
Funding for HIV/AIDS Care and Services in the Boston EMA

A report prepared for:
Boston EMA Title I Ryan White
HIV Health Services Planning Council

April 2006

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

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Introduction

This annual report describes the sources of funding for HIV/AIDS services delivered within the Boston Eligible Metropolitan Area (EMA). The information is current as of March 2006. The information presented in the report is intended to be used in planning for HIV-related services. The report plays an important role in the determination of how Title I funds are allocated so that Title I is the 'payer of last resort' (Title I funds pay after all other sources have been exhausted).

This report is provided to assist Planning Council members in understanding the larger framework of resource availability throughout the EMA. Multi-year data are presented to provide a context for the planning of allocations.

Changes to the Funding Environment

The economy of the Boston EMA is complex. Part of the complexity arises from its having counties in two states. The Boston EMA is comprised of seven counties in Massachusetts and three counties in New Hampshire. Massachusetts and New Hampshire have different philosophies on the role of government in providing social and health services. This fact plays out in the line-item amounts voted for these services in each state.

The Northeast is still recovering from the national recession of the early 2000s. The recovery has been uneven throughout the region. New Hampshire has recovered more quickly than Massachusetts. In addition to regional economic dynamics, federal funding flowing into the Northeast has substantially changed. Ryan White fiscal year 2006 is the third consecutive year for which the EMA has experienced a decline in its award. The rising national debt, the financial demands of foreign conflict, the loss of high paying jobs, and a series of natural disasters are among the factors that have significantly constrained discretionary spending. There appears to be no relief on the near horizon to alter the continuing reduction in non-mandatory spending at the federal level.

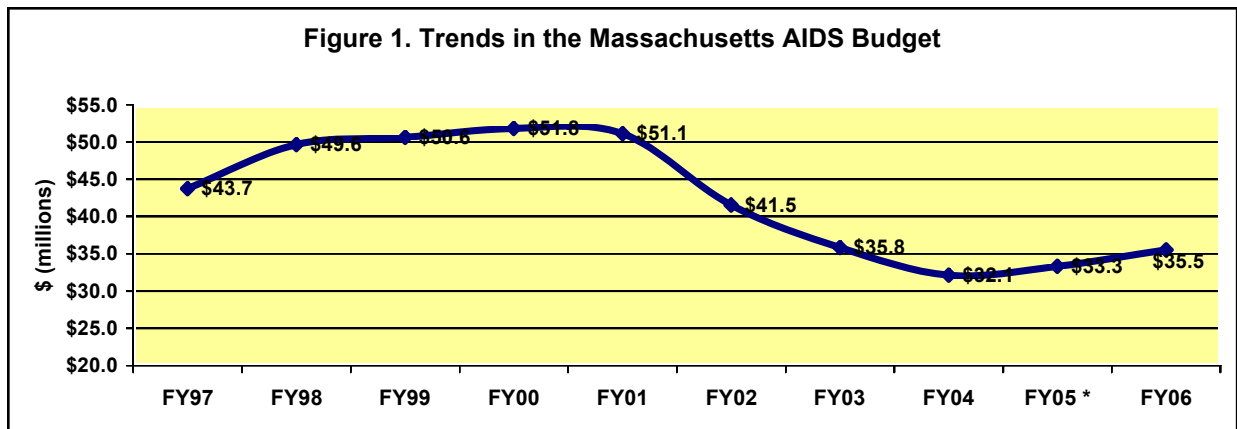
Health Care Reform in Massachusetts

Calendar year 2006 began with a series of health care reform initiatives put forward by the governor, house and senate. The Centers for Medicare and Medicaid Services (CMS) had directed the Commonwealth to institute a new mechanism to fund health care for the uninsured. In order to continue receiving approximately \$385 million in federal match dollars, a reformed plan is to be in place by the beginning of state fiscal year 2007 (July 1, 2006). As of this report, the legislature and governor have crafted a new mechanism as required. CMS will now have to review and approve the new mechanism. As Medicaid is the largest provider of funds for the care of people living with HIV/AIDS (PLWH) in the Commonwealth, whatever develops from this program will impact its PLWH clientele.

Massachusetts HIV/AIDS Line Item Funding

The effects of the recession that led to a sharp decline in tax revenue toward the end of 2001 are still impacting current budgets. State fiscal year (SFY) 2000 was the high point of HIV/AIDS funding at \$51.8 million line item for HIV/AIDS services. Going forward, the line item experienced a series of reductions until state fiscal year 2005. That year, the appropriation line item was \$33.3 million but

subsequently it was augmented by a supplemental appropriation to reach \$35.5 million. That amount was carried over as the appropriation for the current SFY 2006. While further reductions are currently unlikely, nonetheless, the difference between SFY 2000 and 2006 is over 30% in current dollars. The gap is much greater taking inflation into account. SFY 2000's line item would be \$57.53 million in today's dollars.¹ Figure one displays the trend of funding for the AIDS line item in Massachusetts' budget.



* There was a supplemental appropriation made in FY05 to cover HDAP needs. The total with the supplemental was \$35.5 million.

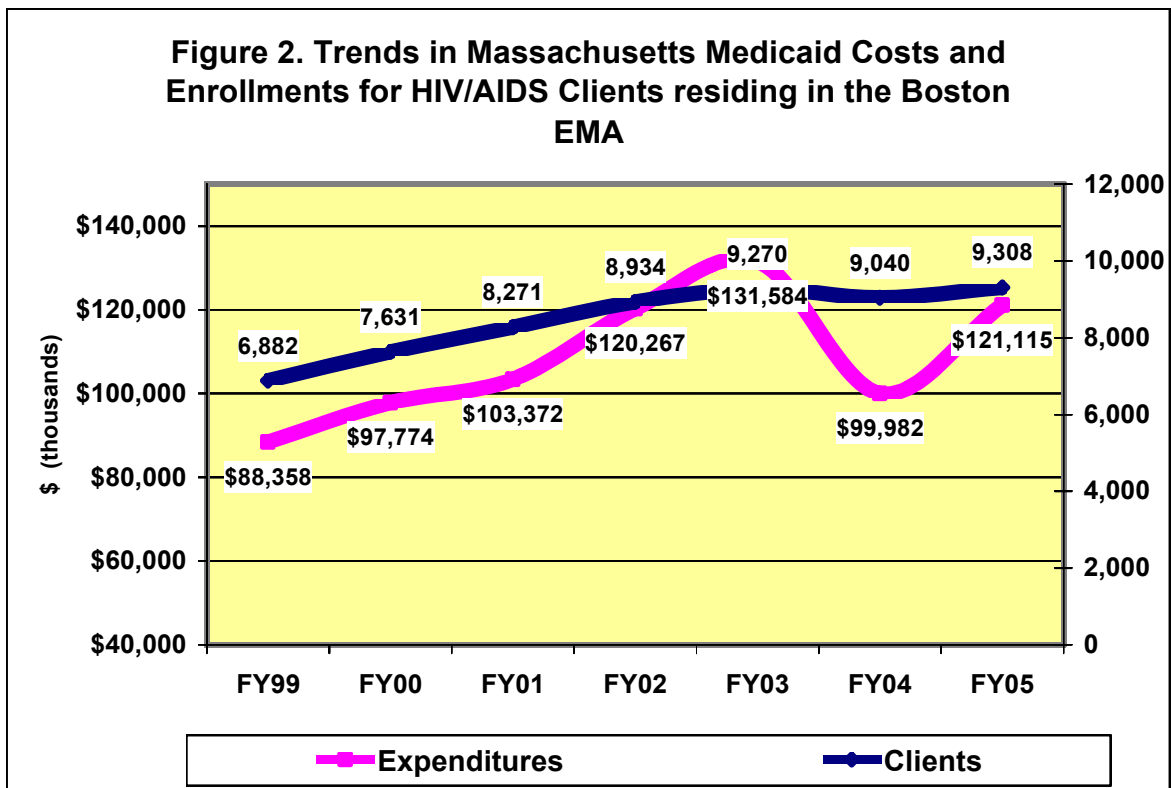
During the period of line item cuts, the MDPH HIV/AIDS Bureau prioritized the preservation of direct services and minimized reductions in this area. However, due to the overall magnitude of the budget cuts, reductions were made that directly affected HIV-positive people and HIV-related service providers statewide. Funding was reduced for HIV specialty care, including home care, primary health care, mental health services, medication adherence support, and county jail-based programs. HIV support services, such as case management, transportation, housing support, emergency assistance, child and respite care, home-delivered meals, nutrition, and food vouchers were also reduced. Most state funding for complementary therapies was also eliminated.

Other reductions included those in non-direct services, including MDPH personnel, administration, HIV/AIDS Bureau special projects, training and technical assistance, and one-time state and federal expenses. These cuts have hampered efforts to integrate HIV, STD, and Hepatitis C services; to provide volunteer adherence support activities; and to expand services provided by regional primary care satellites. HIV prevention and education programs were also greatly reduced. The service capacity lost is only now beginning to recover.

¹ The Inflation Calculator at <http://www.westegg.com/inflation/infl.cgi> accessed 03/21/06.

Medicaid (MassHealth)

The principal funder for HIV/AIDS services in Massachusetts is Medicaid (MassHealth). Massachusetts was the first state to design and implement successfully an 1115 waiver to its Medicaid plan which extends healthcare coverage to sero-positive people who do not have an AIDS diagnosis and who meet certain income qualifications. Entering care earlier in the disease process permits people to delay progression to AIDS longer. At the program's inception, the income threshold was 200% or below the Federal Poverty Level (FPL). During the recession as state budgets were cut, MassHealth initiated a number of cost containment strategies. One of those strategies was tightening eligibility for HIV waiver enrollment. The upper limit on income was reduced to 133% of FPL effective September 2003. The constraint remained until January 2005 when the original 200% of FPL was restored retroactive to July 1, 2004. The trends in Massachusetts Medicaid Costs and Enrollment for HIV positive clients living in the Boston EMA are presented in Figure 2.

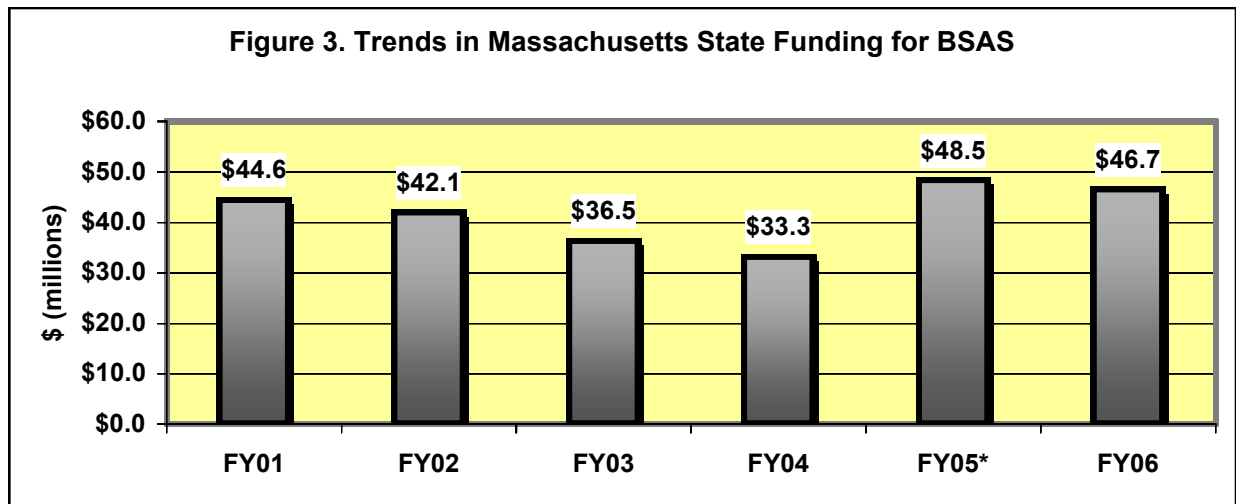


Funding for Substance Abuse Treatment Services in Massachusetts

The Bureau for Substance Abuse Treatment Services (BSAS) experienced a similar pattern of funding contraction as did the AIDS Bureau in FY 2001 followed by an up tick of resources beginning in FY 2005. The increase in state funding for FY 2005, though, is anomalous. Of the \$48.5 million made available to BSAS, \$11.9 million represented a supplemental appropriation required to demonstrate ‘maintenance of effort’ in order to receive federal substance abuse dollars. The increase of state funding FY05 level was basically maintained in FY 2006 with an award of \$46.7 million. As a result of the increase in funding, BSAS has been able to restore many of the services that had been cut. Further restorations of services in FY05 included:

- Expanded family services and residential bed capacity,
- Expanded youth residential services,
- Restored funding to county Houses of Correction,
- Launched targeted prevention campaigns for underage drinking, oxycontin and other prescription drugs and crystal meth use among MSM.

