



CITY & COUNTY OF SAN FRANCISCO

RYAN WHITE CARE ACT

PART A & PART B

HIV HEALTH SERVICES PLANNING COUNCIL

SERVICE CATEGORY SUMMARY SHEETS

2016

**SERVICE CATEGORY PRIORITY LIST
FY 2015 — 2016**

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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 2015-16 Planned Allocations: The total amount allocated for this sub-category in FY 2015-16 Ryan White Part A, Part B (also referred to as SAM/State Office of AIDS Funds) and local San Francisco General Fund and noting the percentage of these which are “Add-back” dollars to offset recent Ryan White grant reductions.

Ryan White Part A Funding	\$	%
Ryan White Part B Funding	\$	%
San Francisco General Fund	\$	%
TOTAL H.H.S. FUNDING	\$	%
<i>(100% of GF \$ is Add-Back Funding)</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-2015-16 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 2015-16), and the total funds here will not match the allocated FY 2015-16 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 3/1/2015-2/28/2016. 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: PRIMARY MEDICAL CARE
HRSA CATEGORY: Ambulatory / Outpatient Medical Care
PRIORITY NUMBER: 1

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$702,309	23%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$2,395,606	77%
TOTAL H.H.S. FUNDING	\$3,097,915	100%
<i>(100% of GF \$ is Add-Back Funding)</i>		

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 a principle emphasis on rapid entry and re-entry into primary medical care and medical case management for HIV+ clients diagnosed at the facility and at CCSF-contracted HIV testing sites or to patients identified as being out of care during general STD clinic visits. Services provided to patients who are uninsured/underinsured via Ryan White funds until sustainable insurance coverage established and client is linked to long-term medical home. Care provided at site offering HIV testing, and STD testing, treatment, 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 2015-16 UOS that are Primary Care Encounters: 33.37%

Percentage other services:

Medical Case Management Hours	42.91%
Treatment Adherence	23.49%
Psychiatric Evaluations/Assessments	0.06%
Developmental Psychology	0.07%
Nutrition Counseling Hour	0.10%
Total Percentage of Other Services	66.63%

Utilization review:

TOTAL for Part A	Contracted	Provided	Percent
Units of Service	5,687	5,034	89%
Unduplicated clients	469	469	100%
Funds	\$702,309	\$629,053	90%
Cost per UOS	\$123.49	\$123.49	100%
Cost per UDC	\$1,497.46	\$1,341.26	90%

TOTAL for General Fund	Contracted	Provided	Percent
Units of Service	9,510	7,449	79%
Unduplicated clients	891	891	100%
Funds	\$2,395,606	\$2,242,868	94%
Cost per UOS	\$251.90*	\$251.90	100%
Cost per UDC	\$2,688.67*	\$2,517.25	94%

Utilization analysis:

- UOS are low, particularly for General Fund primary care more so than Part A (nearly on target 89%). UDC is on target low UOS is likely the result of changing eligibility and less frequent of medical visits as well as incomplete General Fund invoice data.

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

- Private health insurance including HMO for some providers
- Medi-Cal / ACA / Covered CA Exchange providers
- Medicare (including Medicare Part D -- a prescription drug plan that will reimburse pharmacies for patient's prescription drug charges.)
- 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, linkages, case management and other areas necessary for better integration.
- 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 (undocumented or foreign student)
- Complex and rapidly changing health insurance, benefits eligibility, and wrap-around systems that demand workers consistently stay up to date with specialty knowledge outside of their core job duties in order to properly support clients
- Continuing need for education and medication assistance from trained providers.
- Increasing number of marginally housed and homeless clients; unaffordability of housing, even with rental subsidies (including Section 8 housing vouchers)
- Lack of mental health providers who specialize in HIV and accept private insurance (employer-based and Covered CA plans)
- Shortage of long-term, community based case management resources to support clients with chronic and persistent mental health and complex psychosocial needs
- Shortage of behavioral health support in non-behavioral health focused sites to provide client care and clinical support for staff

- Increased administrative burden on staff and management due to reduced funding
- Tax filing requirement to ensure insurance eligibility (HIPP, Medi-Cal Expansion, Covered CA plans)
- Client retention continues to be a challenge for some programs.

Possible Impact of Further Cuts:

- Patients in need of psychosocial and navigation support who drop out of care and are no longer virally suppressed will increase HIV transmission and new diagnosis rates
- Patients who lose eligibility for new insurance streams will return to Ryan White clinics for care and treatment further burdening this diminishing funding stream
- 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 and longer wait times there will be less time for providers to talk to and educate patients.
- 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.

PRIMARY MEDICAL CARE CLIENT DEMOGRAPHICS:

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=3856). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	516	13%
Male	3169	82%
Transgender FTM	2	0%
Transgender MTF	166	4%
Unknown	3	0%
TOTAL	3856	100%

Age	UDC	% OF UDC
< 2 years	2	0%
02 – 12 years	2	0%
13 – 24 years	89	2%
25 – 44 years	1128	32%
45 – 64 years	2294	59%
65 years or older	241	6%
TOTAL	3856	100%

Insurance Status	UDC	% OF UDC
Private	155	2%
Medicare	1203	15%
Medicaid	2597	33%
Other Public	387	5%
No Insurance	1275	16%
Other	2077	27%
Unknown	134	2%
TOTAL	7828	100%

