



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

KRISTIN GASPAR  
Third District

RON ROBERTS  
Fourth District

BILL HORN  
Fifth District

**DATE:** September 26, 2017

**XX**

**TO:** Board of Supervisors

### **SUBJECT**

**HIV/AIDS SERVICES GRANT AND APPROVE INCREASED FUNDING FOR HIV EMERGENCY POOLED SERVICES (DISTRICTS: ALL)**

### **OVERVIEW**

For over 20 years, the Board of Supervisors has authorized grants and agreements with the Health Resources and Services Administration to provide a variety of care and treatment services to persons living with HIV. These funding sources include Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A (RWTEA) and the Ryan White Part A Minority AIDS Initiative (MAI). Annual RWTEA funding is used to provide care and treatment services to individuals and families living with HIV and AIDS. While County staff provides a limited portion of these services, the majority of the services are delivered through contracts with community-based partners.

Today's action requests the Board to accept grant funding for Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A and Ryan White Part A Minority AIDS Initiative funding for \$10,693,969 and \$707,817 respectively, from March 1, 2017 through February 28, 2018, and approve funding to increase the contract with the National Alliance on Mental Illness for HIV/AIDS Related Services: Emergency Pooled Services. Authorization is further requested to apply for any additional funds that might be used to address testing, prevention, and care and treatment needs of individuals and families in the San Diego County who are impacted by HIV/AIDS.

These items support the County of San Diego's Getting to Zero initiative by funding services that will help people living with HIV achieve viral suppression, and therefore reduce the likelihood of forward transmission. These items also support the *Live Well San Diego* vision by providing access to high quality HIV care and treatment services that lead to improved physical and behavioral health which promote a healthy, safe, and thriving region.

### **RECOMMENDATION(S)**

#### **CHIEF ADMINISTRATIVE OFFICER**

1. Waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires prior approval of revenue agreement applications and full-cost recovery of grants.

**SUBJECT: HIV/AIDS SERVICES GRANT AND APPROVE INCREASED FUNDING FOR HIV EMERGENCY POOLED SERVICES (DISTRICTS: ALL)**

2. Authorize the acceptance of \$10,693,969 and \$707,817 in grant funds from the Federal Health Resources and Services Administration for Ryan White Part A and Ryan White MAI respectively, for the period of March 1, 2017 through February 28, 2018 and authorize the Clerk of the Board to execute all required grant documents, including any annual extensions, amendments or revisions that do not materially impact or alter the services or funding level.
3. Authorize the Director, Purchasing and Contracting to issue an amendment to contract 547627 with the National Alliance on Mental Illness for HIV/AIDS Related Services: Emergency Pooled Services to increase funding by \$200,001, from \$999,999 to \$1,200,000 per year, and any further amendments which may increase contract annual amount, subject to the availability of funds and approval of the Health and Human Services Agency Director.
4. Authorize the Health and Human Services Agency to apply for any additional funding opportunities, if available, to address the prevention, testing, care and treatment needs of those impacted by HIV/AIDS.

**FISCAL IMPACT**

Funds for this request are included in the Fiscal Year 2017-19 Operational Plan in the Health and Human Services Agency. If approved, this request will result in costs of \$11,750,023 and revenue of \$11,401,786 for the term of this grant. The funding source is Federal Health Resources and Services Administration. A waiver of Board Policy B-29 is requested because the funding does not offset all costs. These costs are estimated at \$348,237 for the term of this grant. The funding source for these costs is Health Realignment. The public benefit for providing these services far outweighs these costs. There will be no change in net General Fund costs and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

The HIV Planning Group voted to support accepting Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A and Ryan White Part A Minority AIDS Initiative funding from March 1, 2017 through February 28 at its meeting on July 26, 2017. Also, the Health Services Advisory Board voted to support increasing funding for contract 547627 with the National Alliance on Mental Illness for HIV/AIDS Related Services: Emergency Pooled Services by \$200,001, from \$999,999 to \$1,200,000 per year, and any further amendments which may increase contract annual amount on September 21, 2017.

