



# 2019 CDPH HIV Services Funding

July 2018

# Goals

- Partner with CAHISC to determine the most appropriate approach to PSRA in light of the last two years of planning
- Share information that can help inform CAHISC's PSRA process
- Review and discuss CDPH HIV Services Portfolio funding recommendations
- Review and discuss differences between recommendations and 2018 CAHISC PSRA
- **NOTE: CDPH is the midst of a competitive funding process, which prohibits us from discussing certain information that could influence outcomes of the process.**

# QUESTIONS

- Questions/comments from the CAHISC sub-committees will be answered/addressed throughout the presentation.

# Please keep in mind...

- When CDPH developed the portfolio funding structure, we strived to honor the work of CAHISC over the last two years. We also took very seriously the input and feedback we received from a wide range of other stakeholders. At times, some feedback was in conflict, so we had to make decisions that best supported services for residents.
- We're at the next logical step in the planning process. The portfolio has been finalized, and CDPH is responsible for implementing it.
  - This year's recommendations are guided by the portfolio, which CAHISC provided intensive guidance and direction on.
  - As we have in the past, CDPH is presenting funding recommendations to CAHISC for consideration. CAHISC should focus on the allocations, not the broader portfolio construction.
  - Non-allocation recommendations should be handled through directives.

# Please keep in mind...

- The recommendations must be taken into consideration as a whole, rather than just focusing on RW service categories alone.
- We recognize this is new, somewhat uncharted territory, because, in the past, we've only allocated RW resources in isolation.
- We urge caution on:
  - **Doing a simple comparison between last year's allocation and what we're recommending because the portfolio integrates funding in a way we haven't before and must be judged on its own merits (guidance from Healthcare Access Committee).**
  - Over-relying on service utilization data, as the service delivery systems is being significantly enhanced.
- HRSA changed the due date of our application.
  - July: Complete PSRA, if possible.
  - August: Share CDPH application with CAHISC.
  - September: Submit application to HRSA.

# Please keep in mind...

- We received a \$2.5M funding reduction in CDC HIV prevention, which covered services for both people living with and vulnerable to HIV, primarily HIV testing.
- We will receive \$500,000 from IDPH to implement PCHH in suburban Cook and collar counties.

# Please keep in mind...

- CDPH extended all prevention, Ryan White, and housing contracts through 2018. We are required to rebid funds so new contracts can be in place in 2019.
- Some concerns we're trying to solve with this model include:
  - Lack of coordination across individual programmatic goals.
  - Lack of real intent to coordinate as a system.
  - Inability to GTZ with no systematic, coordinated way to get there.
  - We're not reaching enough people to accelerate progress to GTZ.

# QUESTIONS

- **What pool of money does the \$500,000 IDPH contribution come from?**
  - Funding comes from state general revenue dollars that are earmarked to support PrEP uptake in Illinois. Funds do not come from resources allocated to regional lead agents.
  - CDPH did not apply to become a regional lead agent.



# Final 2019 HIV Services Portfolio

- **Purpose:** To accelerate progress toward getting to functional zero HIV infections by 2030
- **Outcomes:**
  - Increase by 20% the number of PLWH who are virally suppressed
  - Increase by 20% the number of persons vulnerable to HIV who use PrEP
- **Development:**
  - 25 months of community engagement
  - Significant guidance and direction from CAHISC
  - Multiple community/provider interactions – forums, consultations, delegate/sub-recipient meetings, and more
  - Feedback incorporated into final portfolio

# Final 2019 HIV Services Portfolio

- **Community Development**
  - Black gay, bisexual, and other men who have sex with men (MSM)
  - Latino gay, bisexual, and other MSM
  - Transgender persons
  - Cisgender Black heterosexual women
  - Evaluation
- **Healthcare Access**
  - Population-centered health homes (PCHH)
  - PCHH for persons with complex medical/behavioral needs
  - Highly targeted HIV screening and linkage to care
  - Essential supportive services
  - HIV primary care
  - Legal, food, financial assistance
  - Medical case management

# Final 2019 HIV Services Portfolio

- **Housing**
  - Housing for PLWH
  - Housing for persons vulnerable to HIV
- **Marketing**
- **Services for Persons who Use Drugs**
- **HIV Screening in Healthcare Settings**
- **Resource Coordination**
- **Evaluation and Quality Management**

# QUESTIONS

- **How is “persons vulnerable to HIV” defined?**
  - Persons vulnerable to HIV include:
    - Gay, bisexual, and other men who have sex with men of all races/ethnicities;
    - Cisgender Black heterosexual women;
    - Transgender persons who have sex with men; and
    - Persons known to be in an ongoing relationship with a person living with HIV who is not on ARV OR who is on ARV but is not virally suppressed OR who is within six months of initiating ARV.
- **What policies/procedures will persons vulnerable to HIV have to go through to get housing?**
  - The only defined criteria is PrEP use. Other criteria will be defined through the competitive funding process.

# QUESTIONS

- **How will CDPH-funded marketing incorporate messages for different audiences, e.g., youth and people over 50?**
  - Marketing messaging will be aligned with the outcomes of CAHISC's planning process and GTZ: viral suppression and PrEP, as well as programs and services that support these outcomes. Audiences will depend on the specific message being delivered. Messaging and audiences will be determined through the competitive funding process.

# 2019 CDPH HIV Services Funding

Funding Source	Funding Amount
Corporate	\$3,100,000
CDC – HIV Prevention	\$2,650,000
CDC – STI Prevention	\$300,000
HRSA – RWA	\$21,413,000
HRSA – RWMAI	\$2,100,000
HUD – HOPWA	\$7,078,000
<b>Total*</b>	<b>\$36,641,000</b>

\*Total does not include \$500K IDPH contribution.

