



People don't have to die from HIV/AIDS - but they still do.

- 76% of people who get HIV are **poor**ⁱ
- 65% are **unemployed**ⁱⁱ
- 50% risk becoming **homeless**ⁱⁱⁱ
- 75% of the people we serve are **mentally ill**

Of what other disease is this true???



Every 14 minutes



A vulnerable person is diagnosed with HIV.^{vi}

When HIV/AIDS became a public health crisis in the 1980s, anyone diagnosed with the terrifying new disease risked being abandoned by family, shunned by society and dying alone.

Contrary to popular belief, HIV/AIDS continues to be a scourge – an incurable disease that today almost exclusively takes its toll on our community's most vulnerable people.

Alone among infectious diseases, ***poverty*** is the top predictor of whether an individual will contract HIV^{iv}, and ***homelessness*** a top predictor of whether the diagnosis will be a ***death sentence***.^v

DOORWAYS

The largest HIV-serving organization in the state, DOORWAYS is an interfaith nonprofit that provides housing and related supportive services to restore dignity, health and self-sufficiency to people affected by HIV/AIDS. We **serve over 3,100 people affected** by the disease each year and receive **350 calls** for help **every day**. ***Our programs do -***

Meet the Immediate Need

Emergency Housing – Safe, private rooms for up to 75 people per night, so no one sleeps on the street while our caseworkers develop a plan and marshal necessary resources.

Own Home Program – Prevents people living with HIV from becoming homeless by providing rent, mortgage and utility assistance.

Build a Path Forward

Residential Program - 103 apartment units at community-based sites for individuals who have limited financial ability to live independently.

Jumpstart Program - Gives vital services to homeless families, allowing parents to regain independence and have a stable place to raise their children.



Intensive Case Management and Self-Sufficiency Programs - Connects people to needed community resources like landlords with safe and affordable units open to people with HIV/AIDS. Addresses the issues that often accompany homelessness – unemployment, limited education, mental health conditions, malnutrition and substance abuse.

Deliver Compassionate Care

Cooper House - 24-hour nursing care to 36 people who are severely ill or dying from HIV-related illness.

Outstate Program – Empowers community-based organizations in 117 rural and under-served Missouri and Illinois counties to meet the needs of their community members living with HIV.

The Challenge Ahead

**Urban poor in the US are at 20x greater risk for HIV
– a rate comparable to Haiti, Angola, Ethiopia and Burundi.^{vi}**

As HIV has become a disease of the poor - and homelessness the biggest variable in survival - the need for DOORWAYS' services has soared.

- We meet the entire metro-region's need for HIV-related emergency shelter - **75** people a night.
- The demand for **emergency housing** has **increased 10x** over 10 years.
- Across all programs, our number served has increased 40% in 3 years.
- Requests to our Own Home Program have increased 90%.



**When people become homeless they are up to . . .
16x more likely to contract HIV
10x more likely to have HIV**

Housing is the Best Medicine

A stable home is the top predictor of whether someone with HIV will live or die from the disease.^{viii} As the foundation of social, economic and personal life, housing directly impacts the outcomes for people living with HIV through:

- Adherence to treatment regimens
- Lowered viral loads
- Reduced risk of mortality
- Ability to stay employed
- Better nutrition
- Avoidance of risky behaviors
- Access to medical care
- Management of other health conditions
- Reduced risk of transmission



“Without the stability DOORWAYS provides, HIV is more likely to spread.”

**-Jay Moore, M.D., Chair of DOORWAYS
Board of Directors**

Untreated mental illness led Jason to quit high school and begin a 12-year battle with heroin addiction. Living in his car, things couldn't get much worse. Then he tested HIV positive. When a kind stranger helped him connect with DOORWAYS, he seized the chance for a fresh start. ***“Having my own place where I could be away from the people, places and things that were part of my addiction finally let me be clean. I never used again.”*** After eight years of hard work, Jason is sober, healthy and proud to report that he is in the 2018 graduating class of St. Louis Community College.