Race/Ethnicity	UDC	% OF UDC
White	1501	39%
Black	966	25%
Latino/a	890	23%
Asian	222	6%
Native Hawaiian & P/I	17	0%
Native American/Alaskan	37	1%
Multi-Ethnic	126	3%
Unknown	97	3%
TOTAL	3856	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	2500	65%
101 – 200%	785	20%
201 – 300%	131	3%
301 – 400%	25	1%
401 – 500%	4	0%
501 and above	19	0%
Unknown	392	10%
TOTAL	3856	100%

SUBCATEGORY: **OUTPATIENT MENTAL HEALTH**
HRSA CATEGORY: Mental Health Services
PRIORITY NUMBER: 2

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$2,280,651	80%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$577,123	20%
TOTAL H.H.S. FUNDING	\$2,857,774	100%
<i>(96% of GF \$ is Add-Back Funding)</i>		

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	24,664	22,684	92%
Unduplicated clients	1,557	1,527	98%
Funds	\$2,857,774	\$2,857,774	100%
Cost per UOS	\$115.87	\$115.87	100%
Cost per UDC	\$1,835.44	\$1,835.44	100%
Part A	\$2,280,651	\$2,278,352	99%
Part B	\$0	\$0	0%
General Fund	\$577,123	\$577,123	100%

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 for 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 result in higher rates of 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.
- California state mental health carve out to provide time limited mental health services to non-specialty mental health needs but not for substance use assessments and counseling.
- 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 to understand the interactions and impact of HIV and psychiatric medications.
- Fewer options for clients with HIV Dementia/Cognitive Impairment.
- 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=1580). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	202	13%
Male	1298	82%
Transgender FTM	0	0%
Transgender MTF	78	5%
Unknown	2	0%
TOTAL	1580	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	1	0%
13 – 24 years	47	3%
25 – 44 years	424	27%
45 – 64 years	1033	65%
65 years or older	75	5%
TOTAL	1580	100%

Insurance Status	UDC	% OF UDC
Private	106	3%
Medicare	578	17%
Medicaid	1242	36%
Other Public	181	5%
No Insurance	485	14%
Other	841	24%
Unknown	57	25%
TOTAL	7828	100%

Race/Ethnicity	UDC	% OF UDC
White	741	47%
Black	342	22%
Latino/a	302	19%
Asian	66	4%
Native Hawaiian & P/I	7	0%
Native American/Alaskan	18	1%
Multi-Ethnic	77	5%
Unknown	27	2%
TOTAL	1580	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	991	63%
101 – 200%	423	27%
201 – 300%	81	5%
301 – 400%	23	1%
401 – 500%	8	1%
501 and above	16	1%
Unknown	38	2%
TOTAL	1580	100%

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: 3

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$2,499,665	38%
Ryan White Part B Funding	\$183,822	2%
San Francisco General Fund	\$3,948,362	60%
TOTAL H.H.S. FUNDING	\$6,631,849	100%
<i>(100% of GF \$ is Add-Back Funding)</i>		

Percentage of 2015-16 UOS that are Primary Care Encounters: 6.51%

Percentage other services:

Medical Case Management Hours	44.76%
Mental Health / Substance Use	17.94%
Other	30.78%
Total Percentage of Other Services	93.49%

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 SFDPH-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 county jail system. San Francisco incarcerated adults are screened at intake for HIV status.
- 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:

TOTAL for Part A	Contracted	Provided	Percent
Units of Service	21,813	20,029	92%
Unduplicated clients	1,443	1,443	100%
Funds	\$2,499,665	\$2,280,717	91%
Cost per UOS	\$114.60	\$113.87	99%
Cost per UDC	\$1,732.27	\$1,580.54	91%

TOTAL for Part B	Contracted	Provided	Percent
Units of Service	2,100	2,094	100%
Unduplicated clients	1,443	1,443	100%
Funds	\$183,822	\$177,146	96%
Cost per UOS	\$87.53	\$84.60	97%
Cost per UDC	\$2,020.02	\$1,946.66	97%

TOTAL for General Fund	Contracted	Provided	Percent
Units of Service	23,777	18,980	80%
Unduplicated clients	1,742	1,742	100%
Funds	\$3,948,362	\$3,562,000	90%
Cost per UOS	\$166.06	\$166.06	100%
Cost per UDC	\$2,266.57	\$2,044.78	90%

Utilization analysis:

- While Part A and Part B are on target, General Fund UOS were low at 50% with UDC at 100% of target. This data may be incomplete due to lateness of several General Fund invoices.

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 with 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 at more locations.
- Significant numbers of patients presenting for primary medical care while intoxicated, primarily with methamphetamine and/or alcohol; staff needs 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.
- 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.
- Increased demand for dental services.
- Early Intervention Program Services merged into this service category
- Behaviorally complex clients commanding substantial staffing time
- Affordable Care Act resulting some clients obliged to change their medical home.

