

## Outpatient Medical Care

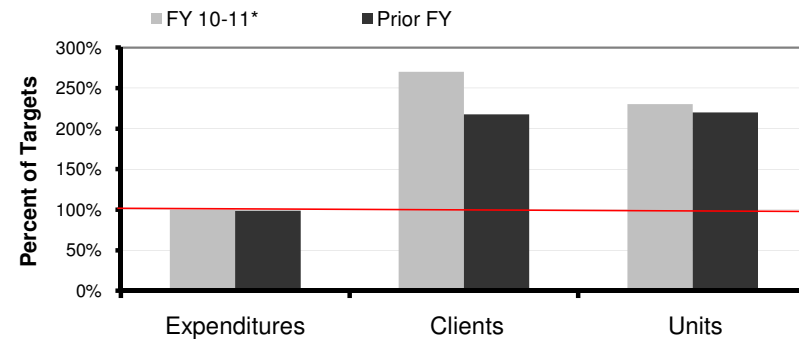
FY 10-11: March 1, 2010 - February 28, 2011

Priority	TGA Award	Initial Allocation	Reallocation	Total Allocation	% of Award	Carryover	Final Allocation
1	\$3,100,056	\$730,881	\$0	\$730,881	23.6%	\$0	\$730,881

*Service Definition: Provision of primary and HIV medical care at specialty clinics that follow national standards of care for the treatment of HIV. Care includes diagnosis and treatment of physical and mental health conditions, medication management and adherence counseling, medical care coordination, and referral to other specialty providers and linkage to case management services.*

### Fiscal Year Performance

Expenditures		Clients		Units	
<b>Projected Dollars</b>	\$730,881	<b>Projected Clients</b>	365	<b>Projected Units</b>	2,970
<b>Actual Dollars</b>	\$730,881	<b>Actual Clients</b>	986	<b>Actual Units</b>	6,835
<i>Percent</i>	100%	<i>Percent</i>	270%	<i>Percent</i>	230%
<b>Variance Dollars</b>	\$0	<b>Variance Clients</b>	621	<b>Variance Units</b>	3,865



\*This is how close the actual costs and service utilization is in meeting the projected expenditures, clients served, and service units expressed as a percentage.

### About Current Performance: Additional Information for Consideration

**Fiscal:** • At our largest Part A HIV clinic, 73% of clients had under-insured visits and these under-insured visits were 59% of all visits. Under-insured is defined as any visit where reimbursement is less than 50% of the Federally Qualified Health Center (FQHC) wrap-around rate, currently \$241.

- Program:**
- The two funded clinics served 1,325 clients in FY 10-11, a 10% increase over FY 09-10. Similarly, the number of uninsured and under-insured medical care clients increased by 13%, from 805 clients in FY 09-10 to 986 clients in FY 10-11. The results of Part A medical clinics' efforts to help clients remain engaged in care and achieve positive medical outcomes include:
    - 90% of Part A clients receiving primary medical care had stable or increased CD4 counts (>200/ul), exceeding the target goal of 80%.
    - 99.8% of clients who had an HIV diagnosis at their first medical visit did not progress to AIDS by their last visit in FY 10-11, exceeding the target goal of 93%.
    - 89% of clients were maintained in care, just under the TGA benchmark to maintain 90% of clients in care, as measured by the number of clients at the last visit that had an HIV primary medical care visit in the previous six months.
    - Only 1% of medical care clients were lost to follow-up, well under the target of no more than 5% of clients leaving care with no explanation.
  - An analysis of the recent client satisfaction survey determined that among respondents who had a current primary health care provider for HIV, 95% said that provider was very or somewhat accessible.

