18 to 24. And then also people who inject drugs. We have across our portfolio in those four topic areas, also for all of these priority audiences.

Next slide. For our community resources, we really, our goal is to engage real people to share their lived experiences and their passion for HIV prevention and treatment as part of our campaign.

Next slide. I had a video here, but we're not going to show it because we had some issues earlier in the preview, but we are going to pop the link into the chat and I hope you all will check out Ja'Mel's video. He is an incredible transgender man talking about his experience and how when he found a provider who could provide him gender affirming care, that it really changed his life and helped him get to being undetectable.

Next slide. If you need it, pretty much, we have it for you. We have posters, videos, web banners, social media assets, Palm cards, we can do out of home. If you need it, we have it across all four of our topic areas. If you go to the next slide, I'll show you a little bit of what that looks like, particularly in the youth space, in the 18 to 24 range.

In our testing campaign, we really focus on trying to encourage that everyone should know their status and then, not just should know your status, your HIV status, but what do you do after that? We motivate everybody to get tested. We make sure it's part of their routine. It's part of reducing the stigma around getting tested, and we try to make sure that these resources could be used anywhere. If you get tested at a bar or a nightclub, or if you get tested at a jail or if you get tested wherever, we have resources to help encourage that and to help you figure out what you do after you get tested.

And what you do after you get tested is you explore those prevention options. And so with our prevention component of the campaign, we really want to make sure everyone knows their prevention options and can communicate effectively about those options with their partners and choose the ones that are right for them, whether that's PrEP or condoms or abstinence or whatever the case may be.

Next slide. In the treatment space, our goal is to really show that people go through this journey, like the one I mentioned with Ja'Mel, and that they can be successful getting in care and staying in care, even if they face challenges. And also, it encourages those around them to provide social support. Again, this is our whole campaign really thinking about whole person, and so we try to have materials that are also talking about how people can be good allies and supporters as well.

And that then also leads into our stigma reduction efforts, which really focus on how HIV is something that if it affects one of us, it affects all of us. And so we all have a role to play in ending the HIV epidemic and in stopping HIV stigma. And this includes highlighting people's voices who are living with HIV, talking about how we can all stand up and learn the facts and know more about HIV prevention, treatment and care, and really support those we love who may be living with HIV.

Next slide. That's everything we have in terms of set for community. If you want to know where to find it, we have a fantastic website that I will also drop the link in the chat for after, that we are showcasing all of our resources. You can find them if you're looking by audience type or by topic or by language or by format. We have it all and it's easy to find, easy to sort. We're also happy to work with you to help customize packages that you might want to make.

And then if you jump to the next slide, you will see that we also have clinician resources. On the other side of the house, we have a whole bunch of stuff as well. If you go to the next slide, you'll see, just like on the consumer side, we have posters, videos, brochures, web banners, you name it, we have it, across all four of the topic areas as well. And you can find all of these resources if you go to the next slide under HIV Nexus.

This is a clinical resource. This is like the one stop shop. If you are a clinician, or if you're working with a clinician, they can find all of the latest recommendations and research on HIV. They also contains even tools like CME programs that they can participate in to earn their credits. It has resources for them to share with patients. It has cheat sheets and things for providers who maybe don't deal with HIV care as often. You name it, we have it.

And then on the next slide, you will see, we also know how important social and digital media stuff is these days. You can visit our website and we have pre ready for you toolkits on social media, by topic and by audience. We have a bunch of different ones out there also in Spanish. And they're already set up with the graphics. They already have texts that are set up to the right character limits by site. So you basically can just download, plug and play and use on your platforms. We have clinician resources like that as well that include things like e-blast and infographics and other pre drafted content. And we also even have special toolkits for HIV awareness days. So if you want to promote any of the HIV 12, HIV awareness days, we have resources for that as well.

That's all the campaign stuff. On the next slide, you will see that's not all we do in the prevention communication branch. We have a bunch of other stuff to assist you as well, including things like slide decks. So if you ever need to share this information about HIV surveillance data or other things, you have a pre made deck ready to go. We also have content syndication. If anybody's looking for resources to plug into their website and you don't want to have to build out the expertise in HIV knowledge, you can syndicate content from our website and put it in to any page that you might want so it has your look and feel.

We also have Atlas Plus, which is an amazing comprehensive database that is super helpful for going in and finding information by population or audience or by social determinants of health across the states, counties, across the whole country, for not just HIV, but also all of the things that come out of our center. Hepatitis, STD, TV, all the things.