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
- Cuts to the COE could result in discontinuing HIV-positive mentally ill women receiving of psychiatric and mental health care on site.
- 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 meaning less time for providers to provide and education.
- Longer wait times for appointments
- 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=3175). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	477	15%
Male	2553	80%
Transgender FTM	0	0%
Transgender MTF	160	5%
Unknown	3	0%
TOTAL	3175	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	0	0%
13 – 24 years	34	1%
25 – 44 years	1032	33%
45 – 64 years	1941	61%
65 years or older	168	5%
TOTAL	3175	100%

Insurance Status	UDC	% OF UDC
Private	119	2%
Medicare	972	15%
Medicaid	1997	31%
Other Public	312	5%
No Insurance	1220	19%
Other	1664	26%
Unknown	156	2%
TOTAL	6440	100%

Race/Ethnicity	UDC	% OF UDC
White	1137	36%
Black	827	26%
Latino/a	794	25%
Asian	176	6%
Native Hawaiian & P/I	12	0%
Native American/Alaskan	38	1%
Multi-Ethnic	122	4%
Unknown	69	2%
TOTAL	3175	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	2197	69%
101 – 200%	634	20%
201 – 300%	99	4%
301 – 400%	13	0%
401 – 500%	1	0%
501 and above	13	0%
Unknown	218	7%
TOTAL	3175	100%

SUBCATEGORY: MEDICAL CASE MANAGEMENT
HRSA CATEGORY: Medical Case Management
PRIORITY NUMBER: 4

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

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$825,643	100%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$0	0%
TOTAL H.H.S. FUNDING	\$825,643	100%

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	10,192	9,493	93%
Unduplicated clients	546	546	100%
Funds	\$825,643	\$806,725	98%
Cost per UOS	\$81.01	\$81.01	100%
Cost per UDC	\$1,512.17	\$1,477.52	98%
Part A	\$825,643	\$806,725	98%
Part B	\$0	\$0	0%
General Fund	\$0	\$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)
- Part F (SPNS)

Issues & Trends:

- Increased challenges in charting, due to multiple client electronic medical and billing records.
- Case management has been shown to improve access to care and utilization of services.
- 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) impacts case manager time to do interventions and care.
- 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 remain in 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, resulting in more people who are not in care.
- Lower functioning clients require ongoing case management services to stay engaged and adherent in order to achieve and maintain viral load suppression.
- Quality of life may decrease particularly for clients with few resources and poor support networks.

MEDICAL CASE MANAGEMENT CLIENT DEMOGRAPHICS:

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=3405). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	505	15%
Male	2738	80%
Transgender FTM	1	0%
Transgender MTF	158	5%
Unknown	3	0%
TOTAL	3405	100%

Age	UDC	% OF UDC
< 2 years	2	0%
02 – 12 years	4	0%
13 – 24 years	79	2%
25 – 44 years	1074	32%
45 – 64 years	2026	60%
65 years or older	220	6%
TOTAL	3405	100%

Insurance Status	UDC	% OF UDC
Private	165	2%
Medicare	1009	15%
Medicaid	2331	34%
Other Public	331	5%
No Insurance	1155	17%
Other	1779	26%
Unknown	142	2%
TOTAL	6912	100%

Race/Ethnicity	UDC	% OF UDC
White	1150	34%
Black	908	27%
Latino/a	901	26%
Asian	212	6%
Native Hawaiian & P/I	19	1%
Native American/Alaskan	35	1%
Multi-Ethnic	120	4%
Unknown	60	2%
TOTAL	3405	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	2276	67%
101 – 200%	714	21%
201 – 300%	135	4%
301 – 400%	21	1%
401 – 500%	4	0%
501 and above	17	1%
Unknown	238	7%
TOTAL	3405	100%

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

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$831,269	91%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$85,290	9%
TOTAL H.H.S. FUNDING	\$916,559	100%
<i>(100% of GF \$ is Add-Back Funding)</i>		

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	8,197	8,111	99%
Unduplicated clients	1,427	1,278	90%
Funds	\$916,559	\$891,260	97%
Cost per UOS	\$111.82	\$109.88	98%
Cost per UDC	\$642.30	\$642.30	100%
Part A	\$831,269	\$792,965	95%
Part B	\$0	\$0	0%
General Fund	\$85,290	\$85,290	100%

Utilization analysis:

- On Target

Other Funding Sources:

- Denti-Cal
- Dental Reimbursement (Part F)

Issues & Trends:

- Denti-Cal has been reinstated. This will allow more patients access to care yet system capacity to refer patients is severely limited when handling complex cases.
- Providers instituted yearly dollar maximum benefits. Some more complex treatment plans may now need to be spread over two fiscal years.

Possible Impact of Cuts:

- Fewer clients served.
- The number and kinds of procedures currently covered may have to be reduced.
- Yearly financial caps and stricter medical and financial eligibility criteria may need to be instituted.
- Back log of patients and a significant waiting period prior to treatment initiation.

ORAL HEALTH CARE CLIENT DEMOGRAPHICS:

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=1329). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	89	7%
Male	1193	90%
Transgender FTM	0	0%
Transgender MTF	447	4%
Unknown	0	0%
TOTAL	1329	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	0	0%
13 – 24 years	12	1%
25 – 44 years	222	17%
45 – 64 years	924	70%
65 years or older	171	13%
TOTAL	1329	100%

Insurance Status	UDC	% OF UDC
Private	87	3%
Medicare	474	17%
Medicaid	794	28%
Other Public	98	3%
No Insurance	386	14%
Other	974	34%
Unknown	40	1%
TOTAL	2843	100%

Race/Ethnicity	UDC	% OF UDC
White	671	50%
Black	200	15%
Latino/a	312	23%
Asian	78	6%
Native Hawaiian & P/I	9	1%
Native American/Alaskan	5	0%
Multi-Ethnic	34	3%
Unknown	20	2%
TOTAL	1329	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	672	51%
101 – 200%	489	37%
201 – 300%	114	9%
301 – 400%	26	2%
401 – 500%	4	0%
501 and above	9	1%
Unknown	15	1%
TOTAL	1329	100%

SUBCATEGORY: HOSPICE SERVICES
HRSA CATEGORY: Hospice Services
PRIORITY NUMBER: 7

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$784,687	67%
Ryan White Part B Funding	\$392,166	33%
San Francisco General Fund	\$0	0%
TOTAL H.H.S. FUNDING	\$1,176,853	100%

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	10,766	10,766	100%
Unduplicated clients	49	35	71%
Funds	\$1,176,853	\$1,176,844	100%
Cost per UOS	\$109.31	\$109.31	100%
Cost per UDC	\$24,017.41	\$24,017.41	100%
Part A	\$784,687	\$784,678	100%
Part B	\$392,166	\$392,166	100%
General Fund	\$0	\$0	0%

Utilization analysis:

- The target UDC of this service category is based on an average rate of client stays. Since the UOS (patient days) are at 100%, the low UDC is merely a result of clients staying longer at the hospice than estimated.

