Implementing Status Neutral Programming in Chicago

NASTAD HIV Hepatitis Technical Assistance Meeting
Primary Topics

• Engagement
• Services and Outcomes
• Fiscal
• Administrative Considerations
Engagement

• Planning Council
  – Regional and Population Advocacy Groups
• Delegate Agencies
• Service Provider Councils
• Non-affiliated Community Members
• Population-specific Focus Groups
• Giant meetings with the heads of local organizations
Engagement

• Internal engagement
  – Programmatic as well as administrative
• Contract extensions
• Infrastructure Development Grants
• ...And we are still engaging about implementation. We will engage about process and evaluation and outcomes and adjustments that need to be made along the way. PS19-1906 for example. Continuing to refine our Integrated Planning Council.
## Services and Outcomes

• Really, direct services provided by our delegate agencies and sub-contractors was the easiest to figure out.

<table>
<thead>
<tr>
<th>PCHH</th>
<th>HIV Screening (Targeted and Routine)</th>
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<tbody>
<tr>
<td>ESS</td>
<td>Legal Assistance</td>
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<tr>
<td>Primary Care</td>
<td>Food Assistance</td>
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<tr>
<td>Housing</td>
<td>Transportation</td>
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<tr>
<td>Resource Coordination</td>
<td>Case Management</td>
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• All given an 18-month start up period.
Services - How To

• Outcomes-based definitions of success
  – Improved viral suppression rates
  – Improved PrEP equity rates
    • All monitored by demographics and geography

• Guiding Principles
  – Dismantling Racist Systems
  – Trauma-Informed Services
  – Cultural Responsiveness
  – Health Equity

• Community Development
• Evaluation
Fiscal

• Play to the strengths of the Funding
  – Ryan White, CDC HIV Prevention and STI Prevention, HUD/HOPWA, City of Chicago Corporate Funding, IDPH PrEP funding, and some private grants
  – CDC is rather flexible but limited to the City of Chicago
    • Brought about working with on a state level for funding and planning
  – Ryan White is more rigid but has reach and infrastructure
    • Also, what happens if we apply a Payer of Last Resort to services provided to people who are vulnerable to but not living with HIV?
Administrative

• Shifting our internal teams
  – Healthcare Access
  – Community Development
  – Housing and Resource Coordination
  – Contracts Compliance Unit
  – Capacity Building/Technical Assistance Unit

• Changing what monitoring looks like.

• Issuing RFPs and awards

• Contracts? Finance Officers?