



# **HIV Services Portfolio**

## **A Status-neutral System to End the Epidemic**

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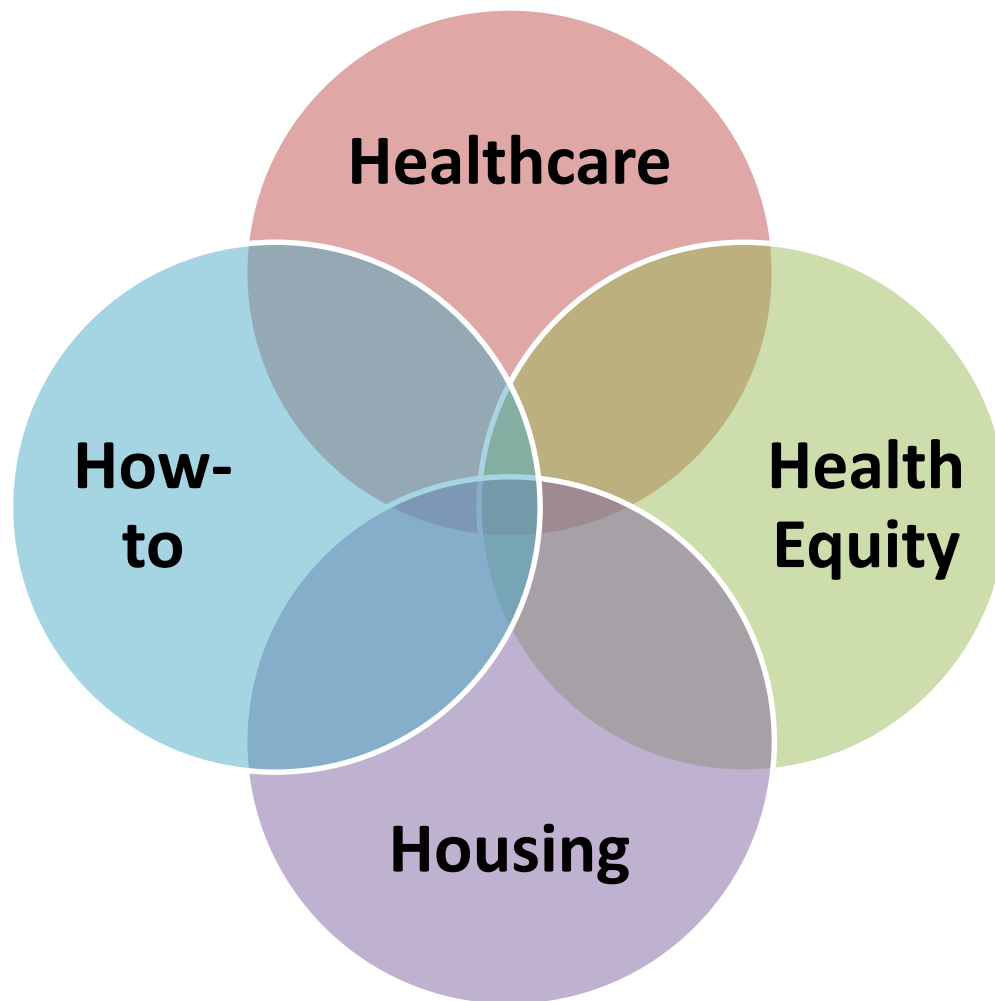
# Background – HIV Services Portfolio

- **Definition:** The collection of all HIV services that work together to reduce new HIV infections and increase the quality of life for those living with and vulnerable to HIV.
- **Purpose:** To accelerate progress toward getting to functional zero HIV infections by 2030.
- **Outcomes:**
  - Increase the number of PLWH who are virally suppressed.
  - Increase the number of persons vulnerable to HIV who use PrEP.

# Background – HIV Services Portfolio

- Funding is integrated across all CDPH HIV/STI fund sources.
- Wherever possible, services are provided in a **status-neutral way**.
- Syndemic infectious diseases are integrated, where appropriate and feasible.
- The Portfolio aligns with priorities set forth in the Illinois Getting to Zero plan, the National HIV/AIDS Strategy, EHE, and Federal funder priorities and requirements.

