



Ventura County Public Health
Division of the Ventura County Health Care Agency

**Ventura County HIV CARE Program
Service Delivery Plan
FY 2011-2013**

**Ventura County
Public Health Department
HIV/AIDS Services – The Center**

August 16, 2011

Table of Contents

Description of Needs Assessment Summary	
Description of methods used to conduct the needs assessment	3
Epidemiologic profile of Ventura County	4
Current populations served and estimated number of individuals served	5
Unmet need, assessment of current service needs and service gaps	6
Resource Inventory	
2009 Ventura County and Vicinity HIV/AIDS Resource Directory	11
Priority Setting and Resource Allocation	
Decision making principles.....	11
Criteria for priority setting	11
Decision-making methods	12
Finalized service priorities and funding allocation decisions	12
Description of Service Delivery	
HIV CARE program services	12
Contracted services	13
Cultural competence	13
Key points of entry into HIV medical system	13
Integration of services.....	14
Prevention with Positives (PWP) integration	15
Ryan White Part C and D integration	15
Goals and Objectives	
Goal 1 - To ensure access to HIV/AIDS care, treatment, and prevention services	16
Goal 2 - To provide quality care and treatment services to person with HIV/AIDS adequately respond to the epidemic.....	17
Goal 3 – To enhance the system of HIV/AIDS care and treatment services to adequately respond to the epidemic	18
Goal 4 - To achieve excellence in planning, management, and evaluation of the HIV health programs.....	19
Effective Measure	
ARIES	19
HIVQUAL	20
Appendix A.....	22
Appendix B.....	23

Ventura County HIV CARE Program Service Delivery Plan 2011-2013

Description of Needs Assessment Summary

Description of methods used to conduct the needs assessment

Due to limited funds the HIV/AIDS Coalition of Ventura County (HCVC) determined the best approach was to conduct a written survey and to focus on increasing the response rate from previous surveys.

The process of developing an appropriate instrument and identifying key sites for recruiting participants began early in Fall 2010. HCVC members were involved in each step of the process, and through that deliberation, both English-language and Spanish-language surveys were ready for a pilot test by December 2010.

Coalition members prioritized developing a shorter survey than in the past to encourage both a higher response rate and a higher return of fully completed surveys. They also prioritized categories of needs based on services currently or recently being offered. An analysis of missing data from surveys in 2006 provided some input on decisions for inclusion in the 2011 survey.

The final survey instrument was in two parts. In Part I, the respondent was asked to (1) provide basic demographic information on gender, age, race/ethnicity, language preference, and local residence; (2) provide some information on their current work, housing and health status; and (3) provide information on sexual preference and HIV prevention practices.

In Part II respondents rated a list of services in terms of those that they need right now, those they are receiving now or have received recently, or those services that are not applicable to them. Broad categories of service included informational (6 specific services identified), medical (6), housing (6), personal care (7), employment (3), transportation (2), child care (1), drug and alcohol addiction (3), legal help (3), and personal support (4).

Coalition members also generated a list of key sites in the community where clients of HIV/AIDS services could be reached. These sites were discussed in terms of their contribution to the sample's diversity. That is, the Coalition placed a high value on reaching clients in both public and private provider settings, increasing the participation of women and ethnic minorities, and assuring clients from across the county would have access to the survey.

To that end, the bilingual surveys were made available online through the website www.surveymonkey.com, and information on accessing that site was distributed to clients through member agencies and local doctors' offices. In addition, a computer with internet access in The Center's office was dedicated to client use during service hours. Print copies of the survey were provided for those without internet access and those at other locations. A total of 300 English-language and 200 Spanish-language surveys were printed and 250 reached key distribution sites at:

- HIV/AIDS-The Center (Ventura County Public Health Case Management Program)
- Ventura County Medical Center Immunology Clinic
- Ventura County Rainbow Alliance office and Friday Food Pantry

In order to reach clients seen by private physicians, a letter was composed and sent to 10 local infectious disease doctors in the Public Health database who are known to have clients with HIV disease. The physicians were provided with both 10 print surveys (five English and five Spanish) as well as information on accessing Survey Monkey and taking the survey online.

