

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 basis 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.

Ryan White CARE Act Reauthorization Principles and Changes in Ryan White Legislation

Extending and Improving the Lives Of Those Living With HIV/AIDS

Principles for Reauthorization

- Greater Flexibility To Serve Those Most In Need
- Serve the Neediest First
- Focus on Life Saving and Life Extending Services
- Increase Prevention Efforts
- Increase Accountability
- 75% of funds must be spent on core services
- Increase Flexibility
- Support services must contribute to medical outcomes
- Services must link to quality outcomes

Sonoma County HIV Services Plan Services

	Current Service Delivery	# Clients	# Visits	Cost per Client	Cost per Visit	Gaps	Current Funding	Proposed Funding Scenario 2	Recommendation
Core Services									
Medical Care – Primary Care	County’s HIV Clinic and West county FQHC in collaboration	690	5,937	est. \$2,200 – 3,200	Est. \$270-350	No waiting lists Specialty medical care is not readily available locally	\$487,000	\$482,000	Increase funding for this service
Medical Case Mgmt	CBO does version of R/W MCM; the 2 clinics provide non-R/W MCM. A new model is being developed to meet HRSA standards	319	4,267	\$630	\$70	No gaps identified; Some duplication and fragmentation; over utilization by some clients	\$137,499	\$138,000	Continue funding, at slight increase.
Dental	West county FQHC	120	300	\$590	\$180	Regular screening and referral by CMs; possible assessment by physicians; specialty dental care for uninsured	\$50,000	\$60,000	Increase funding; implement Dental Task Force 75% goal. Serve uninsured first with R/W funds. Contract with a Santa Rosa area provider. Specify and communicate covered services, with a per patient annual and lifetime cap.

	Current Service Delivery	# Clients	# Visits	Cost per Client	Cost per Visit	Gaps	Current Funding	Proposed Funding Scenario 2	Recommendation
Mental Health Psych Assessment	Assessments by a psychiatrist to multi-diagnosed	70	215	\$430	\$140	None identified No wait list	\$29,000	\$22,000	Fund slightly lower than current year
Mental Health counseling	County contracts for mental health care through R/W Parts A and D with subcontracted providers and supervised interns. Some counseling done at clinics.	48	1,060	\$1,458	\$66	Insufficient mental health services locally Carry out mental health assessments of all clients to determine need and acuity.	\$70,000	\$65,000	Continue to fund service area. Cap on # of sessions as applicable. Coordinate with Part D. Use community MH resources as much as possible
Medical Nutrition Therapy	Integrated into primary care	190	562	\$350	<\$120	None identified	\$46,000	\$48,000	Cost effective. Continue to fund at slight increase.
Home and Community -Based Health Care	CBO provides with sub-contracted home health agencies.	7	740 hours	\$3,140	\$30 per hour	No waiting list. Utilization has decreased	\$19,000	\$15,000	Total utilization and costs will be reduced when R/W guidelines and caps are applied.
Chemical Dependency (CD) Services - Counseling	CBO does R/W CD outreach and counseling.	45	1,404	\$962	\$95	Treatment on demand; substance abuse services locally to meet general need; adequate substance abuse screening/ assessments by case managers	\$39,000	\$40,000	Continue to fund counseling Use other community CD resources as much as possible. Use Medi-Cal when possible to pay for treatment.

Non-Core Support Services									
CD Inpatient Treatment	CBO refers to local Residential treatment and negotiates rate	2		\$1,300		Treatment on demand; no wait periods; increased capacity; client resistance; few referrals; utilization sporadic	\$4,500	\$0	Delete or fund with non-R/W funds Use other community resources to the extent possible
Non - Medical Case mgmt (MCM)	CBO provides in non-clinical setting, incl. benefits counsel/ referrals. Clinics and other CBO non-R/W funded.	326	2,180	\$380	\$60	No gaps. Some duplication, fragmentation and over-utilization. Acuity determinations for services	\$55,000	\$65,000	Increase to cover baseline assessments and services plans Consider caps vs. over-utilization
Food/ Nutrition	CBO provides services at one location in west County	527	13,172 units (31% delivered)	\$1,700	\$68 weekly grocery	No wait list Food prices have increased	\$114,000	\$119,700	Increase funds to cover increased costs Consider adding additional site Consider caps on services to equalize utilization
Medical Transportation	CBO hands out vouchers and bus passes; volunteer rides also	50 for voucher / passes 34 for vol.ride	1,301 for voucher 198 for vol.	\$72 for voucher \$765 for vol.	\$3 voucher \$131 for vol.	Coordination so that other clients access passes and vouchers at other provider locations	\$17,000	\$4,000	Fund vouchers only and increase amount Decentralize voucher program and implement by case managers
Child Care		8	315 hours	\$2,440	\$70 per hour	None	\$22,000	\$0	Fund with Part D.
ReConnect	Advocates contact clients and work with agencies	N/A	N/A	N/A	N/A	N/A	\$10,000	\$0	No funding; not allowed R/W
Linguistics	Translate HIV services guide into Spanish	N/A	N/A	N/A	N/A	None	\$2,000	\$0	No funding; providers have good bilingual capacity