## Health Insurance

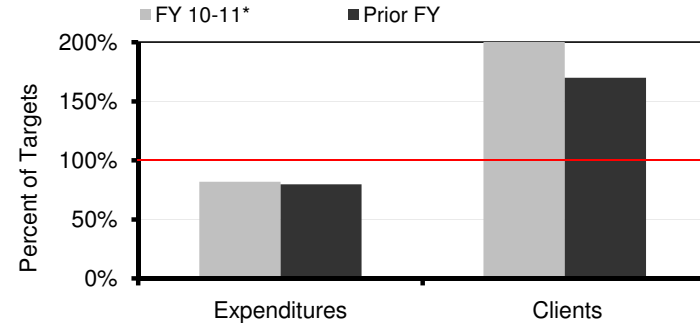
FY 10-11: March 1, 2010 - February 28, 2011

Priority	TGA Award	Initial Allocation	Reallocation	Total Allocation	% of Award	Carryover	Final Allocation
2	\$3,100,056	\$32,485	(\$10,000)	\$22,485	0.7%	\$0	\$22,485

*Service Definition: Health insurance funds pay for health insurance premiums, co-pays and deductibles for clients who live in the TGA. In FY 09-10, Part A funds in this category are only being utilized for Clark County, Washington residents. CareAssist through Part B provides similar services for Oregon TGA clients.*

### Fiscal Year Performance

Expenditures		Clients		Units	
<b>Projected Dollars</b>	\$22,485	<b>Projected Clients</b>	20	<b>Projected Units</b>	N/A
<b>Actual Dollars</b>	\$18,426	<b>Actual Clients</b>	45	<b>Actual Units</b>	184
<i>Percent</i>	<i>82%</i>	<i>Percent</i>	<i>225%</i>	<i>Percent</i>	
<b>Variance Dollars</b>	-\$4,059	<b>Variance Clients</b>	25	<b>Variance Units</b>	N/A



\*This is how close the actual costs and service utilization is in meeting the projected expenditures, clients served, and service units expressed as a percentage.

### About Current Performance: Additional Information for Consideration

**Fiscal:** There was much greater use of funds for medical co-pays in FY 10-11, with clients receiving 165 medical visit co-payments as compared to 53 medical visit co-payments in FY 09-10. Premium payments decreased with clients receiving 12 premium payments in FY10-11 as compared to 20 premium payments in FY 09-10.

- Program:**
- These services fill the gaps in the Washington State health insurance programs.
  - Forty-five clients were able to receive assistance to meet health insurance premiums, medication co-pays, and medical visit co pays, more than twice the expected number of people. As adults are further excluded from Medicaid in Washington, clients are likely to need more help with co-pays and insurance premiums in order to keep medical coverage and pay for medications.
  - Changes to Washington's Early Intervention Program (EIP) became effective in FY10-11 which placed clients into three groups: 1) clients taking anti-retroviral medications (ARVs), 2) clients not taking ARVs and 3) clients new to EIP. Coverage and cost share differs for each group.
  - Forty-eight percent (48%) of clients recently surveyed identified needing health insurance and 7% of clients reported that they were unable to get health insurance or that it was hard to get.

## Mental Health Therapy

FY 10-11: March 1, 2010 - February 28, 2011

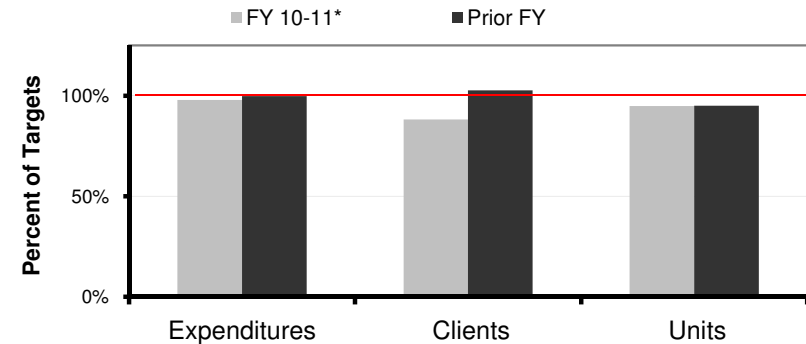
Priority	TGA Award	Initial Allocation	Reallocation	Total Allocation	% of Award	Carryover	Final Allocation
3	\$3,100,056	\$126,000	\$9,500	\$135,500	4.4%	\$0	\$135,500