The period for data collection was limited to three months, January through March 2011, in order to have updated information for the current funding cycle. An account with Survey Monkey was opened December 1, 2010, and both English and Spanish language versions were posted on December 14. Data collection, both online and print editions, was closed April 1, 2011.

Epidemiologic profile of Ventura County

Located in Southern California, Ventura County is located directly west and north of Los Angeles County, one of the primary concentrations of HIV/AIDS within the United States. Ventura County is large and diverse, comprising 1,843 square miles of urban, suburban, rural, agricultural and industrial areas.

Ventura County experienced growth of 9% in its overall population between 2000 and 2010 (from 758,605 to 823,300). Racial/ethnic minorities in the county grew from 43% of the total population in 2000 to 51% of the total population in 2010, underscoring a need to increase cultural sensitivity and outreach to minority health care consumers.

Ventura County is experiencing increasing economic disparity. Hispanics have a median family income of \$53,819 as compared to \$79,179 for whites and \$88,228 for Asians. In addition 15% of Hispanic families live below the poverty level as compared to 5% of white families. Thirteen percent of all children live in poverty. AIDS in Ventura County has struck disproportionately poor minority communities and those with mental health and addiction issues.

In 1990, Latinos comprised 26% of the overall population. Today they comprise 40% of the county's population. According to the 2010 Census, 5 of Ventura County's ten cities now have a Latino population exceeding 60%. Latinos represent the largest ethnic group served by Ventura County Public Health, comprising 50% of all clients served. According to the 2010 Census, 28% percent speak Spanish as their primary language. An additional 8% speak a language other than Spanish or English as their primary language. 29,641 children in Ventura County schools are Spanish-speakers learning English. Ventura County Public Health estimates that approximately 24% of its clientele are monolingual Spanish-speakers.

Ventura County is home to over 35,000 thousand seasonal and migrant agricultural workers, 80% of whom are uninsured (CA Institute for Rural Studies, 2002). Thirty-four percent are undocumented residents, making them ineligible for Medi-Cal. More than one-third of all male agricultural workers in the State have never seen a doctor or been to a medical clinic.

Among the poorest Ventura County residents are the homeless, many of whom suffer from mental illness. Ventura County Public Health estimates that up to 6,000 residents are homeless in a given year, a fact that creates significant barriers to primary medical care, case management and psychosocial support. In addition to homelessness, the lack of affordable housing has created problems of overcrowding that raises both public health and confidentiality concerns. According

to the 2000 Census, overcrowding rates range between 28% and 31% in the cities of Oxnard, Santa Paula and Fillmore, which have the largest concentration of Latinos.

Ventura County Public Health reports coexisting substance abuse and mental health issues among many HIV/AIDS patients. *Reviews of client records at VCPH reveals that over 25% of case managed clients are found to require treatment for significant mental health issues.* A majority of clients present with substance abuse issues. Twenty percent are triple diagnosed with HIV/AIDS, substance abuse and mental health issues. The co-existence of substance abuse and mental illness creates significant drug interaction issues as well as barriers to drug therapy adherence, increasing the need for treatment education and adherence counseling.

A large majority of persons living with AIDS in Ventura County have low incomes and many rely on public transportation. Ventura County, a vast area that stretches between Los Angeles and Santa Barbara, is actually served by four transportation systems. Coordination of services is spotty at best. As a result, according the Ventura County Regional Civic Alliance, only about 1.1% of Ventura County's workforce takes public transportation to work (the State average is over 5%). An east county resident could spend three or four hours on several long bus rides before reaching the Immunology Clinic in the west county.

Current populations served and estimated number of individuals served

As of December 31, 2010, there have been 1,146 reported cases of AIDS and 599 deaths. There have been 337 cases of HIV reported though these numbers continue to be adjusted due to changes in the HIV reporting requirements and new HIV/AIDS reporting system (EHARS) in California.

