

SAN FRANCISCO COUNTY

RYAN WHITE
PART A and B (FORMERLY TITLE I & II)

HIV HEALTH SERVICES PLANNING COUNCIL

SERVICE CATEGORY SUMMARY SHEETS

2010

**SERVICE CATEGORY PRIORITY LIST
FY 2010 — 2011**

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NA	Buddy/ Companion Services (Marin Only)	N/A
NA	Planning Council Support	N/A
NA	Quality Management	N/A

SUB-CATEGORY SUMMARY SHEET GUIDE

SUBCATEGORY: Name of local sub-category
CATEGORY: Name of major category
CODE: HIV Health Services (HHS) code for sub-category
HRSA CATEGORY: Name of major HRSA category used for reporting purposes

Total FY 2010-11 Planned Ryan White Allocation: The total amount allocated for this sub-category in FY 2010-11 Ryan White Part A, Part B (also referred to as SAM/ State Office of AIDS Funds) and Minority AIDS Initiative (M.A.I.) funds per county. This also includes any carry forward funds set aside for this category, but not General Funds.

Percent of Total Allocations: Sub-category as percent of total funds allocated for client services for that County.

Definition of service: A description of the services provided in this sub-category. The language is based on both the HRSA definition of the service, and if applicable on the standard of care definition and contracting language. Please note that some sub-categories encompass multiple services. Programs are categorized based on the main service that they provide, but other related services may be incorporated into the program design.

Total Number of Programs in Sub-Category: Number of separate programs or contracts in FY-2010/11 allocations.

Program Descriptions & Target Populations: Bullet points for each program with a short description of the type of service, methodology, target population, location, or any other information to describe unique program details. Target populations describe populations targeted or served exclusively by each program. All Ryan White-funded services are only for people living with HIV/AIDS, except where noted (i.e. children in families with HIV). To be eligible for Ryan White services, clients must also have low income, be uninsured or underinsured, and residents of San Francisco County.

Key Point of Entry: Answers whether or not the service is an entry point to the system of care by a yes or a no. HRSA has a very specific definition of "Key points of entry" (KPOE) as follows:

"entities in the eligible area served that constitute key points of access to the health care system for individuals with HIV disease (including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health programs, and homeless shelters), and other entities under section 2604(b)(3) and 2652(a), for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their HIV status but not in care."

Sub-categories have been evaluated as to whether or not they help bring those who are not in care into care. Please note that some programs within a sub-category may be specifically designed to bring people in to care whereas other programs in the same sub-category may not. HHS staff evaluated the sub-category overall to determine whether or not it served as a KPOE. Other services help those who already in care stay in care

and/or may keep people from having to access more intensive or more expensive services.

Definition of unit of service: Units of service (UOS) are used to measure the quantity of services. Common UOS include an hour of service, one encounter with a provider (regardless of length of time), or a day in a residence. Contracting, invoicing, and utilization reviews are based on UOS. A sub-category may incorporate more than one type of UOS.

Utilization review:

The following charts summarize units of service (UOS), unduplicated clients (UDC), and dollars spent for each sub-category. It is a summary of all contracts in the sub-category. Please note that this is for the most recently completed fiscal year (FY 2009-10), and the total dollars here will not match the allocated FY 2010-11 amounts above. Some providers report more units of service than they are contracted to provide. For the purpose of measuring utilization, UOS for San Francisco County are truncated at 100% of contracted UOS, to better reflect any underutilization by other programs within the service category. For the purpose of this analysis, different types of UOS are collapsed into a single measure.

Item:	Contracted	Provided	Percent
Units of Service			
Unduplicated clients			
Dollars			
Cost per UOS			
Cost per UDC			

Utilization analysis: Analysis by HHS staff of any utilization problems with identifiable causes.

Other Funding Sources: Lists other funding streams that may be available to Ryan White-funded providers. Not all resources are available to all providers or for all clients. Other sources listed usually indicate current and continuing services except as noted.

Issues and trends: Issues identified by HHS staff and providers as having a potential impact on the service category and trends in service provision, utilization, or funding streams. Some comments have been deleted from last year's document due to changing circumstance, lack of information or continued existence of the identified issue. This section includes the known impact of recent funding cuts to date and whether the services are out-to-bid.

Possible Impact of Further Cuts: Projection by HHS of potential impact if category were cut or eliminated.

Client Demographics:

ARIES data for San Francisco County are provided for all clients who were Ryan White-eligible and received services during the time period of 3/1/09 – 2/28/10. Tables designate the unduplicated clients (UDC) by gender, race and percentage of the Federal Poverty Level (FPL) per Household.

SUBCATEGORY: CENTERS OF EXCELLENCE**CATEGORY:**

HRSA CATEGORY: Distributed among Primary Care, Case Management Out Patient Substance Abuse, Outpatient Mental Health, Treatment Adherence, Client Advocacy, and Outreach.

Total Current FY 2010-11 RYAN WHITE Budget: \$ 6,115,309
Percent of total Ryan White client services dollars: 25.9 %

CoE Allocations by Service Category (*Dollars are Projected from most recent versions of contracts and annualized for a full 12 month amount*):

Primary Medical Care	\$ 3,345,631	54.7 %
Medical Case Management	\$ 1,516,462	24.8 %
Mental Health Services	\$ 617,277	10.1%
Substance Use Counseling	\$ 196,063	3.2 %
Other *	\$ 439,876	7.2 %

***includes Peer/ Treatment Advocacy and Outreach Services**

Definition of Service:

Multidisciplinary model of service delivery where client care is merged, coordinated or otherwise linked to ensure the delivery of a comprehensive spectrum of services, focused on severe need populations. Models are designed to place primary medical care at the center of the service delivery system and provide: primary medical care; case management; mental health assessment, referral and/or brief counseling; substance abuse assessment, counseling, and referral; treatment advocacy; psychiatric consultation and medication monitoring; care coordination; and vouchers for transportation, clothing and household goods. Clients may come from all parts of San Francisco to access services at Centers of Excellence sites due to language, cultural and privacy issues. All CoEs include one or more agencies that have access to AIDS Emergency Housing (AEH), so as to be able to house a client immediately if necessary.

With the exception of Psychiatric services, Outpatient Mental Health services at Centers of Excellence (CoEs) are limited to assessment, psychiatric consultation, short-term psychotherapy and referrals.

Total Number of Programs in Sub-Category: 7**Program Descriptions & Target Populations****Description of CoE:**

- CoE located in Parnassus Heights and San Francisco General Hospital that addresses the medical and psychosocial needs of women with HIV within a chronic care model. Medical services are located at two sites, with wrap-around services at both primary care sites. Target population is women of color, primarily African-American; recently incarcerated and/or involved in the criminal justice system; Latinas; and transgender women.
- Located in the Mission, CoE provides an array of services linked to primary care, targeting people of color who are disproportionately affected by HIV and traditionally not in care, particularly non-gay identified Latino men who have sex with men, Latina transgender women and their sexual partners, with a special focus on severe need

HIV-positive immigrants who are monolingual Spanish-speaking or have limited English proficiency.

- CoE collaborative with three key sites located in the Tenderloin area, with an emphasis on multiply-diagnosed individuals and harm reduction services. Target populations include homeless or marginally housed residents of the Tenderloin, including residents who are active substance users, coping with mental illness, sex workers, transgender individuals, non-English speaking residents and gay males and their non-gay identified sex partners.
- CoE providing services to individuals who are living in poverty and for whom mental health disorders, substance abuse, incarceration, or housing status create barriers to care. Primary care services provided at SFGH, with supportive services available at SFGH and the Mid-market area. Includes access to medical specialty clinics for individuals with advanced disease and co-morbidities.
- CoE providing services targeting HIV infected and affected African Americans living in the Southeast Corridor of San Francisco and throughout the City. Target population includes African American men and women as well as any service-area residents who qualify by definition as being “severe need” or part of a “special population”. Potential target populations include persons disabled by HIV infection or who have a symptomatic HIV diagnosis; persons who actively abuse substances; persons who are mentally ill; those living at or below 150% of the federal poverty level; transgender individuals; men who do not self identify as gay but have sex with men; infected individuals unaware of their HIV status; affected young people with HIV infected parents; caregivers and families. Services provided at UCSF Parnassus, the Bay View and the Western Addition.
- CoE providing services to individuals incarcerated in the San Francisco Jail.
- Located in the Mission and Mid-Market Areas, CoE provides an array of services linked to primary care, targeting Native Americans.

Key Point of Entry: Yes

Definition of unit of service:

- Case Management Hour
- Peer Advocacy Hour
- Treatment Advocacy Hour
- Primary Care Encounter
- Psychiatric Consultation Encounter
- Mental Health Therapy Hour
- Mental Health Case Management Hour
- Substance Abuse Counseling Hour
- Coordination and Planning Hour
- Food, Household Goods and Transportation Vouchers

Utilization review

Item	Contracted	Provided	Percent
Units of Service	58,917	53,338	90%
Unduplicated clients	3,382	3,247	96%
Dollars	\$ 6,246,656	\$ 6,159,184	99%
Cost per UOS	\$ 106	\$ 115	108.9%
Cost per UDC	\$ 1,847	\$ 1,897	102.7%

Utilization analysis:

On target

Other Funding Sources:

- Funding is available for individual components. See specific service category sections (Primary Care, Case Management, etc.) within this document for information on additional funding sources for each service provided within the Centers of Excellence.

