Provider Briefing on LA County’s Continuum of HIV/AIDS Services

Mario J. Pérez, Director
Office of AIDS Programs and Policy
September 18, 2009
The California Endowment
State Funding for Los Angeles County*

<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>$7,518,956</td>
</tr>
<tr>
<td>Care Services</td>
<td>$14,399,298</td>
</tr>
<tr>
<td>Housing</td>
<td>$385,644</td>
</tr>
<tr>
<td>Surveillance</td>
<td>$2,033,683</td>
</tr>
</tbody>
</table>

**Total State General Fund Contribution**  
$24,337,581

*Includes City of Long Beach, City of Pasadena, and direct funding to organizations.
## State Funding for Los Angeles County*

<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>09/10</th>
</tr>
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<tbody>
<tr>
<td>Prevention</td>
<td>$1,814,848</td>
</tr>
<tr>
<td>Care Services</td>
<td>$9,578,960</td>
</tr>
<tr>
<td>Housing</td>
<td>$0</td>
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<tr>
<td>Surveillance</td>
<td>$2,033,683</td>
</tr>
<tr>
<td><strong>Total State General Fund Contribution</strong></td>
<td><strong>$13,427,491</strong></td>
</tr>
</tbody>
</table>

*Includes direct EIP and prevention funding to LB, direct surveillance funding to LB and Pasadena, and includes TMP funding for LAC, LB and Pasadena.
State Funding for Los Angeles County*

<table>
<thead>
<tr>
<th>Serv. Category</th>
<th>08/09</th>
<th>09/10</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>$7,518,956</td>
<td>$1,814,848</td>
<td>$(5,704,108)</td>
</tr>
<tr>
<td>Care</td>
<td>$14,399,298</td>
<td>$9,578,960</td>
<td>$(4,820,338)</td>
</tr>
<tr>
<td>Housing</td>
<td>$385,644</td>
<td>$0</td>
<td>$(385,644)</td>
</tr>
<tr>
<td>Surveillance</td>
<td>$2,033,683</td>
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<td>$0</td>
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<td><strong>$24,337,581</strong></td>
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<td>$(10,910,090)</td>
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</tbody>
</table>

*Includes City of Long Beach, City of Pasadena, and direct funding to organizations.
Service Categories to be Fully Preserved

- Residential
- Oral Health
- Medical Outpatient and Medical Specialty
- Skilled Nursing/Hospice
- Mental Health, Psych.
- Medical Case Management
- Home-based Case Management
- Transitional Case Management
- Nutrition Support (Food)
- Substance Abuse
- Language
- HIV C & T
Residential

- Work with HOPWA on identifying additional beds and eliminating duplicative services.
- OAPP meeting with residential services providers in October.
- Rebid of reduced portfolio in 2009.
Oral Health

• No cut or increased funding for services.
• May need to absorb clients as a result of cuts to Denti-Cal.
• Need to finalize placement of a full-time endodontist.
Medical Outpatient and Medical Specialty

- No cut, core services.
- Adopt new rate structure and performance metrics.
- Complete rebid 2009-2010.
Skilled Nursing/Hospice

- No cut, preserve services.
- Still gaps in services at current investment level.
- Rebid in 2010.
Mental Health, Psychiatry

- No cut, preserve services.
- Ongoing need for contracted psychiatrists.
Medical Case Management

• No cut, core service.
• Key in the transition to medical care coordination.
• Complete restructure in 2010.
• Rebid 6 months after completion of Medical Services RFP.
Home-based Case Management

• No cut, preserve services.
• State cuts affect 8 directly State-funded programs.
• Partially restore funding to 6 OAPP-funded programs through contract augmentations.
• Complete rebid 2010.
Transitional Case Management

• No cut, preserve services.
• The amount of clients coming out of correctional system remains large.
• TCM is key to link them to care.
• OAPP/LASD workgroup is being convened to revamp entire HIV/AIDS jail-based service delivery system.
Nutrition Support (Food)

• No cut, preserve services.
Substance Abuse

- No cut, preserve services.
- ADPA received sizable state cuts for county-wide SA services, including Proposition 36 funds.
- Crystal meth enhancement funds continue to be important complement to historic SA funding.
Language

• No cut, preserve services.
• Relatively small investment to address an important need, especially for Asian languages.
HIV Counseling and Testing

- No cut. Highest ever investment level.
- Must do due diligence to reduce the number of people unaware of their HIV status—essential for curtailing the growing epidemic.
- New contracts in place.
## Service Categories to be Partially Preserved

<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>RESTORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Education/ Risk Reduction</td>
<td>~$4,300,000</td>
</tr>
<tr>
<td>Early Intervention Programs</td>
<td>$1,000,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>~$5,300,000</strong></td>
</tr>
</tbody>
</table>
Health Education/Risk Reduction

