

Lead Agency: Health Department

Program Contact: Kim Toevs

Program Offer Type: Existing Operating

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 the associated costs, and reduced transmission of HIV in the community.

Program Description

The HIV Clinic serves over 1,100 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 support 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 40 doctors, nurses and pharmacists each year.

HIV Care Services Program coordinates a regional 6 county 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. Over the past three years, the number of persons living with AIDS has increased 15.3%. HCS clients continue to be severely affected by poverty, lack of stable housing, and reductions in insurance and medication programs.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of unduplicated HCS clients served (all srv types/whole 6-county system)	2,910	2,450	2,950	2,450
Outcome	% of uninsured HCS clients who gained insurance	69.4%	70.0%	62.5%	90.0%
Output	# of unduplicated HIV Clinic clients	1,139	1,150	1,185	1,150
Quality	% of HIV clinic clients who do not progress to AIDS	99.6%	95.0%	98.0%	95.0%

Performance Measure - Description

 **Measure Changed**

2) Measure changed. % of uninsured HCS clients who gained insurance is a measure of efforts the medical case management system makes to assist clients to maintain coverage and thus access to care. Current measure is difficult to calculate and not very accurate due to variation in data sources. Next year's offer is based on new calculations of medical case management clients reporting medical coverage at last visit.

4) Quality: % 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. Ninety three percent is our Ryan White established goal.

Legal/Contractual Obligation

Federal HIV grant and contract funds are restricted. Part A grant requires: 1) Serving Clackamas, Columbia, Multnomah, Washington, Yamhill & Clark Counties; 2) Community-based Planning Council; 3) 10% cap on planning & administration, requiring the County to cover some administrative costs; and 4) 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	2013	2013	2014	2014
Personnel	\$251,215	\$2,981,279	\$219,458	\$2,999,157
Contracts	\$0	\$2,495,438	\$72,801	\$2,634,555
Materials & Supplies	\$44,461	\$126,625	\$18,830	\$163,421
Internal Services	\$106,913	\$722,232	\$27,067	\$865,207
Total GF/non-GF:	\$402,589	\$6,325,574	\$338,156	\$6,662,340
Program Total:	\$6,728,163		\$7,000,496	
Program FTE	2.25	26.91	3.15	24.68
Program Revenues				
Indirect for dep't Admin	\$247,035	\$0	\$276,969	\$0
Fees, Permits & Charges	\$0	\$581,526	\$0	\$573,330
Intergovernmental	\$343,593	\$5,634,048	\$322,557	\$6,014,010
Other / Miscellaneous	\$0	\$110,000	\$0	\$75,000
Total Revenue:	\$590,628	\$6,325,574	\$599,526	\$6,662,340

Explanation of Revenues

HIV Care Services receives funding from the federal Ryan White Care Act Part A grant, county general fund, federal grants, local contracts, and medical fees.

FY2014 HIV Clinic Revenue

3rd Party revenue: \$1,455,751

State/local revenue contracts: \$122,500

Federal Ryan White grant: \$2,203,346

Federal patient navigators grant: \$300,000

FY2014 CARE Services Revenue

Federal Ryan White Part A grant: \$2,903,300

County General Fund: \$15,599

Significant Program Changes

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

Ryan White grant does not adequately fund administrative costs because of restrictions in the grant. Increased fixed and personnel costs resulted in FTE reductions in vacant positions and through attrition. Caseloads continue to be very high, 250-300 patients. Less attention will be given to medium acuity patients, and fewer patients will have access to a nurse for disease management services. It is anticipated that the new CAP Network Navigators will take some work from the medical case managers by serving patients with a high need for psychosocial support. The LPNs will be doing the majority of phone and walk in triage. A plan will be developed to address the reduction in disease management services.