In 2010, Ventura County Public Health's (VCPH) HIV/AIDS Surveillance reported 61% of the new cases of HIV were white and 32% were Hispanic while 54% of the AIDS cases were white and 32% were Hispanic. White and Hispanic males continue to be the largest population of new cases. The primary mode of HIV transmission in the county as of 2010 was men having sex with men (70%). The primary means of transmission in women is heterosexual contact (60%). The largest percentage of cases reported have been between 30-50 years of age. Persons of African descent account for barely 3% of the County population but account for 4% of HIV and AIDS cases in 2010.

Ventura County Public Health (VCPH) HIV/AIDS Surveillance reported 882 residents living with HIV/AIDS in Ventura County at the end of 2010. In addition, there are approximately 431 HIV/AIDS non-resident cases residing in Ventura County. These are cases known to be diagnosed in another state or county but are now living and receiving services in Ventura County. We have seen a significant increase in the number of non-resident cases in the last 3 years (approximately a 30% increase).

Due to the changes in California HIV reporting requirements and reporting system (EHARS), previous non-name cases are still in the process of re-ascertainment by surveillance staff. Therefore, the Office of HIV/AIDS surveillance estimates between 1,500 and 2,500 people are living with HIV/AIDS in Ventura County.

The estimate of new HIV cases in the county over the last 3 years is between 60 and 90 per year or 7.3 to 10.8 new cases per 100,000 population. The county's proximity to Los Angeles County, where prevalence rates are among the highest in the nation, continues to be a factor in the increasing rates of HIV infection here.

Injection drug use accounts for approximately 14% of living HIV and AIDS cases in the County. The Health Officer, has acted as an advocate for syringe replacement programs (SRP) in the County due the HIV and the Hepatitis C rates among injection drug users. Ventura County Public Health operates and staffs two SRPs, twice a week, in the County (Santa Paula and Ventura).

About 23% of infected women are injection drug users. Sixty-six per cent (66%) of women are infected through heterosexual contact, often by male partners who are engaging in high risk sexual activity with men or injecting drugs, often without their female partner being aware of the situation.

In addition to a rising burden of care for residents, VCPH estimates a total of 431 living nonresident cases in 2010. Individuals who have tested positive in another county or state and who have come to reside in Ventura County have grown steadily during the past two decades. Over the last 3 years there has been a 30% increase in non-resident cases.

The clients served by Ventura County Public Health are among the poorest of the poor. Thirty percent of these clients are unemployed and subsist on Social Security or State Disability, receiving just over \$700 each month. Approximately 12% of clients are undocumented residents who do not even qualify for these subsistence level programs. Among those surveyed in the county's Needs Assessment, 64% had household income below \$10,000 per year.

Unmet need assessment of current service needs and service gaps

Response to this survey exceeded those of previous years. Of 250 paper surveys distributed in the community, 103 were returned and completed (five were returned missing demographic information and are not included in this analysis), for a response rate of 41%. Included in this figure are two surveys returned from private physicians' offices. In addition, 13 clients accessed Survey Monkey and completed surveys online, for a total of 116 completed surveys. While the response to the digital format and the mailing to local doctors was lower than expected, overall participation of Ventura County Public Health HIV clients was 28%.

The diversity of the sample also compares favorably to previous administration of surveys and to

the demographics of the local HIV community. The description of survey participants is presented in Table 1.

TABLE 1
DESCRIPTION OF ALL PARTICIPANTS

GENDER / SEXUAL ORIENTATION	
Gay Men	57 (49%)
Heterosexual Men	21 (18%)
Heterosexual Women	20 (17%)
Bisexual Men	6 (5%)
Lesbians	2 (2%)
Transgendered (male-to-female)	1 (1%)
No response	9 (8%)
TOTAL 116	
RACE/ETHNICITY	
White	48 (41%)
Latino	57 (49%)
African-American	6 (5%)
Other	3 (3%)
No response	2 (2%)
TOTAL 116	
AGE GROUPS	
20-29	6 (5%)
30-39	17 (15%)
40-49	37 (32%)
50-59	27 (24%)
60-69	7 (6%)
70+	4 (4%)
No response	17 (14%)
TOTAL 115	
CITIES	
Oxnard	37 (32%)
Ventura	34 (30%)
Camarillo	7 (6%)
Conejo Valley (Thousand Oaks, Newberry Park, Westlake Village)	6 (5%)
Moorpark	6 (5%)
Simi Valley	4 (4%)
Ojai	4 (4%)
Other	8 (7%)
No response	9 (7%)
TOTAL 115	

