



## **CITY & COUNTY OF SAN FRANCISCO**

### **RYAN WHITE**

#### **PART A and B**

#### **HIV HEALTH SERVICES PLANNING COUNCIL**

#### **SERVICE CATEGORY SUMMARY SHEETS**

**2014**

**SERVICE CATEGORY PRIORITY LIST  
FY 2013 — 2014**

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**SUB-CATEGORY SUMMARY SHEET GUIDE**

**SUBCATEGORY:** Name of local sub-category  
**HRSA CATEGORY:** Name of major HRSA category used for reporting purposes  
**PRIORITY NUMBER:** Planning Counsel Priority Number

**Total FY 2013-14 Planned Ryan White Allocation:** The total amount allocated for this sub-category in FY 2013-14 Ryan White Part A, Part B (also referred to as SAM/ State Office of AIDS Funds) and Minority AIDS Initiative (M.A.I.).

**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-2013-14 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.

**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 Ryan White funds 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 2013-14), and the total funds here will not match the allocated FY 2013-14 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			%
Funds	\$	\$	%
Cost per UOS	\$	\$	%
Cost per UDC	\$	\$	%
Part A	\$		%
Part B	\$		%
General Fund	\$		%

**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 & 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 in the designated service category for the time period of 3/1/2013-2/28/2014. Tables designate the aggregated unduplicated clients (UDC) by gender, race, age, percentage of the Federal Poverty Level (FPL) per Household and insurance status if applicable to the service category as a billable service. If included, insurance table subtotal will exceed 100% as clients may have more than one insurance type during the reporting period.



CORE SERVICES

**SUBCATEGORY:** CENTERS OF EXCELLENCE  
**HRSA CATEGORY:** Distributed among Primary Medical Care; Case Management; Outpatient Substance Abuse; Outpatient Mental Health; Treatment Adherence; Client Advocacy; Outreach  
**PRIORITY NUMBER:** 1

**Total Current FY 2013/14 RYAN WHITE Part A Budget:** \$4,408,287  
**Percent of total Ryan White client services funds:** 30.43%

**2014-15 CoE Allocations by Service Category**

***Ryan White Part A***

Primary Medical Care	\$ 1,733,795	48.32%
Medical Case Management	\$ 872,686	24.32%
Mental Health Services	\$ 245,822	6.85%
Substance Use Counseling	\$ 104,499	2.91%
Other *	\$ 631,078	17.59%

\*includes Peer / Treatment Advocacy and Outreach Services

***Ryan White Part B***

Primary Medical Care	\$ 116,080	50.55%
Medical Case Management	\$ 26,417	11.50%
Mental Health Services	\$ 0	0.00%
Substance Use Counseling	\$ 0	0.00%
Other *	\$ 87,143	37.95%

\*includes Peer / Treatment Advocacy and Outreach Services

***General Fund***

Primary Medical Care	\$ 1,342,228	38.80%
Medical Case Management	\$ 1,059,272	30.62%
Mental Health Services	\$ 247,865	7.16%
Substance Use Counseling	\$ 121,613	3.52%
Other *	\$ 688,549	19.90%

\*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; medical 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 (CoE) 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:**

- Program 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. This CoE must collaborate with SFPD-South Van Ness Adult Behavioral Health Services (SVABHS) provides some of the mental health services for this CoE; applicants for this CoE must coordinate with SVABHS to avoid duplication and ensure a coordinated network of services to the specified population. PWP funds were available for this CoE.
- Program located in the Mission that 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. This CoE is partially funded with Minority AIDS Initiative funds and PWP funds were available.
- Collaborative program with two 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. Due to the demonstrated concentration of the Transgender community and Asian Pacific Islander community in the 94102 and 94103 zip codes, this CoE must include a focus on both of these underserved populations. Other populations include residents who are active substance users, coping with mental illness, sex workers, non-English speaking residents and gay males and their non-gay identified sex partners.
- Program 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 with a City-wide focus on individuals in with advanced HIV disease, who have limited access to, and/or difficulties in remaining engaged in primary care. PWP funds are available for this CoE.
- Program 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 SFGH.

- Program providing services to individuals incarcerated in the San Francisco Jail.
- Program located in the Mission and Mid-Market Areas providing an array of services linked to primary care, targeting Native Americans with a special emphasis on men who have sex with men (MSM). PWP funds are available to this CoE.

**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	52,772	50,057	95%
Unduplicated clients	2,339	2,339	100%
Funds	\$7,057,533	\$7,026,612	96%
Cost per UOS	\$138.91	\$140.37	101%
Cost per UDC	\$3,134.08	\$3,004.11	96%
Part A	\$4,408,287	\$4,277,615	97%
Part B	\$416,781	\$380,399	91%
General Fund	\$2,505,554	\$2,368,598	95%

**Utilization analysis:**

- **Both UOS and UDC are 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.
- Part C SPNS



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

**Issues & 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.
- HIV-positive women with long-standing severe mental health issues are now receiving psychiatric and mental health care for the first time at two primary care sites. Cuts to the COE could easily result in HIV-positive mentally ill women being out of psychiatric and mental health care.
- 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.
- Larger demand for dental services.
- Early Intervention Program Services merged into this service category
- Behaviorally complex clients commanding substantial staffing time
- Affordable Care Act resulting in many moving their medical care

**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 funds.
- 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 funds were used to provide additional resources to these populations.

**CENTER OF EXCELLENCE CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=2522). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	444	17.6%
Male	1950	77.3%
Transgender	128	5.1%
<b>TOTAL</b>	2522	100%

Age	UDC	% OF UDC
0 – 24 years	46	1.8%
25 – 44 years	946	37.5%
45 – 54 years	953	37.8%
55 – 59 years	337	13.4%
60 – 64 years	166	6.6%
65 years or older	74	2.9%
<b>TOTAL</b>	2522	100%

Insurance Status	UDC	% OF UDC
Private	62	2.5%
Medicare	373	14.8%
Medicaid	1358	53.8%
Other Public	205	8.1%
No Insurance	1049	41.6%
Other	504	20.0%
Unknown	331	13.1%
<b>TOTAL</b>	2522	153.9%

Race/Ethnicity	UDC	% OF UDC
White	753	29.9%
Black	826	32.8%
Latino/a	648	25.7%
Asian & Pacific Islander	139	5.5%
Native American	36	1.4%
Multi-Ethnic	94	3.7%
Unknown	26	1.0%
<b>TOTAL</b>	2522	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	1893	75.1%
101 – 200%	516	20.5%
201 – 300%	60	2.4%
301 – 400%	8	0.3%
401 – 500%	4	0.2%
501 and above	9	0.4%
Unknown	32	1.3%
<b>TOTAL</b>	2522	100%

**SUBCATEGORY:** PRIMARY MEDICAL CARE  
**HRSA CATEGORY:** Ambulatory / Outpatient Medical Care  
**PRIORITY NUMBER:** 2

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$1,106,613**  
**Percent of total Ryan White client services funds: 7.64%**

**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 targeted toward any STD patient over 11 years of age diagnosed with a new HIV infection. Services include outpatient primary care and case management; ongoing education for patients; rapid availability of routine care, psychiatric evaluation, psychological support, behavioral monitoring and crisis intervention; referral and linkage to other social services and partner services. Services in South of Market area.
- 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.

