

# HIV/STI Statewide Services (HSSS): Service Model & Funding Changes

**CLHO January 16, 2025** 

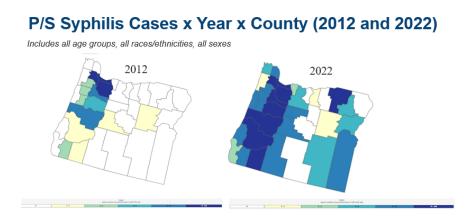


#### Goal:

- Review CLHO-CD discussions and decisions related to HSSS
- Conduct Q&A as needed
- Vote on the HSSS PE and funding formula

### **CLHO-CD Meeting- October 2024**

- Presented a rationale for service/funding changes
- Shared details of our year-long planning process
- Introduced plan for NEW Program Element, "HIV/STI Statewide Services"
- Shared HSSS scope and activities



PUBLIC HEALTH DIVISION HIV/STD/TB Section

### Rationale for Changes and Process

#### Rationale for change:

- Need for funding to better match current HIV/STI landscape/disease burden.
- Need to align services with national efforts to end HIV/STI.
- Need to be maximize & leverage funds.
- Desire to streamline services and efficiencies.
- Desire for more transparency and standardization in how funds are allocated.

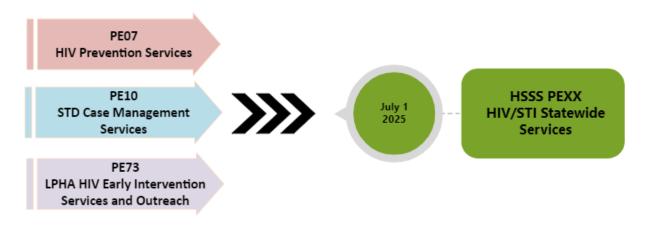
#### **Process:**

Since Fall 2023, we:

- Reviewed funding rules, restrictions, and requirements.
- Met with national & state HIV/STI leaders to explore different service and funding models.
- Developed a statewide, status neutral service and funding model to meet funder requirements and our values.

### Program Element Change: About HSSS

- Beginning July 1, 2025, transition from three PEs to one.
  - Replace PE07, PE10, and PE73 with HSSS PEXX.
- All counties eligible for funding under new HSSS PEXX
- Supports regional partnerships/collaboration and subcontracting
- Awards based on new, approved funding formula



### **HSSS Program Element: Activities**

#### CORE HSSS Activities

Aligns with foundational PH programs and capabilities. Required by key funders.

Integrated HIV/STI Testing

Case Investigation & Partner Services

Includes: Health education/counseling, referrals and linkage to care and treatment.

**Outbreak Response** 

#### ENHANCED HSSS

Supplements Core activities.

**Targeted Outreach** 

Harm/Risk Reduction

**Condom Distribution** 

Targeted Community Education and/or Capacity Building with Priority Populations

# HSSS Program Element: Staffing & Reporting



- Allowable staffing:
  - DIS, nurses, testing and outreach staff, paid peers, epis, and administrators providing or managing HSSS work
  - Sufficient staff for Core services
- Data and reporting:
  - Data captured in Orpheus + HSSS data window (currently called EISO window)
  - Testing data must be entered into a CDC data system

### **CLHO-CD Meeting:** *November 2024*

- Presented funding formula development process
- Presented multiple funding formulas and tables of awards
- Introduced plan to obligate \$10M to LPHAs each year for a three-year cycle; future funding depending on availability of funds
- Introduced HSSS FAQ

### HSSS Funding: Development Process

- Developed and ran 30+ different funding variations using national standards.
- Standards used:
  - Some base or floor,
  - Health equity measures (e.g. population, rurality, race/ethnicity, poverty),
  - STI and HIV epidemiology.
- Regardless of formula applied, awards consistently showed increases and decreases in funding for roughly the same counties.
- SWOT was used to narrow the options.