Other Funding Sources:

- Private fundraising
- HOPWA
- SAM

Issues & Trends:

- Care is more complex because HIV is complicated by co-morbidities such as Hepatitis C treatment, 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 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=23). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	5	22%
Male	18	78%
Transgender FTM	0	0%
Transgender MTF	0	0%
Unknown	0	0%
TOTAL	23	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	0	0%
13 – 24 years	0	0%
25 – 44 years	1	4%
45 – 64 years	17	74%
65 years or older	5	22%
TOTAL	23	100%

Insurance Status	UDC	% OF UDC
Private	0	0%
Medicare	13	25%
Medicaid	19	37%
Other Public	3	6%
No Insurance	5	10%
Other	11	21%
Unknown	1	2%
TOTAL	52	100%

Race/Ethnicity	UDC	% OF UDC
White	14	62%
Black	7	30%
Latino/a	1	4%
Asian	0	0%
Native Hawaiian & P/I	0	0%
Native American/Alaskan	0	0%
Multi-Ethnic	1	4%
Unknown	0	0%
TOTAL	23	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	15	66%
101 – 200%	7	30%
201 – 300%	1	4%
301 – 400%	0	0%
401 – 500%	0	0%
501 and above	0	0%
Unknown	0	0%
TOTAL	23	100%

SUBCATEGORY: HOME-BASED HEALTH CARE
HRSA CATEGORY: Home Health Care
PRIORITY NUMBER: 8

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$464,862	73%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$173,007	27%
TOTAL H.H.S. FUNDING	\$637,869	100%
<i>(100% of GF \$ is Add-Back Funding)</i>		

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. The Home Care Program also provides 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. 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	5,130	4,751	93%
Unduplicated clients	130	128	98%
Funds	\$637,869	\$623,347	98%
Cost per UOS	\$124.34	\$124.34	100%
Cost per UDC	\$4,906.68	\$4,869.90	99%
Part A	\$464,862	\$450,340	97%
Part B	\$0	\$0	0%
General Fund	\$173,007	\$173,007	100%

Utilization analysis: On target. Historically this service category has been low on utilization targets. In the past, most Ryan White clients would become eligible for Medi-Cal, thus one program annually struggled to meet their UOS and UDC targets. In contract negotiations with that provider this year, HHS learned that with ACA and Medi-Cal being expanded based on income, approval for Home-based Home Care eligibility by CMS (for Medi-Cal billing) has greatly tightened and many requests for Medi-Cal covered are being denied, thus Ryan White eligibility is higher than in the past.

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

Possible Impact of Further Cuts:

- Fewer clients served at home – may have to move to a more expensive residential facility or end up in the emergency room or be hospitalized for longer.
- Wait list for services.
- Fewer hours provided to each client.
- Eligibility criteria restricted.
- Funding cuts would result in reduction in need to further prioritize clients and reduce services to critical cases. This might result in higher rates of hospitalization or institutionalization for our clients.
- Current funding levels 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=210). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	40	19%
Male	155	74%
Transgender FTM	0	0%
Transgender MTF	15	7%
Unknown	0	0%
TOTAL	210	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	0	0%
13 – 24 years	1	0%
25 – 44 years	25	12%
45 – 64 years	149	71%
65 years or older	35	17%
TOTAL	210	100%

Insurance Status	UDC	% OF UDC
Private	5	1%
Medicare	94	22%
Medicaid	175	40%
Other Public	13	3%
No Insurance	37	9%
Other	109	25%
Unknown	2	0%
TOTAL	435	100%

Race/Ethnicity	UDC	% OF UDC
White	93	44%
Black	69	33%
Latino/a	30	14%
Asian	8	4%
Native Hawaiian & P/I	0	0%
Native American/Alaskan	1	0%
Multi-Ethnic	8	4%
Unknown	1	0%
TOTAL	210	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	136	65%
101 – 200%	65	31%
201 – 300%	7	3%
301 – 400%	2	1%
401 – 500%	0	0%
501 and above	0	0%
Unknown	0	0%
TOTAL	210	100%

SUBCATEGORY: **OUTPATIENT SUBSTANCE ABUSE**
HRSA CATEGORY: Outpatient Substance Abuse
PRIORITY NUMBER: 9

Total Current FY 2015/16 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:

Item	Contracted	Provided	Percent
Units of Service	N/A	N/A	N/A
Unduplicated clients	N/A	N/A	N/A
Funds	N/A	N/A	N/A
Cost per UOS	N/A	N/A	N/A
Cost per UDC	N/A	N/A	N/A
Part A	N/A		N/A
Part B	N/A		N/A
General Fund	N/A		N/A

Utilization analysis:

Other Funding Sources:

Issues and trends:

Possible Impact of Further Cuts:

Client demographics:

SUBCATEGORY: THERAPEUTIC MONITORING
HRSA CATEGORY: Early Intervention Services
PRIORITY NUMBER: 10

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$0	0%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$761,748	100%
TOTAL H.H.S. FUNDING	\$761,748	100%
<i>(100% of GF \$ is Add-Back Funding)</i>		

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 San Francisco residents who are HIV-1 positive 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	1,815	1,712	94%
Unduplicated clients	N/A	N/A	N/A
Funds	\$761,748	\$368,003	48%
Cost per UOS	\$419.70	\$214.96	51%
Cost per UDC	N/A	N/A	N/A
Part A	\$0	\$0	0%
Part B	\$0	\$0	0%
General Fund	\$761,748	\$368,003	48%

Utilization analysis:

- Therapeutic Monitoring is unable to track by UDC and only does so by UOS, which is 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., 18th Conference on Retroviruses and Opportunistic Infections, Boston MA, 2012, Charlebois et al., CID, 52:1046 2011).
- Provision of “baseline” drug resistance test in newly infected individuals, rather than testing only before initiation of ART. This strategy provides a more accurate assessment of drug resistance in an individual and for surveillance studies of drug resistance prevalence in San Francisco.

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 frequent measure of treatment efficacy
- Possible increase in drug resistance

Demographic Analysis:

Not a direct service provider in ARIES.

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

Total Current FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$80,167	24%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$252,083	76%
TOTAL H.H.S. FUNDING	\$332,250	100%
<i>(100% of GF \$ is Add-Back Funding)</i>		

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	571	571	100%
Unduplicated clients	80	80	100%
Funds	\$80,167	\$78,007	97%
Cost per UOS	\$140.40	\$131.99	94%
Cost per UDC	\$1,002.09	\$1,002.09	100%
Part A	\$80,167	\$78,007	97%
Part B	\$0	\$0	0%
General Fund	\$252,083	\$211,594	84%

Utilization analysis: Both UOS and UDC are on target.

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 for multiply-diagnosed clients creating added difficulty in the stabilization of psychiatric and physical conditions.
- Shortage of adequate low-income housing and difficulty for clients with mental illness and/or drug/alcohol problems to maintain 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-term institutionalized clients discharged from Laguna Honda Hospital.
- Increasing percentage of elder HIV/AIDS population.
- Untreated substance use may lead to decreased medication adherence, increased 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.
- Stabilization of health and health care may be harder to achieve.
- Fewer clients being served.
- Shorter medical visits, less time for providers to 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

Client demographics:

ARIES Database: Data included in Home Health Care (see pg. 31)



SUPPORT SERVICES

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

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$348,555	100%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$0	0%
TOTAL H.H.S. FUNDING	\$348,555	100%

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	235	93%
Unduplicated clients	N/A	N/A	N/A
Funds	\$348,555	\$347,743	100%
Cost per UOS	\$1,383.15	\$1,383.15	100%
Cost per UDC	N/A	N/A	N/A
Part A	\$162,855	\$347,743	100%
Part B	\$0	\$0	0%
General Fund	\$0	\$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 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 growing occurrence of co-morbidities.
- Not enough emergency housing with a service component available for the 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, while homeless PLWHA get stabilized in emergency housing, 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 increasing number of homeless PLWHA.
- Increasing costs of providing emergency housing.
- Funding cuts and 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.
- If clients lose 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=1023). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	95	9%
Male	864	84%
Transgender FTM	0	0%
Transgender MTF	62	6%
Unknown	0	0%
TOTAL	1023	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	1	0%
13 – 24 years	23	2%
25 – 44 years	267	26%
45 – 64 years	663	65%
65 years or older	69	7%
TOTAL	1023	100%

Insurance Status	UDC	% OF UDC
Private	40	2%
Medicare	390	17%
Medicaid	864	38%
Other Public	93	4%
No Insurance	268	12%
Other	543	24%
Unknown	48	2%
TOTAL	2246	100%

Race/Ethnicity	UDC	% OF UDC
White	437	43%
Black	227	22%
Latino/a	232	23%
Asian	44	4%
Native Hawaiian & P/I	2	0%
Native American/Alaskan	22	2%
Multi-Ethnic	48	5%
Unknown	11	1%
TOTAL	1023	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	727	71%
101 – 200%	260	25%
201 – 300%	17	2%
301 – 400%	2	0%
401 – 500%	0	0%
501 and above	2	0%
Unknown	15	1%
TOTAL	1023	100%

SUBCATEGORY: TRANSITIONAL HOUSING
HRSA CATEGORY: Housing
PRIORITY NUMBER: 2

Total Current FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$278,885	100%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$0	0%
TOTAL H.H.S. FUNDING	\$278,885	100%

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 primarily 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	3,143	95%
Unduplicated clients	28	23	82%
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	\$278,885	100%
Part B	\$0	\$0	0%
General Fund	\$0	\$0	0%

Utilization analysis:

- Clients length of stay is longer than estimated, therefore less UDC are served. UOS are on target.

Other Funding Sources:

- Private donations/ agency fundraising

Issues & Trends:

- Increasing costs of providing transitional housing without significant funding increases, including rising utility costs, maintenance and other replacement expenses.
- Lack of available and appropriate transition options for these clients; particularly, permanent housing options.
- 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.
- Existing clients would likely become homeless due to lack of other housing options
- 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 41.

