

Planning Committee Year End Report 2004-2005 Term

Presented to the
Ryan White Title I Boston EMA
HIV Health Services Planning Council

June 9, 2005

Produced by the Boston AIDS Consortium 142 Berkeley Street Boston, MA 02116



www.bacboston.org

Committee Roster

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During this past year, the Planning Committee devoted its efforts to the following tasks:

1. Develop priority-setting exercise for Council.
2. Review and give input into the Council Needs Assessment process and data collection.
3. Assess the need for Core Services among PLWH, using existing data.
4. Review the potential implications of zero funding some categories in light of possible budget reductions.
5. Make recommendations to the Council and R&A Committee on service needs/gaps.
6. Prepare/present Year End Report recommendations for next term.

These activities are described in more detail below. The Planning Committee met a total of six times during the term.

1. Develop FY 2006 priority-setting exercise for Council.

The Committee reviewed and approved the Priority Setting tool (Appendix A) at its December 21, 2005 meeting, presented it to the Executive Committee at its January 27, 2005 meeting, and finally presented it to the Planning Council at its February 24, 2005 meeting. The results of the survey follow.

Priorities for FY 2006	
1. Primary Medical Care	11. Peer Support
2. Housing Services	12. Complementary Therapies
3. Drug Reimbursement	13. Day Care
4. Case Management	14. Respite Care
5. Mental Health	15. Adoption/Foster Care
6. Substance Abuse	16. Minority AIDS Initiative*
7. Food Services	17. Evaluation**
8. Dental	18. Planning Council Support**
9. Client Advocacy	19. Quality Management**
10. Transportation	

* Special "carve-out" service category that funds case management and peer support through federally mandated MAI funds. Not ranked by Council.

** Not "direct service" category. Not ranked by Council.

2. Review and give input into the Council Needs Assessment process and data collection

The Committee reviewed the report *Assessment of Need Among People Living with HIV/AIDS In the Boston EMA: An Update, February 2005*. Members of the

Committee noted that the Update did not capture the need to address the traditional drug treatment infrastructure gaps and the need for additional treatment options based upon emergence of new drug addictions, such as with crystal meth. Furthermore, problems in Housing need to be addressed in future reports. HUD regulations place clients in a situation where once they're housed, the ability to move them to less a supportive housing, more independent living arrangement is not possible without some subsidy. But being housed means they are placed at the bottom of the list, behind individuals living in shelters or who are on the street.

3. Assess the need for Core Services among PLWH, using existing data.

The Committee was charged by the Executive Committee to assess Core Services as its first charge of the term. Core Services, as defined by the Health Resources Services Administration (HRSA) were primary medical care, substance abuse treatment, mental health treatment, oral health care, case management, and HIV related medications. HRSA has placed additional focus on these services and wants to know how data regarding these core services were considered in the Council's priority setting and allocation processes. The Council needed to be clear about what was being done to fund core services, and that the services are sufficiently funded. The report needed to assess who's funding core services, what gaps exist, and how can the gaps be filled if they exist. The Committee developed a report and presented their findings to the Executive Committee on January 4th.and was formally presented to the Council on January 13th. (Appendix B)

4. Review the potential implications of zero funding some categories in light of possible budget reductions:

The Planning Committee created a tool to survey Council members about which categories should be considered for zero funding. That exercise took place on February 24, 2005. Following the notice of award for FY 2005, which resulted in the zero funding of complementary therapies, day care and respite care, the Committee decided to re-visit the zero funding exercise in order to more fully inform the Resources and Allocations Committee deliberations. A second survey tool was developed, excluding all zero funded service categories from the tool. (Appendix C) The result of that vote follows.

Zero/Minimal Funding Survey Results
Client Advocacy
Transportation
Peer Support
Dental Services
Food Services

The Committee then directed the BAC and BPHC staff (David Ayotte, BAC, Nelie Casimir, BPHC and Cressie Hedgecock, BPHC) to conduct research on potential implications of zero or minimally funding the categories. The Committee requested information on Title I funded programs, and services inside and outside the HIV service system. That research is attached in Appendix D. The report was sent to the Executive, as well as the Resources and Allocations Committee on May 5, 2005 to inform their work.

APPENDIX A

FY 2006 Priority Setting Exercise Tool

FY 2006 Priority Setting Exercise Tool

- **The Priority Setting Process**

Priority setting is the process of ranking the Title I service categories to reflect the needs of people living with HIV/AIDS in the EMA. Each year, the Council sets service priorities for the upcoming year.

- The current year is Fiscal Year (FY) 2004.
- The Council's FY 2005 starts March 1, 2005.
- The Council will set priorities for FY 2006, which starts March 1, 2006.

- **What are Priority Setting Decisions Based On?**

1. Epidemiological trends in the EMA
 - *HIV/AIDS in the Boston EMA*, presented by Rich Stevens, BPHC, at October 14, 2004 Planning Council meeting
2. Comprehensive Plan, and other studies or reports you've received or learned about, including
 - *Health Outcomes for PLWH in the Boston EMA Annual Report FY03*, presented by Sandy Matava, Suffolk University, at November 18, 2004 Planning Council meeting
 - *MassHealth and Other Insurance Options for People Living with HIV, Parts I and II*, presented by Jon Argenziano, JRI Health Law Project at November 18, 2004 and December 9, 2004 Planning Council meetings
 - *MassHealth and People with HIV/AIDS*, presented by Alison Kirschgasser, MA Office of Medicaid at December 9, 2004 Planning Council meeting
 - *New Hampshire Medicaid*, presented by Heather Hauck, NH STD/HIV Prevention Section at December 9, 2004 Planning Council meeting
 - *Voices of Experience (VOE) 2003: HIV/AIDS Consumer Views on Their Needs for Services in Massachusetts and the Boston Eligible Metropolitan Area (EMA)*, presented at November 13, 2003 Planning Council meeting.
 - *Report on Core Services*, presented by the Planning Committee at January 13, 2005 Planning Council meeting
 - *MA HIV Drug Assistance Program (HDAP) Update*, presented at January 13, 2005 Planning Council meeting
 - *New Hampshire CARE Services AIDS Drug Assistance Program (ADAP)*, presented at January 13, 2005 Planning Council meeting
3. Personal experience as a consumer, provider, or member of the community; and
4. Priorities for the current year.

- **How Does the Priority Setting Process Relate to Other Council Work?**

Priority setting comes before resource allocation. *The Council sets priorities based on need independently of allocating funds to service categories.*

The four steps of the process are:

1. The Council sets priorities based on need.
2. The Resources and Allocations (R&A) Committee assesses the existing resources in the EMA and identifies gaps in funding.

3. The R&A Committee recommends allocation levels based on identified gaps in funding.
4. The R&A Committee presents the recommendations on allocation levels to the full Planning Council for review, discussion, and vote.

- **Why Does Priority Setting Occur Independently of Resource Allocation?**

Title I funding is designated for **emergency** needs. It fills in **gaps** in overall service funding. There are many different funding “streams” that support HIV/AIDS services in our area. The R&A Committee might recommend that a high priority category should receive a relatively low Title I funding allocation if that category of services has alternate resources. Title I resources could then be directed to service categories that do not have the resources to meet existing consumer need.

- **Boston EMA Title I Service Categories,** (as approved at the February 12, 2004 Council meeting)

Adoption/Foster Care	Food Services	Transportation
Case Management	Housing	
Client Advocacy	Mental Health	
Complementary Therapies	Peer Support	<i>Minority AIDS Initiative(MAI)*</i>
Day Care	Primary Care	Evaluation**
Dental	Respite Care	Planning Council Support**
Drug Reimbursement	Substance Abuse	<i>Quality Management**</i>

* = Special “carve-out” that funds case management and peer support through federally mandated MAI funds. Not to be ranked by Council.