**BACKGROUND**

As of December 31, 2015, an estimated 18,122 people were living with HIV/AIDS in San Diego County. This estimate represents a reduction from previous estimates of approximately 21,000. The reduction is due to improvements in surveillance data and technology. Despite the reduction,

**SUBJECT: HIV/AIDS SERVICES GRANT AND APPROVE INCREASED FUNDING FOR HIV EMERGENCY POOLED SERVICES (DISTRICTS: ALL)**

HIV continues to be a major public health concern in San Diego County. In 2016, there were almost 500 newly diagnosed cases of HIV in the County, which is approximately one new diagnosis every 18 hours.

On July 3, 2017, the Health Resources and Services Administration (HRSA), as a result of an annually submitted funding application, notified the County of an award of \$11,401,786 for the term of March 1, 2017 through February 28, 2018 from the Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA) (\$10,693,969 in Part A revenue and \$707,817 in Part A Minority AIDS Initiative revenue (MAI)).

Services funded by Ryan White Part A and MAI play a vital role in the County of San Diego's Getting to Zero initiative, which was adopted by the Board of Supervisors on March 1, 2016 (25). The initiative seeks to end the local HIV epidemic over the next decade. These services fill a gap in the local HIV service delivery system by ensuring individuals living with HIV have access to high quality HIV primary care and additional support services. Research has demonstrated that individuals who are successfully maintained in HIV primary care not only experience optimal health outcomes, but are also far less likely to transmit HIV to others.

Ryan White funding currently provides services for people living with HIV with no other payer source for services. Funded service categories include HIV primary medical and dental care, medical case management, emergency housing, mental health services, early intervention services, drug and alcohol treatment services, and other supportive services. Currently in San Diego County, 3,865 unduplicated clients living with HIV are receiving at least one Ryan White service.

The goal of all Ryan White services is to ensure all people living with HIV are linked to and retained in HIV primary medical care. The key measure of success is the rate of viral suppression. County-wide, approximately 68% (12,265) of people living with HIV have achieved viral suppression. Patients in the Ryan White system of care have even better rates of viral suppression. In 2015, patients receiving Ryan White services in San Diego County had a viral suppression rate of 89% (4,442 patients). This was the highest of the 52 funded Ryan White health jurisdictions in the United States and Puerto Rico. Ryan White services impact *Live Well San Diego* indicators for life expectancy, quality of life, security, physical environment, vulnerable populations and community involvement.

Many factors influence whether persons living with HIV can remain in care, and one of the most important is stable housing. Local needs assessments as well as national research have demonstrated stable housing is a strong predictor of success in treatment. As a result, HRSA, which oversees implementation of the Ryan White HIV/AIDS Treatment Extension Act of 2009 ("Ryan White funding"), permits funding to be used for temporary housing assistance, including subsidized rent, to ensure that housing instability does not hinder successful treatment outcomes.

Locally, the HIV Planning Group (formerly the HIV Health Services Planning Council), oversees prioritization and allocation of Ryan White funding. To address housing concerns, it continues to fund the Partial Assistance Rental Subsidy (PARS) program. PARS provides a temporary rental subsidy for persons living with HIV who are experiencing financial distress.

**SUBJECT: HIV/AIDS SERVICES GRANT AND APPROVE INCREASED FUNDING FOR HIV EMERGENCY POOLED SERVICES (DISTRICTS: ALL)**

The program requires individuals develop and implement a care plan with a case manager to address the life circumstances that led to enrollment in PARS, find other more stable housing, and develop a housing transition plan.

On December 16, 2015, the HIV Health Services Planning Council voted to remove a lifetime enrollment cap in PARS of 18 months. This change was consistent with a change in regulation from HRSA which had rescinded a lifetime cap of 24 months for housing assistance programs using Ryan White funding. As a result of this change, demand for PARS has increased, as individuals who had been ineligible for PARS due to prior enrollment requirements were once again eligible.

Overall, program enrollment has increased from 41 to 73 clients, necessitating an increase in funding.