*Service Definition: Mental health assessment and individual/couple/family counseling on-site or at-home, group counseling, crisis intervention, and medication management for PLWH/A. Mental health services are delivered by mental health professionals (psychiatrists, psychiatric nurse practitioners, licensed social workers, or licensed professional counselors). Recruitment into mental health and substance abuse treatment services by peer mentors is also funded through a joint mental health and substance abuse treatment project.*

### Fiscal Year Performance

Expenditures	Clients	Units**
<b>Projected Dollars</b> \$135,500	<b>Projected Clients</b> 194	<b>Projected Units</b> 3,126
<b>Actual Dollars</b> \$132,574	<b>Actual Clients</b> 171	<b>Actual Units</b> 2,965
<i>Percent</i> 98%	<i>Percent</i> 88%	<i>Percent</i> 95%
<b>Variance Dollars</b> -\$2,926	<b>Variance Clients</b> -23	<b>Variance Units</b> -161

\*\*includes hours of assessments, counseling, group sessions and hours of peer mentor services



\*This is how close the actual costs and service utilization is in meeting the projected expenditures, clients served, and service units expressed as a percentage.

### About Performance: Additional Information for Consideration

**Fiscal:** • The Part A cost per client decreased in FY10-11 to \$775 from \$962 in FY 09-10. This decrease resulted from about a \$16,000 decrease in funding for the service this year while there was about a 10% increase in clients.

- Program:** • The number of mental health clients served dropped from 155 in FY 09-10 to 129 in FY 10-11. However, the amount of services provided increased significantly with 948 hours of individual counseling and 574 group contacts in FY 10-11, compared to 781 hours on individual counseling and 417 group contacts in FY 09-10.
- As a result of the increased demand for services by clients who were uninsured, some clients were put on a waiting list until additional Ryan White and grant funds became available.
  - 95% of mental health counseling clients showed stable or improved profiles on the OQ-45 scale (a scale that measures client progress through the course of therapy and following termination), exceeding the target goal of 9.
  - The average client in the FY 10-11 contract year had 18 mental health visits as compared with 13 visits in the FY 09-10 contract year.
  - Forty-seven percent (47%) of clients recently surveyed identified that they needed mental health services and 10% reported that they were unable to get mental health services or that it was hard to get.

## Dental Care

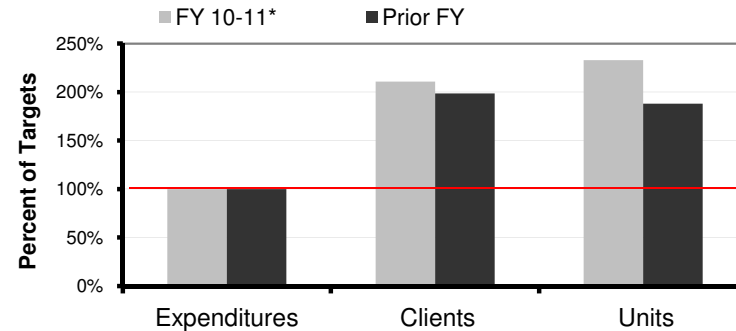
FY 10-11: March 1, 2010 - February 28, 2011

Priority	TGA Award	Initial Allocation	Reallocation	Total Allocation	% of Award	Carryover	Final Allocation
4	\$3,100,056	\$300,987	\$26,500	\$327,487	10.6%	\$30,447	\$357,934

*Service Definition: Comprehensive dental care provided by practitioners who treat HIV positive patients. Services include diagnostic, preventive and restorative care, oral surgery and emergency care resulting from pain and infection. Crown and bridge procedures are also provided, with some limitations.*

### Fiscal Year Performance

Expenditures		Clients		Units	
<b>Projected Dollars</b>	\$357,934	<b>Projected Clients</b>	354	<b>Projected Units</b>	1,484
<b>Actual Dollars</b>	\$357,934	<b>Actual Clients</b>	746	<b>Actual Units</b>	3,454
<i>Percent</i>	100%	<i>Percent</i>	211%	<i>Percent</i>	233%
<b>Variance Dollars</b>	\$0	<b>Variance Clients</b>	392	<b>Variance Units</b>	1,970



\*This is how close the actual costs and service utilization is in meeting the projected expenditures, clients served, and service units expressed as a percentage.