** = Not “direct service” category. Not to be ranked by Council.

Priority Setting Exercise

1. Consider the information that you've read and heard at today's and past Council meeting(s).
2. Ask yourself "What has changed (e.g., demographic trends, level of need for services, etc.) since last year's priority setting process?"
3. Set priorities based on **need** not changes in funding.
4. Rank the categories by priority level (1 is the highest priority, 15 is the lowest priority). **Be sure to rank all categories.**

Rank	FY 05 Categories (Alphabetical)
	Adoption/Foster Care
	Case Management
	Client Advocacy
	Complementary Therapies
	Day Care
	Dental
	Drug Reimbursement
	Food Services
	Housing
	Mental Health
	Peer Support
	Primary Care
	Respite Care
	Substance Abuse
	Transportation
16	<i>Minority AIDS Initiative*</i>
17	Evaluation**
18	<u>Planning Council Support**</u>
19	<i>Quality Management**</i>

* = Special "carve-out" that funds case management and peer support through federally mandated MAI
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APPENDIX B

Review of Core Services

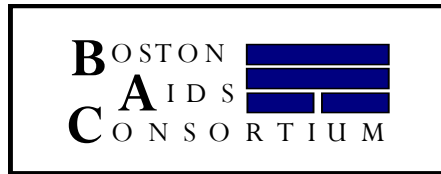
Review of Core Services

Case Management
Dental Care
Drug Reimbursement
Mental Health Services
Primary Medical Care
Substance Abuse Services

by the Planning Committee

Presented at the January 13, 2005 Title I Planning Council Meeting

Produced by



*A community working together is essential
to winning the fight against HIV/AIDS*

142 Berkeley Street Boston, MA 02116 - www.bacboston.org

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Executive Summary: Review of Core Services

This report presents and discusses service categories identified by Health Resources and Services Administration (HRSA) as being critical services for people living with HIV disease. In allocating resources EMA's must demonstrate that there is adequate funding and access to these six service categories – primary care, case management, dental care, drug reimbursement, mental health, and substance abuse treatment.

This report presents each service category under the following headings:

1. definition (what constitutes the service),
2. funds dedicated to this service category from Title I money for the last fiscal year,
3. Title I client data:
 - a. how many clients were served,
 - b. percentage rate of clients using services in this category,
 - c. average number of service units used by the average client,
 - d. average cost of a service unit in this category (or similar information),
4. other funding sources paying for this category of services,
5. unmet service need estimates, and
6. further information on the particular category.

Case Management

Definition

Services funded under this category are client centered services that link with primary medical care and health related support services in a manner that ensures timely, coordinated access to appropriate levels of care. Key activities include:

- information and referral;
- assessment of the client's needs and personal support systems;
- development of a comprehensive individualized service care plan;
- coordination of the services required to implement the plan;
- client monitoring to assess the efficacy of the plan;
- periodic reevaluation and adoption of the plan; and
- activities targeting persons with HIV disease so that they can be enrolled or retained in care/ treatment services.

Title I HIV Case Management Services and FY03 Service Utilization

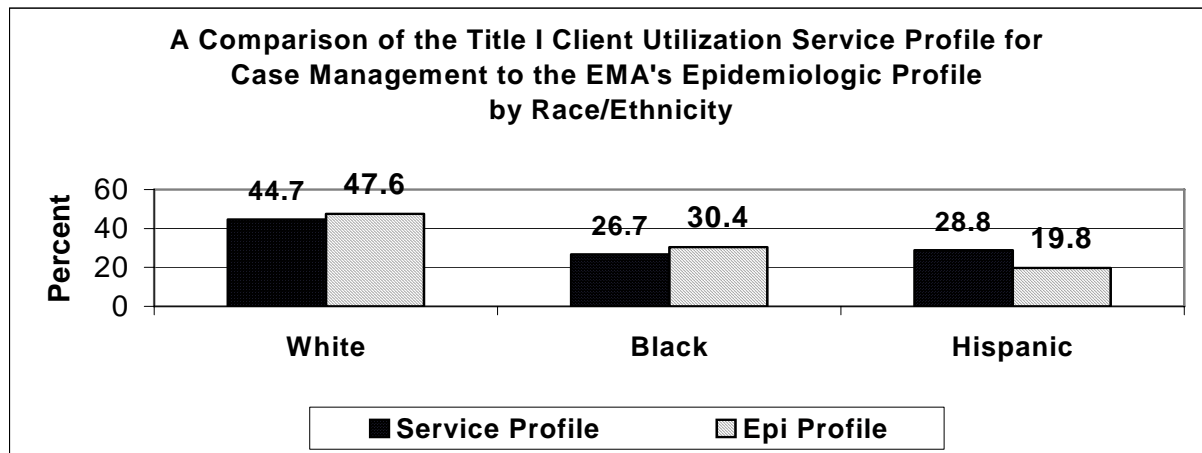
Currently funds 25 programs. These programs provide information and referral; development of comprehensive individualized service care plans based on assessment; coordination of a range of HIV medical and support services; and client monitoring.

Title I Funds Spent (expenditure): \$2, 280, 689

Percentage of total Title I funds spent on Case Management: 14.4%

Total Number of Clients: 3,148

Percentage of All Title I clients using Title I Case Management services: 41%



Average Number of Service Units per Client: 16.5

Average cost per Individual Service Unit: \$44

Average cost per Face to Face visit: \$142

Other HIV-related Funding for Case Management Services

- Massachusetts Title II: \$1,126,645
- Massachusetts state funds: \$1,721,045
- New Hampshire's Title II: \$1,596
- Title III: \$391,850
- Title IV: \$639,971
- MassHealth: \$144,754
- HOPWA: \$1,950,181

Total EMA HIV-related Funding including Title I: \$8,256,731

% Title I Contribution to the Total: 26.6%

Unmet Need for Case Management

3% of VOE 2003 participants indicated that they needed but could not get Case Management Services due to difficulty in accessing service providers or because providers were not helpful. (*Voices of Experience (VOE) 2003: HIV/AIDS Consumer Views on Their Needs for Services in Massachusetts and the Boston Eligible Metropolitan Area* was an HIV needs assessment conducted by Suffolk University that surveyed 466 people living with HIV/AIDS.)

Notes

All funding information in this report is from the most recent fiscal year.

Title I and Title II/MA state are now coordinating Case Management services through a joint procurement process to reduce costs and duplication of services and improve service efficiency.

Percentage of total Title I funds spent on each Core service was calculated based upon the expenditure for the Core Service in FY03 divided by the total of the FY03 Title I award and the unexpended FY02 funds.

Committee Comments

The Planning Committee and Council reviewed this service category and gave extensive input into the joint procurement process mentioned above.

Definition of Terms

Title I Fiscal Year 03 (FY03) = March 1, 2003 – February 29, 2004

Allocations, Appropriations, and Budgets = Funds that were set aside for services

Expenditures = Funds that were actually spent

Dental Care

Definition

Services funded under this category are

- recruitment of dentists and
- preventive diagnostic and therapeutic services rendered by dentists, dental hygienists and other dental practitioners.

Title I HIV Dental Care Services and FY03 Service Utilization

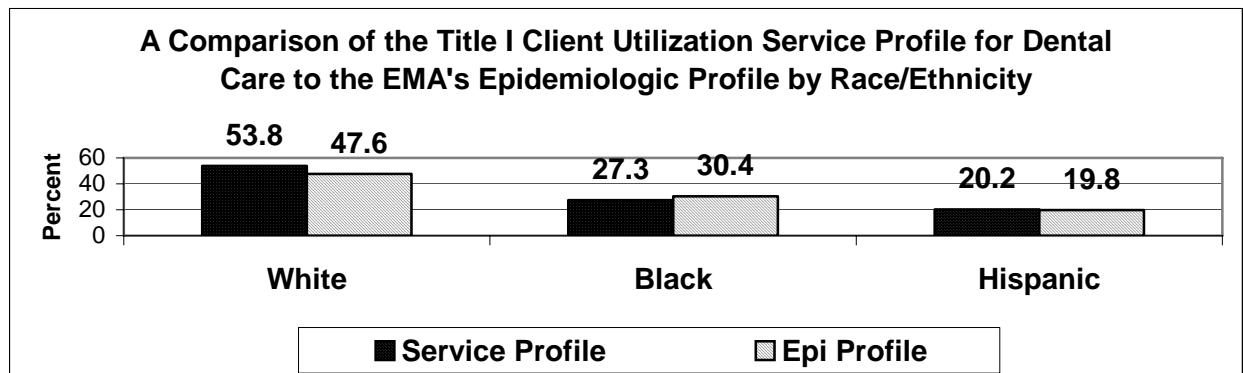
Currently funds 1 program. This program assists clients with access to dental services and provides reimbursement for dental services.

Title I Funds Spent (expenditure): \$578,377

Percentage of total Title I funds spent on Dental Care: 3.6%

Total Number of Clients: 1,444

Percentage of All Title I clients using Title I Dental Care services: 18.8%



Average Number of Service Units per Client: 3.9

Average cost per Individual Service Unit: \$100

Average cost per Treatment Claim: \$215

Other HIV-related Funding for Dental Care Services

Part F of the CARE Act, FY2003: \$1,060,513 to

- Boston Medical Center's General Practice Residency Program
- Boston University Goldman School of Dental Medicine
- Harvard School of Dental Medicine
- Tufts University, School of Dental Medicine

Massachusetts State budget: \$104,000

Title III of the Care ACT: \$128, 531 to various Community Health Centers and other programs.

