



PUBLIC HEALTH

**ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON**

HIV Service Delivery: A Course Forward
Learning from the past
Reinvigorating the future

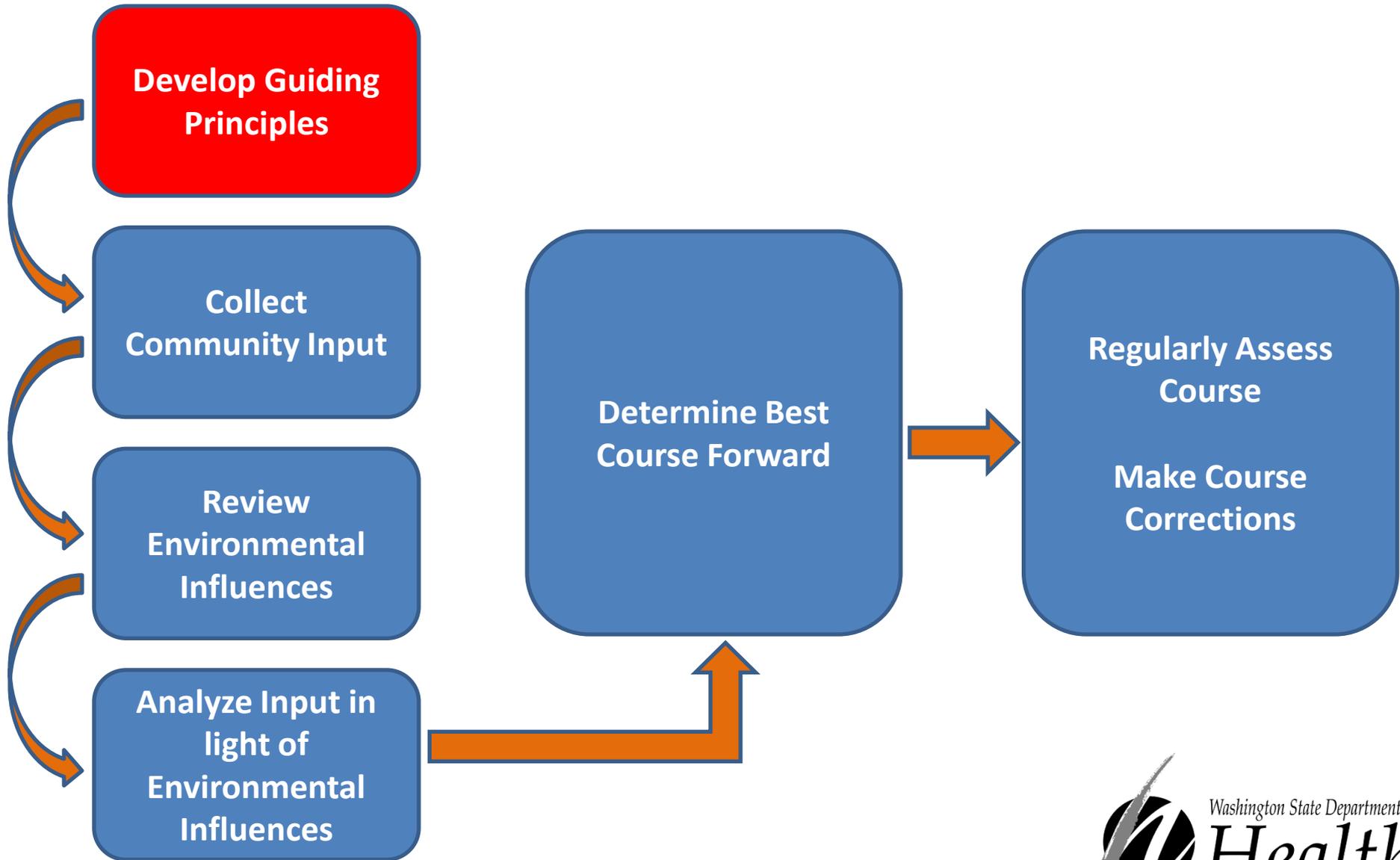
OVERVIEW

- Engrossed House Bill 2360 (EHB 2360) background
- DOH decision making process
 - Guiding principles
 - Community input
 - Environmental analysis
 - Standards and criteria
- DOH HIV Prevention funding framework
 - Funding priorities
 - Funding formula
- DOH HIV Client Services funding UPDATE
- Questions and answers

EHB 2360 BACKGROUND

- Passed state legislature March 16, 2010
- Eliminates six AIDSNET regions effective January 1, 2011
- Directs DOH to:
 - Distribute grants directly to service providers (rather than through the AIDSNETs)
 - Develop standards and criteria for awarding grants
- Raises additional considerations related to:
 - Planning
 - Communication
 - Capacity building / technical assistance