Issues and trends:

- With CoE model, programs are better able to respond to the increasing medical complexity of clients who have more co-morbidity factors such as long-term HIV infection and Hepatitis C co-infection, long-term use of anti-HIV medications, long-term alcohol and recreational drug use, aging co-factors and issues; and medication resistance.
- Improved utilization of psychiatric services for severe need populations at most sites; there is still a need for additional funding to expand psychiatric / mental health services in more locations.
- Significant numbers of patients presenting for primary medical care while intoxicated, primarily with methamphetamine and/or alcohol; staff need training, resources and referral for substance abuse services related to crystal methamphetamine.
- Ratio of clients with severe need to case managers in CoE and non-CoE programs is high. With large case loads clients not as well linked to services; less follow-up and tracking of clients.
- Heavy reliance on legal counseling, benefits counseling, and case management around stable, quality housing.
- Resource allocation for this population is a challenge due to initial funding level and subsequent funding reductions throughout the system of care.
- Scheduled for solicitation in 2010.

Client demographics:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=2,680)

GENDER	UDC	% of UDC
Female	565	21.1%
Male	1979	73.9%
Transgender	107	4.0%
Unknown	29	1.0%
Total	2680	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	895	33.4%
Asian & Pacific Islander	182	6.8%
Latino/Hispanic	559	20.9%
Multiethnic	21	0.8%
Native American/Alaskan Native	89	3.3%
White/Caucasian	924	34.5%
Unknown	10	0.4%
Total	2680	100%

FPL %	UDC	% of UDC
<= 100%	1345	50.2%
101-200%	825	30.8%
201- 300%	42	1.6%
Missing	468	17.4%
Total	2680	100%

SUBCATEGORY: PRIMARY MEDICAL CARE

CATEGORY: HEALTH CARE

HRSA CATEGORY: Ambulatory/ Outpatient Medical Care

Total Current FY 2010/11 Ryan White budget: \$ 3,423,422**Percent of total Ryan White client services dollars: 14.5 %****Definition of service:**

Comprehensive medical assessment, evaluation, diagnosis, and treatment services provided by a physician, physician's assistant, registered nurse, pharmacist and/or nurse practitioner in an outpatient setting. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care, nutritional counseling and management of chronic conditions, and/or referral to and provision of all medical subspecialties.

Total Number of Programs in Sub-Category: 8**Program Descriptions & Target Populations:**

- Comprehensive outpatient program targeted toward those with complex diagnoses, i.e., other chronic diseases, mental illness, substance use, and homelessness; gay men, transgender individuals, women, and people of color; program located in the Castro and Tenderloin.
- Multi-disciplinary care program targeting HIV positive and HIV indeterminate children, adolescents, their mothers and siblings; services include nutrition counseling and pediatric developmental psychology provided in Inner Sunset area.
- Outpatient program with an emphasis on STD testing and prevention, located in the SOMA area.
- Program with an emphasis on outpatient primary and specialty HIV care, rapid availability of routine and urgent care, psychological support and social services, integration of patient care, ongoing education for patients and providers.
- Program at SFGH for HIV-infected pregnant women or HIV-infected discordant couples (discordant defined as one partner HIV infected and the other not infected but at risk for sero-conversion in the process of conception).
- Addiction medicine and psychiatric program at SFGH targeted to opiate abusers. Services include psychiatric evaluations, behavioral monitoring, psychopharmacological treatment and psychotherapy.
- Program located within a larger hospital providing comprehensive medical care assessment, treatment, and ancillary services, as well as case management, treatment advocacy and psychiatric services in the Panhandle area.
- Program located at SFGH to provide linkage to, and sustained engagement with, care for clients who experience difficulties accessing care and have significant psychiatric disease and/or substance use problems; services include diverse on-site ambulatory care services.

Key Point of Entry: Yes

Definition of unit of service:

- Encounters
- Hours

Percentage of UOS that are Primary Care Encounters:	64.5%
Percentage other services:	
Medical Case Management Hours	25.7 %
Psychiatric Evaluations/Assessments	1.1 %
Outreach Hours	4.3 %
Treatment Adherence	4.2 %
Nutrition Counseling Hour	0.3 %
Total Percentage of Other Services	35.5 %

Utilization review:

Item: TOTAL for A1 Sub-Category	Contracted	Provided	Percent
Units of Service	19,422	19,298	99%
Unduplicated clients	2,355	2,355	100%
Dollars	\$ 3,245,909	\$ 3,245,671	100%
Cost per UOS	\$ 167	\$ 168.	100.6%
Cost per UDC	\$ 1,378	\$ 1,378	100%

Utilization analysis:

On target.

Other Funding Sources for Ryan White Part A and Part B medical providers:

- Private health insurance including HMO's;
- Medi-Cal
- Medicare (including Medicare Part D -- a prescription drug plan that will reimburse pharmacies for patient's prescription drug charges.)
- San Francisco General Funds
- Part B (included in reports with Part A)
- Part C
- Part D
- Indian Health Services (only available to eligible providers)
- Other federal programs such as Healthcare for the Homeless and Federally Qualified Health Center (FQHC) funding
- Private fundraising
- California Children's Services (CCS)

Issues and trends:

- Need for more resources committed toward staff training, specifically in outreach, case management and other areas necessary for better integration.
- Significant numbers of patients presenting with alcohol and/or methamphetamine use. Staff needs training, resources and referrals for substance abuse services related to crystal methamphetamine patients arriving for care while they are high.

- Decreasing reimbursements, especially Medi-Cal, are leading to shorter appointment times for each patient.
- Increasing cost of care leads to fewer UOS and UDC for the same grant amount.
- Some clients not eligible for Medi-Cal due to lack of disability status or immigration status.
- Outreach programs are successfully bringing new people into care.
- Continuing need for client education and medication assistance from clinically trained providers.
- Anecdotal reports of large numbers of marginally housed clients.
- Increased availability of testing is bringing in larger numbers of HIV positive clients.
- Economic recession is leading to a loss of private insurance and increased use of services by clients previously insured.
- Client retention continues to be a challenge for some programs.

Possible Impact of Further Cuts:

- Potential for increased morbidity and mortality as new or out of care clients may not engage or stay engaged in primary medical care.
- Greater use of the emergency room for care.
- For clients served, stabilization of health and health care may be harder to achieve.
- Fewer clients are being served with Ryan White dollars.
- Shorter medical visits, less time for providers to talk to and educate patients.
- Longer wait times for appointments.
- May discourage access to or maintenance of care.
- Less comprehensive services available to clients.
- May have to further restrict eligibility for services.
- Decreased preventive care leads to more inpatient hospitalizations and longer inpatient hospital stays.
- Reduced hours of access to primary medical care providers.
- Less availability of primary care services for clients who do not fit the CoE definition of severe need or come from specifically targeted, historically under-served communities as General Fund dollars were used to provide additional resources to these populations.

Client demographics:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=3,908)

GENDER	UDC	% of UDC
Female	659	16.9%
Intersex	1	0.0%
Male	3093	79.2%
Transgender	130	3.3%

Unknown	25	0.6%
Total	3908	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	1191	30.5%
Asian & Pacific Islander	285	7.3%
Latino/Hispanic	274	7.0%
Multiethnic	39	1.0%
Native American/Alaskan Native	121	3.1%
White/Caucasian	1924	49.2%
Unknown	74	1.9%
Total	3908	100%

FPL %	UDC	% of UDC
<= 100%	1934	49.5%
101-200%	1250	32.0%
201- 300%	161	4.1%
301% or greater	94	2.4%
Missing	469	12.0%
Total	3908	100%

SUBCATEGORY: EARLY INTERVENTION PROGRAM

CATEGORY: HEALTH CARE (FY 2009; will become CoE in FY 2010)

HRSA CATEGORY: Ambulatory / Outpatient Medical Care

Total Current FY-2010/11 Ryan White budget: \$ 949,969**Percent of total Ryan White client services dollars: 4.0 %****Definition of service:**

Comprehensive services that include primary medical care, case management, care coordination that includes client advocacy components to maintain contact with key points of access for people living with HIV (PLWH) not in care, and program promotion and outreach among high-risk prospective client; short-term mental health and substance abuse counseling and referral services; street based outreach identifying potential high-risk clients eligible for services, and individual and group health education sessions on HIV disease, behavior change, HIV treatment, and other relevant issues.

Total Number of Programs in Sub-Category: 2**Program Descriptions & Target Populations:**

- Program serving low income, uninsured HIV positive Latino immigrants who are at or below poverty level, with a special focus on monolingual Spanish speakers. High-risk sub groups include gay, bisexual, transgender, injection drug users, other substance users, and sex partners of above.
- Program serving low income, uninsured HIV positive African Americans residents of San Francisco.

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service	11,814	11,461	97%
Unduplicated clients	490	485	99%
Dollars	\$ 1,169,045	\$ 1,169,045	100%
Cost per UOS	\$ 99	\$ 102	103.5%
Cost per UDC	\$ 2,386	\$ 2,410	100%

Utilization analysis:

On target

Other Funding Sources:

- State Office of AIDS RWPB / HIV Community Programs (formerly RALF: Residential AIDS Living Facility)

Other resources in system:

None

Issues and trends:

- Planning Council voted to merge this funding category into CoE for the upcoming solicitation

Possible Impact of Further Cuts:

- Potential for increased morbidity and mortality as new or out of care clients may not engage or stay engaged in primary medical care.
- Greater use of the emergency room for care.
- For clients served, stabilization of health and health care may be harder to achieve.
- Fewer clients are being served with Ryan White dollars.
- Shorter medical visits, less time for providers to talk to and educate patients.
- Longer wait times for appointments.
- May discourage access to or maintenance of care.
- Less comprehensive services available to clients.
- May have to further restrict eligibility for services.
- Decreased preventive care leads to more inpatient hospitalizations and longer inpatient hospital stays.
- Reduced hours of access to primary medical care providers.
- Less availability of primary care services for clients who do not fit the CoE definition of severe need or come from specifically targeted, historically under-served communities as General Fund dollars were used to provide additional resources to these populations.