The trend in state funding for Substance Abuse Services is shown in Figure 3.



The next table displays the total funding available from all sources for substance abuse in the EMA for FY06.

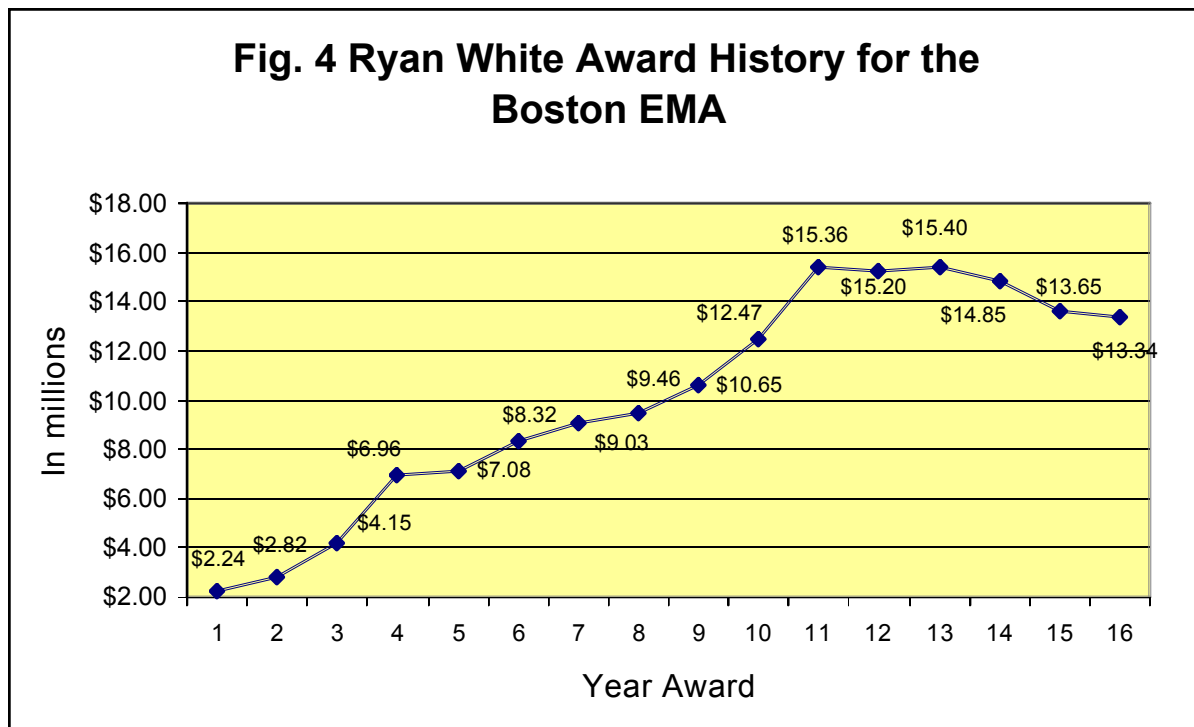
Table 1: Total FY06 EMA Funding for Substance Abuse Treatment	
SAMHSA	\$20,223,622
State	\$46,697,928
Other sources (HUD, ISAa)	\$5,973,999
Total:	\$72,895,549 (FY05 - \$57,775,017)

Persons admitted to substance abuse services are not required to indicate their sero-status. BSAS estimates that there were approximately 16,355 admissions who were HIV-positive during a 5 year period. This estimate is based on a coded, no-name data match made against BSAS records and Massachusetts Surveillance records. This estimate represents 2.6% of the total admissions for the study period. Once the match was made and an estimated was determined, the temporary files used in the process were destroyed.

Federal Funding To the Boston EMA

Title I Funding

The Ryan White CARE Act fiscal year begins on the first of March. For the third year in a row, the Boston EMA received another reduction in its award. This year's reduction was \$312,088 (-2.3%) less than FY 2005's award. In FY 2004, the EMA was awarded \$14,848,697, a decrease of \$549,706 (-3.6%) from FY 2003. For FY 2005, the Boston EMA was awarded a total of \$13,651,229, a decrease just under \$1.2 million (-8.1%) from its FY 2004 award. The award for FY 2006 (this current year) was \$13,339,141. The figure below represents the trend of funding for all sixteen years in which the Boston EMA has received Title I funding. With cuts in funding, Adoption/Foster Care was zero funding beginning FY 2004, and Respite Care, Day Care and Complementary Therapies Programs were zero funded beginning in FY 2005.



Title I funding to the 51 EMAs in the United States and its territories is calculated annually based on three separate calculations that, together, make up the total of an EMA's Title I grant. The first calculation is a formula that awards a certain amount based on the EMA's percentage of the national reported AIDS cases. The second calculation (Minority AIDS Initiative) awards another amount based on the EMA's percentage of national reported AIDS cases among minority groups. Finally, a supplemental calculation distributes another award competitively based partly on the quality of the

grants submitted by the EMA grantee and on the “severe need” of the EMA. The FY2003 through FY2006 awards, loss of funding and impact on the care service system in the EMA are shown in the following table.

Table 2: Comparison of the Boston EMA Title I Award, Service Categories and Programs Funded, FY2003-FY2006

	FY 03 (03/03~02/04)	FY 04 (03/04~02/05)	FY 05 (03/05~02/06)	FY 06 (03/06~02/07)	Variance FY03 vs. FY06
Formula	\$7,586,616	\$7,434,884	\$7,207,285	\$6,979,687	(\$606,929)
MAI	\$787,681	\$783,761	\$710,521	\$544,492	(\$243,189)
Supplemental	\$7,024,106	\$6,630,052	\$5,733,423	\$5,814,962	(\$1,209,144)
Total	\$15,398,403	\$14,848,697	\$13,651,229	\$13,339,141	(\$2,059,262)
Service Categories Funded	19	18	15	15	
Programs Funded	142	131	126	119	

Title II Funding

While the overall Title II funding to Massachusetts has not markedly changed in the past two years, the erosion of the Title II base award, under which the Grantee has considerable flexibility in the types of HIV-care services provided, may limit the diversity of care services.

Table 3: Comparison of the Massachusetts Title II Award, Service Categories and Programs Funded, FY2003-FY2006

	FY 03 (03/03~02/04)	FY 04 (03/04~02/05)	FY 05 (03/05~02/06)	FY 06 (03/06~02/07)	Variance FY03 vs. FY06
Base	\$5,489,282	\$5,223,382	\$4,734,433	\$4,630,571	(\$858,711)
ADAP	\$14,422,850	\$14,684,416	\$15,168,804	\$15,560,303	\$1,137,453
MAI	\$109,466	\$99,257	\$91,883	\$73,697	(\$35,769)
Emerging Communities	\$143,714	\$183,819	\$195,754	0	(\$143,714)
Total	20,165,312	20,190,874	20,190,874	20,264,571	\$99,259

Impacts of the Federal Budget

Given current federal priorities, HIV/AIDS program funding at the national level is not likely to increase sufficiently to meet expanding need across the country. The final national Title I awards to cities declined by \$7.9 million from \$595.3 million in FY 2004 to \$587.4 million in FY 2005. The Ryan White fiscal year 2006 total (\$579.67) is 1.3% less than FY 2005’s allocation. While the

President's 2007 budget calls for a \$95 million increase to the CARE Act in total, since \$70 million is directed to drug reimbursement and the balance (\$25 million) to outreach, Title I would again be flat funded. Funding will be further depressed by mandatory reductions assessed across all discretionary funded programs.

Going forward, if the data used for funding HIV/AIDS services continue to be diagnosed AIDS cases as reported to the CDC, the Boston EMA is likely to experience continued reductions in the Title I formula award and other formula-driven federal funds due to the EMA's success at keeping people with HIV infection healthier longer and not progressing to AIDS.

**2006 HIV Service Dollars in the Boston EMA
by Title I Service Category and Funding Stream**

HIV Service Dollars in the Boston EMA

The following table summarizes the public funds available in the Boston EMA by source and the different types of HIV-related services that are funded. Service categories are specified in the far left column of the table. The categories listed above the shaded line are those approved by the Planning Council and include the non-direct service categories of administration, evaluation, planning support, quality management, and the Minority AIDS Initiative carve-out. Other non-Title I services (including HIV prevention) are listed below that line. Sources of service dollars run from left to right at the top of the table and include:

- **Titles I, II, III, and IV of the Ryan White CARE Act.** The “MA/Title II” column summarizes information on Title II funding within the Massachusetts portion of the Boston EMA including funding for Title II base and HDAP. The “NH/Title II” provides information on Title II funding within the New Hampshire portion of the Boston EMA including funding for Title II base and HDAP.
- **MA State** column summarizes funding through the state AIDS Line Item.
- The Part F column includes programs funded through Part F of the Ryan White CARE Act, including funding for the New England AIDS Education and Training Center, funding for local dental schools, and funding for Special Projects of National Significance (SPNS). Un-reimbursed costs are not included in the total amount.
- The Medicaid column includes amounts from the Massachusetts and New Hampshire Medicaid programs. Data are for services covered for clients presumed to be HIV infected based on specific service utilization. New Hampshire’s figures are based upon an estimated proportion of 80.1% of clients receiving HIV/AIDS services in the New Hampshire portion of the Boston EMA.
- The BSAS column refers to funds administered by the Bureau of Substance Abuse Services in Massachusetts. The total amount is based upon an estimated proportion of the BSAS budget assuming that approximately 2.6% of BSAS clients are HIV-positive.
- The HOPWA/HUD column includes Housing Opportunities for People with AIDS (HOPWA) federal formula funding administered by the City of Boston’s Department of Neighborhood Development, the City of Lynn’s Housing Authority & Neighborhood Development Office, the City of Lowell’s Community Development Department, the City of Worcester’s Office of Neighborhood Services, the City of Providence, RI Neighborhood Housing Corporation’s funding within Bristol County in Massachusetts, and the

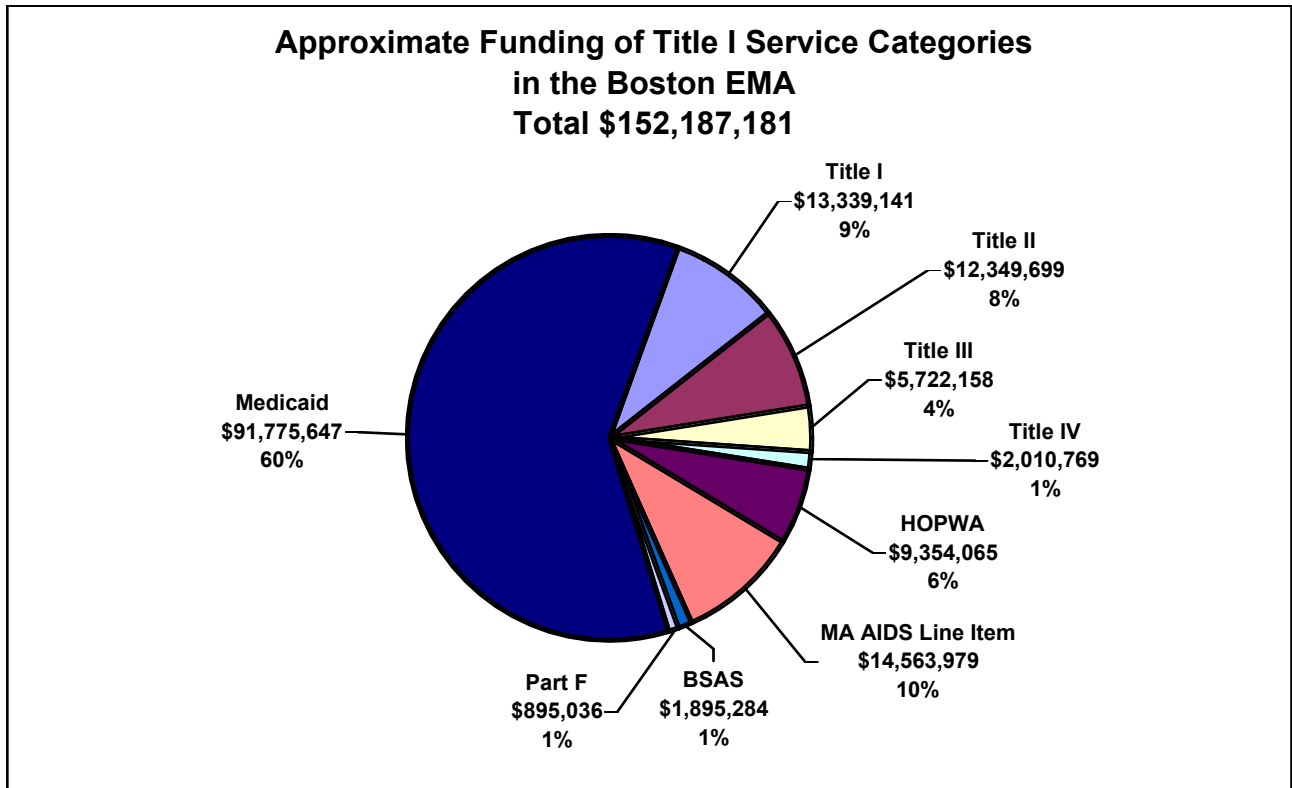
Massachusetts AIDS Bureau “Balance of State” award. This column also includes HOPWA competitive award funding to Action, Inc. in Gloucester, Cambridge Cares About AIDS, Justice Resource Institute, Community HealthLink of Worcester, the Merrimack Valley Assistance Project in Manchester, NH and Harbor Homes of Nashua, NH. The City of Nashua also received a competitive grant for housing within its jurisdiction. This column also includes reported Shelter + Care (SPC) and Supportive Housing Program (SHP) funding sources.