# CDPH HIV Services Funding Restrictions

- **Corporate:** None
- **CDC – HIV Prevention:** Must align with services in PS18-1802
  - Identify persons living with HIV and uninfected persons at risk for HIV
    - HIV testing
    - Partner services
    - Data to care
  - Provide comprehensive HIV-related prevention services for people living with HIV
    - Linkage to medical care, treatment, and prevention
    - Re-engagement in care
    - Retention in care
    - ARV adherence
    - Risk reduction
    - Referral to other essential supportive services

# CDPH HIV Services Funding Restrictions

- **CDC– HIV Prevention** (continued) : Must align with services in PS18-1802
  - Provide comprehensive HIV-related prevention services for people at risk for HIV
    - HIV testing and risk screening
    - Increase awareness of PrEP
    - ARV adherence
    - Referral to nPEP
    - Risk reduction
    - Referral to other essential supportive services
  - Conduct community-level HIV prevention activities
    - Social marketing
    - Social media
    - Community mobilization
    - Condom distribution



# CDPH HIV Services Funding Restrictions

- **CDC – STI Prevention:** Must align with services in PS19-1901
  - Partner services
  - Clinical preventive services (i.e., STI screening and treatment)
  - Focused on:
    - Adolescents and young adults
    - MSM
- **HRSA – RWA:** Must align with rules, regulations, and guidance of the Ryan White HIV/AIDS Program
  - Service categories (75/25 without waiver)
  - Eligibility (low income PLWH)
  - Payer of last resort

# CDPH HIV Services Funding Restrictions

- **HRSA – RWMAI:** Must align with rules, regulations, and guidance of the Ryan White HIV/AIDS Program MAI
  - Focus on reducing health disparities
  - Services categories: core medical and support services
  - Eligibility (low income PLWH)
  - Payer of last resort
- **HUD – HOPWA:** Must align with rules, regulations, and guidance of the HOPWA Program
  - Eligibility (low income PLWH)
  - Wide range of facility-based and non-facility-based housing and social services – permanent housing, short-term housing, short-term rental/mortgage/utility assistance, housing information, supportive services

# 2019 HIV Services Portfolio Funding

Funding Opportunity	Funding Amount
Community Development	\$1,200,000
HCA – PCHH	\$11,857,025
HCA – PCHH Complex	\$2,100,000
HCA – Targeted Screening/Linkage	\$800,000
HCA – Essential Support	\$1,348,075
HCA – Primary Care	\$700,000
HCA – Legal	\$875,000
HCA – Food	\$975,000
HCA – Financial Assistance	\$1,050,000
HCA – MCM	\$4,557,900
Housing PLWH	\$6,078,000
Housing Vulnerable	\$750,000
Marketing	\$1,000,000
Services for Persons who Use Drugs*	\$800,000
HIV Screening in Healthcare	\$1,000,000
Resource Coordination	\$1,550,000
<b>Total**</b>	<b>\$36,641,000</b>

\*Additional funding to support services for persons who use drugs may be available through CDPH substance use program.

\*\*Total does not include \$500K IDPH contribution.

# QUESTIONS

- **What services will HOPWA resources fund?**
  - HOPWA resources will fund:
    - Housing for Persons Living with HIV (\$6,078,000)
    - Resource Coordination (\$1,000,000)

# 2019 HIV Services Portfolio Funding

- IN THE FOLLOWING SLIDES, “ANTICIPATED FUNDING OPPORTUNITY/IES” **DOES NOT** REFER TO THE NUMBER OF ANTICIPATED AWARDS FOR EACH FUNDING OPPORTUNITY.

# 2019 HIV Services Portfolio Funding

## Community Development

- **Purpose:** To address the intersections of HIV and social determinants of health, e.g., employment, housing, social exclusion/isolation
- **Anticipated Funding Opportunities:** 5
- **Description:**
  - Funds will support development and implementation of four initiatives, one each focused on:
    - Black gay, bisexual, and other MSM;
    - Latino gay, bisexual, and other MSM;
    - Cisgender Black heterosexual women; and
    - Transgender persons.

# 2019 HIV Services Portfolio Funding

## Community Development

- **Description (continued):**
  - An additional funding opportunity will support comprehensive evaluation of these initiatives.
  - Funded projects must include partnerships between communities, community organizations or coalitions, and evaluators.

# 2019 HIV Services Portfolio Funding

## Community Development

- **Description (continued):**

- Partnerships will:
  - Assess root causes of HIV disparities caused by social determinants,
  - Seek solutions from community members to address root causes,
  - Develop systems-level intervention(s) to reduce disparities at a population level,
  - Implement intervention(s),
  - Evaluate intervention(s), and
  - Disseminate intervention and evaluation findings.



# 2019 HIV Services Portfolio Funding

## Community Development

- **Alignment with Funding Sources**

- CDC – HIV

- Provide comprehensive HIV-related prevention services for people at risk for HIV
    - Provide comprehensive HIV-related prevention services for people living with HIV
    - Conduct community-level HIV prevention activities (community mobilization)

- **Funding**

Funding Source	Funding Amount
CDC – HIV	\$1,200,000
<b>Total</b>	<b>\$1,200,000</b>

# 2019 HIV Services Portfolio Funding

## Healthcare Access

- **Purpose:** To support comprehensive, coordinated clinical and supportive services that promote the use of ARVs for HIV PrEP and HIV treatment
- **Anticipated Funding Opportunities:** 9 (some opportunities will result in multiple funding awards)

# 2019 HIV Services Portfolio Funding

## Healthcare Access

- **Description:**

1. Population Centered Health Homes (PCHH)

- Funds will provide comprehensive clinical and essential support services for persons living with and vulnerable to HIV to promote ARV use for HIV PrEP and HIV treatment.
- PCHH can be implemented through partnership or by stand-alone organizations.
- PCHH will be required to provide services in each of the following categories: outreach and recruitment, HIV testing, linkage to healthcare, engagement/retention in healthcare, primary care and/or HIV-related medical care, medication adherence, STI screening and treatment, mental health services, substance use disorder services, and direct provision of or referral to housing, employment assistance, nutrition services, vision services, oral healthcare, specialty medical care, and hormone therapy.