And on the next slide, you will see that we also have service locators. These are super cool widgets that you can drop also onto your website that allow people to enter their zip code and find free testing services or free PrEP services or treatment, or even also mental health, housing assistance, family planning services in your location. These also, like I said, can be just pulled out, little bit of code, you drop on your website and you can also include it, or you can send people to our website and we have these widgets there so that people can find what options are available for them in their zip codes.

And then we also have on the next slide, sorry. I feel like I'm just running off all the resources, but we got all the things. The risk reduction tool. This, if you're ever working one on one with someone and you want to really have some tailored information for them, this website you can go to and you can select exactly who you are and what prevention options or treatment options or things you may be using right now. And then it can help to give you some tailored information about what you can do to reduce your risk of getting or transmitting HIV.

And then last but not least, on the next two slides, we have both info sheets. Again, if you need to share this information with partners or other people or general public, and you don't want something that's campaigned, but you just want the straight facts, we have all of these 101s on pretty much anything you could need to know about HIV.

And we also have nifty little, on the next slide, pocket guides that can fold up and be real discreet, so somebody can just take it and put it in their pocket and not have to worry about people seeing that they're looking at HIV information.

On the next slide, you will see our handles if you are interested in engaging with us on social media, but I just want to emphasize the webs address at the end there. I mean, sorry. Our email address, the StopHIVTogether@cdc.gov. I cannot emphasize this enough. We would love to co-implement and co-brand we need all of your help to share this critical information so that we can all effectively reach young adults and help end HIV epidemic. So please reach out and connect with us. We are more than happy to work with you in any capacity that we can. Thank you.

Caitlin: Thank you so much, Emily, for all of that amazing information. And I see a lot of questions coming into the chat, which is great. Just quickly want to ease anyone's worries because I know that we have a ton of great information that you shared in links. This session will be recorded and the slides and the recording with all of these links will be made available and we will send out another list serve when that is made available. And I also want to encourage folks to keep putting your questions into the chat. We are saving them up for the Q and A session that we'll get into in just a few minutes. So with that, I am going to ask that we move to the next slide and I will pass things over to Erin.

Erin: Thank you, Caitlin. Good afternoon, everyone. I'm Erin [Colick 00:25:26] and I am the dedicated guest officer in the [YHDP 00:25:29] program with HUD, and I'll be discussing COC and YHDP. Let's jump right in. First thing I will discuss is how healthcare and housing have a symbiotic relationship, and we have identified three key factors to this relationship. Case management, strong partnerships and onsite client support. Healthcare can be managed through adequate case management with a huge emphasis on medication management and support from trained staff within the housing program. With strong partnerships, it's extremely important to establish them with healthcare providers who treat the population as they will most likely be the initial point of contact. When it comes to onsite client support, case managers should aid in supporting youth with managing appointments and ensuring that transportation is not a barrier. Keep in mind that case management, outpatient health and transportation are eligible line items amongst several other services.

Now I will focus on how to integrate HIV and AIDS resources as a part of the service package. It's very important to integrate resources through offering training, education and support groups. It's imperative to train staff on HIV care in order to be able to provide a safe space that offers support. Education is another key factor, as we stress the importance of offering educational resources to youth, stressing medication compliance and safe practices.

When it comes to support groups, establishing peer to peer support groups within the program is key. This can be facilitated by staff, but conversations should be led by peers within the program. The last element that we want to highlight is to include service providers who specialize in HIV aids prevention and care in your coordinated community plan. Those providers should specialize in medical substance use and or mental health. For medical providers, develop relationships with your local area infections disease

providers or clinics. On the substance abuse side, connect youth to substance abuse services to offer education and engagement in harm reduction. For the mental health fees, it is important to connect with mental health providers who have strong backgrounds with working with youth.

Getting all of these suggestions together will help establish a strong service plan with the youth and help manage their health in all areas, so they can avoid returning to homelessness. To execute these services, applying for specific transitional housing, criminal housing, or rapid rehousing programs that include onsite services through your project applications will be the most supportive aspect. Keep in mind that although these projects are targeting HIV positive youth, other youth clients can benefit from these services, regardless of their medical diagnosis. All right, thank you so much for your time and I will pass it over to Celia.

Celia: Thanks, Erin. My name is Celia [Carpenteer 00:28:56] and I'm a senior housing program specialist at HUD working on the housing choice voucher program. We really wanted to bring public housing authorities into this conversation because PHAs often serve youth populations that would benefit from information on HIV and connection to HIV service providers in their communities. We particularly wanted to bring in PHAs that administer the foster youth to independence voucher program, as well as the family unification program as well, because both of these programs serve a youth population.

