



Program #40012B - Services for Persons Living with HIV - Regional Education and Outreach 2/20/2019

Department: Health Department **Program Contact:** Kim Toevs
Program Offer Type: Existing Operating Program **Program Offer Stage:** As Requested
Related Programs: 40010B
Program Characteristics: In Target

Executive Summary

The HIV Care Services Program provides community-based services to 2,600 highly vulnerable people living with HIV through administering and coordinating federal and state grants. Services are focused on people who are low income, uninsured, and people experiencing homelessness, and/or mental illness/substance abuse, as well as 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 Summary

HIV Care Services Program (HCS) coordinates a regional 6-county care system that promotes access to high quality HIV services through contracts with the health department and community organizations. In the past year HCS served over 2,600 clients. HIV infection affects different subpopulations at different rates in the US. HCS's overarching goal is to support individuals already infected to achieve successful HIV treatment. Called viral suppression, successful treatment means higher quality of life, greater health, longer life, and virtually no transmission to other people. HCS work diligently with partners to assure equitable rates of viral suppression, regardless of race, income, sexual orientation, or gender. The three groups with least viral suppression locally currently are Blacks/African Americans, injection drug users, and youth/young adults ages 13-29. People who are unstably housed/experiencing homelessness have significant barriers to treatment which also impacts viral suppression.

With these disparities in mind, HCS contracts services to meet basic needs and improve linkage to care and adherence to medication, including through culturally specific case management, with the end goal of higher viral suppression rates and improved health outcomes for people living with HIV. Data is shared regularly with service providers to appropriately focus resources for clients with highest need.

HCS funded services include: Early Intervention (Outreach ensures early identification of people living with HIV and linkage to medical care). Healthcare – (A coordinated primary care system provides medical, dental, and mental health and substance abuse treatment). Service Coordination (Case management connects clients with health insurance, housing, and other services critical to staying in care). Housing (Rental assistance and building life skills provide housing and support to clients who are among the most vulnerable in the county to ensure ability to remain engaged in medical care and adherent to medications). Health Promotion (Behavioral education provides clients with self-management skills). Food (Congregate meals, home delivered meals, and access to food pantries eliminates food insecurity and provides nutrition for managing chronic illness. Planning (A community-based council identifies service needs and allocates funding to address these gaps).

Performance Measures

Measure Type	Primary Measure	FY18 Actual	FY19 Purchased	FY19 Estimate	FY20 Offer
Output	Number of unduplicated HCS clients served (all service types/whole 6-county system)	2,634	2,700	2,650	2,675
Outcome	Percent of HCS clients (all 6 counties) who are virally suppressed	83%	NA	85%	90%
Outcome	Increase viral suppression rate of Black/African Americans to reduce the disparity compared with Whites	81%	NA	82%	83%

Performance Measures Descriptions

2) This test measures how much virus is in the blood. Below 200 is a strong sign of individual health and per new scientific evidence an undetectable viral load will not transmit the HIV virus. 3) Viral suppression rates for Black/African-Americans are significantly lower compared to whites and other people of color. Numbers are too small to see statistical significance for some other demographic groups.

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	2019	2019	2020	2020
Personnel	\$0	\$652,884	\$0	\$823,697
Contractual Services	\$3,500	\$3,446,892	\$5,500	\$3,571,199
Materials & Supplies	\$0	\$36,071	\$1,196	\$21,730
Internal Services	\$32,445	\$151,197	\$37,990	\$157,880
Total GF/non-GF	\$35,945	\$4,287,044	\$44,686	\$4,574,506
Program Total:	\$4,322,989		\$4,619,192	
Program FTE	0.00	5.10	0.00	6.67

Program Revenues				
Indirect for Dept. Admin	\$61,081	\$0	\$0	\$0
Intergovernmental	\$0	\$4,287,044	\$0	\$4,574,506
Total Revenue	\$61,081	\$4,287,044	\$0	\$4,574,506

Explanation of Revenues

Ryan White Part A funds for 19-20: \$ 2,495,899 (Medical, Case management, Non medical case management and Housing)

Oregon Health Authority Ryan White: \$ 2,078,607

Significant Program Changes

Last Year this program was: FY 2019: 40012-19 Services for Persons Living with HIV

The HIV Health Services Center and HIV Care Services are now split into two separate program offers, 40012A and 40012B respectively.