**Definition of unit of service:**

- Encounters
- Hours

**Percentage of 2013-14 UOS that are Primary Care Encounters: 52.23%**

**Percentage other services:**

Medical Case Management Hours	35.12%
Psychiatric Evaluations/Assessments	4.53%
Developmental Psychology	0.15%
Outreach Hours	7.48%
Treatment Adherence	0.44%
Nutrition Counseling Hour	0.04%
<b>Total Percentage of Other Services</b>	<b>47.77%</b>

**Utilization review:**

<b>TOTAL for A1 Sub-Category</b>	<b>Contracted</b>	<b>Provided</b>	<b>Percent</b>
Units of Service	14,674	13,695	93%
Unduplicated clients	1,864	1,845	99%
Funds	\$3,152,103	\$3,057,569	97%
Cost per UOS	\$214.81	\$223.26	104%
Cost per UDC	\$1,691,04	\$1,657.22	98%
Part A	\$1,106,613		35%
Part B	\$306,600		9%
General Fund	\$1,738,890		55%

**Utilization analysis:**

- **Both UDC and UOS are On Target.**

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

- Private health insurance including HMO
- Medi-Cal
- Medicare (including Medicare Part D -- a prescription drug plan that will reimburse pharmacies for patient's prescription drug charges.)
- Part B (included in reports with Part A)
- Part C

- Part D
- SPNS
- Indian Health Services (only available to eligible providers)
- HRSA-BPHC Section 330 funding
- Private fundraising
- California Children's Services (CCS)

**Issues & 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 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 funds.
- With shorter medical visits, there will be 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 funds were used to provide additional resources to these populations.
- Affordable Care Act resulting in many moving their medical care

**PRIMARY MEDICAL CARE CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=2982). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	419	14.1%
Male	2,469	82.8%
Transgender	68	3.5%
Unknown	2	0.1%
<b>TOTAL</b>	2982	100%

Age	UDC	% OF UDC
0 – 24 years	54	1.8%
25 – 44 years	992	33.3%
45 – 54 years	1156	38.8%
55 – 59 years	425	14.3%
60 – 64 years	246	8.2%
65 years or older	109	3.7%
<b>TOTAL</b>	2982	100%

Insurance Status	UDC	% OF UDC
Private	95	3.2%
Medicare	481	16.1%
Medicaid	1,554	52.1%
Other Public	216	7.2%
No Insurance	1,219	40.9%
Other	707	23.7%
Unknown	402	13.5%
<b>TOTAL</b>	2982	156.7%

Race/Ethnicity	UDC	% OF UDC
White	1,087	36.5%
Black	796	26.7%
Latino/a	777	26.1%
Asian & Pacific Islander	155	5.2%
Native American	40	1.3%
Multi-Ethnic	79	2.6%
Unknown	48	1.6%
<b>TOTAL</b>	2,982	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	2,062	69.1%
101 – 200%	671	22.5%
201 – 300%	140	4.7%
301 – 400%	27	0.9%
401 – 500%	2	0.1%
501 and above	17	0.6%
Unknown	63	2.1%
<b>TOTAL</b>	2,982	100%

**SUBCATEGORY:**            **OUTPATIENT MENTAL HEALTH**  
**HRSA CATEGORY:**        Mental Health Services  
**PRIORITY NUMBER:**     3

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$1,337,859**  
**Percent of total Ryan White client services funds:        9.23%**

**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 (CoE) are limited to assessment, psychiatric consultation, short-term psychotherapy, and referrals if needed.

**Total Number of Programs in Sub-Category: 4**

**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 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.
- 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.

**Definition of unit of service:**

- Hours
- Encounters

**Utilization Review:**

Item	Contracted	Provided	Percent
Units of Service	22,648	22,180	98%
Unduplicated clients	2,072	2,072	100%
Funds	\$2,465,883	\$2,460,487	100%
Cost per UOS	\$108.88	\$110.93	102%
Cost per UDC	\$1,187.23	\$1,187.49	100%
Part A	\$1,337,859		54%
Part B	\$0		0%
General Fund	\$1,128,024		46%

**Utilization analysis:**

- On Target

**Other Funding Sources:**

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

**Issues & Trends:**

- Continuing increase in referrals for psychological and neuropsychological testing with very limited availability for such services. This service could help clients who are eligible get Medi-Cal and disability benefits, thus decreasing the use of Ryan White or General Fund monies.
- 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 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 emphasize service modalities which can 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.
- New standard of care for HIV treatment emphasizes the importance of treatment for mental health and substance use issues to improve adherence to HIV medications.
- Due to a recent closure of an outpatient mental health program, clients are now referred to remaining programs for care
- Increase in clients who are co-infected with HIV and Hepatitis C
- Increase in clients at risk for homelessness and food insecurity

**Possible Impact of Further Cuts:**

- Increased need for crisis intervention and intensive services with more clients ending up in emergency rooms or jails.
- Decrease in stable outpatient treatment would increase the need for Psychiatric Emergency Services.
- As HIV medical treatments options continue to expand, there is a greater 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 referring 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 and mental health care, which could increase the risk of homelessness.

**OUTPATIENT MENTAL HEALTH CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=1947). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	197	10.1%
Male	1,680	86.3%
Transgender	68	3.5%
Unknown	2	0.1%
<b>TOTAL</b>	1947	100%

Age	UDC	% OF UDC
0 – 24 years	31	1.6%
25 – 44 years	633	32.5%
45 – 54 years	763	39.2%
55 – 59 years	280	14.4%
60 – 64 years	164	8.4%
65 years or older	76	3.9%
<b>TOTAL</b>	1947	100%

Insurance Status	UDC	% OF UDC
Private	151	7.8%
Medicare	494	25.4%
Medicaid	1,181	60.7%
Other Public	170	8.7%
No Insurance	627	32.2%
Other	537	27.6%
Unknown	146	7.5%
<b>TOTAL</b>	1947	169.8%

Race/Ethnicity	UDC	% OF UDC
White	911	46.8%
Black	325	16.7%
Latino/a	466	23.9%
Asian & Pacific Islander	99	5.1%
Native American	32	1.6%
Multi-Ethnic	85	4.4%
Unknown	29	1.5%
<b>TOTAL</b>	1947	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	1,156	59.4%
101 – 200%	574	29.5%
201 – 300%	119	6.1%
301 – 400%	36	1.8%
401 – 500%	17	0.9%
501 and above	25	1.3%
Unknown	20	1.0%
<b>TOTAL</b>	1,947	100%

**SUBCATEGORY:** ORAL HEALTH  
**HRSA CATEGORY:** Oral Health Care  
**PRIORITY NUMBER:** 5

**Total Current FY 2013/14 RYAN WHITE Part A Budget:** \$714,719  
**Percent of total Ryan White client services funds:** 4.93%

**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 program that include emergency care, diagnostic and radiology services, preventative and periodontal care, operative dentistry, endodontics, oral surgery, prosthetic and oral medicine services. Services are provided at a dental school located in the South of Market neighborhood. Enrollment priority is reserved for low-income San Francisco residents who are uninsured.