# 2019 HIV Services Portfolio Funding

## PCHH

- **Alignment with Funding Sources**

- Corporate

- CDC – HIV

- Identify persons living with HIV and uninfected persons at risk for HIV
- Provide comprehensive HIV-related prevention services for people living with HIV
- Provide Comprehensive HIV-related prevention services for people at risk for HIV

- CDC – STI

- Provide clinical preventive services

# 2019 HIV Services Portfolio Funding

## PCHH

- **Alignment with Funding Sources**
  - HRSA – RWA
    - Outpatient/ambulatory
    - Mental health
    - Substance abuse outpatient
    - Outreach
    - Psychosocial support
    - Oral health
    - Substance abuse residential
    - Non-medical case management

# 2019 HIV Services Portfolio Funding

## PCHH

- Funding

Funding Source	Funding Amount
Corporate	\$800,000
CDC – HIV	\$800,000
CDC – STI	\$250,000
HRSA – RWA	\$10,007,025
<b>Total</b>	<b>\$11,857,025</b>

# QUESTIONS

- **How is psychosocial support defined? Does it include diagnosis and treatment of mental health concerns?**
  - Psychosocial Support Services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietician but excludes the provision of nutritional supplements.
  - Psychosocial support does not include the diagnosis or treatment of mental health concerns. These services are funded under Mental Health Services

# 2019 HIV Services Portfolio Funding

## Healthcare Access

- **Description:**
- 2. PCHH for Persons Living with HIV who have Complex Medical/Behavioral Needs
  - Funds will provide all services referenced under PCHH and services to enhance engagement of individuals living with HIV who are chronically disconnected from care and/or who have chronically high HIV viral loads.



# 2019 HIV Services Portfolio Funding

## PCHH Complex

- **Alignment with Funding Sources**

- HRSA – RWMAI
  - Outpatient/ambulatory
  - Mental health
  - Substance abuse outpatient
  - Outreach
  - Psychosocial support
  - Food

- **Funding**

Funding Source	Funding Amount
HRSA – RWMAI	\$2,100,000
<b>Total</b>	<b>\$2,100,000</b>

# 2019 HIV Services Portfolio Funding

## Healthcare Access

- **Description:**

- 3. Highly Targeted HIV Screening and Linkage to Care

- Funds will provide highly targeted HIV screening and linkage to:
  - HIV treatment via PCHH or other healthcare providers for newly diagnosed persons,
  - HIV PrEP via PCHH or other healthcare providers for vulnerable HIV-negative persons, and
  - Re-engagement in HIV care/treatment via PCHH or other healthcare providers for persons previously diagnosed with HIV.

# 2019 HIV Services Portfolio Funding

## Highly Targeted HIV Screening

- **Alignment with Funding Sources**
  - HRSA – RWA
    - EIS
- **Funding**

Funding Source	Funding Amount
HRSA – RWA	\$800,000
<b>Total</b>	<b>\$800,000</b>

# 2019 HIV Services Portfolio Funding

## Healthcare Access

- **Description:**

- 4. Essential Supportive Services

- Funds will provide non-clinical essential support services for persons living and vulnerable to HIV. Services will support successful ARV use by connecting individuals to HIV PrEP or HIV treatment via PCHH or other healthcare providers.
- Essential Supportive Services can be implemented through partnership or by stand-alone organizations.
- Essential Supportive Services will be required to provide services in each of the following categories: outreach and recruitment, HIV testing, linkage to healthcare, engagement/retention in healthcare, and direct provision of or referral to other needed supportive services, including STI screening and treatment, mental health services, substance use disorder services, housing, and employment assistance.

# 2019 HIV Services Portfolio Funding

## Essential Supportive Services

- **Alignment with Funding Sources**

- CDC – HIV

- Identify persons living with HIV and uninfected persons at risk for HIV
    - Provide comprehensive HIV-related prevention services for people living with HIV
    - Provide Comprehensive HIV-related prevention services for people at risk for HIV

- HRSA – RWA

- EIS
    - Mental health
    - Substance abuse outpatient
    - Outreach
    - Psychosocial support
    - Non-medical case management

# 2019 HIV Services Portfolio Funding

## Essential Supportive Services

- **Funding**

Funding Source	Funding Amount
CDC – HIV	\$250,000
HRSA – RWA	\$1,098,075
<b>Total</b>	<b>\$1,348,075</b>

# 2019 HIV Services Portfolio Funding

## Healthcare Access

- **Description:**

- 5. HIV Primary Care

- Funds will provide primary care and/or HIV-related medical care, medication adherence, and STI screening and treatment for persons living with and vulnerable to HIV.
- Services will support ARV by providing direct HIV PrEP medical care and HIV medical care and treatment.

