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CONFERENCE ON
HIV CARE & TREATMENT

Ryan White HIV/AIDS Program Funding to End the HIV Epidemic

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The AIDS Institute

Presentation Overview

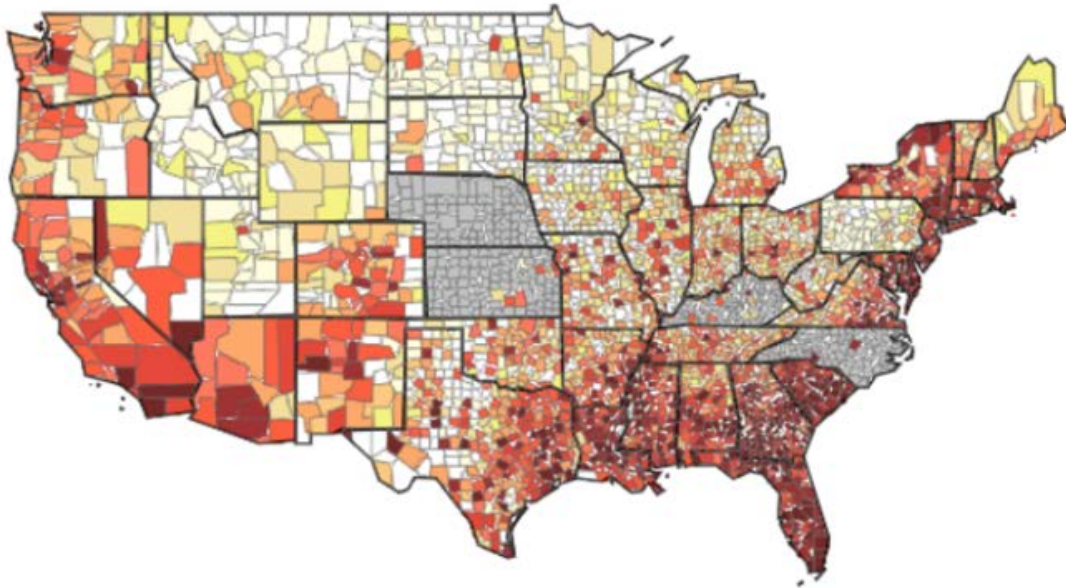


- A focused look at the funding for the counties, territories, and states targeted in the Ending the HIV Epidemic (EHE) initiative as part of the overall Ryan White HIV/AIDS Program (RWHAP) funding.
 - Analysis of the 2019 RWHAP funding in 26 EtE states + DC + PR
 - Overview of the EHE-specific funding
 - The Florida Experience

Geographical Impact and Targeted Jurisdictions



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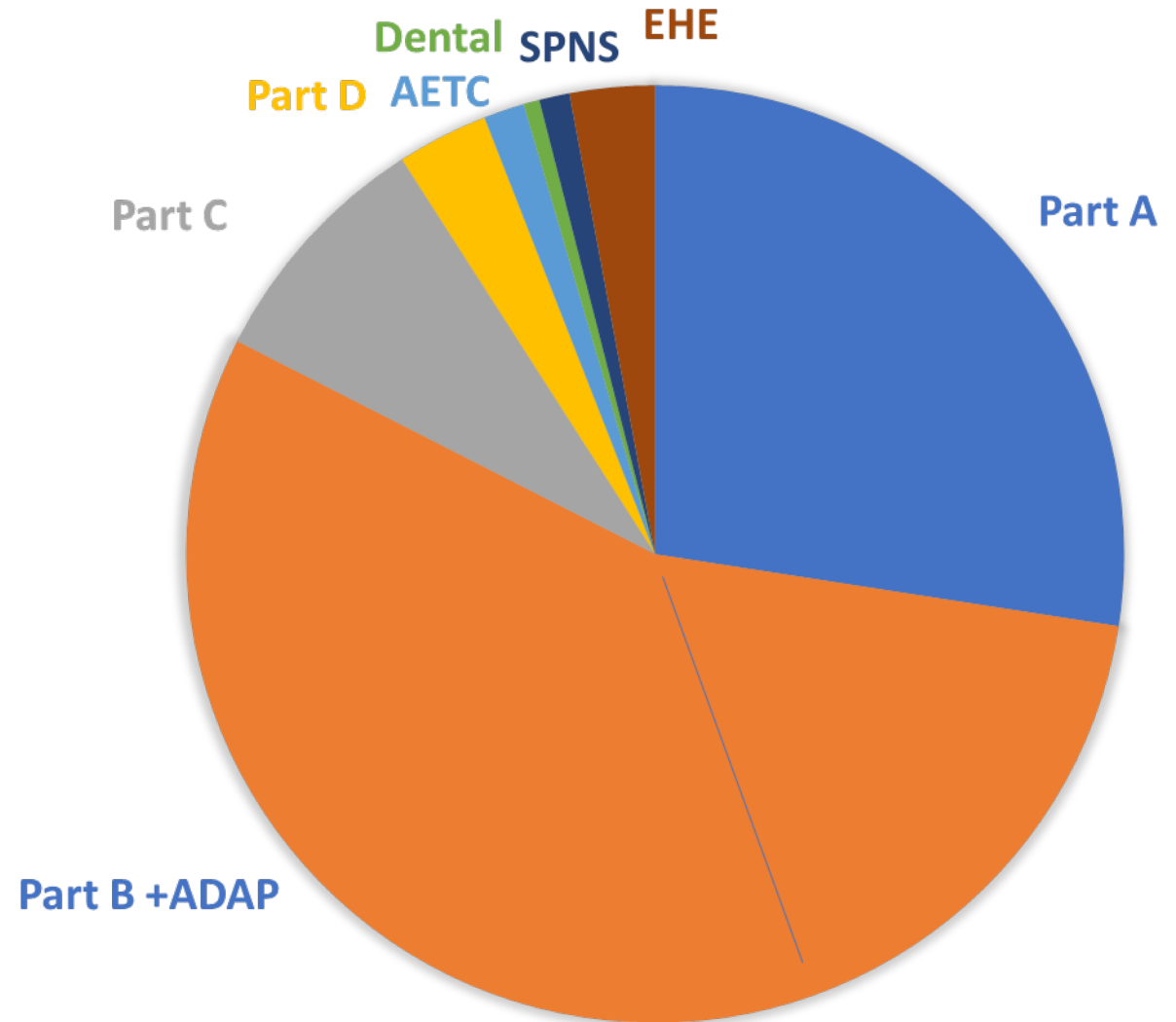
Funding the EHE Initiative