Report of the Funding Allocation Working Group, FAWG 2009

Prepared by Babs Kavanaugh

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Sonoma County Commission on AIDS

2009 - Recommendations of the Funding Allocation Working Group (FAWG) of the Sonoma County Commission on AIDS (COA)

Meeting Dates: April 24, May 1 and May 8, 2009

FAWG Purpose: The Commission on AIDS convened the Funding Allocation Working Group of non conflicted individuals to make funding and non funding recommendations for the three year Part A HIV Services Plan, the Housing Opportunities for persons with AIDS (HOPWA) Plan, and the Minority AIDS Initiative MAI plan (MAI) (FY 2010-2013).

Funding Allocation Working Group Members

Ruben Carrillo	Sean Kelson	Matt Solem
Maureen Donaghue	Carolyn Kern	Ginger Washburn
Cassandra Garcia-Ceja	Herb Light	David Whalen
Robert Kavanagh	Glenn Schoeneck	Ren Worden
<i>DHS Staff: Ellen Swedberg, Claire Etienne</i>		
<i>Consultant/Facilitator, Babs Kavanaugh</i>		

I. Overview of the Planning Process

Three meetings were scheduled in April and May 2009 to review, refine, and bring forward recommendations for a three-year funding allocation services plan to the COA. Each meeting lasted three and a half hours. FAWG members committed additional time to study the background information/data and become well versed in the complexities associated with the funding regulations and the fifteen service categories that make up the Sonoma County HIV/AIDS comprehensive delivery system.

Two complementary sets of principles framed the FAWG thinking and guided their deliberations.

Ryan White Care Act Reauthorization Principles	Sonoma County Local Guiding Principles and Planning Assumptions
To extend and improve the lives of those living with HIV/AIDS	Integrate the ReConnect Philosophy into all elements of the system of care
Greater flexibility to serve those most in need	Use Ryan White, HOPWA and MAI funding after all others, including funding for the uninsured
Serve the neediest first	Serve the most in need
Focus on Life Saving and Life Extending Services	75% minimum funding requirement to focus on core medical needs
Increase prevention efforts	Expand access to underserved, address unmet needs
Increase accountability	Focus on health outcomes

The ReConnect Philosophy and Project ReConnect

The ReConnect philosophy developed as a result of the changing nature of HIV/AIDS from a terminal to a chronic health condition. ReConnect promotes the understanding that health and well being are dependent on self empowerment and self management. The Project ReConnect model developed to take actions that support people with HIV to re-imagine their futures, to explore new possibilities and to make positive steps by addressing social, emotional, educational and vocational needs.

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

The FAWG Meetings

- Meeting #1 - April 24, 2009. **Orientation.** Meeting # 1 focused on orientation for new members and review for returning members to the planning process, background materials and current information about HIV/AIDS in Sonoma County. DHS staff discussed their funding recommendations and presented demographic information and utilization data, and the most recent needs assessment with current and emerging service needs of the HIV/AIDS community in Sonoma County. FAWG members identified any need they had for additional information or questions of staff and service providers.
- Meeting #2 - May 1, 2009. **Study Groups.** The FAWG divided into three study groups, to have an in depth discussion of specific service categories. Following their discussions, each of the small groups shared their findings, adjustments to the DHS staff recommendations and their rationale for any changes. In preparation for Meeting #3, the FAWG members would review all funding and non-funding recommendations and come prepared to finalize these.
- Meeting #3 - May 8, 2009. **Finalize Recommendations.** FAWG members confirmed and clarified the rationale to support all funding and non-funding recommendations. FAWG reviewed and confirmed the MAI and HOPWA funding plans, adding specific non-funding recommendations to the HOPWA funding plan (found in Section III of this report).

II. The FAWG Scenario 2 Funding Recommendations

The FAWG was charged with reviewing the DHS staff recommendations at Funding Scenario 2, to support or revise the recommendations and to document rationale for any adjustments. Funding adjustments were made within the total funding amount proposed in Scenario 2.