### About Performance: Additional Information for Consideration

- Fiscal:**
- The average Part A cost per client is similar in FY 10-11, \$480, to the average cost last year, \$469/client. The estimated average cost per visit was \$223 at the Part A discount rate (80% of fee-for-service cost)
  - Last year, the primary Part A dental clinic was reimbursed by another Ryan White funding stream (Part F) at a rate of 32.3 cents to the dollar for uncompensated costs from the prior fiscal year.

- Program:**
- The number of clients served in FY10-11 (746) decreased slightly in comparison to FY 09-10 (770). However, the number of dental visits increased by 9%, from 3,183 in FY 09-10 to 3,454 in FY 10-11.
  - Seventy-three (73) percent of clients received at least one preventive care visit during the year, just under the target goal of 75%. This indicator has improved from 70% in FY 09-10.
  - Thirty-eight (38) percent of emergency visit clients did not have a preventive care visit during the year, just over the target goal of no more than 35% of emergency visit clients without a preventive care visit. This indicator has improved from 48% in FY 09-10.
  - Medicaid in Washington State will no longer cover dental care. Part A funds will be used to fill this gap.
  - Seventy percent (70%) of clients recently surveyed identified that they needed dental care and 17% reported that they were unable to get mental health services or that it was hard to get.

## Outpatient Substance Abuse Treatment

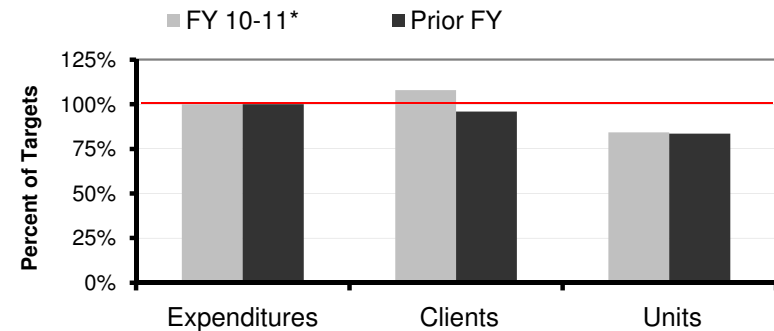
FY 10-11: March 1, 2010 - February 28, 2011

Priority	TGA Award	Initial Allocation	Reallocation	Total Allocation	% of Award	Carryover	Final Allocation
5	\$3,100,056	\$48,527	\$0	\$48,527	1.6%	\$5,000	\$53,527

*Service Definition: Assessment, individual and group counseling, as well as engagement coordination in outpatient treatment for clients in alcohol and drug-free housing. Recruitment into mental health and substance abuse treatment services by peer mentors are also funded through a joint mental health and substance abuse funding effort.*

### Fiscal Year Performance

Expenditures		Clients		Units	
<b>Projected Dollars</b>	\$53,527	<b>Projected Clients</b>	25	<b>Projected Units</b>	1,200
<b>Actual Dollars</b>	\$53,520	<b>Actual Clients</b>	27	<b>Actual Units</b>	1,011
<i>Percent</i>	100%	<i>Percent</i>	108%	<i>Percent</i>	84%
<b>Variance Dollars</b>	-\$7	<b>Variance Clients</b>	2	<b>Variance Units</b>	-189



\*This is how close the actual costs and service utilization is in meeting the projected expenditures, clients served, and service units expressed as a percentage.