Demographic Analysis:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n = 672)

GENDER	UDC	% of UDC
Female	88	13.1%
Intersex	0	0.0%
Male	568	84.5%
Transgender	16	2.4%
Unknown	0	0.0%
Total	672	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	214	31.8%
Asian & Pacific Islander	7	1.0%
Latino/Hispanic	332	49.4%
Multiethnic	3	0.4%
Native American/Alaskan Native	10	1.5%
White/Caucasian	86	12.8%

Unknown	25	3.7%
Total	672	100%

FPL %	UDC	% of UDC
<= 100%	367	54.6%
101-200%	153	22.8%
201- 300%	11	1.6%
301% or greater	5	0.7%
Missing	136	20.2%
Total	672	100%

SUBCATEGORY: THERAPEUTIC MONITORING

CATEGORY: Early Intervention Services

HRSA CATEGORY: Ambulatory / Outpatient Medical Care

Total Current FY-2010/11 Ryan White budget: \$ 844,047

Percent of total Ryan White client services dollars: 3.6 %

Definition of service: HIV-1 genotypic drug resistance testing laboratory services requested for patient care and management by a physician or healthcare provider, for the purpose of monitoring HIV-related treatment in patients.

Total Number of Programs in Sub-Category: 3

Program Descriptions & Target Populations:

- Program provides laboratory services and testing for HIV Viral Load using real-time RT-PCR (Reverse Transcriptase Polymerase Chain Reaction) method on specimens from SFGH, Jail Health Services, Community Health Centers and Clinic Consortium members.
- Program provides laboratory services (HIV-1 genotypic drug resistance testing) requested for patient care and management by their physician or healthcare provider. The target population is any HIV-1 positive patient with a viral load (VL) > 500 copies/ml and an indication for the clinical test (acute infection, pregnancy, virologic failure, or initiation of antiretroviral drug treatment). No clients are directly served; this program supports laboratory testing only.
- Program provides for the purchase & distribution of laboratory therapeutic monitoring testing services through the utilization of purchase order and authorization system to access from a particular biosciences lab their patented PhenoSense® HIV Comprehensive with Replication Capacity testing which gives direct measurement of the drug susceptibility of patients' HIV-1 virus to all approved anti-retrovirals. San Francisco based clinicians in RWPA funded medical programs will be able to access this laboratory service through a purchase order & service authorization system in order to meet the diagnostic needs of RWPA eligible patients.

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service			
Unduplicated clients			
Dollars			
Cost per UOS			
Cost per UDC			

Utilization analysis:

Not available

Other Funding Sources:

- State Office of AIDS RWPB / HIV Community Programs (formerly RALF: Residential AIDS Living Facility)

- Medical, Medicare
- Private Insurance

Other resources in system:

Issues and trends:

Possible Impact of Further Cuts:

- Reduction in frequency of viral load and T-cell tests
- Less data available to measure treatment efficacy

Demographic Analysis:

Not a direct service provider in ARIES.

SUBCATEGORY: OUTPATIENT MENTAL HEALTH

CATEGORY: MENTAL HEALTH

HRSA CATEGORY: Mental Health Services (Outpatient Mental Health and Crisis Mental Health are combined into this HRSA Category).

NOTE: Crisis Mental Health Funding was consolidated into Outpatient Mental Health Solicitation in FY-2009-10; Crisis Mental Health services are now provided within part of a larger Outpatient Mental Health Contract.

Total Current FY 2010-11 Ryan White budget: \$ 2,640,882**Percent of total Ryan White client services dollars: 11.2 %****Definition of service:**

Psychiatric treatment and mental health counseling for individuals with a diagnosed mental health issue, conducted in a group or individual setting, and provided by a licensed mental health professional (or who is under licensed supervision.) This service also includes mental health crisis telephone counseling provided by supervised volunteers.

Services may be crisis, short-term, or ongoing. Psychiatric services include comprehensive evaluation for identification of psychiatric disorders, mental status evaluation and neuropsychological testing, and differential diagnosis. Crisis intervention services are provided to individuals in acute distress requiring assessment from a licensed clinician such as a psychiatrist, psychiatric nurse, or psychiatric social worker. Services may include other clinical and laboratory tests, case formulation, treatment plans and disposition, treatment with medications and subsequent monitoring, as well as case consultation.

With the exception of Psychiatric services, outpatient mental health services at Centers of Excellence (CoEs) are limited to assessment, psychiatric consultation, short-term psychotherapy and referrals if needed.

Total Number of Programs in Sub-Category: 6

These services are under solicitation. Program descriptions may change or evolve.

Program Descriptions & Target Populations:

- Program for residents of San Francisco who are multiply diagnosed, homeless, out of treatment, women with children/families, youth, people of color, transgender, indigent/very low income, previously incarcerated, and immigrant or undocumented individuals. Program provides coordinated care, including HIV-associated cognitive impairment, and is located in the Mission.
- Program for dually diagnosed and/or triply diagnosed lesbians, gay, bisexual, and transgender persons with HIV disease who, as a direct result of their HIV diagnosis, experience a decline in their functioning and/or an increase in psychiatric symptoms (including AIDS dementia). Also includes program for San Francisco residents who may have cognitive and/or behavioral symptoms possibly related to dementia; services include clinical consultation, direct education and support to care providers

throughout San Francisco. HIV positive women receive specially designed services. Program is located in the Civic Center/ Mid-Market area.

- Program for gay, bisexual, heterosexual, transgendered persons; persons of color; newly diagnosed persons; undocumented persons; bi/monolingual persons; substance users including IDU; persons new to San Francisco; and persons with criminal justice history who are multiply-diagnosed. This program utilizes an interdisciplinary team approach, including a Psychiatrist, a Psychologist, and Psychiatric Social Workers, and is located in the Hayes Valley / mid-Market area.
- Program for San Francisco residents who are severely and chronically mentally ill, including transgender men and women; persons of color, monolingual Spanish-speaking persons, those newly diagnosed, injection drug users and other substance users, persons new to San Francisco, and those with a criminal justice history. Program is located in the Mission area.
- Program for bilingual, bicultural psychiatric consultation and short and long term psychotherapeutic services for Latinos. Program is located in the Mission district.
- Program for severe and chronically mentally ill HIV positive women with complex, multiple diagnoses, including those with a criminal justice history. Services include outpatient mental health; psychiatric assessment, evaluation, treatment, and monitoring; and case management. Program is located in the South Van Ness area.

Key Point of Entry: Yes

Definition of unit of service:

- Hours
- Encounters

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service	27,957	26,964	96%
Unduplicated clients	2,385	2,286	96%
Dollars	\$ 3,102,614	\$ 3,068,291	99%
Cost per UOS	\$ 111	\$ 114	102.5%
Cost per UDC	\$ 1,301	\$ 1,342	103.2%

Utilization analysis:

On target.

Other Funding Sources:

- Medi-Cal
- Medicare
- Private insurance
- Client fees
- Private donations
- General Funds
- Prop. 63 dollars
- Federal grants, such as SAMHSA (see below)

Issues and trends:

- Continuing increase in referrals for psychological and neuropsychological testing; very limited availability of such services. This service could help clients who are eligible get Medi-Cal disability benefits, thus decreasing the use of Ryan White dollars or General Fund services.
- Many clients have a history of trauma and abuse which continues to be experienced with poor social and work-related skills, homelessness, lack of access to medical treatment, and disruptive behavior associated with chronic mental health and substance abuse disorders.
- Some clients only intermittently access care when in crisis.
- No-show rates for appointments are high with people with severe mental health issues.
- Medi-Cal reimbursement rates are very low. However, despite low reimbursement, some programs are augmenting care available to people with HIV/AIDS.
- Some clients are not eligible for Medi-Cal due to their immigration status.
- In DPH's Community Behavioral Health Services (CBHS), mental health and substance abuse services have been integrated as one behavioral health system of care.
- CBHS has encouraged the expansion of client-centered programs that emphasize the recovery model for consumers with mental illness.
- CBHS has continued to emphasis services modalities which indicate measurable improved outcomes for clients with serious mental illnesses.
- Psychiatric consult services are also included in the Centers of Excellence (CoE).
- Changing demographics of those seeking services include more seniors (60 and over), women of color, and transgender women of color.

Possible Impact of Further Cuts:

- More need for crisis intervention services, more intensive services, more clients end up in emergency rooms or jails.
- Decrease in stable outpatient treatment would increase the need for Psych emergency services.
- As HIV medical treatments options continue to expand, there is a greater unmet need for providers who understand the complicated interactions and impact of HIV and psychiatric medications.
- Fewer options for clients with HIV Dementia / Cognitive Impairment, and for their providers and caregivers; possible waiting lists and/or less access to diagnostic team; possibly less appropriate or lower quality of care for cognitively impaired clients.
- Clients would receive less coordinated primary health and mental health care, which could create a higher risk of homelessness.

Demographic Analysis:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=2,124)

GENDER	UDC	% of UDC
Female	220	10.4%
Intersex	2	0.1%
Male	1836	86.4%

Transgender	52	2.4%
Unknown	14	0.7%
Total	2124	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	387	18.2%
Asian & Pacific Islander	155	7.3%
Latino/Hispanic	427	20.1%
Multiethnic	15	0.7%
Native American/Alaskan Native	78	3.7%
White/Caucasian	1009	47.5%
Unknown	55	2.6%
Total	2124	100%

FPL %	UDC	% of UDC
<= 100%	981	46.2%
101-200%	746	35.1%
201- 300%	108	5.1%
301% or greater	115	5.4%
Missing	174	8.2%
Total	2124	100%

SUBCATEGORY: MEDICAL CASE MANAGEMENT

CATEGORY: MEDICAL CASE MANAGEMENT

HRSA CATEGORY: Medical Case Management

Total Current FY 2010-11 Ryan White budget: \$ 1,194,895
Percent of total Ryan White client services dollars: 5.1 %

Definition of service:

A service that links and coordinates assistance from multiple agencies and/or caregivers who provide case management related to HIV medical care. Medical case management services are a range of client-centered services that link clients with health care, psychosocial and other services; the coordination and follow-up of medical treatments are key components of medical case management. Some medical case management is coordinated within a program that also provides peer advocacy and treatment advocacy. NOTE: Services previously categorized under treatment adherence are now categorized under medical case management.