**Definition of unit of service:**

- Encounter

**Utilization review:**

Item	Contracted	Provided	Percent
Units of Service	7,419	6,651	90%
Unduplicated clients	1,379	1,357	98%
Funds	\$800,009	\$772,124	97%
Cost per UOS	\$107.83	\$116.09	108%
Cost per UDC	\$580.14	\$568.99	98%
Part A	\$714,719		89%
Part B	\$0		0.0%
General Fund	\$85,290		11%

**Utilization analysis:**

- On Target

**Other Funding Sources:**

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

**Issues & Trends:**

- Denti-Cal coverage for adults (21 and over) limited to emergency and palliative care (pain relief)
- Providers instituted yearly dollar maximum benefits. Some more complex treatment plans may now need to be spread over two fiscal years.
- Changes in funding
  - Eliminating Denti-Cal leading to less outreach and quality management measures

**Possible Impact of Cuts:**

- Fewer clients served.
- Longer 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.

**ORAL HEALTH CARE CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=1451). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	101	7.0%
Male	1,314	90.6%
Transgender	36	2.5%
<b>TOTAL</b>	1451	100%

Age	UDC	% OF UDC
0 – 24 years	9	0.6%
25 – 44 years	311	21.4%
45 – 54 years	547	37.7%
55 – 59 years	261	18.0%
60 – 64 years	183	12.6%
65 years or older	140	9.6%
<b>TOTAL</b>	1451	100%

Insurance Status	UDC	% OF UDC
Private	75	5.2%
Medicare	322	22.2%
Medicaid	771	53.1%
Other Public	72	5.0%
No Insurance	434	29.9%
Other	834	57.5%
Unknown	52	3.6%
<b>TOTAL</b>	1451	176.4%

Race/Ethnicity	UDC	% OF UDC
White	744	51.3%
Black	248	17.1%
Latino/a	309	21.3%
Asian & Pacific Islander	88	6.1%
Native American	10	0.7%
Multi-Ethnic	28	1.9%
Unknown	24	1.7%
<b>TOTAL</b>	1451	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	779	53.7%
101 – 200%	527	36.3%
201 – 300%	102	7.0%
301 – 400%	21	1.4%
401 – 500%	2	0.1%
501 and above	7	0.5%
Unknown	13	0.9%
<b>TOTAL</b>	1451	100%

**SUBCATEGORY:** MEDICAL CASE MANAGEMENT  
**HRSA CATEGORY:** Medical Case Management  
**PRIORITY NUMBER:** 6

**NOTE:** Services previously categorized under treatment adherence are now categorized under medical case management.

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$801,450**  
**Percent of total Ryan White client services funds: 5.53%**

**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.

**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, gay/bisexual and heterosexual men, 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 to improve the health and quality of life of Latinos living or diagnosed with HIV/AIDS by increasing their access to appropriate medical care, mental health, social and support services, with an emphasis on Spanish speaking, low income individuals who reside in San Francisco. Clients include women, gay, heterosexual and bisexual men, transgender people, indigent, homeless, previously incarcerated, those who have children who are HIV positive, refugees and immigrants who are primarily monolingual. Eligible clients are low income, and are medically uninsured, or underinsured with no other coverage for services received through this program.
- 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 and peer advocacy.

**Definition of unit of service:**

- Hours

**Utilization Review:**

Item	Contracted	Provided	Percent
Units of Service	10,580	10,184	96%
Unduplicated clients	546	546	100%
Funds	\$801,450	\$784,443	98%
Cost per UOS	\$75.75	\$77.03	102%
Cost per UDC	\$1,467.86	\$1,436.71	98%
Part A	\$801,450		100%
Part B	\$0		0%
General Fund	\$0		0%

**Utilization analysis:**

- On Target

**Other Funding Sources:**

- Medi-Cal
- Part C
- State Early Intervention Program
- Private fundraising (partially supports indirect expenses)
- Part D (for some treatment advocacy services)
- SPNS

**Issues & 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.
- Need for enhanced system of care coordination to reduce duplication of CM services across multiple agencies for same client.
- Recent requirement to monitor eligibility every 6 months (rather than annually) diverts resources from the goals of case management.

- Increased number of new monolingual and bilingual (Spanish) clients (both new diagnosis and moving from other states).
- HIV positive transgender clients do not access case management at the same rate.

**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.
- Increase in the number of newly diagnosed clients (as a result of expanded testing services) will require more case management capacity.
- Lower functioning clients require ongoing case management services to stay engaged and adherent in order to achieve and maintain low viral load.
- Quality of life may decrease particularly for clients with poor resources and support networks.



**MEDICAL CASE MANAGEMENT CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=3231). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	469	14.5%
Male	2,622	81.2%
Transgender	136	4.2%
Unknown	4	0.1%
<b>TOTAL</b>	3231	100%

Age	UDC	% OF UDC
0 – 24 years	92	2.8%
25 – 44 years	1,076	33.3%
45 – 54 years	1212	37.5%
55 – 59 years	454	14.1%
60 – 64 years	245	7.6%
65 years or older	152	4.7%
<b>TOTAL</b>	3231	100%

Insurance Status	UDC	% OF UDC
Private	124	3.8%
Medicare	686	21.2%
Medicaid	1,884	58.3%
Other Public	233	7.2%
No Insurance	1,181	36.6%
Other	798	24.7%
Unknown	330	10.2%
<b>TOTAL</b>	3231	162.1%

Race/Ethnicity	UDC	% OF UDC
White	1,113	34.4%
Black	854	26.4%
Latino/a	861	26.6%
Asian & Pacific Islander	202	6.3%
Native American	46	1.4%
Multi-Ethnic	98	3.0%
Unknown	57	1.8%
<b>TOTAL</b>	3,231	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	2,172	67.2%
101 – 200%	819	25.3%
201 – 300%	136	4.2%
301 – 400%	23	0.7%
401 – 500%	6	0.2%
501 and above	21	0.6%
Unknown	54	1.7%
<b>TOTAL</b>	3,231	100%

**SUBCATEGORY:** THERAPEUTIC MONITORING  
**HRSA CATEGORY:** Ambulatory / Outpatient Medical Care  
**PRIORITY NUMBER:** 7

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$466,093**  
**Percent of total Ryan White client services funds: 3.22%**

**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: 2**

**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.

**Utilization Review:**

Item	Contracted	Provided	Percent
Units of Service	8,680	8,329	96%
Unduplicated clients	N/A	N/A	N/A
Funds	\$742,276	\$704,039	95%
Cost per UOS	\$85.57	\$84.53	99%
Cost per UDC	N/A	N/A	N/A
Part A	\$466,093		63%
Part B	\$0		0%
General Fund	\$276,633		37%

**Utilization analysis:**

- On Target

**Other Funding Sources:**

- State Office of AIDS RWPB/HIV Community Programs (formerly RALF: Residential AIDS Living Facility)
- Medical, Medicare
- Private Insurance

**Issues & Trends:**

- The San Francisco Department of Public Health has prioritized expansion and frequency of HIV testing in order to allow individuals with early infection access to care and treatment, with a long-term goal of decreasing “community viral load”, and reducing new infections (Das et al., 18<sup>th</sup> Conference on Retroviruses and Opportunistic Infections, Boston MA, 2012, Charlebois et al., CID, 52:1046 2011). Coupled with this is an effort to provide a “baseline” drug resistance test in newly infected individuals, rather than testing only before initiation of ART. This strategy also provides a more accurate assessment of drug resistance in an individual, but also for surveillance studies of drug resistance prevalence in San Francisco. Virologic testing (viral load and drug resistance) is necessary to fully monitor these strategies.

