

**Priority:** Basic Needs

**Lead Agency:** Health Department

**Program Offer Type:** Existing Operating

**Program Contact:** HOUGHTON David B

**Related Programs:**

**Program Characteristics:**

**Executive Summary**

The HIV Health Services Clinic (HHSC) and HIV Care Services Program (HCS) provide community-based primary care and support services to highly vulnerable populations living with HIV. Services fill vital gaps in care resulting in lower mortality (86% drop in 10 yrs), fewer disease complications and disparities, and reduced transmission.

**Program Description**

HIV care programs are consolidated into one offer this year. Services target low income, uninsured, mentally ill, substance abusing, and other special needs populations. The HHSC provides comprehensive primary medical care for over 700 clients. Services address complex treatment needs from early diagnosis to advanced illness. On-site pharmacy services support compliance with treatment. Intensive medical protocols for pregnant clients prevent mother-to-child transmission. The HHSC integrates prevention into all services to reduce client risk of HIV transmission. HCS coordinates a regional care system that promotes access to high quality HIV services. Through contracts with health departments and community organizations, services include: **EARLY INTERVENTION:** Outreach ensures early identification and treatment. **CARE:** A coordinated primary care system provides medical, dental, mental health and substance abuse treatment. **SERVICE COORDINATION:** Case management connects clients with health insurance, housing, and other services critical to staying in care. **BASIC NEEDS:** Housing focuses on building life skills and access to permanent housing. **HEALTH PROMOTION:** Behavioral education provides clients with self-management skills. **PLANNING:** A community-based Council does service planning.

**Program Justification**

Local HIV prevalence increased 8% from 2004 to 2005, fueling a continuing public health problem. Over 4,000 people with HIV live in the service area; 59% have a mental illness and 37% have substance abuse problems. This system serves the most vulnerable clients: 72% are <100% FPL, 30% are minorities, 18% lack permanent housing, and 16% lack health insurance. This offer supports Basic Living Needs strategies by providing a strong continuum of HIV care. A network of community organizations works together to meet overall client needs. Funding awarded to these organizations leverage additional resources from other social service and medical systems. Regular HIV medical care, linked with case management and support services, prevent costly health crises and hospitalization. Addiction treatment, mental health therapy, and prevention counseling address behavior change. Health promotion enables clients to better control their disease and reduce transmission risk. A well-established quality management program shows measurable results. Due to health care and medication access, HIV mortality has dropped 86% from 1994 to 2004 in Multnomah County. Programs for racial/ethnic minorities and women have resulted in no disparities in access for these populations.

**Performance Measures**

Measure Type	Primary Measure	Previous Year Actual (FY05-06)	Current Year Purchased (FY06-07)	Current Year Estimate (FY06-07)	Next Year Offer (FY07-08)
Output	# of unduplicated HCS clients served	2,151	2,100	2,200	2,200
Outcome	% of uninsured HCS clients who gained insurance	0.0%	0.0%	66.0%	70.0%
Output	# of HHSC client visits	0	0	5,823	6,693
Quality	% of medical clients who do not progress to AIDS*	0.0%	0.0%	93.0%	93.0%

**Performance Measure - Description**

✔ **Measure Changed**

\*The goal of HIV care to restore immune function. AIDS is the advanced stage of HIV disease. 07-08 measures changed to reflect work of both programs included in offer (see Significant Changes).

## Legal/Contractual Obligation

Federal HIV grant and contract funds are restricted. Title I grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill and Clark Counties; 2) Community-based Planning Council; 3) 10% expenditure cap on planning and administration, which requires County to cover some indirect costs; and 4) Maintenance of effort where County must spend local funds for HIV services at least at the level spent in previous year.

## Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2007	2007	2008	2008
Personnel	\$28,518	\$2,296,592	\$539,947	\$2,109,578
Contracts	\$163,571	\$2,506,865	\$100,305	\$2,551,115
Materials & Supplies	\$1,024	\$148,187	\$37,650	\$134,472
Internal Services	\$3,107	\$543,998	\$151,450	\$494,009
Capital Outlay	\$0	\$168,566	\$0	\$0
<b>Subtotal: Direct Exps:</b>	<b>\$196,220</b>	<b>\$5,664,208</b>	<b>\$829,352</b>	<b>\$5,289,174</b>
Administration	\$78,151	\$0	\$102,994	\$0
Program Support	\$1,365,700	\$227,074	\$716,163	\$277,566
<b>Subtotal: Other Exps:</b>	<b>\$1,443,851</b>	<b>\$227,074</b>	<b>\$819,157</b>	<b>\$277,566</b>
<b>Total GF/non-GF:</b>	<b>\$1,640,071</b>	<b>\$5,891,282</b>	<b>\$1,648,509</b>	<b>\$5,566,740</b>
<b>Program Total:</b>	<b>\$7,531,353</b>		<b>\$7,215,249</b>	
Program FTE	0.30	23.05	3.59	22.89
<b>Program Revenues</b>				
Indirect for dep't Admin	\$113,718	\$0	\$181,951	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$290,568
Intergovernmental	\$0	\$5,664,214	\$0	\$4,998,606
Program Revenue for Admin	\$0	\$227,074	\$0	\$277,566
<b>Total Revenue:</b>	<b>\$113,718</b>	<b>\$5,891,288</b>	<b>\$181,951</b>	<b>\$5,566,740</b>

## Explanation of Revenues

HCS receives flat funding from federal Ryan White Care Act (RWCA) Title I grant. HHSC receives flat-funded contracts and grants: RWCA Title I contract awarded by HCS; federal RWCA Title III grant; AIDS Education and Training Center contract; and OHSU Project Dental Health contract. County general fund is used to leverage grant funding.

## Significant Program Changes

**Last year this program was:** #40022, HIV Care Services

Last year this program was: Program Offer 40022 and components of Program Offers 40007, 40044, and 40033

HCS: 1.85 FTE increase in Council staff moved from #40007 and 1.30 FTE increase in staff moved from #40044 to support linking the newly HIV diagnosed with care. Last year, the HHSC was included in the Westside Primary Care Clinic #40033. In FY 05-06, HCS met performance measure goals for CD4 counts and client satisfaction and HHSC met performance measure goal for client mortality rate.