Medicaid expenditures: \$740,215

Total EMA HIV-related Funding including Title I: \$2,611,636

% Title I Contribution to the Total: 22.2%

Other Dental services available outside HIV service system

Other Community Health Centers have some dental care available.

Unmet Need for Dental Care Services

25% of VOE 2003 participants indicated that they needed but could not get Dental Care Services due to lack of money or insurance to pay for services, or that they did not know where to go for services. Adults on MassHealth have not been receiving dental coverage beyond extractions (pulled teeth) since January 2003. They can get more dental care if their provider can prove “special circumstances,” a somewhat complicated process.

Committee Comments

Provider perspective shared on the importance of preventative dental care and connections to other health issues. One Committee member shared a positive experience getting dental care through Title I. Another felt that dental care was a lesser priority for him.

Drug Reimbursement

Definition

The service funded under this category is the provision of medically prescribed pharmaceuticals used in the prevention, management and treatment of HIV disease.

Title I HIV Drug Reimbursement and FY03 Service Utilization

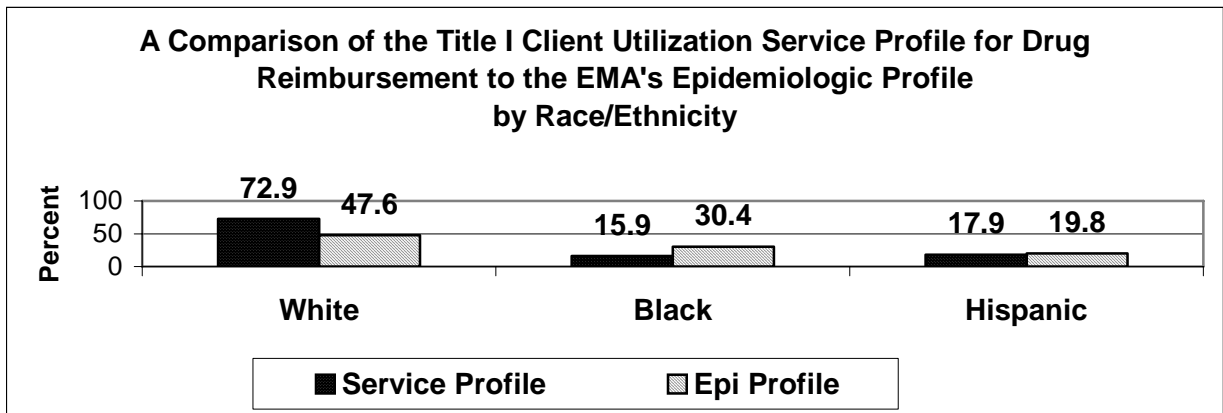
Currently funds 2 programs (Community Research Initiative of NE and NH Dept. of Health & Human Services). These programs provide prescription drugs for PLWH.

Title I Funds Spent (expenditure)*: \$1,371,099

Percentage of total Title I funds spent on Drug Reimbursement: 8.6%

Total Number of Clients*: 207

Percentage of All Title I clients using Title I Drug Reimbursement services*: 2.7%



Average Number of Service Units per Client*: 30.9

Average cost per Individual Service Unit*: \$214

Cost per client: \$6,624

* This data is for NH only. CRI submits demographic profiles only of clients for the 7 counties in MA.

Other HIV-related Drug Reimbursement Funding:

MA Title II budget: \$11,875,542

Massachusetts state budget: \$1,614,757

NH Title II appropriations: \$49,732

Title III appropriations: \$40,273

Medicaid expenditures: \$56,924,526.

Total EMA HIV-related Funding including Title I: \$71,875,929

% Title I Contribution to the Total: 1.9%

Other Drug Reimbursement available outside HIV service system

In January 2006, Medicare will be the payor under Part D for dual eligible (Medicare-Medicaid) clients. HIV-specific expenditures through private insurance or through VA benefits are unknown.

Unmet need

There are currently no wait lists to either state's Drug Reimbursement Programs. NH has implemented medical criteria for access for new, treatment naïve clients with CD4 counts > 350 cells/mm³ and moved to a preferred drug list formulary. Neither state has reduced income guidelines for eligibility. 6% of VOE 2003 participants indicated that they needed but could not get Drug Reimbursement services because they did not know where to go for services.

Note

Expansion of Health Insurance Continuation through Title II should result in lowered costs to Drug Reimbursement.

Mental Health Services

Definition

Services funded under this category are psychological and psychiatric treatment, counseling and case consultation services provided by professional therapists (licensed or authorized within the state).

Title I Mental Health Services and FY03 Service Utilization

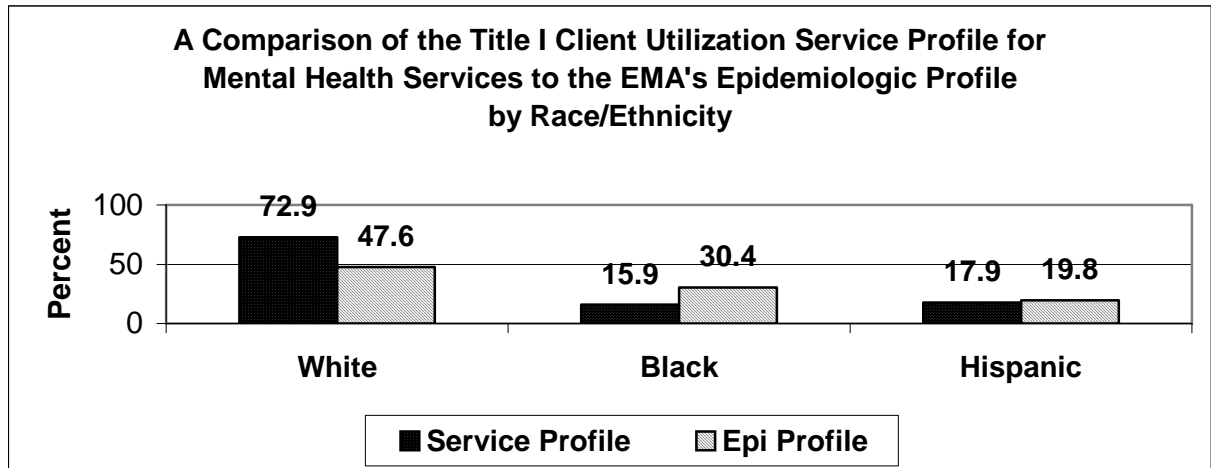
Currently funds 12 programs. These programs provide individual therapy; group therapy; family therapy; and crisis counseling.

Title I Funds Spent (expenditure)*: \$451,527

Percentage of total Title I funds spent on Mental Health services: 2.8%

Total Number of Clients*: 688

Percentage of All Title I clients using Title I Mental Health services: 9%



Average Number of Service Units per Client: 14.4

Average cost per Individual Service Unit: \$45.5

Individual Range: \$55 - \$90

Group Range: \$20 - \$36

Family Range: \$25 - \$72

Case Consultation: \$32

Other HIV-related Mental Health Services Funding:

MA Title II budget: \$13,906

MA state budget: \$142,000

Title III appropriated: \$310,946

Title IV appropriated: \$43,066

HOPWA: \$4,887

Medicaid expenditures: \$1,639,754

Total EMA HIV-related Funding including Title I: \$2,606,086
% Title I Contribution to the Total: 17.3%

Other Mental Health services available outside HIV service system

HIV-specific expenditures through state Mental Health agency line items*, private insurance or through VA benefits are unknown.

Unmet Need: 4% of VOE participants indicated that they needed but could not get Mental Health Services due to lack of services in their area.

Note

* Between FY02 – FY04, the budget for the Massachusetts Department of Mental Health was reduced by over \$34.3 million, to \$594.6 million in FY 2004.

Committee Comments

There is a wait list for mental health services at a local community health center. Is this part of a larger trend?

Primary Medical Care

Definition

Services funded under this category provide routine, non-emergency, non-inpatient medical care, case consultation, patient education, and OB/GYN services.