# Background – HIV Services Portfolio



# HIV Services Portfolio w/ Fund Sources

## HEALTHCARE

- CDC HIV Prevention
- CDC HIV EHE
- CDC STI Prevention
- HRSA – RWA
- HRSA – RWMAI
- HRSA – RWEHE
- City Corporate

## HEALTH EQUITY

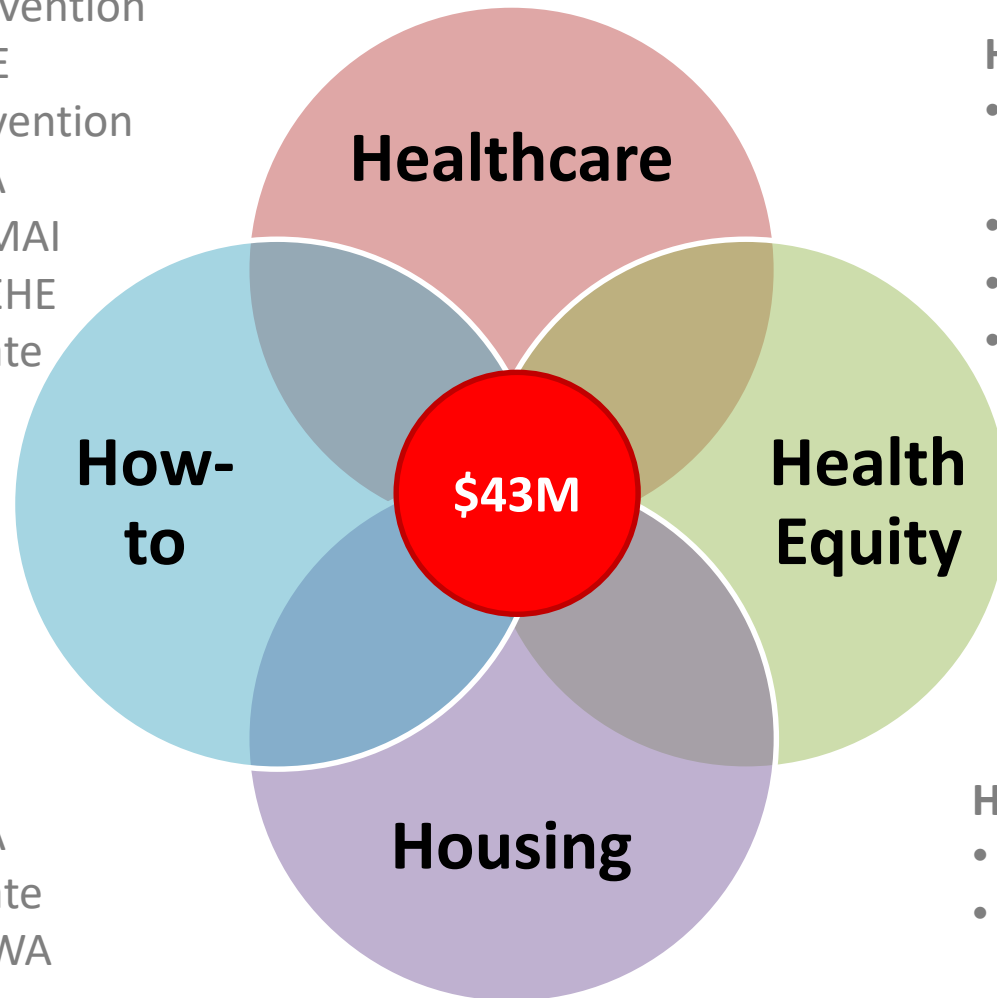
- CDC HIV Prevention
- CDCHIV EHE
- City Corporate
- Blue Cross/Shield

## HOW-TO

- CDC HIV Prevention
- CDC STI Prevention
- HRSA – RWA
- City Corporate
- HUD – HOPWA