The PARS program has been contracted to the National Alliance for Mental Illness (NAMI) as part of a package known as ‘HIV Emergency Pooled Services,’ which also includes the following service categories:

- Emergency Housing, which provides short-term hotel and single room occupancy stays, payments to prevent eviction, and rental deposits. In Fiscal Year (FY) 2016-17, 279 service units were provided to 211 individuals. This service impacts *Live Well San Diego* indicators for quality of life, security, physical environment, and vulnerable populations.
- Emergency Financial Assistance, which provides one-time-per-year payments to prevent loss of key utilities (water, gas, electric) as well as payment for medications not available through the California AIDS Drug Assistance Program. In FY 2016-17, 191 service units were provided to 68 individuals. This service impacts *Live Well San Diego* indicators for quality of life, security, physical environment, and vulnerable populations.
- Intensive Case Management, which provides residential substance abuse treatment and after-care primarily focused on formerly incarcerated persons living with HIV. In FY 2016-17, 2,438 service units were provided to 41 individuals. This service impacts *Live Well San Diego* indicators for quality of life, security, physical environment, and vulnerable populations.

Today’s action requests authorization to increase funding for the PARS program by \$200,001, which will increase the total annual contract amount to \$1,200,000. This increase will ensure that program has the funding to provide subsidies to current program enrollees. This funding increase is possible due to savings created by continued declines in enrollment in HIV Primary Care and dental programs, which are a result of implementation of the Affordable Care Act and the transition of many persons living with HIV into Expanded Medi-Cal/Denti-Cal as well as insurance offered through Covered California. The possibility of further HIV Planning Group approved funding increases exists, and as a result, authorization is requested to increase the annual contract amount over the current requested \$1,200,000.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today’s proposed actions support the Healthy Families and Safe Communities initiatives in the County of San Diego’s 2017-22 Strategic Plan as well as the *Live Well San Diego* vision by

**SUBJECT: HIV/AIDS SERVICES GRANT AND APPROVE INCREASED FUNDING  
FOR HIV EMERGENCY POOLED SERVICES (DISTRICTS: ALL)**

improving access to high-quality and efficient medical care and support services that contribute to improved physical and behavioral health.

Respectfully submitted,

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HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

N/A

**SUBJECT:** HIV/AIDS SERVICES GRANT AND APPROVE INCREASED FUNDING FOR HIV EMERGENCY POOLED SERVICES (DISTRICTS: ALL)

**AGENDA ITEM INFORMATION SHEET**

**REQUIRES FOUR VOTES:**       Yes     No

**WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED**

Yes     No

**PREVIOUS RELEVANT BOARD ACTIONS:**

June 28, 2016 (9), HIV/AIDS Services Revenue Agreement; March 17, 2015 (5), HIV/AIDS Revenue Agreements and Sole Source Procurement; April 15, 2014 (6), HIV/AIDS Revenue and Services; August 6, 2013 (6), HIV/AIDS State Revenue Agreements; and July 13, 2010 (11), HIV/AIDS Related State Revenue Agreement: AIDS Master Grant and Ryan White Applications.

**BOARD POLICIES APPLICABLE:**

B-29 Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery

**BOARD POLICY STATEMENTS:**

Waiver of Board Policy B-29 is requested because the Federal Health Resources and Services Administration revenues do not fully offset all costs. Costs to be waived are estimated at \$348,237 for the term of this grant. The funding source for these costs is Health Realignment. The public benefit for providing these services far outweigh these costs. The services funded under these service agreements provide essential care and treatment services for people living with HIV disease and AIDS in San Diego County. The Health and Human Services Agency certifies that these services would be worthy of County support if outside funding were not available.

**MANDATORY COMPLIANCE:**

N/A

**ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):**

Award – 114618 Ryan White Treatment Extension Act of 2009 Part A  
Award - 127595 Ryan White Treatment Extension Act of 2009 Part A – MAI  
Contract 547627 - National Alliance on Mental Illness for HIV/AIDS Related Services: Emergency Pooled Services

**ORIGINATING DEPARTMENT:** Health and Human Services Agency

**OTHER CONCURRENCE(S):** Department of Purchasing and Contracting

**SUBJECT:** HIV/AIDS SERVICES GRANT AND APPROVE INCREASED FUNDING  
FOR HIV EMERGENCY POOLED SERVICES (DISTRICTS: ALL)

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