### About Performance: Additional Information for Consideration

**Fiscal:** • The average Part A cost per client in FY 10-11 was \$1,198 for direct service (not including the cost for mental health/substance abuse peer mentors), similar to the 1,140 cost per client in FY 09-10.

**Program:** • Twenty-seven (27) clients received support during 1,011 encounters while accessing treatment services during FY 10-11.

- Many of these clients lived in Part A funded alcohol and substance free housing. With this additional support, many were able to successfully transition into permanent housing, with only one client leaving the supportive engagement program due to relapse.
- Funds from this service category also support a peer mentor mental health and substance abuse engagement program (see the Mental Health scorecard).
- Treatment readiness support increased for clients who were not yet ready to abstain from use but who wanted to reduce the harm of their use.
- Thirteen percent (13%) of clients recently surveyed identified that they needed substance abuse treatment and 2% reported that they were unable to get substance abuse treatment or that it was hard to get.

## Medical Case Management

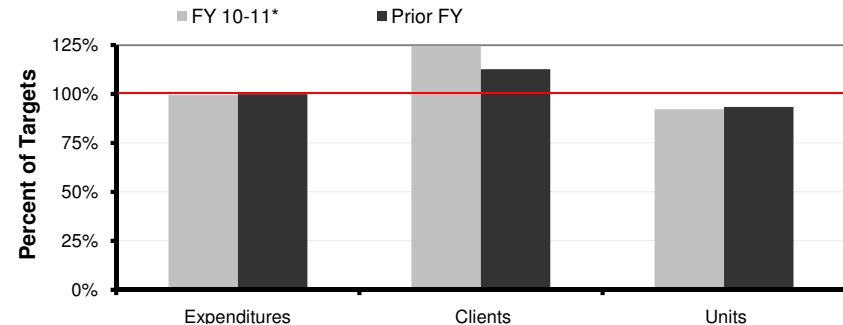
FY 10-11: March 1, 2010 - February 28, 2011

Priority	TGA Award	Initial Allocation	Reallocation	Total Allocation	% of Award	Carryover	Final Allocation
6	\$3,100,056	\$951,691	-\$7,000	\$944,691	30.5%	\$0	\$944,691

*Service Definition: Assessment, coordination of services and linkages to services inside and outside the Ryan White system of care. All clients receive primary medical case management services which include treatment adherence assessment, health insurance maintenance, and coordinating timely access to appropriate levels of medical and supportive services, through ongoing client assessment. Specialty case management services, in conjunction with primary case management includes nursing case management and intensive case management for high acuity Latino and African and African American clients.*

### Fiscal Year Performance

Expenditures		Clients		Units	
<b>Projected Dollars</b>	\$944,691	<b>Projected Clients</b>	1,415	<b>Projected Units</b>	14,242
<b>Actual Dollars</b>	\$938,975	<b>Actual Clients</b>	1,763	<b>Actual Units</b>	13,136
<i>Percent</i>	99%	<i>Percent</i>	125%	<i>Percent</i>	92%
<b>Variance Dollars</b>	-\$5,716	<b>Variance Clients</b>	348	<b>Variance Units</b>	-1106



\*This is how close the actual costs and service utilization is in meeting the projected expenditures, clients served, and service units expressed as a percentage.

### About Current Performance: Additional Information for Consideration

**Fiscal:** • The average Part A cost per client increased slightly in FY 10-11 (\$533) from FY 09-10 (\$509). Overall, the cost per client per year has been decreasing since FY 06-07 (\$581).

- Program:**
- By the end of FY 10-11, 1,763 clients had received 13,136 hours of case management.
  - Most medical case managers are now located at HIV clinics in the TGA, increasing referrals and coordination with medical providers.
  - Fifty-six (56) African American, Latino or African refugee clients were served by MAI programs at two providers in FY 10-11 and received 1,036 hours of service.
  - Medical case managers successfully assisted hundreds of clients in transitioning insurance coverage to the Oregon Health Plan (OHP).
  - Ninety-four percent (94%) of clients with medical case managers had health insurance by the end of FY10-11.

