CUYAHOGA COUNTY BOARD OF HEALTH

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Ryan White Part A Overview
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March 21, 2018

Part A Program = Partnership

Regional HIV Planning Council



Cuyahoga County Board of Health

One Purpose



Ryan White Legislation

Who Was Ryan White?

- A young male, one of the first children, one of the first hemophiliacs. He was diagnosed with AIDS at 13, following a blood transfusion in December 1984.
- He died in April 1990, a month before his high school graduation.





Ryan White HIV/AIDS Treatment Extension ACT

- First enacted into law, August 18,1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.
- Amended & reauthorized 4-times: 1996, 2000, 2006, and 2009.
- Largest Federal government program specifically designed to provide services for People living with HIV disease (PLWH)
- August 18, 2016 marked the 25th Anniversary of the Care Act.

Purpose of the Legislation

- To "Address the unmet care and treatment needs of persons living with HIV/AIDS who are uninsured or underinsured, by funding primary health care and essential support services that enhance access to and retention in care"
- No longer "emergency relief for overburdened health care systems
- Now a "program for providing life-saving care for those with HIV/AIDS"



Ryan White Part A Designation

- Part A: Funding for 52 eligible metropolitan areas (EMAs) and transitional Grant areas (TGAs) that are severely & disproportionately affected by the HIV epidemic.
- EMAs: an area must have reported at least 2,000 or more AIDS cases in the most recent 5 years and have a population of at least 50,000.
- **TGAs:** an area must have reported 1,000-1,999 AIDS cases in the most recent five years and have a population of at least 50,000.

Planning Council Reflectiveness

(Use HIV/AIDS Prevalence data as reported in your FY 2017 Application)

	Use HIV/AIDS Prevaler	ice data as reported in	your FY 2017 App	olication)			
Race/Ethnicity	Living with HIV/	AIDS in EMA/TGA		mbers of the ng Council	Non- Aligned Consumers on Planning Council		
Race/Ethnicity	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
White, not Hispanic	1,785	32.88%	9	40.91%	1	12.50%	
Black, not Hispanic	2,855	52.59%	11	50.00%	6	75.00%	
Hispanic	555	10.22%	1	4.55%	0	0.00%	
Asian/Pacific Islander	20	0.37%	0	0.00%	0	0.00%	
American Indian/Alaska Native	4	0.07%	0	0.00%	0	0.00%	
Multi-Race	179	3.30%	1	4.55%	1	12.50%	
Other/Not Specified	31	0.57%	0	0.00%	0	0.00%	
Total	5429	100%	22	100%	8	100%	
Gender	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
Male	4243	78.15%	11	50.00%	6	75.00%	
Female	1155	21.27%	11	50.00%	2	25.00%	
Transgender	0	0.00%	0	0.00%	0	0.00%	
Unknown	31	0.57%	0	0.00%	0	0.00%	
Total	5429	100%	22	100%	8	100%	
						1	
Age	Number	Percentage (include % with #)	Number	Percentage (include % with #)	Number	Percentage (include % with #)	
13-19 years	49	0.90%	0	0.00%	0	0.00%	
20-29 years	689	12.71%	1	4.55%	1	12.50%	
30-39 years	878	16.19%	1	4.55%	0	0.00%	
40-49 years	1,254	23.12%	7	31.82%	1	12.50%	
50-64 years	2,174	40.09%	13	59.09%	6	75.00%	
65+ years	379	6.99%	0	0.00%	0	0.00%	
Total	5423	100%	22	100%	8	100%	



Grantee and Planning Council Roles and Responsibilities

Role	Grantee	PC
Planning Council Formation/Membership/Operations	* (CEO only)	*
Needs Assessment	*	*
Comprehensive Planning	*	*
Priority Setting & Resource Allocations (plus reallocations)		*
Directives (how to meet each priority)		*
Coordination of Services	*	*
System of Care	*	*
Procurement/Contracting	*	
Contract Monitoring	*	
Clinical Quality Management	*	(SOC input)
Performance/Cost-Effectiveness & Outcomes Evaluation	*	* (option)
Assessment of the Administrative Mechanism		*