- Homelessness predicts HIV, and HIV predicts homelessness.
- Over 6,000 people are living with HIV in the St. Louis area.
- Missouri has 500 new cases a year.
- With support from the community, we can prevent HIV from spreading.

“The HIV epidemic will end only when people with HIV can manage the disease. Housing makes that possible.”

-Opal Jones, DOORWAYS President and CEO



Derek was leading a full life with a good job until HIV caused his health to deteriorate after a simple illness. He lost his job and was soon evicted. Homeless with his wife and young granddaughter, he turned to DOORWAYS. Fast placement in emergency housing prevented the worst, while a caseworker helped find an apartment in the right school district. With time to recover his health and 5 months of rent support, Derek was able to re-train as a truck driver, find a new job and regained his self-sufficiency. **“I can’t believe this – I’m so thankful!”**

- It can take someone with HIV months to recover from a cold or flu.
- For 1,500 people a year, DOORWAYS’ Own Home program prevents people from losing their homes due to HIV-related health setbacks with temporary rent and other assistance.
- 76% of people with stable housing become virally suppressed.



“Hope is being able to see that there is light, despite all of the darkness.”

- Archbishop Desmond Tutu

When **Marcus** found DOORWAYS, he thought he was **wasn’t allowed to work** because he was HIV-positive. **Kendra left a job she loved** after a co-worker learned she was HIV-positive and destroyed her with gossip. Born to an HIV-positive mother, **Amy was kicked out of her grandparents’ house** as an infant. **Patrick** is developmentally disabled and has lived at DOORWAYS for 15 years. He has **never had a visitor**. Many of our clients are **afraid to visit friends and family** because they worry someone will see their medication and discover they are HIV positive.

- The stigma around HIV makes it the loneliest disease.
- People find acceptance and belonging in our supportive, community-based housing.
- Our program helps residents rejoin the workforce and find purpose.

The Economics of Inaction

- **Lifetime Total Cost:** Homelessness is both a cause and consequence of HIV. Providing vulnerable people with housing prevents transmission of HIV – a smart economic strategy when the average national cost of treatment for each new infection is about \$438,780.^{ix}
- **Cost of New Infections/Prevention in Missouri:** Compounding risk factors make Missouri’s cost even higher. With about 501 new infections per year, Missouri’s annual HIV treatment cost is over \$232 million each year.^x This means that one case prevented in Missouri saves \$463,660.
- **Impact on Hospitals:** Vulnerable people are less likely to have regular health providers and more likely to seek in-hospital care, which is associated with much higher treatment costs.^{xi}
- **Burden on Patients:** Most patients face monthly medical costs of \$2-\$5,000+.^{xii}

Our Vision: DOORWAYS 2.0

As HIV increasingly affects the most vulnerable amongst us, DOORWAYS has been stretched to the limit. Our capacity-building initiative will expand programs and right-size facilities, empowering our response to these new challenges.

Today’s Challenge	The DOORWAYS 2.0 Solution
An individual’s or family’s need for emergency housing is a clear sign that intensive intervention is needed, but scattered sites prevent holistic assessment of client needs.	All homeless or unstably housed clients will have an in-depth assessment of current life circumstances, past experiences and needs.
Vulnerable people face multiple, compounding obstacles to health and stability.	On-site programs will address a variety of needs: food insecurity, engagement in Anti-Retroviral Therapy (ART), medical care, mental health, substance abuse, family issues, housing and employment barriers.
Integrated care requires significant cross-program and cross-sector coordination.	A new high-capacity data management system – Caseworthy – will integrate housing, health and employment information while assimilating data from other programs – like Ryan White HIV/AIDS Program, Housing Opportunities for Persons with AIDS – and reporting agencies.
Homeless and unstably housed clients fall out of care – and health – for highly individualized reasons.	Community behavioral and psychological health experts will be on-site to tailor 1:1 paths to recovery. Personal attention will support clients in improving skills, finding job and regaining hope for a self-sufficient future.
Food insecurity undermines health recovery.	Nutrition education, voucher programs and partner providers will locate on-site to help Emergency Housing residents build the foundations for health.
Multiple supports require intensive case management.	Ryan White Medical Case Managers will be offered space in the new facility so they can collaborate effectively with clients and staff.