**Possible Impact of Further Cuts:**

- Less data available for drug resistance surveillance and measurement of community viral load for public health monitoring
- Reduction in frequency of viral load and T-cell tests
- Less data available to measure treatment efficacy
- Possible increase in drug resistance

**Demographic Analysis:**

Not a direct service provider in ARIES.

**SUBCATEGORY:** HOSPICE SERVICES  
**HRSA CATEGORY:** Hospice Services  
**PRIORITY NUMBER:** 8

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$1,077,998**  
**Percent of total Ryan White client services funds: 7.44%**

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:**

- Program provides 24-hour skilled nursing care in a home-like setting to San Francisco residents. The site is located in the Castro / 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 funds pay for nursing care and attendant 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	10,198	10,198	100%
Unduplicated clients	38	38	100%
Funds	\$1,122,291	\$1,122,291	100%
Cost per UOS	\$110.05	\$110.05	100%
Cost per UDC	\$29,533.97	\$29,533.97	100%
Part A	\$1,077,998		96%
Part B	\$44,293		4%
General Fund	\$0		0%

**Utilization analysis:**

- On Target

**Other Funding Sources:**

- Private fundraising
- HOPWA

**Issues & Trends:**

- Care is more complex because HIV disease is complicated by co-morbidities such as Hepatitis C, diabetes and Cancer.
- Clients are medically fragile and not capable of independent living.
- Many clients enter end-of-life care without emotional or practical readiness.
- The majority of clients are diagnosed with mental illness and/or with substance abuse issues.
- An increasing percentage of clients are homeless or marginally housed prior to admission.

**Possible Impact Further of Cuts:**

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

**HOSPICE CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=45). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	7	15.6%
Male	37	82.2%
Transgender	1	2.2%
<b>TOTAL</b>	45	100%

Age	UDC	% OF UDC
0 – 24 years	0	0.0%
25 – 44 years	8	17.8%
45 – 54 years	15	33.3%
55 – 59 years	8	17.8%
60 – 64 years	5	11.1%
65 years or older	9	20.0%
<b>TOTAL</b>	45	100%

Insurance Status	UDC	% OF UDC
Private	2	4.4%
Medicare	20	44.4%
Medicaid	37	82.2%
Other Public	4	8.9%
No Insurance	8	17.8%
Other	9	20.0%
Unknown	1	2.2%
<b>TOTAL</b>	45	180.0%

Race/Ethnicity	UDC	% OF UDC
White	22	48.9%
Black	12	26.7%
Latino/a	6	13.3%
Asian & Pacific Islander	1	2.2%
Native American	1	2.2%
Multi-Ethnic	3	6.7%
Unknown	0	0.0%
<b>TOTAL</b>	45	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	20	44.4%
101 – 200%	23	51.1%
201 – 300%	1	2.2%
301 – 400%	0	0.0%
401 – 500%	1	2.2%
501 and above	0	0.0%
Unknown	0	0.0%
<b>TOTAL</b>	45	100%

**SUBCATEGORY:** HOME-BASED HEALTH CARE  
**HRSA CATEGORY:** Home Health Care  
**PRIORITY NUMBER:** 9

**Total Current FY 2013/14 RYAN WHITE Part A Budget:** \$515,560  
**Percent of total Ryan White client services funds:** 3.56%

**Definition of service:**

Home and Community-based Health Services include skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long term care facilities are NOT included.

**Total Number of Programs in Sub-Category: 2**

**Program Descriptions & Target Populations:**

- Program provides a system of assessment, planning, service procurement, delivery, coordination, and disease monitoring to people with disabling HIV/AIDS. The services enable people suffering from HIV-related illnesses to obtain the medical, social, and home care services they need to sustain them through their illness. The AIDS Home Care Program allows hundreds of San Franciscans living with disabling HIV/AIDS to remain in their homes during the later stages of their illness. 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. Certified Home Health Attendants provide personal care to clients living with AIDS, prepare and serve meals, assist with personal hygiene, plan and organize the client's medical appointments, and monitor client progress. Home Care Attendants assist clients in the maintenance of their home life in collaboration with Nurse Case Managers and Social Workers to ensure clients can remain in their homes while receiving coordinated care from medical and case management providers. African Americans and other underserved populations, those with prior diagnosis of mental illness, substance users, and those with limited financial resources are a program focus.
- 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.

**Definition of unit of service:**

- Attendant Care Day
- Homemaker Service Day
- RN/MSW Professional Visit
- Specialized Patient Day
- RN/MSW/OT/PT/ST Professional Visit
- Home Health Aide Paraprofessional Visit

**Utilization review:**

Item	Contracted	Provided	Percent
Units of Service	6,787	5,005	74%
Unduplicated clients	199	197	99%
Funds	\$874,812	\$859,709	98%
Cost per UOS	\$128.90	\$171.77	133%
Cost per UDC	\$4,396.04	\$4,364.01	99%
Part A	\$515,560		59%
Part B	\$0		0.0%
General Fund	\$359,252		41%

**Utilization analysis:** One program in this service category has experienced difficulty in meeting their target UOS for the past several years. Clients would present for service eligible for Ryan White services, but over time would be enrolled in Medi-Cal and were no longer billable for Ryan White funding. To adjust for this, HHS and the program developed a pilot program creating a treatment adherence component to the program that is not a billable Medi-Cal service. A pilot project was created in the last half of Fiscal Year 2012-13, and 100% of the clients in the pilot program had undetectable viral loads by the end of the term. With this newly expanded UOS in this program this year, it was anticipated that utilization would improve, and more clients would be stabilized. While this is the case for this FY, utilization still remains low in this category, and since this is also a service that is billable to Medi-Cal, HIV Health Services has already begun to meet with providers to discuss this pattern and strategies for how to address this overall next year, as even more clients will be eligible for Medi-Cal due to ACA.

**Other Funding Sources:**

- Medi-Cal including Medi-Cal Waiver
- Medicare
- Private insurance
- 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 PLWHA 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.
- PLWHA 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.

**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 make allocation of services extremely difficult.
- Fewer clients with acute needs will be able to be discharged to the community.

**HOME HEALTH CARE CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=208). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	39	18.8%
Male	159	76.4%
Transgender	10	4.8%
<b>TOTAL</b>	208	100%

Age	UDC	% OF UDC
0 – 24 years	0	0.0%
25 – 44 years	24	11.5%
45 – 54 years	72	34.6%
55 – 59 years	48	23.1%
60 – 64 years	35	16.8%
65 years or older	29	13.9%
<b>TOTAL</b>	208	100%

Insurance Status	UDC	% OF UDC
Private	6	2.9%
Medicare	55	26.4%
Medicaid	175	84.1%
Other Public	10	4.8%
No Insurance	33	15.9%
Other	50	24.0%
Unknown	5	2.4%
<b>TOTAL</b>	208	160.6%

Race/Ethnicity	UDC	% OF UDC
White	105	50.5%
Black	53	25.5%
Latino/a	30	14.4%
Asian & Pacific Islander	10	4.8%
Native American	6	2.9%
Multi-Ethnic	4	1.9%
Unknown	0	0.0%
<b>TOTAL</b>	208	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	121	58.2%
101 – 200%	70	33.7%
201 – 300%	11	5.3%
301 – 400%	3	1.4%
401 – 500%	1	0.5%
501 and above	0	0.0%
Unknown	2	1.0%
<b>TOTAL</b>	208	100%

**SUBCATEGORY:**            **OUTPATIENT SUBSTANCE ABUSE**  
**HRSA CATEGORY:**        Outpatient Substance Abuse  
**PRIORITY NUMBER:**    10

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$0**  
**Percent of total Ryan White client services funds:        0%**

**Definition of service:**

While the HIV Health Services has prioritized this category all services are currently contained under the Center of Excellence programs.