Service Dollars in the Boston EMA by Title I Service Category and Funding Stream

Title I Service Categories	Title I	MA/Title II	NH/Title II	Title III	Title IV	Part F	Medicaid	HOPWA/HUD	MA/State	BSAS	Total
Adoption/Foster care	\$0	\$0	\$0	\$0	\$0	\$0	\$1,704,489	\$0	\$0	\$0	\$1,704,489
Case Management	\$2,382,360	\$619,171	\$3,549	\$352,368	\$714,576	\$0	\$220,541	\$1,809,110	\$1,160,008	\$0	\$7,261,683
Client Advocacy	\$437,764	\$0	\$0	\$118,011	\$40,009	\$0	\$0	\$40,960	\$339,667	\$0	\$976,411
Complementary Therapies	\$0	\$0	\$0	\$16,500	\$0	\$0	\$0	\$0	\$0	\$0	\$16,500
Day Care	\$0	\$109	\$0	\$0	\$404	\$0	\$0	\$0	\$109,821	\$0	\$110,334
Dental	\$566,355	\$0	\$0	\$122,700	\$0	\$875,855	\$593,733	\$0	\$104,000	\$0	\$2,262,643
Drug Reimbursement	\$1,719,327	\$10,297,794	\$145,319	\$42,000	\$0	\$0	\$65,312,473	\$534	\$4,932,085	\$0	\$82,449,532
Evaluation	\$27,560	\$336,238	\$20,053	\$14,666	\$24,330	\$0	\$0	\$3,011	\$0	\$0	\$425,858
Food Services	\$1,626,735	\$57,881	\$1,789	\$45,480	\$1,422	\$0	\$0	\$66,668	\$385,652	\$0	\$2,185,627
Housing	\$2,000,447	\$0	\$0	\$0	\$0	\$0	\$0	\$7,186,389	\$3,921,111	\$0	\$13,107,947
MAI	\$544,492	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$544,492
Mental Health	\$449,199	\$31,359	\$0	\$450,880	\$57,228	\$0	\$1,361,289	\$0	\$36,647	\$0	\$2,386,602
Peer Support	\$669,655	\$76,500	\$0	\$0	\$56,449	\$0	\$0	\$0	\$320,798	\$0	\$1,123,402
Primary Care	\$308,559	\$400,000	\$30,279	\$3,836,646	\$281,765	\$0	\$17,679,434	\$0	\$2,955,694	\$0	\$25,492,377
Quality Management	\$250,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$250,000
Respite Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$606	\$0	\$0	\$606
Substance Abuse	\$977,737	\$0	\$13,360	\$29,410	\$0	\$0	\$1,541,513	\$1,144	\$0	\$1,895,284	\$4,458,448
Support Services	\$292,271	\$0	\$0	\$0	\$0	\$0	\$0	\$147,595	\$0	\$0	\$439,866
Transportation	\$419,723	\$33,166	\$0	\$11,400	\$25,205	\$0	\$3,362,175	\$4,855	\$38,499	\$0	\$3,895,023
Administrative/Program Support	\$666,957	\$213,343	\$69,789	\$682,096	\$809,381	\$19,181	\$0	\$93,193	\$259,997	\$0	\$2,813,937
Subtotal Title I services	\$13,339,141	\$12,065,561	\$284,138	\$5,722,158	\$2,010,769	\$895,036	\$91,775,647	\$9,354,065	\$14,563,979	\$1,895,284	\$151,905,778
Additional Services	Title I	MA/Title II	NH/Title II	Title III	Title IV	Part F	Medicaid	HOPWA	MA/State	BSAS	Total
Capacity Building/ Technical Assistance	\$0	\$0	\$8,640	\$2,000	\$30,607	\$300,000	\$0	\$36,600	\$0	\$0	\$377,847
Counseling and Testing	\$0	\$0	\$0	\$200,250	\$20,066	\$0	\$0	\$0	\$1,653,248	\$0	\$1,873,564
Education/Risk Reduction	\$0	\$0	\$0	\$51,117	\$115,069	\$560,000	\$0	\$14,150	\$0	\$0	\$740,336
Emergency Financial Assistance	\$0	\$34,830	\$0	\$0	\$9,083	\$0	\$0	\$274,400	\$36,617	\$0	\$354,930
Home Health Care	\$0	\$373,036	\$7,503	\$0	\$0	\$0	\$5,474,936	\$0	\$643,552	\$0	\$6,499,027
In-Patient Care	\$0	\$0	\$0	\$0	\$0	\$0	\$19,380,293	\$0	\$0	\$0	\$19,380,293
Insurance Continuation	\$0	\$0	\$239,731	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$239,731
Outreach	\$0	\$50,109	\$0	\$113,708	\$74,705	\$400,000	\$0	\$39,946	\$23,357	\$0	\$701,825
Prevention/Education	\$0	\$0	\$0	\$28,372	\$110,833	\$51,569	\$0	\$0	\$6,543,912	\$0	\$6,734,686
Other Subtotal	\$0	\$1,929,688	\$8,640	\$398,069	\$300,639	\$0	\$7,906,488	\$200,508	\$4,109,795	\$0	\$14,853,827
Subtotal Additional Services	\$0	\$2,387,663	\$264,514	\$793,516	\$661,002	\$1,311,569	\$32,761,716	\$565,604	\$13,010,481	\$0	\$51,756,065
Total of All Services	\$13,339,141	\$14,453,224	\$548,652	\$6,515,674	\$2,671,771	\$2,206,605	\$124,537,363	\$9,919,669	\$27,574,460	\$1,895,284	\$203,661,844

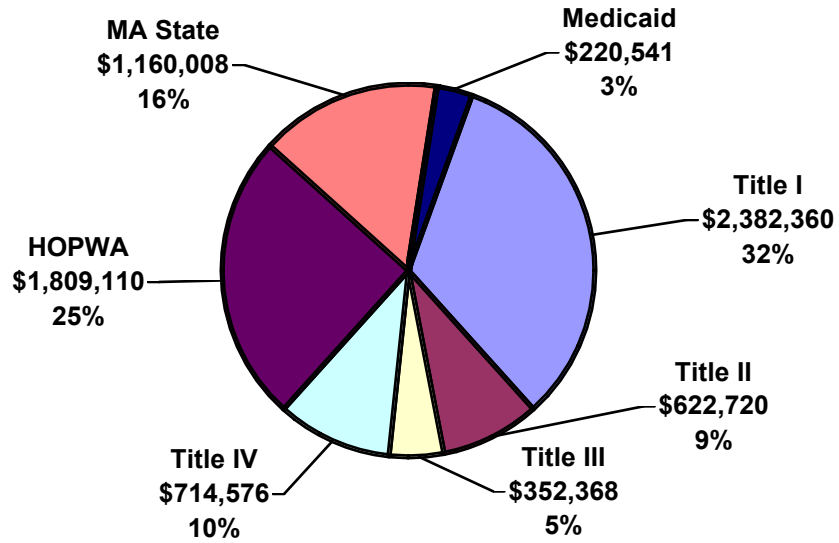
Funding Stream Illustrations

The charts in this section illustrate how the Title I service categories are funded by the various funding sources coming into the Boston EMA.



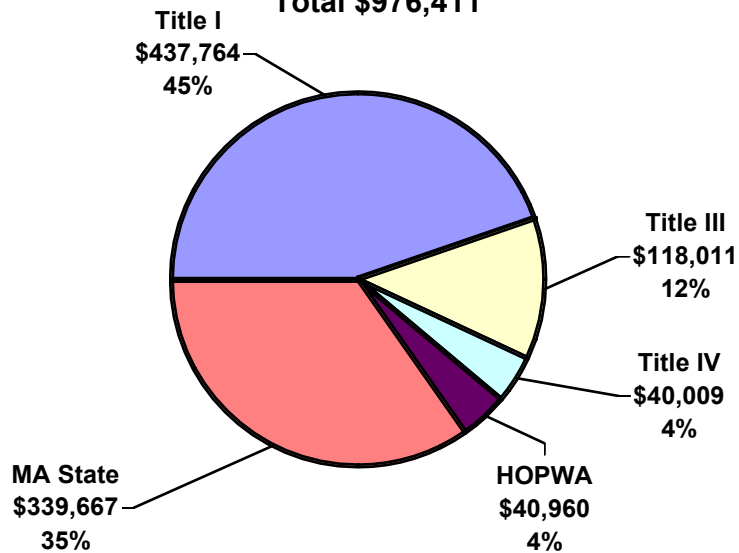
**Note: Title I service categories which were no longer funded by Title I in FY 2005 (Complementary Therapies, Day Care, and Respite Care) are reflected in the above total, but are not presented in the following charts.*

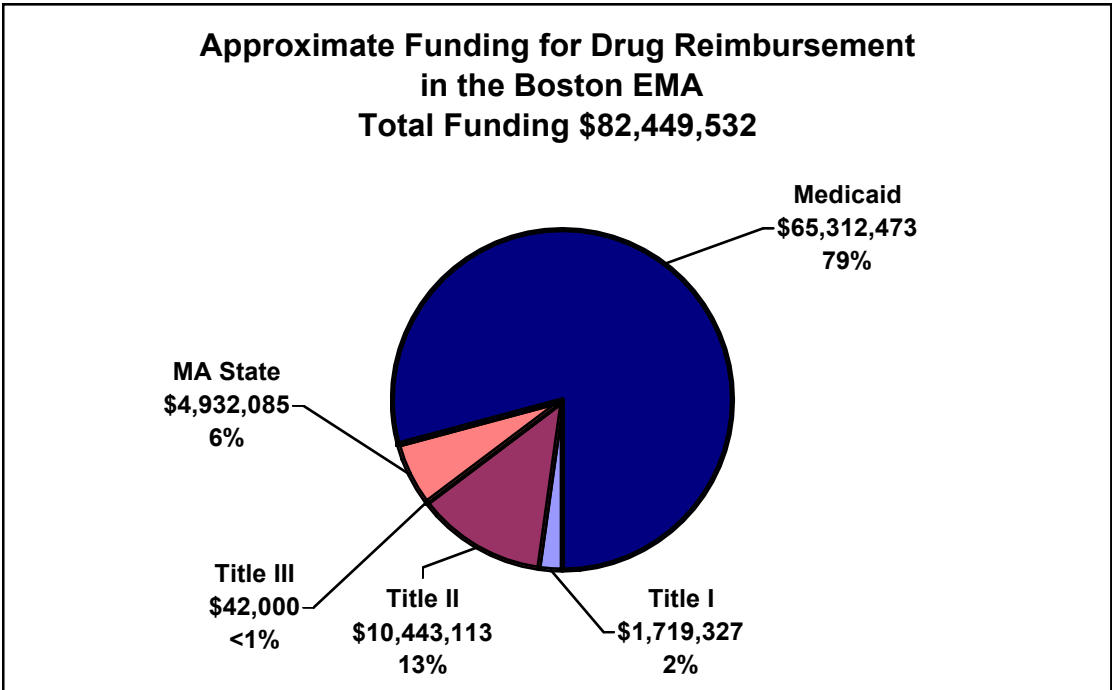
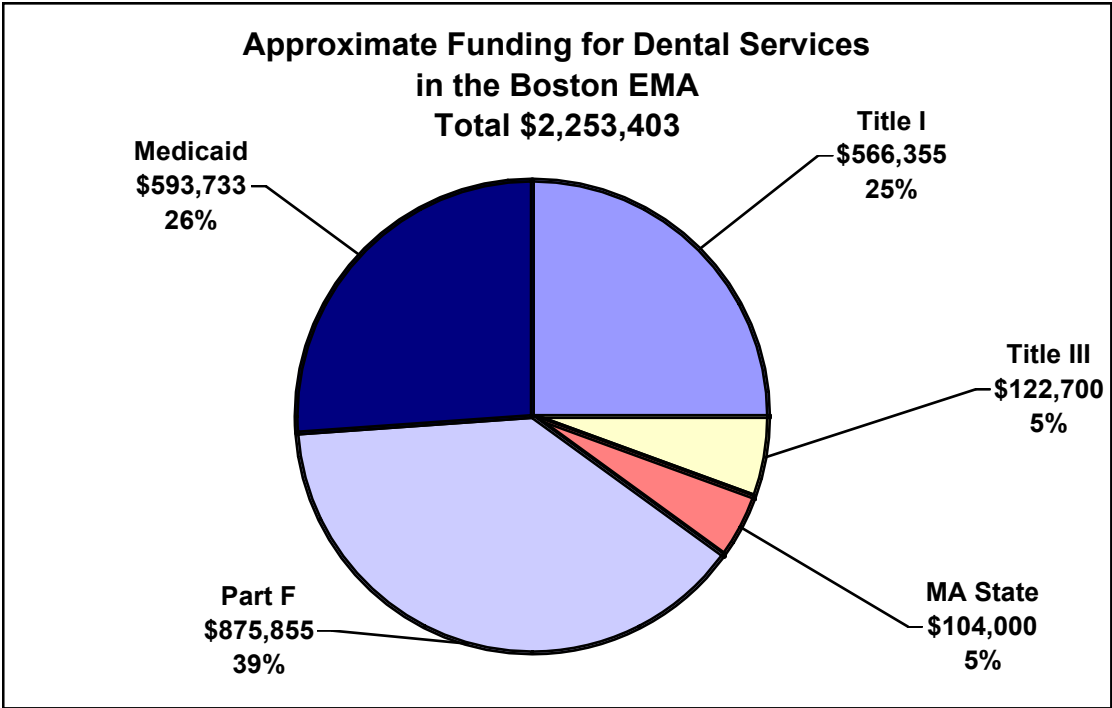
**Approximate Funding for Case Management
in the Boston EMA
Total \$7,364,545**



Note: This chart does not include funds allocated to the Title I MAI service category (which includes Peer Support and Case Management Services).