Title I Primary Care and FY03 Service Utilization

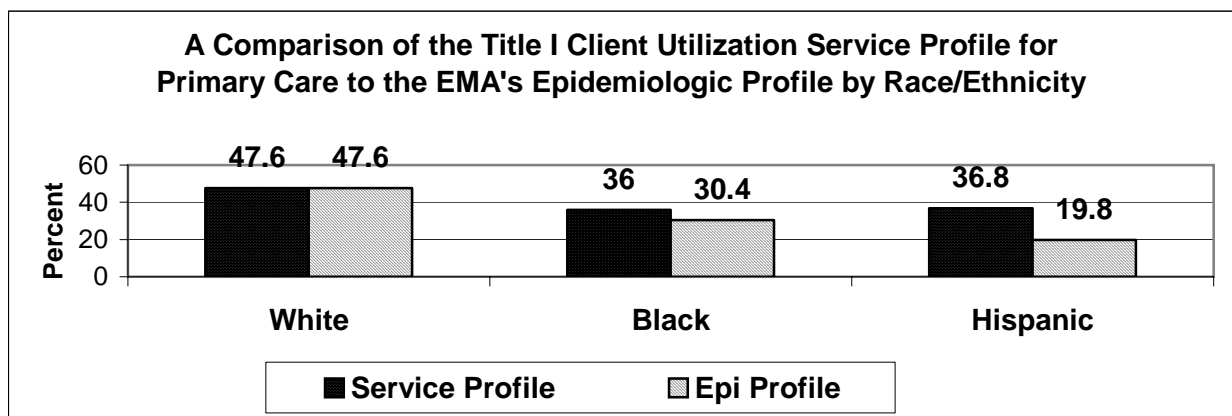
Currently funds 9 programs. These agencies provide medical and social needs assessments; initial and follow-up medical visits; provision of routine, non-emergency, non-inpatient, ob-gyn care, including; ob-gyn nursing care; and monitoring and tracking of care via case consultation.

Title I Funds Spent (expenditure)*: \$306,435

Percentage of total Title I funds spent on Primary Medical Care: 1.9%

Total Number of Clients*: 693

Percentage of All Title I clients using Title I Primary Care services: 9%



Average Number of Service Units per Client: 6.8

Average cost per Individual Service Unit: \$65.20

Visit, Initial Range: \$72 - \$128

Visit, Follow-up Range: \$66 - \$128

Case Consultation Range: \$32

Ob Visit Range: \$72 - \$170

Ob Follow-up Range: \$67 - \$90

Ob Case Consultation Range: \$32

***Note:** Title I funding for Primary Care does not cover laboratory, radiological or other diagnostic procedures.

Other HIV-related Primary Care Funding

The Massachusetts state AIDS line item budget: \$2,155,800

Title III appropriations: \$4,473,161

Title IV appropriations: \$575,852

NH Title II expenditures: \$26,261
Medicaid expenditures: \$17,675,207

Total EMA HIV-related Funding including Title I: \$25,212,716
% Title I Contribution of the Total: 1.2%

Other services available outside HIV service system

HIV-specific expenditures through private insurance, Medicare or through VA benefits are unknown.

Unmet Need

2% of VOE participants indicated that they needed but could not get Primary Care Services due to difficulty in accessing service providers, providers were not helpful or that they didn't know where to go for services.

Substance Abuse Services

Definition

Services funded under this category may include: pretreatment program of recovery readiness; harm reduction; mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; drug-free treatment and counseling; neuro-psychiatric pharmaceuticals; relapse prevention in an outpatient or residential health service setting; and activities targeting persons with HIV disease so that they can be enrolled or retained in care/ treatment services.

Title I Substance Abuse Services and FY03 Service Utilization

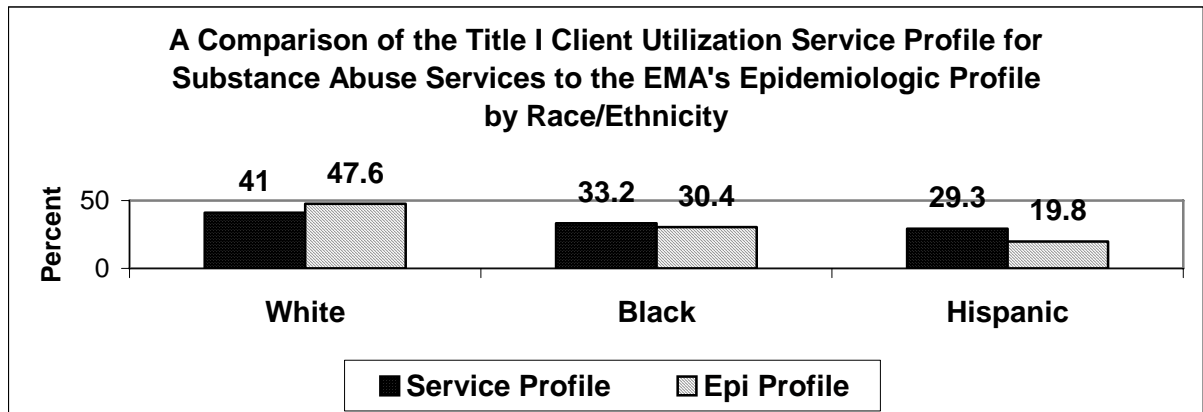
Currently funds 8 programs. These programs provide residential detoxification; residential substance abuse treatment; and individual and group outpatient substance abuse Counseling.

Title I Funds Spent (expenditure)*: \$1,260,949

Percentage of total Title I funds spent on Substance Abuse services: 7.9%

Total Number of Clients*: 485

Percentage of All Title I clients using Title I Substance Abuse services: 6.3%



Average Number of Service Units per Client: 39.7

Average cost per Individual Service Unit: \$65.5

Individual Range: \$60 - \$67

Group Range: \$23 - \$27

Day Range: \$55 - \$200

Methadone Visit Range: \$10.42

Other HIV-related Substance Abuse Services Funding

MA Bureau of Substance Abuse Services (BSAS)* estimated expenditure: \$1,214,206

NH Title II expenditures: \$15,297

HOPWA appropriations: \$4,051

Medicaid expenditures: \$2,043,793.

Total EMA HIV-related Funding including Title I: \$4,538,296

% Title I Contribution of the Total: 27.8%

* For FY 2004, the budget for the Massachusetts Bureau of Substance Abuse Services (BSAS) was reduced by over \$3 million, from \$37.1 million in FY 2003 to \$33.7 million in FY 2004. Since FY2001, the substance abuse treatment line item has been reduced by over \$11 million, a cut of 25%. Due to reductions in program capacity, drug treatment admissions dropped by 8,643 (a 7% decrease) in FY03. Because of budget cuts, there are less than half the number of detox beds funded in the state than there were two years ago (420 vs. 997). 6 programs out of 22 have closed. FY05 funds were increased to \$48.4 million.

Other services available outside HIV service system

HIV-specific expenditures through private insurance or through VA benefits are unknown.

Unmet Need

1% of VOE participants indicated that they needed but could not get Substance Abuse Services (Treatment or Detoxification) Services due to complicated voice mail and delays or were told that they were not eligible.

Committee Comments

There is a wait list for buprenorphine at a large local hospital. Buprenorphine is used as treatment for heroin addiction and is taken as a pill administered in a doctor's office once a week as opposed to methadone, which is generally administered daily at a clinic. Members discussed lack of access issues, including provider training and policies which limit to 30 the number of patients that can be treated with buprenorphine at any one provider site. Title I does not fund buprenorphine treatment.

Notes

Buprenorphine: payor sources- Medicaid, Private Insurers, Other Payors? Is Act Now covering costs? How many provider sites exist?

Appendix C

Zero Funding Exercise

Zero/ Minimal Funding Exercise

ZERO FUNDING SURVEY

Which 5 service categories would you consider for potential zero funding for FY 2006?

CHECK 5 CATEGORIES BELOW



Check 5	FY 05 Categories (Alphabetical)
	Case Management
	Client Advocacy
	Complementary Therapies
	Day Care
	Dental
	Drug Reimbursement
	Food Services
	Housing
	Mental Health
	Peer Support
	Primary Care
	Respite Care
	Substance Abuse
	Transportation
15	<i>Minority AIDS Initiative</i>
16	<i>Evaluation</i>
17	<i>Planning Council Support</i>
18	<i>Quality Management</i>

ZERO OR MINIMAL FUNDING SURVEY

Which 5 service categories would you consider for potential zero or minimal funding for FY 2006?