- Reduce funding available for new contracts by ~$1 million.
- Recommended for Board action on September 29, with an October 1, 2009 start date.
Early Intervention Programs

• Cut contracts by 52%.
• Maintain one comprehensive EIP in an impacted area; preserve outreach and social work components for the other two programs.
• Migrate clients from ARIES to existing data collection system.
## Service Categories to be Eliminated

<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>2009-2010 Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal¹</td>
<td>$(370,433)*</td>
</tr>
<tr>
<td>Peer Support¹</td>
<td>$(404,965)*</td>
</tr>
<tr>
<td>Provider Training¹</td>
<td>$(168,888)*</td>
</tr>
<tr>
<td>Capacity Building¹</td>
<td>$(600,000)*</td>
</tr>
<tr>
<td>Medical Nutrition Therapy</td>
<td>$(326,871)</td>
</tr>
<tr>
<td>Treatment Education</td>
<td>$(1,451,895)</td>
</tr>
</tbody>
</table>

¹ Contract/funding terms cross fiscal year, therefore funding adjustments do not reflect expenditures prior to July 1, 2009.

* Indicate full contract amount for a 12-month period.
Legal

• Contract sunsets effective February 28, 2010.
• Allows for dispensation of 149 current clients as supported by County Counsel.
• Allows for local planning and implementation of public health legal services project.
Peer Support

- Contracts end effective October 15.
- Possible that peer support services will return to a largely volunteer-driven model.
Provider Training

- End contracts effective October 15.
- Frees up funds for direct services.
- Services can be provided in house.
Capacity Building

- End contract effective October 15.
- Frees up funds for direct services.
Medical Nutrition Therapy

• End contracts effective October 15.
• Fold services into Medical Outpatient services as possible.
Treatment Education

• End contracts effective October 15.
• Restructure and propose highly-targeted treatment education investment.
## Service Categories to Be Reduced

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<tr>
<th>SERVICE CATEGORY</th>
<th>2009-2010 Reduction</th>
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<tbody>
<tr>
<td>Case Management, Psychosocial¹</td>
<td>$(800,000)</td>
</tr>
<tr>
<td>Social Marketing</td>
<td>$(600,000)</td>
</tr>
<tr>
<td>Client Advocacy</td>
<td>$(121,000)</td>
</tr>
<tr>
<td>Transportation</td>
<td>$(200,000)</td>
</tr>
</tbody>
</table>

¹ Contract/funding terms cross fiscal year, therefore funding adjustments do not reflect expenditures prior to July 1, 2009.
Social Marketing

• Reduce contract by $600,000.
• Frees up funds for direct services.
Case Management, Psychosocial

- Eliminate the NCC funded amount, but retain Commission allocation percentage.
- Key in the transition to medical care coordination.
- Complete restructure in 2010.
- Rebid 6 months after completion of Medical Services RFP.
Client Advocacy

• Cut contract by 50%.
• Maintain HIV LA online directory and reduce print version.
Transportation

- Reduce by $200,000.
- Implement stricter client eligibility rules and screening consistent with federal poverty guidelines, effective October 2009.
- Revamp distribution among smaller network.
- Complete rebid 2010.
## Service Categories to be Indefinitely Postponed

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<th>SERVICE CATEGORY</th>
<th>2009-2010 Reduction</th>
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<tr>
<td>Community Mobilization Initiative (CMI)</td>
<td>$(220,000)*</td>
</tr>
<tr>
<td>Total Contract Savings</td>
<td>$(5,264,052)</td>
</tr>
</tbody>
</table>

1. Contract/funding terms cross fiscal year, therefore funding adjustments do not reflect expenditures prior to July 1, 2009.

* Indicate full contract amount for a 12-month period.
Community Mobilization Initiative (CMI)

- Indefinite postponement of RFP.
- Frees up funding for direct services.
## Potential Available Funding

<table>
<thead>
<tr>
<th>Sources</th>
<th>2009-2010</th>
<th>RECOMMENDATIONS/RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 19 Part A Oral Health Savings</td>
<td>$500,000</td>
<td>Projected Part A savings resulting from Year 19 transfer of Oral Health costs to MAI rollover.</td>
</tr>
<tr>
<td>Total Proposed Administrative Reductions (OAPP &amp; COH)</td>
<td>$2,900,000</td>
<td>Operational budget reductions to both OAPP and Commission.</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$3,400,000</td>
<td>Available funds to preserve essential services affected by State cuts.</td>
</tr>
<tr>
<td>Grand Total Available Funding</td>
<td>$8,664,052</td>
<td>Total available funds (projected) to preserve essential services affected by State cuts (12 month adjusted).</td>
</tr>
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Questions
On the Horizon

• CDC funding
• Ryan White reauthorization
• Grim State budget outlook
• ADAP health
• More uninsured
• More demand for basic services
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Los Angeles, California 90005-4001
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This presentation is available at www.ph.lacounty.gov/aids.