The sample is 77% male and 22% female (with only one respondent who identified as transgendered, male-to-female). County-wide, HIV/AIDS clients are 88% male and 12% female. Of those who responded, 92 completed English-language forms and 24 completed Spanish

language forms, the latter indicating Spanish as their language of preference. Of the total survey sample, 21% preferred Spanish, while the percentage of VCPH clients who indicate Spanish as their primary language is 26%. This indicates a reasonable representation of our Spanish speaking population.

About half of respondents, 49%, are gay or bisexual men, and 35% identified as heterosexual men or women. This reflects a slightly higher representation of heterosexual clients when compared to the VCPH client population overall.

This is also a slightly older group. The average age for survey participants is 47 years old and the median age group 40-49, while the majority of VCPH clients overall are 25-34 years old.

Our goal of increasing participation of women and Latinos was successful in that 25 women completed the survey this year compared to 6 in 2006 and 13 in 2003, and the sample is 50% Latino (42% of them being monolingual Spanish), up from 30% in 2006 and 41% in 2003.

Most respondents come from west county and points north (77%) than east county and the Los Angeles area (12%). This reflects where services are concentrated in the county and is not out of step with the distribution of clients in general who largely reside in towns west of the Conejo Grade.

We tended to reach the healthier clients: About two-thirds report their health status as HIV-positive and healthy or only have a few symptoms. On another measure, 60% report either that they are working full or part-time or that they are looking for work, and only 28% report being too sick to work.

TABLE 2
SUMMARY OF HIV SERVICE NEEDS

	Already Receiving	Need Now
All HIV Services	1,052	737
Whites (overall)	539	230
Latinos (overall)	513	507
Whites (direct services)	141	32
Latinos (direct services)	156	70
Whites (support services)	398	198
Latinos (support services)	357	437

Overall, clients report they are already receiving most HIV services identified in the survey. However, 737 “need now” responses point to current unmet needs for both Whites and Latinos in the sample (Table 2 above). Most of these are in the area of support services, with a notable ethnic difference.

While both Latinos and Whites experience high levels of medical care and assistance in this community (Table 3) – both in receiving help coordinating their care and receiving care from a specialist in HIV medicine – a higher proportion of Latinos identify these services as still needed. This may reflect that, for this sample, a smaller proportion of Latinos reported having an AIDS diagnosis (27% to 41% for Whites), indicating fewer Latinos than Whites in this sample have frequent contact with the HIV healthcare system at this time, but may be experiencing symptoms that require care.

At the same time, both groups agree that dental care and financial assistance for medical care are key gaps in services (e.g., 53% of Latinos and 44% of Whites regarding dental care). The proportions of each ethnic group naming dental care as a “need now” service are not far apart, but the gap widens when comparing all English speakers to all monolingual Spanish speakers in the sample. In this case, assistance with dental care was urgent for three-fourths (76%) of Spanish-only speakers. The limitation with dental care is largely a problem with the small number of providers in the community who will accommodate low-income patients, and perhaps monolingual Spanish patients as well, but clients are also burdened with a lack of adequate financial assistance and with navigating the fragmented terrain of finding an appropriate provider, especially when language is a barrier.

TABLE 3
NEED FOR DIRECT SERVICES

Description of Service	“Need Now”	
	Whites	Latinos
Dental care	20 (44%)	28 (53%)
Assistance to pay for medical care	8 (19%)	16 (30%)
Help in planning medical care	2 (5%)	9 (16%)
Local doctor who treats HIV	1 (2%)	8 (15%)
Help with taking pills	1 (2%)	3 (5%)

Indirect services include a wide range of support systems for people with HIV disease. With the budget reductions in recent years that have affected HIV-related programs, fewer options are available to clients in Ventura County. Nevertheless, majorities of both Whites and Latinos (ranging from 55-75%) report receiving the information they need to access existing HIV services. The racial gap widens, however, when looking at those who are not yet receiving these services (Table 4 below for frequency tables on each of these services).