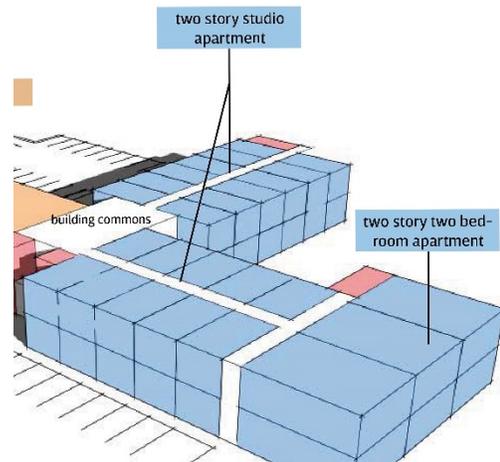
Increased Impact

- Improved self-sufficiency from combining employment services, supportive services, health services, and temporary housing while setting individual/family goals and outcomes.
- A shift in client perspective from waiting for the disease to run its course and a feeling of complacency to taking action to improve their situation and assuming responsibility for a vastly improved future.
- Improved health outcomes stemming from stable housing and services will include reduced viral loads and improved CD4 counts in addition to overall mental and physical health.
- Increased ability to target the complex set of employment barriers faced by PLWHA (People Living with HIV/AIDS).
- Lowered Emergency Housing recidivism rates through streamlined intake assessments, cross-agency cooperation and data sharing.

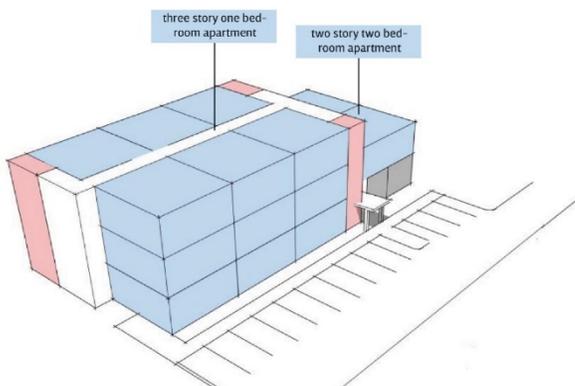
Project Features

Emergency Housing Facility. 50 one & two-bedroom emergency housing apartments with on-site amenities including 24-hour staffing, private bathrooms, a community training/computer room, counseling offices, a playground and green space.

- Meets the region's HIV-related emergency housing needs.
- Eliminates the need to rent expensive motel rooms at dozens of scattered sites across the city and resulting inefficiencies in service-delivery.
- Takes the burden off city/county social services and hospitals.
- Costs 2-3x less than our current model.