Specifically, both of these services, most of these programs serve youth who have left foster care, who will soon be leaving foster care, and who are homeless or at risk of becoming homeless. Youth enter the FYI or FUP program between the ages of 18 to 24, and as we heard earlier, this is an important age group where we really want to target information on HIV services and prevention and treatment toward.

Next slide, please. We really hope that the information provided today will help PHAs identify ways that they can bring HIV information and resources to the youth that they serve. And in particular, when thinking about the FYI and FUP programs in particular, PHAs may want to consider how they can encourage their partnering public child welfare agencies to integrate HIV information and resources into their package of supportive services. As you know, PHAs that administer FYI and FUP, as part of those programs, the youth are required to be offered a package of supportive services. And part of this package is required to include information on accessing healthcare. We're hoping that by this information today, PHAs can think about how they or their partnering public child welfare agencies can connect to HIV service providers in their community to provide services to FYI and FUP youth if they have not done so already.

And as far as this partnership, the PHA and the public child welfare agency have discretion in how best to partner with HIV service providers in their communities. For example, HIV service providers may be included in the memorandum of understanding that the PHA and the public child welfare agency enter into in order to administer the FYI or FUP program, but this is not required. The PHA or PCWA really may choose, again, how to partner and may choose to enter into, for example, a separate agreement or arrangement with HIV service providers in order to provide youth, or in order to provide HIV information and resources to FYI and FUP youth.

Again, we hope that PHAs will be able to use the information provided today to help think about how they can make these connections between youth and their FYI and FUP programs and HIV information and services in their communities. I'll now turn it back over, I think, over to Teagan to start the Q and A session?

Teagan: All right. As we move into Q and A, you can submit your questions using the Zoom chat feature. Just go ahead and type it in the chat box on the right hand side of your screen and make sure it goes to hosts and panelists. We do have a number of questions that have already come in. First and foremost, will these slides be shared after the conference?

Caitlin: Yes, these slides will be shared after the conference. We will include the slides, the recording of this webinar, and we'll also make sure that is accessible with the links that we mentioned today. That information will be posted online and we will send out a list serve when it is available.

Teagan: Fantastic. All right. Next question I have is, what is the best way to access clean needle services? Is this a program slash grant?

Emily: Sorry. Were you referring to the question? I don't know if that was aimed at the mention that I had among for the EHE approaches?

Teagan: Yes. That was asked during your section, so that would be directed to you. So yeah, what is the best way to access clean needle services?

Emily: Yeah, Linda, I don't know if you can speak a little bit more to some of the EHE specific aspects in terms of how best we are supporting safe SSP programs?

Linda: Sure. Good morning, or good afternoon. I actually put a link in the chat for the host to share. There are a number of fact sheets that we have on student services programs, but the link I put in is to a harm reduction TA center, and from that link, there are links to all sorts of information that we have, for example, our fact sheets on SSPs during services programs, and also from the TA center, how you can actually get connected to a services program and find out more about linking to those services.

Teagan: All right. Thank you. Next question. Do we think that there is less education to use in students about aids slash HIV presently than there was in the past when aids and HIV were new?

Linda: Emily, oh, while you were speaking, I was looking for those data. I actually host, I put a link in the chat to the trend summary report from the YRBS, which is our surveillance data on youth, but I actually... And that is more around behaviors than actual knowledge. And I'm looking right now for a link. We also conduct these school health profiles. And I suspect that is actually where we have data on what schools are teaching around HIV. I'm going to pull up that link and I'll put it in the chat for you.

Emily: Yeah, and just to provide a little more context, we know that sex education is not starting early enough. There is not a single state where more than half of middle schools teach all 20 sexual health topics recommended by CDC. And we also know that comprehensive sexual health is not reaching most high school students either. In most states, fewer than half of high schools teach all 20 sexual health topics recommended by CDC. And we know that sexual education has been declining over time. That's not just for HIV, that's all sexual health, if you're covering the whole comprehensive 20 unit sessions that we would love to see covered in schools.

Teagan: Thank you. Next question I have is, we've recently completed our CCP for YHDP grant, and did not include any funding for any area of HIV. The RFP is about to be posted publicly, and I'm wondering can project applications incorporate HIV SSO?

