



**San Diego HIV Health Services Planning Council  
Priority Setting Committee**



**KEY DATA FINDINGS 2010 - COMBINED**

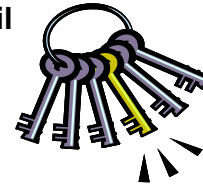
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**San Diego HIV Health Services Planning Council**  
**Priority Setting Committee**  
**Summary of Key Data Findings by Service Category 2010**

SERVICE CATEGORY	KEY DATA FINDINGS
<b>Primary Care</b>	Core service; #2 priority in NA survey. Disparity for Af-Ams and East County.(HIV/AIDS Medications added in YR 18, a core service linked to Primary Care and #1 priority in NA survey).
<b>Medical Specialty</b>	Core service; linked to Primary Care. #7 priority in NA survey. Disparity for Af-Ams, Southeast, & East County.
<b>Psychiatric Services</b>	Core service; linked to Primary Care. #11 priority in NA survey. Disparity for Latinos, East County, North County, and South Bay.
<b>Dental Care</b>	Core service #3 priority in NA survey and largest disparity (23% need but can't get). Many PLWH/A lack insurance. Disparity for Af-Ams, North Cty, East Cty & South Bay.
<b>Home Health/ Hospice</b>	Core service; #18 priority in NA survey.
<b>Medical Case Management Services</b>	Core service; #4 priority in NA survey. Links clients to other services, including Primary Care. Many PLWH/A have co-occurring health conditions that require additional services/assistance. Disparity for East County, North County and South Bay.
<b>Medical Case Mgmt Services – People of Color</b>	Core service; reaches diverse groups/regions.
<b>Mental Health: Counseling/Therapy &amp; Support Groups</b>	Core service; #8 priority in NA survey. 21% of survey respondents have chronic mental illness. Disparity for Af-Ams, East County, North County and South Bay.
<b>Early Intervention Centers (EIC): Integrated Services for Women, Children &amp; Families</b>	Core service; includes direct provision of Medical Case Management, Mental Health, Family/Peer Advocacy, Outreach, Babysitting & Mentor/Buddy Support. Females represent 11% of recent AIDS cases. Women need support services to stay in care. Reaches diverse groups/regions. Disparity for API
<b>Early Intervention Centers: Regional Services</b>	Core service; addresses HRSA focus on identifying PLWH not in care and linking them to care. CM is a central component. #4 priority in NA survey. Co-located with HIV Primary Care in Southeast SD, South Bay and North County. Disparity for API and East County.
<b>Housing: Emergency</b>	#5 priority in NA survey (Top 5 priority for 16 of 26 sub-populations). The 3 <sup>rd</sup> largest service gap (15%) in NA survey. Homelessness & poverty prevalent among PLWH/A. Service gap for Latinos, East County, North County and South Bay.
<b>Housing: PARS</b>	
<b>Drug &amp; Alcohol Treatment: Residential</b>	#13 priority (# 1 for Incarcerated, #2 for active IDU, #4 for out-of-care, #6 for Ex-Inmates #7 for past IDU, # 8 for Homeless and #10 for Transgender and API populations). Disparity for Women, Latinos and Southeast.
<b>Drug and Alcohol Outpatient</b>	Core Service. Frequent co-occurring condition among PLWH/A. Outpatient Treatment is a disparity for women, Af-Ams, Latinos, North County and South Bay.
<b>Transportation</b>	#5 priority in NA survey (#1 for Af-Ams and Af-Am Women; #2 for Active IDU, Homeless and Transgender populations); 2 <sup>nd</sup> biggest service gap (15%). Service gap for East County, North County and South Bay.
<b>Food Services: Home-Delivered Meals</b>	#9 priority in NA survey. Service gap for Latinos & South Bay.
<b>Information &amp; Referral</b>	#16 priority in NA survey (#9 for Af-Am Women, #11 for Out-of-care and Caucasian Women, #12 for Southeast SD and East County)
<b>Legal Services</b>	#9 priority in NA survey (#4 priority for Incarcerated and #6 for Transgender) and 5 <sup>th</sup> largest disparity (10%). Service gap for Af-Ams, East County and South Bay.
<b>Volunteer Peer Advocacy</b>	#17 priority in NA survey. Service Gap for women, Latinos, East County, North County, Southeast and South Bay.
<b>Emergency Financial Assistance</b>	"Emergency Utility payment" #14 priority in NA survey (#9 for Youth and Women, #10 for Incarcerated, Transgender, Af-Am Women, API, Southeast SD and North County, 11 for Out-of-care) and 6 <sup>th</sup> largest disparity (8%) in the survey. Disparity for Latinos, East County, North County and South Bay.
<b>Representative Payee</b>	#19 priority in NA survey (#11 for Out-of-care), service gap for Latinos and South Bay



San Diego HIV Health Services Planning Council  
Priority Setting Committee  
**Overall 2010 Key Data Findings**  
Approved July 15, 2010



#### 2010 HIV/AIDS Consumer Needs Assessment Survey results

- Five percent of respondents say they “need but can’t get” **HIV Meds**, (compared to 3% in the 2008 survey) and 3% say they need but can’t get **HIV Primary Care** (same as in 2008 survey).
- The percentage of respondents who said they “need but can’t get” a service *increased* in 8 of 19 services since the 2008 survey (especially for **Dental Care, Medical Specialty and Transportation**) and decreased or stayed the same for the remaining services.
- **Women (particularly African American Women)**, identify support services as higher priorities than health care/medical services; such services may be key for keeping them in health care.
- Most subpopulations ranked **Dental Care, Housing/Shelter** and **Transportation** in the top 5 priorities.

#### 2008 Provider Survey results

- Services most important to get and keep PLWH/A in HIV primary medical care are Medical Case Management, Alcohol/Drug Recovery Services/Treatment, Early Intervention Services: Coordinated Services Centers, Housing, Mental Health, Information and Referral and Transportation.

#### Out-of-Care

- The **number one reason overall** for not getting medical care at any time was **I felt healthy**; the second most common reason was **Using drugs or alcohol**.
- The highest ranked reasons respondents noted for deciding to get medical care were **Started care right after I tested positive (59%)**; **Got sick or started having symptoms of HIV (38%)** and **Got help from a case manager or peer advocate (38%)**.
- PLWH/A who are not using HIV primary care are more likely than those in care to have **co-occurring conditions**, including homelessness, substance use, mental illness, and physical disability and more likely to be AIDS diagnosed.
- Change in health status, access to substance abuse detoxification/treatment, mental health services, housing, and access to case management services appear to be strong motivators to get and keep PLWH/A in HIV primary care.

#### Unmet need

- An estimated 43% of PLWH/A have unmet need for HIV Primary Care (31% of people with AIDS; 52% of people with HIV (non-AIDS)).
- Among people with HIV (non-AIDS), females and African Americans are more likely to be out of care.

#### Co-occurring health conditions, poverty & insurance status

- PLWH/A are more likely than general San Diego County populations to experience the following conditions: TB, STDs, hepatitis B & C, mental illness, injection and non-injection drug use, homelessness, poverty & lack of insurance.
- Research also reveals a higher incidence of gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic disease, nervous system diseases and neoplastic diseases such as cancer or lymphoma.
- These conditions can complicate adherence and make care more complex and more expensive.