Total Number of Programs in Sub-Category: 6**Program Descriptions & Target Populations:**

- Program targeting HIV+ Asian Pacific Islander individuals, especially multiply diagnosed, with concurrent substance abuse and/or mental health problems; who live in the Tenderloin, South of Market, Mission, and border neighborhoods to Daly City. Services focus on immigrants and/or undocumented individuals, out of treatment, homeless or marginally-housed, indigent or very low income, previously incarcerated, transgender, youth, and women with children.
- Program provided in multidisciplinary model with primary care to Latinos living in and around the Mission district, at or below poverty level with a special focus on bilingual and monolingual Spanish speakers, immigrants, and refugees; high risk sub-groups also include gay, bisexual, transgender, injection drug users, other substance users, youth, women, heterosexuals that are not currently receiving care, and sex partners of above.
- Program providing improvement of client knowledge of HIV treatment, adherence options, access to clinical trials information and improved access to care, targeting HIV- positive Latinos/as in the EMA, especially monolingual and bilingual Spanish-speaking populations of San Mateo County with an emphasis on recent immigrants, those newly released from incarceration, and the homeless or marginally- housed.
- Program targeting African American men who reside in San Francisco, primarily those who have sex with men and/or injection drug users. Services connect men who are not in optimal care to primary care services through the implementation of a comprehensive model of care.
- Program targeting HIV positive residents in San Francisco who are uninsured, underinsured, or have severe needs; services include case management, peer advocacy and nutrition counseling.
- Program targeting low income, uninsured HIV positive Native Americans, with a special focus on high risk subgroups including gay, bisexual, transgender, injection drug users, other substance users, and sex partners of above.

Key Point of Entry: Yes**Definition of unit of service:**

Hours

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service	10,888	9,786	90%
Unduplicated clients	650	594	91%
Dollars	\$ 781,888	744,032	95%
Cost per UOS	\$ 72	\$ 76	105.9%
Cost per UDC	\$ 1,203	\$ 1,253	104.1%

Utilization analysis:

On target

Other Funding Sources:

- General Fund
- Medi-Cal
- Part C
- State EIP
- Private fundraising (partially supports indirect expenses)
- Title IV (for some treatment advocacy services)

Issues and trends:

- Increased challenges in charting, due to multiple client needs.
- Case management has been shown to improve access to care and utilization of services.
- The diversity of functions within the medical case management model requires increasing proficiency in the supervisory and management structure.
- Increased cross cultural and cross system issues; collaborative issues directly affect case conferencing.
- Routine medical case management with very large case loads averaging around 60-70 clients.
- Co-morbidities such as Hepatitis C and diabetes play significant roles in medical needs.

Possible Impact of Cuts:

- Less time spent with each client and/or fewer clients served.
- Larger case loads for case managers.
- Clients not as well linked to services; less follow-up and tracking of clients.
- Clients may not access or maintain adherence to treatment.
- Increase use of crisis emergency services as a way of accessing treatment.
- Possibility of more psychiatric emergencies.
- Severe need clients may not access or maintain care, leaving more people who are not in care.

Demographic Analysis:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=3,599)

GENDER	UDC	% of UDC
Female	677	18.8%
Intersex	1	0.0%
Male	2770	77.0%
Transgender	126	3.5%
Unknown	25	0.7%
Total	3599	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	997	27.7%
Asian & Pacific Islander	241	6.7%
Latino/Hispanic	860	23.9%
Multiethnic	29	0.8%
Native American/Alaskan Native	100	2.8%
White/Caucasian	1299	36.1%
Unknown	72	2.0%
Total	3599	100%

FPL %	UDC	% of UDC
<= 100%	1861	51.7%
101-200%	1152	32.0%
201- 300%	101	2.8%
301% or greater	65	1.8%
Missing	421	11.7%
Total	3599	100%

SUBCATEGORY: CENTRALIZED DENTAL CARE

CATEGORY: HEALTH CARE

HRSA CATEGORY: Oral Health Care

Total Current FY 2010-11 Ryan White budget: \$ 824,818**Percent of total Ryan White client services dollars: 3.5 %****Definition of service:**

Diagnostic, preventative, and therapeutic services rendered by licensed dentists, dental hygienists, and similar professional practitioners (including dental students).

Total Number of Programs in Sub-Category: 3

Program Descriptions & Target Populations:

- Two programs that provide general dentistry prevention and treatment (fillings, simple extractions & root canals, etc.) hygiene services, and some periodontal and emergency services at two locations in the Tenderloin. In addition, one half day per month, new patients will be enrolled for treatment at the Southeast Health Clinic and Portrero Health Clinic. Through a subcontract, one program will see a limited number of patients from SFDPH to receive restorative dental care (bridges, crowns, dentures, etc) and complex extractions.
- Comprehensive dental program that includes emergency care, diagnostic and radiology services, preventative and periodontal care, operative dentistry, endodontic, oral surgery, prosthetic and oral medicine services

Key Point of Entry: No**Definition of unit of service:**

- Encounter

Utilization review:

Item	Contracted	Provided	Percent
Units of Service	6,404	6,404	100%
Unduplicated clients	1,200	1,200	100%
Dollars	\$ 524,818	\$ 524,818	100%
Cost per UOS	\$ 82	\$ 82	100%
Cost per UDC	\$ 437	\$ 437	100%

Utilization analysis:

On target.

Other Funding Sources:

- Emergency and palliative services through Denti-Cal
- Dental Reimbursement (Part F)
- SPNS
- General Funds

Issues and trends:

- Denti-Cal coverage for adults (21 and over) became limited to emergency and palliative care (pain relief) effective July 2009 in response to HHSP augmented funding to this service category in FY 2009.
- Providers instituted yearly dollar maximum benefits. Some more complex treatment plans may now need to be spread over two fiscal years.
- *Exemptions to Eliminated Adult Dental Benefits*
- Medical and surgical services provided by a doctor of dental medicine or dental surgery, which, if provided by a physician, would be considered physician services, and which services may be provided by either a physician *or a dentist in this state
- Federal law requires the provision of these services. The services that are allowable as Federally Required Adult Dental Services (FRADS) under this definition have been listed. (Please refer to Table 1 for a list of allowable procedure codes).
- Pregnancy-related services and services for the treatment of other conditions that might complicate the pregnancy. This includes 60 days of postpartum care. Services for pregnant beneficiaries who are 21 years of age or older are payable, if the procedure is listed under either Table 1 (Federally Required Adult Dental Services) or Table 2 (Allowable Procedure Codes for Pregnant Women).
- Beneficiaries under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.
- There will be no change in dental benefits for beneficiaries who are under age 21. Beneficiaries who are under 21 years of age and whose course of treatment is scheduled to continue after he/she turns 21 years of age (continuing services for EPSDT recipients) [**Note:** *With the exception of orthodontic services which must be completed by the beneficiary's 21st birthday.*]
- If the service requires a Treatment Authorization Request (TAR), **all** of the following requirements must be met:
 - TARs must be received by Denti-Cal prior to the beneficiary's 21st birthday for consideration.
 - The treatment must require prior authorization.
 - The treatment must be authorized on a Notice of Authorization (NOA).
 - The treatment must be completed within the approved authorization period on the NOA.

Possible Impact of Cuts:

- Fewer clients served
- Waiting Lists may be instituted.
- The number and kinds of procedures currently covered may have to be reduced.
- Yearly financial caps and stricter medical and financial eligibility criteria might need to be instituted.

Client demographics:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=1,399)

GENDER	UDC	% of UDC
Female	80	5.7%

Intersex	0	0.0
Male	1303	93.1
Transgender	14	1.0%
Unknown	2	0.1%
Total	1399	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	189	13.5%
Asian & Pacific Islander	85	6.1%
Latino/Hispanic	322	23.0%
Multiethnic	10	0.7%
Native American/Alaskan Native	25	1.8%
White/Caucasian	757	54.1%
Unknown	11	0.8%
Total	1399	100%

FPL %	UDC	% of UDC
<= 100%	586	41.9%
101-200%	602	43.0%
201- 300%	134	9.6%
301% or greater	40	2.9%
Missing	37	2.6%
Total	1399	100%

SUBCATEGORY: HOME-BASED HEALTH CARE

CATEGORY: HEALTH CARE

HRSA CATEGORY: Home Health: Professional Care

Total Current FY 2010-11 Ryan White budget: \$ 650,889**Percent of total Ryan White client services dollars: 2.8 %****Definition of service:**

These services help maintain PLWHs in their homes and support their level of functioning through assistance with daily needs and/or through the provision of routine or skilled nursing. Therapeutic, nursing, and supportive health services, including services to maintain activities of daily living, are provided by a licensed or certified home health provider in a home setting and in accordance with an individualized care plan established by a multidisciplinary care team.

Home health care providers work closely with the multidisciplinary care team that includes the patient's case manager, primary care provider, and other appropriate health care professionals.

Home Health Care service categories provided in the patient's home include:

Paraprofessional Care – (e.g., homemaker, home health aide, or personal/attendant care) – Supportive services and assistance with activities of daily living provided in the home to allow a patient to continue living independently. These services include non-medical and non-nursing assistance such as housecleaning, running errands, escort to medical appointments, and preparing meals.