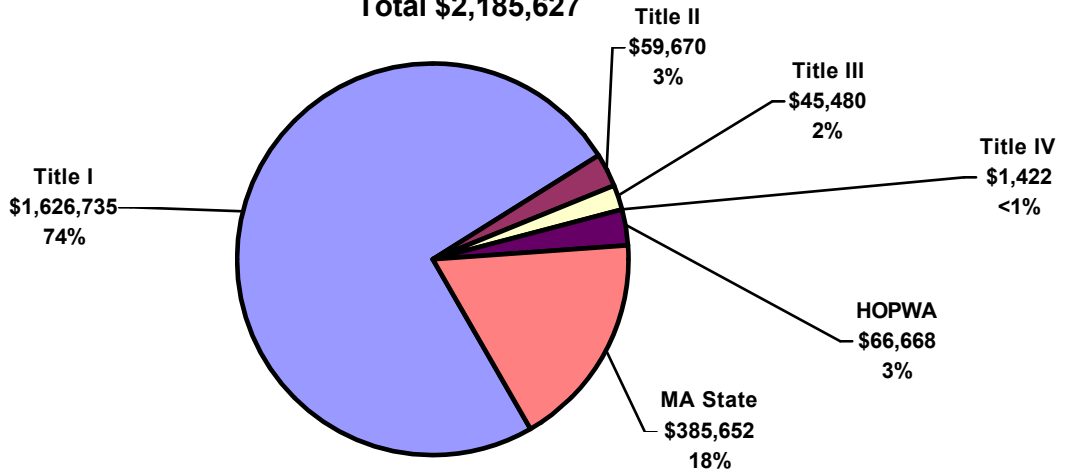
**Approximate Funding for Client Advocacy
in the Boston EMA
Total \$976,411**





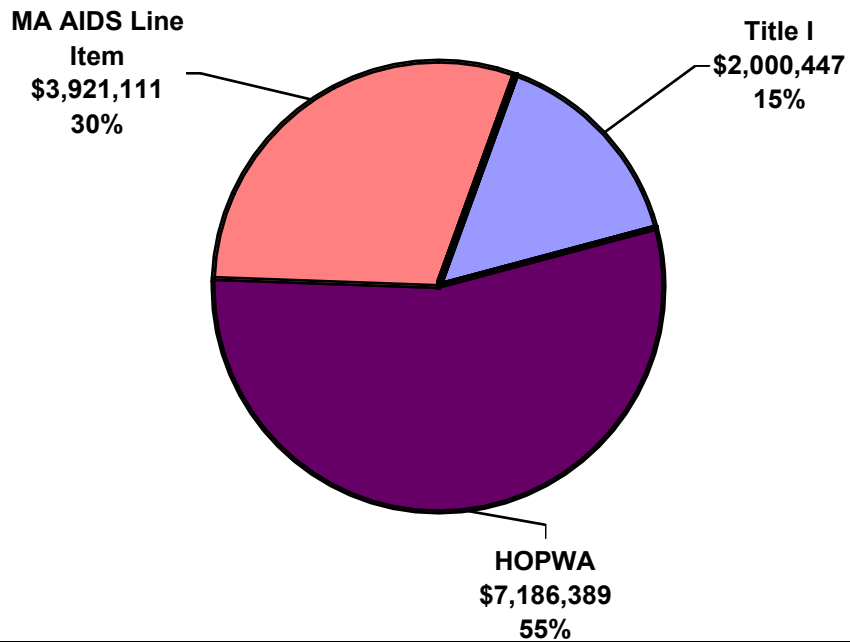
**Approximate Funding for Food Services
in the Boston EMA**

Total \$2,185,627



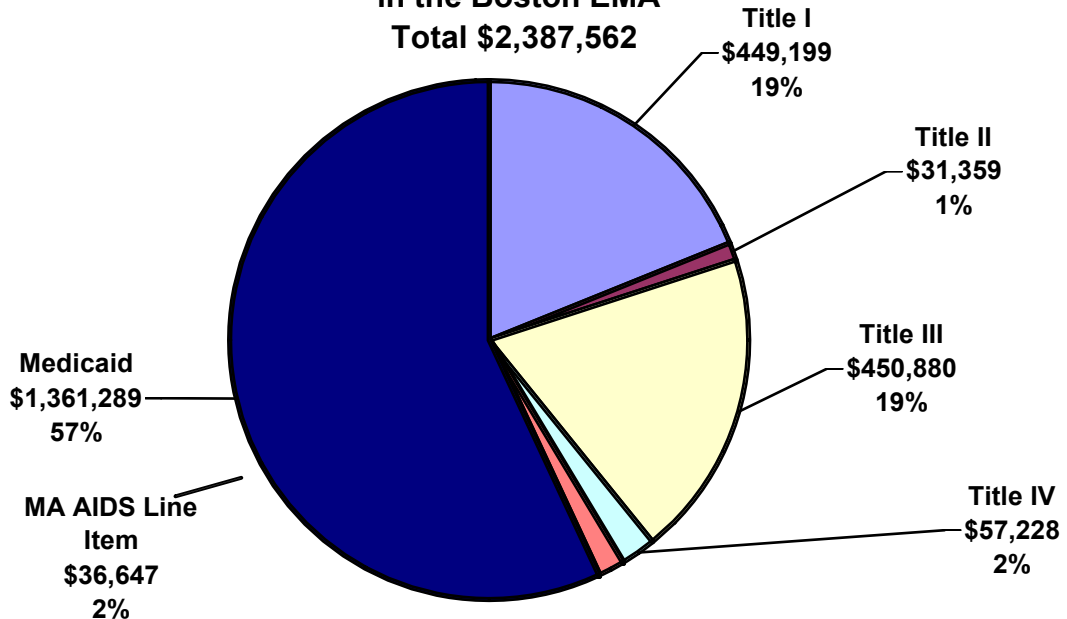
**Approximate Funding for Housing Services
in the Boston EMA**

Total \$13,107,947



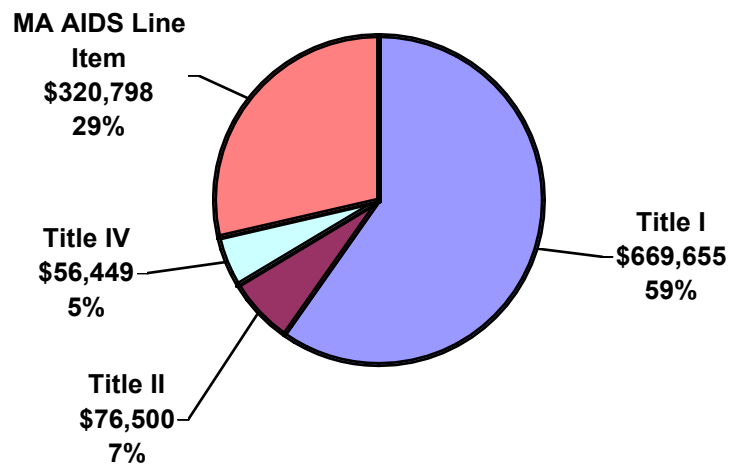
**Approximate Funding for Mental Health Services
in the Boston EMA**

Total \$2,387,562



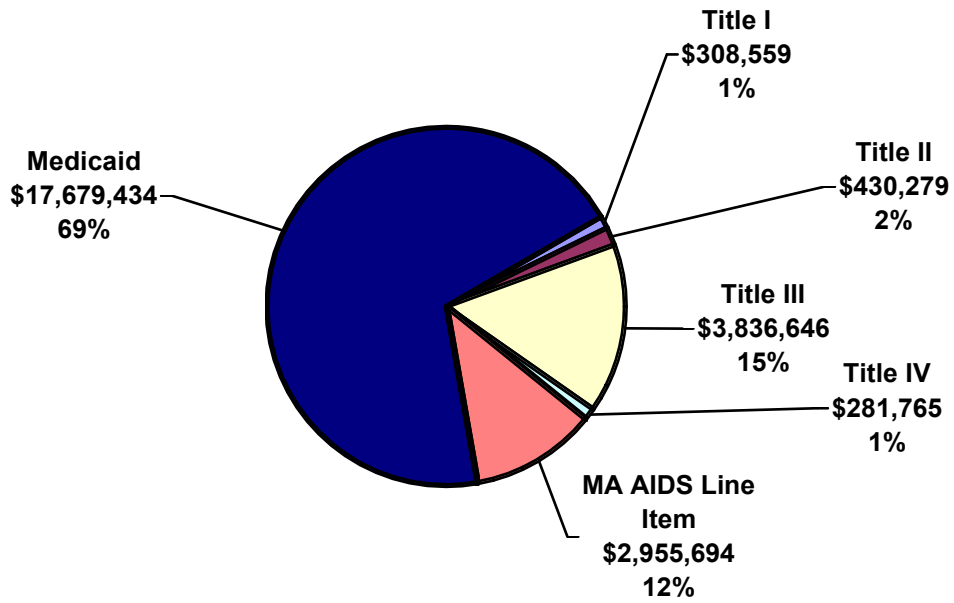
**Approximate Funding for Peer Support
in the Boston EMA**

Total \$1,123,402

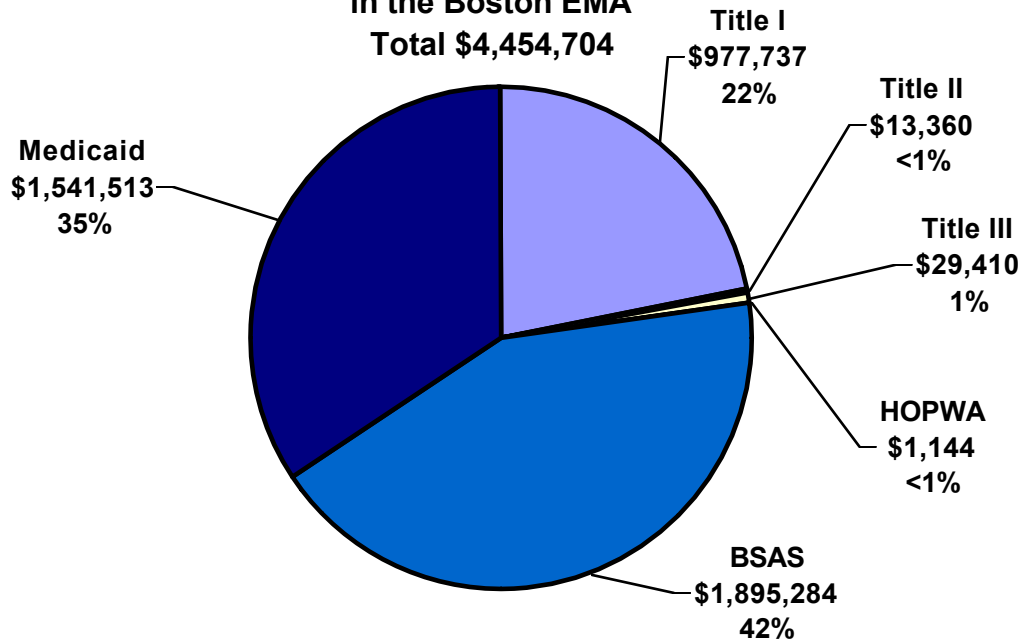


Note: This chart does not include funds allocated to the Title I MAI service category (which includes Peer Support and Case Management Services).