SUBCATEGORY: FOOD BANK / DELIVERED MEALS
HRSA CATEGORY: Food Bank/ Home Delivered Meals
PRIORITY NUMBER: 3

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$159,561	10%
Ryan White Part B Funding	\$1,398,279	84%
San Francisco General Fund	\$98,295	6%
TOTAL H.H.S. FUNDING	\$1,656,135	100%
<i>(0% of GF \$ is Add-Back Funding)</i>		

Definition of service:

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

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

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

Total Number of Programs in Sub-Category: 2

Program Descriptions & Target Populations:

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

Definition of unit of service:

- Grocery Bags
- Delivered Meals
- Pounds

Utilization Review:

Item	Contracted	Provided	Percent
Units of Service	617,678	617,714	100%
Unduplicated clients	1,478	1,478	100%
Funds	\$1,656,135	\$1,614,898	98%
Cost per UOS	\$2.68	\$2.61	98%
Cost per UDC	\$1,120.52	\$1,092.62	98%
Part A	\$159,561	\$121,177	76%
Part B	\$1,398,279	\$1,395,426	100%
General Fund	\$98,295	\$98,295	100%

Utilization analysis:

- On Target

Other Funding Sources:

- Private & corporate donations

Issues & Trends:

- Since 2008, the need in San Francisco has increased by 14%.
- Non-profit partners are facing more demand for food programming and are looking to the Food Bank to fill their food needs.
- Financial support has declined while 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.
- Less distribution of protein, bread, and dairy.

FOOD BANK / DELIVERED MEALS CLIENT DEMOGRAPHICS:

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=2107). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	264	13%
Male	1758	83%
Transgender FTM	1	0%
Transgender MTF	82	4%
Unknown	2	0%
TOTAL	2107	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	0	0%
13 – 24 years	4	0%
25 – 44 years	397	19%
45 – 64 years	1480	70%
65 years or older	226	11%
TOTAL	2107	100%

Insurance Status	UDC	% OF UDC
Private	99	2%
Medicare	801	18%
Medicaid	1579	35%
Other Public	156	4%
No Insurance	600	13%
Other	1044	23%
Unknown	170	4%
TOTAL		100%

Race/Ethnicity	UDC	% OF UDC
White	895	42%
Black	530	25%
Latino/a	433	21%
Asian	88	4%
Native Hawaiian & P/I	13	1%
Native American/Alaskan	28	1%
Multi-Ethnic	73	3%
Unknown	47	2%
TOTAL	2107	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	1392	66%
101 – 200%	576	27%
201 – 300%	59	3%
301 – 400%	12	1%
401 – 500%	4	0%
501 and above	5	0%
Unknown	59	3%
TOTAL	2107	100%

SUBCATEGORY: DIRECT EMERGENCY FINANCIAL ASSISTANCE
HRSA CATEGORY: Emergency Financial Assistance
PRIORITY NUMBER: 4

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$983,102	100%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$0	0%
TOTAL H.H.S. FUNDING	\$983,102	100%

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	3,076	2,899	94%
Unduplicated clients	1,538	1,397	91%
Funds	\$983,102	\$933,762	95%
Cost per UOS	\$319.60	\$319.60	100%
Cost per UDC	\$639.21	\$639.21	100%
Part A	\$983,102	\$933,762	95%
Part B	\$0	\$0	0%
General Fund	\$0	\$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 between \$600 to \$900 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=1581). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	232	15%
Male	1245	79%
Transgender FTM	0	0%
Transgender MTF	103	7%
Unknown	1	0%
TOTAL	1581	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	0	0%
13 – 24 years	23	1%
25 – 44 years	508	32%
45 – 64 years	977	62%
65 years or older	73	5%
TOTAL	1581	100%

Insurance Status	UDC	% OF UDC
Private	80	2%
Medicare	560	15%
Medicaid	1409	38%
Other Public	135	4%
No Insurance	569	15%
Other	963	26%
Unknown	40	1%
TOTAL	3756	100%

Race/Ethnicity	UDC	% OF UDC
White	604	38%
Black	444	28%
Latino/a	355	22%
Asian	62	4%
Native Hawaiian & P/I	4	0%
Native American/Alaskan	10	1%
Multi-Ethnic	87	6%
Unknown	15	1%
TOTAL	1581	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	1193	75%
101 – 200%	373	24%
201 – 300%	6	0%
301 – 400%	2	0%
401 – 500%	0	0%
501 and above	2	0%
Unknown	5	0%
TOTAL	1581	100%

SUBCATEGORY: HOUSING – RESIDENTIAL MENTAL HEALTH SERVICES
HRSA CATEGORY: Housing
PRIORITY NUMBER: 5

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$200,291	100%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$0	0%
TOTAL H.H.S. FUNDING	\$200,291	100%

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, case management, and harm reduction mental health assessment services to transgender women and biologically born women located in SOMA.

Definition of unit of service:

- Bed Days
- Hours

Item	Contracted	Provided	Percent
Units of Service	1,976	1,831	93%
Unduplicated clients	15	12	80%
Funds	\$200,291	\$190,026	95%
Cost per UOS	\$101.36	\$101.36	100%
Cost per UDC	\$13,352.73	\$13,352.73	100%
Part A	\$200,291	\$190,026	95%
Part B	\$0	\$0	0%
General Fund	\$0	\$0	0%

Utilization analysis:

- Clients length of stay is longer than estimated, therefore less UDC are served. UOS are 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 those long-term survivors that 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:

Residential Mental Health demographics are included in the Emergency Housing Service Summary on page 41.