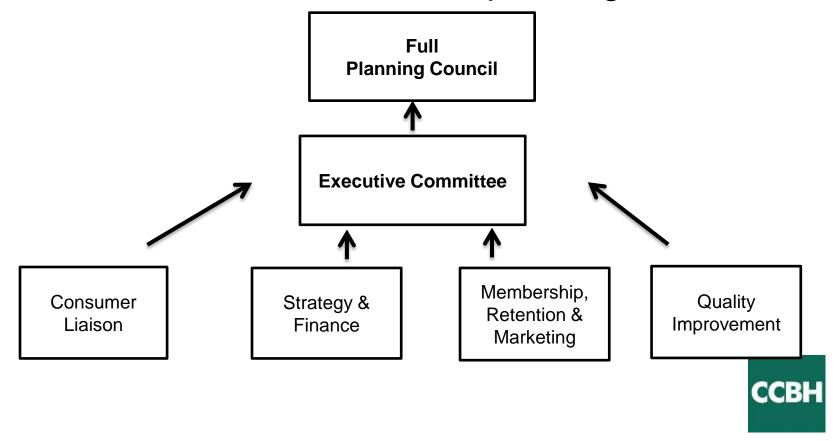


Planning Council Responsibilities

- Develop and implement policies and procedures for planning council operations
- Assess community needs
- Set priorities and allocate resources
 - At least 75% of service funds must be used for core medicalrelated services, and up to 25% may be used for support services that contribute to positive medical outcomes
- Provide guidance (directives) to the grantee on how best to meet these priorities
- Help ensure coordination with other Ryan White and other HIV-related services
- Do comprehensive planning
- Assess the administrative mechanism

Committee Structure

Cleveland TGA Committee Operating Structure:



Service Rankings 2018

	A. Core Services				
1	Outpatient/Ambulatory Health Care				
16	Medical Nutrition Therapy				
21	AIDS Pharmaceutical Assistance Local				
13	Mental Health Services				
20	Substance Abuse Services-Outpatient				
3	Medical Case Management				
7	Oral Health Care				
5	Early Intervention Services				
25	Hospice Services				
17	Home Health Care Services				
18	Home/Community Based Health Care				
9	AIDS Drug Assistance Program				
	Health Insurance Premium Cost Sharing				
6	Assistance				

B. Support Services				
Medical Transportation Services				
Food Bank/Home Delivered Meals				
Substance Abuse Services - Residential				
Outreach Services				
Psychosocial Support Services				
Professional/Legal Services				
Non-Medical Case Management				
Services				
Emergency Financial Assistance				
Respite Care				
Childcare Services				
Health Education/Risk Reduction				
Housing Services				
Linguistic Services				
Referral for Health Care/Supportive				
Services				
Rehabilitation Services				
Treatment Adherence Counseling				