DOH DECISION MAKING PROCESS



DOH DECISION MAKING—GUIDING PRINCIPLES

GUIDING PRINCIPLES

Maximize service delivery to constituents in an era of diminishing resources

Reframe the governmental public health response to HIV/AIDS to more effectively serve the state's populations

Reinvigorate efforts to reduce new HIV infections and to ensure persons living with HIV are provided with quality care and treatment services

Honor the successes of the past by leveraging effective practices and relationships

INTENTIONS

DOH will:

- Target resources to local communities for prevention and case management
- Assure individuals in need receive prevention and care services
- Minimize the impact on service delivery to clients

DOH will:

- Identify efficiencies to reduce unnecessary costs
- Reduce redundancies and costs associated with administration and those not directly linked to the provision of services
- Establish statewide uniform standards to promote quality

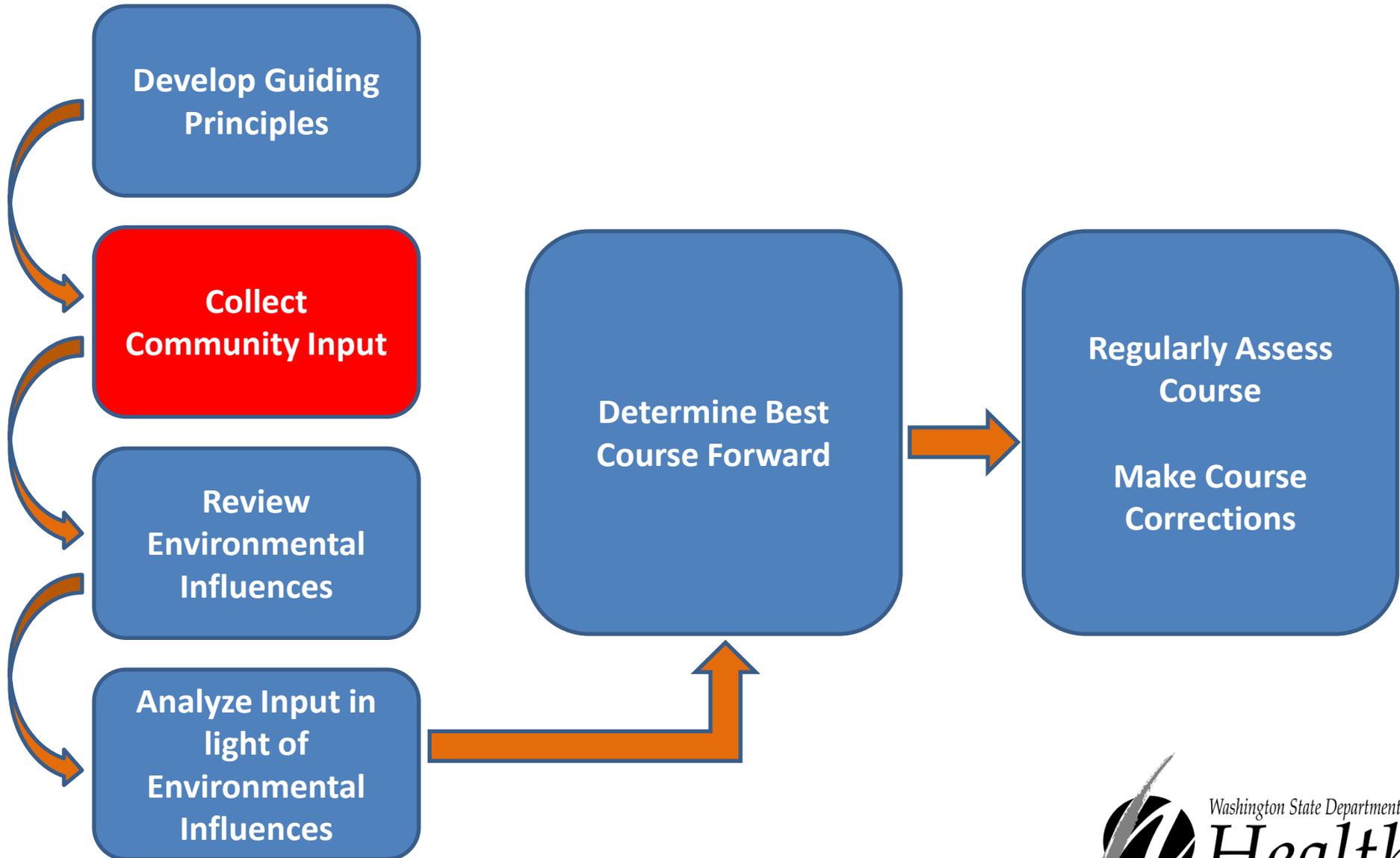
DOH will:

- Develop criteria for fairly allocating funds to support prevention and care services
- Ensure prevention and care funding is allocated in a manner that follows current epidemiological data

DOH will:

- Offer opportunities for meaningful community input into the delivery of prevention and care services
- Promote community empowerment and responsiveness

DOH DECISION MAKING PROCESS



COMMUNITY INPUT

- 6 community input sessions in each current AIDSNET region
 - Spokane (06.16.10)
 - Yakima (06.30.10)
 - Everett (07.01.10)
 - Seattle (07.26.10)
 - Vancouver (07.29.10)
 - Tacoma (08.30.10)
- 1 input session with LHJs and AIDSNET Council (08.27.10)
- Multiple meetings with AIDSNET Coordinators, currently funded programs (LHJs and CBOs), SPG, RPGs and other stakeholders
- Listserv postings

COMMUNITY INPUT—COMMON THEMES

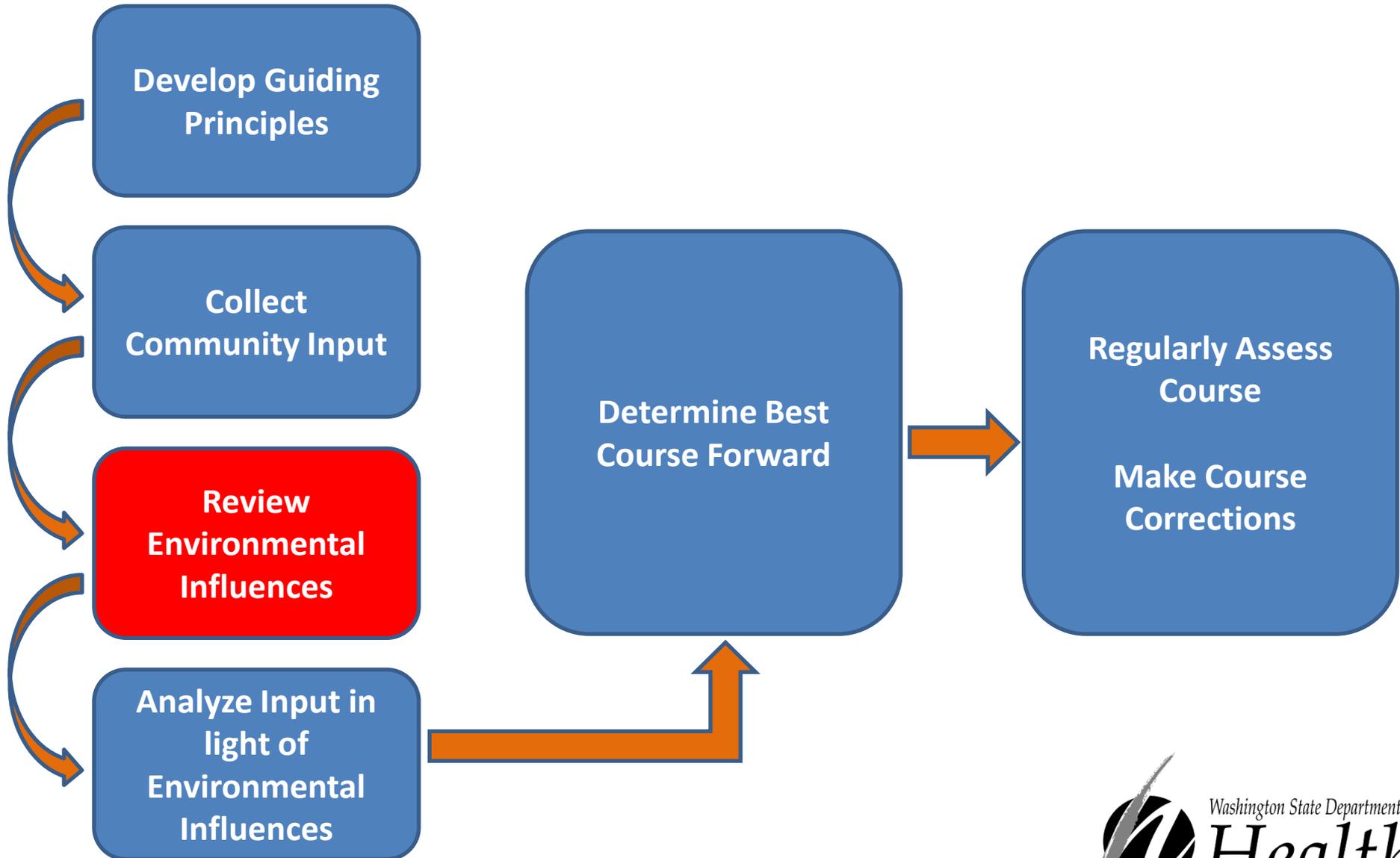
CONSENSUS

- Fear of the “unknown”
- Change = opportunity
- Competition = concern
- Flexibility
- Communication
- Local input
- Sustainability
- Coordination / collaboration
- Data-driven decisions