## Early Intervention Services

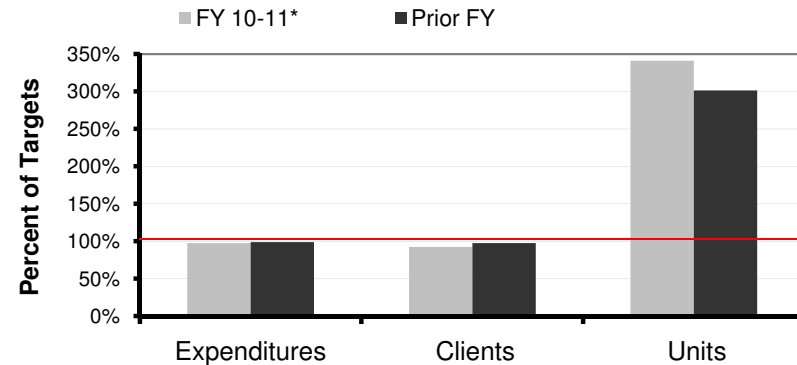
FY 10-11: March 1, 2010 - February 28, 2011

Priority	TGA Award	Initial Allocation	Reallocation	Total Allocation	% of Award	Carryover	Final Allocation
7	\$3,100,056	\$152,300	-\$17,000	\$135,300	4.4%	\$5,000	\$140,300

*Service Definition: Counseling to individuals with respect to HIV/AIDS, testing, and referrals to medical care and treatment and mental health and substance abuse treatment services, as appropriate, to newly diagnosed individuals and persons who have fallen out of care.*

### Fiscal Year Performance

Expenditures		Clients		Units	
<b>Projected Dollars</b>	\$140,300	<b>Projected Clients</b>	80	<b>Projected Units</b>	240
<b>Actual Dollars</b>	\$137,116	<b>Actual Clients</b>	74	<b>Actual Units</b>	819
<i>Percent</i>	98%	<i>Percent</i>	93%	<i>Percent</i>	341%
<b>Variance Dollars</b>	-\$3,184	<b>Variance Clients</b>	-6	<b>Variance Units</b>	579



\*This is how close the actual costs and service utilization is in meeting the projected expenditures, clients served, and service units expressed as a percentage.

### About Performance: Additional Information for Consideration

**Fiscal:** • The Part A cost per client in FY 10-11 was \$1,853, an increase from the \$1,767 cost per client in FY 09-10.

- Program:**
- EIS providers had 819 contacts with 74 clients in FY 10-11, a change from 723 contacts with 78 clients in FY 09-10.
  - EIS providers continued to build relationships with community partners, including emergency rooms and corrections.
  - Providers reports that clients often need assistance beyond 90 days before they are able to maintain engagement in medical care and supportive services.
  - Sixty-nine (69) percent of clients had at least one medical visit within the first 30 days of initiating services, just below the 70% benchmark and a decrease from FY 09-10's 72%. Eighty-one (81) percent of all clients had at least one medical visit within 90 days of initiating services, below the 90% benchmark and a decrease from FY 09-10's 87%.

## Housing Services

FY 10-11: March 1, 2010 - February 28, 2011

Priority	TGA Award	Initial Allocation	Reallocation	Total Allocation	% of Award	Carryover	Final Allocation
8	\$3,100,056	\$459,401	\$0	\$459,401	14.8%	\$0	\$459,401

*Service Definition: Emergency rental assistance (ERA) and transitional housing assistance to PLWH/A and their families. Eviction prevention, information and referral, education, and housing case work enable clients to access and remain in transitional and permanent housing. Alcohol/drug free housing is also provided for PLWH/A while enrolled in outpatient substance abuse treatment.*

### Fiscal Year Performance

#### Expenditures

	Projected Dollars	Actual Dollars	Percent	Variance Dollars
	\$459,401	\$458,171	100%	-\$1,230