# 2019 HIV Services Portfolio Funding

## HIV Primary Care

- **Alignment with Funding Sources**
  - Corporate
  - HRSA – RWA
    - Outpatient/ambulatory
- **Funding**

Funding Source	Funding Amount
Corporate	\$200,000
HRSA – RWMAI	\$500,000
<b>Total</b>	<b>\$700,000</b>



# 2019 HIV Services Portfolio Funding

## Healthcare Access

- **Description:**

6. Legal Services – Funds will provide legal services for persons living with and vulnerable to HIV to support successful ARV use for HIV PrEP and HIV treatment.
7. Foodbank – Funds will provide food to persons living with and vulnerable to HIV in support of successful ARV use for HIV PrEP and HIV treatment.
8. Financial Assistance – Funds will provide financial support (emergency, health insurance premiums, emergency housing, transportation) for persons living with and vulnerable to HIV to support successful use of ARVs for HIV PrEP and HIV treatment.
9. Medical Case Management – Funds will provide system-wide coordination of medical case management services for persons living with HIV. Services will support successful ARV use by connecting individuals to HIV treatment via PCHH or other healthcare providers and supporting medication adherence.

# 2019 HIV Services Portfolio Funding

## Legal

- **Alignment with Funding Sources**
  - Corporate
  - HRSA – RWA
    - Other professional services
- **Funding**

Funding Source	Funding Amount
Corporate	\$25,000
HRSA – RWA	\$850,000
<b>Total</b>	<b>\$875,000</b>

# 2019 HIV Services Portfolio Funding

## Foodbank

- **Alignment with Funding Sources**
  - Corporate
  - HRSA – RWA
    - Food bank/home-delivered meals
- **Funding**

Funding Source	Funding Amount
Corporate	\$25,000
HRSA – RWA	\$950,000
<b>Total</b>	<b>\$975,000</b>

# 2019 HIV Services Portfolio Funding

## Financial Assistance

- **Alignment with Funding Sources**
  - Corporate
  - HRSA – RWA
    - Housing services
    - Emergency financial assistance
    - Transportation services

Funding Source	Funding Amount
Corporate	\$200,000
HRSA – RWA	\$850,000
<b>Total</b>	<b>\$1,050,000</b>

# 2019 HIV Services Portfolio Funding

## Medical Case Management

- **Alignment with Funding Sources**
  - HRSA – RWA
    - Medical case management
  
- **Funding**

Funding Source	Funding Amount
HRSA – RWA	\$4,557,900
<b>Total</b>	<b>\$4,557,900</b>

# 2019 HIV Services Portfolio Funding

## Housing

- **Purpose:** To provide housing for persons living with and vulnerable to HIV
- **Anticipated Funding Opportunities:** 2
- **Description:**
  - Housing for Persons Living with HIV – Funds will provide housing for persons living with HIV to support successful ARV use for HIV treatment.
  - Housing for Persons Vulnerable to HIV – Funds will provide housing for persons vulnerable to HIV infection to support successful ARV use for HIV PrEP.

# 2019 HIV Services Portfolio Funding

## Housing for PLWH

- **Alignment with Funding Sources**
  - HUD – HOPWA
    - Facility-based
    - Tenant-based rental assistance
- **Funding**

Funding Source	Funding Amount
HUD – HOPWA	\$6,078,000
<b>Total</b>	<b>\$6,078,000</b>

# 2019 HIV Services Portfolio Funding

## Housing for Persons Vulnerable to HIV

- **Alignment with Funding Sources**
  - Corporate
- **Funding**

Funding Source	Funding Amount
Corporate	\$750,000
<b>Total</b>	<b>\$750,000</b>



# 2019 HIV Services Portfolio Funding

## Marketing

- **Purpose:** To develop and deploy cohesive and consistent HIV/sexually transmitted infection (STI) health marketing campaigns
- **Anticipated Funding Opportunities:** 1
- **Description:**
  - Funds will support development of brand/identity for cohesive and consistent HIV/STI/health marketing campaigns.
  - Funds will support deployment of 1-2 branded campaigns, annually, at least one of which will promote use of ARVs for HIV treatment and/or HIV PrEP.

# 2019 HIV Services Portfolio Funding

## Marketing

- **Alignment with Funding Sources**

- Corporate
- CDC – HIV
  - Conduct community-level HIV prevention activities (social marketing, social media)
- CDC – STI
  - Clinical preventive services
- HRSA – RWA
  - Health education/risk reduction

# 2019 HIV Services Portfolio Funding

## Marketing

- Funding

Funding Source	Funding Amount
Corporate	\$300,000
CDC – HIV	\$150,000
CDC – STI	\$50,000
HRSA – RWA	\$500,000
<b>Total</b>	<b>\$1,000,000</b>

# 2019 HIV Services Portfolio Funding

## Services for Persons who Use Drugs

- **Purpose:** To provide health and harm reduction services to persons who use drugs
- **Anticipated Funding Opportunities:** 1
- **Description:** Funds will support the delivery of health and harm reduction services for persons who use drugs, including, but not limited to, needle/syringe exchange, HIV and HCV testing and linkage to care, overdose prevention, and direct provision of or referral to primary medical care and other substance use disorder services.

# 2019 HIV Services Portfolio Funding

## Services for Persons who Use Drugs

- **Alignment with Funding Sources**
  - Corporate
- **Funding**

Funding Source	Funding Amount
Corporate	\$800,000
<b>Total</b>	<b>\$800,000</b>

# 2019 HIV Services Portfolio Funding

## HIV Screening in Healthcare Settings

- **Purpose:** To implement routine, opt-out screening
- **Anticipated Funding Opportunities:** 1
- **Description:** Funds will provide routine, opt-out screening in healthcare institutions.