**Total Number of Programs in Sub-Category: 0**

**Program Descriptions & Target Populations:**

**Definition of unit of service:**

**Utilization review:**

<b>Item</b>	<b>Contracted</b>	<b>Provided</b>	<b>Percent</b>
Units of Service			%
Unduplicated clients			%
Funds	\$	\$	%
Cost per UOS	\$	\$	%
Cost per UDC	\$	\$	%
Part A	\$		%
Part B	\$		%
General Fund	\$		%

**Utilization analysis:**

**Other Funding Sources:**

**Issues and trends:**

**Possible Impact of Further Cuts:**

**Client demographics:**

**SUBCATEGORY:** AIDS CASE MANAGEMENT & HOME CARE PROGRAM  
**HRSA CATEGORY:** Home & Community Based Health Services  
**PRIORITY NUMBER:** 11

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$237,934**  
**Percent of total Ryan White client services funds: 1.64%**

**Definition of service:**

The AIDS Case Management Program provides a system of medical and psychosocial assessment, care planning, and coordination; service procurement; and disease monitoring for people with disabling HIV/AIDS. The services ensure that people suffering from HIV-related illnesses obtain the medical, psychosocial, and home care services they need to sustain them in the community through their illness, thereby avoiding costly institutionalization. The AIDS Home Care Program allows San Franciscans living with disabling HIV/AIDS who do not have access to In Home Supportive Services (IHSS) to remain in their homes during the later stages of their illness. Providing Home Care services helps clients maintain quality of life both physically and psychologically. The Home Care resources provided through Ryan White A monies through the City and County of San Francisco, the State General Fund, and the Medi-Cal AIDS Waiver Program provide much needed support at a time when the funding systems for the healthcare system are struggling.

**Total Number of Programs in Sub-Category: 1**

**Program Descriptions & Target Populations:**

- Program provides culturally competent, skilled home health services, including Registered Nurse and Masters-level Social Work Case Management, Home Health Aide and Homemaker services to prevent hospitalizations and maintain clients in their homes. Services are provided in the community, to an acutely ill and often, homebound population, throughout the city. Home Care Services are provided to clients who do not have access to HISS through MediCal (i.e. clients with a large MediCal share of cost, without MediCal). The Program considers all clients who meet the above criteria regardless of their ability to pay or their immigration status. The Planning Council's Eligibility Criteria, Severe Need, and Special Populations definitions hone The Program's service provision to specific populations. As such, African Americans and other underserved populations, those with prior diagnosis of mental illness, substance users, and those with limited financial resources are a program focus.

**Definition of unit of service:**

- Certified Nursing Assistant/Home Health Aide Care Day
- Homemaker Paraprofessional Service Day
- RN/MSW Professional Visit

**Utilization review:**

Item	Contracted	Provided	Percent
Units of Service	2,110	1,647	78%
Unduplicated clients	240	240	100%
Funds	\$237,934	\$237,934	100%
Cost per UOS	\$112.76	\$144.47	128%
Cost per UDC	\$991.39	\$991.39	100%
Part A	\$237,934		100%
Part B	\$0		0%
General Fund	\$0		0%

**Utilization analysis:** Low UOS for this program were a result of staff vacancies and clients qualifying for Medi-Cal funding and moving off of Ryan White funding. Note that UDC target was exceeded. HHS has had meetings with this provider to discuss the numbers of clients that will be moving onto Medi-Cal through ACA expansion and is tracking this issue.

**Other Funding Sources:**

- Medi-Cal (through Medi-Cal Waiver Program/CA State Office of AIDS)
- San Francisco General Funds
- Part B (included in reports with Part A)
- Private fundraising

**Issues and trends:**

- Increasing complexity of medical needs and the presentation of chronic health conditions in the face of multiply-diagnosed clients creating added difficulty in the stabilization of psychiatric and physical conditions.
- Shortage of adequate low-income housing and difficulty of clients with Mental Illness and/or drug/alcohol problems maintaining secure housing.
- Increasing costs of providing medical and psychosocial care.
- Reduction in the provision of services and staffing at sister agencies within the San Francisco systems of HIV/AIDS care
- Change in treatment protocols to call for early intervention with ARVs causing higher demand for services through existing providers
- Low Medi-Cal reimbursement rates for Home Care result in many agencies not accepting Medi-Cal patients
- Low Medi-Cal reimbursement rates to Program for Registered Nurse and Social Work Case Management, Home Health Attendant, and Homemaker services.
- Increase in long-time institutionalized clients discharged from Laguna Honda Hospital.
- Increasing percentage of elder HIV/AIDS population.

- Untreated substance use may lead to decreased medication adherence, a rise in opportunistic infections, and less commitment to adhere to treatment plans.

**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 funds.
- 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.
- Reduced hours of access to primary medical care providers.
- Increase in provider to client ratios; case managers' case loads

**Client demographics:**

ARIES Database: Data included in Home Health Care (see pg. 33)



**SUPPORT SERVICES**

**SUBCATEGORY:** EMERGENCY HOUSING  
**HRSA CATEGORY:** Housing  
**PRIORITY NUMBER:** 1

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$162,855**  
**Percent of total Ryan White client services funds: 1.12%**

**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:**

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

**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	252	252	100%
Unduplicated clients	N/A	N/A	N/A
Funds	\$162,855	\$162,855	100%
Cost per UOS	\$646.25	\$646.25	100%
Cost per UDC	N/A	N/A	N/A
Part A	\$162,855		100%
Part B	\$0		0%
General Fund	\$0		0%

**Utilization analysis:**

- On Target

**Other Funding Sources:**

- San Francisco General Fund
- Agency Fundraising

**Issues & Trends:**



- The Emergency Housing Program is co-located with a HOPWA Program at single site that is serves only PLWHA. 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 PLWHA.
- 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 funds.
- Because of insufficient resources for transitional and permanent housing, especially, supportive housing, homeless PLWHA 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 PLWHA.
- Increasing costs of providing emergency housing.
- Funding cuts to, or closures of other HIV programs will create an additional burden on services provided throughout the system.

**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 PLWHA out of care, as well as less PLWHA getting into care; since Emergency housing is a key point of entry.

**EMERGENCY HOUSING CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=612). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	70	11.4%
Male	515	84.2%
Transgender	27	4.4%
<b>TOTAL</b>	612	100%

Age	UDC	% OF UDC
0 – 24 years	4	0.7%
25 – 44 years	213	34.8%
45 – 54 years	257	42.0%
55 – 59 years	82	13.4%
60 – 64 years	39	6.4%
65 years or older	17	2.8%
<b>TOTAL</b>	612	100%

Insurance Status	UDC	% OF UDC
Private	20	3.3%
Medicare	158	25.8%
Medicaid	452	73.9%
Other Public	61	10.0%
No Insurance	221	36.1%
Other	177	28.9%
Unknown	31	5.1%
<b>TOTAL</b>	612	183.0%

Race/Ethnicity	UDC	% OF UDC
White	271	44.3%
Black	165	27.0%
Latino/a	122	19.9%
Asian & Pacific Islander	18	2.9%
Native American	13	2.1%
Multi-Ethnic	17	2.8%
Unknown	6	1.0%
<b>TOTAL</b>	612	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	458	74.8%
101 – 200%	144	23.5%
201 – 300%	4	0.7%
301 – 400%	0	0.0%
401 – 500%	0	0.0%
501 and above	0	0.0%
Unknown	6	1.0%
<b>TOTAL</b>	612	100%

**SUBCATEGORY:** TRANSITIONAL HOUSING  
**HRSA CATEGORY:** Housing  
**PRIORITY NUMBER:** 3

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$278,885**  
**Percent of total Ryan White client services funds: 1.92%**

**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:**

- Program provides 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 PLWHA.