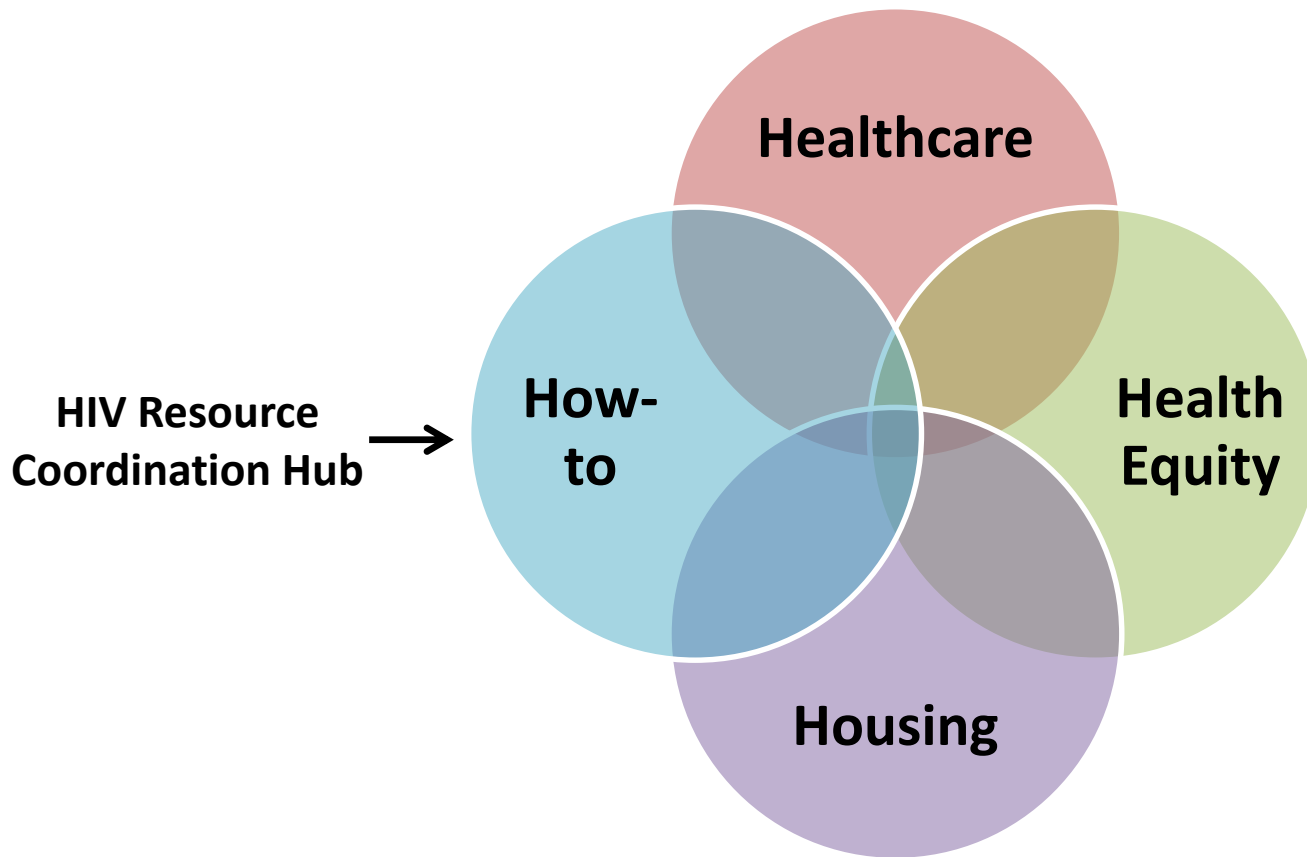
## HOUSING

- HUD – HOPWA
- City Corporate



# Examples of Status-neutral Programs

# How-to – Resource Coordination



# How-to – Resource Coordination

- **Purpose:** Expand the number of individuals who are linked to and use HIV services in the Chicago EMA → no wrong door.
- **Description:** Funds create a comprehensive resource center that provides information about and direct linkage to HIV services and facilitation of emergency financial assistance for **people living with and vulnerable to HIV**.
- **Notable outcomes (02.14.2020-02.14.2021):**
  - Fielded >1,400 calls.
  - Served 981 unique clients.
  - Connected 324 **people living with and vulnerable to HIV** to emergency financial assistance, totaling >\$605,000, for rent, utilities, food, transportation, and more.