- Despite the success of the RWHAP, disparities still exist and gaps in service provision persist
 - The jurisdictions targeted in Phase 1 represent more than 50% of all new HIV infections
- Congress appropriated \$260million for the EHE in the 2020 budget
 - \$70million RWHAP
 - \$50million CHC
 - \$140million CDC

RWHAP Budget

- FY 2020 RWHAP Budget
 - Part A: \$655.9
 - Part B: \$414.7
 - ADAP: \$900.3
 - Part C: \$201.1
 - Part D: \$75.1
 - AETCs: \$33.6
 - Dental: \$13.1
 - SPNS: \$25.0
 - EtE: \$70.0
- Same as FY 2019
 - With exception of EHE





2019 Ryan White HIV/AIDS Program Funding Analysis

Focus on States Targeted by EHE Initiative

Importance



The analysis can serve as a tool to compare funding across states

The results can provide insight on how the funding can better be distributed to end the epidemic

It can open a dialogue about the funding structure and nuances

Funding Background



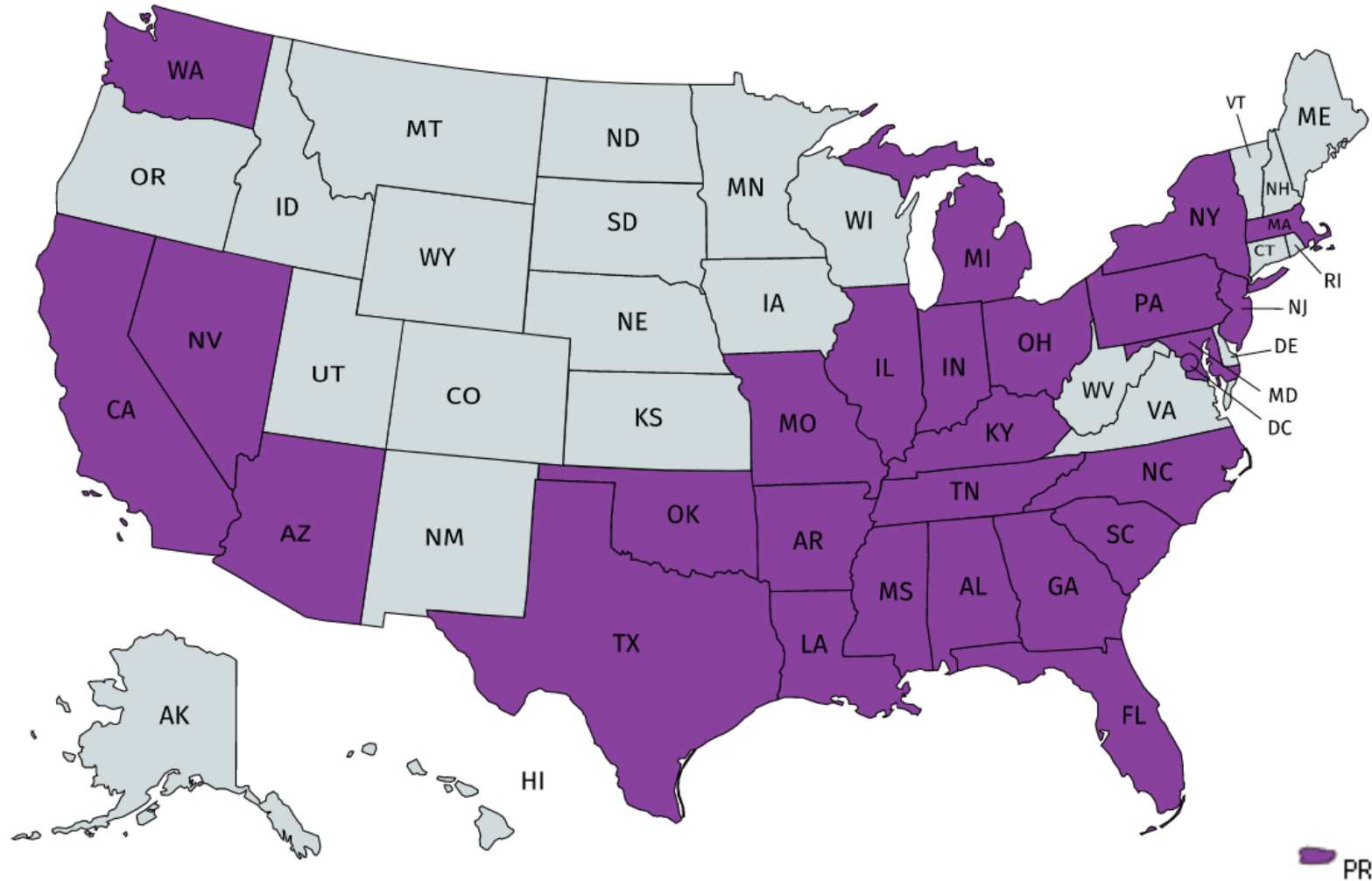
- Awards to cities and states based on case count
- Competitive, supplemental grants based on demonstrated need
- Other competitive grants:
 - Minority AIDS Initiative, ADAP Emergency Relief, Special Programs of National Significance, other programs

- Examine RWHAP FY 2019 funding awards
 - Aggregated at State Level
 - By Program Part
 - Per HIV/AIDS Case Count
- Examine year 1 EHE funding in relation to total RWHAP funding
- Compare EHE states to all states
- Data Limitations:
 - Part A and Part B Emerging Community Awards