CHECK 5 CATEGORIES BELOW



Check 5	FY 05 Categories* (Alphabetical)
	Case Management
	Client Advocacy
	Dental
	Drug Reimbursement
	Food Services
	Housing
	Mental Health
	Peer Support
	Primary Care
	Substance Abuse
	Transportation
12	<i>Minority AIDS Initiative</i>
13	Evaluation
14	<u>Planning Council Support</u>
15	<i>Quality Management</i>

* FY2005 zero funded service categories have been excluded.

Appendix D

Review of FY06 Zero//Minimal Funding Service Categories

**Review of Potential Zero/Minimally Funded
Service Categories**

Client Advocacy
Dental Care
Food Services
Peer Support
Transportation

DRAFT
May 5, 2005

Executive Summary: Review of Potential Zero or Minimally Funded Service Categories in FY06

This report presents and discusses information on service categories identified for potential zero or minimal funding by the Boston Title I EMA HIV Care Services Planning Council.

This report presents each service category under the following headings:

1. Definition (what constitutes the service)
2. Funds dedicated to this service category from Title I money for the last fiscal year
3. Title I client data:
 - a. How many clients were served
 - b. Percentage rate of clients using services in this category
 - c. Average number of service units used by the average client
 - d. Average cost of a service unit in this category (or similar information)
4. Other funding sources paying for this category of services
5. Unmet service need estimates
6. Further information on the particular category

Client Advocacy

Definition: Services funded under this category provide assistance to clients in accessing and obtaining services that include, but which are not limited to: financial; legal; ombudsperson; other relevant needs experienced by the client that may be met by non-licensed, paraprofessionals trained in accessing such services through an established referral network; and activities targeting persons with HIV disease so that they can be enrolled or retained in care/treatment services.

Title I HIV Client Advocacy Services and Service Utilization

Currently funds 7 programs

- Funded programs provide general and financial/legal client advocacy services and specialized services such as permanency-planning, interpretation services and services to the homeless population.

FY05 Total allocation \$527,764

	FY03	FY04
Title I Expenditure	\$866,404*	\$533,604
Percentage of total Title I funds spent on Client Advocacy	6.0%	3.8%
Total Number of Clients	1,766	971
Percentage of All Title I clients using Title I Client Advocacy	23%	13.4%
Initial Intake, Started	452.75 units	448.54 units
Assessment, Completed	657.45 units	659.50 units
Visit, General	9,059.65 units	4,618.92 units
Phone, Follow-up	13,961.60 units	5,751.00 units
Reassessment, Completed	961 units	710.50 units
Average cost per Face-to-Face visit**	\$91	\$105
Cost per client	\$491	\$550

** includes housing advocacy*

***this includes units for initial intake and visit, general*

FY04 Costs (Draft)

Permanency Planning

- The cost per client to provide 992 units of legal permanency planning to 46 clients was \$1,416, for a total expenditure of \$65,148.
 - Initial Intake: 35 (4%)
 - Assessment: 30 (3%)
 - Visit, General: 100 (10%)
 - Phone, Follow-up: 806 (81%)
 - Reassessment: 21 (2%)

Advocacy with Interpreter Services

- The cost per client to provide 1,032 units of client advocacy with interpreter services to 93 clients was \$1,530, for a total expenditure of \$142,326.
 - Initial Intake: 11.5 (1%)
 - Assessment: 36.5 (4%)
 - Visit, General: 264.5 (26%)
 - Phone, Follow-up: 683 (66%)
 - Reassessment: 36.5 (4%)

Advocacy Targeted at the Homeless

- The cost per client to provide 2,800 units of client advocacy targeted at the homeless population to 191 clients was \$393, for a total expenditure of \$75,045.
 - Initial Intake: 66 (2%)
 - Assessment: 42 (2%)
 - Visit, General: 1,939 (69%)
 - Phone, Follow-up: 678 (24%)
 - Reassessment: 75 (3%)

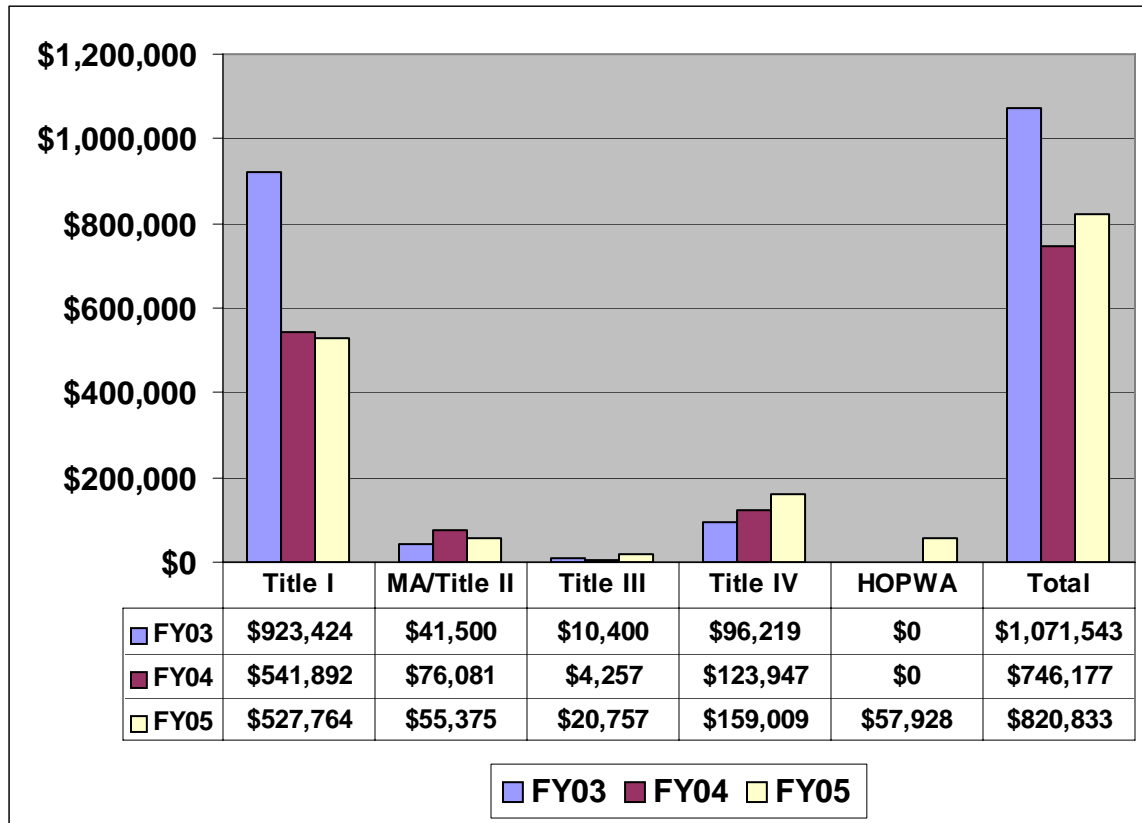
General Advocacy (this includes financial, legal, accessing services, etc.)

- The cost per client to provide 7,364 units of general client advocacy to 641 clients was \$392, for a total expenditure of \$251,085.
 - Initial Intake: 336 (5%)
 - Assessment: 551 (7%)
 - Visit, General: 3529 (48%)
 - Phone, Follow-up: 3584 (49%)
 - Reassessment: 578 (8%)

FY04 Demographics

- 61% of consumers using client advocacy services were Men; 36% were Women.
- 34% of clients were White, 24% were Black and 39.3% were Latino.

HIV-related Funding for Client Advocacy Services



- FY03 Title I funding includes Housing advocacy
- Data utilized for this chart is based upon the 2003, 2004, and 2005 Funding Streams Reports

Total EMA FY05 HIV-related Funding including Title I \$820,833

% Title I Contribution to the Total 64.3%

Issues and Trends

- Benefits advocacy is necessary to ensure that clients receive income and health insurance benefits. Further, it maximizes reimbursements from other funding streams, such as MassHealth.
- If case managers received more comprehensive training regarding financial benefits, much of the benefit advocacy could be done through case managers.
- Case managers need access to benefits experts to build their capacity and reduce bottlenecks in accessing benefit services.
- Increasing need for services, due to more complex client needs (multiple diagnoses).
- Increasingly complex legal issues, including insurance, debt, credit and employment problems.

Possible Impact of Cuts

- Fewer clients served.
- Longer waits for advocacy assistance.
- More evictions, deportations.
- Clients may lose access to services to which they are entitled.
- Breadth of advocacy currently available may have to be reduced.
- Greater reliance on other funding for services that could be paid more appropriately for through other funding streams, for example MassHealth.
- Loss of “specialized” advocate knowledge.
- Without access to legal advocacy, benefit claims may be denied.
- Greater client reliance on pro bono legal services.