#### AIDS epidemiology

- The proportion of new AIDS cases attributed to Caucasians, men who have sex men (MSM) and Central San Diego residents has decreased over time.
- The proportion of new AIDS cases attributed to African Americans, Latinos, South Bay and heterosexual transmission has increased over time.

### Regional Community Meetings

- Issues identified most frequently among all five regions included requests for the following services: housing, transportation, dental, information on services/service changes, medical specialty and case management (eligibility).

### Regional availability of Ryan White (RW) Part A (former Title I) services

- The fewest RW Part A services are available in East County, followed by South Bay.

### RW Part A service utilization

- Although funding was decreased, service utilization increased for the following services between YR 18 & YR 19: Medical Case Management for People of Color, Early Intervention Services for Women, Children and Families, and Early Intervention Services – Regional – Early Intervention Centers.
- Although funding increased for Representative Payee, service utilization decreased between YR 18 & YR 19.
- Although funding remained the same for Legal Services and Emergency Housing, service utilization decreased between YR 18 and YR 19.
- African Americans demonstrate disparities (compared to local HIV/AIDS epidemiological data) in RW Part A service utilization of HIV Primary Care and four other core services.
- Latinos demonstrate disparities of Psychiatric Services and Drug and Alcohol Treatment Services- Outpatient.
- Southeast San Diego residents demonstrate disparities in utilization for Medical Specialty and Drug/Alcohol Services – Outpatient.
- North County residents demonstrate disparities in Drug/Alcohol Treatment – Outpatient services and four other core services.
- East County residents demonstrate disparities in HIV Primary Care and seven other core services.
- South Bay residents demonstrated disparities for Medical Specialty, and five other core services.
- South Bay residents demonstrate the greatest number of disparities in utilization of support services, followed by East County.

### Service Outcomes

- Positive outcomes are indicated for all RW Part A/B funded services, nearly all services met or exceeded contracted outcome objectives.

### Resource Inventory

- All current RW Part A providers have extensive **Capability** in providing services.
- For most RW Part A providers, **Capacity** is limited primarily based on availability of funding.
- Most non-RW programs providing the same or similar services have limited or very limited capacity, are focused on specific populations (e.g., veterans) or have no or very limited HIV experience or focus.
- All RW Part A providers screen clients for other resources as appropriate.



**San Diego HIV Health Services Planning Council**  
**Priority Setting Committee**  
**Key Data Findings 2010**  
**Comparison of Responses among**  
**2010 Consumer Survey, 2008 Provider Survey and**  
**2010 Regional Community Meetings**  
 Approved July 8, 2010



	2010 Consumer Survey	2008 Provider Survey	2010 Regional Community Meetings
<b>The top reasons PLWH/A are not getting HIV medical care</b>	<ul style="list-style-type: none"> <li>• Felt healthy (46%)</li> <li>• Using drugs or alcohol (30%)</li> <li>• Not ready to deal with having HIV (29%)</li> <li>• Not enough money or insurance (27%)</li> <li>• Side effects of medications (22%)</li> </ul>	<ul style="list-style-type: none"> <li>• Homeless (63%)</li> <li>• Using Drugs or Alcohol (61%)</li> <li>• Mental Health problems (61%)</li> <li>• Afraid people will find out HIV status (55%)</li> </ul>	<ul style="list-style-type: none"> <li>• Substance abuse</li> <li>• Unable to access Housing/Emergency Housing</li> <li>• Lack of Transportation</li> <li>• Need information on service availability</li> <li>• Stigma/Denial/Fear of Disclosure</li> </ul>
<b>The top reasons PLWH/A who know their status decide to get HIV medical care</b>	<ul style="list-style-type: none"> <li>• Started care right after I tested positive (59%)</li> <li>• Got sick or started having symptoms of HIV (38%)</li> <li>• Got help from a case manager or peer advocate (45%)</li> <li>• Accepted by test results (40%)</li> </ul>	<ul style="list-style-type: none"> <li>• Got help from a case manager or peer advocate (64%)</li> <li>• Accepted test results (56%)</li> <li>• Got sick/started having symptoms of HIV (54%)</li> <li>• Got counseling or support (54%)</li> </ul>	N/A
<b>The top services that are most important to get and keep PLWH/A in HIV medical care</b>	<ul style="list-style-type: none"> <li>• HIV/AIDS medications (50%)</li> <li>• Primary HIV medical care (47%)</li> <li>• Case management (40%)</li> <li>• Dental care (32%)</li> <li>• Counseling/therapy (26%)</li> </ul>	<ul style="list-style-type: none"> <li>• Case Management (59%)</li> <li>• Alcohol/Drug Recovery Services/Treatment (57%)</li> <li>• Coordinated Services Center (drop in at one place for many services) (38%)</li> <li>• Housing Services (38%)</li> </ul>	<ul style="list-style-type: none"> <li>• Housing/Emergency Housing</li> <li>• Transportation</li> <li>• Dental services</li> <li>• Medical specialty</li> </ul>

	2010 Consumer Survey	2008 Provider Survey	2010 Regional Community Meetings
<b>The top suggestions to help better serve clients/patients living with HIV</b>	N/A	<ul style="list-style-type: none"> <li>• Networking opportunities among providers to share information about HIV/AIDS care, prevention and available resources (62%)</li> <li>• Training on case management and peer advocacy for people with HIV/AIDS (46%)</li> <li>• Training about HIV services (41%)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase access to case managers/more case managers needed</li> <li>• More information on service availability/changes</li> </ul>
<b>The top barriers that clients living with HIV/AIDS have faced when accessing services</b>	N/A	<ul style="list-style-type: none"> <li>• Knowledge of HIV status, disclosure issues and stigma (20%)</li> <li>• Location of services/transportation needs (16%)</li> <li>• Paying for Services/Eligibility (11%)</li> <li>• Client issues and expectations (9%)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of information on services</li> <li>• Unable to receive/ineligibility for case management</li> <li>• Transportation</li> <li>• Services not in region</li> <li>• Lack of language and cultural sensitivity</li> </ul>
<b>The top services needed, but can't get</b>	<ul style="list-style-type: none"> <li>• Dental care (23%)</li> <li>• Transportation (18%)</li> <li>• Housing/shelter (15%)</li> <li>• Medical specialist (11%)</li> <li>• Legal services (10%)</li> </ul>	N/A	<ul style="list-style-type: none"> <li>• Housing/Emergency Housing</li> <li>• Dental services</li> <li>• Transportation</li> <li>• Substance Abuse treatment services</li> <li>• Medical specialty</li> </ul>

San Diego HIV Health Services Planning Council  
Priority Setting Committee



2010 Key Data Findings:  
Regional Community Meetings  
Approved July 8, 2010



Five regional community meetings were held in April and May 2010; one in each of the five planning regions and four key informant interviews in the East County region. Countywide 106 people participated, consisting of 72 consumers, 28 providers and 6 community members; 36 were women, 70 were men.

**Key issues overall:** housing, transportation, dental, information on services/service changes, medical specialty and case management (eligibility)

**The following issues were each identified by 3-5 regions:**

- Barriers to accessing HIV Primary Care:
  - Substance Abuse
  - Housing/Emergency Housing
  - Transportation
  - Information on services/availability
  - Stigma/Denial/Fear of disclosure
- Other important services:
  - Housing/Emergency Housing
  - Transportation
  - Dental Services
  - Medical Specialty
- Services Need But Can't Get:
  - Housing/Emergency Housing
  - Dental services
  - Transportation
  - Substance Abuse Treatment services
  - Medical Specialty
- Other Barriers/Challenges:
  - Lack of information on services
  - Unable to receive/ineligible for Case Management services
  - Transportation
  - Services not available in region
  - Lack of language and cultural sensitivity
- Ideas for Improvement:
  - Increase access to case managers/more case managers needed
  - More information on service availability/changes in services
  - Increase resources (funds, providers)

\*\*Jobs/job training was mentioned several times among different questions/different regions (not a RW fundable service).