Specialized Professional Care – Provision of services by licensed healthcare workers (i.e., nurses, LVN, social workers, physical therapists, occupational therapists). Services may include routine and skilled nursing interventions including blood draws, specimen collection, physical assessment and medication administration and teaching, rehabilitation, therapy, mental health services, and supervision of paraprofessionals.

Total Number of Programs in Sub-Category: 2**Program Descriptions & Target Populations:**

- Provide culturally competent skilled home health services, including nursing, rehabilitation therapy, medical social services, and home health aide services, to prevent hospitalizations and maintain clients in their homes. Services are provided to an acutely ill and often, homebound population, throughout the city.
- Program provides multiple services: 1) attendant care at residential hotels to maintain the independence of clients living in single room occupancy (SRO) and other marginal dwellings, and prevent or avoid relapsing into homebound status or institutional care; 2) in-home respite and attendant care to relieve caregivers and provide limited attendant care to those needing periodic support; 3) induction and maintenance infusion therapy services to homebound individuals, including patient training on self-administration. Services provided in the homes of clients throughout the city.

Key Point of Entry: No**Definition of unit of service:**

- Attendant Care Day

- Homemaker Service Day
- RN/MSW Professional Visit
- Specialized Patient Day

Utilization review:

Item	Contracted	Provided	Percent
Units of Service	4,034	2,718	67 %
Unduplicated clients	140	135	96 %
Dollars	\$ 684,703	\$ 678,904	100 %
Cost per UOS	\$ 168	\$ 250	147.2%
Cost per UDC	\$ 4,891	\$ 5,028	102.8%

Utilization analysis:

One of the two programs in this service category was on target for both their UOS and UDC, while the other program experienced great numbers of their clients becoming Medi-Cal eligible and thus delivered less UOS to less UDC. The recent contract negotiation process for the contract renewal took this into consideration and adjustments to the program targets have been made. Recent cuts to various state funded programs will likely increase the need and utilization of RWPA programs in this category.

Other Funding Sources:

- Medi-Cal, including Medi-cal Waiver
- Medicare
- Private insurance
- General Funds / Health At Home

Issues and trends:

- Clients have more complex medical needs, with more chronic health conditions, as well as multiple diagnoses, which also creates more difficulty for stabilization of psychiatric status.
- Difficulty of clients' maintaining of secure housing negatively affects adherence to medications.
- Fewer clients need paraprofessional services (attendant care) and more need professional, skilled services (nursing).
- Many clients using these services are not eligible for Medi-Cal or other insurance programs due to immigration status and other criteria.
- Increasing costs of providing care.
- Need for specialized home care for PLWH with cognitive impairment.
- Low Medi-Cal reimbursement levels for Home Care (30 cents on the dollar) result in most Home Health agencies not accepting Medi-Cal patients.
- PLWH prefer to remain in the community rather than being institutionalized, resulting in larger numbers of frail and impaired patients living in substandard and unsafe housing and requiring Home Health Care. Collaboration with dementia care programs necessary to support these patients in the community.
- More clients eligible for Medi-Cal due to change in Medi-Cal eligibility for home health care.

- One program reports an increase in number of clients developing resistance to HIV/AIDS medications.
- Increase in long-time institutionalized clients discharged from Laguna Honda Hospital.
- Increasing percentage of elder HIV population due to effectiveness of new treatments.
- Untreated substance use may lead to decreased medication adherence, a rise in opportunistic infections and less commitment to adhere to treatment plans.
- Services are currently under solicitation by HHS.

Possible Impact of Further Cuts:

- Fewer clients served at home – may have to move to a more expensive residential facility or end up in the emergency room or be hospitalized for longer.
- Wait list for services.
- Fewer hours provided to each client.
- Eligibility criteria restricted.
- Funding cuts would result in reduction in need to further prioritize clients and reduce services to critical cases. This might result in higher rates of hospitalization or institutionalization for our clients.
- Current funding levels already make allocation of services extremely difficult...
- Fewer clients with acute needs will be able to be discharged to the community.

- Client Demographics:

- ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=260)

-

GENDER	UDC	% of UDC
Female	47	18.1%
Intersex	0	0.0%
Male	203	78.1%
Transgender	8	3.1%
Unknown	2	0.8%
Total	260	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	35	13.5%
Asian & Pacific Islander	16	6.1%
Latino/Hispanic	60	23.0%
Multiethnic	2	0.7%

Native American/Alaskan Native	5	1.8%
White/Caucasian	141	54.1%
Unknown	2	0.8%
Total	260	100%

FPL %	UDC	% of UDC
<= 100%	109	41.9%
101-200%	111	43.0%
201- 300%	25	9.6%
301% or greater	8	2.9%
Missing	7	2.6%
Total	260	100%

SUBCATEGORY: HOSPICE
CATEGORY: HEALTH CARE
HRSA CATEGORY: Hospice

Total Current FY 2010-11 Ryan White budget: \$ 1,111,429
Percent of total Ryan White client services dollars: 4.7 %

Definition of service:

Services include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that is designated and staffed to provide hospice services.

Total Number of Programs in Sub-Category: 1

Program Descriptions & Target Populations:

- Provides 24-hour skilled nursing care to San Francisco residents. The site is located in the Duboce Triangle area. All beds but one at any given time are restricted, due to HOPWA funding requirements for those with incomes that fall within HUD's definition of very low income. Ryan White dollars pay for attendant care and paraprofessional bed days.

Key Point of Entry: No

Definition of unit of service:

- Paraprofessional Patient Day
- Professional Patient Day
- Specialized Patient Day

Utilization review:

Item	Contracted	Provided	Percent
Units of Service	10,364	10,364	100%
Unduplicated clients	39	33	85%
Dollars	\$ 1,111,419	\$ 1,111,419	100%
Cost per UOS	\$ 107	\$ 107	100%
Cost per UDC	\$ 28,500.67	\$ 33,679.36	118.2%

Utilization analysis:

Fewer clients staying longer is leading to overproduction of UOS and underproduction of UDC.

Other Funding Sources:

- Private fundraising
- General Funds

Issues and trends:

- LVN shortage results in the necessary hiring of RNs in their place.
- Care is more complex because HIV disease is complicated by co-morbidities such as Hepatitis C, diabetes and rectal cancer.
- The national shortage of liquid morphine has resulted in substitution by other narcotics in tablets which require more monitoring.
- Service is currently under solicitation.

Possible Impact Further of Cuts:

- Fewer hospice beds would mean clients have to wait longer in inpatient facilities or home settings with potentially less-appropriate levels of care.
- Potential loss of HIV-dedicated hospice services.

Client Demographics:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=47)

GENDER	UDC	% of UDC
Female	6	12.8%
Intersex	0	0.0%
Male	41	87.2%
Transgender	0	0.0%
Unknown	0	0.0%
Total	47	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	14	29.8%
Asian & Pacific Islander	1	2.1%
Latino/Hispanic	8	17.0%
Multiethnic	0	0.0%
Native American/Alaskan Native	3	6.4%
White/Caucasian	21	44.7%
Unknown	0	0.0%
Total	47	100%

FPL %	UDC	% of UDC
<= 100%	19	40.4%
101-200%	21	44.7%
201- 300%	0	0.0%
301% or greater	1	2.1%
Missing	6	12.8%
Total	47	100%

SUBCATEGORY: Emergency Housing

CATEGORY: HOUSING

HRSA CATEGORY: Housing Services

Total Current FY08/09 Ryan White budget: \$ 162,855**Percent of total Ryan White client services dollars: 0.7 %**

Definition of service: Emergency hotel stay of a maximum of four weeks, intended to assist clients with immediate housing crisis and subsequently help them stabilize medically.

Total Number of Programs in Sub-Category: 1**Program Descriptions & Target Populations:**

- Emergency housing in an SRO unit for a maximum of 28 days for clients referred by participating HIV service providers.

Key Point of Entry: Yes**Definition of unit of service:**

- Client Encounter
- Emergency Housing Day Coordination
- Emergency Hotel Room Rent Payment

Utilization Review

Item	Contracted	Provided	Percent
Units of Service	163	163	100%
Unduplicated clients	N/A	N/A	N/A
Dollars	\$ 105,075	\$ 105,075	100%
Cost per UOS	\$ 645	\$ 645	100%
Cost per UDC	N/A	N/A	N/A

Utilization analysis:

On target.

Other Funding Sources:

- General Fund

Issues and trends:

- The Emergency Housing Program is co-located at two sites that is serve only PLWH. Thus, the program benefits from the added staffing and property management provided by the contractor; all of which adds up to a healthier environment for the clients.
- The population is increasingly more difficult to serve because of ever growing occurrence of co-morbidities.
- Not enough emergency housing with a service component available for the ever increasing number of homeless PLWH.
- Every COE has access and is able to refer clients to Emergency Housing.

- Need more emergency housing for families and youth.
- Housing program only works because of on-site case manager paid for with General Fund dollars.
- Because of insufficient resources for transitional and permanent housing, especially, supportive housing, homeless PLWH get stabilized in emergency housing, but since there are no transition options, they return to the street, where they soon destabilize again.
- Not enough emergency housing with a service component available for the ever increasing number of homeless PLWH.
- Increasing costs of providing emergency housing.

Possible Impact of Further Cuts:

- Fewer clients will be housed, while the target population is increasing.
- Fewer nights will be available per client, while the need is increasing.
- Emergency Housing allows clients to stabilize their health and to attend to other needs, which assists in maintaining their health; if clients do not have access to housing, their health will be jeopardized resulting in a rise in hospitalization, homelessness and possibly death.
- Increase of PLWH out of care, as well as less PLWH getting into care; since Emergency housing is a key point of entry.