Emergency Housing Facility Concept

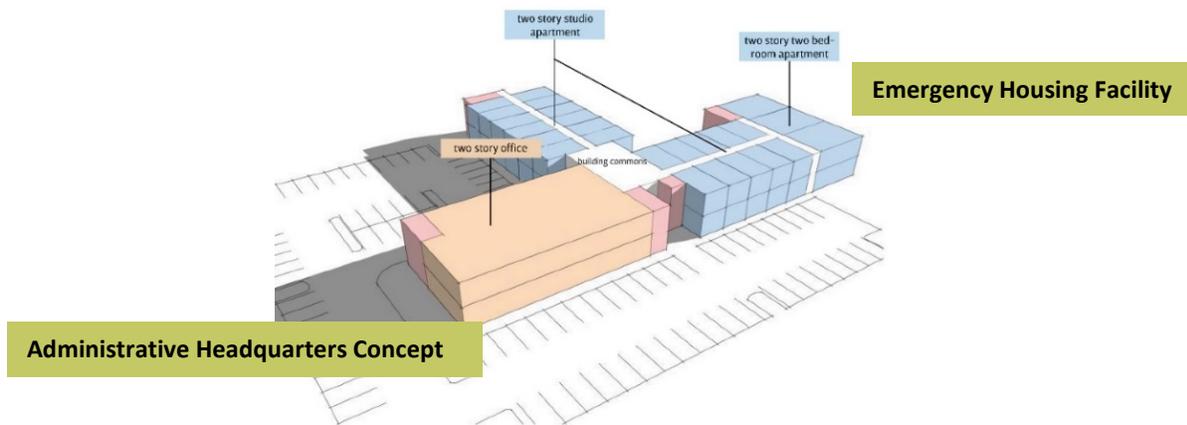


New Delmar Concept

Replacement of Aged and Outdated Delmar Building. A new facility designed specifically for the needs of the homeless.

- 20 fully-accessible, supportive housing units with wrap-around services to empower recovery.
- Allows homeless people to go directly into supportive housing without using emergency housing resources.

Right-Sized Program and Administrative Headquarters. Our staff has more than doubled within our original space. The new building will feature adequate administrative space and multi-functional program spaces, including a classroom and conference rooms.



Creation of an Integrated HEALTHY LIVING Program. Targets the social determinants of health that trap people in a vicious cycle of illness and prevent them from living independently and productively.

- Comprehensive evaluation of individual client needs on intake.
- Employment counseling, substance abuse and mental health supports.
- Links to all housing, health care partners and support services with a greatly expanded and professional level of support services and self-sufficiency focus.

Capital Reserve Fund. A reserve to support the capital needs of our permanent housing and Cooper House nursing care facility.

- Ensures dignity and quality care for the severely ill.
- Extends the longevity of our 103 units.

ⁱ Denning, MD, MPH, Paul, and DiNenno, PhD, Elizabeth, “Communities in Crisis: Is There a Generalized HIV Epidemic in Impoverished Urban Areas of the United States?” Centers for Disease Control and Prevention. Web accessed June 14, 2018. <https://www.cdc.gov/hiv/group/poverty.html>

ⁱⁱ American Psychological Association. “HIV/AIDS and Socioeconomic Status”. Web accessed June 14, 2018. <http://www.apa.org/pi/ses/resources/publications/hiv-aids.aspx>

ⁱⁱⁱ National Coalition for the Homeless. “HIV/AIDS and Homelessness.” Web accessed June 3, 2018. <http://www.nationalhomeless.org/factsheets/hiv.html>

^{iv} Pellowski, Jennifer, *et. a.* “A pandemic of the poor: social disadvantage and the U.S. HIV epidemic.” *Am. Psychol.* 2013 May-Jun. 68(4)197-209. Web accessed. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700367/>

^v Aidala, PhD, Angela, *et. al.* “Housing Status, Medical Care, and Health Outcomes Among People Living With HIV/AIDS: A Systematic Review.” *Am J Public Health.* 2016 January. 106(1):e1-e23. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4695926/>.

^{vi} According to the Center for Disease Control, 37,600 new cases (as of most recent year available, 2014). <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>

^{vii} Denning, *supra*.

^{viii} National AIDS Housing Coalition in collaboration with The John Hopkins Bloomberg School of Public Health. “Housing is HIV Prevention and Healthcare”. Web accessed June 8, 2018. https://shnny.org/uploads/Housing_is_HIV_Prevention_and_Health_Care.pdf and National Health Care for the Homeless Council. <https://www.nhchc.org/wp-content/uploads/2011/09/HardColdFacts.pdf>

^{ix} Aidala, *supra*.

^{ix} Adjusted to reflect 2018 dollars.

<https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html> (lifetime cost of treatment is \$379,668 in 2010).

^x Adjusted to reflect 2018 dollars. <https://www.cdc.gov/hiv/programresources/guidance/costeffectiveness/index.html> (Missouri costs are \$2,100,000 in 2010).

^{xi} JAIDS Journal of Acquired Immune Deficiency Syndromes 43(4):451-7. January 2007. <https://www.ncbi.nlm.nih.gov/pubmed/16980906>

^{xii} <https://www.healthline.com/health/hiv-aids/cost-of-treatment#1>