**Key region-specific issues (aside from the common themes identified above):**

- Central San Diego: (Attendees: 10 Consumers (14%); 9 Providers (32%); 18% of participants Countywide)
  - Appointment scheduling issues (over-scheduling, long interval between appointments)
  - Coordination of services/One stop service
  - Recommendations for increased Consumer involvement (at agency level)

- East County: (Attendees: 1 Consumer + 4 Key Informant Interviews with Consumers (7%); 2 Providers (7%); 6 Community participants (100%); 7% of participants Countywide)
  - Various support services and non-Ryan White services emphasized
  - Concerns regarding access/coordination of pharmacy services.
- North County: (Attendees: 26 Consumers (36%); 4 Providers (14%); 28% of participants Countywide)
  - Limited Alcohol and Drug treatment services
  - Vision care needed
  - Availability of services in Spanish
- South Bay: (Attendees: 17 Consumers (24%), 3 Providers (11%), 19% of participants Countywide)
  - Concerns regarding documentation status/bi-national status and accessing services
  - Legal services needed
  - Outreach services needed
- Southeast SD: (Attendees: 14 Consumers (19%), 10 Providers (36%), 23% of participants Countywide)
  - Competing life issues
  - Stigma regarding sexuality

\* Sample sizes are small. Data should be interpreted with caution.

**Qualitative Data** such as this asks the question “What Is It?” (This is different from Quantitative Data such as Epidemiology or Unmet Need, which asks “How Much or How Many?”)

**Advantages:**

1. It produces more in-depth, comprehensive information.
2. It seeks a wide understanding of the entire situation.

**Limitations:**

1. The very subjectivity of the inquiry leads to difficulties in establishing the reliability and validity of the approaches and information.
2. It is very difficult to prevent or detect researcher or data collector induced bias.
3. Its scope is limited due to the in-depth, comprehensive data gathering approaches.



## San Diego HIV Health Services Planning Council

### Priority Setting Committee Key Data Findings Provider Survey Approved June 4, 2009



**Provider survey:** As part of the 2008 Needs Assessment, provider questionnaires and a link to an on-line version of the survey were distributed to service providers. One hundred twenty-five responses were received from a broad range of providers including community based organizations (26%); substance abuse (SA) treatment providers (22%); multi-service agencies (7% with HIV services; 4% with no HIV services); and mental health treatment (MH) providers (5%).

Listed below are the top 3 responses for each question.

#### **Services provided by agencies/program**

1. Social and Support Services (58%)
2. Mental Health (54%)
3. Other Basic Needs Services (48%)

#### **How agencies coordinate with other agencies serving their clients/patients**

1. Phone referrals (84%)
2. Networking (77%)
3. Attending trainings/conferences (76%)

#### **Staff training on HIV/AIDS**

1. Yes, all staff (42% of all respondents; 74% of SA providers; 33% of MH providers)
2. Yes, most staff (11% of all respondents; 4% of SA providers; 0% of MH providers)
3. Yes, some staff (23% of all respondents; 15% of SA providers; 33% of MH providers)
4. No (23% of all respondents; 7% of SA providers; 33% of MH provider)

#### **The top reasons that PLWH/A are not getting HIV medical care (rank the top three)**

1. Using Drugs or Alcohol (50%)
2. Homeless (38%)
3. Afraid people will find out HIV status (38%)

#### **The top reasons PLWH/A who know their status decide to get HIV medical care (rank the top three)**

1. Got sick/started having symptoms of HIV (44%)
2. Accepted test results (37%)
3. Help from an outreach worker (32%)

#### **The top services (limited to five choices) that are most important to get and keep PLWH/A in HIV medical care**

1. Case Management (59%)
2. Alcohol/Drug Recovery Services/Treatment (57%)
3. Coordinated Services Center (drop in at one place for many services) (38%)

#### **The top 5 suggestions to help better serve clients/patients living with HIV**

1. Networking opportunities among providers to share information about HIV/AIDS care, prevention and available resources (62%)
2. Training on case management and peer advocacy for people with HIV/AIDS (46%)
3. Training about HIV services (41%)

#### **The top 3 barriers organizations face when providing services to people living with HIV/AIDS (n=68)**

1. Services and staff limitations (22)
2. Client issues and expectations (17)
3. Knowledge of HIV status, disclosure issues and stigma (14)

#### **The top 3 barriers that clients living with HIV/AIDS have faced when accessing services**

1. Knowledge of HIV status, disclosure issues and stigma (20)
2. Location of services/transportation needs (16)
3. Paying for Services/Eligibility (11)

San Diego HIV Health Services Planning Council  
Priority Setting Committee



2010 Key Data Findings:  
Resource Inventory  
Approved February 11, 2010



**RESOURCE INVENTORY**

Based upon existing Ryan White Part A provider data and additional information obtained from the 2008 Health and Social Services Provider survey:

- Current RW Part A Provider **Capability**: all providers have extensive experience in providing Part A services
- Current RW Part A Provider **Capacity**: for most providers, capacity is limited, primarily based on availability of funding
- Other non-RWHATMA Community Resources: most other programs providing the same or similar services have limited or very limited capacity, are focused on specific populations (e.g., those with substance abuse issues) or have no or very limited HIV experience or focus. All RW Part A providers screen clients for other resources as appropriate.



San Diego HIV Health Services Planning Council  
 Priority Setting Committee  
 Key Data Findings:  
**2010 HIV/AIDS Needs Assessment**  
**Consumer Survey**  
 Approved June 3, 2010



### Response:

- 1072 people living with HIV/AIDS (PLWH/A), representative of the epidemic in terms of gender, ethnicity & region of residence.
- 26 sub-populations were analyzed for their specific needs.

#### Total population analysis:

### Key Issues:

- The highest ranked reasons respondents noted for deciding to get medical care were **Started care right after I tested positive (59%); Got sick or started having symptoms of HIV (38%)** and **Got help from a case manager or peer advocate (38%)**.
- The **number one reason overall** for not getting medical care at any time was **I felt healthy**; the second most common reason was **Using drugs or alcohol**.
- Compared to the 2008 survey, the ranking of the following top service categories remained relatively stable.

Service category	Percent Respondents in 2010	Percent respondents in 2008	2008 Ranking
#1. <b>HIV/AIDS medications</b>	63%	60%	#1
#2. <b>Primary HIV medical care</b>	54%	59%	#2
#3. <b>Dental care</b>	52%	42%	#4
#4. <b>Case management</b>	43%	49%	#3
#5. <b>Housing/Shelter</b>	33%	38%	#5
#5. <b>Transportation</b>	33%	33%	#6

- The following service categories decreased in priority rank and/or the percentage of respondents increased since 2008:
  - #20 **Childcare** (#17 in 2008)
  - #13 **Alcohol/drug recovery service/treatment** (#10 in 2008)

### Services PLWH/A “Need But Can’t Get”:

- 5% of respondents say they “need but can’t get” **HIV Meds**, (3% in 2008) and 3% say they need but can’t get **HIV Primary Care**.
- Respondents said they “need but can’t get” the following RW program funded services. Compared to the 2008 survey the percentage of respondents for each category increased, except for Housing/Shelter.

