



Continuation of Early Intervention Services and Outreach (EISO) New Program Element 73 Funding

Background

In 2016, HIV Early Intervention and Outreach Services were identified as critical to ending HIV transmission in Oregon. Oregon's End HIV initiative, a process and plan developed and approved by the End HIV/STI Statewide Planning Group, focuses on eliminating new HIV infections through testing, prevention, treatment, and responding to end inequities. (See <https://www.endhivoregon.org>). From 2017-2022, the Oregon Health Authority's HIV/STD/TB Section (OHA) allocated \$29M from income generated through the Health Resources and Services Administration (HRSA) Ryan White Part B, AIDS Drug Assistance Program (ADAP) to support both Early Intervention and Outreach Services, heretofore referred to as EISO or EISO Services.

HRSA requires that any Ryan White Part B funds be reinvested into services delivered to people with HIV, or those at increased risk of acquiring HIV. Consequently, EISO, which aims to identify persons with HIV, and quickly link them to treatment and care, is an allowable HRSA-funded services. However, due to the variability of Ryan White Part B program income, OHA only committed EISO funding for an initial five-year period.

EISO Funding- Phase 1 (1/1/2018 - 12/31/2022)

To distribute these funds, OHA initiated a competitive Request for Proposal (RFP) process which resulted in regional contracts with Local Public Health Authorities (LPHAs) across Oregon. EISO monies were to be used to plan and implement enhanced services in coordination with local HIV prevention and care programs to avoid duplication of effort and ensure people receive the benefits of the HIV service continuum across Oregon. Sustainability planning and partnerships with community-based and culturally specific organizations were highly encouraged and established as foundational for delivery of EISO. Furthermore, it was made clear that EISO monies were to supplement, not supplant, HIV services funded through other mechanisms.

Throughout the initial EISO funding period, which we now call EISO Phase 1, OHA offered routine guidance and support to EISO recipients on service delivery, program performance and fiscal issues. OHA evaluated the sustainability of LPHA's EISO programs through a Sustainability Questionnaire which indicated these projects were improving service delivery and outcomes; however, sustainability and partnership goals were not fully achieved. Some LPHAs reported an inability to maintain services at the end of the project period.

EISO Funding- Phase 2 (1/1/2023 - 6/30/2027)

Based on the sustainability evaluation and continued need for EISO services, OHA announced plans to allocate \$26.1M for EISO activities, as outlined in the RFP, for an additional four and a half years, beginning January 1, 2023 - June 30, 2027. This funding period is referred to as EISO Phase 2. These funds, pro-rated for four and a half years, are equivalent to the initial allocation for EISO of \$29 million over 5 years.

In August-September 2021, OHA staff met with EISO leadership from funded LPHA and the Confederated Tribes of the Siletz Indians to announce that the project would continue in 2023, collect successes and challenges. LPHAs reported success working across counties through regional models, however beginning in 2023, the majority requested direct contracts. Based on this feedback OHA removed regional requirements in Phase 2. Using RFP eligibility criteria, OHA awarded Phase 2 funding to eight LPHA. Four LPHA transitioned to direct PE10, STD Client Services funding.¹

OHA sent out formal EISO eligibility notices in March 2022 and asked for proposed EISO Phase 2 budgets based on an annual budget and consistent with the average amount allocated in Phase 1. OHA used a variety of metrics and information before making final EISO Phase 2 allocations to each LPHA. The goal was to assure equitable allocation of EISO funds moving into Phase 2 considering HIV and syphilis prevalence and incidence rates, increases of early syphilis cases, as well as county size and demographics. EISO Phase 1 budgets versus actuals were also reviewed as were EISO Phase 2 proposals.

In September 2022, OHA notified LPHAs of their specific reward. OHA also began developing Program Element 73 to codify EISO activities now that funding has been secured through June 30, 2027. The source and variability of Ryan White Part B funding means OHA is unable to guarantee continuation of funds beyond the allocated time frame nor guarantee the same or similar funding if continuation is prioritized. If it is determined that funding will be available to continue EISO activities beyond June 30, 2027, a funding formula proposal will be brought to CLHO for review and consideration in 2025.