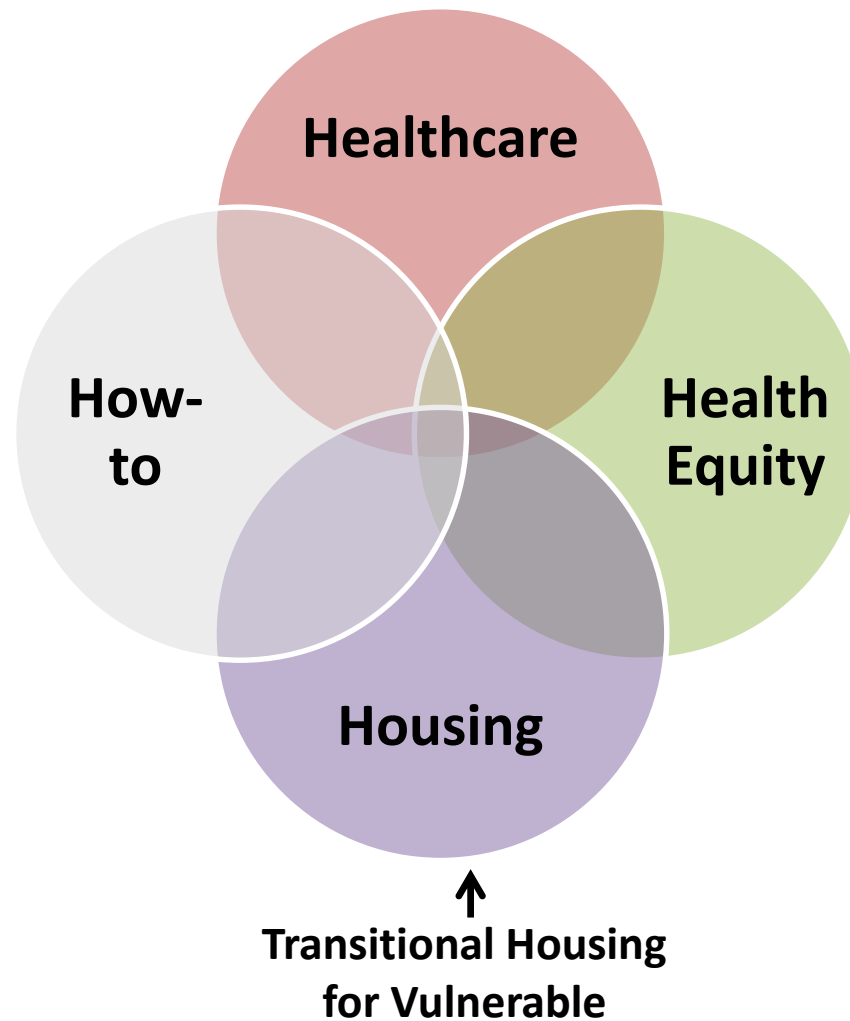




# How-to – Resource Coordination

- **Funded Projects: 1**
- **Funding Amount: \$1,900,000**
  - CDC HIV Prevention: \$250,000
    - Provide comprehensive HIV-related prevention services for persons living with and vulnerable to HIV.
  - Ryan White Part A: \$400,000
    - Referral for Healthcare – Direct clients to services, in-person or through telephone, written, or other type of communication.
  - HOPWA: \$1,000,000
    - \$500,000 → Housing Information Services – Provides assistance in securing housing.
    - \$500,000 → Housing Support Services – Provides services that helps clients manage HIV.
  - City Corporate: \$250,000