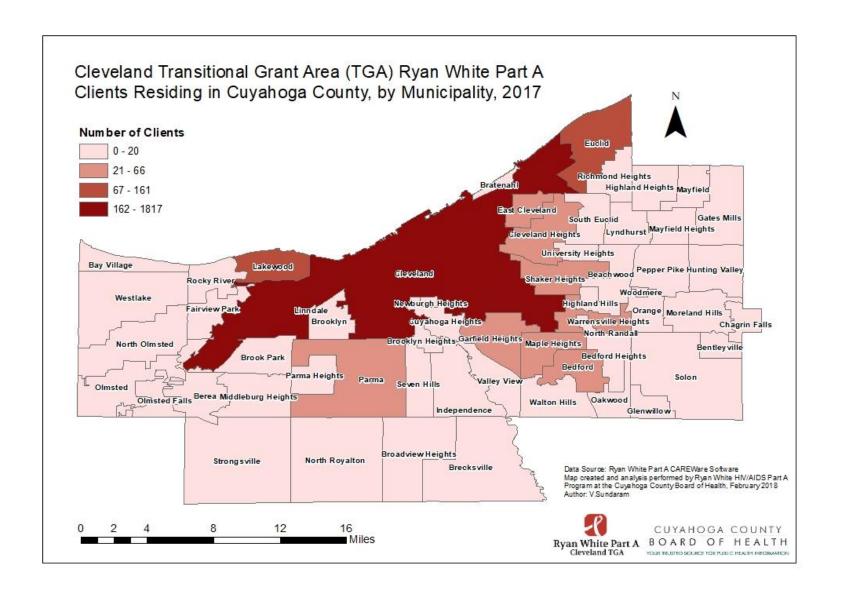
2018 Priority Ranking	Service Categories	ervice Categories Allocation Request Dollars		Allocation Percentage	
	A. Core Services				
1	Outpatient/Ambulatory Health Care	\$	1,004,405.75	23.60%	
16	Medical Nutrition Therapy	\$	62,000.00	1.46%	
13	Mental Health Services	\$	137,735.60	3.24%	
20	Substance Abuse Services-Outpatient	\$	15,000.00	0.35%	
3	Medical Case Management	\$	982,191.87	23.08%	
7	Oral Health Care	\$	325,459.64	7.65%	
5	Early Intervention Services	\$	217,815.00	5.12%	
17	Home Health Care Services	\$	6,500.00	0.15%	
18	Home/Community Based Health Care	\$	27,000.00	0.63%	
6	Health Insurance Premium Cost Sharing Assistance	\$	450,000.00	10.57%	
	Subtotal, Core Services	\$	3,228,107.86	75.85%	
	Minimum Target (75%)				
	B. Support Services				
2	Medical Transportation Services	\$	95,000.00	2.23%	
10	Food Bank/Home Delivered Meals	\$	100,000.00	2.35%	
19	Substance Abuse Services - Residential	\$	20,000.00	0.47%	
11	Outreach Services	\$	98,749.50	2.32%	
15	Psychosocial Support Services	\$	45,762.00	1.08%	
14	Professional/Legal Services	\$	180,741.64	4.25%	
4	Non-Medical Case Management Services	\$	397,321.00	9.34%	
8	Emergency Financial Assistance	\$	90,000.00	2.11%	
	Subtotal, Support Services	\$	1,027,574.14	24.15%	
	Maximum Permitted (25%)				
	2018 Budget Allocation Totals	\$	4,255,682.00	100.00%	



Epidemic Profile

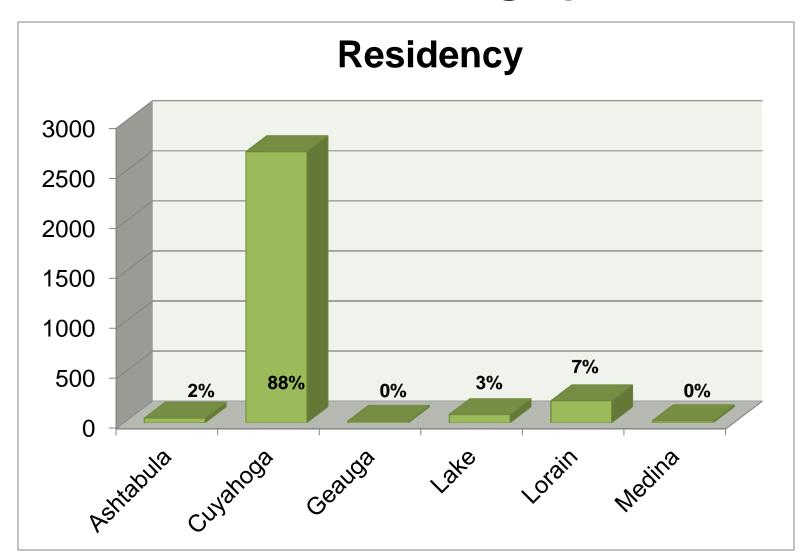
- 2015 TGA (Cuyahoga, Lake, Ashtabula, Geauga, Lorain, and Medina Counties) = 5,243 (Ohio Department of Health)
- 2015 Cuyahoga County = 4,512 (Ohio Department of Health)
 (86% of total)
- 2015 Cleveland = 3,496 (Cleveland Department of Public Health)
 (77% of Cuyahoga)