## **HSSS Funding:** Formula Options

- Option 1: 50/50 mix of HIV/STI epi and PH modernization formula
- Option 2: Modified PH modernization formula; replaced health and chronic disease burden data with HIV/STI epi, AND
- Mitigation options; postpones changes to July 1, 2027
  - Option 1a (mitigation) followed by Option 1
  - Option 2a (mitigation) followed by Option 2

#### **HSSS Funding Options for CLHO-CD**

Ideal funding mix\*: Combines use of PH modernization formula to ensure health equity (race/ethnicity, poverty, rurality, non-English speakers)
AND HIV/STI epidemiology to ensure resources are distributed to counties based on burden. Consistent with national standards.

Baselines used: For LPHAs receiving PE7 and/or PE73, we used combined FY25 funding as a baseline. For all other LPHAs, we used FY24 DIS Workforce funding allocations (prior to rescission). These are referred to as Last/Current Awards.

#### Option #1:

Funding notes: 30+ variations of formulas were run. In all variations, the same 6 counties see reductions

50/50 Mix: PH Modernization Formula (50%) + HIV/STI Epi Formula (50%)

<u>Data Notes:</u> Three year average of HIV/STI from 2021-2023. Split by: HIV incidence (35%), syphilis incidence (35%), HIV prevalence (15%) and gonorrhea (15%).

#### OR

Option #2: Modified PH Modernization Formula; Uses HIV/STI Epi as Indicators

<u>Data Notes:</u> Chronic disease burden tab is replaced by HIV incidence. Health status tab uses STD incidence as a replacement (syphilis accounts for 75%, gonorrhea 25%). Overall weights for Indicators are changed: HIV and STI indicators each account for 27% while remaining indicators (s.g. race, rurality, poverty, etc.) account for 5.5%.

#### Option #1 IMPACTS:

-Lowest award "\$17K, highest "\$2.7M.
- 29 counties see increases avg 22%.
- 6 counties see reductions from \$13K-\$14K.
- Of the 6 with reductions:
- 2 counties see >\$200K in reductions
- 5 are PE73 counties; avg reduction 22%

#### Option #2 IMPACTS:

-Lowest award \$31K, highest \$2.6M. - 29 counties see increases avg 45%. 6 counties see reductions from \$3K-\$282K. -Of the 6 with reductions: - 3 counties see >\$200K in reductions 5 are PE73 counties; avg reduction is 23%.

~\$8M run through formula + ~\$2M set aside to mitigate. Start 7/1/25 and shifts to an above option on 7/1/27.

~\$10M run through

the formula

Start: 7/1/<u>25</u>

Refer to Excel Doc/Tab

"Top 2 Options"

Refer to Excel Doc/Tab "Options -Temp Mitigation" Options 1a or 2a-Temporary Mitigation:
Runs ~\$\$M through one of the above formulas &
sets ~\$2M aside to mitigate changes from
last/current award through 6/30/27.
Then, shifts to either Option #1 or #2 on 7/1/2027.

#### TEMPORARY OPTION IMPACTS:

Depending on whether 1a or 2a is used:
-Counties either get same baseline funding OR
max increases or reductions of \$23K
- Allows counties to plan for changes.
-Doesn't address inequities now; moves us ther
- Postponing can pose challenges should
leadership change or other issues emerge.

### CLHO-CD Meeting: December 2024

- Presented all formula options for a vote.
- CLHO-CD approved:
  - Use of Option 1a beginning July 1, 2025- ending June 30, 2027 (Mitigation)
  - Use of Option 1 beginning July 1, 2027.
- Requested review of PE and any feedback by 12/27/2024.

## **CLHO-CD Meeting:** *January 2025*

- Presented on PE including feedback received
- CLHO-CD approved the new HSSS PE

# HSSS: Implementation & Support

- HSSS Standards Guidance
- HSSS Budget Guidance & Budget Template
- Office Hours w/ HST staff
- Routine TA and training
- Quarterly LPHA check ins



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# **HSSS:** Next Steps



- CLHO to vote on HSSS PE and funding formula
- Once approved (estimated timeline):
  - Finalize PE with DOJ (Jan 2025)
  - Confirm LPHA awards (Feb 2025)
  - Share HSSS Guidance Documents & begin Office Hours (March 2025)
  - LPHA Budgets Due to OHA (March 2025)
  - Sunset PE07/PE10/PE73 and Begin HSSS Implementation (July 1, 2025)

#### For more information, contact:

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