

**Priority:** Safety Net Services

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** NICHOLS Loreen

**Related Programs:**

**Frameworks:** Poverty Framework

### **Executive Summary**

HIV Care Services works with community providers in a federally designated six county area, including Clackamas, Clark, Columbia, Multnomah, Washington, and Yamhill, to deliver essential health and support services that help low-income people living with HIV participate in their medical care and successfully manage their HIV disease. HIV Care Services directly supports Basic Living Needs team strategies to 1) provide access to care, 2) intervene to keep people from experiencing health crises, 3) ensure easy access to information, referral, and assistance with basic needs, and 4) providing linkage supports and services to assure stable housing.

### **Program Description**

This program manages federal grant requirements, coordinates public and private service delivery throughout a six-county area, and ensures that quality management standards are met. Services include:

1) Primary care services: Include medical and dental care (for clients in Multnomah County this is typically the County Health Department clinics,) mental health therapy, substance abuse treatment, and complementary care (acupuncture and naturopathy). 2) Case management: Programs help clients get access to primary care and support services, especially linkage with health insurance and monitor ongoing client needs. 3) Outreach programs: Locate hard-to-reach clients who do not regularly participate in medical care and find ways to link clients with a medical provider and keep them in care. 4) Support services: Includes emergency and transitional housing with supportive services that lead to stable long-term housing; transportation for clients in outlying community and those who cannot use public transportation; psychosocial support and group meals at HIV day centers; and delivery of prepared meals for home-bound clients.

### **Program Justification**

HIV Care Services directly supports Basic Living Needs team strategies to 1) provide access to care, 2) intervene to keep people from experiencing health crises, 3) ensure easy access to information, referral, and assistance with basic needs, and 4) providing linkage supports and services to assure stable housing.

HIV Care Services focuses solely on medical care, mental health, alcohol and drug and related services to low-income people living with HIV. Comprehensive care, linked with case management and support services prevents costly health crises, hospitalization, and progression to advanced HIV disease. 3,641 people are living with HIV in the six counties. White gay men are the most affected group, but recent trends show a shift toward Hispanics, African Americans, and women. People living with HIV experience higher rates of poverty (70%<100% FPL), homelessness (16%), mental illness (56%), and substance abuse (49%) than the general community. 17% lack health insurance.

People living with HIV can easily fall into the "Chronic" continuing care segment of the Basic Living Needs factor map, but with responsive prevention and intervention services provided by the HIV Care Services program, many clients can be stabilized and supported to remain in the lower cost "Vulnerable" category of the population.

### **Performance Measures**

In 2006, clients will demonstrate stable or improved physical and mental health: 75% of medical care clients will have CD4 counts at or above 200 (increased CD4 count shows improvement in immune system response to HIV). 75% of mental health clients will show stable or increased ability to function based on scales of psychological, social and occupational factors. 75% of substance abuse treatment clients will be abstinent at termination of treatment.

### **Summary of last year's program results and this year's expected results**

In FY 2004, 69% of medical care clients had stable or increased CD4 counts above 200. In FY 2004, 87% of mental health clients had stable or improved overall functioning and 72% of substance abuse treatment clients were abstinent at termination of their treatment. FY 2005 data will be available later this year.

### Program Mandate: 3 Program Choice but No Funding/Service Level Choice

Grant-funded program (Ryan White CARE Act) with specific service and spending requirements – 1) HIV Services Planning Council appointed by the County Chair determines service priorities and allocation amounts. 2) Funder caps expenditures to administer the grant at 5% of total grant, requiring County contribution to cover some indirect costs. 3) Requires maintenance of effort/County must expend local funds for HIV-related services at least at the same level as in previous year.

### Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
<b>Program Expenses</b>	2005	2005	2006	2006
Personnel	\$65,326	\$397,105	\$15,455	\$237,001
Contracts	\$0	\$2,553,923	\$149,409	\$2,291,151
Materials & Supplies	\$363,365	-\$331,983	\$448	\$6,874
Internal Services	\$43,803	\$523,351	\$3,441	\$242,952
Capital Outlay	\$0	\$0	\$0	\$0
Subtotal: Direct Exps:	<b>\$472,494</b>	<b>\$3,142,396</b>	<b>\$168,753</b>	<b>\$2,777,978</b>
Administration	\$0	\$0	\$48,607	\$0
Program Support	\$0	\$0	\$277,075	\$234,386
Subtotal: Other Exps:	<b>\$0</b>	<b>\$0</b>	<b>\$325,682</b>	<b>\$234,386</b>
Total GF/non-GF:	<b>\$472,494</b>	<b>\$3,142,396</b>	<b>\$494,435</b>	<b>\$3,012,364</b>
Program Total:	<b>\$3,614,890</b>		<b>\$3,506,799</b>	
Program FTE	0.00	0.00	0.17	2.78
<b>Program Revenues</b>				
Indirect for dep't Admin	\$247,140	\$0	\$173,712	\$0
Intergovernmental	\$0	\$3,142,397	\$0	\$2,777,977
Program Revenue for Admin	\$0	\$0	\$132,332	\$234,386
<b>Total Revenue:</b>	<b>\$247,140</b>	<b>\$3,142,397</b>	<b>\$306,044</b>	<b>\$3,012,363</b>

### Explanation of Revenues

Funded by federal Ryan White CARE Act, Title I. Funding levels are based on annual competitive application. National funding for this program has been relatively flat for the past two years. Flat funding is projected for our program in FY 2006. County general fund revenue in this program is used as match to leverage other funding.

### Significant Program Changes

The program budget for FY06 is declining by \$500k, since the current year budget included some one-time-only carryover grant dollars that will not be available in FY06.