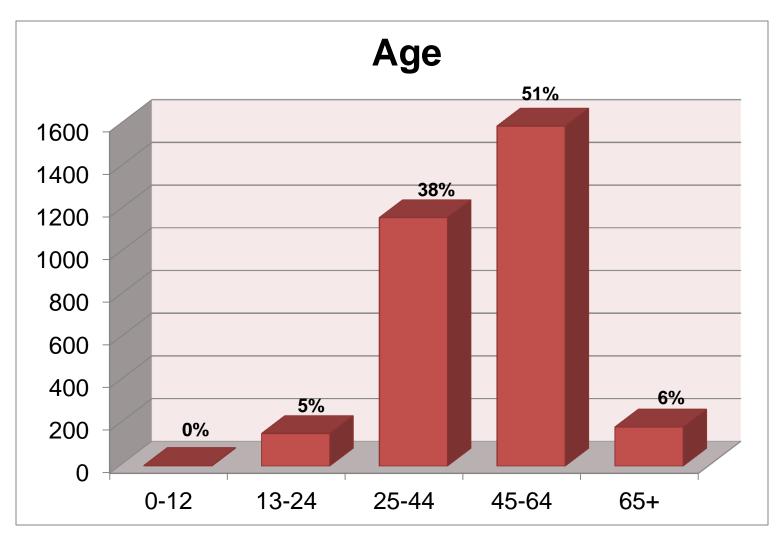


Ryan White Part A Cleveland TGA Service Summary By Provider - FY2018

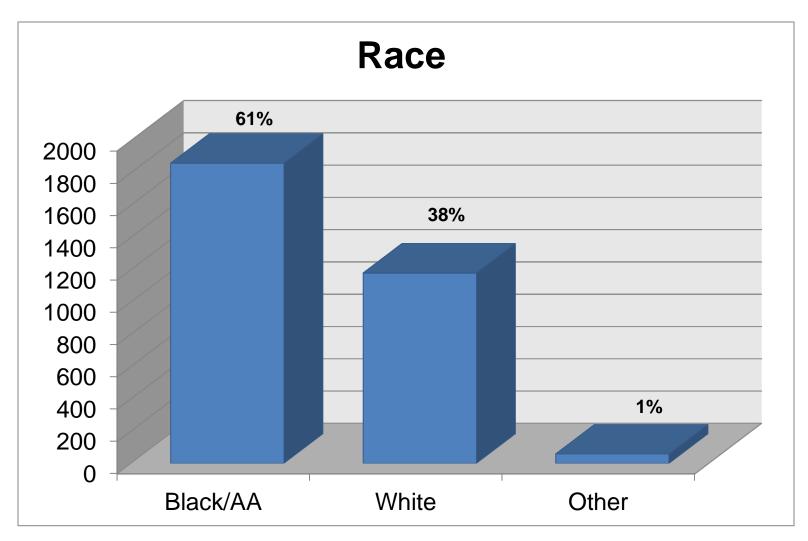
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Core Services	,	,			,	,	,	,	,		,	,	
Early Intervention Services (EIS)			X			X				X		X	
HIPCSA										X			X
Home and Community-Based Health Services	S				X								
Home Health Care					X								
Medical Case Management			X	X					X	X	X	X	X
Medical Nutrition Therapy										X		X	X
Mental Health Services				X			X	X		X		X	X
Oral Health Care			X							X			X
Outpatient Ambulatory Health Services (OAF	X		X	X					X	X		X	X
Substance Abuse Outpatient Care										X		X	
Support Services													
Emergency Financial Assistance	X		X	X						X		X	X
Food Bank / Home Delivered Meals		X									X		
Medical Transportation		X		X		X	X	X	X	X	X	X	X
Non-medical Case Management Services		X								X	X		
Other Professional Services											X		
Outreach Services				X						X		X	X
Psychosocial Support Services				X						X		X	X
Substance Abuse Services (Residential)												X	