#### Clients: Housing-related

	Projected Clients	Actual Clients	Percent	Variance Clients
	270	294	109%	24

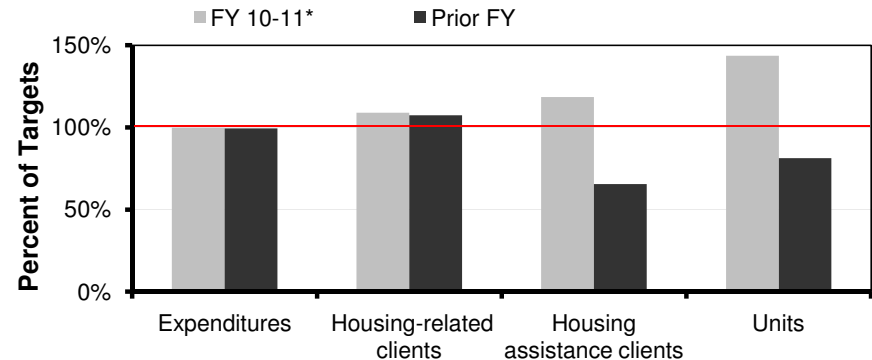
#### Units\*\*

	Projected Units	Actual Units	Percent	Variance Units
	1,020	1,465	144%	445

#### Clients: Housing assistance

	Projected Clients	Actual Clients	Percent	Variance Clients
	216	256	119%	40

\*\*Includes housing related services and housing assistance units combined.



\*This is how close the actual costs and service utilization is in meeting the projected expenditures, clients served, and service units expressed as a percentage.

### About Performance: Additional Information for Consideration

**Fiscal:** • Part A funds continued to support a mix of both direct housing assistance to clients and support services which are able to leverage housing units from other funding resources

**Program:** • Part A funded housing program supported 294 clients through housing case management and provided rental assistance to 256 clients in FY 10-11.

- An additional 23 clients received 92 rental months of substance and alcohol free housing in FY 10-11, a change from 24 clients who received 86 rental months in FY 09-10.
- Approximately 90 clients were waiting for long term housing assistance (not an allowable cost for Part A funds) at the end of FY 10-11.
- Forty-two percent (42%) of clients recently surveyed identified that they needed money for housing and 22% reported that they were unable to get money for housing or that it was hard to get.
- Twenty-eight percent (28%) of clients recently surveyed identified that they needed other housing support and 14% reported that they were unable to get other housing support or that it was hard to get.

## Psychosocial Support Services

FY 10-11: March 1, 2010 - February 28, 2011

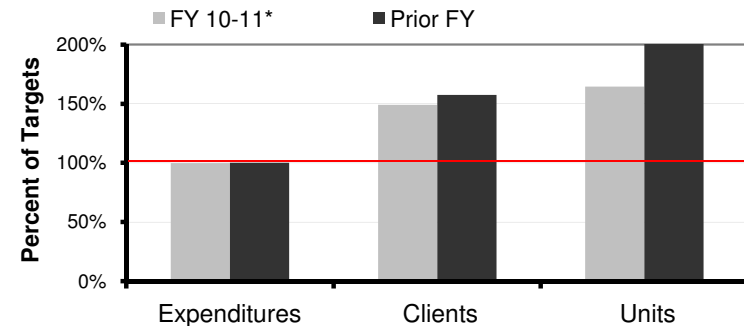
Priority	TGA Award	Initial Allocation	Reallocation	Total Allocation	% of Award	Carryover	Final Allocation
9	\$3,100,056	\$215,127	-\$2,000	\$213,127	6.9%	\$0	\$213,127

*Service Definition: Psychosocial support programs provide emotional, social and practical support to clients through day drop-in centers, congregate meals and peer support. Psychosocial services are targeted for women, youth and children and historically underserved populations – clients who are homeless, clients with multiple diagnoses, and racial and ethnic minorities.*

### Fiscal Year Performance

Expenditures		Clients		Units**	
<b>Projected Dollars</b>	\$213,127	<b>Projected Clients</b>	238	<b>Projected Units</b>	5,180
<b>Actual Dollars</b>	\$212,595	<b>Actual Clients</b>	355	<b>Actual Units</b>	8,527
<i>Percent</i>	100%	<i>Percent</i>	149%	<i>Percent</i>	165%
<b>Variance Dollars</b>	-\$532	<b>Variance Clients</b>	117	<b>Variance Units</b>	3,347

\*\*Includes visits only (not meals).