# 2019 HIV Services Portfolio Funding

## HIV Screening in Healthcare Settings

- **Alignment with Funding Sources**
  - HRSA – RWA
    - EIS
- **Funding**

Funding Source	Funding Amount
HRSA – RWA	\$1,000,000
<b>Total</b>	<b>\$1,000,000</b>

# 2019 HIV Services Portfolio Funding

## Resource Coordination

- **Purpose:** To link persons living with and vulnerable to HIV to needed HIV services
- **Anticipated Funding Opportunities:** 1
- **Description:** Funds will create a comprehensive resource center that provides information about and direct linkage to HIV services for people living with and vulnerable to HIV.



# 2019 HIV Services Portfolio Funding

## Resource Coordination

- **Alignment with Funding Sources**
  - CDC – HIV
    - Provide comprehensive HIV-related prevention services for PLWH
    - Provide comprehensive HIV-related prevention services for persons at risk for HIV
  - HRSA – RWA
    - Referral for healthcare
  - HUD – HOPWA
    - Housing information services

# 2019 HIV Services Portfolio Funding

## Resource Coordination

- **Funding**

Funding Source	Funding Amount
CDC – HIV	\$250,000
HRSA – RWA	\$300,000
HUD – HOPWA	\$1,000,000
<b>Total</b>	<b>\$1,550,000</b>

# CAHISC Priorities vs Portfolio

- CAHISC has not completed 2019 priority setting.
- As a proxy, CDPH reviewed CAHISC 2018 priorities.
- Because CAHISC prioritized all service categories for 2018 funding, there are no differences between CAHISC priorities and CDPH portfolio.

# CAHISC Allocation vs Portfolio

- CAHISC has not completed 2019 resource allocation.
- As a proxy, CDPH reviewed CAHISC 2018 resource allocation.
- **See handout for details.**

# CAHISC Allocation vs Portfolio

- For most service categories, CDPH funding portfolio matches 2018 CAHISC resource allocations.
  - Level funded: Mental Health, Substance Abuse Outpatient, Oral Health, Substance Abuse Residential, Housing, Emergency Financial, Transportation, Legal, Food, Medical Case Management, and Non-Medical Case Management
  - Not funded: ADAP, AIDS Pharmaceutical Assistance, Home Health Care, Home and Community-based Services, Hospice Services, Medical Nutrition Therapy, Child Care Services, Linguistic Services, Rehabilitation Services, Respite Care
    - These categories are not funded because they are or can be covered by other fund sources or because CAHISC determined them to not be high priority.

# QUESTIONS

- Can we compare Ryan White funding levels between last year and what's recommended?
  - Yes, the handout provides a comparison. **We urge caution against doing a simple comparison between last year's allocation and what we're recommending because the portfolio integrates funding in a way we haven't before and must be judged on its own merits (guidance from Healthcare Access Committee).**

# QUESTIONS

- **Why is there no change in the funding allocation for Mental Health and Substance Abuse Services.**
  - In the future, these services will be bundled with other supportive services under PCHH, PCHH Complex, and Essential Supportive Services. This mean customers will have a comprehensive set of options to support their needs, including Mental Health, Substance Abuse, Psychosocial Support, and Non-Medical Case Management. Additionally, PCHH, PCHH Complex, and Essential Support are funded through more than just Ryan White dollars, with Corporate and CDC funds braided in.

# CAHISC Allocation vs Portfolio

- CDPH funding portfolio increases resources for 3 service categories:
  - EIS
  - Health education/risk reduction (New)
  - Referral for healthcare (New)
- CDPH funding portfolio decreases resources for 3 service categories:
  - Outpatient/ambulatory
  - Outreach
  - Psychosocial support



# CAHISC Allocation vs Portfolio

- Why are there differences, overall?
  - 2019 portfolio includes a different configuration of services and resources to accelerate progress toward GTZ and in response to community feedback.
  - 2019 portfolio includes funding across multiple budgets.
  - 2019 portfolio integrates funding within individual funding opportunities.
- Why are there differences, by each service category?
  - **EIS**
    - HIV testing and linkage is a primary route for identifying new HIV cases and re-engaging previously diagnosed persons in care.
    - HIV testing provides testing and linkage in a variety of settings.
    - EIS allows for services across the entire EMA (unlike prevention dollars).
    - CDC \$2.5M funding reduction creates a significant gap in testing/linkage services.