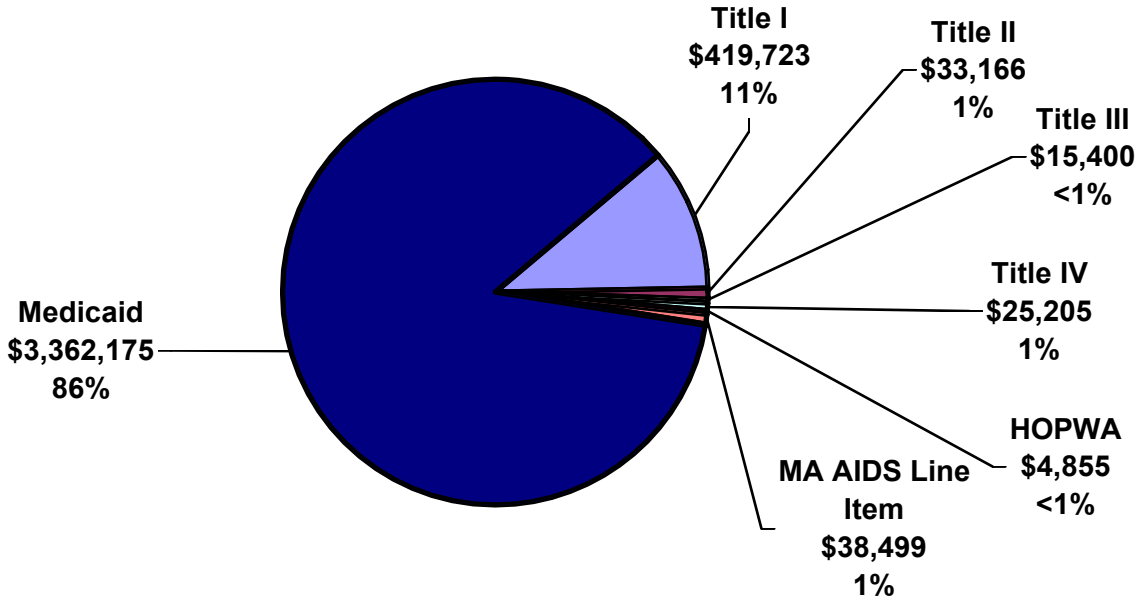
**Approximate Funding for Primary Care
in the Boston EMA
Total \$25,682,598**



**Approximate Funding for Substance Abuse Services
in the Boston EMA
Total \$4,454,704**



**Approximate Funding for Transportation Services
in the Boston EMA
Total \$3,899,023**



Ryan White CARE Act – Title I

Title I of the Ryan White CARE Act provides funding to eligible metropolitan areas (EMAs) hardest hit by the HIV/ AIDS epidemic. Title I funds can be used to provide a range of community-based services to people living with HIV/ AIDS according to two general categories:

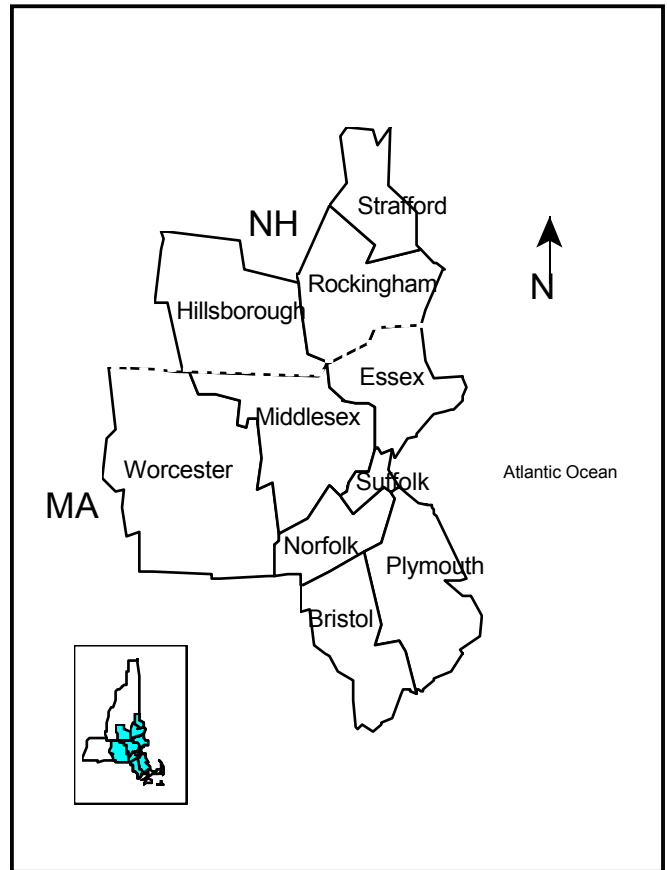
- *Health Services: outpatient and ambulatory services including primary care, medications, substance abuse and mental health treatment, and*
- *Health Related Support Services: outpatient and ambulatory support services including case management to the extent that these support services facilitate, enhance, support or sustain delivery, continuity or benefits of health services.*

In the Boston EMA (pictured at right), Title I funds support the following 12 direct services:

- Case Management
- Client Advocacy
- Dental
- Drug Reimbursement
- Food Services
- Housing
- Mental Health
- Minority AIDS Initiative²
- Peer Support
- Primary Care³
- Substance Abuse Services
- Transportation

The following services have been supported by Title I funding in previous years but are no longer supported due to losses in funding:

- Adoption/Foster Care⁴
- Complementary/Holistic Therapies⁵
- Day Care⁴



² The Minority AIDS Initiative is supported through the Minority AIDS Initiative “carve out” of the Title I award and is used in the Boston EMA for a combination of case management and peer support services.

³ Includes Ob/Gyn services.

⁴ Not funded in FY2004.

⁵ Not funded in FY 2005, effective May 2005.

- Respite Care⁴

Total Title I Funds for HIV/AIDS care in the Boston EMA = \$ 13,339,141

Ryan White CARE Act –Title II

Title II of the CARE Act provides formula funding to states and territories to improve the quality, availability, and organization of health care and support services for people living with HIV disease. For FY 2006, Massachusetts received \$20,264,874 and New Hampshire \$1,281,115 in Title II funding. Title II funds may be used to provide a variety of services, including:

- Home and community-based health care and support services;
- Continuum of health insurance coverage, through either a Health Insurance Continuation Program (HICP) or provision of medical benefits under a health insurance program including high risk pools;
- Pharmaceutical treatments through the ADAP Program; and
- Direct health and support services.

Under Title II, States receive what are referred to as “base” awards which are determined by a formula based on reported AIDS cases in that jurisdiction. Other funds are specifically earmarked to support an AIDS Drug Assistance Program (ADAP) or HIV Drug Assistance Program (HDAP). ADAP earmarked funds must be spent on the state’s ADAP program to provide medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. For FY 2005, Massachusetts received \$15,560,303 for its HDAP and New Hampshire received \$778,792. Additionally, states may also use Title II base funds for their ADAP Programs. Funds may be used to provide medications to treat HIV disease, including drugs for the prevention and treatment of opportunistic infections.

Minority AIDS Initiative (MAI) funds are also given to each state under Title II to support educational and outreach services to help disproportionately impacted communities of color improve their participation in their state’s ADAP. For FY 2006, Massachusetts received \$73,697 down from \$91,883 in FY 05. New Hampshire received \$1,709 of Minority AIDS Initiative funds to target services for minority populations in 2005.⁶ In addition, HRSA may award supplemental funds to states that can demonstrate the existence of an “emerging community,” defined as a metropolitan area that has reported between 500 to 1,999 cumulative AIDS cases to the CDC for the most recent five years. In Massachusetts, Springfield was considered an emerging community; however, while Massachusetts received an award of \$195,754 for RWFY 05, none was given in RWFY 06.

Total MA Title II Funding for HIV/AIDS care in the Boston EMA = \$14,666,567
Total NH Title II Funding for HIV/AIDS case in the Boston EMA = \$618,441

⁶ FY 2006 award amount unavailable.

Ryan White CARE Act – Title III

Title III supports comprehensive primary health care and other services for individuals who have been recently diagnosed with HIV disease. Title III services include:

- Risk-reduction counseling, partner involvement in risk reduction, education to prevent transmission, antibody testing, medical evaluation, and clinical care;
- Antiretroviral therapies, protection against opportunistic infections, ongoing medical, oral health, nutritional, psychosocial, and other care for HIV infected clients;
- Case management to assure access to services, and continuity of care for HIV+ clients; and
- Addressing "co-epidemics" that occur frequently in association with HIV infection, including tuberculosis and substance abuse.

This funding has been awarded to fourteen agencies located within the Boston EMA:

- Boston Health Care for the Homeless, Inc
- Brockton Neighborhood Health Center
- Cambridge Health Alliance
- Dimock Community Health Center, Roxbury
- East Boston Neighborhood Health Center, East Boston
- Family Health and Social Service Center, Worcester
- Fenway Community Health Center, Boston
- Harbor Health Services, Dorchester
- Lynn Community Health Center
- Greater Lawrence Family Health Center, Lawrence
- Greater New Bedford Community Health Center, New Bedford
- Jordan Health Systems, Inc. Hospital, Plymouth
- University of Massachusetts, Worcester
- Trustees of Dartmouth College, Bedford, NH

In addition, Title III provides single year planning grants to develop a collaboration of service providers and plan for clinical and support services for HIV positive individuals. There are no programs in the Boston EMA that are funded by the Title III planning grant program.

Total Title III funds for HIV/AIDS care in the Boston EMA = \$6,515,673

Ryan White CARE Act – Title IV

Title IV provides funding for comprehensive, community-based, and family centered services to children, youth, and women living with HIV and their families. Title IV program services include primary and specialty medical care, psychosocial services, and logistical support, as well as outreach and prevention to provide a continuum of care for at-risk populations. Title IV systems of care enhance access to and linkage with clinical research supported by the National Institutes of Health and other organizations for their client populations. There are five Title IV funded projects providing HIV/AIDS services within the Boston EMA:

1. The MA Dept. of Public Health, Bureau of Family and Community Health
Through the MDPH's Bureau of Family and Community Health, Title IV provides funding for the MassCARE (Massachusetts Community AIDS Resource Enhancement) Program, a statewide program for women, children, youth, and families living with HIV. Services are available from community health centers located in Chelsea, New Bedford, Brockton, Lawrence, and Lowell. MassCARE provides the following services:

- Primary Care (pediatric and perinatal)
- Case Management
- Education
- Case Management
- HIV Counseling and Testing
- Peer Support for women and adolescents
- Provider training
- Specialty care for HIV-positive pregnant women
- Outreach
- Transportation
- Permanency Planning

2. Boston Pediatric and Family AIDS Project at Dimock Community Health Center
The Boston Pediatric and Family AIDS Project, funded through Title IV, provide the following services to children living with HIV and their families:

- Primary Care
- Transportation
- Case Management
- Mental Health
- Outreach
- HIV Counseling and Testing

3. The Sidney Borum Jr. Health Center, JRI Health
 The Sidney Borum Jr. Health Center provides primary medical care, substance abuse and mental health counseling, general psychiatric services, and HIV case management for adolescents and young adults, as well as specialized services for gay, lesbian, bisexual, and transgender youth, street youth, and persons living with HIV. With Title IV funding, the Center provides the following HIV/AIDS care services to youth aged 13-24:
 - Primary Care
 - Housing
 - Substance Abuse
 - Mental Health
 - Respite Care
 - Case Management
 - Peer Support

4. Adolescent Network for Today, Latin American Health Institute
 The Adolescent Network for Today funded through Title IV, is an initiative that provides services to youth living with HIV/AIDS and their families in the Greater Boston and Lowell area, including Latino/Hispanic, Pacific Islander, African American, and Asian youth. Targeted services include:
 - HIV Counseling and Testing
 - Case Management
 - Health and HIV Education
 - Support Groups
 - Cultural and Social Services

5. The Dartmouth Hitchcock Family HIV Program
 The Dartmouth Hitchcock Family HIV Program is designed to foster and support community-based primary care. By providing consultative assistance to primary care providers, provider education, and case management support, the program aims to optimize the advantages that local, community-based care can offer, as well as to ensure that all families infected and affected by HIV have equal access to state-of-the-art care. Services include:
 - Case Management
 - Client Advocacy
 - Mental Health
 - Transportation
 - HIV Counseling and Testing

6. Greater Lawrence Family Health Center
 The mission of the Greater Lawrence Family Health Center is to improve and maintain the health of individuals and families in the Merrimack Valley by providing a network of high quality, comprehensive health care and services and by training health care professionals who can respond to the needs of a culturally diverse population. Under its Title IV grant, the Center provides a variety of services:
 - Case Management
 - Primary Care
 - Nutritional Counseling

Total Title IV funds for HIV/AIDS care in the Boston EMA = \$2,671,771
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Ryan White CARE Act – Part F

HIV/AIDS Dental Reimbursement Program

The dental reimbursement program assists accredited dental schools and post-doctoral dental programs with uncompensated costs incurred in providing oral health care treatment to patients with HIV infection. Eligible applicants must have documented uncompensated costs of oral health care for HIV positive persons, and must be accredited by the Commission on Dental Accreditation. Funding takes into account the un-reimbursed oral health costs incurred by each applicant dental school/program for patients with HIV infection compared to the total un-reimbursed costs for patients with HIV infection incurred by all eligible applicants.