Caitlin: I think that would be a question either for Erin or for [Caroline 00:36:39] from the Youth Homelessness Demonstration Program team.

Caroline: Hi, this is Caroline from YHDP. Yes, you can certainly include HIV resources within your services line items within your grants. That could be for a supportive services only grant, or under the services line item for housing grants as well.

Teagan: All right, next question. Is it reasonable, or how can we train housing specialists in HIV medical case management?

Caitlin: I'm going to do a first pass at that answer, but I invite the other panelists to add more information. My first instinct when reading this question is really, I'm sure that it varies from location to location, but what I want to highlight as part of this presentation is really thinking about the partnerships that might exist on the ground. I think we are sometimes, due to the nature of our busy work, a little bit siloed between housing and healthcare, and I'd really like us to think about ways that you could partner with HIV case managers that may already be in existence on the ground doing this work and really leverage those opportunities between housing case managers and HIV care case managers.

Not saying it's not possible. I think it's different for every location, but really think about what already exists that we may be able to lean on and leverage each other's expertise because I know on both ends of the spectrum, you all are already under a lot of pressure and have a lot of workload to carry. And I will pause there and if there's any other panelists that want to speak on this, please go ahead.

Rita: Hey Caitlin, I'll just remind folks here that for those of you that may have HOPWA funding or be able to partner with HOPWA programs locally, case management is a very common activity funded through HOPWA and those case managers tend to be focused on connecting people to HIV medical care and services.

Teagan: All right. We'll go to the next question I have. In terms of addressing access to HIV care for youth experiencing homelessness, has there been any guidance from HUD regarding best practices for connecting HIV care to your local coordinated entry system?

Caitlin: [Rita 00:39:46], do you have any thoughts on this question?

Rita: I can try to give an answer. I am not a coordinated entry expert, but certainly, communities have prioritized HIV for coordinated entry locally. I think it would... I don't know if this is coming from a COC person, representing COC, but we do have some examples of coordinated entry and how that's working. Part of the issue is of course maintaining confidentiality, but we do have some best practices and some examples around that. Let me see if I can pop that into the chat as well.

Teagan: All right. I'll go to the next question. I'm not sure if I missed it, but what is being done now to help the unstable youth who suffer from HIV and or other STI, STD that is not able to get to the service locations?

Caitlin: It might be helpful if the person who asked that question could put a little bit more information in the chat. I think there... I want to be sure we're answering their question in the right way. Is the question about accessing housing services for a youth who's currently unhoused or experiencing housing instability? Or is your question about access to the medical care, the source locator that CDC presenters mentioned earlier?

Teagan: All right. While we wait for additional [inaudible 00:41:50] going to access housing and medical.

Linda: Okay. Housing and medical. I didn't know if you're talking about accessing HIV care service, medical services, not sure what area you're focused on. There are areas where people are quite far from medical care services, particularly in the rural states and rural areas. I do know that there are telemedicine services, [inaudible 00:42:31] coordinates a large body of a network of people who provide care through telemedicine services, where people get their medicine actually through pharmacies and local pharmacies, then have to know more about where the person is, that they are unable to access HIV care.

Caitlin: Yeah and in terms of housing services, I think we were talking about a few different programs throughout today's session. There, as we just mentioned in a previous question and Rita spoke to a little bit, there are local coordinated entry systems. Those are access points within communities to help folks experiencing homelessness access those types of resources. And I can look for a link to put in the chat with a little bit more information about coordinated entry, but that's going to vary from your locality. Hud.gov and the HUD Exchange are both great resources to find out where in your community those access points are. Those are some great starting points.

We also have folks on the call now from our public housing authorities that might be able to talk a little bit more about how folks access vouchers, and then in addition to reaching out to a coordinated entry system or an individual reaching out and identifying their own need for services within the homelessness response system, there are outreach teams that actively go out into communities to work with folks who might be experiencing homelessness and help connect them to resources.

There is the active outreach in communities happening through outreach teams. There's also the intake process that can happen through coordinated entry. And particularly, for young people, we see a lot of that activity also happen in schools. The connection through school counselors, through [McKinney Vento 00:44:31] programs, in K through 12 education is a big access point as well. Lots of different ways that folks are learning about services and accessing services.

Rita: And Caitlin, I would also just add there again, if you're working with a youth who already has tested positive for HIV, the coordinated entry system might connect you to HOPWA, but you could also reach out to HOPWA providers locally, and there's a website. we can put the link there too, that would point you in the direction of those providers. In fact, I think it might assist with finding homeless providers in other services too, that are HUD funded.