SUBCATEGORY: PSYCHOSOCIAL SUPPORT
HRSA CATEGORY: Psychosocial Support
PRIORITY NUMBER: 6

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$192,243	100%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$0	0%
TOTAL H.H.S. FUNDING	\$192,243	100%
<i>(0% of GF \$ is Add-Back Funding)</i>		

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	14,211	13,054	92%
Unduplicated clients	540	517	96%
Funds	\$344,262	\$332,367	97%
Cost per UOS	\$24.23	\$24.23	100%
Cost per UDC	\$637.52	\$637.52	100%
Part A	\$192,243	\$192,243	100%
Part B	\$0	\$0	0%
General Fund	\$152,019	\$140,124	92%

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 related to the aging population: social isolation and lack of support within their community, decreased engagement with the system of care and co-morbidities associated with aging. 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 from a 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=159). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	9	9%
Male	145	91%
Transgender FTM	0	0%
Transgender MTF	5	0%
Unknown	0	3%
TOTAL	159	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	0	0%
13 – 24 years	3	2%
25 – 44 years	32	20%
45 – 64 years	116	73%
65 years or older	8	5%
TOTAL	159	100%

Insurance Status	UDC	% OF UDC
Private	6	2%
Medicare	64	20%
Medicaid	125	38%
Other Public	10	3%
No Insurance	58	18%
Other	56	17%
Unknown	7	2%
TOTAL	326	100%

Race/Ethnicity	UDC	% OF UDC
White	45	28%
Black	85	53%
Latino/a	16	10%
Asian	5	3%
Native Hawaiian & P/I	1	1%
Native American/Alaskan	2	2%
Multi-Ethnic	5	3%
Unknown	0	0%
TOTAL	159	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	114	72%
101 – 200%	37	23%
201 – 300%	5	3%
301 – 400%	1	1%
401 – 500%	0	0%
501 and above	0	0%
Unknown	2	1%
TOTAL	159	100%

SUBCATEGORY: BENEFITS COUNSELING / MONEY MANAGEMENT
HRSA CATEGORY: Non-Medical Case Management
PRIORITY CATEGORY: 8

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

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$526,655	71%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$211,114	29%
TOTAL H.H.S. FUNDING	\$737,769	100%

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	12,902	12,899	100%
Unduplicated clients	799	773	97%
Dollars	\$737,769	\$737,769	100%
Cost per UOS	\$57.18	\$57.18	100%
Cost per UDC	\$923.37	\$923.37	100%
Part A	\$526,655	\$526,655	100%
Part B	\$0	\$0	0%
General Fund	\$211,114	\$211,114	100%

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 and unable to see additional clients.

- Active substance use and mental health issues make it difficult for the majority of 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 long waiting lists.
- 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 will be less equipped to understand complicated emerging regulations or changing process of benefits applications.
- If clients lose benefits, Ryan White funding may have to pay for more services
- 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=1071). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	121	11%
Male	899	84%
Transgender FTM	0	0%
Transgender MTF	51	5%
Unknown	0	0%
TOTAL	1071	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	0	0%
13 – 24 years	9	1%
25 – 44 years	280	26%
45 – 64 years	715	67%
65 years or older	67	6%
TOTAL	1071	100%

Insurance Status	UDC	% OF UDC
Private	82	3%
Medicare	309	13%
Medicaid	899	38%
Other Public	93	4%
No Insurance	391	16%
Other	565	24%
Unknown	55	2%
TOTAL	2394	100%

Race/Ethnicity	UDC	% OF UDC
White	501	47%
Black	299	28%
Latino/a	166	16%
Asian	36	3%
Native Hawaiian & P/I	4	0%
Native American/Alaskan	11	1%
Multi-Ethnic	48	4%
Unknown	6	1%
TOTAL	1071	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	786	73%
101 – 200%	227	21%
201 – 300%	29	3%
301 – 400%	17	2%
401 – 500%	6	1%
501 and above	4	0%
Unknown	2	0%
TOTAL	1071	100%

SUBCATEGORY: FACILITY-BASED CARE SERVICES
HRSA CATEGORY: Housing
PRIORITY NUMBER: 9

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$265,157	67%
Ryan White Part B Funding	\$132,401	33%
San Francisco General Fund	\$0	0%
TOTAL H.H.S. FUNDING	\$397,558	100%

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	4,996	4,742	95%
Unduplicated clients	120	120	100%
Funds	\$397,558	\$391,557	98%
Cost per UOS	\$79.58	\$79.58	100%
Cost per UDC	\$3,312.98	\$3,262.98	98%
Part A	\$265,157	\$259,356	98%
Part B	\$132,401	\$132,201	100%
General Fund	\$0	\$0	0%

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 are 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:

- Increase in homeless PLWHA as RCFCI serve as home for many severe need clients who would otherwise be homeless.
- Since RCFCIs must maintain specific staffing levels without the mandated minimum level of nursing and attendant care services, licensure could be suspended or revoked; thus, cuts that reduce staff numbers could jeopardize the facility's operation.
- Fewer 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 31.

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

Total FY 2015-16 HIV Health Services Allocations:

Part A Funding	\$381,217	100%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$0	0%
TOTAL H.H.S. FUNDING	\$381,217	100%

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: 2**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.
- Second program is HIV Consumer Advocacy Project, funded with RWPA Administrative funds.