In the Boston EMA, there are five institutions that receive dental reimbursement through the CARE Act. There are no institutions located in New Hampshire or the remainder of the EMA.

- Boston University
- Children’s Hospital
- Tufts University School of Dentistry
- Boston Medical Center
- Harvard School of Dentistry

For FY06, these institutions received a total of \$875,855 in dental reimbursement funds through the CARE Act Part F award.

Total Part F <u>Dental</u> Reimbursement Funds for PLWH in the Boston EMA = \$875,855

AIDS Education and Training

The AIDS Education and Training Center Program is a network of 15 regional centers and 75 associated sites, which conduct targeted, multi-disciplinary clinical education and training programs for health care providers. The AETCs which serve all 50 States, the Virgin Islands and Puerto Rico, increase the number of health care providers who are educated and motivated to counsel, diagnose, treat and manage care for individuals with HIV/AIDS and help prevent high risk behaviors that may lead to infection. Additionally, several regional AETCs have been funded to provide training on aspects of HIV prevention program design and implementation.

AETCs primarily focus on training people working in primary health care (physicians, nurses, dentists) and, with a lesser emphasis, on training for mental health and allied health providers. The majority of AETC resources have been focused on area of high HIV prevalence and incidence, with

remaining resources allocated on suburban and rural needs. AETC activities are based upon assessed local needs. Each AETC includes at least one CARE Act Title I EMA with high incidence of the disease.

AETCs collaborate with other CARE Act funded organizations, Area Health Education Centers (AHECs), community based HIV/AIDS organizations, medical and health professional schools, local hospitals, health departments, community and migrant health centers, medical societies and other professional organizations.

The New England AIDS Education and Training Center (NEAETC) is located in Boston, MA and serves Connecticut, Maine, Massachusetts, New Hampshire, Vermont, and Rhode Island. NEAETC subcontracts with “local performance sites” in each of the New England states in the region.

Total Part F <u>AETC</u> Funds in the Boston EMA = \$860,000
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Special Projects of National Significance (SPNS)

Special Projects of National Significance (SPNS) is a health services demonstration, research, and evaluation program funded under Part F of the CARE Act to identify innovative models of HIV care. The SPNS program is intended to advance knowledge and skills in the delivery of health and support services to underserved populations diagnosed with HIV infection. SPNS grants fund innovative models of care and support the development of effective delivery systems for HIV care. The SPNS Program is considered the research and development arm of the Ryan White CARE Act and provides the mechanisms to assess the effectiveness of particular models of care, support innovative program design, and promote replication of effective models.

There are two SPNS projects in the Boston EMA. The projects are described below under the general initiative. For more information about current and past SPNS projects, see the HRSA website at <http://hab.hrsa.gov/specialprojects.htm>.

Outreach to HIV Positive Persons Not in Care

The purpose of this grant initiative is to support multi-year projects that will refine and evaluate current outreach strategies for bringing HIV-positive individuals into comprehensive continual care. In the Boston EMA, there is one project funded under this initiative:

- *Fenway Community Health Center, Boston*

The initiative at Fenway targets men of color living with HIV/AIDS who have sex with other men (especially those who do not identify as gay or bisexual), are commercial sex workers, are prisoners or ex-prisoners, are substance abusers, and/or are transgender or transsexual. This project will evaluate current case finding and outreach interventions that occur internally at the grantee or in conjunction with organizational partners. Phase 1 activities consist of outreach to persons who show evidence of high risk behavior and referral to the Center for risk reduction services, screening of all Center clients with regard to sexual and substance abuse histories to assess risk for HIV infection, counseling and testing of all persons with high risk profiles, referral into care for those who are HIV infected, prompt enrollment of referrals into case management, patient education by health care providers with regard to the nature of HIV infection, and telephone and/or in-person follow-up by case managers or outreach workers to those who miss appointments or who become lost to care. Phase 2 will refine the current intervention by strengthening staff capabilities to maintain patients in care and adding use of HIV infected peers in outreach work. Organizational partners in the project include Men of Color Against AIDS, Span, and Victory Programs.

Options Replication Project

- *University of Massachusetts Medical School, Worcester*

In September of 2005, the University of Massachusetts Medical School received funding for a SPNS called the Evaluation of the OPTIONS Replication Project. The SPNS was designed by HRSA in response to the CDC's Prevention with Positives program. The OPTIONS Project has demonstrated that provider-directed HIV prevention interventions can be conducted successfully in the context of a clinical setting. The purpose of this funding opportunity is to replicate and evaluate this model across a variety of HIV clinical settings. See http://hab.hrsa.gov/specialprojects/OPTIONS_overview.htm.

Medicaid

Medicaid is the second largest source of health insurance in the U.S. after employer-sponsored care, and the primary payer of health services for people with HIV and AIDS. In Massachusetts, the Medicaid program is known as MassHealth and is administered by the Office of Medicaid. One million of Massachusetts' 6.5 million residents are covered by MassHealth. In New Hampshire, the Medicaid program is administered by the New Hampshire Department of Health and Human Services. Approximately 126,000 of New Hampshire's 1.2 million residents will be enrolled in the state's various Medicaid programs during the calendar year.⁷ In Massachusetts and New Hampshire, Medicaid costs are shared 50%-50% between the state and the federal government.

Since April 2001, Massachusetts has had a waiver program to expand coverage to people with HIV infection and incomes up to 200% of the federal poverty level. The eligibility level was dropped to 133% of FPL in 2003, but restored back to 200% of FPL in January 2005 retroactive to the beginning of the state fiscal year July 1, 2004. As part of the health care reform plan recently signed into law, the House Ways and Means chair Robert DeLeo has introduced an amendment to the legislation raising the enrollment cap for the HIV waiver program from 1,050 to 1,300 and increasing the support for the program by \$900,000. There were several other amendments offered that augment MassHealth further.⁸

In Massachusetts, the standard Medicaid benefits package (MassHealth) covers comprehensive primary and inpatient health services, including primary care, ob/gyn, substance abuse, mental health, and transportation services. MassHealth has a formulary that covers pharmaceuticals, including protease inhibitors and prophylaxis for opportunistic infections. In response to the state budget crisis and increasing pharmaceutical costs, MassHealth moved from an open formulary to a tiered one, in which patients must get prior approval for certain medications that are not on its list of preferred cheaper drugs. Pharmacy co-payments currently are \$1.00 for generic and over the counter pharmaceuticals and \$3.00 for name-brand medications.

On January 1, 2006, implementation of Part D of the Medicare Prescription Drug Improvement and Modernization Act of 2003 began. A major element of Part D is the transfer of pharmaceutical coverage from Medicaid to Medicare for those persons receiving services from both Medicaid and

⁷ See Leighton Ku and Matt Broaddus, "New Requirement for Birth Certificates or Passports Could Threaten Medicaid Coverage for Vulnerable Beneficiaries: A State By State Analysis," Center on Budget and Policy Priorities at www.cbpp.org/1-5-06health.htm accessed 04/13/2006.

⁸ E-mail communication to E. Rewolinski from MassHealth Defense Group, April 18, 2006.

Medicare (dual eligibles, or, dually eligible). The design of Part D is complex and the success of its implementation across the country has been uneven. For those in Massachusetts and New Hampshire who encountered difficulties in getting medication, the states provided emergency coverage. The emergency coverage, though, was time limited. At this point, it is unclear what jurisdictions will do while the problems of Part D are being worked out.

In New Hampshire, eligibility for Medicaid is more restrictive and includes both an income and an assets limit. People with HIV are eligible for Medicaid if they are disabled (i.e., they have an AIDS diagnosis), have incomes below 75% of the federal poverty level, and have assets below \$2500. Those with incomes in excess of these limits may be eligible for the “In and Out Medical Assistance Program” that covers some medical expenses after an individual has spent down to the protected income level. In addition, Medicaid for Employed Adults with Disabilities (MEAD) has been available for disabled individuals who work. The income limit for this program is 450% FPL for an individual, with a resource limit of \$21,947. In addition to the eligibility requirements, the services covered by the New Hampshire Medicaid program are more restrictive than those covered in Massachusetts. Like Massachusetts, the New Hampshire Medicaid program covers primary and inpatient health services, including primary care, ob/gyn care, mental health, and transportation services, but with coverage limits that may be restrictive to the needs of PLWH. The New Hampshire Medicaid program also includes drug benefits and has prescription size limits and co-payments. Unlike Massachusetts, New Hampshire does not provide substance abuse services for Medicaid beneficiaries.

Total Medicaid Funding for HIV/AIDS care in the Boston EMA = \$124,537,363
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Commonwealth of Massachusetts

HIV/AIDS Bureau

In addition to the Ryan White Title II funds that it receives, Massachusetts provides funding for HIV/AIDS services through the Department of Public Health AIDS budget line item (\$35.5 million in FY06) to fund both HIV/AIDS prevention and care. The results of the earlier statewide budget crisis continue to affect services to HIV-positive people.

This funding provides a range of services throughout the state, including:

- HIV Prevention and Education
- HIV Counseling and Testing
- HIV Drug Assistance Program (HDAP)
- HIV services in correctional facilities
- Case Management
- Mental Health services
- Complementary/holistic therapies
- Home Health Care
- Primary Care services
- Supportive Housing services
- Client Support Services
- Transportation
- Food Services
- Respite and Day Care
- Dental Care
- Emergency Financial Assistance

Total MA State Funding for HIV/AIDS care in the Boston EMA = \$27,574,460

Bureau of Substance Abuse Services

Massachusetts also provides funding for substance abuse services through the Substance Abuse Treatment line item in the State Budget. The Department of Public Health's Bureau of Substance Abuse Services (BSAS) administers these funds, as well as federal funds received from the Substance Abuse and Mental Health Services Administration (SAMHSA).

While information on the HIV serostatus of clients is not collected, BSAS does provide a range of HIV related services to HIV positive clients. A strong continuum of services is in place to reduce risk of infection and engage high risk and HIV positive clients in therapeutic interventions. These interventions include:

- Street outreach and harm reduction education
- Acute treatment services
- Residential rehabilitation treatment and supportive housing
- Community-based case management
- HIV counseling and testing
- Temporary shelter
- Ambulatory counseling and narcotic treatment services
- Transitional support services

Injection drug users, HIV positive clients, and others at high risk for HIV infection are prioritized for admission to the services provided by BSAS programs. BSAS reported in FY2005 that \$72.9 million were available for substance abuse treatment services in the EMA. Of this, it is estimated that at least 2.6% or \$1,895,284 specifically serves HIV-positive people.

Total BSAS HIV/AIDS funding in the Boston EMA = \$1,895,284

New Hampshire

Three counties in southern New Hampshire are part of the Boston EMA where an estimated 70% of New Hampshire's people living with HIV/AIDS reside. In addition to Title I funds, the New Hampshire portion of the EMA also receives funding for HIV/AIDS care and services through the Title II, Title III and competitive HOPWA grants. These funding sources provide the following services to people living with HIV/AIDS in the Boston EMA:

- Drug Reimbursement
- Evaluation
- Family Support and Coordination
- Food Services
- Housing
- Mental Health
- Minority AIDS Initiative
- Primary Care
- Quality Management
- Substance Abuse
- Administrative/Program Support
- Transportation

In FY 2005, New Hampshire received \$1,281,115 in Title II funds, of which \$500,000 were its Title II base award, \$778,792 were available for ADAP and \$2,323 were available for Minority AIDS Initiative programs for HIV/AIDS care in minority communities. Of those Title II funds, \$548,652 were earmarked for use in the NH portion of the EMA. New Hampshire Medicaid funds (\$3,422,061) are reported under the Medicaid section of this report. New Hampshire competitive HOPWA grant awards are discussed in the HOPWA/HUD section. The two agencies and the City of Nashua administering the HOPWA grants reported that \$790,539 had been allocated for the NH portion of the EMA. The Dartmouth Hitchcock Title III program, with clinics in Manchester and Nashua, expended \$303,016 to provide comprehensive primary care services in Hillsborough County. Additionally, Dartmouth is also the Title IV grantee for New Hampshire and Vermont. It reported allocating \$75,528 of its award within the New Hampshire portion of the Boston EMA.