Service category	Percent respondents in 2010	Percent respondents in 2008
<b>Dental Care</b>	23%	14%
<b>Transportation</b>	18%	10%
<b>Housing/shelter</b>	15%	15%
<b>Medical Specialist</b>	11%	7%

## Subpopulation Analysis:

- **African Americans** are more likely to experience co-occurring conditions, such as **homelessness** and **Hepatitis C** and more likely to **be an ex-inmate**.
- **African American Women**, identify support services as higher priorities than health care/medical services; such services may be key for keeping them in health care. They rank **Transportation** (#1 v. #5), **Information and Referral** (#9 v. #16), **Emergency Utility Payment** (#10 v. #14) and **Childcare** (#13 v. #20) higher than other subpopulations.
- **Women** ranked support services including **Housing/Shelter** (#2 v. #5), and **Emergency Utility Payment** (#9 vs. #14) higher than the total sample; such services may be key for keeping them in health care.
- 18 of 26 sub-populations rank **Dental Care** (#3 overall, up from #4 in 2008) #3 or higher priority. All sub-populations rank it in the top 5, with the exception of Homeless (#7) and Transgender\* (#8).
- 16 of 26 sub-populations rank **Housing/Shelter** (#5 overall) in the top 5 priorities and 21 of 26 sub-populations rank **Transportation** (#5 overall) in the top 6 priorities.

## **“Most Important Services”:**

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- **HIV/AIDS Medications** (#1) is among the top 5 priority services for 25 of 26 sub-populations. Exception: Incarcerated\*.
- **HIV Primary Care** (#2) is ranked #5 or higher by 24 populations. Exceptions: Active IDU (#6) and Incarcerated\* (#10).
- **Substance Abuse Treatment** is a key service for some under-served populations. Although Alcohol/Drug Recovery Services ranks #13 overall, it ranks higher for Incarcerated\* (#1) Active IDU (#2), Out-of-Care\* (#4), Ex-inmates (#6), Past IDU (#7), African American MSM (#7), African Americans (#8), Homeless (#8), North County Residents (#9), Transgender\* (#10) and Asian Pacific Islanders\* (#10).
- Counseling/Therapy, Coordinated Services Center, Information and Referral, and Childcare seems especially important for **Youth\*** as they rank these services higher than other sub-populations do.
- The following groups were most likely to say they “need but can’t get” any service: **Homeless, Out-of-Care\*, Active IDU, Transgender\*, Incarcerated\*** and **Ex-inmates**.
- **At least 8%** of Persons out of care\*, Transgender\*, Homeless, Active IDU, Incarcerated\* and Caucasian Women respondents reported they “need but can’t get” **HIV Primary Care and/or HIV Meds**.
- The percentage of respondents who said they “need but can’t get” a service:
  - *Increased* in 8 of 19 services since the 2008 survey (especially for **Dental Care, Medical Specialty** and **Transportation**) and decreased or stayed the same for the remaining services.

\*The sample sizes for these populations are small. Data should be interpreted with caution.



**San Diego HIV Health Services Planning Council  
Priority Setting Committee  
2010 Key Data Findings:  
Service Utilization and Service Outcomes  
Approved July 8, 2010**



Between Ryan White YR 18 and YR 19 in San Diego County, changes in service utilization matched changes in funding expenditures for most service categories. The following table highlights exceptions to those patterns.

Service categories with same or decreased expenditures but increased utilization and no increase in funding for Year 20 may indicate increased need.

Change Between YR 18 and YR 19		Services	Comments	\$ Change in YR 20
Expenditure of Funds	Service Utilization			
Decreased	Increased	Medical Case Management – People of Color	There was a 2% decrease in expenditures and a 19% increase in services provided and a 19% increase in number of clients served.	No change
		Early Intervention Services – Countywide Services for Women, Children and Families	There was a 2% decrease in expenditures and an 11% increase in services provided and a 20% increase in number of clients served.	No change
		Early Intervention Services: Regional – Early Intervention Centers	There was a 1% decrease in expenditures and a 23% increase in services provided and a 9% decrease in the number of clients served.	No change
Increased	Decreased	Representative Payee	There was an 8% increase in expenditures and a 13% decrease in the number of services provided with a 6% decrease in the number of clients served.	No change
Same	Decreased	Legal Services	There was no change in expenditures and an 8% decrease in number of services provided and an 18% increase in the number of clients served.	Decreased by 20%
	Decreased	Housing: Emergency Housing	There was no change in expenditures and a 15% decrease in number of services provided and an 12% increase in the number of clients served.	Decreased by 30%

**Note:** Findings are based upon actual expenditures and utilization compared to the previous year, rather than to contract objectives. While some funding was shifted from contract savings during Year 19 to high need priorities, resulting in increased expenditure of funds, other services did not receive an increase in funding to address growth in utilization.

### Service Outcomes

Based upon data reported by contracted service providers in Year 19, positive outcomes are indicated for all Ryan White Part A/B funded services. These include:

- Access to HIV Primary Care
- Stable or improved health status
- Stable or improved access to other needed services or benefits, etc.
- Stable or improved living situation

**Nearly all services** for which data was collected this year met or exceeded contracted outcome objectives.



**San Diego HIV Health Services Planning Council  
Priority Setting Committee**



**2010 Key Data Findings:  
Disparities in Service Utilization  
Draft July 8, 2010**

Populations increasingly affected by the local HIV/AIDS epidemic that also continue to demonstrate disparities in service utilization are:

**People of Color, particularly African Americans and Latinos**

**Individuals residing outside of Central San Diego, particularly South Bay, Southeast San Diego and East County**

The following table outlines disparities in utilization of 19 Ryan White Part A/B service sub-categories

(Home Health is excluded due to low client numbers). A disparity is defined here as a demographic group whose proportion of service utilization differs by **2% or more** from their proportion of estimated people living with HIV/AIDS or recent AIDS cases, in **2 of the last 3 fiscal years**. Excluded are males, Caucasians and residents of Central San Diego, which constitute the majorities of cases and overall service utilization.

**Note:** findings reflect statistics and should be interpreted with caution; they do not necessarily mean there are members of the sub-population unable to access the service.

	<b>Core Medical Service</b>	<b>Support Services</b>
<b>Gender</b>		
<b>Females</b>	<b>One service:</b> <ul style="list-style-type: none"> <li>• Drug/Alcohol Treatment – Outpatient*</li> </ul>	<b>Two services:</b> <ul style="list-style-type: none"> <li>• Drug/Alcohol Treatment Residential</li> <li>• Volunteer Peer Advocacy</li> </ul>
<b>Race/Ethnicity</b>		
<b>African Americans</b>	<b>Five services:</b> <ul style="list-style-type: none"> <li>• HIV Primary Care</li> <li>• Medical Specialty</li> <li>• Mental Health*</li> <li>• Dental Care</li> <li>• Drug/Alcohol Treatment – Outpatient*</li> </ul>	<b>Two services:</b> <ul style="list-style-type: none"> <li>• Legal Services</li> <li>• Volunteer Peer Advocacy</li> </ul>
<b>Asian/Pacific Islander</b>	<b>Two services:</b> <ul style="list-style-type: none"> <li>• Early Intervention Services – Regional Centers</li> <li>• Early Intervention Services: Services for Women, Children, and Families</li> </ul>	<b>None</b>
<b>Latinos</b>	<b>Two services:</b> <ul style="list-style-type: none"> <li>• Drug/Alcohol Treatment – Outpatient*</li> <li>• Psychiatric Services</li> </ul>	<b>Six services:</b> <ul style="list-style-type: none"> <li>• Drug/Alcohol Treatment Residential</li> <li>• Emergency Financial Assistance</li> <li>• Food - Home Delivered Meals</li> <li>• Emergency Housing</li> <li>• Representative Payee</li> <li>• Volunteer Peer Advocacy</li> </ul>