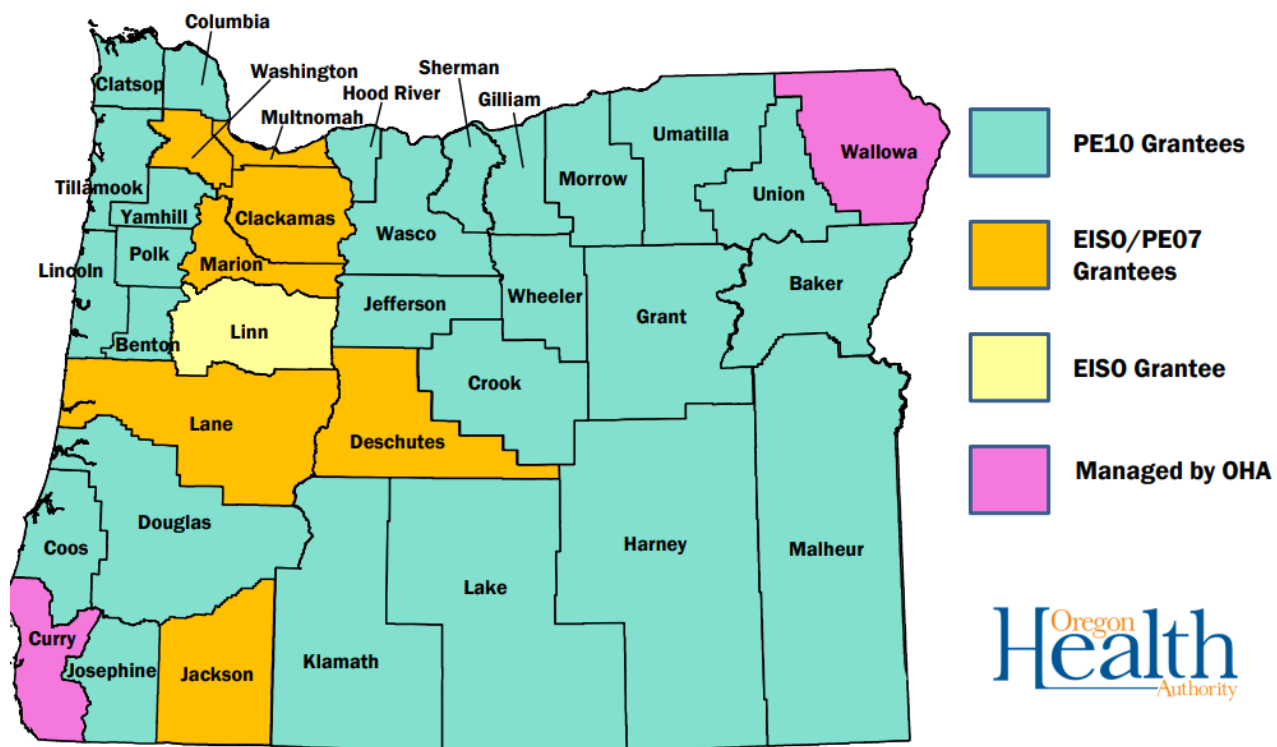
Throughout October 2022, OHA held meetings with each LPHA to review the purpose of EISO, answer questions about funding, and explain the transition to a Program Element.

¹ Clackamas, Deschutes, Jackson, Lane, Linn, Marion, Multnomah, and Washington counties qualified for EISO Phase 2. Crook, Benton, Jefferson, and Lincoln counties were transitioned to funding under Program Element 10, STD Client Services.

OHA asked LPHAs to provide PE 73 feedback by October 21 in advance of the CLHO-CD meeting scheduled on November 4, 2022. Feedback was incorporated.

Map of Statewide Funding for HIV/STD Prevention (effective January 2023)

HIV/STI Prevention Grantee Counties



Map date: 9/12/22

PE10: Sexually Transmitted Diseases (STD) Client Services

PE07: HIV Prevention Services

EISO: HIV Early Intervention Services and Outreach

For further information and additional questions, please contact:

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