NO CONSENSUS

- Funding
 - Reflect epidemiology vs. sustain programs that “work”
 - East vs. West
 - Urban vs. rural
 - Mandated vs. targeted services
- Planning
 - Centralized vs. regional planning
 - Integrated vs. separate prevention / care

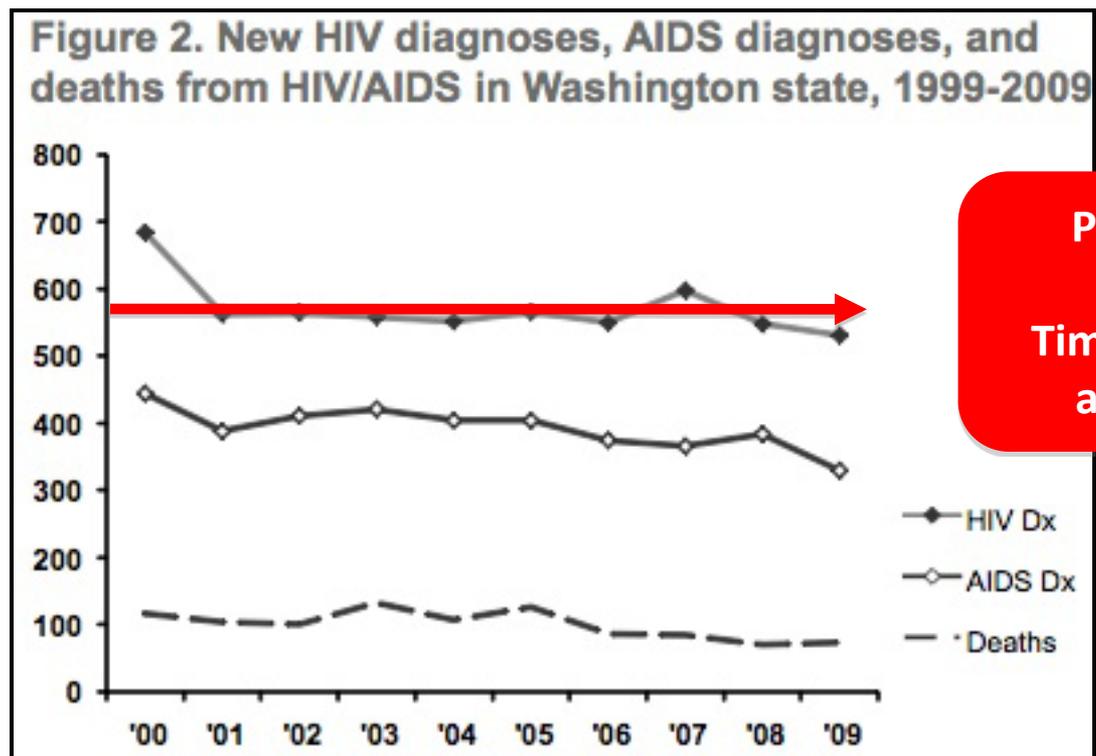
DOH DECISION MAKING PROCESS



ENVIRONMENTAL ANALYSIS

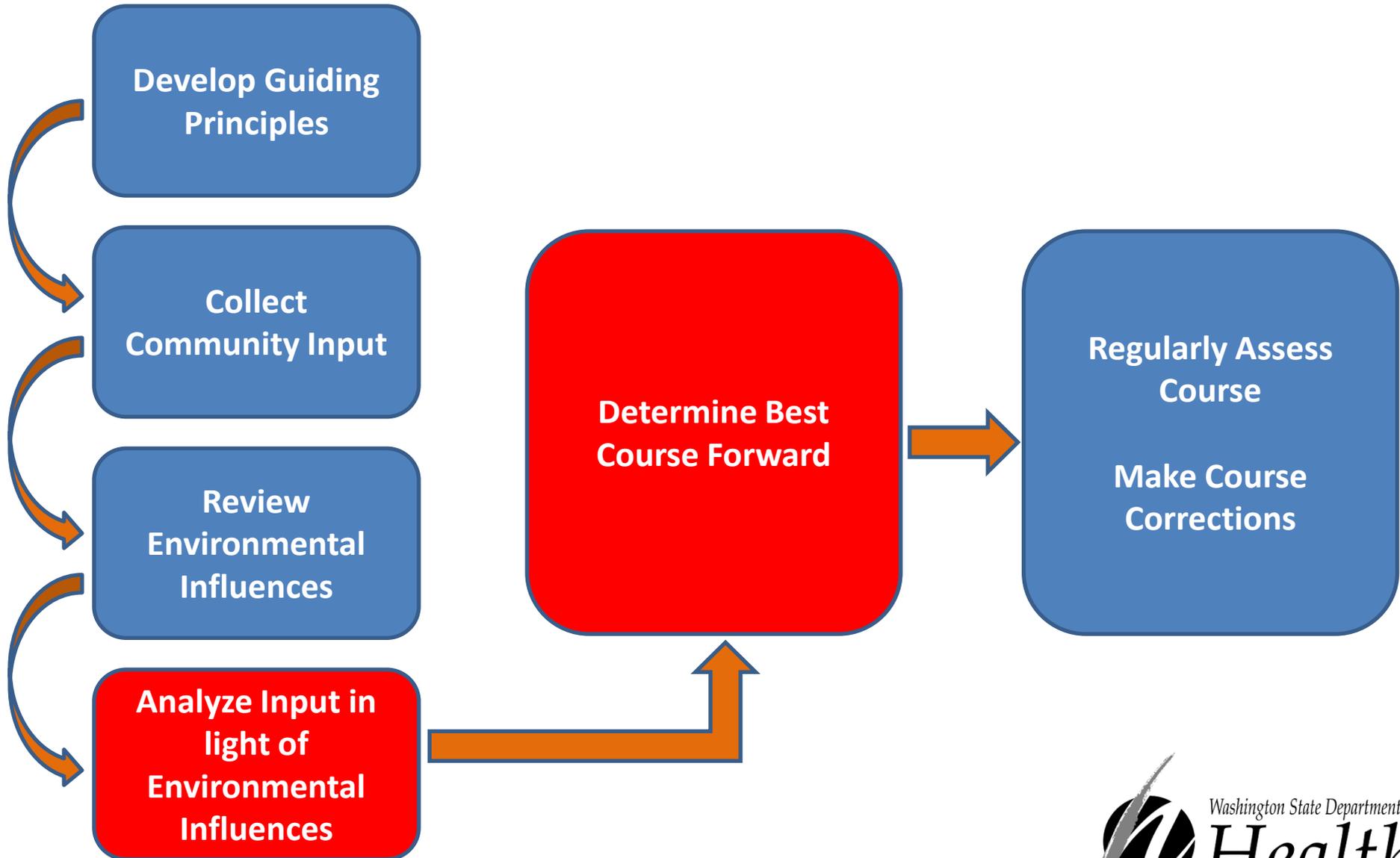
- Brutal facts—many environmental factors influence the strength and success of our work.
- DOH considered the following current and future trends in its decision making process.
 - Funding sources
 - Funding priorities
 - Funded programs
 - Public / Political will
 - Epidemiology

ENVIRONMENTAL ANALYSIS



**Prevention
success?
Time for a new
approach?**

DOH DECISION MAKING PROCESS



STANDARDS AND CRITERIA

- Aligns with DOH Guiding Principles
- Targets areas bearing greatest disease burden
- Promotes reduction in HIV transmission in high risk populations to reduce new infections
- Innovates to address unique characteristics and circumstances
- Incorporates efforts to address co-morbidities where appropriate
- Actively identifies and addresses needs and gaps in services
- Promotes collaboration and coordination of services
- Uses existing service delivery systems, where possible

HIV PREVENTION FUNDING FRAMEWORK

HIV PREVENTION FUNDING FRAMEWORK



2011 – 2012 Washington State HIV Prevention Portfolio

High Prevalence Jurisdictions

Criteria

- At least 25% of new HIV diagnoses in the past 5 years
- At least 25% of prevalent HIV cases

Seattle-King

Moderate Prevalence Jurisdictions

Criteria

- At least 1% of new HIV diagnoses in the past 5 years
- At least 1% of prevalent HIV cases

Benton-Franklin, Clark, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom, Yakima