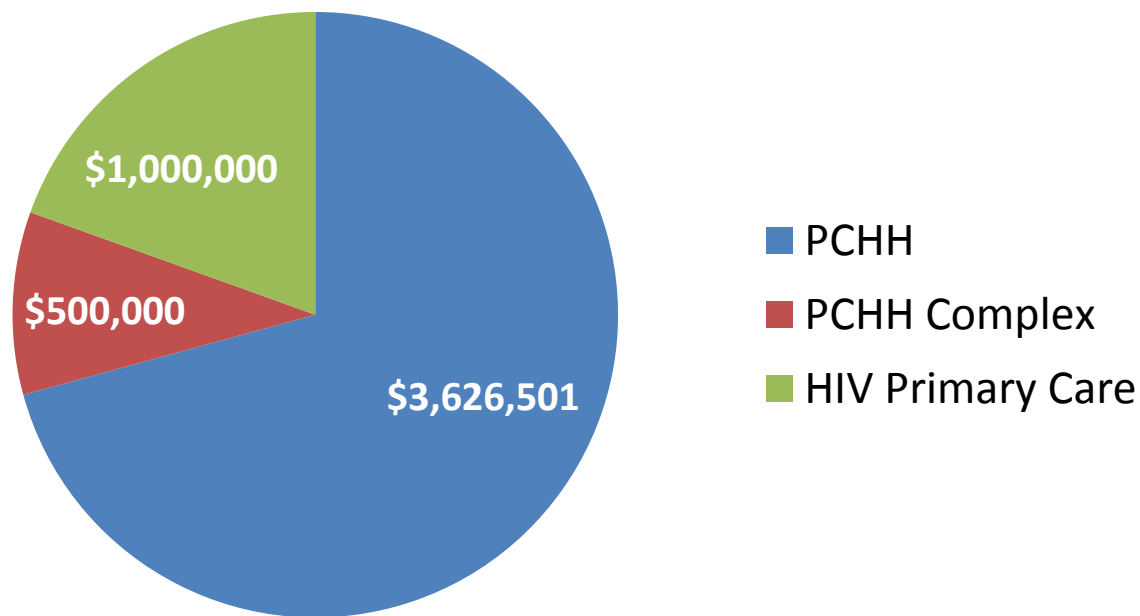
# CAHISC Allocation vs Portfolio

- Why are there differences, by each service category?
  - **Outpatient/ambulatory**
    - Post ACA and Medicaid expansion, most PLWH have insurance (even those who are undocumented). IDPH confirms this.
    - IDPH routinely enrolls all Medicaid clients in ADAP to prevent potential loss of coverage.
    - RW dollars are payer of last resort and can't be used to reimburse services if other payers can.
    - Previous resource allocation processes made overly conservative decreases to O/A, even after ACA, likely because of concerns about state budget and ADAP.
    - While availability of and funding to support O/A are strong, there is a need for enhanced engagement activities to increase awareness, linkage/referral, and navigation. These engagement activities are funded through the service categories with proposed increases.

# CAHISC Allocation vs Portfolio

- Why are there differences, by each service category?
  - **Outpatient/ambulatory (\$5,126,501)**

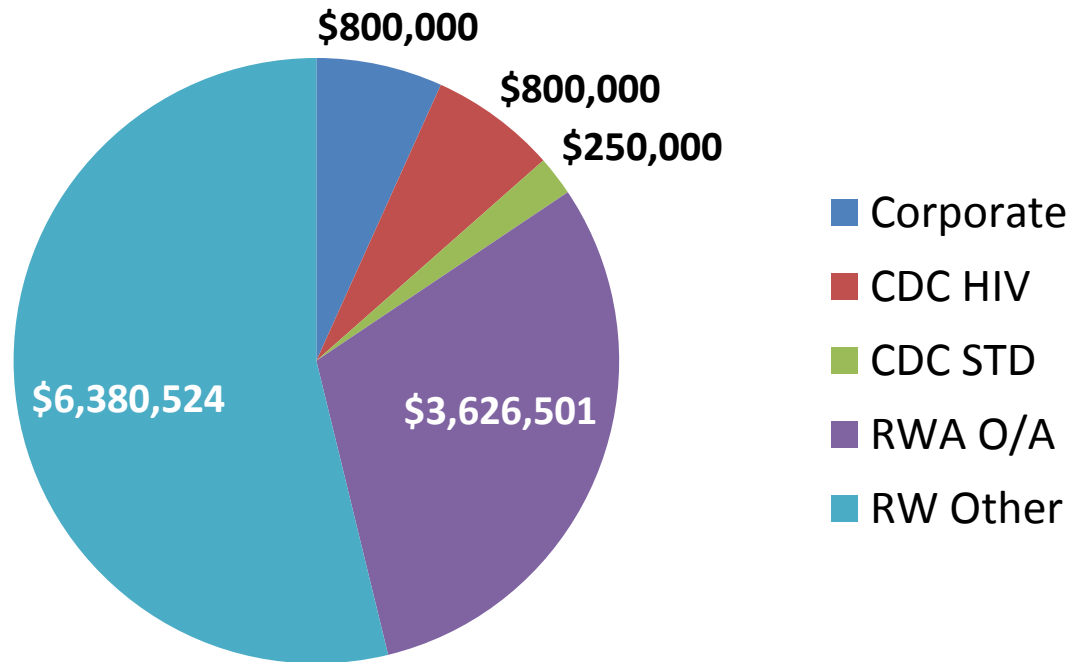
## O/A Funding Opportunities



# CAHISC Allocation vs Portfolio

- Why are there differences, by each service category?
  - **Outpatient/ambulatory (\$5,126,501)**

## EXAMPLE: PCHH Funding Mix



### RW Other

Mental Health:	\$1,622,968
SA Outpatient:	\$1,420,633
Outreach:	\$70,134
Psychosocial:	\$600,000
Oral Health:	\$1,670,516
SA Residential:	\$629,737
NMCM:	\$326,536

# QUESTIONS

- **Why are certain services bundled under “other?”**
  - Services were bundled under “other” because the previous slide is meant to highlight funding to support Outpatient/ Ambulatory Services. Tagging these services as “other” does not diminish the importance of these service categories.