Demographic analysis:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=1,568)

GENDER	UDC	% of UDC
Female	257	16.4%
Intersex	1	0.1%
Male	1234	78.7%
Transgender	63	4.0%
Unknown	13	0.8%
Total	1568	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	417	26.6%
Asian & Pacific Islander	82	5.2%
Latino/Hispanic	347	22.1%
Multiethnic	19	1.2%
Native American/Alaskan Native	60	3.8%

White/Caucasian	629	40.1%
Unknown	14	0.9%
Total	1568	100%

FPL %	UDC	% of UDC
<= 100%	900	57.4%
101-200%	626	39.9%
201- 300%	24	1.5%
301% or greater	13	0.8%
Missing	8	0.5%
Total	1568	100%

SUBCATEGORY: TRANSITIONAL HOUSING**CODE: B3**

CATEGORY: HOUSING

HRSA CATEGORY: Housing Services

Total Current FY08/09 Ryan White budget: \$ 278,885**Percent of total Ryan White client services dollars: 1.2 %**

Definition of service: Transitional residential housing program designed to stabilize an individual and to support transition to a long-term sustainable housing situation. Program includes substance abuse and mental health services.

Total Number of Programs in Sub-Category: 1**Program Descriptions & Target Populations:**

- Transitional housing and case management, which may include provision and/or referral to life enhancement skills, money management, benefits counseling and advocacy, and referrals to independent housing, primary care and psychiatric care to low-income, homeless, adult African American PLWH.

Key Point of Entry: Yes**Definition of unit of service:**

- Supportive housing day

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service	1,010	1,010	100%
Unduplicated clients	11	11	100%
Dollars	\$ 179,838	\$ 179,938	100%
Cost per UOS	\$ 178.16	\$ 178.16	100%
Cost per UDC	\$ 16,308.91	\$ 16,308.91	100%

Utilization analysis:

Exceeded UOS and UDC projections, thereby reducing costs of UOS and UDC.

Other Funding Sources:

- Private donations/ agency fundraising

Issues and trends:

- Increasing costs of providing transitional housing without funding increases.
- Lack of available and appropriate transition options for these clients; specifically, permanent housing.
- Ever increasing severity and co-morbidity of the population makes it difficult to stabilize individual clients as well as the larger program community.

Possible Impact of Cuts:

- Even less housing to transition into from homelessness or emergency housing.

- Decreased ability to serve complex population and provide quality service, including case management, mental health and substance use services.
- Since costs in a residential program are mostly fixed because of the 24 hour nature of these programs any cut could close this program.

Demographic Analysis:

Transitional Housing demographics are included in the Emergency Housing Service Summary on pages 33- 34.

SUBCATEGORY: FOOD BANK / DELIVERED MEALS

CATEGORY: FOOD

HRSA CATEGORY: Food Bank/ Home Delivered Meals

Total Current FY 2010-11 Ryan White budget: \$ 1,328,137
Percent of total Ryan White client services dollars: 5.6 %

Definition of service:

Provision of services includes prepared meals, groceries, and nutrition education under the supervision of a Registered Dietitian; also food solicitation and a food bank for agencies that feed their HIV clients. Services can include congregate meals and nutritional counseling.

Food Pantry/Groceries – A weekly selection of groceries that meets one-third of the weekly nutritional requirements for persons living with HIV; or various grocery items solicited through the food bank and distributed by HIV service agencies.

Home-Delivered Meals – Hot or frozen prepared meals that meet one-third of the daily nutritional requirements for persons living with HIV. Clients can choose hot or frozen meals, home-delivered or picked-up, daily or weekly.

Total Number of Programs in Sub-Category: 2**Program Descriptions & Target Populations:**

- Daily prepared meals and/or weekly groceries for San Francisco residents with HIV symptoms and conditions that are certified by the primary care provider annually.
- The food solicitation/ banking portion of this sub-category is distributed to designated social agencies which provide services to individuals with HIV disease; this program serves residents of the City and County of San Francisco.

Key Point of Entry: Yes**Definition of unit of service:**

- Grocery Bags
- Delivered Meals
- Pounds

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service	671,020	671,020	100%
Unduplicated clients	605	605	100%
Dollars	\$ 1,328,137	\$ 1,328,137	100%
Cost per UOS	\$ 2	\$ 2	100%
Cost per UDC	\$ 2,195	\$ 2,195	100%

Utilization analysis:

On target.

Other Funding Sources:

Private & corporate donations

Issues and trends:

- More clients presenting with complex dietary needs due to diabetes, hypertension, severe weight changes, metabolic syndrome, food/drug interactions, etc.
- To maintain access to food services for increasing numbers of clients with behavioral health problems, surrogate shoppers are engaged to pick up their meals and groceries.
- Additional pressure from growing general population dependent on food bank services due to increasing overall poverty, with up to 40% of nonprofit food programs relying increasingly on Food Bank to fill the gap.
- Very cost-effective service – relies heavily on volunteers.
- Due to the economy, food donations are at a record low.

Possible Impact of Further Cuts:

- Core funding for meals and groceries through RWPA is matched two-to-one with private support. If core funding is cut, new clients would be put on a wait list for services and eligibility criteria would be narrowed to those with disabling conditions.
- Current clients would be served based on severity of need, limiting choice and range of services that are now available to all eligible clients.
- Less food available per client.

Demographic Analysis:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=1,383)

GENDER	UDC	% of UDC
Female	121	8.7%
Intersex	2	0.2%
Male	1205	87.1%
Transgender	46	3.3%
Unknown	9	0.6%
Total	1383	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	380	27.5%
Asian & Pacific Islander	58	4.2%
Latino/Hispanic	184	13.3%
Multiethnic	7	0.5%

Native American/Alaskan Native	68	4.9%
White/Caucasian	680	49.2%
Unknown	6	0.4%
Total	1383	100%

FPL %	UDC	% of UDC
<= 100%	681	49.2%
101-200%	690	49.9%
201- 300%	10	0.7%
301% or greater	2	0.1%
Missing	0	0.0%
Total	1383	100%

SUBCATEGORY: PSYCHOSOCIAL SUPPORT

CATEGORY:

HRSA CATEGORY: Psychosocial Support

Total Current FY-2010/11 Ryan White budget: \$ 242,243**Percent of total Ryan White client services dollars: 1.0 %**

Definition of service: Programs that provide support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling; this category includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.

Total Number of Programs in Sub-Category: 2**Program Descriptions & Target Populations:**

- Collaborative support group for HIV positive heterosexually identified African American men; recruitment and outreach takes place by case managers, peer advocates or other sources. This group is available to all clients self-identifying as part of the target population. The group is facilitated by a mental health professional, with a flexible structure.
- Program provides a range of psychosocial support interventions including emotional support and practical assistance, groups and educational opportunities, a drop-in center, an activities and events program, client advocacy and care navigation, health counseling, and volunteer peer support as well as other activities that promote continued engagement in care, with an emphasis on individuals living on fixed and low incomes; the socially isolated; the “aging” or senior population; the physically impaired; and severe need.

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service	25,119	24,863	99 %
Unduplicated clients	1,150	1,127	98 %
Dollars	\$ 333,684	\$ 333,684	100 %
Cost per UOS	\$ 13/28	\$ 13.42	101 %
Cost per UDC	\$ 290	\$ 296	102 %

Utilization analysis:

On target.

Other Funding Sources:

Foundation grants

Pharmaceutical grants

Individual/private donations.

Other resources in system:**Issues and trends:**

- Increased life expectancy resulting in many consumers facing challenges common to the “aging” population: social isolation and lack of support within their

community, decreased engagement with the system of care, co-morbidities associated with aging, etc. The senior community has noted psychosocial support as a key element in relieving social isolation and retaining engagement with the system of care.

- Increase in number of severe need clients.
- San Francisco's challenges around housing make it difficult for the most challenged clients to adopt a less transient lifestyle and/or one that focuses on health enhancement.

Possible Impact of Further Cuts:

- Removal of a key access/entry point for the newly diagnosed and those individuals new to San Francisco.
- Cuts would be felt by a wide range of clients hailing from an equally wide range of communities – many of whom do not have other forms of peer-based support and/or come from communities with historical challenges in engaging with the traditional medical model of care.

Demographic Analysis: No data available at this time.

SUBCATEGORY: OUTREACH

CATEGORY:

HRSA CATEGORY: Outreach

Total Current FY-2010/11 Ryan White budget: \$ 172,417
Percent of total Ryan White client services dollars: 0.7 %

Definition of service: Programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

Total Number of Programs in Sub-Category: 1

Program Descriptions & Target Populations:

- Program offers treatment outreach follow up to HIV-positive clients identified through the HIV Testing Program, from outreach in the field, and referrals from other agencies, with the goal of linking them to primary care services and/or keep them engaged until they are ready to do so. Additionally, outreach is conducted with at-risk HIV-negative individuals via direct contact in the field and through group presentations in order to educate and encourage them to receive HIV Testing services and other linkages.

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service	1,381	1,245	90%
Unduplicated clients	208	208	100%
Dollars	\$ 107,760	\$ 103,238	96%
Cost per UOS	\$ 78	\$ 83	106.3%
Cost per UDC	\$ 518	\$ 496	95.8%

Utilization analysis:

On target

Other Funding Sources:

CDC

Other resources in system:

None

Issues and trends:

- Many clients identified by this program have been younger, mostly under 30 years.

- Increase in clients who identify as heterosexual.
- Increase in clients encountered at outreach venues frequented by program staff has been observed. It is likely that due to the current economic state, more clients are attending these venues, such as César Chávez St., to look for work. If so, this increases the need to conduct treatment outreach and address their particular needs as an underserved population.

Possible Impact of Further Cuts:

- Reduction in access to service for extremely marginalized populations
- Loss of clients to follow-up care

Demographic Analysis:

No data available at this time.