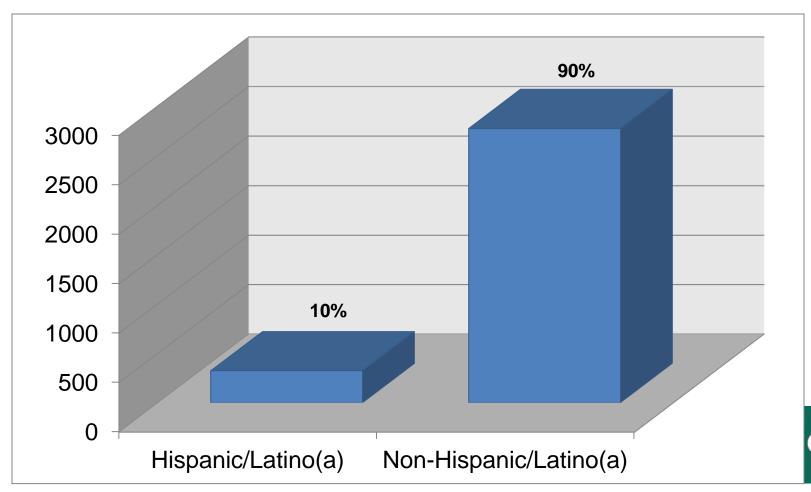




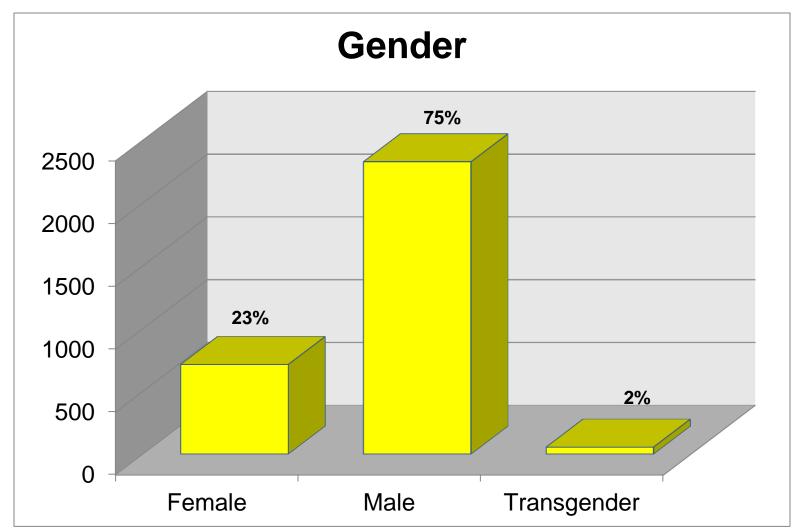




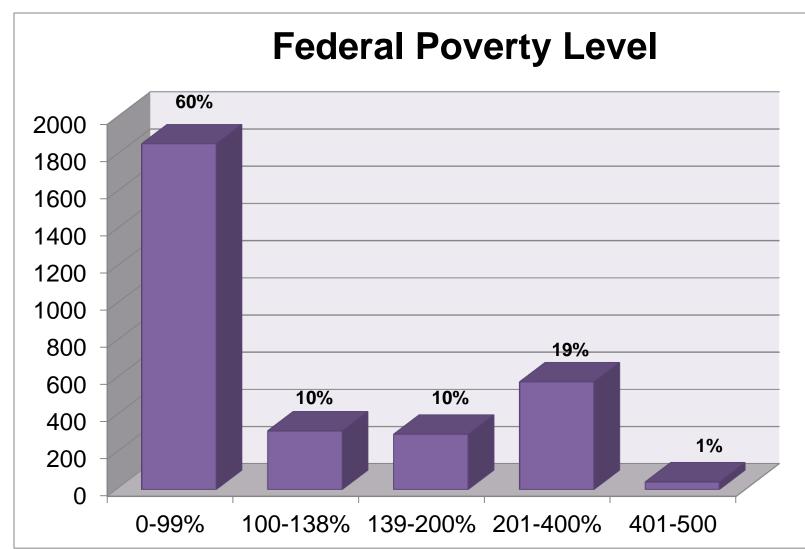




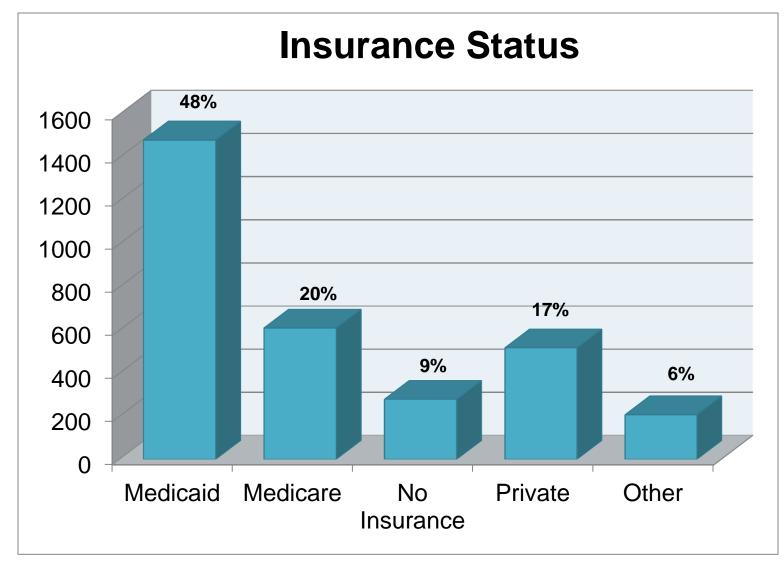




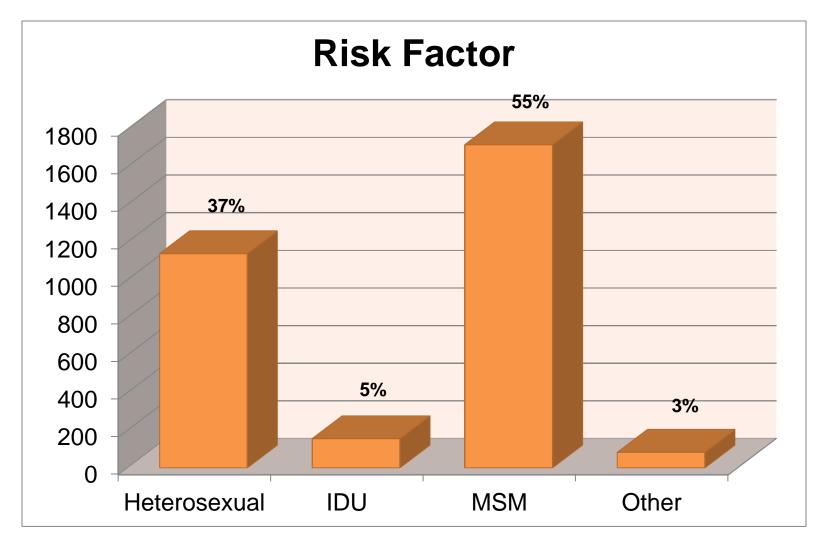




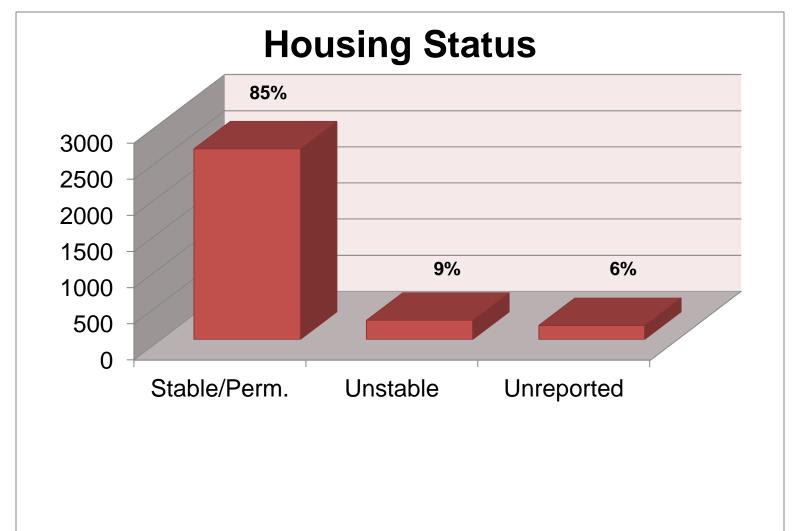














Core Service Category Utilization

Service Category	Unduplicated Clients	Percentage of Total Served
Outpatient Ambulatory Medical Care	2,023	65%
Medical Case Management	1,037	33%
Oral Health	352	11%
Mental Health Services	308	10%
Medical Nutrition Services	275	9%
Early Intervention Services	199	6%
HIPCSA	84	3%
Substance Abuse Outpatient	40	1%
Home Health Care	33	1%
Home and Community Based Health	32	1%