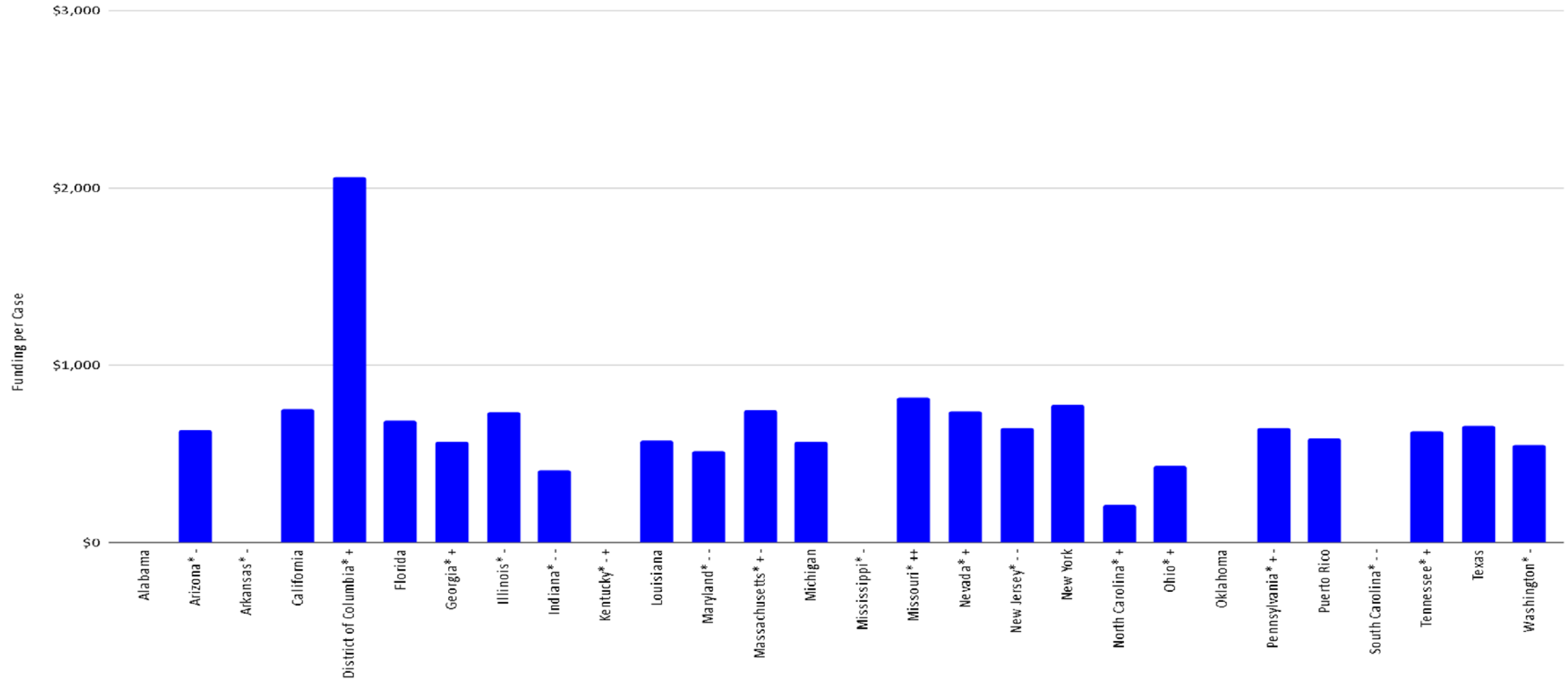
EHE Target States



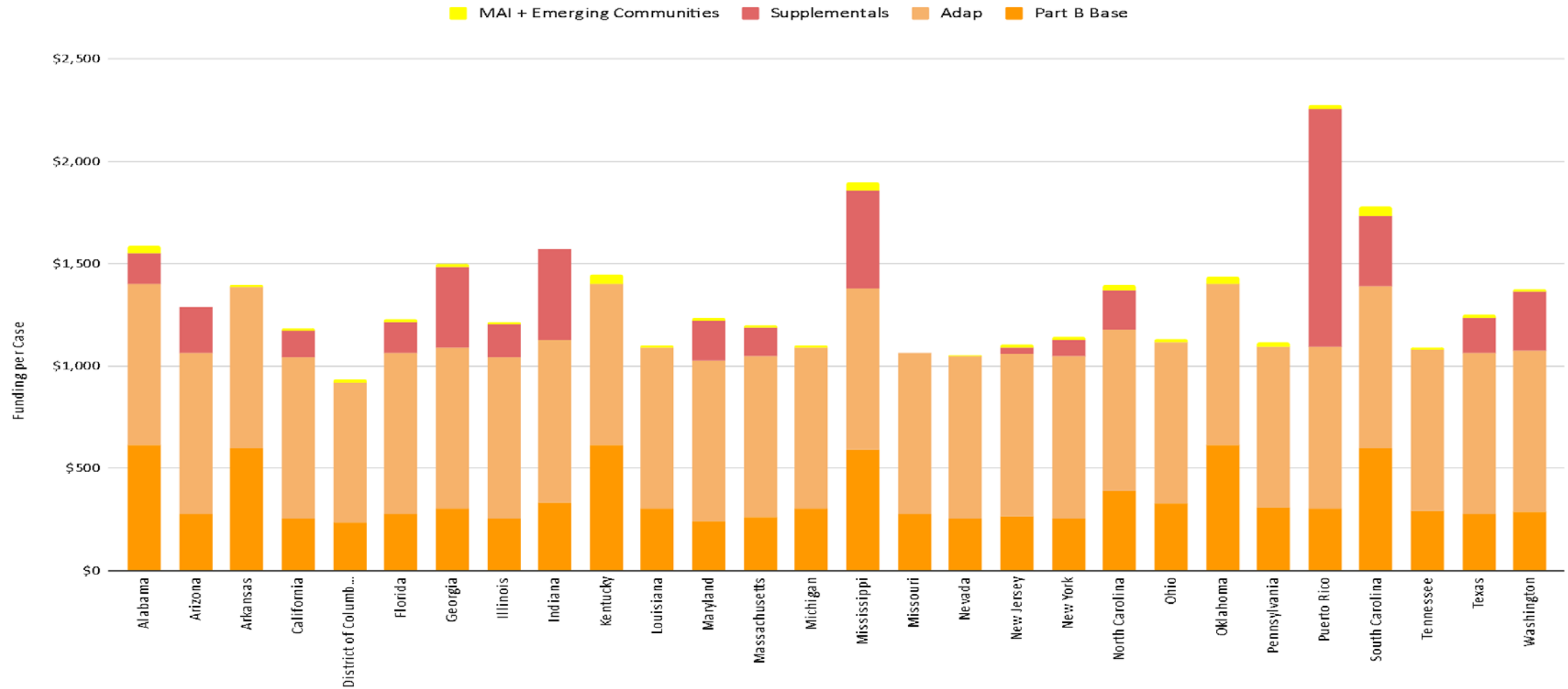
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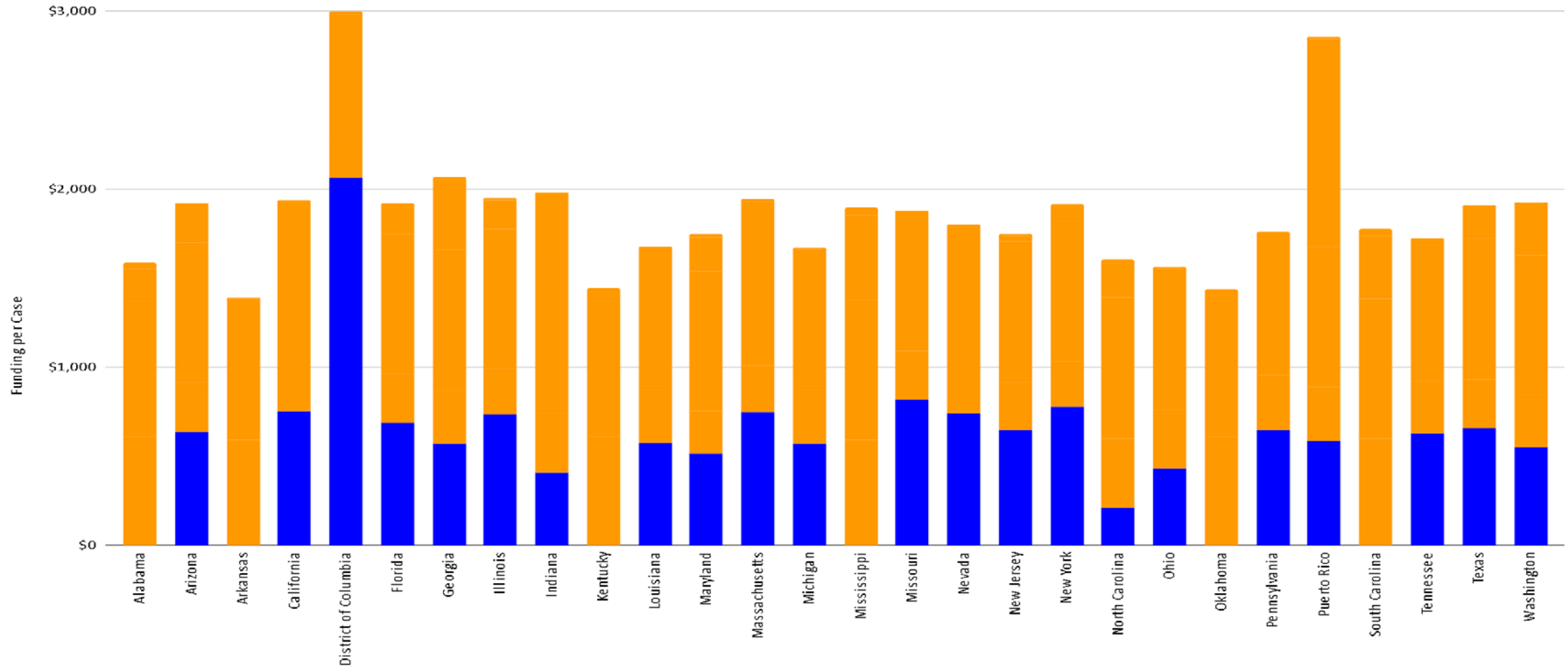
Part A