SUBCATEGORY: RESIDENTIAL MENTAL HEALTH SERVICES

CATEGORY: MENTAL HEALTH

HRSA CATEGORY: Mental Health Services

Total Current FY-2009-10 Ryan White budget: \$ 200,291**Percent of total Ryan White client services dollars: 0.8 %****Definition of service:**

Mental health including dementia care and other support services that are provided within a residential setting, Residential treatment includes housing, food, psychiatric or other mental health evaluations and treatment services, and may include HIV and substance abuse counseling, supervision of adherence to prescribed medications, case specific nutritional planning, health and fitness training, transportation services, alternative healing techniques, adult educational classes, case management, and/or other support services.

Total Number of Programs in Sub-Category: 1**Program Descriptions & Target Populations:**

- Supportive shelter, stabilization, counseling, case management, and harm-reduction oriented mental health assessment services to improve the accessibility, timeliness, linkages to primary medical & mental health services and continuity of care for transgender women and biologically born women located in SOMA.

Key Point of Entry: No**Definition of unit of service:**

Bed Days

Hours

Item	Contracted	Provided	Percent
Units of Service	1,971	1,903	96%
Unduplicated clients	15	15	100%
Dollars	\$ 200,291	\$ 200,291	100%
Cost per UOS	\$ 102	\$ 105	103.6%
Cost per UDC	\$ 13,353	\$ 13,353	100%

Utilization analysis:

On target.

Other Funding Sources:

- Medi-Cal
- Medicare
- Private donations

Issues and trends:

- Increased cost of providing care
- Providers and caregivers have identified the continued need for education and training of staff regarding the needs of cognitively impaired clients.
- Continued need for additional residential services and care for long-term survivors as they develop cognitive impairment.
- Need for the further development staff expertise in working with the multiply diagnosed.

Possible Impact of Cuts:

- Fewer clients would be served; some clients would lose housing.
- More reliance on institutional in-patient programs or on homeless services such as shelters.
- Fewer HIV-specific services available for this population.
- Possible increase in risk behaviors.
- Decreased adherence to HIV medical regimens and other treatment plans.

Client Demographics:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=12)

GENDER	UDC	% of UDC
Female	6	50.0%
Intersex	0	0.0%
Male	0	0.0%
Transgender	6	50.0%
Unknown	0	0.0%
Total	12	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	5	41.7%
Asian & Pacific Islander	1	8.3%
Latino/Hispanic	0	0.0%
Multiethnic	0	0.0%
Native American/Alaskan Native	1	8.3%
White/Caucasian	5	41.7%
Unknown	0	0.0%
Total	12	100%

FPL %	UDC	% of UDC
<= 100%	7	58.3%
101-200%	5	41.7%
201- 300%	0	0.0%
301% or greater	0	0.0%
Missing	0	0.0%
Total	12	100%

SUBCATEGORY: FACILITY-BASED CARE SERVICES**CATEGORY: HEALTH CARE**

HRSA CATEGORY: Community Based Health Services

Total Current FY 2010-11 Ryan White budget: \$ 746,563
Percent of total Ryan White client services dollars: 3.2 %

Definition of service:

PLWH in need of supervised or assisted living who live in a licensed residential settings with support to help maintain their level of functioning through assistance with their daily needs. Therapeutic, nursing, and supportive health services, including services to maintain activities of daily living are provided in a licensed residential care facility by a licensed or certified home health provider. Services are provided in accordance with an individualized care plan established by a multidisciplinary care team.

Services include:

Paraprofessional Care – (e.g., certified nursing assistant) – These services include non-medical and non-nursing assistance such as housecleaning, preparing meals, escort to medical appointments, and assistance with personal care and other activities of daily living.

Professional Care – (e.g., registered nurses, LVN, medical social workers, physical therapists, occupational therapists). These services include assisted care, physical assessment, medication administration and teaching, rehabilitation therapy, and/or mental health services.

Ryan White dollars pay for components of the following programs.

Total Number of Programs in Sub-Category: 2**Program Descriptions & Target Populations:**

- Provides comprehensive licensed residential-based home care services for persons with physical or mental health problems related to HIV/AIDS and additional substance abuse histories. Two programs are located in Visitation Valley and Western Addition; one of these programs provides services exclusively to people who are homeless/marginally housed at the time of intake. Ryan White dollars pay for paraprofessional attendant care.
- Provides comprehensive licensed, residential-based home care services to formerly homeless individuals who are dually or triply diagnosed with disabling HIV/AIDS, other chronic health conditions, mental illness, and/or substance use issues. The program is located in the Mission Dolores corridor. Ryan White Dollars pay for paraprofessional attendant care.

Key Point of Entry: No

Definition of unit of service:

- Paraprofessional Patient Day
- Professional Patient Day

- Specialized Patient Day

Utilization review:

Item	Contracted	Provided	Percent
Units of Service	1,612	1,612	100 %
Unduplicated clients	99	98	90 %
Dollars	\$ 338,645	\$ 338,645	100 %
Cost per UOS	\$ 210	\$ 210	100 %
Cost per UDC	\$ 3,421	\$ 3,805	111 %

Utilization analysis:

On target.

Other Funding Sources:

- State Office of AIDS RWPB / HIV Community Programs (formerly RALF: Residential AIDS Living Facility)
- Private fundraising
- General Fund
- Section 8 Mod Rehab Housing Assistance Program (subsidies of tenant rents)
- HOPWA also pays for operating costs for several of these programs.

Issues and trends:

- Programs report that most new clients in recent years were homeless or marginally housed.
- HOPWA funding level for RCFCI facilities varies from yearly contingent on the award amount.
- Costs of providing care are increasing while funding from all major sponsors remains level which threatens the viability of program operations.
- Increase in number of long term residents with cognitive impairment issues in part due to aging and/or HIV disease progression, who require additional services and particularly during evening hours when dementia related symptoms tend to escalate and when there tends to be less intensive staffing.

Possible Impact of Further Cuts:

- RCFCI serve as home for many severe need clients who would otherwise be homeless.
- Since RCFCIs must maintain specific staffing levels without the mandated minimum level of nursing and attendant care services, licensure could be suspended or revoked; thus, cuts that reduce staff numbers could jeopardize the facility's operation.
- Fewer hospice beds would mean clients have to wait longer in inpatient facilities or home settings with potentially less-appropriate levels of care.
- Potential loss of HIV-dedicated RCFCIs.

Client Demographics:

Facility-based Care Services demographics are included in the Home and Community-Based Service Summary on pages 25- 28.

SUBCATEGORY: CASE MANAGEMENT (MEDICAL): HOUSING

CATEGORY: CASE MANAGEMENT

HRSA CATEGORY: Case Management

Total Current FY 2010-11 Ryan White budget: \$ 784,466**Percent of total Ryan White client services dollars: 3.3 %****Definition of service:**

See definition for medical case management. Case management in residential programs is by definition located on-site at a variety of residential independent living settings, all of which identify as supportive housing. The target population is every eligible Ryan White funding client living at the specific site.

Total Number of Programs in Sub-Category: 5**Program Descriptions & Target Populations:**

- Housing with support services attached for very low-income persons, diagnosed with disabling HIV/AIDS, who are in need of affordable housing and access to support services in order to stabilize and maintain their health.
- Supportive services to previously homeless, very low-income women, many of whom are dual or triple diagnosed, some of whom have their children living with them. Clients have to be symptomatic or have a concurrent mental health and/or substance use diagnosis.
- Supportive services to persons with very low income and disabling HIV who are recovering from alcohol and/or drug addictions.
- Case management and supportive resident services to formerly homeless African American living in a co-op setting.
- Service in supportive housing for homeless, persons with very low income, diagnosed with HIV/AIDS, who are in need of affordable housing and access to support services in order to stabilize and maintain their health.

Key Point of Entry: Yes**Definition of unit of service:**

- A UOS is defined as a Supportive Services Day, which may include case management, life enhancement skills, benefits counseling and advocacy, and referrals to such services as medication adherence programs, money management, primary care, psychiatric care and substance abuse treatment.

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service	25,228	25,228	100%
Unduplicated clients	104	104	100%
Dollars	\$ 623,034	\$ 614,347	97%
Cost per UOS	\$ 25	\$ 24	98.6%
Cost per UDC	\$ 5,991	\$ 5,991	100%

Utilization analysis:

All programs either nearly met and/or exceeded their projected UOS and UDC.

Other Funding Sources:

- AB2034 (State Mental Health funding)
- General Fund
- MHSA/Prop. 63 (State Mental Health funding)

Issues and trends:

- Clients are increasingly complex, and may need more specialized, intensive case management, such as the assertive case management model, which requires more clinically oriented staffing as well as a higher staffing level (i.e., smaller case loads).
- Case Management in residential programs (i.e., supportive housing) is well suited to severe need populations and has proven to be the element that helps PLWH maintain their housing and f/u on medical and psychiatric directives; thereby, stabilizing and maintaining their health.
- Case Management in residential programs (i.e., supportive housing) is successful at identifying clients, who are not connected to primary medical care and linking them to care as well as catching those who have dropped out and bringing them back into care.

Possible Impact of Further Cuts:

- Larger case loads for case managers.
- Clients not as well linked to services; less follow-up and tracking.
- Severe need clients may not access or maintain care, leaving more people who are not in care.
- Without support services, many of the most vulnerable clients will not be able to maintain their housing and are likely to become homeless. These are often clients with co-morbidities whose stability is hard to establish and maintain.

-

Demographic Analysis:

- Case Management (Medical): Housing demographics are included in the Medical Case Management Service Summary on pages 19- 21.