A. Funding Recommendations – Additions

Primary Medical Care: Consensus to maintain current funding at \$487,000 (+\$5,000)

Rationale: Ryan White funding, as the payor of last resort, supports providing Primary Medical Care to all HIV/AIDS Sonoma County. Utilization data and outcomes confirm that this service is meeting the needs at the current funding level. The FAWG voiced concern that a reduction of funding in this category might have a negative impact on this service and would send the ‘wrong’ message to the community about its importance.

Dental Care: Consensus to increase funding to \$65,700 (+\$5,700).

Rationale: FAWG recognizes the critical need for this service. FAWG supports the adopted goal of the Dental Task Force that 75% of HIV/AIDS residents will have, at a minimum, an annual dental care check up.

B. Funding Recommendations – Reductions

Non Medical Case Management: Consensus to decrease proposed funding to \$60,000 (-\$5,000)

Rationale: FAWG recommends reducing the funding by \$5,000 and re directing it to Primary Medical Care. Staff proposed an increase of \$10,000 to this service category. Some of the service categories higher on the prioritized service list were flat funded. Additionally, the proposed case management baseline assessment will take time and may not require the full additional \$10,000.

Food and Nutrition – Food Bank, Vitamins and Meals: Consensus to decrease proposed funding to \$114,000 (-\$5,700).

Rationale: FAWG recommends moving \$5,700 from this service to Dental Care. The Food and Nutrition service category will be flat funded if this recommendation is adopted. FAWG understands that this recommendation will not take funding from nutritional services. FAWG believes that food services has more success in fund raising than some other service categories, and that community support will continue to supplement food and nutritional needs.

C. Funding Recommendations - MAI and HOPWA

- Minority AIDS Initiative (MAI) Plan. FAWG supports the recommendations in this funding plan.
- Housing Opportunities for Persons with AIDS (HOPWA) Plan. FAWG supports the recommendations in this funding plan and recommends specific non-funding recommendations that are listed below.

III. The Non - Funding Recommendations

- The FAWG recommends that the HOPWA funding plan embrace the ReConnect philosophy of supporting client empowerment and independence. Additional HOPWA recommendations include:
 - a. The short term help for housing guidelines must be followed to ensure HOPWA funds are available for emergency needs.
 - b. The FAWG emphasized the importance of ensuring that people have access to funding for housing needs by always considering HOPWA funds as the payor of last resort. To support this, FAWG recommends that all other community services are considered before HOPWA, e.g. COTS and the Mary Isaac Center.

- **Dental Services.** The FAWG believes that dental health severely impacts overall health and well being and supports an increased focus on dental services. The FAWG strongly recommends that the Dental Task Force goal (75% of HIV/AIDS residents receive annual dental care) be widely communicated to all service providers. FAWG recommends that the fiscal agent include this goal in the service provider contracts and consider other contract guidelines that support increased referrals to dental services.
- **Home and Community Based Health.** The FAWG supports the enforcement of the HRSA compliance guidelines. FAWG wants to ensure that these resources are available to meet the needs and are used appropriately.
- **Chemical Dependency Counseling.** The FAWG anticipates that the medical case management assessment will increase referrals to chemical dependency counseling services. The FAWG recommends highlighting and emphasizing the important role of the case managers in outreach and referrals to this service.
- **Non-Medical Case Management.** This service category provides a critical link to facilitate referrals to resources available in the broader community. As HIV/AIDS shifts from a terminal to chronic condition, and as funds shrink, non-medical case managers must be trained and knowledgeable about these valuable and untapped community resources. FAWG recommends that non-medical case managers be thoroughly versed in the ReConnect philosophy and model, understanding the need for ‘appropriate’ referrals to support consumers.
- **Medical Transportation.** The FAWG supports the need for and use of vouchers for transportation to medical visits. To support the effective and appropriate use of the vouchers, FAWG recommends the provider teams at the medical site oversee the issue of the vouchers.
- **ReConnect Services.** The FAWG stressed the critical importance of maintaining the ReConnect philosophy and seeking additional funding to continue to build the infrastructure of support. ReConnect is vital and takes pressure off the care delivery system. ReConnect must be institutionalized in all components of the system. All providers and case managers must be trained in understanding ReConnect and delivering their care within this frame.
- **Linguistics.** Though language is not currently a barrier to access to services, the FAWG wants to ensure that linguistic barriers be addressed if there is a need in the future.

IV. The FAWG Process Evaluation

The FAWG members and DHS staff evaluated the planning process. FAWG members thanked DHS staff for the well organized materials and presentation of data and information, for an effective and efficient planning structure, and staff support and responsiveness in finding answers and learning together, and for their dedication to the ReConnect model of care. DHS staff thanked the FAWG members for their commitment to the rapid three-week process, to their dedication to learning, their open mindedness to considering the most effective use of resources, and to strengthening the commitment to the ReConnect philosophy.