**Definition of unit of service:**

- Supportive housing day

**Utilization Review:**

Item	Contracted	Provided	Percent
Units of Service	3,322	3,322	100%
Unduplicated clients	28	28	100%
Funds	\$278,885	\$278,885	100%
Cost per UOS	\$83.95	\$83.95	100%
Cost per UDC	\$9,960.18	\$9,960.18	100%
Part A	\$278,885		100%
Part B	\$0		0%
General Fund	\$0		0%

**Utilization analysis:**

- On Target

**Other Funding Sources:**

- Private donations/ agency fundraising

**Issues & Trends:**

- Increasing costs of providing transitional housing without funding increases, including rising utility costs, maintenance and other replacement expenses.
- 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 result in program closure.

**Client demographics:**

Transitional Housing demographics are included in the Emergency Housing Service Summary on page 40.

**SUBCATEGORY:** FOOD BANK / DELIVERED MEALS  
**HRSA CATEGORY:** Food Bank/ Home Delivered Meals  
**PRIORITY NUMBER:** 4

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$411,684**  
**Percent of total Ryan White client services funds: 2.84%**

**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 at varying intervals.
- 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.

**Definition of unit of service:**

- Grocery Bags
- Delivered Meals
- Pounds

**Utilization Review:**

<b>Item</b>	<b>Contracted</b>	<b>Provided</b>	<b>Percent</b>
Units of Service	638,857	622,469	97%
Unduplicated clients	1,262	1,262	100%
Funds	\$1,396,298	\$1,344,241	96%
Cost per UOS	\$2.19	\$2.16	99%
Cost per UDC	\$1,106.42	\$1,065.17	96%
Part A	\$411,684		29%
Part B	\$891,529		64%
General Fund	\$93,085		7%

**Utilization analysis:**

- On Target

**Other Funding Sources:**

- Private & corporate donations

**Issues & Trends:**

- Non-profit partners are facing more demand for food programming and are looking to the Food Bank to fill their food needs.
- Since the economy is improving, financial support has declined slightly. However, our units of service continue to increase.
- The food pantries are a very cost-effective service, which relies heavily on volunteers.
- The selection of foods that is best for HIV clients (organic, local and sustainable) are more expensive and less available.
- 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.

**Possible Impact of Further Cuts:**

- Less food available per client. Based on current financial challenges, we have had to tighten our budget and are currently sending protein, bread, and dairy out less frequently. Further cuts would decrease the frequency even more.

**FOOD BANK / DELIVERED MEALS CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=1516). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	189	12.5%
Male	1,262	83.2%
Transgender	65	4.3%
<b>TOTAL</b>	<b>1516</b>	<b>100%</b>

Age	UDC	% OF UDC
0 – 24 years	5	0.3%
25 – 44 years	335	22.1%
45 – 54 years	606	40.0%
55 – 59 years	277	18.3%
60 – 64 years	179	11.8%
65 years or older	114	7.5%
<b>TOTAL</b>	<b>1516</b>	<b>100%</b>

Insurance Status	UDC	% OF UDC
Private	52	3.4%
Medicare	436	28.8%
Medicaid	1,036	68.3%
Other Public	94	6.2%
No Insurance	350	23.1%
Other	429	28.3%
Unknown	142	9.4%
<b>TOTAL</b>	<b>1516</b>	<b>167.5%</b>

Race/Ethnicity	UDC	% OF UDC
White	678	44.7%
Black	345	22.8%
Latino/a	343	22.6%
Asian & Pacific Islander	62	4.1%
Native American	26	1.7%
Multi-Ethnic	51	3.4%
Unknown	11	0.7%
<b>TOTAL</b>	<b>1516</b>	<b>100%</b>

Household Poverty Level	UDC	% OF UDC
0 – 100%	960	63.3%
101 – 200%	472	31.1%
201 – 300%	54	3.6%
301 – 400%	8	0.5%
401 – 500%	3	0.2%
501 and above	1	0.1%
Unknown	18	1.2%
<b>TOTAL</b>	<b>1516</b>	<b>100%</b>

**SUBCATEGORY:** DIRECT EMERGENCY FINANCIAL ASSISTANCE  
**HRSA CATEGORY:** Emergency Financial Assistance  
**PRIORITY NUMBER:** 5

**Total Current FY 2013/14 RYAN WHITE Part A Budget:** \$1,070,176  
**Percent of total Ryan White client services funds:** 7.39%

**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:**

- Provides emergency assistance grants for housing, utility bills, insurance, and medical expenses for individuals diagnosed with disabling HIV disease or disabling AIDS to assist clients in maintaining a stable living situation. Eviction Prevention financial assistance to clients facing imminent eviction or need of one-time funds to move into subsidized housing. Payments of grants are made directly to vendors and/or landlords. Program located in the South of Market area.

**Key Point of Entry:** Yes

**Definition of unit of service:**

- Emergency Financial Assistance Grant

**Utilization Review:**

Item	Contracted	Provided	Percent
Units of Service	3,520	3,520	100%
Unduplicated clients	1,320	1,320	100%
Funds	\$1,070,176	\$1,070,176	100%
Cost per UOS	\$304.03	\$304.03	100%
Cost per UDC	\$810.74	\$810.74	100%
Part A	\$1,070,176		100%
Part B	\$0		0%
General Fund	\$0		0%

**Utilization analysis:**

- On Target



**Other Funding Sources:**

- Private donations and community fund-raising

**Issues & 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 \$500 worth of emergency assistance. Eviction Prevention Assistance grant UOS is defined as up to \$1000 specifically to prevent eviction or 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 homelessness, leading to treatment adherence issues and overall health decline.

**DIRECT EMERGENCY FINANCIAL ASSISTANCE CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=1931). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	265	13.7%
Male	1,574	81.5%
Transgender	92	4.8%
<b>TOTAL</b>	1931	100%

Age	UDC	% OF UDC
0 – 24 years	29	1.5%
25 – 44 years	688	35.6%
45 – 54 years	767	39.7%
55 – 59 years	253	13.1%
60 – 64 years	136	7.0%
65 years or older	58	3.0%
<b>TOTAL</b>	1931	100%

Insurance Status	UDC	% OF UDC
Private	90	4.7%
Medicare	544	28.2%
Medicaid	1,382	71.6%
Other Public	124	6.4%
No Insurance	711	36.8%
Other	664	34.4%
Unknown	39	2.0%
<b>TOTAL</b>	1931	184.0%

Race/Ethnicity	UDC	% OF UDC
White	772	40.0%
Black	535	27.7%
Latino/a	460	23.8%
Asian & Pacific Islander	57	3.0%
Native American	22	1.1%
Multi-Ethnic	78	4.0%
Unknown	7	0.4%
<b>TOTAL</b>	1931	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	1,424	73.7%
101 – 200%	482	25.0%
201 – 300%	15	0.8%
301 – 400%	6	0.3%
401 – 500%	0	0.0%
501 and above	1	0.1%
Unknown	3	0.2%
<b>TOTAL</b>	1,931	100%

**SUBCATEGORY:** HOUSING – RESIDENTIAL MENTAL HEALTH SERVICES  
**HRSA CATEGORY:** Housing  
**PRIORITY NUMBER:** 6

**Total Current FY 2013-14 Ryan White budget:** \$200,291  
**Percent of total Ryan White client services funds:** 1.38%

**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:**

- Program provides 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.