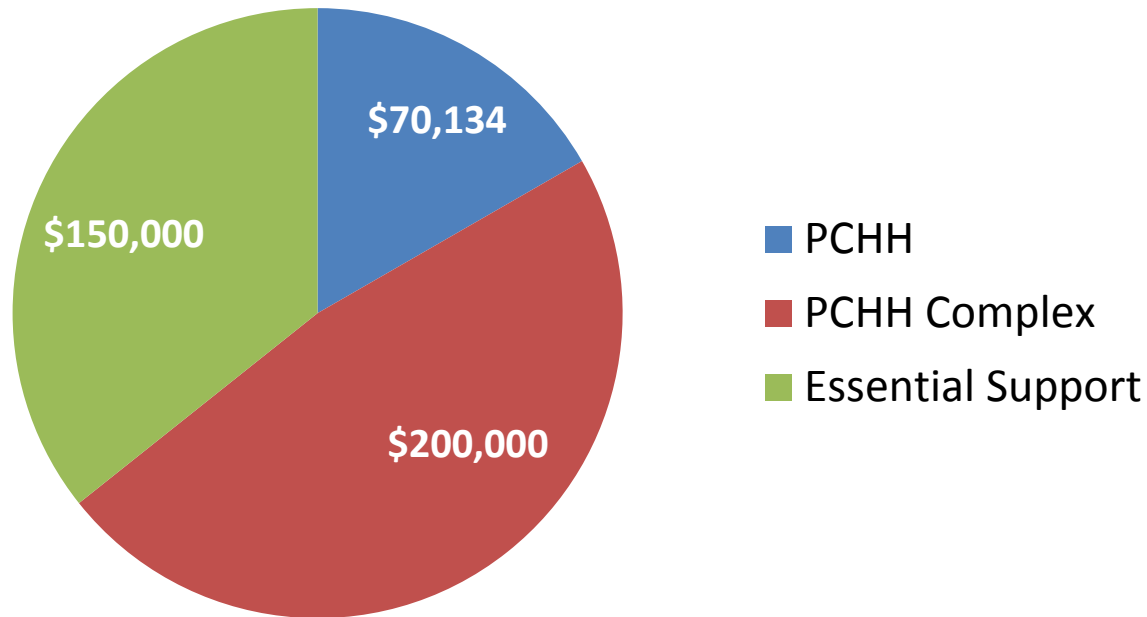
# CAHISC Allocation vs Portfolio

- Why are there differences, by each service category?
  - **Outreach**
    - Outreach is now connected with all O/A through PCHH and PCHH Complex, not stand alone like current programming.
    - PCHH funded for outreach will work with their own patients who are out of care, rather than trying to locate random persons.
    - For customers not linked to a healthcare provider, outreach is funded through Essential Support, which also provides comprehensive supportive services aimed at re-engagement in care.
    - CDPH Bridge to Care program provides a back-stop, as it serves the same population.

# CAHISC Allocation vs Portfolio

- Why are there differences, by each service category?
  - Outreach (\$420,134)

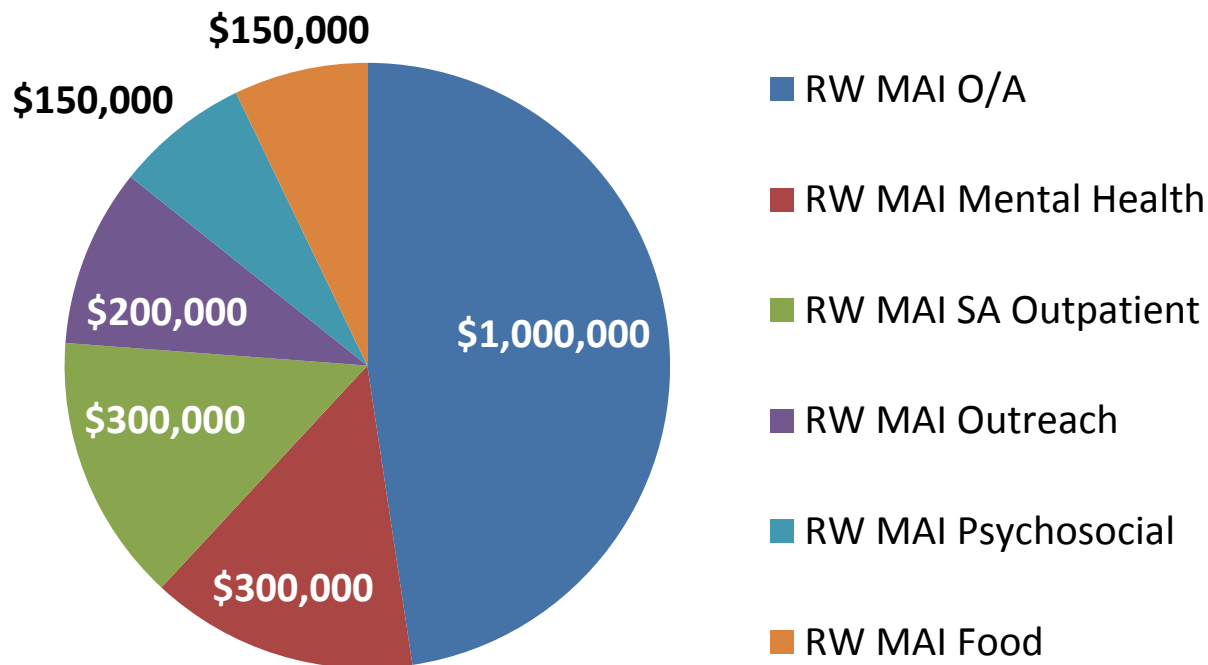
## Outreach Funding Opportunities



# CAHISC Allocation vs Portfolio

- Why are there differences, by each service category?
  - Outreach (\$420,134)