Total funding for HIV/AIDS care in the NH portion of the Boston EMA = \$5,136,796
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HOPWA/HUD

Within the Boston EMA there are currently six HOPWA formula grantees - the City of Boston, the City of Lowell, the City of Lynn, the City of Worcester, the City of Providence - Rhode Island (jurisdiction includes Bristol County, MA), and the Commonwealth of Massachusetts. Prior to FY 2004, HOPWA formula funding for the EMA had been awarded through 3 grants, the City of Boston, the City of Providence, RI (for a few localities in Bristol County) and the Commonwealth, through the AIDS Bureau to cover “the balance of the State”. With the changes to the distribution of HOPWA funds, there are two new grantees, the City of Lowell (Middlesex County) and the City of Worcester (Worcester County), and Providence is now responsible for all of Bristol County. The City of Lynn (Essex County) became a new grantee in FY05.

Table 5: HOPWA Formula Allocation FY 2004–FY 2006 (amount in thousands)

Grantee	FY04	FY05	FY06
Massachusetts	\$525	\$178	\$168
City of Boston	\$1,829	\$1,721	\$1,719
City of Lowell	\$659	\$623	\$627
City of Lynn	\$0	\$316	\$317
City of Worcester	\$369	\$348	\$354
City of Providence	\$807	\$764	\$776
Total	\$4,189	\$3,950	\$3,961

Additionally, there are currently seven competitive HOPWA grantees, which receive funding for housing services. They are:

Action, Inc. (Gloucester), Quest Program

Action, Inc. and North Shore AIDS Health Project in Gloucester, MA provide assistance to people living with HIV/AIDS under their Quest Program. The program provides 20 apartment units of affordable housing to low-income persons with HIV/AIDS in Essex County, targeting individuals, families and post-incarcerated individuals. Quest will offer supportive housing, employment training and education, and job placement. The program is a model to test strategies to assist persons with HIV/AIDS to gain control of their lives and access opportunities for self-reliance and independence. The total of Action’s HOPWA and HUD funds was \$355,328.

Cambridge Cares About AIDS, Bay State Supportive Housing Alliance

Cambridge Cares About AIDS, Inc. in Cambridge used \$594,212 HOPWA/HUD funds to continue its Bay State Supported Housing Alliance (BSSHA) which provides 24 units of

supported transitional housing in Eastern Massachusetts for HIV positive individuals and their families who have histories of chronic homelessness.

Community HealthLink, Inc. (Worcester), Maranda's House

Community Healthlink, Inc. in Worcester continued its Maranda's House Transitional Congregate Program for Women with AIDS. The program assists 75 women over the three year grant term. All of the women to be assisted are homeless, of which approximately 80 percent are chronically homeless, and 12 percent of those to be assisted are likely to be pregnant or postpartum. Maranda's house is a congregate housing facility that houses eight women at a time and is designed to be a stepping stone for women moving into permanent housing. For the reporting period, Community HealthLink, Inc. used \$536,907 of its HOPWA/HUD funding.

Harbor Homes, Inc. (Nashua)

Harbor Homes, Inc. of Nashua, New Hampshire used \$167,124 of its HOPWA renewal grant of \$525,457 to continue providing housing assistance to persons living with HIV/AIDS in Hillsborough County, with the exception of the city of Manchester. The Southern New Hampshire HIV/AIDS Task Force will provide clients with case management and counseling support and auxiliary services. Preference is given to those who are homeless, in imminent danger of homelessness, and/or those with dual or multiple diagnoses. It is anticipated that the program will serve 50 households and 55 individuals per year, over the three-year funding period.

Justice Resource Institute (Boston), TBRA Plus Program

The Justice Resource Institute (JRI) with its HOPWA renewal grant of \$1,137,716 expended \$353,309 to continue its TBRA Plus, a tenant-based rental assistance program for persons living with HIV/AIDS. The program enables 26 clients in communities throughout Plymouth, Bristol, and Northern Essex counties to use scattered-site rental subsidies to access housing. The project parallels the TBRA program funded through the Massachusetts Department of Housing and Community Development with Section 8 funds, and operated by JRI Health for the State of Massachusetts, with funding from the Department of Public Health HIV/AIDS Bureau.

City of Nashua

The City of Nashua received a HOPWA competitive award of \$1,360,232 in 2005 to provide long-term permanent supportive housing. The grant will fund rental assistance to 31 chronically homeless and homeless households living with HIV/AIDS in Hillsborough County. The city will partner with Harbor Homes, Inc. and Southern New Hampshire HIV/AIDS Task Force in coordinating support services. It has obligated \$53,411 for this reporting period.

NH Department of Health and Human Services

The State of New Hampshire, Division of Behavioral Health, Office of Homeless and Housing Services received a HOPWA renewal grant of \$607,545 to continue promoting and providing adequate affordable permanent housing solutions to persons with HIV/AIDS and their families in the Greater Manchester area. The state and its project sponsor, the Merrimack Valley Assistance Program (MVAP), will continue to work towards their goal of stabilizing clients' current housing, and whenever possible, maintaining them in the homes where they reside. In addition to the current 15 housing units receiving long term rental assistance through the Section 8 program and 3 units of tenant based rental assistance, it is anticipated that 12 additional scattered site rental units will be made available and another 39 units will be assisted through short-term rent/mortgage/utility payments. In addition, 52 individuals are to receive supportive services and 299 individuals will receive housing information services during the funding period. MVAP reported a \$169,714 expenditure for its program.

Together, these formula and competitive HOPWA grantees provide rental assistance, emergency rent payments, rental start-up, housing information and advocacy.

Total HOPWA/HUD funding for HIV/AIDS care in the Boston EMA = \$9,919,669

Other Funds in the Boston EMA

The Veterans' Administration System is a federal agency that provides a comprehensive array of health care services at local clinics and hospital to retired military personnel and their families. According to the Department of Veterans Affairs, the VA system is the largest provider of HIV/AIDS care in the country. Through the VA System, these patients receive all medications, health care, and substance abuse treatment. Linkages have been established with non-VA providers for non-medical services, and dental care is obtained at the Boston University Goldman School of Dental Medicine. No information is available on the amount of funding specific to HIV-positive patients, however, as the facilities receive a "lump sum" that is used to provide all necessary care regardless of serostatus.

U.S. Congressional Black Caucus (CBC) funds provide another source of financial support for HIV/AIDS services in the Boston EMA. Since 1999, Massachusetts has received over \$13 million for HIV/AIDS care, planning, technical assistance, capacity building, and HIV prevention in minority communities. These funds have been administered directly to community-based organizations by the Centers for Disease Control and Prevention (CDC), the Health Resources and Service Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of Minority Health (OMH).

The Substance Abuse and Mental Health Services Administration also makes direct grants to local organizations for a variety of substance abuse treatment and prevention initiatives. Additionally, the Centers for Disease Control and Prevention provides grants directly to the state and to local organizations for various HIV prevention and education activities in the Boston EMA.

Client Utilization Data

Client Utilization Data

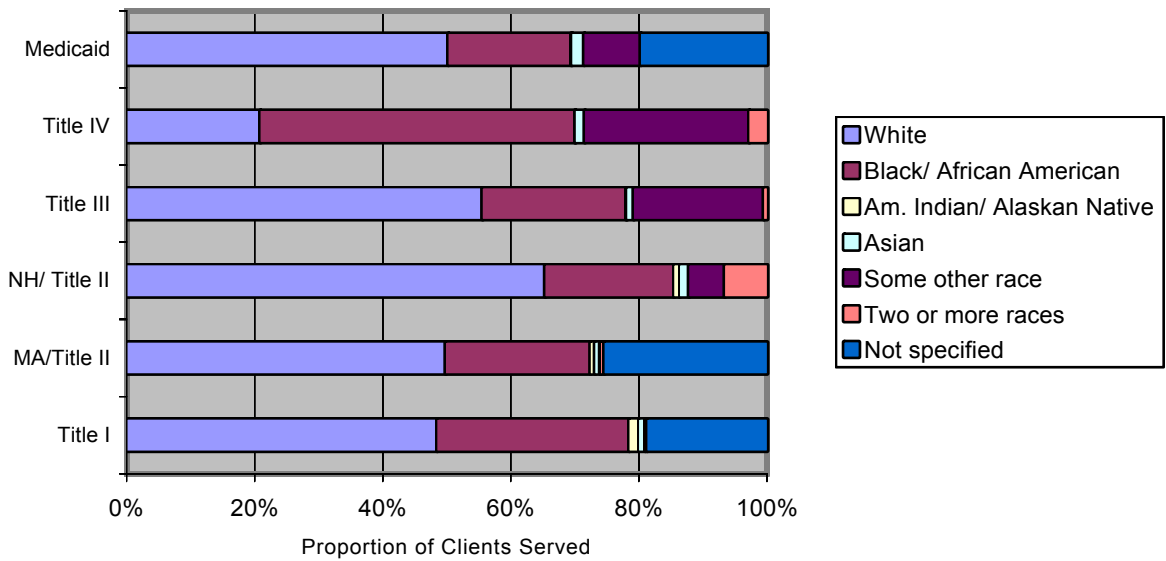
Much of this report has focused on the funding for various services in the Boston EMA. This section provides information about the people who have received services paid for or provided by these funding streams. This information cannot be linked to any individual and is only provided in the aggregate by the various funding streams.

Client service utilization data can help Planning Council members assess the populations that are being served in the EMA and may provide some insight on the groups that are or are not in care. This year, client service utilization data are available for Title I, MA/Title II, NH/Title II, Title III, Title IV, and Medicaid programs. These data are provided in the table that follows. When using the table and accompanying charts, it is important to remember that these data are not unduplicated. This means that any client who uses multiple services provided by or funded through multiple funding streams may be included in several of the columns of the data table.