Key Point of Entry: No

Definition of unit of service:

- Hours

Utilization Analysis:

Item	Contracted	Provided	Percent
Units of Service	3,072	3,072	100%
Unduplicated clients	350	350	100%
Funds	\$284,620	\$284,620	100%
Cost per UOS	\$92.65	\$92.65	100%
Cost per UDC	\$813.20	\$813.20	100%
Part A	\$284,620	\$284,620	100%
Part B	\$0	\$0	0%
General Fund	\$0	\$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=584). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	47	8%
Male	525	90%
Transgender FTM	0	0%
Transgender MTF	12	2%
Unknown	0	0%
TOTAL	584	100%

Age	UDC	% OF UDC
< 2 years	0	0%
02 – 12 years	0	0%
13 – 24 years	3	1%
25 – 44 years	94	16%
45 – 64 years	436	75%
65 years or older	51	9%
TOTAL	584	100%

Insurance Status	UDC	% OF UDC
Private	72	6%
Medicare	262	21%
Medicaid	427	34%
Other Public	40	3%
No Insurance	138	11%
Other	285	23%
Unknown	20	2%
TOTAL	1244	100%

Race/Ethnicity	UDC	% OF UDC
White	314	54%
Black	101	17%
Latino/a	130	22%
Asian	12	2%
Native Hawaiian & P/I	3	1%
Native American/Alaskan	9	2%
Multi-Ethnic	9	2%
Unknown	6	1%
TOTAL	584	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	309	53%
101 – 200%	211	36%
201 – 300%	38	7%
301 – 400%	18	3%
401 – 500%	3	1%
501 and above	1	0%
Unknown	4	1%
TOTAL	584	100%

SUBCATEGORY: OUTREACH
HRSA CATEGORY: Outreach
PRIORITY NUMBER: 13

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$267,677	100%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$0	0%
TOTAL H.H.S. FUNDING	\$267,677	100%

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 to evaluate effectiveness.

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	3,345	98%
Unduplicated clients	500	500	100%
Funds	\$267,677	\$228,286	85%
Cost per UOS	\$78.54	\$68.25	87%
Cost per UDC	\$535.35	\$456.57	85%
Part A	\$267,677	\$228,286	85%
Part B	\$0	\$0	0%
General Fund	\$0	\$0	0%

- **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 young Latin American immigrants to San Francisco (Particularly from Venezuela and Brazil), escaping persecutory conditions due to their sexual orientation, and/or lack of services and Medication for HIV positive individuals
- Increase in clients who identify as heterosexual but report MSM behavior
- Outreach in support groups seems to be effective way to engage/attract new clients out of care
- Online tools are an effective way to engage with the target population, i.e. Facebook and Instagram; More trainings required
- 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.
- Housing crisis is making it difficult to engage most vulnerable clients/patients i.e. homeless. People move away from the city.

Possible Impact of Further Cuts:

- Reduction in access to service for extremely marginalized populations; i.e Heterosexual identified, homeless,

- Decreased access points for prevention and care services resulting in delayed entry into treatment
- Loss of current clients to follow-up care and treatment

Client demographics:

No data available.

SUBCATEGORY: REFERRAL FOR HEALTH CARE/SUPPORTIVE SERVICES
HRSA CATEGORY: Referral for Health Care/Supportive Services
PRIORITY NUMBER: 15

Total FY 2015-16 HIV Health Services Allocations:

Ryan White Part A Funding	\$0	0%
Ryan White Part B Funding	\$0	0%
San Francisco General Fund	\$247,877	100%
TOTAL H.H.S. FUNDING	\$247,877	100%
<i>(0% of GF \$ is Add-Back Funding)</i>		

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:

- 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	\$247,877	\$247,877	100%
Cost per UOS	\$78.69	\$78.69	100%
Cost per UDC	\$619.69	\$619.69	100%
Part A	\$0	\$0	0%
Part B	\$0	\$0	0%
General Fund	\$247,877	\$247,877	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 as it is not Ryan White funded
- Program funded for well over a decade
- Commonly a first contact point for referral
- Due to recent HRSA service category policy clarifications, the services provided by this program will be moving to Medical Case Management and Non-Medical Case Management for 2016-17

Possible Impact of Further Cuts:

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

Referral for Health Care/Supportive Services Client demographics:

ARIES Database: Unduplicated clients (UDC) by gender, race, age, % of FPL per Household and insurance status (n=400). This data reflects the aggregate of the programs described above.

Gender	UDC	% OF UDC
Female	56	7%
Male	676	90%
Transgender FTM	0	0%
Transgender MTF	15	2%
Unknown	1	0%
TOTAL	748	100%

Age	UDC	% OF UDC
< 2 years	0	%
02 – 12 years	0	%
13 – 24 years	6	%
25 – 44 years	130	%
45 – 64 years	517	%
65 years or older	95	%
TOTAL	748	100%

Insurance Status	UDC	% OF UDC
Private	67	5%
Medicare	255	19%
Medicaid	427	31%
Other Public	34	2%
No Insurance	114	8%
Other	316	23%
Unknown	157	11%
TOTAL	1370	100%

Race/Ethnicity	UDC	% OF UDC
White	391	52%
Black	118	16%
Latino/a	153	20%
Asian	40	5%
Native Hawaiian & P/I	4	1%
Native American/Alaskan	17	2%
Multi-Ethnic	15	2%
Unknown	10	1%
TOTAL	748	100%

Household Poverty Level	UDC	% OF UDC
0 – 100%	333	45%
101 – 200%	244	33%
201 – 300%	67	9%
301 – 400%	28	4%
401 – 500%	3	0%
501 and above	5	1%
Unknown	68	9%
TOTAL	748	100%

END