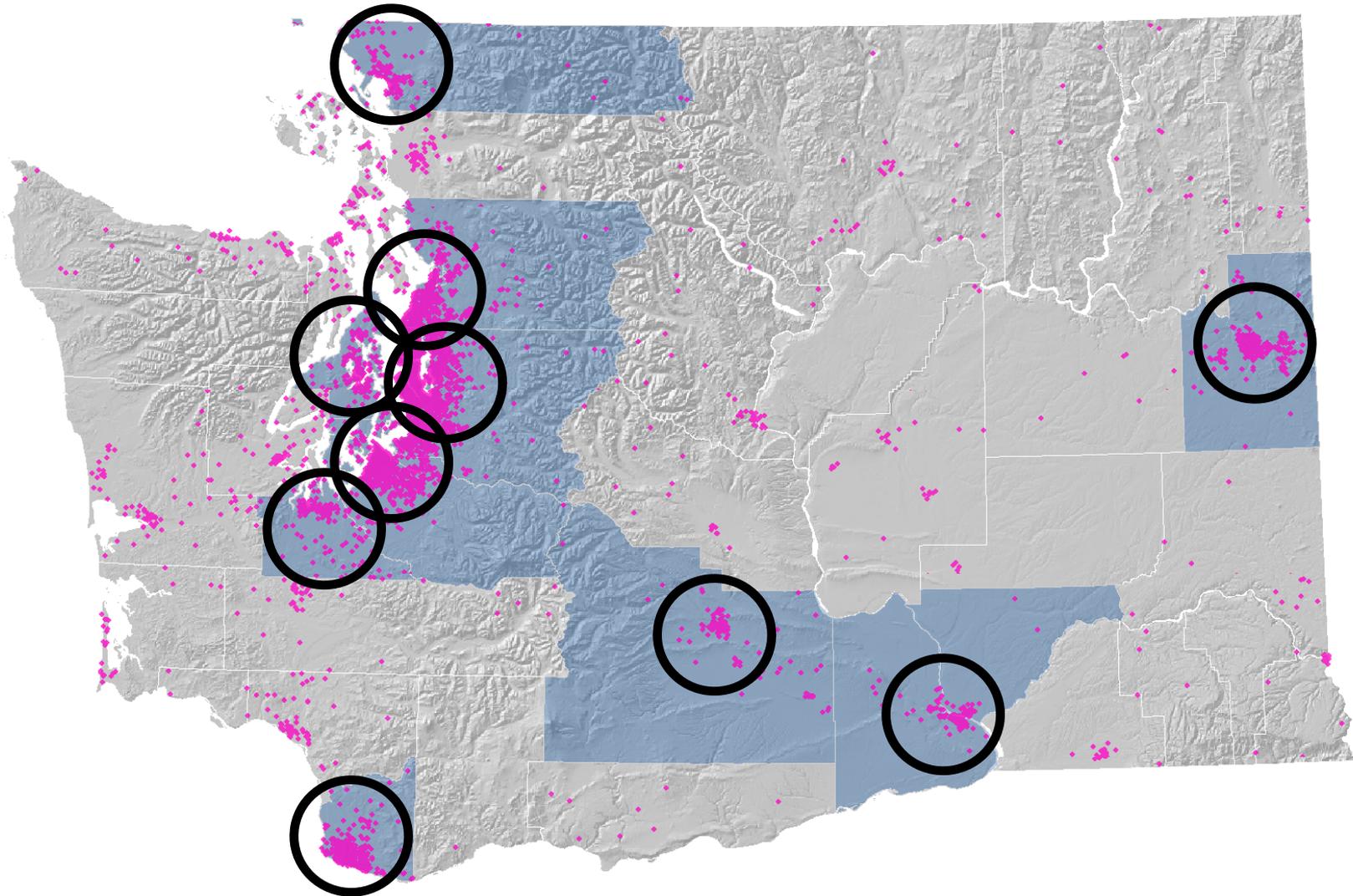
Special Initiatives

Criteria

- Based upon desired program outcomes

Various

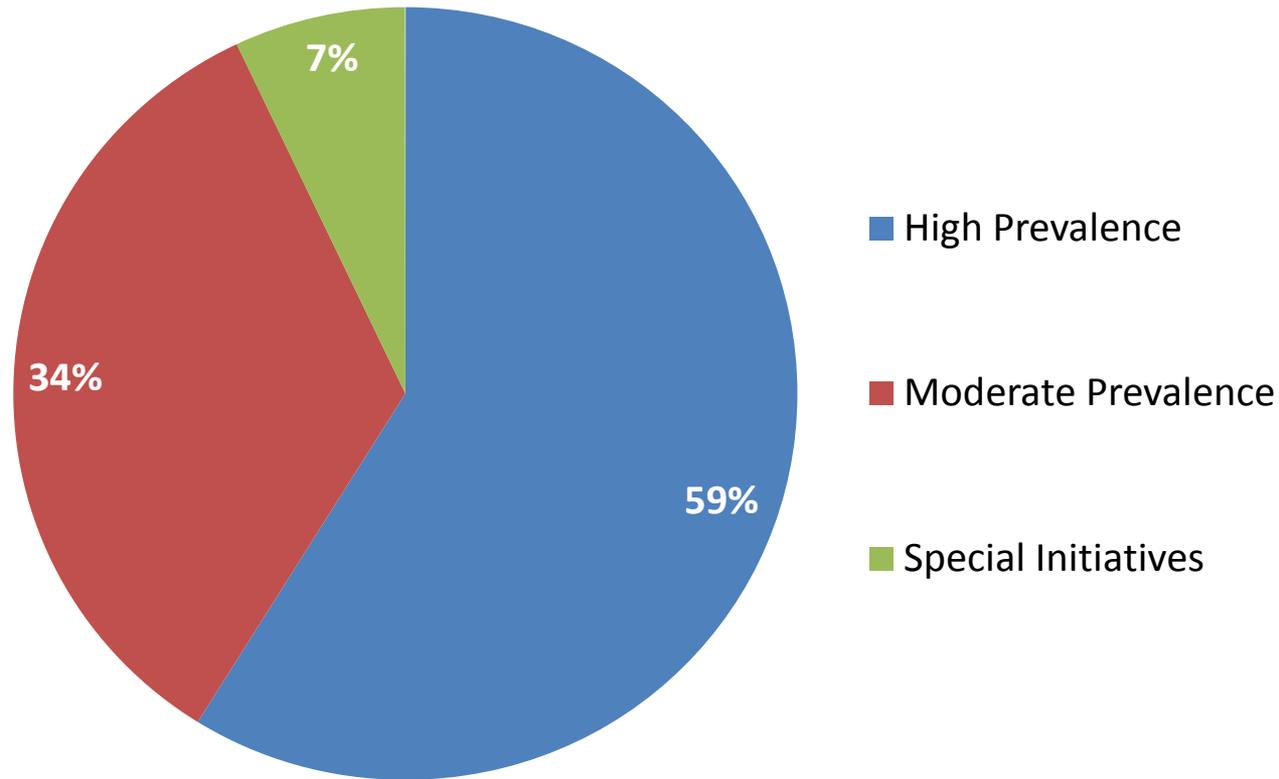
GEOGRAPHIC DISTRIBUTION OF HIV CASES IN WASHINGTON STATE, 2009



Blue-shaded counties contained 93% of all new HIV cases in 2009 (n = 548)

Pink dots represent one person living with HIV in 2009 (n = 10,447; dots randomized within census tracts).

ESTIMATED 2011 – 2012 HIV PREVENTION FUNDING (%)



FUNDING FORMULA: 2 X New HIV Diagnoses + 1 X Prevalent HIV Cases

2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

High Prevalence Jurisdictions

Eligibility	LHJs only
Eligible applicants	Public Health Seattle and King County
Funding mechanism	Non-Competitive
Scope of work	<ul style="list-style-type: none"> •Implement a comprehensive HIV prevention program (scopes of work will be determined in conjunction with DOH) •Provide direct oversight of sub-grantees contracts, including monitoring and evaluation; quality assurance; service