TABLE 4
NEED FOR SUPPORT SERVICES

Description of Service	“Need Now” <i>(total no. of “need now” responses on all services within category)</i>	
	Whites	Latinos
Benefits counseling <i>(6 services)</i>	29 (11%)	75 (23%)
Housing assistance <i>(6 services)</i>	43 (16%)	105 (34%)
Personal help at home <i>(7 services)</i>	48 (16%)	103 (28%)
Help with employment <i>(3 services)</i>	28 (22%)	49 (30%)
Help with transportation <i>(2 services)</i>	2 (2%)	13 (12%)
Help with drug/alcohol addiction <i>(3 services)</i>	5 (4%)	13 (8%)
Legal help <i>(3 services)</i>	12 (9%)	29 (18%)
Psychological counseling <i>(4 services)</i>	31 (18%)	47 (22%)

Of those who responded to questions about support services (ranging from 82%-100% of respondents in each racial category), 23% of Latinos and 11% of Whites ranked benefits counseling as a “need now” service. Likewise, Latinos are more likely to need housing assistance (34% vs 16% of Whites), personal help at home (28% vs 16% of Whites), transportation services (12% vs 2% of Whites), and legal services (18% vs 9% of Whites). The groups are more closely aligned in their need for help with employment (30% and 22%, respectively) and psychological counseling services (22% and 18%).

With support services, the gaps do not necessarily widen when comparing English speakers with Spanish-only speakers, but gaps do persist. For example, more English speakers report receiving informational services than Spanish-only speakers: over two-thirds on a range of services for the former group compared to 45-50% over the same range of services for Spanish-only. Spanish-speakers are also more likely to be in need of assistance with food stamps, meal-planning, legal assistance, and both individual and group counseling services.

When asked to rank those services that are top priority for them, only 32 clients provided this additional information. However, their responses reflect results already discussed from the entire sample. The top-ranked service needed for this group was housing assistance, and this was identified as either finding an affordable apartment, receiving assistance with rent, or receiving assistance with utilities. A close second is the aforementioned assistance with dental care. From there clients identified as additional priorities needing help at home with meals and low-cost groceries, and needing counseling and assistance with personal crises (both individual and group structures).

TABLE 5
SERVICE PRIORITIES FOR HIV CLIENTS (n=32)

Description of Service	Ranked No. 1	Mentions Overall
Housing assistance	10	31
Dental care	10	14
Food	1	16
Counseling & support	3	8
Medical care	3	6
Legal assistance	1	4
Transportation	1	2

Resource Inventory

2009 Ventura County and Vicinity HIV/AIDS Resource Directory – Appendix A (Cover), Appendix B (Content)

Priority Setting and Resource Allocation

Decision making principles

The HIV/AIDS Coalition of Ventura County (HCVC) consists of service providers, persons infected and affected by HIV, interested persons from the public, and a host of health professionals including sociologists, RN’s, MD’s and the services of the VCPH Epidemiologist and Health Officer. The decision-making principles adopted by the HCVC are essentially those suggested by the U.S. Department of Human Services, Health Resources and Services Administration, HIV/AIDS Bureau

- Decisions are to be based on documented and fundable needs
- Ventura County’s HIV Epidemiology must support the services
- Decisions must address the overall needs in Ventura County and avoid conflict of interest
- Priorities should support primary medical care, limit hospitalization and avoid duplication of services.
- Service providers must respect the diversity of experience and lives of their clients.
- Part B funds are to be used to provide services to low-income, underserved, and severe need populations
- Equitable access to services must be provided across geographic areas and subpopulations
- Services should meet Public Health Service Treatment Guidelines and other standards of care and be of demonstrated quality and effectiveness.

Criteria for priority setting

The criteria for priority setting suggested by the United States Department of Human Services, Health Resources and Service Administration, HIV/AIDS Bureau with slight modifications has

been adopted by the HCVC.