**Definition of unit of service:**

- Bed Days
- Hours

Item	Contracted	Provided	Percent
Units of Service	1,971	1,971	100%
Unduplicated clients	15	15	100%
Funds	\$200,291	\$200,291	100%
Cost per UOS	\$101.62	\$101.62	100%
Cost per UDC	\$13,352.73	\$13,352.73	100%
Part A	\$200,291		100%
Part B	\$0		0%
General Fund	\$0		0%

**Utilization analysis:** On target

**Other Funding Sources:**

- Medi-Cal
- Medicare

- Private donations

**Issues & 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.

**RESIDENTIAL MENTAL HEALTH CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=15). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	8	53.3%
Male	2	13.3%
Transgender	5	33.3%
<b>TOTAL</b>	15	100%

Age	UDC	% OF UDC
0 – 24 years	1	6.7%
25 – 44 years	4	26.7%
45 – 54 years	6	40.0%
55 – 59 years	3	20.0%
60 – 64 years	1	6.7%
65 years or older	0	0.0%
<b>TOTAL</b>	15	100%

Insurance Status	UDC	% OF UDC
Private	0	0.0%
Medicare	3	20.0%
Medicaid	12	80.0%
Other Public	2	13.3%
No Insurance	5	33.3%
Other	2	13.3%
Unknown	2	13.3%
<b>TOTAL</b>	15	173.3%

Race/Ethnicity	UDC	% OF UDC
White	5	33.3%
Black	8	53.3%
Latino/a	2	13.3%
Asian & Pacific Islander	0	0.0%
Native American	0	0.0%
Multi-Ethnic	0	0.0%
Unknown	0	0.0%
<b>TOTAL</b>	15	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	12	80.0%
101 – 200%	3	20.0%
201 – 300%	0	0.0%
301 – 400%	0	0.0%
401 – 500%	0	0.0%
501 and above	0	0.0%
Unknown	0	0.0%
<b>TOTAL</b>	15	100%

**SUBCATEGORY:** BENEFITS COUNSELING / MONEY MANAGEMENT  
**HRSA CATEGORY:** Non-Medical Case Management  
**PRIORITY CATEGORY:** 7

**NOTE:** Benefits Counseling and Money Management are combined together into this HRSA category.

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$508,845**  
**Percent of total Ryan White client services dollars: 3.51%**

**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:**

- Program provide benefits counseling and legal representation, screening, consultation, emergency intakes and referral with a specific emphasis on underserved clients who cannot get legal benefits representation, including people of color, monolingual non-English speakers, homeless people, people who are transgender, women, active drug users, people who are formerly incarcerated and other at-risk groups.
- Program provides financial management services and representative payee services to low-income residents of San Francisco living with HIV/AIDS. Ensures clients' rent will be paid promptly and accurately; establishes relationships with landlords who, because of a guaranteed rent payment, will open housing market to clients whose previous difficulty managing their money made obtaining and maintaining housing nearly impossible. Also provides support to clients to appropriately manage their funds remaining after their rent and bills are paid.

**Definition of unit of service:**

- Hours

**Utilization Review:**

Item	Contracted	Provided	Percent
Units of Service	13,763	13,763	100%
Unduplicated clients	774	774	100%
Dollars	\$719,959	\$716,108	99%
Cost per UOS	\$52.31	\$52.03	99%
Cost per UDC	\$930.18	\$925.20	99%
Part A	\$508,845		80%

Part B	\$0	0%
General Fund	\$211,114	29%

**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 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.
- Active substance use and mental health issues make it difficult for the majority of our funded population to pay their rent and bills on time and accurately.
- Other money management and representative payee programs in the city have stringent eligibility requirements and are usually at full capacity with a long waiting-list.
- Trends include:
  - Continued misunderstanding of legal definitions of disability and legal rules/procedure, resulting in the need for staff attorneys who are capable of performing legal analysis and are licensed to give legal opinions.
  - 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.
- Without money management services, clients will lose the support to maintain their housing and become homeless.
- 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.



**BENEFITS COUNSELING / MONEY MANAGEMENT CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=1055). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	143	13.6%
Male	857	81.2%
Transgender	55	5.2%
<b>TOTAL</b>	1055	100%

Age	UDC	% OF UDC
0 – 24 years	5	0.5%
25 – 44 years	249	23.6%
45 – 54 years	432	40.9%
55 – 59 years	172	16.3%
60 – 64 years	112	10.6%
65 years or older	85	8.1%
<b>TOTAL</b>	1055	100%

Insurance Status	UDC	% OF UDC
Private	48	4.5%
Medicare	273	25.9%
Medicaid	805	76.3%
Other Public	81	7.7%
No Insurance	256	24.3%
Other	233	22.1%
Unknown	89	8.4%
<b>TOTAL</b>	1055	169.2%

Race/Ethnicity	UDC	% OF UDC
White	417	39.5%
Black	312	29.6%
Latino/a	163	15.5%
Asian & Pacific Islander	94	8.9%
Native American	20	1.9%
Multi-Ethnic	44	4.2%
Unknown	5	0.5%
<b>TOTAL</b>	1055	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	703	66.6%
101 – 200%	285	27.0%
201 – 300%	37	3.5%
301 – 400%	14	1.3%
401 – 500%	5	0.5%
501 and above	3	0.3%
Unknown	8	0.8%
<b>TOTAL</b>	1055	100%

**SUBCATEGORY:** HOUSING – FACILITY-BASED CARE SERVICES  
**HRSA CATEGORY:** Housing  
**PRIORITY NUMBER:** 8

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$409,664**  
**Percent of total Ryan White client services funds: 2.83%**

**Definition of service:**

PLWHA in need of supervised or assisted living who live in 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 funds pay for components of the following programs.

**Total Number of Programs in Sub-Category: 4**

**Program Descriptions & Target Populations:**

- Program 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 funds pay for paraprofessional attendant care.
- Program 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 Funds pay for paraprofessional attendant care.
- Program provides comprehensive licensed residential based home care service to formerly homeless youth (18-25) who are diagnosed with disabling HIV/AIDS, and often present with co-morbidities, such as Substance Abuse, Mental Health and/or other health conditions. RWPA funding pays for para-professional attendant care and medical case management.