delivery coordination; collection of community input; and capacity building, training and technical assistance <p style="text-align: center;">Actively coordinate service delivery</p>

2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

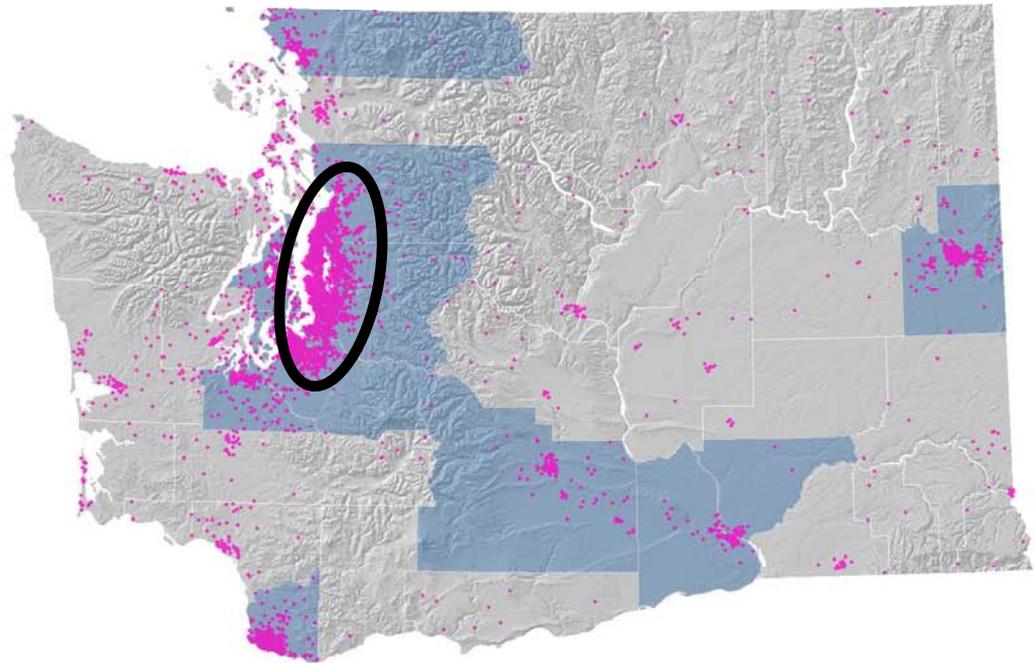
Moderate Prevalence Jurisdictions

Eligibility	LHJs and non-profits	
Eligible applicants	LHJs and non-profits in Benton-Franklin, Clark, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom and Yakima	
Funding mechanism	Non-Competitive and Competitive	
Scope of work	<p><u>Non-Competitive</u> 25% <u>(LHJs only)</u></p> <ul style="list-style-type: none"> •Provide HIV testing and partner services •Support delivery of partner services in Low Prevalence Jurisdictions 	<p><u>Competitive</u> 75% <u>(LHJs and CBOs)</u></p> <ul style="list-style-type: none"> •Provide HIV prevention interventions and strategies, including syringe service programs, HIV testing, behavioral interventions
Actively coordinate service delivery		