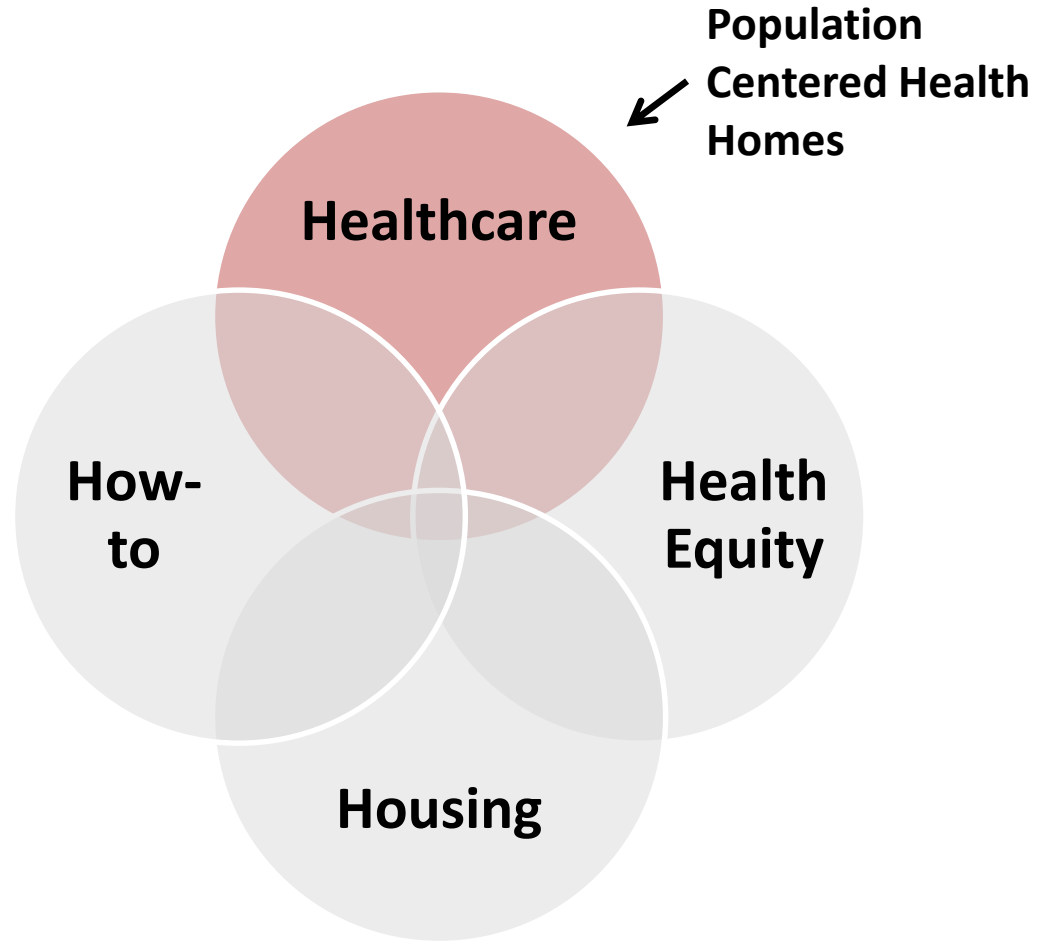
# Housing – Vulnerable



# Housing – Vulnerable

- **Purpose:** To provide housing for HIV-negative PrEP users as a complement to HOPWA-funded programming for PLWH.
- **Description:**
  - Funds support transitional housing for **persons vulnerable to HIV** to support successful PrEP use.
- **Funded Projects:** 1
- **Funding Amount: \$750,000**
  - City Corporate: \$750,000
- **Notable Outcomes 09.2019-02.2021 (provisional):**
  - Program has housed 26 individuals.
  - There were currently 12 people on a waiting list.
  - Zero participants sero-converted.

# Healthcare – Population Centered Health Homes



# Healthcare – Population Centered Health Homes

- **Purpose:** Population Centered Health Homes (PCHH) provide comprehensive, coordinated services to persons living with and vulnerable to HIV to promote successful use of ARV for treatment and PrEP.
- **Description:** PCHH were designed to provide the right services to the right people in the right way.

# Healthcare – Population Centered Health Homes

- **Description (continued):**
  - Funds are organized into 4 categories of service:
    - HIV Screening and Linkage
      - Funding source: RWHAP Part A
    - Services for **People Living with HIV**
      - Funding source: RWHAP Part A
    - Services for **Persons Vulnerable to HIV**
      - Funding source: CDC HIV Prevention, CDC STD Prevention, Corporate
    - Additional Support Services
      - Provided through referral to other CDPH-funded programs
- **People served have access to the same services, regardless of status.**

# Healthcare – Population Centered Health Homes

- **Funded Projects:** 12
- **Funding Amount:** \$12,939,025
  - Ryan White Part A/MAI: \$10,007,025
  - Ryan White EHE: \$1,082,000
  - CDC HIV Prevention: \$800,000
  - CDC STD Prevention: \$250,000
  - Corporate: \$800,000
- **Notable Outcomes 09.2019-02.2021 (provisional):**
  - 78,718 people screened for HIV
  - 747 cases were diagnosed, 654 of which were new diagnoses
  - 15,845 PLWH served
  - 6,556 prescribed PrEP

# Then and Now

Previous Model	Status-neutral Model
Separates services for persons living with and vulnerable to HIV	Integrates services for persons living with and vulnerable to HIV, wherever possible
Funds highly targeted stand-alone services	Funds comprehensive, targeted “bundles” of services, wherever possible
Services funded through single fund sources	Services funded through braided fund sources, wherever possible
Heavy focus on behavioral and biomedical outcomes	Heavy focus on biomedical outcomes
Limited engagement of healthcare system	Significant engagement of healthcare system



# A Few Lessons Learned

- Our status neutral model is inherently focused on HIV treatment and PrEP and has a preference for comprehensive, integrated programs. In some cases, this makes it difficult for smaller, non-clinical organizations, most of which do not provide medical and behavioral healthcare, to successfully compete for direct funding.
- Partnerships worked well (e.g., large FQHC + small CBO).
- There is not enough funding to cover all needed services, particularly for persons vulnerable to HIV, e.g., housing and behavioral health.
- A small amount of local funding goes a long way.

# A Few Lessons Learned

- Understanding the limits/flexibility of fund sources is critical (e.g., RW service categories).
- Contracting across multiple fund sources is difficult, but possible.
- Building community consensus is critical (and helps cover tough decisions).
- Status neutral programming at the client-level works, though it requires new service delivery models and time for partners to acclimate (and, in some cases, breaking up with some beloved programs).



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