Unmet Need for Client Advocacy

11% of *VOE 2003* participants indicated that they needed but could not get Client Advocacy Services (Legal and Financial Advocacy) because they did not know where to go for services or the lack of service in their area. (*Voices of Experience (VOE) 2003: HIV/AIDS Consumer Views on Their Needs for Services in Massachusetts and the Boston Eligible Metropolitan Area* was an HIV needs assessment conducted by Suffolk University that surveyed 466 people living with HIV/AIDS.)

Recommendation for Minimal/Zero Funding

Consider Zero funding of Permanency Planning. Consider funding Advocacy with Interpreter Services through MAI funding.

Dental Care

Definition

Services funded under this category are recruitment of dentists and preventive diagnostic and therapeutic services rendered by dentists, dental hygienists and other dental practitioners.

Title I HIV Dental Care Services and Service Utilization

Currently funds 1 program. This program assists clients with access to dental services and provides reimbursement for dental services.

FY05 Allocation \$566,355

	FY03	FY04
Title I Funds Expenditure	\$578,377	\$592,715
Percentage of total Title I funds spent on Dental Care	4.0%	4.2%
Total Number of Clients	1,444	1,654
Percentage of All Title I clients using Title I Dental Care services	18.8%	22.9%
Cost per Client	\$401	\$358

FY04 Utilization (Draft)

Total Number of Service Units: 6,900

- o Dental Care - Initial Intake: 537 (8%)
- o Dental Care – Treatment Committed (approved treatment): 456 (7%)
- o Dental Care Treatment Claims: 3,031 (44%)
- o Phone Calls/Follow-up: 2,876 (42%)

FY04 Title I Dental Costs (Draft)

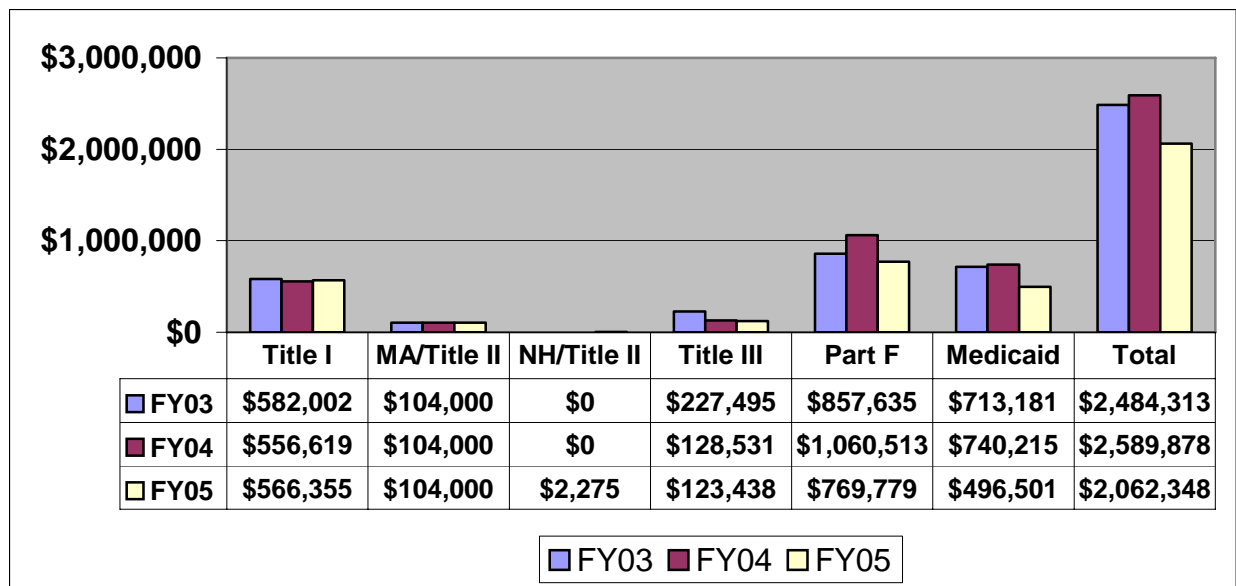
Cost per All Clients (regardless of treatment): \$358

Cost per Treatment Claim: \$196

FY04 Client Demographics

- In FY04, 61% of clients were White, 21.1% were Black/African American and 18% were Latino.
- 73% of clients were Male and 27% were Female.

HIV-related Funding for Dental Care Services



Total EMA HIV-related Funding including Title I FY05 \$2,062,348

% Title I Contribution to the Total in FY05 27.5%

Other Dental Services Funding available outside HIV service system

There are approximately 180 dental practices throughout the EMA that are part of the HIV Dental Ombudsperson program. The majority are composed of multiple dentists. Only 15-20% are solo practitioners. The program also works with any community health center that has a dental program and the three universities with dental schools.

Issues and Trends

- Dental Care is one of the “Core Services” as defined by HRSA.
- Dental Coverage through MassHealth requires prior approval except for extractions.
- Many clients do not know about the availability of the Dental Services in the EMA, while other clients consider the service of lesser priority over other services.

Possible Impact of Cuts

- Fewer clients served.
- Longer waits for treatment.
- Procedures currently covered may have to be reduced.

Unmet Need for Dental Care Services

25% of *VOE 2003* participants indicated that they needed but could not get Dental Care Services due to lack of money or insurance to pay for services, or that they did not know where to go for services. Adults on MassHealth have not been receiving dental coverage beyond extractions (pulled teeth) since January 2003. They can get more dental care if their provider can prove “special circumstances,” a complicated process.

Committee Comments

Provider perspective shared on the importance of preventative dental care and connections to other health issues. One Committee member shared a positive experience getting dental care through Title I. Another felt that dental care was a lesser priority for him.

Recommendation for Minimal/Zero Funding

Dental Care funding should be left intact due to limited funding sources.

Food Services

Definition

The service funded under this category is the provision of calorically and nutritionally appropriate prepared food, which may include, but is not limited to: prepared meals; congregate meals; home-delivered food; food banks; nutritional supplements; and, the provision of nutritional counseling under the supervision of a registered dietician.

Title I HIV Food Services and Service Utilization

Currently funds 12 programs

FY05 Allocation \$1,626,735

	FY03	FY04
Title I Fund Expenditure	\$1,802,505	\$1,765,549
Percentage of total Title I funds spent on Food Services	12.5%	12.5%
Total Number of Clients	3,032	2,386
Percentage of All Title I clients using Title I Food Services	39.5%	33.0%
Home Delivered Food, Professional	130,496.5 units	121,334 units
Home Delivered Food, Volunteer	726 units	1,188 units
Meals, Congregate	29,174 units	11,583 units
Assessment, Nutritional	815 units	1,248 units
Visit, General Nutritional Counseling	1,360 units	2,176 units
Food Bank Package	54,142.50 units	56,711 units
Nutritional Supplements	34,541.60 units	23,371 units
Food Vouchers	4, 834 units	4,949 units
Cost per client	\$594.49	\$740

FY04 Costs (Draft)

Home Delivered Meals

- The cost per client to provide 120,950 units of home delivered meals to 240 clients was \$3,647, for a total expenditure of \$875,247. This cost per unit of service is \$7.24. (Cost per client ranged from \$2,490 to \$3,999)

Home Food Delivery – Professional: 119,632 (99%)

Home Food Delivery – Volunteer: 645 (0.5%)

Nutritional Supplement: 668 (0.5%)

Congregate Meals

- The cost per client to provide 10,104 units of congregate meals to 536 clients was \$801, for a total expenditure of \$429,308. This cost per unit of service is \$23.93.

Congregate Meals: 10,104 (56%)

Nutritional Supplement: 7,825 (44%)

General Food and Nutrition Services

- The cost per client to provide 83,672 units of general food and nutrition services, including food vouchers (not including home delivered and congregate meals), to 1,610 clients was \$286, for a total expenditure of \$460,994. This cost per unit of service is \$5.50.