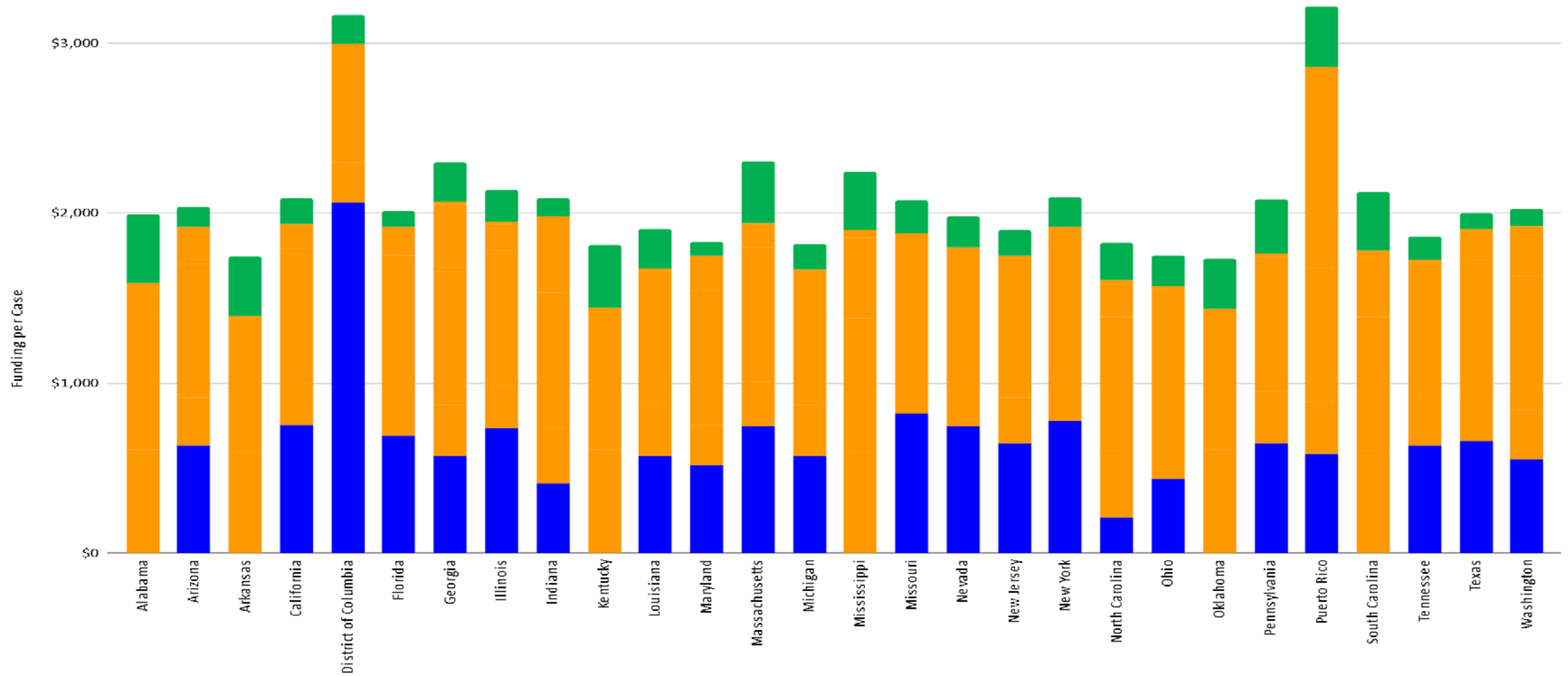
Part B – broken out



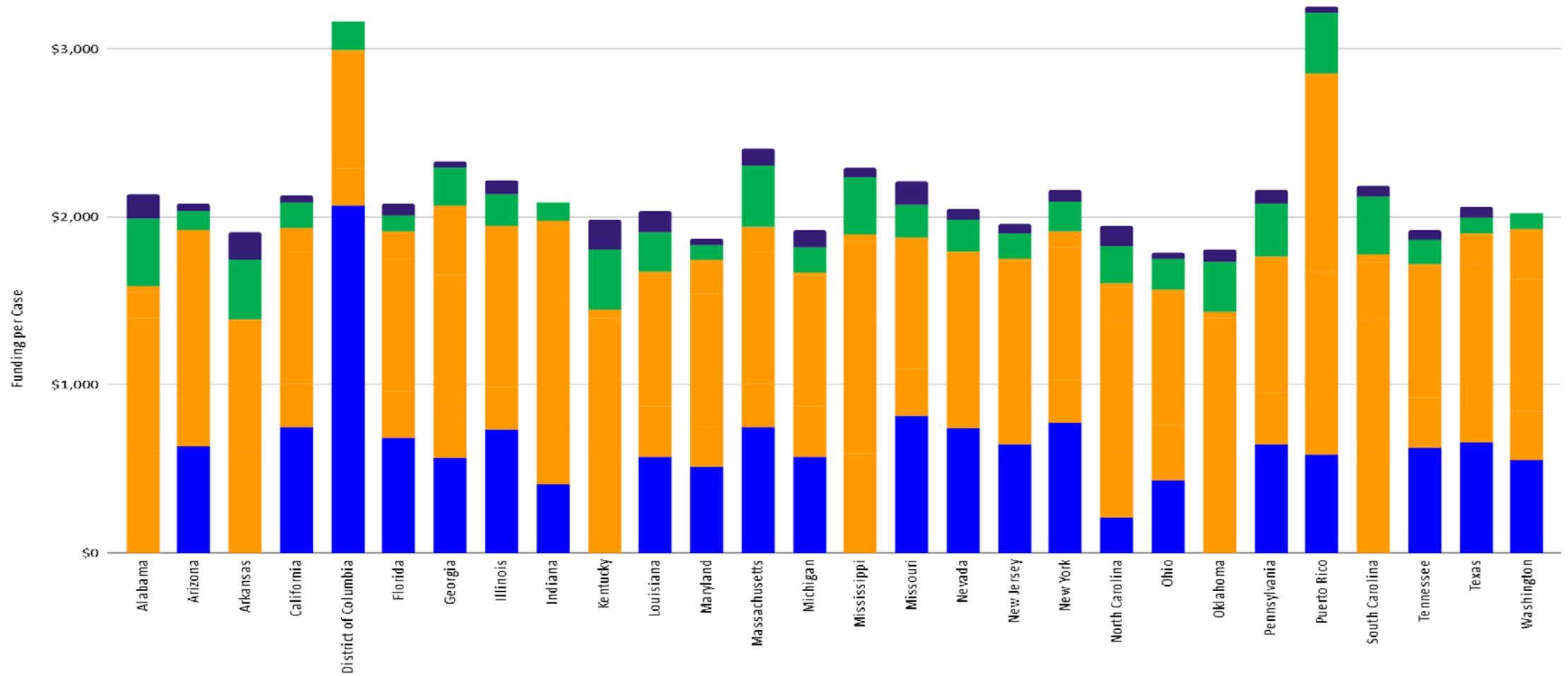
Parts A & B



Parts A, B, & C



Parts A, B, C, & D



Considerations



- Consider total funding a state may receive through the RWHAP
 - DC – Part A
 - Alabama – Part B
 - Puerto Rico – Supplemental
- Case count is a very important factor
 - FL - \$17m in Supplemental awards, but divided by number of cases

- \$55million Awarded to 39 Metro Areas and 8 States
 - To be used in conjunction with RWHAP funding, allowing for broader approach to addressing HIV in the community than currently authorized
 - Expected to be used to address EHE Pillars 2 & 4
 - Tiered funding structure
 - T1: \$750K - \$9M
 - T2: \$750K - \$4M
 - T3: \$750K - \$2M
 - States: \$750K - \$2M

Appendix B: Funding Ranges (for Year One ONLY)