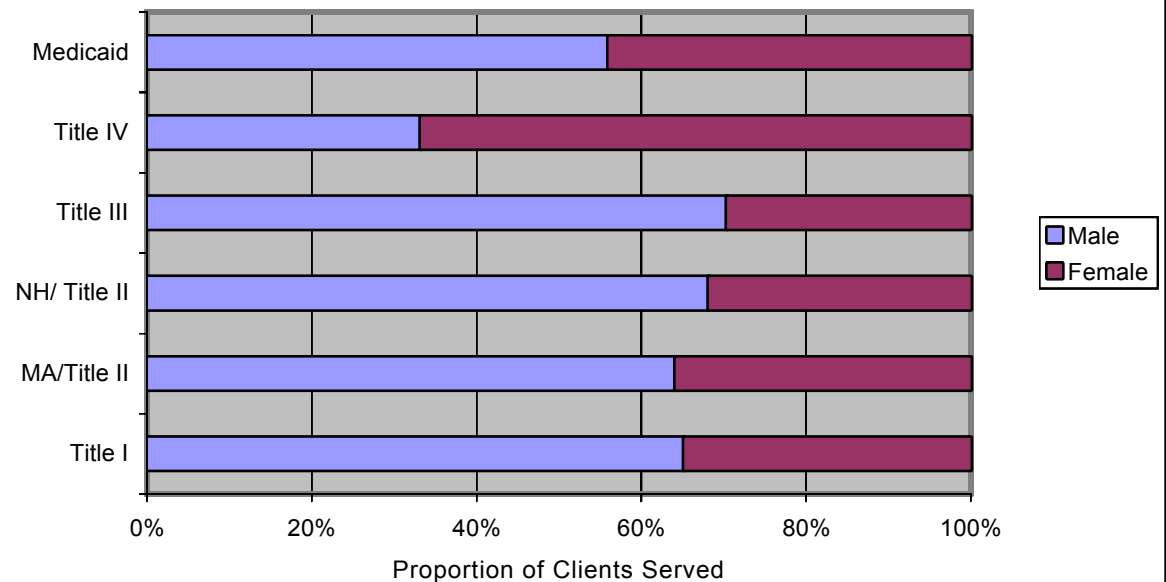
Client Utilization Data												
Demographic Group/Exposure Category	Title I		MA DPH Programs		NH - Title II		Title III		Title IV		MA/NH Medicaid	
Race	#	%	#	%	#	%	#	%	#	%	#	%
White	3509	49%	2013	50%	140	65%	2194	56%	220	21%	4832	50%
Black/ African American	2167	30%	912	23%	43	20%	884	22%	515	49%	1838	19%
Am. Indian/ Alaskan Native	109	2%	27	1%	2	1%	7	<1%	1	<1%	16	<1%
Asian	71	1%	32	1%	3	1%	42	1%	15	1%	179	2%
Some other race	23	<1%	5	<1%	12	6%	800	20%	269	26%	847	9%
Two or more races	0	0%	21	1%	14	7%	18	<1%	29	3%	0	0%
Not specified	1349	19%	1023	25%	0	0%	0	0%	0	0%	1890	20%
Total	7228	100%	4033	100%	214	100%	3945	100%	1049	100%	9602	100%
Ethnicity	#	%	#	%	#	%	#	%	#	%	#	%
Hispanic	1752	24%	1136	28%	37	17%	929	24%	278	27%	847	9%
Not Hispanic	4510	62%	2135	53%	177	83%	3014	76%	771	73%	6865	71%
Not specified	966	13%	762	19%	0	0%	2	<1%	0	0%	1890	20%
Total	7228	100%	4033	100%	214	100%	3945	100%	1049	100%	9602	100%
Gender	#	%	#	%	#	%	#	%	#	%	#	%
Male	4673	65%	2574	64%	146	68%	2759	70%	348	33%	5379	56%
Female	2491	34%	1437	36%	68	32%	1159	29%	699	67%	4223	44%
Transgendered	54	1%	4	0%	0	0%	27	1%	2	<1%	0	0%
Unknown	10	<1%	18	0%	0	0%	0	0%	0	0%	0	0%
Total	7228	100%	4033	100%	214	100%	3945	100%	1049	100%	9602	100%
Age	#	%	#	%	#	%	#	%	#	%	#	%
<13 years	170	2%	39	1%	2	1%	13	<1%	202	19%	901	9%
13-19 years	102	1%	50	1%	2	1%	50	1%	326	31%		
20-44 years	4187	58%	1832	45%	131	61%	2155	54%	385	37%	4786	50%
45+ years	2769	38%	2112	52%	79	37%	1738	44%	136	13%	3915	41%
Total	7228	100%	4033	100%	214	100%	3956	100%	1049	100%	9602	100%
Adult/Adolescent AIDS Exposu	#	%	#	%	#	%	#	%	#	%	#	%
Men who have sex w/men	2103	24%	762	19%	86	40%	1410	36%	70	9%	N/A	N/A
Injection drug users (IDU)	2166	24%	1439	36%	27	13%	1005	26%	95	12%	N/A	N/A
MSM/IDU	0	0%	66	2%	8	4%	61	2%	4	<1%	N/A	N/A
Heterosexual	3918	44%	1203	30%	82	38%	1119	29%	383	47%	N/A	N/A
Other/hemophilia/blood	508	6%	92	2%	3	1%	52	1%	102	12%	N/A	N/A
Risk not reported/identified	194	2%	400	10%	7	3%	238	6%	167	20%	N/A	N/A
Total	8889	100%	3962	100%	213	100%	3885	100%	821	100%	N/A	N/A
Pediatric AIDS Exposures	#	%	#	%	#	%	#	%	#	%	#	%
Mother with/at risk for HIV	242	100%	71	100%	1	100%	24	100%	109	92%	N/A	N/A
Other/hemophilia/blood	0	0%	0	0%	0	0%	0	0%	1	1%	N/A	N/A
Risk not reported/identified	0	0%	0	0%	0	0%	0	0%	8	7%	N/A	N/A
Total	242	100%	71	100%	1	100%	24	100%	118	100%	N/A	N/A

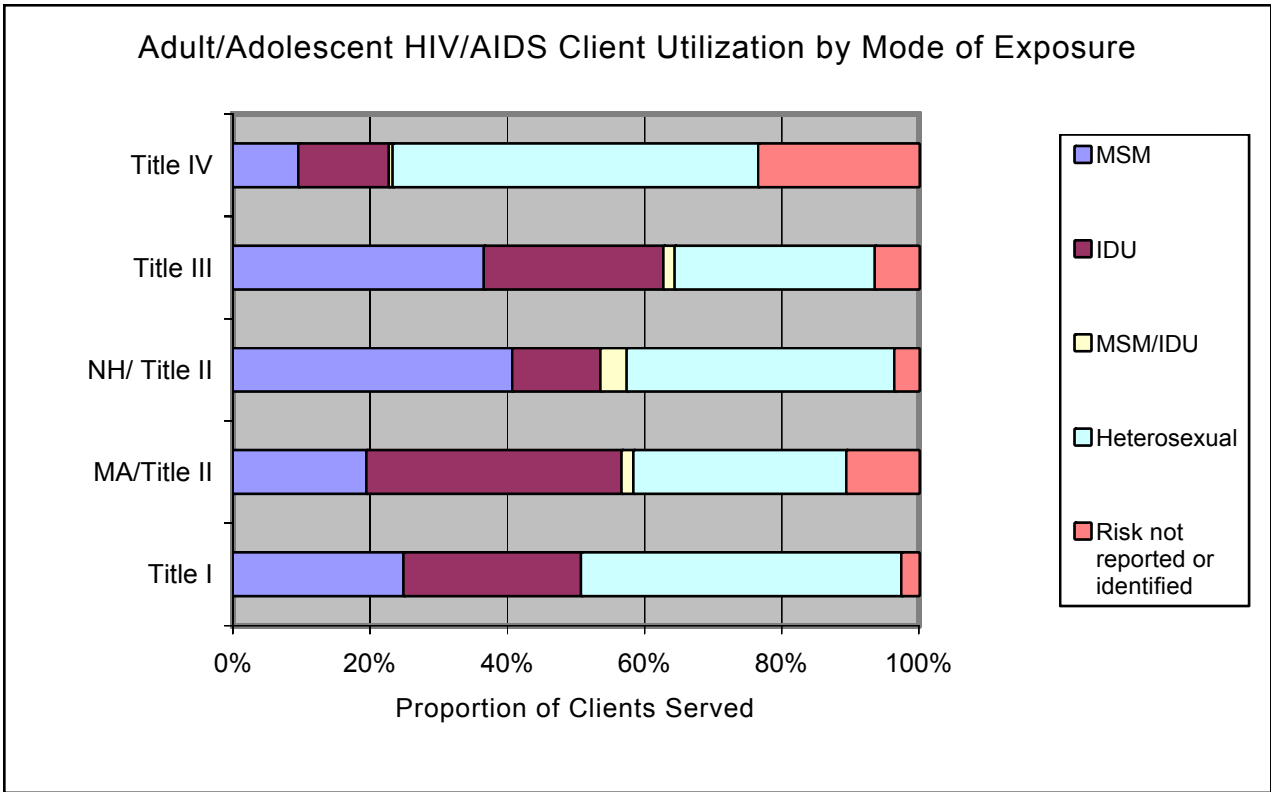
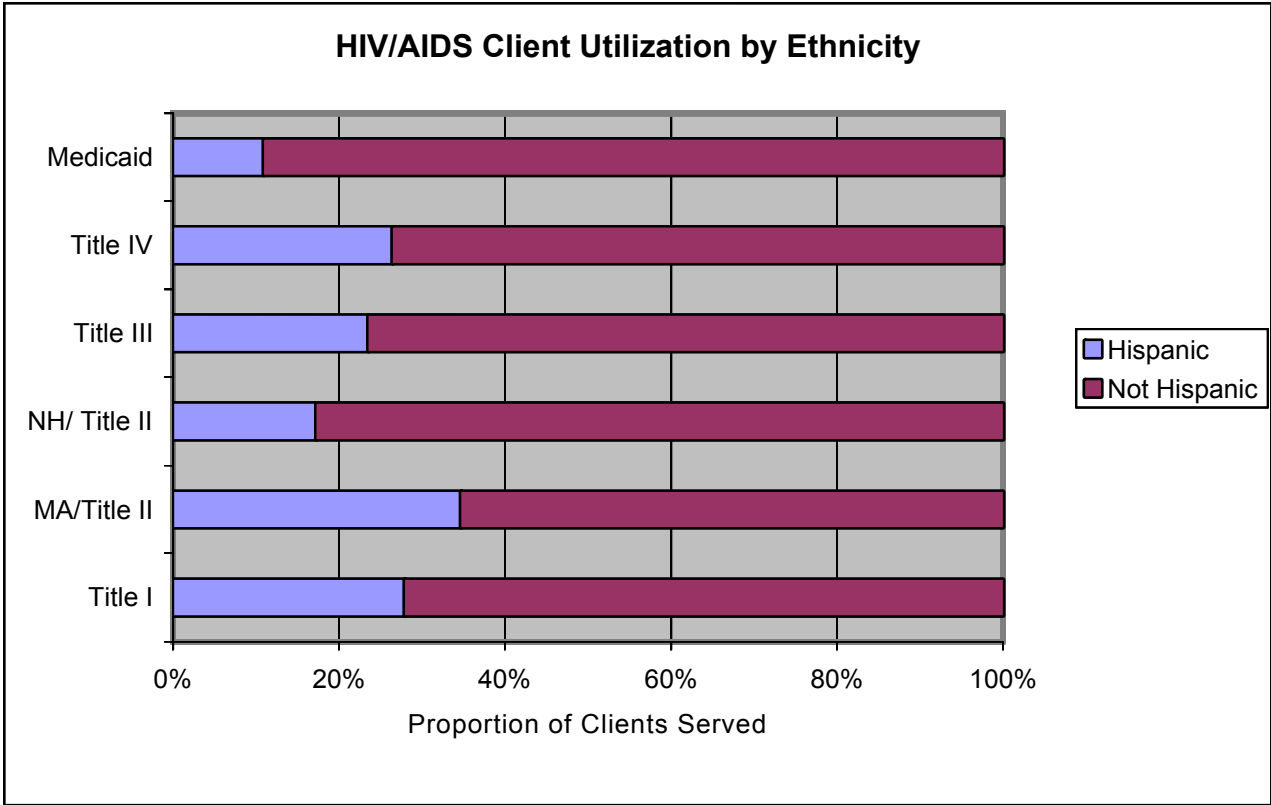
Some columns and rows may not be equivalent as a result of missing data or imprecise data reported by providers. Individual providers may also vary in their category delineations and definitions, and some individuals may report more than one exposure.

HIV/AIDS Client Utilization by Race



HIV/AIDS Client Utilization by Gender





Appendix

Title I Service Category Definitions

SERVICE CATEGORY DEFINITIONS

Approved for RWFY 2007 on March 9, 2006

Service Category	Definition
Adoption/Foster Care*	Services funded under this category include, but are not limited to: temporary (foster) care; permanent (adoption) homes; early planning; permanency planning; and other legal services that assist children under the age of 20 whose parents or guardians are unable to care for them because of HIV related illness or death.
Case Management	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. Client centered services support a clients ability in maximizing their self-sufficiency and independence. 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.
Client Advocacy	Services funded under this category provide short-term "specialized" assistance to clients throughout the process of accessing and obtaining financial and legal services that include, but which are not limited to: healthcare benefits, immigration, social security and disability benefits.
Complementary Therapies*	Services funded under this category include, but are not limited to: acupuncture; chiropractic treatment; and, other holistic modalities. The purpose of this category is to provide services that enhance adherence to care, such as symptom management.
Day Care*	Services funded under this category are those designed to provide day care for children with HIV/AIDS, the siblings of children with HIV/AIDS, children of a parent or caregiver with HIV/AIDS and adults with HIV/AIDS.
Dental	Services funded under this category are recruitment of dentists and preventive diagnostic and therapeutic services rendered by dentists, dental hygienists and other dental practitioners
Drug Reimbursement	The service funded under this category is the provision of medically prescribed pharmaceuticals used in the prevention, management and treatment of HIV disease.
Evaluation	Services funded under this category include formal evaluation projects as a comprehensive mechanism for evaluating the impact of Title I funds on HIV/AIDS care in the Boston EMA.
Food Services	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.
Housing	Services funded under this category include the provision of short-term and/or emergency rental assistance, the provision of housing support in a group home or scattered-site setting, and emergency housing-related expenses such as utilities. These services also include assessment, search, placement, and advocacy services provided by those who possess an extensive knowledge of local, State, and Federal housing programs and how they can be accessed.
Mental Health	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).
Minority AIDS Initiative	Services funded under this category include Peer Support and Case Management. The purpose of this category is to provide services that are culturally and linguistically appropriate to African Americans, individuals of African descent, Latinos, Native Americans, Asian Americans, Native Hawaiians, Pacific Islanders, and individuals of Asian descent who are living with HIV/AIDS.
Peer Support	Services funded under this category 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 licensed or non-licensed, para-professional individuals.
Primary Care	Services funded under this category provide routine, non-emergency, non-inpatient medical care, case consultation, patient education, and OB/GYN services.
Respite Care*	Services funded under this category are residential and/or home-based non-medical assistance programs designed to relieve the primary caregiver(s) responsible for providing day-to-day care. This care encompasses that of adults and/or children as clients with HIV/AIDS or HIV negative parents or caregivers with HIV positive children.
Substance Abuse	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.
Transportation	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.

Not Listed: Planning Council Support
Quality Management

* Categories no longer funded.