Teagan: All right. We'll go to the next question. We are in a YHDP awarded community from round four and five and section three of [inaudible 00:45:36] app for an SSO. I see there's a question asking if the request is for a host homes project, but the field is blank. I'm wondering if answering yes unlocks a set of questions specific to host homes. Do you know?

Caroline: Jessica, it would be helpful if you signed on to the webinar that we're holding specifically for rounds four and five tomorrow for project applications, that will be at 2:00 PM Eastern. Please feel free to enter in Q and A, and I'm happy to get the link to you.

Teagan: All right. I think we are all caught up on the questions that have come in. Again, if you do have a question, please submit it in the chat, make sure it goes to all hosts and panelists, and I will read your question out loud.

All right. I'm not showing any other questions at this time. Oh, wait. One just came in. What is your recommendation for youth who may experience discrimination based on their housing status?

Rita: Are you talking about based on...

Teagan: A status in housing based on their HIV status?

Rita: Right. If a person is experiencing housing discrimination, I would encourage them to file a complaint with Fair Housing. Again, we could put that link here. If they're not willing to do that, and I see comments here about coordinated entry and stigma and absolutely, we hear you and hopefully you can look at these best practices related to coordinate entry. We've also said it's a good practice that even if the person that you're working with is not willing to file that complaint, you could do it on their behalf so that we have record of it. It's really important for us to be able to quantify and express that discrimination is happening. And again, you can get as much information as possible and file that for them. We've seen cases that go all the way through the system, but many times, folks do realize that they're disclosing their status by filing the complaint and

carrying it forward. But there is a way if you do it for them to not disclose the information about that person.

Emily: If I could just add from a different angle, one of the resources that we have through our provider side of the house for the Let's Stop HIV Together campaign is also a lot of resources for working with providers, including [inaudible 00:48:42], but also just other resources on how to learn the facts and be able to not be stigmatizing when dealing with HIV. And so, if there are issues coming from places that you can identify, you may want to also provide these resources or encourage people who are engaging with folks with HIV on some best practices in terms of reducing stigma, or even recognizing that you are being stigmatizing. I know that's from the other side of the house, but that also, we have resources on that if that's helpful.

Caitlin: And Teagan, I did see another question roll into the chat. Are there any implications of adding HIV services within lesser communities instead of bigger inner city communities? I'm wondering, Emily, do you want to talk a little bit about the availability of resources across different types of geography, whether it's rural or urban settings?

Emily: Yes, absolutely. At CDC, as I mentioned, we have these locator widgets that people can install on their pages and it has links to all of the services that are provided, but those are basically voluntary additions to our locator widgets. One of the things that we are actively doing with providers is trying to encourage more providers across the country to sign up to be part of the locator, so we would also encourage you to do this in populations, in your local communities, because that helps everyone identify the potential providers that may be available for PrEP or offering free testing or other services in their locations. And it already includes a lot of the list for federally available programs like from [HRSA 00:50:47], for [Ryan White 00:50:48] and things like that, but it doesn't have a lot of the general practitioners or other folks that might be available in different communities to be able to provide that.

We strongly encourage, if you're working with any local providers or community clinics or other folks, that you know are offering these services or you think would be open to it, please direct them to that because that's something that we are constantly trying to build out what's available through those widgets so that people can find services in every jurisdiction. And Linda, I don't know if you have anything to add to that.

Linda: No, I wasn't quite sure what was meant by lesser jurisdiction. There should be services broadly, but again, I think that widget is really helpful to find services.

Teagan: All right. I am currently seeing if there are any other questions that have popped up. Is there anything I may have missed? I'm not seeing anything new that has popped up.

All right. I'm not seeing any new questions. Again, if you do have any questions, please submit them using the chat.

All right. I'm not seeing any other questions right now.

Caitlin: Why don't we give it [inaudible 00:53:16]

Teagan: Yeah, we have a question just came in. For the HIV youth experiencing homelessness, what's being done to help reach out to them to continue their care?

Emily: We are doing a lot of both, I'll say, direct to consumer marketing. We do a lot of promotion and outreach directly as part of our campaign, but we also work with a whole myriad of other partners and both in the funded and unfunded private public partnership spaces that are really broadening and deepening our reach across the board. And that includes working with a lot of groups that are working at the local level to try to engage people in all of the areas. So not just in terms of treatment, but also in terms of encouraging people to get tested.