SUBCATEGORY: LEGAL ASSISTANCE**CODE: N4**

CATEGORY: CLIENT ADVOCACY

HRSA CATEGORY: Legal Services

Total Current FY 2010-11 Ryan White budget: \$ 274,995**Percent of total Ryan White client services dollars: 1.2 %****Definition of service:**

Legal services includes consultation, referral, and representation in many areas of civil law, including: Wills, trusts and powers of attorney, credit and bankruptcy, housing and eviction prevention, discrimination, confidentiality, health and disability insurance, employment, immigration, and permanency planning for dependent children.

Total Number of Programs in Sub-Category: 1**Program Descriptions & Target Populations:**

- Program located in South of Market provides consultation, referral and representation in most areas of civil law. The target population is people living with HIV/AIDS in San Francisco, especially those with very low income, women, transgender, people of color, injection drug users, individuals in recovery, and persons with mental illness.

Key Point of Entry: No**Definition of unit of service:**

Hours

Utilization Analysis:

Item	Contracted	Provided	Percent
Units of Service	3,049	2,939	96 %
Unduplicated clients	557	557	100 %
Dollars	\$ 338,564	\$ 290,536	86 %
Cost per UOS	\$ 111	\$ 99	89 %
Cost per UDC	\$ 608	\$ 522	86 %

Utilization analysis:

UOS and UDC deliverables were on target.

Other Funding Sources:

- Private/corporate/foundation donations
- Other government funders: MOH

Issues and trends:

- Continuing need for eviction prevention and housing assistance.
- Increasingly complex legal issues, including insurance, debt, credit and employment problems.
- Cost-effective service that relies heavily on volunteer attorneys and donated legal services.

Possible Impact of Cuts:

- Fewer clients served.
- More evictions.
- Less support to adjust immigration status.
- Less direct legal representation for HIV-affected and infected youth in guardianships, school discipline, SSI, and other legal matters.
- Less access to health and disability insurance benefits

Demographic Analysis:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=691)

GENDER	UDC	% of UDC
Female	42	6.1%
Intersex	0	0.0%
Male	637	92.7%
Transgender	11	1.6%
Unknown	1	0.1%
Total	691	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	106	15.4%
Asian & Pacific Islander	26	3.6%
Latino/Hispanic	130	18.8%
Multiethnic	1	0.2%
Native American/Alaskan Native	24	3.4%
White/Caucasian	401	58.1%
Unknown	3	0.5%
Total	691	100%

FPL %	UDC	% of UDC
<= 100%	315	45.6%
101-200%	270	39.1%

201- 300%	47	6.8%
301% or greater	41	5.9%
Missing	18	2.6%
Total	691	100%

SUBCATEGORY: BENEFITS COUNSELING / MONEY MANAGEMENT**CATEGORY: CLIENT ADVOCACY**

HRSA CATEGORY: Case Management (Non-Medical) (Benefits Counseling and Money Management are combined together into this HRSA Category.)

Total Current FY 2010/11 Ryan White budget: \$ 508,845
Percent of total Ryan White client services dollars: 2.2 %

Definition of service:

Securing life-saving disability income and health insurance needed for people too disabled to work and providing direct legal representation at all administrative levels to obtain SSI/SSDI, Medi-Cal and Medicare, for people who are HIV positive.

Total Number of Programs in Sub-Category: 2**Program Descriptions & Target Populations:**

- Benefits counseling and representation, screening, consultation, emergency intakes and referral with a specific emphasis on underserved clients who cannot get legal benefits representation, including people of color, homeless people, people who are transgender, women, active drug users, people who are formerly incarcerated and other at-risk groups.
- Program ensures that clients' rent is paid promptly; establishes relationships with landlords that because of guaranteeing rent payment will open an impossibly small housing market to clients whose previous difficulty managing their money made housing an unreachable goal. Grants access to the security deposits that will assist clients with moving into stable housing. Works constructively with landlords to assure them of the support that enables multiply diagnosed clients to live independently.

Key Point of Entry: Yes**Definition of unit of service:**

Hours

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service	16,420	15,967	97 %
Unduplicated clients	784	734	94%
Dollars	\$ 671,070	\$ 624,870	93 %
Cost per UOS	\$ 40.87	\$ 39.14	96 %
Cost per UDC	\$ 856	\$ 851	99 %

Utilization analysis:

On target

Other Funding Sources:

- General Fund with State Matching funds from State of California for Benefits Counseling program)
- California Welfare and Institution Code reimbursements

- Private donations
- Foundations

Issues and trends:

- Successful benefits advocacy and representation is necessary to ensure that:
 - Clients win ongoing life-saving disability income and health insurance (SSI/SSDI, Medi-Cal, Medicare), instead of trying to survive with no money and no health insurance.
 - Clients have federal disability income to obtain/maintain housing and basic necessities; clients have state/federal health insurance to secure health care and medication.
 - The County recovers scarce dollars already spent, by back billing Medi-Cal and recovering County Assistance benefits (5 to 1 return on investment); the County generates future revenue, instead of spending, by billing Medicare/Medi-Cal.
- Benefits claims are routinely denied and when appealed (in front of Administrative Law Judges), expert, culturally competent, one-on-one advocacy and representation is often necessary.
- Once claims are won, benefits advocacy and representation is necessary to maintain SSI/SSDI, Medi-Cal and Medicare due to alleged parole/probation violations as well as Continuing Disability Reviews (national FY 2010 budget for SSA is primarily allocated for Reviews, and most beneficiaries in the US will receive one).
- Single Ryan White-funded program is at maximum capacity with current allocation of Ryan White dollars for benefits – unable to see additional clients.
- Trends include:
 - Continued misunderstanding of legal definitions of disability and legal rules/procedure, resulting in the need for staff attorneys to represent clients, rather than benefits counselors.
 - Cuts to other local and state benefit programs, including County Assistance, CalWORKs and ADAP, increasing the need for benefits advocacy in order to access income, housing and primary care.

Possible Impact of Further Cuts:

- Clients may be forced to live without necessary disability income and health insurance, significantly limiting access to housing, primary care, mental health services, medication, substance abuse treatment, methadone, and basic necessities.
- Greater reliance on Ryan White funding for all services that could be paid for through other funding stream (Medi-Cal and/or Medicare).
- Without legal representation, benefits claims will be denied.
- Case managers are not equipped to understand complicated regulations or process of benefits applications.
- If clients lose benefits, Ryan White funding may have to pay for more services to them; clients would lose necessary income, housing and reimbursement to providers of primary care.

Demographic Analysis:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=1,873)

GENDER	UDC	% of UDC
Female	195	10.4%
Intersex	1	0.1%
Male	1588	84.8%
Transgender	73	3.9%
Unknown	16	0.9%
Total	1873	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	468	25.0%
Asian & Pacific Islander	144	7.7%
Latino/Hispanic	269	14.4%
Multiethnic	26	1.4%
Native American/Alaskan Native	86	4.6%
White/Caucasian	869	46.4%
Unknown	11	0.6%
Total	1873	100%

FPL %	UDC	% of UDC
<= 100%	998	53.3%
101-200%	689	36.8%
201- 300%	90	4.8%
301% or greater	66	3.5%
Missing	30	1.6%
Total	1873	100%

SUBCATEGORY: DIRECT EMERGENCY FINANCIAL ASSISTANCE

CATEGORY: DIRECT EMERGENCY FINANCIAL ASSISTANCE

HRSA CATEGORY: Emergency Financial Assistance

Total Current FY 2010-11 Ryan White budget: \$ 949,858**Percent of total Ryan White client services dollars: 4.0 %****Definition of service:**

Provision of short-term, one-time payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available.

Total Number of Programs in Sub-Category: 1**Program Descriptions & Target Populations:**

- Emergency assistance grants for housing, utility bills, insurance, and medical expenses for individuals diagnosed with HIV infection or disabling HIV disease to assist clients in maintaining a stable living situation. Payment of grants is made directly to vendors. Program located in the South of Market area.

Key Point of Entry: Yes**Definition of unit of service:**

Emergency Financial Assistance Grant

Utilization Review: Direct Emergency Financial Assistance

Item	Contracted	Provided	Percent
Units of Service	4,743	4,743	100 %
Unduplicated clients	2,417	2,276	94 %
Dollars	\$ 1,2226,795	\$ 1,226,795	100 %
Cost per UOS	\$ 259	\$259	100 %
Cost per UDC	\$ 508	\$539	106%

Utilization analysis:

On target.

Other Funding Sources:

- Private donations
- General Fund for Eviction Prevention Programs

Issues and trends:

- For emergency financial assistance, 91% of grants to clients are used to pay rent or utility shut off notices for loss of gas and electricity.
- The Emergency Assistance Grant UOS is defined as \$600 worth of emergency assistance. Eviction Prevention Assistance grant UOS is defined as up to \$1000 specifically to prevent eviction of facilitate move-in to stable housing
- Average income of client population receiving this service is less than \$856 per month. 20% have no income at the time of assistance.

Possible Impact of Further Cuts:

- Fewer clients will have access to financial emergency assistance, resulting in evictions, loss of utilities and unmet medical needs.

Demographic analysis:

ARIES Database: Unduplicated clients (UDC) by gender, race and % of FPL per Household. (n=2,156)

GENDER	UDC	% of UDC
Female	283	13.1%
Intersex	0	0.0%
Male	1778	82.5%
Transgender	82	3.8%
Unknown	13	0.6%
Total	2156	100%

RACE/ETHNICITY	UDC	% of UDC
African-American/Black	604	28.0%
Asian & Pacific Islander	80	3.7%
Latino/Hispanic	444	20.6%
Multiethnic	28	1.3%
Native American/Alaskan Native	77	3.6%
White/Caucasian	917	42.6%
Unknown	6	0.3%
Total	2156	100%

FPL %	UDC	% of UDC
<= 100%	1222	56.7%
101-200%	800	37.1%
201- 300%	194	0.9%
301% or greater	15	0.7%
Missing	101	4.7%

Total	2156	100%
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