

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Existing Operating

Program Contact: Graham Harriman

Related Programs:

Program Characteristics:

Executive Summary

The HIV Care Services Program (HCS) and HIV Health Services Center (HIV Clinic) provide community-based primary care and support services to highly vulnerable populations living with HIV. Services target low income, uninsured, mentally ill, substance abusing, and other special needs populations. These services contribute to lower mortality from HIV, fewer disease complications, and reduced transmission of HIV in the community.

Program Description

The HIV Clinic serves over 900 clients each year. Clinic services include outpatient medical care, mental health and substance abuse counseling, case management, health education, HIV prevention and risk reduction support, and treatment adherence counseling. Access to and use of HIV medications is optimized by clinical pharmacy services. On-site chronic disease self management workshops and peer mentoring are also offered to clinic clients. The HIV Clinic integrates prevention into all services to reduce client risk of HIV transmission. The clinic is supported by an active Client Advisory Board and a well established network of HIV social services providers. The clinic is an AIDS Education and Training Center site—training over 100 doctors, nurses and pharmacists each year. The clinic is also a member of the Research and Education consortium which coordinates the majority of HIV clinical research in the service area. Clients have access to clinical trials because of the clinic's participation in the Consortium and access to cutting-edge developments in HIV care. HCS coordinates a regional care system that promotes access to high quality HIV services through contracts with health departments and community organizations, HCS funded 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

Over the past three years, the number of persons living with AIDS has increased 12%, fueling a continuing public health problem. The majority of new cases are among low-income, uninsured populations. Over 4,000 people with HIV live in Multnomah County and The HIV Clinic serves almost 1 out of 4 persons living with HIV in the greater Portland area. 55% have a mental illness, 23.6% have both mental health and substance abuse issues. 71% are <100% FPL, 29% are minorities, 23% lack permanent housing, and 16% lack health insurance. This program provides a strong continuum of HIV care through a network of community organizations. Funding awarded to these agencies leverage additional resources from other social service and medical systems. Ongoing HIV medical care, linked with case management and support services, prevents costly health crises and hospitalization. Being actively engaged in their health care enables clients to better control their disease and reduce the risk of transmitting HIV to others. Addiction treatment, mental health therapy, and prevention counseling address behavior change. A well-established quality management program shows measurable results. Due to health care and medication access, HIV mortality dropped 86% from 1994 to 2004 in Multnomah County. Programs targeted for racial/ethnic minorities and women have resulted in no disparities in HIV mortality for African American or women.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	# of unduplicated HCS clients served (all srv types/whole system)	2,331	2,200	2,400	2,200
Outcome	% of uninsured HCS clients who gained insurance	69.0%	70.0%	71.0%	70.0%
Output	# of unduplicated HIV CLINIC clients	911	850	925	925
Quality	% of medical clients who do not progress to AIDS	93.0%	93.0%	93.0%	93.0%

Performance Measure - Description

4) %of medical clients who do not progress to AIDS” helps to determine how well medical and support services contained in this offer support the health outcomes of people living with HIV disease.

Legal/Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A 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 the County to cover some indirect costs; and 4) Maintenance of effort where the County must spend local funds for HIV services at least at the level spent in the previous year.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2009	2009	2010	2010
Personnel	\$421,028	\$1,453,138	\$169,213	\$2,321,370
Contracts	\$137,006	\$2,579,912	\$20,723	\$2,883,750
Materials & Supplies	\$14,197	\$115,960	\$30,331	\$117,063
Internal Services	\$61,827	\$581,952	\$43,247	\$739,710
Subtotal: Direct Exps:	\$634,058	\$4,730,962	\$263,514	\$6,061,893
Administration	\$87,038	\$0	\$101,561	\$0
Program Support	\$719,823	\$302,838	\$912,916	\$373,201
Subtotal: Other Exps:	\$806,861	\$302,838	\$1,014,477	\$373,201
Total GF/non-GF:	\$1,440,919	\$5,033,800	\$1,277,991	\$6,435,094
Program Total:	\$6,474,719		\$7,713,085	
Program FTE	4.54	20.11	1.70	19.93
Program Revenues				
Indirect for dep't Admin	\$146,658	\$0	\$223,221	\$0
Fees, Permits & Charges	\$0	\$555,232	\$0	\$710,655
Intergovernmental	\$0	\$4,175,730	\$0	\$5,351,238
Program Revenue for Admin	\$0	\$302,838	\$0	\$273,570
Total Revenue:	\$146,658	\$5,033,800	\$223,221	\$6,335,463

Explanation of Revenues

HCS receives flat funding from federal Ryan White care Act (RWCA) Part A grant County general fund is used to leverage HCS grant funding. The HIV Clinic revenues include several federal grants, local contracts and third party billing--primarily OMIP, CareAssist, Oregon Health Plan and Medicare. The federal grants have not kept pace with the growth in number of patients served or with increased costs of clinic operations.

Significant Program Changes

✔ Significantly Changed

Last year this program was: #40012, Services for Persons Living with HIV

This program offer reflects a significant reduction in general fund support for medical case management, mental health counseling and quality management. Despite this clinic visits and HCS clients served remains level with prior year purchase. Building Better Care are fully implemented, which has resulted in increased productivity in other clinics. Additionally we have made improvements by getting uninsured clients covered sooner. Reduction in wrap-around services have been made. For example, less mental health counseling, peer mentor counseling, case management, nursing support. HCS management/administrative structure has also been impacted (see notes for Program #40011 up above).