RWHAP Part A and Ohio:

Tier 1	Tier 2	Tier 3
Ceiling: \$ 9,000,000 Minimum: \$ 750,000	Ceiling: \$ 4,000,000 Minimum: \$ 750,000	Ceiling: \$ 2,000,000 Minimum: \$ 750,000
Atlanta EMA, GA Baltimore EMA, MD Boston EMA, MA Chicago EMA, IL Dallas EMA, TX Fort Lauderdale EMA, FL Houston EMA, TX Los Angeles EMA, CA Miami EMA, FL New York EMA, NY Philadelphia EMA, PA Washington EMA, DC	Detroit EMA, MI New Orleans EMA, LA Newark EMA, NJ Orlando EMA, FL Phoenix EMA, AZ Riverside-San Bernardino TGA, CA San Diego EMA, CA San Francisco EMA, CA San Juan EMA, PR Tampa-St. Petersburg EMA, FL West Palm Beach EMA, FL	Austin TGA, TX Baton Rouge TGA, LA Charlotte-Gastonia TGA, NC Cleveland-Lorain-Elyria TGA, OH Columbus TGA, OH Fort Worth TGA, TX Indianapolis TGA, IN Jacksonville TGA, FL Jersey City TGA, NJ Las Vegas TGA, NV Memphis TGA, TN Oakland TGA, CA *Ohio (for Hamilton Co.) Orange County TGA, CA Sacramento TGA, CA San Antonio TGA, TX Seattle TGA, WA

RWHAP Part B:

State
Alabama Arkansas Kentucky Mississippi Missouri Oklahoma South Carolina

EHE Funding to Jurisdictions

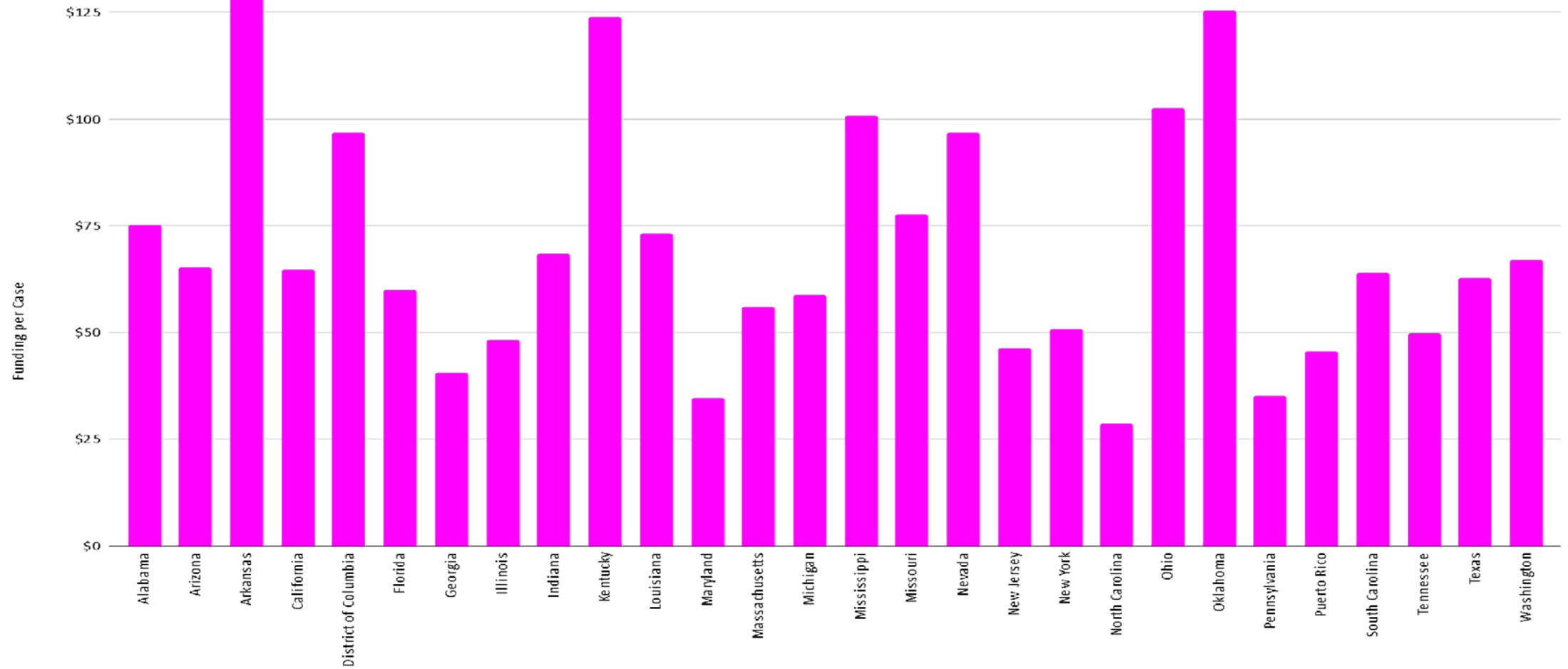


State	Jurisdiction	EtE Funding	State	Jurisdiction	EtE Funding	State	Jurisdiction	EtE Funding
AL	state	\$1,000,000	IL		\$1,818,306	NC		\$850,000
AZ		\$1,000,000		Cook	\$1,818,306		Mecklenburg	\$850,000
	Maricopa County	\$1,000,000	IN		\$750,000	OH		\$2,250,000
AR	state	\$750,000		Marion	\$750,000		Cuyahoga	\$750,000
CA		\$8,533,808	KY	state	\$850,000		Franklin	\$750,000
	Los Angeles	\$3,083,808	LA		\$1,600,000		Hamilton	\$750,000
	San Diego	\$1,000,000		Orleans	\$850,000	OK	state	\$750,000
	San Francisco	\$1,000,000		East Baton Rouge	\$750,000	PA		\$1,234,942
	Alameda	\$850,000	MD		\$1,126,346		Philadelphia	\$1,234,942
	Orange	\$850,000		Baltimore City	\$1,126,346	PR		\$850,000
	Riverside; San Bernardino	\$1,000,000	MA		\$1,117,069		San Juan	\$850,000
	Sacramento County	\$750,000		Suffolk	\$1,117,069	SC	state	\$1,099,606
DC		\$1,469,597	MI		\$1,000,000	TN		\$850,000
	DC; Montgomery, MD; Prince George's, MD	\$1,469,597		Wayne	\$1,000,000		Shelby	\$850,000
FL		\$6,677,395	MS	state	\$1,000,000	TX		\$5,501,476
	Broward	\$1,245,311	MO	state	\$1,000,000		Dallas	\$1,357,181
	Miami-Dade	\$1,732,084	NV		\$850,000		Harris	\$1,794,295
	Orange	\$1,000,000		Clark	\$850,000		Travis	\$750,000
	Hillsborough; Pinellas	\$1,000,000	NJ		\$1,750,000		Tarrant	\$750,000
	Palm Beach	\$850,000		Essex	\$1,000,000		Bexar	\$850,000
	Duval	\$850,000		Hudson	\$750,000	WA		\$850,000
GA		\$1,987,476	NY		\$6,553,979		King	\$850,000
	Cobb; DeKalb; Fulton; Gwinnett	\$1,987,476		Bronx; Kings; New York; Queens	\$6,553,979			