Nutritional Assessment: 1,248 (2%)

Nutritional Counseling, Visit: 2,176.5 (3%)

Food Bank Package: 56,709 (68%)

Nutritional Supplement: 14,878 (18%)

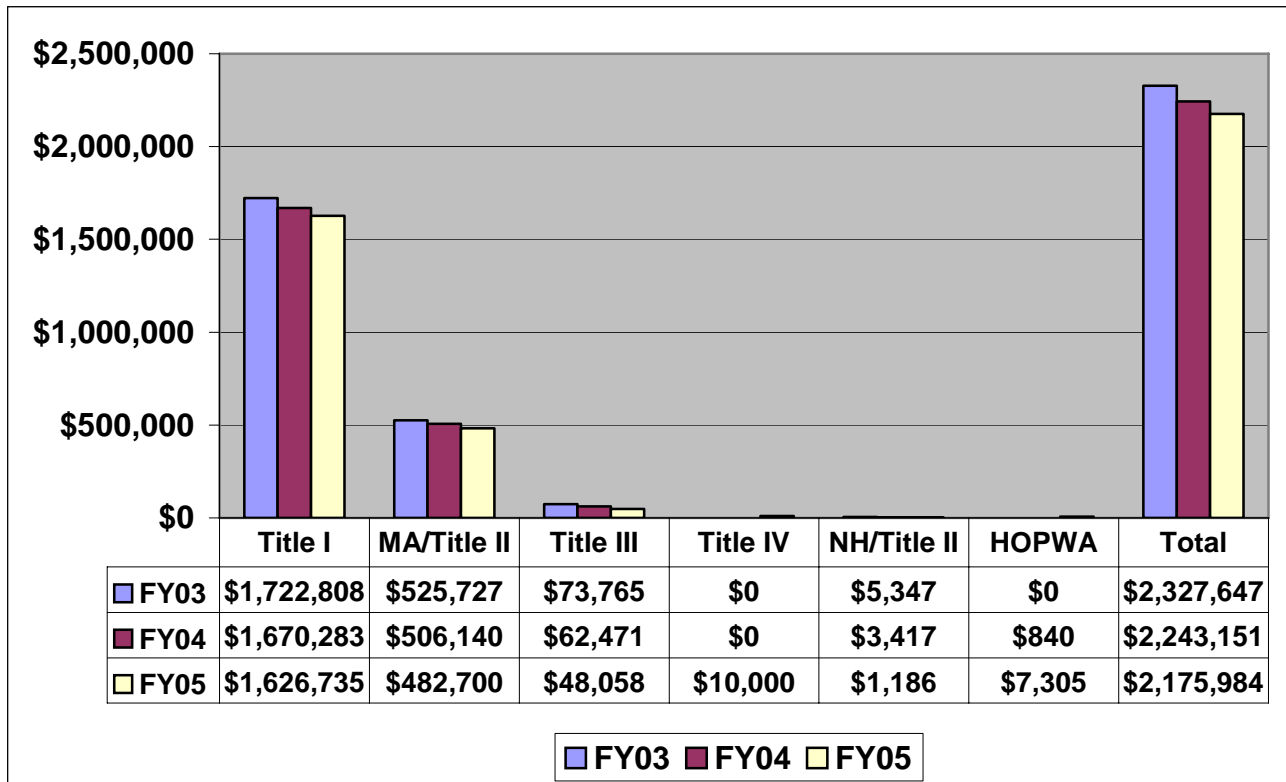
Food Vouchers: 4,949 (6%)

*The sum of the above service units may vary due to multiple programs providing similar services.

FY04 Client Demographics

- 60% of clients using food services in FY04 were Men, 35% were Women and 0.4% were Transgender.
- 42% of consumers were White, 29% were Black, 26% were Latino and 3.7% were Haitian.

Other HIV-related Food Services Funding



- Data utilized for this chart is taken from the 2003, 2004, and 2005 Funding Streams Reports

Total EMA HIV-related FY05 Funding including Title I \$2,175,984
% Title I FY05 Contribution to the Total 4.5%

Issues and Trends

- Food costs continue to escalate.
- Massachusetts and New Hampshire have among the lowest participation rates nationally for food stamp voucher programs, however, the Massachusetts “Virtual Gateway” may increase food stamp participation.
- Clients are not always getting enrolled into the Food stamp program due to information gap in case management.
- Congregate meals have a high unit cost, but have a secondary benefit by being a point of entry to other services.
- Home delivered meals program has a high program to client cost.
- In FY04, new programs were added in New Hampshire, Lawrence and Fitchburg.
- New medical eligibility criteria for home delivered meals were implemented in FY04.

Possible Impact of Cuts

- Fewer clients served.
- Clients may opt to pay for food over other bills.

Unmet Need for Food Services

11% of *VOE 2003* participants indicated that they needed but could not get Food Vouchers/Food bank Services because they did not know where to go for services or lack of services in their area. 5% of the participants indicated that they needed home delivered meals but the service was not available in their area.

Note: Most Title I clients are eligible for food stamps

FY03 Food Stamp Program Average Monthly Benefit

MA- \$72.00 NH- \$74.00

Food pantries are located throughout the EMA.

Recommendation for Minimal/Zero Funding

Due to the high cost of Congregate meals consider alternate methods to achieve same goals.

Peer Support

Definition: Provide assistance to clients where the person(s) providing the service is a person infected with HIV and of the client's self-identified community and provide services to a full spectrum of individuals infected by HIV. Such services include the provision of culturally competent psychosocial support; assistance in obtaining a range of services and entitlement that will meet the needs of the client and are provided by non-licensed, para-professional individuals; and activities targeting persons with HIV disease so that they can be enrolled or retained in care/treatment services.

Title I Peer Support Services and Service Utilization

Currently funds 13 programs.

- 100% of Title I Peer Support programs are funded to provide group and individual support.
- Programs include specialized targeted services to:
 - Latino community
 - Haitian community
 - Deaf and hard of hearing
 - Residents of a substance abuse recovery home
- 2% of the Title I Peer Support allocation funds training, clinical supervision and support to peer support facilitators.

FY05 Allocation \$669,655

	FY03	FY04
Title I Expenditure	\$640,219	\$607,603
Percentage of total Title I funds spent on Peer Support services	4.4%	4.3%
Total Number of Clients	1,372	1,147
Percentage of All Title I clients using Title I Peer Support services	18%	15.9%
Cost per Client	\$467	\$530
Average cost per Individual Service Unit: FY03	\$39.69	\$39.83
Cost per Individual Peer Support Session	\$40	\$35.18
Cost per Group Peer Support Session	\$39	\$35.70

FY04 Title I Peer Support Client Utilization (Draft)

Total Number of Clients: 1,147

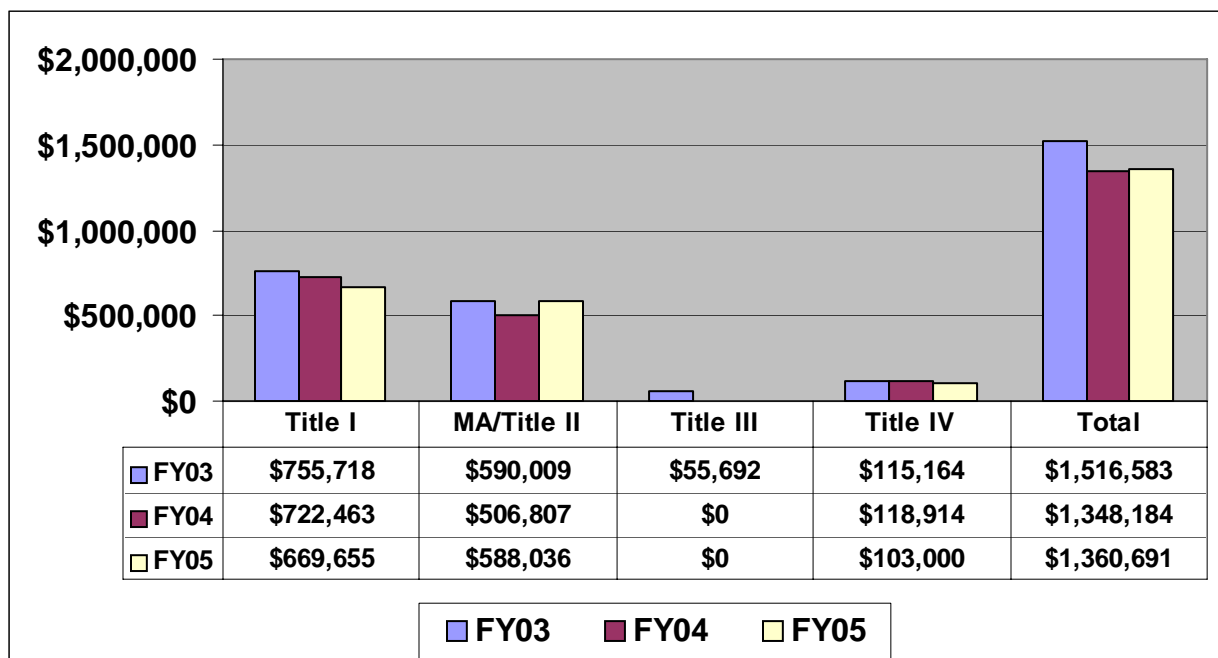
Total Number of Service Units: 16,812.25

- Total Number of Peer Support Sessions – Individual: 11,318 (67%)
- Total Number of Peer Support Sessions – Group: 5,494.25 (33%)

FY04 Client Demographics

- Of the 1,147 clients that accessed peer support services, 45% were White, 30% were Black and 30% were Latino.
- 65% of clients were male and 35% were female.