We host a lot of testing. Not us, but through our partners on the ground. We host a lot of testing events, prevention, and also then once people get tested, if they test positive, helping connect them into services, and we have some organizations and partners that we have that specifically work with young adults and particularly also with young LGBTQIA plus populations. And so not specifically focusing on experiencing homelessness, but throughout those various mechanisms to really reach those populations from a variety of different angles.

Teagan: For those minors who haven't disclosed their status to their parents, how would services still work for them?

Emily: Sorry. Yeah. Trying to get off mute. Go ahead, Linda.

Linda: Is this about a disclosed, a positive HIV status or sexual identity or?

Teagan: Positive HIV status.

Linda: I believe in all states, or all but one state, that's not required to have parental permission for treatment. There's one state that had something depending on age, but I believe in most states, I'll look for that information for you. I'm not sure if I can get it before the end of the webinar at 4:00, but I believe in virtually every state, minors are allowed to access and consent to their own care for HIV. Do you know any exceptions to that, Emily?

Emily: No, I think that's correct, Linda. As far as I know, it's every state. And because there are options for free HIV care, it shouldn't be an issue too. I know there have been concerns in the past around, not around treatment, but for PrEP and things like that if you're, say, on your parents' insurance or something, but for treatment, there are free options. And for PrEP, there is now also free options to Ready, Set, PrEP, so disclosure shouldn't be an issue.

Teagan: Only for HIV treatment or can they ask access other care as well? IE, PrEP housing.

Emily: I don't know about housing specifically, that is not our wheelhouse, but I do know in terms of PrEP, again, as far as I know through Ready, Set, PrEP, which is the HHS program, it is available to anyone who is uninsured and I don't think that age or disclosure status is a factor. I believe that anyone can access that as well.

Linda: I think that's the case in that you do not have to utilize your parents' insurance or they don't need to get an explanation of benefits. Believe they can access free without requiring any insurance or coverage.

Teagan: All right. Thank you. I'm not showing any other questions at this time.

Rita: I just want to say one thing about this last question, because I noticed that you mentioned PrEP housing, and currently HUD doesn't have a specific PrEP housing program. It's something that we are looking into, but I've seen several examples of how that's working with combining of funds from different programs and those different programs would have different requirements on income and age and all of that.

Teagan: All right. Have a question that came in. Then for those who are under parents' insurance but they didn't want their parents to find out, what can we do or what is being done so the youth can still access treatment?

Emily: As we mentioned, there's no age requirements or anything. Any youth should be able to go to their provider and be able to access the services through mechanisms that don't require it to be disclosed or reported on their parents' insurance. And I believe that is the case in every state for both prevention and treatment services. Linda and I were just talking previously about treatment, but I think it is for prevention as well.

Teagan: Okay, great. [inaudible 00:59:10]

Linda: And I'll just add that I'm looking for it now. The Kaiser Family Foundation has a nice chart on services, minor's ability to consent to STI services, to consent to HIV testing or treatment and what physicians are required [inaudible 00:59:27] may do and by age. I would suggest following up there. I haven't been able to locate all the specifics you want yet and we're just about to end, but it's the Kaiser Family Foundation site.

Teagan: All right. Thank you. And it just said the Kaiser Family Foundation. That was what you just said, correct? Yes. Thank you. All right. And that's all the questions I have.

Caitlin: I just want to add one point of clarification before we wrap up. I know we have a pretty diverse audience from different programs here today, so I wanted to clarify. When we are talking about COCs, or continuums of care, those are local organizing bodies that deal with the homeless service system. That local organizing body made up of local government, nonprofits, other stakeholders, would be a great local organization to link into, or partnership to link into, for any type of provider, including healthcare providers who are providing services that might impact people experiencing homelessness.

I think, like one of our friends put in the chat, in connection to Chicago, conversations happen at that continuum of care level that impact the coordinated entry system, which is a system that helps folks access specific housing supports or case management. Those are how those two pieces connect. And then additionally, we have emergency solutions grants also connect in and coordinate with continuums of care, but those outreach teams that I was describing earlier that proactively go out and connect with people who may be experiencing homelessness to have them access resources, that can also be funded through our emergency solutions grants.

Lots and lots of people working together at the local level on all aspects of health and housing, and want to say a big thank you to all of you on the call and the folks that are doing this work on the ground for continuing in that partnership, continuing to leverage your expertise and really again, helping to serve young people in our nation. Thank you so much.

Teagan: That concludes our conference. Thank you for using Event Services. You may now disconnect.