	<b>Core Medical Service</b>	<b>Support Services</b>
<b>Region</b>		
<b>Southeast San Diego</b>	<b>Two services:</b> <ul style="list-style-type: none"> <li>• Medical Specialty</li> <li>• Drug/Alcohol Treatment – Outpatient*</li> </ul>	<b>One service:</b> <ul style="list-style-type: none"> <li>• Drug/Alcohol Treatment – Residential</li> </ul>
<b>North County</b>	<b>Five services:</b> <ul style="list-style-type: none"> <li>• Drug/Alcohol Treatment – Outpatient*</li> <li>• Psychiatric Services</li> <li>• Mental Health*</li> <li>• Dental Care</li> <li>• Medical Case Management for People of Color*</li> </ul>	<b>Five services:</b> <ul style="list-style-type: none"> <li>• Emergency Financial Assistance</li> <li>• Emergency Housing</li> <li>• Partial Assistance Rental Subsidy (PARS)</li> <li>• Volunteer Peer Advocacy</li> <li>• Transportation</li> </ul>
<b>East County</b>	<b>Eight services:</b> <ul style="list-style-type: none"> <li>• HIV Primary Care</li> <li>• Medical Specialty Care</li> <li>• Psychiatric Services</li> <li>• Mental Health*</li> <li>• Medical Case Management*</li> <li>• Early Intervention Services – Regional</li> <li>• Dental Care</li> <li>• Drug/Alcohol Treatment – Outpatient*</li> </ul>	<b>Six services:</b> <ul style="list-style-type: none"> <li>• Emergency Housing</li> <li>• Partial Assistance Rental Subsidy (PARS)</li> <li>• Legal Services</li> <li>• Volunteer Peer Advocacy</li> <li>• Transportation</li> <li>• Drug/Alcohol Treatment – Residential</li> </ul>
<b>South Bay</b>	<b>Six services:</b> <ul style="list-style-type: none"> <li>• Medical Specialty</li> <li>• Dental Care</li> <li>• Drug/Alcohol Treatment – Outpatient*</li> <li>• Mental Health*</li> <li>• Psychiatric Services</li> <li>• Medical Case Management*</li> </ul>	<b>Nine services:</b> <ul style="list-style-type: none"> <li>• Emergency Financial Assistance</li> <li>• Food – Home Delivered Meals</li> <li>• Emergency Housing</li> <li>• Partial Assistance Rental Subsidy (PARS)</li> <li>• Legal Services</li> <li>• Volunteer Peer Advocacy</li> <li>• Representative Payee</li> <li>• Transportation</li> <li>• Drug/Alcohol Treatment – Residential</li> </ul>

\*Services for these populations are included in Minority AIDS Initiative Early Intervention Services.

**San Diego HIV Health Services Planning Council  
Priority Setting Committee**



**2010 Key Data Findings:  
Ryan White Programs (RWP)  
Regional Service Availability  
Approved June 3, 2010**



The table below identifies **service gaps** in availability for **only** those services funded by the Ryan White Treatment Extension Act of 2009, or Ryan White Programs (RWP) Parts A/B. Services may or may not also be available through other community resources.

Services are available through RWP Parts A/B funding in the 5 regions of San Diego County in the following ways:

- Regional provider sites
- Coordination through Primary Care or Case Management
  - Note: It is challenging to secure Medical Specialty providers in each region, given the RWP rate of reimbursement and the high appointment no-show rate for RWP patients
- Out-stationing of a service at a regional location
- In-home service

The following services are **not** available in a given region in *any* of the above ways:

<b>Region</b>	<b>RWP Parts A/B Service <i>not</i> available</b>	<b>Notes</b>
<b>Central San Diego</b>		
<b>Southeast San Diego</b>	<ul style="list-style-type: none"> <li>▪ Drug &amp; Alcohol (Residential)</li> </ul>	
<b>North County</b>	<ul style="list-style-type: none"> <li>▪ Psychiatric Services</li> </ul>	<ul style="list-style-type: none"> <li>• Limited Psychiatric services are available through Part C resources.</li> </ul>
<b>East County</b>	<ul style="list-style-type: none"> <li>▪ Dental Care</li> <li>▪ Psychiatric Services</li> <li>▪ Early Intervention Services: Services for Women, Children and Families</li> </ul>	<ul style="list-style-type: none"> <li>• Some East County residents prefer to access resources in other regions.</li> </ul>
<b>South Bay</b>	<ul style="list-style-type: none"> <li>▪ Psychiatric Services</li> <li>▪ Drug &amp; Alcohol (Residential)</li> <li>▪ Drug &amp; Alcohol (Outpatient)</li> </ul>	<ul style="list-style-type: none"> <li>• Limited Psychiatric services are available through other resources.</li> </ul>

**San Diego HIV Health Services Planning Council  
Priority Setting Committee**



**2010 Key Data Findings:  
AIDS EPIDEMIOLOGY  
Approved June 3, 2010**



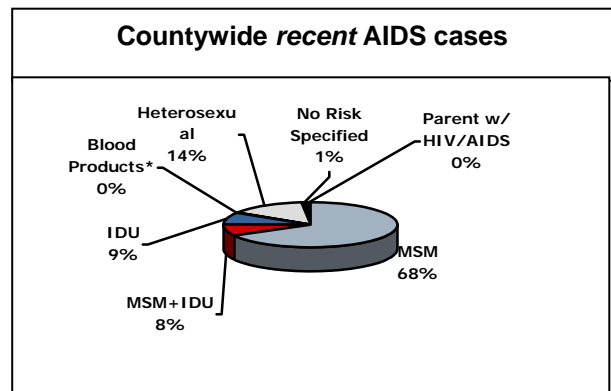
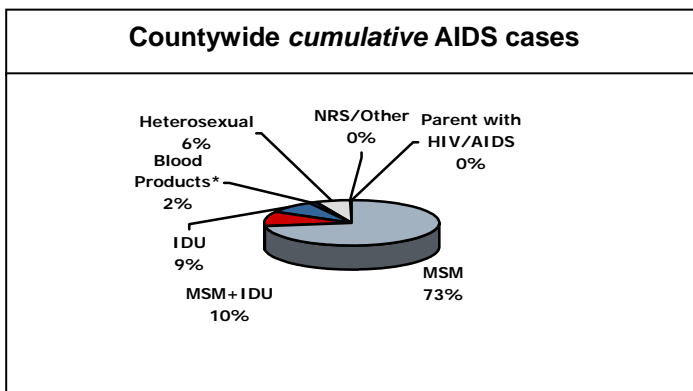
**Cumulative AIDS cases = all AIDS cases ever diagnosed, through December 31, 2009 = 14,228**  
**Recent AIDS cases = AIDS cases diagnosed between Jan. 1, 2008 & Dec. 31, 2009 = 671**

**GENDER**

- The proportion of female AIDS cases has been stable over the last 10 years at about 11%
- North County, South Bay and Southeast San Diego have the largest proportion of recent AIDS cases among women (13% or more each).

