

Proposed Action Item: Adoption of the HIV Services Priority Plan for FY 2010-13 including HOPWA and MAI Plans

Background: The Commission on AIDS is responsible for developing and approving a plan for allocating public funds to HIV treatment and care services. The Commission convened a group of unconflicted persons, known as the Funding Allocation Working Group (FAWG), to develop a set of recommendations for the period FY2010-2013. The group completed their work and Commissioners and the public have received copies of those recommendations.

The Commission is required by the federal government to approve a funding plan on an annual basis. The HIV Services Priority Plan is the basic for funding recommendations made to the Sonoma County Board of Supervisors. This Action Item would cover the period FY 2010-2013.

Recommendation: The Commission on AIDS hears the FAWG members present their recommendations and adopt a Priority Plan.

Report of the Allocation Working Group FAWG - 2009

Recommendations of the Funding Allocation Working Group (FAWG)

Prepared by FAWG Members, DHS Staff and Babs Kavanaugh

Funding Allocation Working Group Members

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Overview of the Planning Process

- Three meetings in April and May - 3.5 hrs each
- April 24 - Orientation, data, utilization, history of planning process
- May 1 - Study Groups - in depth review of services, needs and funding
- May 8 - Finalize Recommendations - funding and non funding

Project ReConnect

*ReConnect is developing a national model that focuses on living with HIV/AIDS,
not just surviving it.*

Project ReConnect supports people with HIV by addressing social, emotional, educational and vocational needs

Project ReConnect helps people with HIV and AIDS to...

Re-imagine their futures

Explore new possibilities and make positive steps

The FAWG Funding Recommendations for Funding in Scenario 2

- Two additions and two subtractions - no change in the bottom line

Funding Recommendations - Additions

Primary Medical Care

- Consensus to maintain current funding at \$487,000 (+\$5,000)

Dental Care

- Consensus to increase funding to \$65,700 (+\$5,700)

Funding Recommendations - Reductions

Non-Medical Case Management

- Consensus to decrease proposed funding to \$60,000 (-\$5,000)

Food and Nutrition - Food Bank, Vitamins and Meals

- Consensus to decrease proposed funding to \$114,000 (-\$5,700)

Minority AIDS Initiative Plan (MAI)

FAWG supports using this funding for primary medical care.

Housing Opportunities for Persons with AIDS (HOPWA)

FAWG supports the funding plan and makes the following non funding recommendations

- Embrace the ReConnect philosophy - support client independence
- Follow short term housing guidelines
- Ensure access to services - leverage resources by collaborating with broader community services

Non-Funding Recommendations

- Dental Services
- Home and Community Based Health
- Chemical Dependency Counseling
- Non Medical Case Management
- Medical Transportation
- ReConnect Services
- Linguistics

Dental Services

Increase focus on dental services

Support the Dental Task Force Goal - 75% of HIV/AIDS residents receive annual dental check up

- Promote the goal in all provider communication

Home and Community Based Health

Ensure availability of these resources to meet the need

- Enforce the HRSA compliance guidelines to ensure

Chemical Dependency Counseling

- Highlight and emphasize the important role of the case managers in outreach and referrals to CD counseling services

Non Medical case Management

- ReConnect philosophy and model

Medical Transportation

- Provider teams oversee vouchers to reduce barriers to access to care

ReConnect Services

- ReConnect is vital - it takes pressure off the delivery system
- ReConnect must be embraced in all components of the system of care

Linguistics

- Ensure that linguistic barriers be addressed if future need

FAWG Evaluation


Rapid process - 3 weeks

Well organized, well prepared

Effective deliberation. Thank you to the Commission for supporting the process.

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Annual Sonoma County HIV/AIDS Up-date



www.sonomacounty.org/health/ph

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Changes in National Estimates

- 56,300 new infections in 2006
– Previously 40,000 new infections per year
- African Americans and Hispanics disproportionately affected

Source: Hall HI, Song R, Rhodes P, Prejean J, An Q, Lee LM, Karon J, Brookmeyer R, Kaplan EH, McKenna MT, Janssen RS for the HIV Incidence Surveillance Group. Estimation of HIV Incidence in the United States. JAMA, August 6, 2008;300(5):520

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HIV/AIDS General Trends

- Majority of persons infected are male, MSM, White
- Shift in local data with an increasing proportion of:
 - Females
 - Latinos
 - non-White persons
 - Foreign-born persons

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Groups of Special Concern

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Women

- 166 Women
 - 120 living with HIV or AIDS
 - ~13% of newly diagnosed cases
 - 36% are women of color
 - Exposures:
 - Heterosexual (77%)
 - Intravenous drug use (19%)

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Latinos

- 204 Latinos
 - 146 living with HIV or AIDS
 - ~20% of newly diagnosed cases
 - ~60% foreign-born
 - The majority of these from Mexico (89%)
 - Majority MSM, but smaller proportion compared to non-Latino

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Late to Care

- 39% of persons diagnosed with HIV since 2003 are late to care
- Latinos and women are 1 ½ times more likely to be late to care
- Larger proportion of persons with:
 - Risk not specified
 - Intravenous drug use
 - Heterosexual exposure

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Meeting the Challenges of the Changing Epidemic


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HIV Testing as Prevention

- One-quarter of people infected with HIV are unaware
- 3.5 times more likely to transmit the virus to others.
- Reduced infection rates, improved health outcomes, lowered costs


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Benefits of Routine HIV Testing

- Receive effective treatment earlier
- Adopt behaviors that reduce HIV transmission
- Reduce stigma


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Recommendation and Guidance

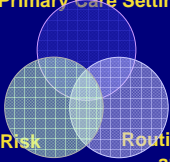
- 2006: CDC Revised Recommendations for HIV Testing in Health Care Settings
- In California, AB 682 and AB 1894 amended the Health and Safety code :
 - eliminates requirement for written consent
 - Requires coverage

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HIV Testing Strategy

Promote Routine Testing
In Primary Care Settings



Targeted High Risk Outreach Routine Testing in ER's and Urgent Care

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Outcomes of Routine Testing

- Increase access to testing
- Reduce stigma associated with testing
- Reduce the number of those at high risk for infection who are unaware of their sero-status
- Reduce the treatment burden for individuals who are late-to-care
- Increase the number of individuals linked to ongoing primary care
- Reduce HIV infection rates in Sonoma county

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