

**Proposed Action Item from Executive Committee:** Recommendation for Ryan White Part A Grantee (Sonoma County Department of Health Services)

**Background:** In 2004 the Commission on AIDS began to plan for future funding uncertainties. There have been three retreats focusing on modifying the system of care to adjust to reduced funding and changes in client need was held in 2007. This retreat focused on Planning for 2010 and was called Moving from Fear to Hope.

Recognizing the need for consumer education and outreaching to the larger service community beyond the traditional HIV service provider community, agencies and Project ReConnect volunteers committed themselves to begin the effort of education, mentoring, and transitioning clients from the Ryan White care system to similar services in the broader community.

In 2009, when the recent State budget crisis occurred it was evident that although the past five years had seen preparation for the eventual loss of Federal HIV Funding, the work had actually prepared Sonoma County for this devastating loss of State funds.

The Executive Committee of the Commission on AIDS has discussed the timeline for making adjustments to the HIV Services Priority Plan and recognizes that the upcoming 2010 Request for Proposals (RFP) for HIV services must be issued no later than December 2009. The Commission on AIDS may make recommendations to further modify the Services Plan; this may result in not contracting, or contracting at a reduced or increased amount, for services that will have been applied for in the 2010 RFP process.

Regardless of the funding for a Service Category, HIV+ clients and agencies (those funded by Ryan White as well as other community agencies) must be prepared for the transition of HIV+ clients to the many relevant resources in the broader community. This is critical work for all involved in HIV services.

**Recommendation:** In order to promote the health of the HIV-positive community the Executive Committee is strongly recommending that effective immediately (FY09-10) the Grantee modify current agency contracts to include objectives to:

- Work together to provide accurate information to clients about the changes to the Sonoma County HIV System of Care and the changes that will be implemented ongoing over the next years.
- Transition clients to services outside of traditionally HIV-specific agencies when appropriate
- Provide technical assistance and collaborate with non-HIV specific service providers in Sonoma County so that they can provide the highest quality services to HIV-positive individuals.

These changes to the FY09-10 Scopes of work would be strengthened in the RFP for FY2010.

## **Executive Committee Proposed Action Item: Modification of the HIV Services Priority Plan for FY 2010-13 - Modification #1**

**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 FY2010-13. The group completed their work in May 2009 and Commissioners adopted the Plan.

The Commission is required by the federal government to review and approve a service priority and funding plan on an annual basis. The HIV Services Priority Plan is the basis for funding and contracting recommendations made to the Sonoma County Board of Supervisors. In the months since the FY10-13 HIV Services Priority Plan was adopted there have been major changes to HIV funding allocations from the State of California. In addition, there continues to be uncertainties about the amount of Ryan White Part A funding that will be allocated to Sonoma County in future years.

The Executive Committee of the Commission on AIDS has discussed the need to have flexibility, currency and responsiveness to changes in the external environment in the Services Plan. They agreed that a good way is to make incremental changes to the Plan as information becomes available. Because ongoing changes are anticipated, they foresee the possibility of several incremental modifications to the Plan during FY2010-2013.

**Recommendation #1:** Medical Transportation vouchers to needed medical appointments will be provided by the medical staff funded in categories #1 and #2, and in its current lower position (#11) it is unlikely to be funded.

a. Therefore, the Executive Committee recommends that the service category Medical Transportation be moved to #3 to follow Primary Medical Care and Case Management (with no changes to other service categories).

b. It is further recommended that Medical Transportation be funded at Scenario #2 (\$4,000) to cover the costs of clients' transportation vouchers to medical care.

**Recommendation #2:** The Committee noted that, if incremental changes to the HIV Services Plan could be made in a timely manner at regular Commission meetings, this would provide currency and flexibility to the Plan; in addition, modifications should not be delayed by the need to post the intent to vote prior to a Commission meeting, which can add a month to such a process.

Therefore, the Executive Committee recommends that a standing Action Item regarding incremental modifications to the Services Plan be placed on each monthly Commission Agenda.

## **FAWG non-funding recommendations**

### **FAWG made additions to Primary medical care:**

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.

### **FAWG made additions to Dental Care:**

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.

### **FAWG decreased Food and Nutrition**

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.

Other information – we are at twice the national percentage for food allocation  
FAWG was concerned that this category is not based on an acuity model

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.

## HIV Services Plan FY2010-13- Ryan White Part A

RANK	Eligible Services	Scenarios			
		1	1	2	3
1	Medical Care - Primary Care		464,000	487,000	507,000
2	Medical Case Mgt.		120,000	138,000	158,000
3	Dental		60,700	65,700	70,700
4	Mental Health Psych. Assess		20,000	22,000	23,000
5	Mental Health Counseling		58,000	65,000	68,000
6	Medical Nutritional Counseling		46,000	48,000	50,000
7	Home & Comm.Based Health		15,000	15,000	16,000
8	CD Counseling		40,000	40,000	42,000
9	NonMedical C.M.		55,000	60,000	65,000
10	Food & Nutrition-Bank, Vits, Meals	71,563	105,000	114,000	126,000
11	Med. Transportation (vouchers)		0	4,000	5,000
12	CD Inpatient Tx		0	0	3,000
13	Re-Connect		0	0	0
14	Linguistics/Translation		0	0	0
15	Childcare (vouchers)		0	0	0
<b>Total</b>			<b>\$983,700</b>	<b>\$1,058,700</b>	<b>\$1,133,700</b>
Plan with actual FY09-10 Part A grant			<b>950,263</b>		

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

<b>Ryan White Care Act Reauthorization Principles</b>	<b>Sonoma County Local Guiding Principles and Planning Assumptions</b>
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