Other HIV-related Peer Support Services Funding



- Data utilized for this chart is taken from the 2003, 2004, and 2005 Funding Streams Reports

Total EMA FY05 HIV-related Funding including Title I: \$1,360,691

% Title I Contribution to the Total: 49.2%

Issues and Trends

Often, peer support services are provided through community based organizations. Peer support provides a highly effective mechanism for communicating information about services through a source (peers = PLWH) deemed to be highly credible (“I’m in the same boat.”)

Possible Impact of Cuts

- Loss of points of information contact, first-line social support, loss of community-based and transmitted wisdom about living with HIV and navigating the multiple avenues of care.

Further exploration of connection/overlap between peer support, client advocacy, case management and MAI programs is recommended. Without that information, it is difficult to make recommendations about minimal/zero funding.

Unmet Need for Peer Support

6% of *VOE* participants indicated that they needed but could not get Group or Individual Peer Support due to lack of knowledge of where to go for services or lack of services in their area.

Recommendation for Minimal/Zero Funding

No recommendation.

Transportation

Definition

Services funded under this category include, but are not limited to taxi vouchers, and public and private transport services that enable clients and their caregivers to access HIV primary medical care and health related support services.

Title I Transportation and Service Utilization

Currently funds 10 programs.

- 90% of Title I Transportation programs provide a combination of taxi, public and private transportation options. 40% of programs provide volunteer transportation services and/or van transportation services.

FY05 Allocation \$430,838

	FY03	FY04
Title I Funds Expended	\$477, 919	\$430,570
Percentage of total Title I funds spent on Transportation	3.3%	3.0%
Total Number of Clients	1,413	1,430
Percentage of All Title I clients using Title I Transportation services	18%	19.8%
Average Number of Service Units per Client	27	22
Cost per Client	\$338	\$301

Utilization and Costs in FY04

Total Number of Service Units in FY04 31,135

- Public Transportation: 8,717 (28%)
- Taxi/Transport Company Transportation: 22,128 (71%)
- Van Transportation: 247 (0.8%)
- Volunteer Transportation: 43 (.14%)

Within Boston/Cambridge/Somerville

- The cost per client to provide 7,138 units of transportation services for 657 clients was \$200, for a total expenditure of \$131,238 (excluding special population programs).
 - Public Transportation: 5,494 (77%)
 - Taxi/Transport Company Transportation: 1,620 (23%)
 - Volunteer Transportation: 24 (0.34%)

- The cost of providing transportation to HIV infected children within this area, per child, in FY04, was \$35,155, for a total expenditure of \$70,309.
 - Total Number of HIV infected children served: 2
 - Total Number of HIV affected children served: 34

 - Taxi/Transport Company Transportation: 1,107 (18%)
 - Van Transportation: 4,983 (82%)
 - Total Number of Service Units: 6,090

Outside of Boston/Cambridge/Somerville

- The cost per client to provide 17,907 units of transportation services for 736 clients was \$311, for a total expenditure of \$229,023.
 - Public Transportation: 3,223 (18%)
 - Taxi/Transport Company Transportation: 14,418 (81%)
 - Van Transportation: 247 (1%)
 - Volunteer Transportation: 19 (0.1%)

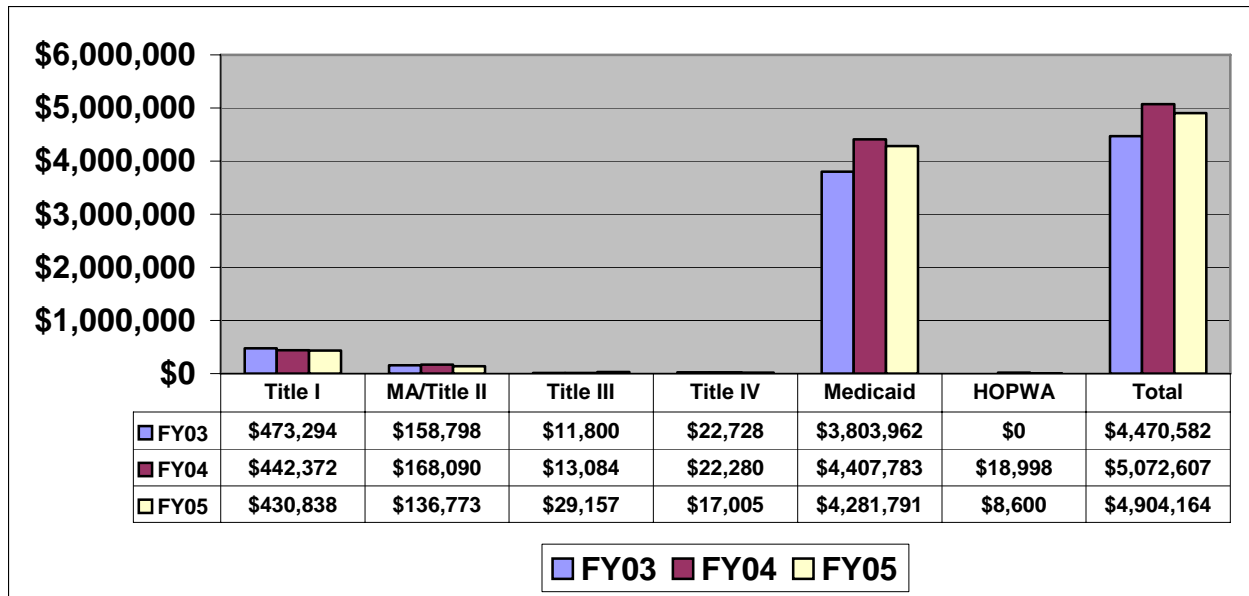
New Hampshire

- The cost per client to provide 2,756 units of transportation services for 101 clients in New Hampshire was \$434, for a total expenditure of \$43,794.
 - Public Transportation: 844 (31%)
 - Taxi/Transport Company Transportation: 1,898 (69%)
 - Van Transportation: 4 (0.1%)
 - Volunteer Transportation: 10 (0.4%)

FY04 Client Demographics

- 37% of clients accessing transportation services were White, 26% were Black and 33% were Latino.
- 52% of clients were Male and 40% were Female.

Other HIV-related Transportation Funding



* Data utilized for this chart is taken from the 2003, 2004, and 2005 Funding Streams Reports

Total EMA HIV-related Funding including Title I \$4,904,164

% Title I Contribution of the Total 8.8%

Other services available outside HIV service system

HIV-specific expenditures through private insurance, Medicare or through VA benefits are unknown.

Issues and Trends

- Public transportation services outside of Metropolitan Boston are regionally limited.
- Some programs are using service dollars to support administrative component of the service category.

Possible Impact of Cuts

- Fewer trips subsidized.
- Clients may miss appointments and fall out of care.

Unmet Need

9% of VOE participants indicated that they needed but could not get Transportation Services due to difficulty in accessing service providers, providers were not helpful, that they didn't know where to go for services or that providers were not helpful.

Recommendation for Minimal/Zero Funding

Consider zero funding administrative component in this category, have transportation administered through case management.

Consider zero funding transportation for infected children as the cost per client (\$35,000/client) is extremely high.

Definition of Terms

Title I Fiscal Year 03 (FY03) = March 1, 2003 – February 29, 2004

Title I Fiscal Year 04 (FY04) = March 1, 2004– February 28, 2005

Allocations, Appropriations, and Budgets = Funds that were set aside for services

Expenditures = Funds that were actually spent

Note: Percentage of total Title I funds spent on each service in FY03 was calculated based upon the expenditure for the Service in FY03 divided by the total of the FY03 Title I award and the unexpended FY02 funds.

Percentage of total Title I funds spent on each service in FY04 was calculated based upon the expenditure for the Service in FY04 divided by the total of the FY04 Title I award and the unexpended FY03 funds.