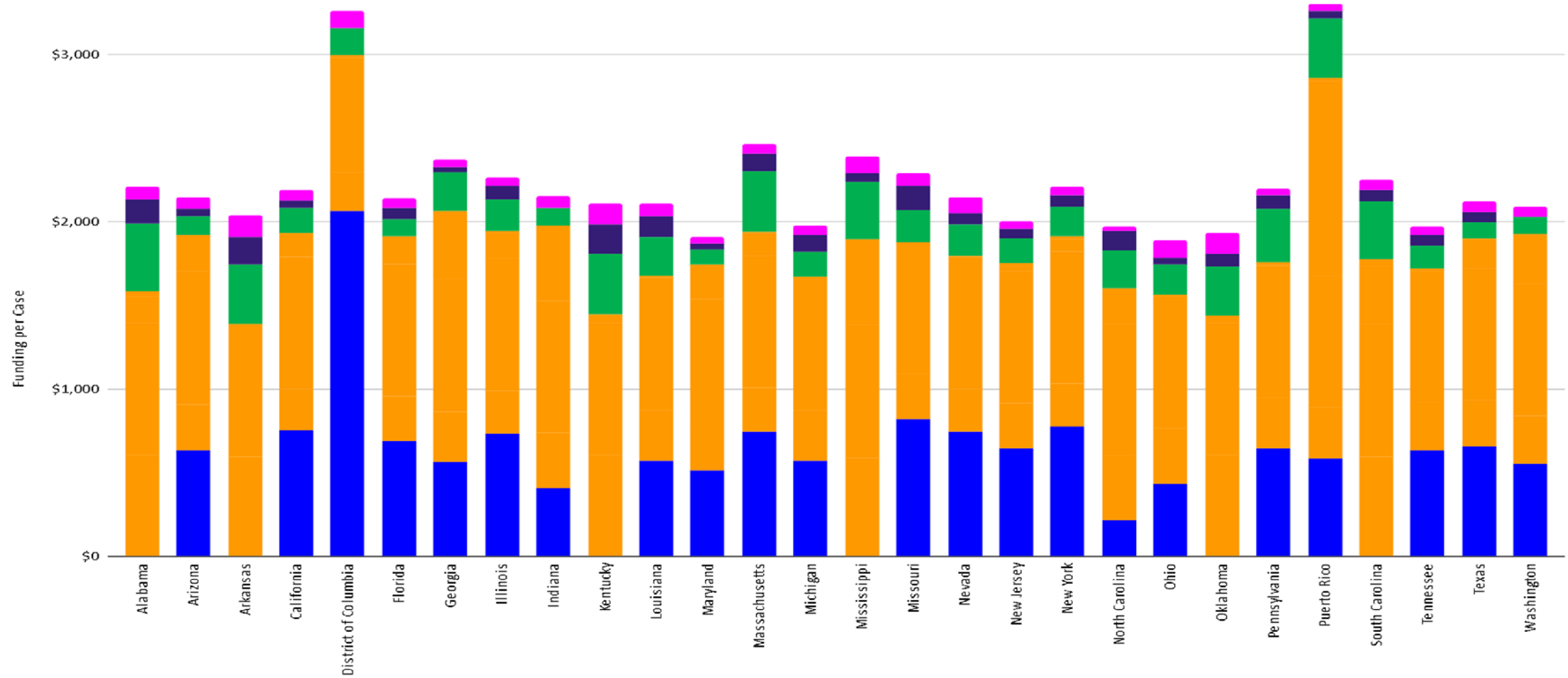
EHE Funding



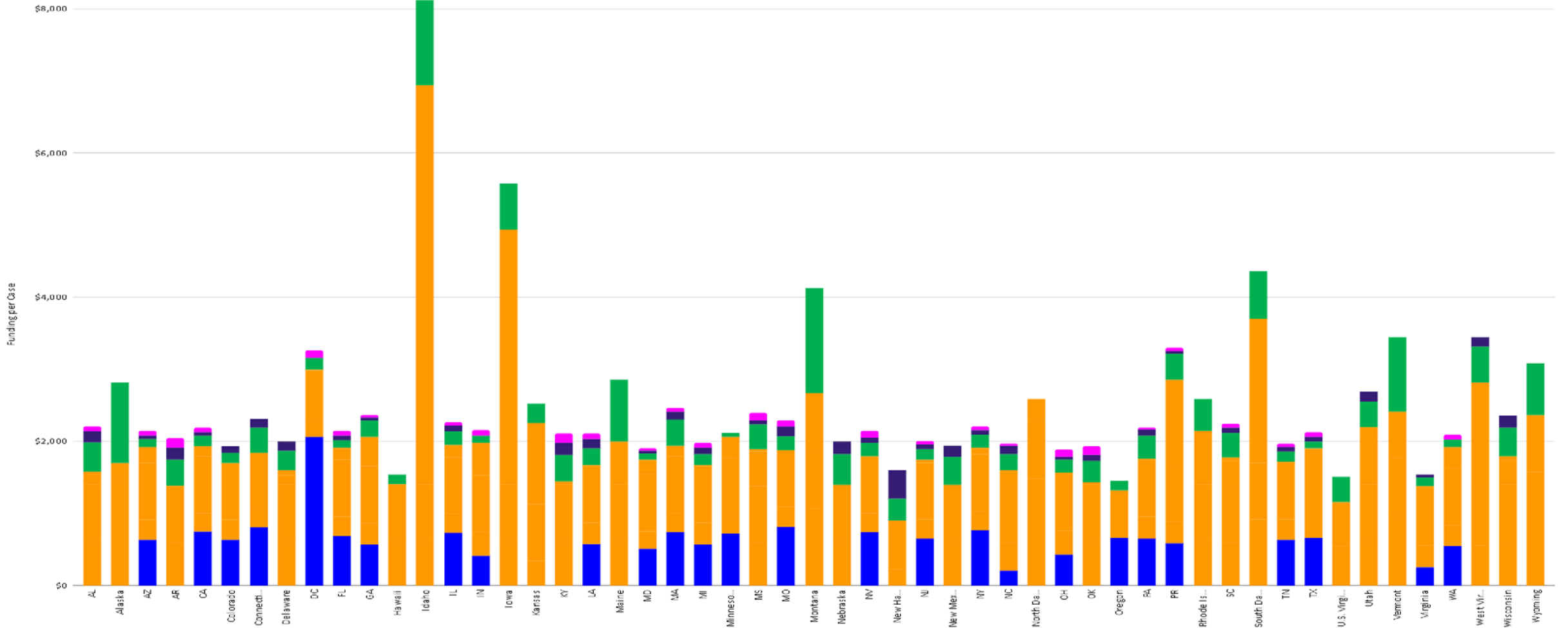
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Parts A-D, EHE



All States Comparison



Mechanisms to Align Funding with Needs



- Non-Formula Funding

- Parts A & B Supplemental Awards
- Parts C & D

- ADAP Supplemental & Emergency Relief

- Formula Funding

- Distribution Variables:
 - Case Counts
 - Death Rates
 - Viral Suppression Rates
 - Poverty Rates
 - RWHAP Clients
 - Insurance Rates

- Change Supplemental Proportion

EHE Funding Considerations



- Funding directed at Part A vs. B
- Collaboration across all program parts and across state
- Coordination across funding streams
- Shifting priorities due to public health emergency

The Florida Experience

Laura Reeves, HIV/AIDS Section Administrator, Florida Department of Health

Aubrey Arnold, Part A Program Director, Hillsborough County, Florida

State Level Funding



- Prevention & Surveillance Grant (CDC)
 - PrEP
 - Linkage to Care
 - Perinatal
 - Medication Adherence
 - Data 2 Care
 - Cluster Detection & Response
- Surveillance Supplemental Grants (CDC)
 - Medical Monitoring Project
 - Behavioral Surveillance Project
- EHE Funding (CDC)
 - Prevention & Surveillance
- Ryan White Grants (HRSA)
 - Patient Care Services
 - Statewide ADAP
 - Direct Dispense
 - Insurance Premium and Medication Co-Pay
- Housing Opportunity for Persons with AIDS (HOPWA)(HUD)
 - State Base Award
 - 6 Cities Redirect

EHE Funding Streams



NIH – Sept 2019

- Centers for AIDS Research
- AIDS Research Centers

CDC – Aug 2020

- State Prevention and Surveillance Program Award

HRSA – Feb 2020

- Ryan White Part A Awards
- Primary Care HIV Prevention (PCHP) Awards

Key Elements



- Collaborate on planning
 - One Jurisdictional Plan for Florida
- Collaborate to prioritize activities to fund
 - Different funding cycles, requirements, amount received
- Identify ways to streamline processes
 - Data sharing between Ryan White Part A and B jurisdictions
 - Eligibility across Ryan White Part A and B jurisdictions