\*This is how close the actual costs and service utilization is in meeting the projected expenditures, clients served, and service units expressed as a percentage.

### About Performance: Additional Information for Consideration

**Fiscal:** • In FY10-11, Part A psychosocial support services cost an average of \$599 per client, decreased slightly from \$608 in FY 10-11. The Part A cost per visit averaged \$25 in FY 10-11.

- Program:** • Psychosocial support services were piloted in Washington County, OR at the end of FY 10-11 and the program will continue into FY 11-12.
- Psychosocial support services were provided to 275 clients who made 7,701 visits to our multi-service center and 82 women and children made 826 visits to the center that provides specialized services for women and children. This was an increase in both clients and visits from FY 09-10.
  - At the last visit of the report period, 79% of clients were engaged in medical care, below the 90% benchmark and a decrease from FY 09-10's 86%.

**Food/Home Delivered Meals**

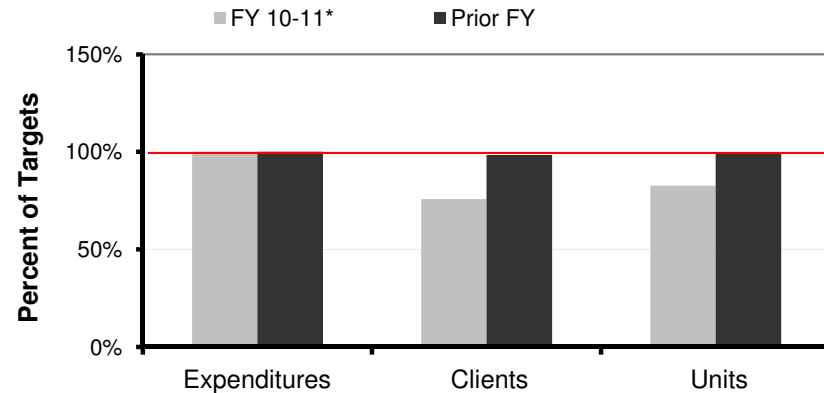
*FY 10-11: March 1, 2010 - February 28, 2011*

Priority	TGA Award	Initial Allocation	Reallocation	Total Allocation	% of Award	Carryover	Final Allocation
10	\$3,100,056	\$42,210	\$0	\$42,210	1.4%	\$0	\$42,210

*Service Definition: This service provides medically necessary home-delivered meals.*

**Fiscal Year Performance**

Expenditures		Clients	Units
<b>Projected</b> Dollars	\$42,210	<b>Projected</b> Clients	62
<b>Actual</b> Dollars	\$42,210	<b>Actual</b> Clients	47
<i>Percent</i>	100%	<i>Percent</i>	76%
<b>Variance</b> Dollars	\$0	<b>Variance</b> Clients	-15
		<b>Projected</b> Units	9,666
		<b>Actual</b> Units	7,987
		<i>Percent</i>	83%
		<b>Variance</b> Units	-1,679



\*This is how close the actual costs and service utilization is in meeting the projected expenditures, clients served, and service units expressed as a percentage.

**About Performance: Additional Information for Consideration**

**Fiscal:** • The average Part A cost per meal increased in FY 10-11 (\$5.29) from FY 09-10 (\$4.40 per meal).

**Program:** • 7,987 meals were delivered to 47 clients in FY2010, a change from 7,596 meals delivered to 55 clients in FY2009  
 • The number of clients who receive meals continues to decrease. It is unclear if this represents a decrease in referrals from medical case managers or a decrease in clients needing this service.