RYAN WHITE MOVING FORWARD
RFA Funding Decisions

Based on meeting the goals for the National HIV/AIDS Strategy:

• Increasing Access to Care and Improving Health Outcomes for People Living with HIV. This includes funding for services that support engagement, retention, adherence, and viral suppression.
  • Targeted outreach for testing the right people in the right place at the right time.

• Care and support services will address barriers that prevent linkage: issues such as poverty; unemployment; intimate partner violence; unstable housing, including homelessness; hunger; lack of access to transportation. In NJ our goal is to link within the same or next business day, that required coordination and cooperation.

• Engagement in care: For people living with HIV, staying engaged in medical care is an important precursor to becoming virally suppressed. Key social and structural supports are necessary to make this possible.

• Viral suppression: Being virally suppressed—which means that HIV is under control at a level that keeps people healthy and reduces the risk of transmitting the virus to others—not only improves a person with HIV’s health and enhances their lifespan.
Impact of Medicaid Expansion and the Health Insurance Marketplace

RATIONALE FOR FUNDING DECISIONS

• A vast majority of HIV positive patients now have health insurance through Medicaid Expansion or the Marketplace.

• DHSTS estimates that 85 to 90% of clients receiving care in our funded clinics are covered for billable services, confirmed by HRSA.

• Both State and RWB funds have transitioned to services to improve retention, adherence, and viral suppression.
Active Collaboration

- HIV Testing
  - same-day linkage

- Data Analysis
- Policy Development
- Quality Care

- Dissemination
- Needs Assessment
- Consumer Input

- ART-MCM Assessment & care plan
- Concrete approach to enrollment baseline data ADP app

- Needs Assessment
- Systemic approach to needs assessment

- Collaborative efforts for retention, adherence, and lost to care

- Viral Suppression

- Systemic approach to needs assessment

- NJ Health
  - New Jersey Department of Health
System 1: Coordination – Testing Site -> Clinical and Support: HIV diagnosis -> Linked to Care same or next business day -> Red Carpet treatment at clinic -> introduction to physician -> baseline labs -> ADAP

System 2 – MCM, ART - Medical/Support, adherence counseling, assessment to include insurance, basic needs; trauma; medical; dental; legal and linkage to other services

System 3 – Coordination of all Systems to support retention and adherence. Health literacy, ongoing trauma-informed counseling, mental health, substance abuse and coordinated support services

System 4 – Coordination all systems to support retention, adherence moving toward independence

System 5 – Coordination all systems to support viral suppression
State HIV Care and Treatment
## Most Significant Changes in State Funding

### 2015-2016
- Ambulatory Care: 35%
- Medical CM: 13%
- Psychosocial: 9%
- Mental Health: 1%

### 2016-2017
- Ambulatory Care: 0%
- MCM: 42%
- Psychosocial: 14%
- Mental Health: 7%

### New services
- Emergency Financial Assistance
- Non Medical CM
- CoPay and Deductible (pilot)
- Foodbank
2016-2017 State Care Percent by Service

- MCM: 42%
- PsySocial: 14%
- Housing: 14%
- Non (CM): 9%
- MH: 7%
- Outreach: 5%
- Dental: 5%
- Transportation: 1%
- EFA: 1%
- NT: 0%
- Legal: 0%
- CoPay: 1%
- Dental: 5%
- EFA: 2%
- MOA's:
  - Rutgers's - Stigma: 264,520 (3%)
  - Rutgers's - Education and Training: 278,276 (4%)

Total $7,907,884
State Care and Treatment
2016-2017 Funding by Service
$7,907,884
2016-2017 State Care Funding by County

- Multiple County Dental - Atlantic, Camden, Essex
- Multiple County Legal - Hunterdon, Morris, Middlesex, Sussex, Warren
Ryan White Part B
Most Significant Changes in RWB

<table>
<thead>
<tr>
<th>Ryan White 2015-2016</th>
<th>Ryan White 2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care</td>
<td>63%</td>
</tr>
<tr>
<td>MCM</td>
<td>15%</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>22%</td>
</tr>
<tr>
<td>MCM</td>
<td>18%</td>
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</tbody>
</table>

New Services
- Non Medical CM
- Emergency Financial Assistance
- CoPay and Deductible (pilot)
- Foodbank
2017 Ryan White Part B Funding
8,106,971
2016-2017 RWB FUNDING - $8,106,971
2016-2017 RYAN WHITE PART B BY COUNTY

<table>
<thead>
<tr>
<th>County</th>
<th>Funding</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Ocean/Mon</td>
<td>$250,000</td>
<td></td>
</tr>
<tr>
<td>Atl, Cape May</td>
<td>$125,000</td>
<td></td>
</tr>
<tr>
<td>Cumberland</td>
<td>$75,000</td>
<td></td>
</tr>
<tr>
<td>Mercer</td>
<td>$30,000</td>
<td></td>
</tr>
<tr>
<td>Mer, Pass, Mon, Berg</td>
<td>$10,000</td>
<td></td>
</tr>
<tr>
<td>Atl, Essex, Middle</td>
<td>$5,000</td>
<td></td>
</tr>
</tbody>
</table>

QM: $296,414 (4%)
HPG: $231,155 (3%)

HOME CARE FUNDING

<table>
<thead>
<tr>
<th>Provider</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hunterdon Medical Center</td>
<td>$1,000</td>
</tr>
<tr>
<td>Saint Joseph's Hospital</td>
<td>$67,000</td>
</tr>
<tr>
<td>Visiting Homemaker Services</td>
<td>$46,000</td>
</tr>
<tr>
<td>Visiting Nurse and Health Svcs.</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

Legal and dental Services covers 3 counties
Home care total $124,000 (1.5%)
Comparison of Service Distribution

2015-2016 Combined Funding

- AmbCare: 15%
- MCM: 5%
- Housing: 7%
- Dental: 7%
- Tx Adh: 14%
- Psychosocial: 7%
- Other: 5%

2016-2017 Combined Funding

- Amb Care: 13%
- MCM: 12%
- Housing: 6%
- Non MCM: 11%
- Dental: 7%
- Mental H: 14%
- CHW: 14%
- Other: 13%

NJ Health New Jersey Department of Health
THANK YOU