**Multiple Funding Streams with One Goal:
End the HIV Epidemic**

Local EHE Integration



- Tampa-St. Petersburg EMA consists of a 4 County region of west central Florida (Hillsborough, Pinellas, Pasco, Hernando Counties) with a combined population of 3.1 million residents, of which 14,046 residents are living with HIV/AIDS. The annual rate of new reported HIV cases is 18.8 per 100,000 population
- EHE funding awarded for FY 20: \$1,000,000. The EHE targeted jurisdictions are the two counties of Hillsborough and Pinellas. The two services we are implementing based on a scaled down plan include Early Intervention Services (EIS) and Health Education/Risk Reduction (HERR)
- Targeted populations include Latinx, Black, and Youth (13-24) with emphasis on MSM and Women of Childbearing Age (WCBA)

EHE Implementation



- Federal funds requested compared to awarded: \$4M/\$1M
- Project was scaled back, from 5 proposed services to 2 that were selected based on greatest priority for achieving the 4 EHE key strategies. Community stakeholders validated these choices
- COVID-19 has created some delays with community meetings which have all transitioned smoothly to virtual platforms. Staff time has been disrupted but we have managed to procure the new services and the contracts will be implemented in August, 2020

Next Steps for Success



- The AIDS Institute (TAI) is working in partnership with the Part A Recipient to ensure that community planning, engagement, and coordination occur between all of the various EHE projects, including the CDC grants, and the local community initiatives including “Zero Pinellas” and “Zero Hillsborough” and the Fast Track Cities Project
- Measuring the impact for FY20: using the PDSA principles, we will monitor carefully the progress of our approved work plan, to ensure the focus remains on the key EHE strategies related to linkage and retention in care

- The AIDS Institute Funding Analysis and Presentation
 - <http://www.theaidsinstitute.org/Virtual2020RyanWhiteConference>
- HRSA Ryan White HIV/AIDS Program website
- CDC HIV Surveillance Report
- Ending the HIV Epidemic website