2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

Special Emphasis: Addressing the HIV Epidemic among Gay and Bisexual Men in the Puget Sound

- King, Pierce and Snohomish



2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

Special Initiative: Syringe Services Programs in Low Prevalence Jurisdictions

- Scope of work: Provide needle and syringe access programs in Low Prevalence Jurisdictions
- Eligible applicants: Low Prevalence LHJs and CBOs
- Funding mechanism: Competitive

Special Initiative: Addressing HIV-Positive DOC Offenders after Release

- Scope of work: Provide behavioral intervention to HIV-positive DOC inmates before and just after release from DOC facilities
- Eligible applicants: All LHJs and CBOs
- Funding mechanism: Competitive

2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

Special Initiative: Assessing HIV Prevention Needs of Gay and Bisexual Hispanic Farm Workers in Central Washington

- Scope of work: Assess existing resources, population needs and gaps in services
- Eligible applicants: Benton-Franklin, Chelan-Douglas, Grant, Kittitas, Walla Walla and Yakima
- Funding mechanism: Non-Competitive

Special Initiative: HIV Testing in Low Prevalence Jurisdictions

- Scope of work: Provide limited HIV testing in low prevalence jurisdictions
- Eligible applicants: Low Prevalence Jurisdictions
- Funding mechanism: Reimbursement

2011 – 2012 HIV PREVENTION FUNDING PRIORITIES

All funded programs will:

- Actively partner with DOH on the design and delivery of prevention programming
- Integrate adult viral hepatitis prevention into programming (and other disease prevention activities when possible)
- Contribute to statewide HIV prevention planning efforts
- Actively promote local coordination to identify and address needs and gaps in service (→ to optimize service delivery)

SUMMARY

- DOH will target significant resources to support HIV prevention efforts in LHJs with greatest disease burden.
- DOH will continue to support HIV case finding efforts statewide (i.e., HIV testing and partner services).
- DOH will fund special initiatives to support projects that address unique circumstances.
- Adult viral hepatitis prevention activities will be integrated into HIV prevention programming.
- Coordination of service delivery will be a priority.
- DOH-funded partners will contribute to statewide planning efforts.

NEXT STEPS

- DOH is currently working with LHJs and CBOs to transition existing contracts.
- DOH assumes contracts on January 1, 2011.
- DOH releases HIV prevention funding mechanisms in early 2011.
- DOH announces successful applicants in May 2011.
- DOH begins new contracts with successful applicants on July 1, 2011.

HIV CLIENT SERVICES FUNDING UPDATE

Timeline – HIV Client Services:

- Statewide listening tour – June 2010 thru August 2010
- DOH develops contracts to assume the remainder of the current regional contracts – November 2010 (contracts take effect 1-1-11; AIDSNET contracts end 12-31-10)
- RFP for Case Management and other services released – November 2010
- Applications due to DOH – mid-December 2010
- EHB 2360 effective – January 1, 2011
- Notifications made to successful agencies – mid-January 2011
- Contracts written and sent to Contracts office – February 15, 2011
- New HIV care contracts start – April 1, 2011

RFP (Request for Proposals):

- “Parity” will determine a “dollar value” for each county for HIV Medical Case Management, including treatment adherence services and Community Services
- Agencies can apply for those counties of their choosing summing the dollar value of each of those counties or can apply for a sole county
- If no agency applies for funding for a particular county, DOH will negotiate with a neighboring county to cover that county

RFP (Request for Proposals):

- 85% of each county's dollar value will be expected to be used for Medical Case Management with up to 15% allowed for the selected case management agency to pay for four other Ryan White services:
 - Substance Abuse Outpatient Services
 - Medical Nutritional Therapy
 - Medical Transportation
 - Food
- EIP will continue to cover:
 - AIDS Drug Assistance Program
 - Health Insurance Premium Assistance
 - Outpatient and Ambulatory Health Services
 - Oral Health
 - Mental Health Services

RFP (Request for Proposals):

- To obtain notification of the actual release of the RFP, register at <http://www.ga.wa.gov/business/register.htm>
- Website takes you to Washington's Electronic Business Solution (WEBS) with registration instructions and tips for searching

Care Planning:

- Washington receives funding from
 - The Ryan White Program - Part A (through PHSKC) and
 - The Ryan White Program - Part B (through DOH)
- The Seattle Ryan White Part A will expand planning and funding for its entire 3-county area:
 - King, Snohomish and Island counties
- HIV Client Services will develop a planning group for the other 36 counties
 - To be coordinated by staff person Amber Witcher

QUESTIONS?

Contact Information

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