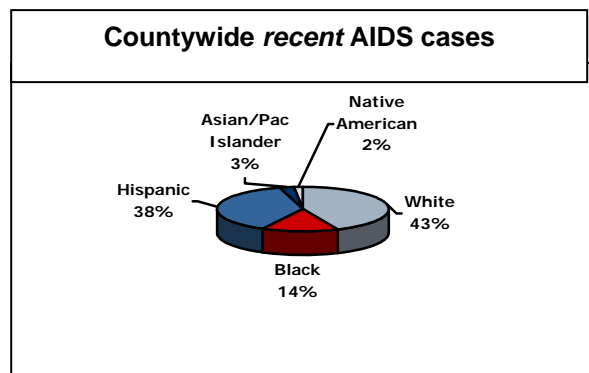
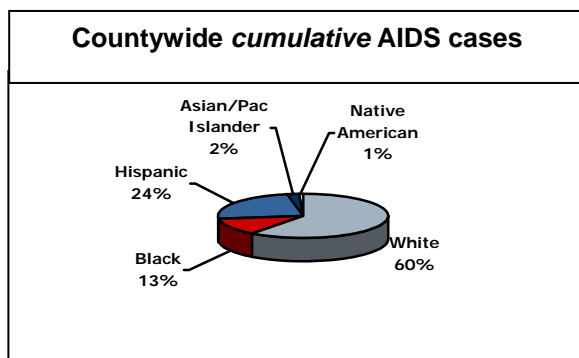
**MODE OF TRANSMISSION**

- The majority of cases are still men having sex with men (MSM).



**RACE/ETHNICITY**

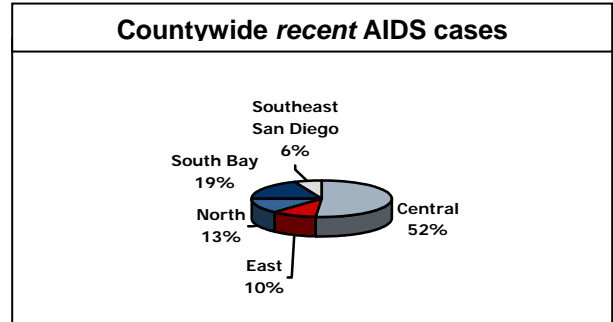
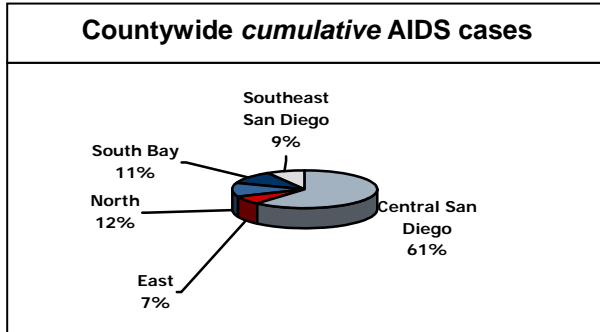
- The majority of recent AIDS cases are people of color. The proportion of White cases has decreased over time, while the proportion of African American (Black) and Latino (Hispanic) cases has increased over time.



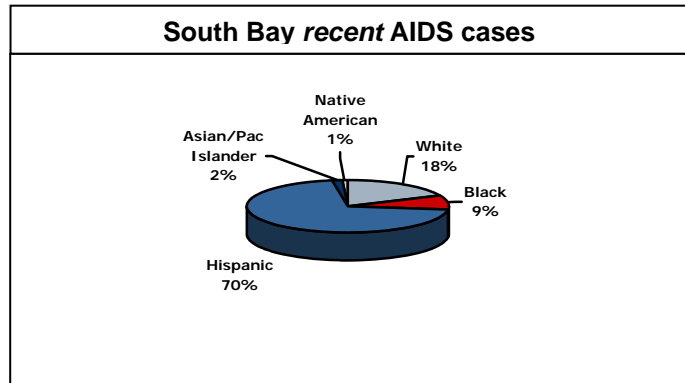
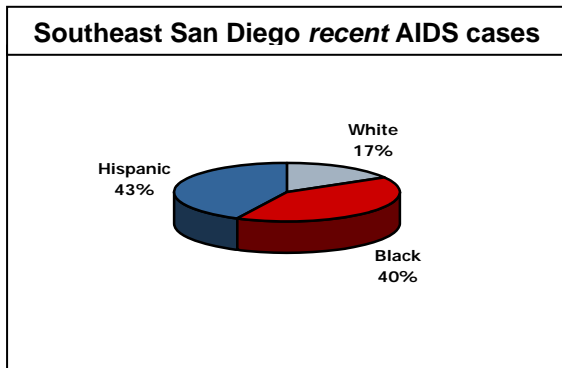
- African Americans have the highest rate of AIDS per 100,000; Latinos have the second highest rate.

## REGION

- The proportion of AIDS cases among Central San Diego residents has decreased over time, while the proportion of South Bay AIDS cases has increased over time



- Latinos represent or are the largest percentage of recent AIDS cases in 2 regions (Southeast and South Bay).



## OTHER DATA FINDINGS

- While the number of new AIDS cases has decreased or leveled off since 1993, the number of people living with AIDS continues to increase each year.
  - This leveling off of new AIDS cases has NOT been seen in South Bay.
- San Diego residents are living somewhat longer with an AIDS diagnosis now than in the past.
- Cases reported so far resemble cumulative AIDS cases rather than recent AIDS cases. HIV data is not included because names based HIV reporting began on April 17, 2006 and therefore available data reflects only those cases”



## San Diego HIV Health Services Planning Council

### Priority Setting Committee

## 2010 Key Data Findings:



### Co-Occurring Health Conditions, Poverty & Insurance Status

Approved December 3, 2009

- People living with HIV/AIDS (PLWH/A) are **more likely** than the general San Diego County population to experience all of the following conditions:

Condition	<i>Estimated prevalence within the general population*</i> (Population =3,098,269)	<i>Estimated prevalence within the PLWH/A population*</i> (Population of PLWH/A=17,310)
<b>Tuberculosis</b>	0.01%	0.1%
<b>Syphilis</b>	0.01%	1.1%
<b>Gonorrhea</b>	0.06%	3.0% (3.9% males, 0.1% females)
<b>Chlamydia</b>	0.45%	3.0% (2.9% males, 5.3% females)
<b>Hepatitis B (HBV)</b>	0.03%	21.8%
<b>Hepatitis C (HCV)</b>	0.12%	21.3%
<b>Chronic Mental Illness</b>	10.2%	37.9%
<b>Injection Drug Use</b>	0.83%	14.8.0%
<b>Illegal Drug Use (non-injecting)</b>	8.3% used, past month	27.9% with history of illicit drug use (non-IDU)
<b>Homelessness</b>	0.5%	3.9%-15%
<b>Poverty (Threshold = \$851/month)</b>	11.3% live below poverty level; 52.6% households live below 300% of poverty level	39.1% live below poverty level; 80.1% live below 300% of poverty level
<b>Lack of Insurance</b>	12.5% of non-elderly population	42.7% of non-elderly population

This data is relevant to the PC because:

- It demonstrates a need to strengthen Medical Specialty.
- Co-occurring health conditions make providing medical care more complex, require greater provider expertise, and **increase the cost of care** for PLWH/A.
- PLWH/A who live with other health conditions often have many service needs, so case managers and other service providers may need to spend more time with fewer clients.
- Substance use, homelessness and mental illness can **interfere with HIV care**, treatment and medication adherence.
- When a PLWH/A has TB, an STD or hepatitis, both the person's HIV and the other disease(s) can **progress faster** and have more serious effects.
- STDs make it easier for a PLWH to **transmit HIV** to someone else.
- Case Managers may want to spend more time with clients but are unable to as the number of clients are increasing.
- Support services keep PLWHA in care and improve medical outcomes.
- There are long term side effects from antiretroviral medications.