**Definition of unit of service:**

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

**Utilization review:**

Item	Contracted	Provided	Percent
Units of Service	6,049	6,035	100%
Unduplicated clients	201	199	99%
Funds	\$674,517	\$674,517	100%
Cost per UOS	\$111.51	\$111.77	100%
Cost per UDC	\$3,355.81	\$3,389.53	101%
Part A	\$409,664		61%
Part B	\$30,446		5%
General Fund	\$234,407		35%

**Utilization analysis:**

- On Target

**Other Funding Sources:**

- State Office of AIDS RWPB / HIV Community Programs (formerly RALF: Residential AIDS Living Facility)
- State Office of AIDS SAM funds
- 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 & Trends:**

- Programs report that most new clients in recent years were homeless or marginally housed.
- HOPWA funding level for RCFCI facilities can vary from year to year contingent on the award amount from the federal government
- 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:**

- RCFCIs 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 beds available in licensed residential care facilities would mean clients have to wait longer in inpatient facilities or home settings with potentially less-appropriate, and sometimes more expensive levels of care
- Potential loss of HIV-dedicated RCFCIs.

**Client Demographics:**

Facility-based Care Services demographics are included in the Home Health Care Service Summary on page 33.

**SUBCATEGORY:** PSYCHOSOCIAL SUPPORT  
**HRSA CATEGORY:** Psychosocial Support  
**PRIORITY NUMBER:** 9

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$282,243**  
**Percent of total Ryan White client services funds: 1.95%**

**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:**

- Program provides a 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	5,642	5,460	97%
Unduplicated clients	470	470	100%
Funds	\$282,243	\$282,243	100%
Cost per UOS	\$50.03	\$51.69	103%
Cost per UDC	\$600.52	\$600.52	100%
Part A	\$282,243		100%
Part B	\$0		0%
General Fund	\$0		0%

**Utilization analysis:**

- On Target

**Other Funding Sources:**

- Foundation grants
- Pharmaceutical grants
- Individual/private donations.

**Issues & 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.

**PSYCHOSOCIAL SUPPORT CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=165). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	13	7.9%
Male	148	89.7%
Transgender	4	2.4%
<b>TOTAL</b>	165	100%

Age	UDC	% OF UDC
0 – 24 years	0	0.0%
25 – 44 years	34	20.6%
45 – 54 years	79	47.9%
55 – 59 years	27	16.4%
60 – 64 years	14	8.5%
65 years or older	11	6.7%
<b>TOTAL</b>	165	100%

Insurance Status	UDC	% OF UDC
Private	9	5.5%
Medicare	53	32.1%
Medicaid	131	79.4%
Other Public	14	8.5%
No Insurance	47	28.5%
Other	35	21.2%
Unknown	12	7.3%
<b>TOTAL</b>	165	182.4%

Race/Ethnicity	UDC	% OF UDC
White	39	23.6%
Black	99	60.0%
Latino/a	13	7.9%
Asian & Pacific Islander	1	0.6%
Native American	1	0.6%
Multi-Ethnic	7	4.2%
Unknown	5	3.0%
<b>TOTAL</b>	165	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	112	67.9%
101 – 200%	43	26.1%
201 – 300%	5	3.0%
301 – 400%	2	1.2%
401 – 500%	0	0.0%
501 and above	0	0.0%
Unknown	3	1.8%
<b>TOTAL</b>	165	100%

**SUBCATEGORY:** LEGAL ASSISTANCE  
**HRSA CATEGORY:** Legal Services  
**PRIORITY CATEGORY:** 10

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$368,325**  
**Percent of total Ryan White client services funds: 2.54%**

**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 SoMa 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	5,054	5,054	100%
Unduplicated clients	350	350	100%
Funds	\$368,325	\$366,344	99%
Cost per UOS	\$72.88	\$72.49	99%
Cost per UDC	\$670.90	\$667.29	99%
Part A	\$368,325		100%
Part B	\$0		0%
General Fund	\$0		0%

**Utilization analysis:**

- On Target



**Other Funding Sources:**

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

**Issues & 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

**LEGAL SERVICES CLIENT DEMOGRAPHICS:**

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=696). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	54	7.8%
Male	629	90.4%
Transgender	13	1.9%
<b>TOTAL</b>	696	100%

Age	UDC	% OF UDC
0 – 24 years	3	0.4%
25 – 44 years	158	22.7%
45 – 54 years	301	43.2%
55 – 59 years	123	17.7%
60 – 64 years	62	8.9%
65 years or older	49	7.0%
<b>TOTAL</b>	696	100%

Insurance Status	UDC	% OF UDC
Private	97	13.9%
Medicare	240	34.5%
Medicaid	429	61.6%
Other Public	48	6.9%
No Insurance	127	18.2%
Other	240	34.5%
Unknown	43	6.2%
<b>TOTAL</b>	696	175.9%

Race/Ethnicity	UDC	% OF UDC
White	371	53.3%
Black	101	14.5%
Latino/a	158	22.7%
Asian & Pacific Islander	19	2.7%
Native American	16	2.3%
Multi-Ethnic	19	2.7%
Unknown	12	1.7%
<b>TOTAL</b>	696	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	370	53.2%
101 – 200%	242	34.8%
201 – 300%	49	7.0%
301 – 400%	12	1.7%
401 – 500%	7	1.0%
501 and above	3	0.4%
Unknown	13	1.9%
<b>TOTAL</b>	696	100%

**SUBCATEGORY:** REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES  
**HRSA CATEGORY:** Referral for Health Care/Supportive Services  
**PRIORITY NUMBER:** 13

**Total Current FY 2013/14 RYAN WHITE Part A Budget:** \$0  
**Percent of total Ryan White client services funds:** 0%

**Definition of service:** The act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.

**Total Number of Programs in Sub-Category: 1**

**Program Descriptions & Target Populations:**

- General fund (\$238,597) program targeting low income and/or homeless persons with HIV/AIDS in San Francisco including the following sub-populations: gay, bisexual, heterosexual, and transgender; men women and young adults; persons of color; newly diagnosed; undocumented persons; bi/monolingual speaking persons; injection drug users and other substance users; persons with mental health issues; and persons new to San Francisco, recently released from prison or with a criminal justice history. Non-medical case management and benefits counseling are provided. Provides a large number of referrals to Direct Access to Housing (DAH) not funded by Ryan White.

**Utilization Review:**

Item	Contracted	Provided	Percent
Units of Service	3,150	3,150	100%
Unduplicated clients	400	400	100%
Funds	\$238,257	\$238,257	100%
Cost per UOS	\$75.64	\$75.64	100%
Cost per UDC	\$595.64	\$595.64	100%
Part A	\$0		0%
Part B	\$0		0%
General Fund	\$238,257		100%

- **Utilization analysis:** On Target.

**Other Funding Sources:**

- Private fund raising

**Other resources in system:**

- None

**Issues & Trends:**

- General fund program not included in prior years due to it not being Ryan White funded
- Program funded for well over a decade
- Commonly a first contact point for referral

**Possible Impact of Further Cuts:**

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

**Client demographics:**

No data available at this time.

**SUBCATEGORY:** OUTREACH  
**HRSA CATEGORY:** Outreach  
**PRIORITY NUMBER:** 16

**Total Current FY 2013/14 RYAN WHITE Part A Budget: \$129,313**  
**Percent of total Ryan White client services funds: 0.89%**

**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	3,408	3,366	99%
Unduplicated clients	560	560	100%
Funds	\$258,626	\$253,026	98%
Cost per UOS	\$75.89	\$75.17	99%
Cost per UDC	\$461.83	\$451.83	98%
Part A	\$129,313		50%
Part B	\$0		0%
General Fund	\$129,313		50%

- **Utilization analysis:** On Target.

**Other Funding Sources:**

- CDC

**Other resources in system:**

- None

**Issues & 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

**Client demographics:**

No data available at this time.