## EXAMPLE: PCHH Complex Funding Mix





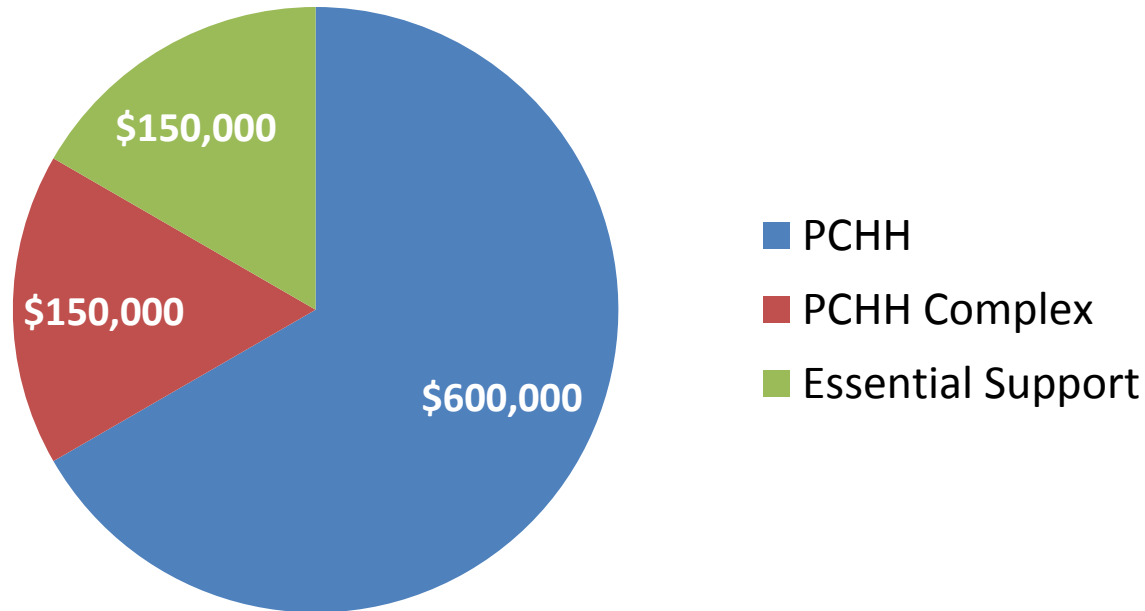
# CAHISC Allocation vs Portfolio

- Why are there differences, by each service category?
  - **Psychosocial support**
    - Psychosocial is integrated in PCHH, PCHH Complex, and Essential Support, rather than stand alone, creating efficiencies.
    - Psychosocial will be provided in combination with other supportive services – non-medical case management, substance use, and mental health – to better meet customers' unique needs.

# CAHISC Allocation vs Portfolio

- Why are there differences, by each service category?
  - **Psychosocial Support (\$900,000)**

## Psychosocial Support Funding Opportunities

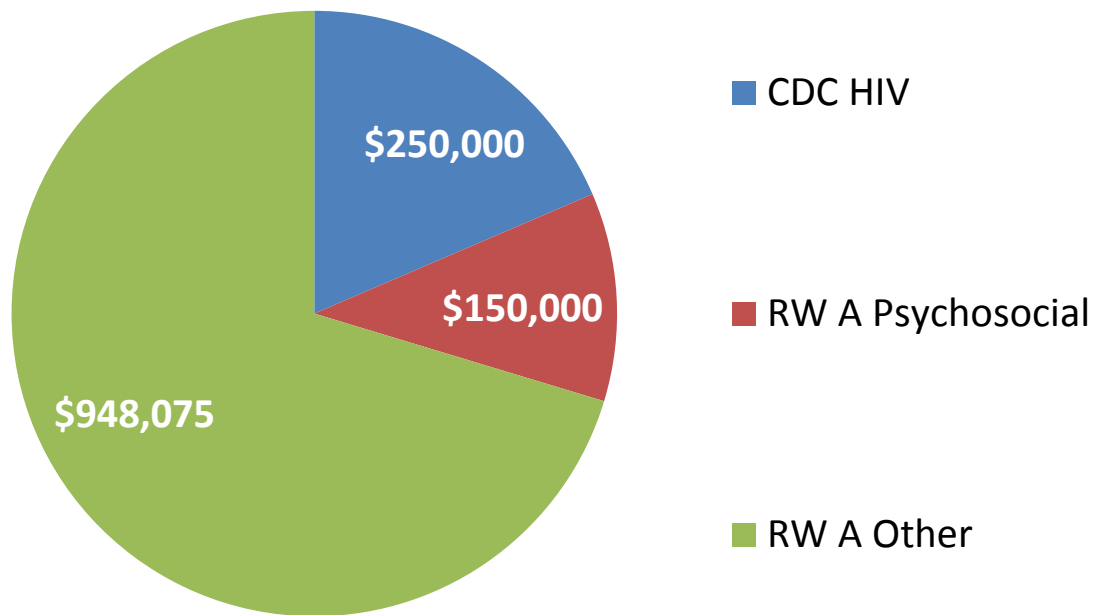


# CAHISC Allocation vs Portfolio

- Why are there differences, by each service category?
  - **Psychosocial Support (\$900,000)**

## EXAMPLE: Essential Support Funding Mix

<u>RW Other</u>	
EIS:	\$200,000
Mental Health:	\$198,075
SA Outpatient:	\$200,000
Outreach:	\$150,000
NMCM:	\$200,000



# CAHISC Allocation vs Portfolio

- Why are there differences, by each service category?
  - **Health education/risk reduction**
    - HE/RR enhances recruitment of individuals who do not routinely access RW-funded services.
    - HE/RR will help expand the number of individuals who are aware of services.
  - **Referral for healthcare**
    - Referral enhances linkage to healthcare and other services for individuals who do not routinely access RW-funded services.
    - Referral will help expand the number of individuals who are linked to and use services.

# QUESTIONS

- **Which line item would we say individuals with co-morbidity for HCV and HIV fall?**
  - Individuals with HIV/HCV co-infection can receive services through any program funded to serve people living with HIV.
- **Can CAHISC recommend to CDPH that delegates go through *Deconstructing Racist Systems* training?**
  - Yes. As part of CAHISC ongoing work on the 4 pillars, CAHISC can work with CDPH to identify next steps for expanding the number of people and organizations that benefit from Deconstructing Racist Systems workshops, as well as training around Trauma Prevention and Trauma-informed Care, Health Equity, and Cultural Leadership/Responsiveness.



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