Research reveals a higher incidence of additional co-occurring conditions that include gastrointestinal diseases, circulatory diseases, endocrine/nutritional/metabolic diseases (includes diabetes), nervous system diseases, and neoplastic diseases (cancer, lymphoma).

Women experience an increase incidence of a number of HIV-related co-morbidities, including gynecological conditions such as genital herpes, pelvic inflammatory disease, human papillomavirus, and Candida; additionally there is an increased incidence of diabetes, heart disease; hepatitis C; cancer, mental illness and substance abuse

\*Data from a number of sources; for background, see excerpt from San Diego FY19 Part A application



San Diego HIV Health Services Planning Council

Priority Setting Committee

FY 2010 Key Data Findings:  
**UNMET NEED**

Approved February 11, 2010



- People living with HIV/AIDS (PLWH/A) with “unmet need” are those who **know they have HIV but are not using HIV primary medical care**.
- PLWH/A with unmet need have **not received at least one** of the following in the past twelve months: a viral load test, a CD4 count, or a prescription for antiretroviral therapy.
- Based upon data available from State and local government and some private health providers, the County of San Diego Community Epidemiology Branch estimates the following percentages of PLWH/A had unmet need in FY 07/08:

Population	Estimated percent with unmet need (07/08)	Estimated percent with unmet need (06/07)	Estimated percent with unmet need (05/06)
People with AIDS diagnosis	31%	31%	32%
People with HIV (not AIDS)	52%	46%	41%
Total PLWH/A	43%	39%	37%

- The data used to calculate these estimates have a number of **limitations**. For this reason, these estimates are considered an **upper limit** of unmet need. It is likely that a smaller percentage of PLWH/A have unmet need. This FY’s estimate showed an increase **over the previous year**. Reasons for this are not clear. It was noted there were increased challenges this year in obtaining and clarifying State data used for the estimate.
- Based upon **assessment** of the data available, the following sub-groups had statistically significant **higher-than-average** (disproportionate) unmet need:

Population	Subgroups with higher unmet need
People with <b>HIV (not AIDS)</b>	<ul style="list-style-type: none"> <li>• Females: 67% (total sample = 1698)</li> <li>• African Americans: 62% (total sample =1287)</li> <li>• Age 20-29: 60% (total sample = 1113)</li> </ul>
Population	Subgroups with higher unmet need
People with <b>AIDS (not HIV)</b>	<ul style="list-style-type: none"> <li>• African Americans - 42% (total sample =1003)</li> <li>• Age 50+ – 37% (total sample= 2577)</li> </ul>

- Additional limitation for assessment of sub-groups:
  - Sub-group data was not available from all sources and had missing demographic data for HIV (not AIDS) cases.
- Because of the limitations, data on unmet need must be carefully considered in relation to other types of data, including needs assessment, epidemiology and service utilization
  - These other data can also provide additional information on those who are not in care and the reasons why

**This information should be used to develop strategies to link and keep people in HIV primary care, particularly those with disproportionate unmet need.**

**San Diego County EMA Ryan White Treatment Extension Act (RWTEA) Parts A/B  
SERVICE ELIGIBILITY CRITERIA**

**Approved by Priority Setting Committee July 8, 2010**

**\*Services for individuals with confirmed HIV diagnosis unless otherwise noted and no other payer**

Service category	YR 20 rank	Eligibility*	Maximum service level per client per 12 months	Access through CM
<b>HIV Primary Medical Care</b>	#1			
<b>Medical Specialty</b>	#1a	Referral from Ryan White HIV Primary Care provider	Requests triaged based on medical necessity, HIV relatedness and urgency.	
<b>Psychiatric Services</b>	#1b			
<b>Dental Care</b>	#1c		Primary dental services as medically necessary or required to treat pain. Dental specialty limited to procedures to support palliative and medically necessary dental care outside of primary dental care setting.	
<b>Home Health Care/Home Hospice</b>	#1d	Health status		Yes or medical provider
<b>Medical Case Management Services</b>	#2	(CM) Acuity level; No other source of HIV Case Management <i>Effective Year 21 (March 1, 2011): limited to individuals unable to access or stay in HIV medical care, as determined by medical case managers, based on whether (1) Enrolled in HIV medical care; (2) Following her/his medical plan; (3) Keeping medical appointments; and/or (4) Taking medication as prescribed</i>		
<b>Medical Case Mgmt Svcs – People of Color</b>	#2a	(CM) Acuity level; No other source of HIV Case Management <i>Effective Year 21 (March 1, 2011): limited to individuals unable to access or stay in HIV medical care, as determined by medical case managers, based on whether (1) Enrolled in HIV medical care; (2) Following her/his medical plan; (3) Keeping medical appointments; and/or (4) Taking medication as prescribed</i>		
<b>Mental Health: Counseling, Therapy/Support Groups</b>	#3	Can also serve affected persons (partners and family)		
<b>Countywide Early Intervention Services: Integrated Services for Women, Children &amp; Families</b>	#4a	Women, children, & adults w/children Can also serve affected persons		

Service category	YR 20 rank	Eligibility*	Maximum service level per client per 12 months	Access through CM
Regional Early Intervention Services	#4b	Can also serve affected persons		
Housing: Emergency Housing*	#5a	Proof of emergency, one-time need	Effective 3/1/10: Prioritize hotel/ single room occupancy (SRO) vouchers over security deposits/rental assistance \$500 rent or deposit; maximum \$700 temporary housing – not to exceed 2 weeks in 12 month period Lifetime cap per family of 24 months of any housing service	Yes
Housing: PARS*	#5b	Income cannot exceed published Federal Poverty Level**; HIV symptomatic or AIDS diagnosis; No other subsidized housing, either tenant-based or project-based	For FY10, number of subsidy slots limited to 126 @ \$150/month; wait list created as needed by utilizing current guidelines to prioritize applicants based upon income considerations and co-occurring conditions and giving preference on any wait list to applicants who are moving into housing (e.g., currently homeless), rather than currently living in housing. Lifetime cap per family of 24 months of any housing service.	Yes
Drug & Alcohol Treatment – Residential	#6a	Income cannot exceed published Federal Poverty Level**		Yes for some
Drug & Alcohol Treatment – Outpatient	#6b			
Transportation Pool – Assisted & Unassisted	#7	<p>Clients are not eligible if they receive or are eligible for other public transportation benefits such as, but not limited to: ADA Para-transit, AIDS Waiver Transportation Assistance, Medi-Cal reimbursed medical transport. However, upon request by their case manager, clients may access this service in the event that they have exhausted all public transportation benefits for which they are qualified.</p> <p>Specific eligibility criteria for <b>assisted transportation</b>:</p> <ul style="list-style-type: none"> <li>Clients eligible for ADA Para-Transit must be enrolled in that program; if other resources are exhausted and if income criteria are met and, client will be eligible to receive ADA Para-Transit passes.</li> <li>Only used for transport to Core Medical Service and Residential Substance Abuse Treatment appointments.</li> </ul>		Yes