Support Service Category Utilization

Service Category	Unduplicated Clients	Percentage of Total Served
Case Management non-medical	1,633	53%
Medical Transportation	1,494	48%
Outreach Services	630	20%
Food Bank / Home Delivered Meals	411	13%
Legal Services	226	7%
Psychosocial Support Services	109	4%
Emergency Financial Assistance	75	2%
Substance Abuse Residential	8	0%



Viral Load Suppression

 In December, 2017 HHS released the following message: "People living with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIVnegative sexual partners".

 Program focus on improving viral suppression rates 2016-2017.



Viral Load Suppression

- In 2017, a total of 3,093 individuals received services funded by the Ryan White Part A Cleveland TGA program.
 - 2,023 of those individuals received medical services funded by the Ryan White Part A Cleveland TGA program and
- Among the 2,023 individuals receiving medical services funded by Ryan White Part A Cleveland in 2017, 1,727 or 85% were virally suppressed
 - Compared to a national report from the CDC estimating that among persons living with a diagnosed HIV infection in 2014 - 58% were virally suppressed.



Clinical Quality Management

The CQM program has been working with the National Quality Center's end+disparities Learning Exchange to focus viral load suppression quality improvement efforts on targeted local populations.

MSM of Color

African American and Latina Women

Youth

Transgender People

Local Service Providers focus on clients not virally suppressed in the targeted populations to increase viral load suppression rates.

2017 rates improved 8 %



Clinical Quality Management

- X Young people are 5 times more likely to have HIV than people older than 25
- **Results** Black women are 20 times more likely to have HIV than white women
- **X** Men who have sex with men are 46 times more likely to have HIV than other men
- X Transgender women are 50 times more likely to get HIV than other adults

Clinical Quality Management

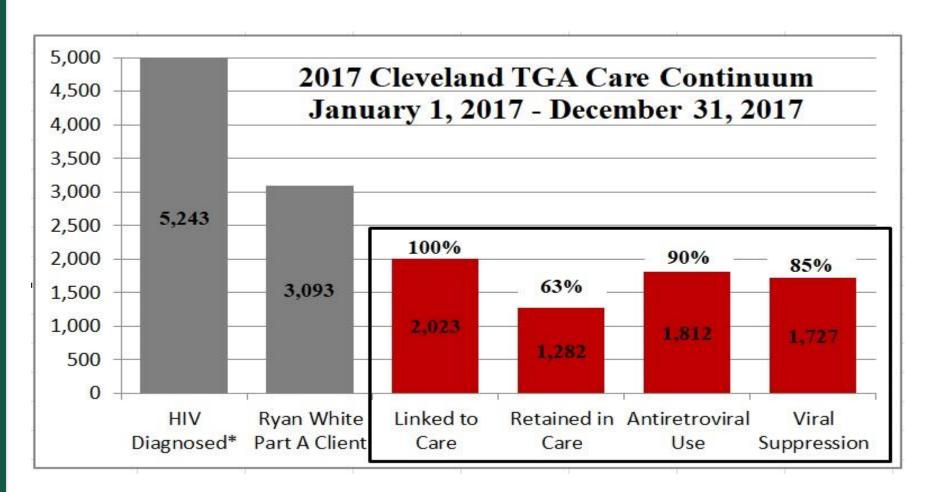
2018 VLS QI Project Summary

Some key aspects of 2018 projects throughout the Cleveland TGA include:

- Frequent huddle sessions among program staff to discuss non-virally suppressed patients
- Intensifying case management and outreach to those who are non-virally suppressed
- Incorporating HIV/Ryan White Services education into encounters with patients
- Focusing efforts on medication adherence counseling and assistance

CCBH

Utilizing smartphone apps to engage clients in care





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