Service category	YR 20 rank	Eligibility*	Maximum service level per client per 12 months	Access through CM
		<ul style="list-style-type: none"> <li>• Income cannot exceed federal published SSI level.</li> <li>• Client must meet criteria for Level Two or Three on Medical Case Management Client Eligibility Screening Tool.</li> <li>• For door-to-door van services, client cannot qualify for ADA Para-Transit and must meet one or more of the following: Client is non-ambulatory; to include physical and mental degeneration and temporary limitations such that use of public transit is not safe or reasonable (documented); Client is a child with HIV disease. Any child with HIV disease is eligible and may be accompanied by a parent or legal guardian; Client has two or more children who are legal dependents and must accompany client to appointment.</li> <li>• Exceptions may be approved by Grantee staff on a case-by-case basis for ADA Para-Transit clients with special needs to access door-to-door services.</li> </ul> <p>Specific eligibility criteria for <b>unassisted transportation</b>:</p> <ul style="list-style-type: none"> <li>• Limited to clients with no income, including any benefits payments (SSI, SDI, TANF, unemployment, etc.). <ul style="list-style-type: none"> <li>○ Exceptions may be approved by Grantee staff on a case-by-case basis</li> </ul> </li> <li>• Clients cannot also receive housing benefits (such as Section 8, TBRA, Shelter Plus Care, subsidized housing, etc.), with the exception of Partial Assistance Rental Subsidy (PARS) and Residential Drug &amp; Alcohol Treatment Services.</li> <li>• Reserved for individuals unable to access or stay in HIV medical care, as determined by medical case managers.</li> <li>• Limited to clients with no income, including any benefits payments (SSI, SDI, TANF, unemployment, etc.). <ul style="list-style-type: none"> <li>○ Exceptions may be approved by Grantee staff on a case-by-case basis, for clients with very low disposable income, or in family situations where the client does not have access to household funds. Exceptions for very low disposable income shall <b>not</b> be approved for cases which (1) allow a client to live beyond their means, subsidizing expenses other than those essential for an</li> </ul> </li> </ul>		

Service category	YR 20 rank	Eligibility*	Maximum service level per client per 12 months	Access through CM
		individual to gain or maintain their health including access to and compliance with medical care and treatment or (2) support irresponsibility in client's budgeting or spending. <ul style="list-style-type: none"> <li>• For bus or coaster passes:               <ul style="list-style-type: none"> <li>○ Must meet criteria for Level Two or Three on Medical Case Management Client Eligibility Screening Tool.</li> <li>○ Client cannot own a working vehicle.</li> <li>○ A disabled transit ID is required.</li> </ul> </li> </ul>		
<b>Food Services – Home Delivered meals</b>	#8	Income cannot exceed published Federal Poverty Level**; health status Physically or mentally unable to prepare meals Can also serve eligible dependents		Yes or med provider
<b>Legal Services</b>	#10			
<b>Emergency Financial Assistance</b>	#12	Proof of emergency, one-time need—once per contract year	The following amounts are the maximum for each item per year: Gas/Elec \$150; Water \$100; Phone \$150; Health Ins. for HIPP applicants \$200/mo for 3 mos.; Food vouchers \$160 single/\$200 per family; birth certif. \$20; drug rehab \$150; DMV \$28, CA ID \$23, Transit ID \$6; Misc. \$200 (excludes clothing/housing). Must have plan for ensuring against future emergencies. Must have a shut off notice for utilities	Yes (initial access does not require CM)
<b>Representative Payee</b>	#13	Physically or mentally unable to manage own finance		Yes

\*\*The Federal Poverty Level changes every year, usually published within the first few months of each calendar year; the 2009 Federal Poverty Level of \$902.50/month (adjusted for additional family members) still remains in effect. Congress took action in January 2010 to extend the 2009 Poverty Guidelines until at least May 31, 2010; the decrease in the Consumer Price Index would have resulted in a reduction of the published Federal Poverty Level.

**Priority Setting Committee**  
**HRSA and Ryan White Part A Service Guidelines**  
**July 9, 2009**

**Revised Purposes with Reauthorization: Treatment & Access to Care**

- “Revise and extend the program for providing life-saving care for those with HIV/AIDS”
- “Address the unmet care and treatment needs of persons living with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care”

**Primary Focus Areas Unchanged**

- Primary care and support services for individuals living with HIV disease
- Provision of life-extending HIV/AIDS drug therapies
- Services to those who lack health insurance and financial resources – “payer of last resort”
- Address needs of those persons in care as well as those who know their HIV status but are not in HIV/AIDS primary medical care.
- Address needs of newly affected and underserved populations — including disproportionately impacted communities of color

**Core and Support Services**

- 75% of service funds must be spent on core medical services as specified in the legislation
- Up to 25% may be spent on support services

**Core Medical Services**

- Outpatient and ambulatory health services
- Medications: AIDS Drug Assistance Program (ADAP) and Pharmaceutical assistance
- Oral health care
- Early intervention services (EIS)
- Substance abuse services – outpatient
- Mental health services
- Medical case management including treatment adherence
- Health insurance premium & cost sharing assistance
- Home health care
- Home & community-based health services
- Medical nutrition therapy
- Hospice services

**Changes in Core Services and Definitions**

- **Case Management:**
  - *Medical* case management = core service includes treatment adherence and client-specific advocacy and/or review of utilization of services, face-to-face, phone contact, and any other forms of communication, involves coordination and follow-up of medical treatments,
  - Other case management = support service, includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services, does not involve coordination and follow-up of medical treatments.
- **Substance abuse treatment:**
  - Outpatient = core service
  - Residential = support service

- **Medical nutrition therapy:**
- Provided by a licensed registered clinical dietician outside of a primary care visit = core service
- Nutrition Counseling provided by a non-registered dietician = support service under psychosocial support
- **Early Intervention Services**
  - Can include - counseling and testing (HIV antibody and/or other lab screening and diagnostics related to the treatment of HIV) and referral for primary medical care.
  - Emphasis on working with key points of entry and easing referrals into system of care
  - Ryan White funds do not have to support all components but can be used in combination with other funds to provide outreach, counseling and testing and primary care which may be needed in order to support effective EIS provision.
  - Cannot supplant or duplicate efforts supported by other federal, state or local programs

**Support Services**

- **Must be:**
- ≤25% of total service expenditures
- Approved by the Secretary of HHS *and*
- Needed to achieve medical outcomes
- **Examples:** respite care, outreach, medical transportation, food services, referrals for health care and support services, legal services

**Minority AIDS Initiative**

- Now competitive and on a different fiscal year (August 1-July 31) with a three year funding cycle

**Definitions:**

- ADAP     AIDS Drug Assistance Program. A program funded through Ryan White Program Part B and augmented by State funding to provide HIV/AIDS medications to eligible individuals.
- EMA     Eligible Metropolitan Area. A designation based upon an area’s population and its number of documented AIDS cases, to determine eligibility to apply for and receive Ryan White Program Part A funding.
- HRSA     Health Resources and Services Administration. The federal agency responsible for administering health services, including those funded through the Ryan White Program.
- MAI     Minority AIDS Initiative. A federal funding set-aside within Ryan White Program Part A for services to people of color.
- RWTMA    Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Formerly RWCA)