- 1) Documented and fundable need, based on:
 - Local/ HIV/AIDS Epidemiology
 - Valid client identified service needs
 - Documented capacity development needs
- 2) Quality, cost effective and outcome services as determined through evaluation measures
- 3) Client needs and priorities
- 4) Support of the continuum of care
- 5) An ongoing needs assessment to define ongoing service needs and emerging needs

Decision-making methods

Decisions about priority setting are made at the HCVC through a process of consensus and group discussion. The group reviews the epidemiology, information from client surveys, key informant interviews, focus groups and service providers; reviews last year's spending pattern and then prioritizes needed services.

Finalized service priorities and funding allocation decisions

Please see Table 5 above.

Description of Service Delivery

HIV CARE program services

- Medical Case Management - these services are directly related to the clients' medical care. Case Managers perform an initial assessment with each new client to develop an Individual Service Plan (ISP). The assessment includes psych-social, behavioral, mental health, education and medical issues. Case Managers work closely with the Ventura County Medical Center – Immunology Clinic physicians and nurses to insure client are adherent to their treatment and medication regimens. Case managers provide assistance with transportation, benefits counseling, housing, and referrals.
- Primary Medical Care – medical care services include lab, medical supplies, new and established patient comprehensive exams, pharmaceuticals (not covered by ADAP or another source), and mental health counseling.
- Oral Health services - Clinicas del Camino Real provides oral health prophylaxis and screening. Services also include endodontic therapy, surgical procedures, prosthetics, periodontal care, restorative care, and other procedures that are a part of the management of oral pathology associated with HIV disease.
- Food Vouchers – this service helps supplement clients who utilize food pantry's that do not provide vegetables, dairy products or meat.
- Transportation – bus passes and taxi vouchers are utilized to enable clients to keep all HIV related medical appointments.
- Outreach Services –this service is provided to all service providers who provide HIV testing and counseling. Our outreach workers assist in providing the new HIV positive diagnosis to the individual and are linked to the Ventura County Medical Center Immunology Clinic for medical care. The outreach worker also locates and re-links those clients that have fallen out of care.
- HIV Counseling and Testing – though VCPH does not receive State funds for counseling and testing Ventura County Public Health has obtained local funding to purchase rapid

test kits and controls. The HIV and PH Clinic nurses are trained by OA to provide HIV counseling and testing and the OA LEO system is utilized to record data.

Contracted services

Ventura County Public Health does not have contracted services.

Cultural competence

The Immunology Clinic and Ventura County Public Health are committed to providing access to the diverse communities of Ventura County. They are particularly committed to bridging language and cultural barriers for the Latino and Spanish speaking communities. Five of eight staff members at the clinic are bilingual in English and Spanish. Eight of the fifteen staff members in the HIV unit of Ventura County Public Health are bilingual.

Key points of entry into HIV medical system

Four public health clinics, the Ventura County Medical Center (VCMC), the VCMC Immunology Clinic and Ventura County Public Health, all operating under the auspices of the Ventura County Health Care Agency, provide a comprehensive system of support for people living with HIV. *The Health Care Agency's mission is to provide health care services to the residents of Ventura County.* In order to ensure delivery of primary medical care, emphasis has been placed on outreach to, and follow up with, newly diagnosed persons or persons who have failed to access medical care.

Ventura County Public Health provides HIV testing and test counseling at four community health clinics. Ventura County Public Health also works closely with other test sites throughout the county, including Clinicas del Camino Real, Planned Parenthood and the Conejo Free Clinic, to assure that persons testing positive are referred to the Ventura County Medical Center Immunology Clinic for primary health care. The Immunology Clinic is a publicly funded hospital that serves low-income people in Ventura County. Seventy percent of persons seeking care for HIV disease in Ventura County are clients of Immunology Clinic in the city of Ventura. They are medically case managed by Ventura County Public Health and receive inpatient care at the Ventura County Medical Center. This service includes primary medical care (excluding inpatient services)

Whenever possible, the test site coordinates post-test counseling with Ventura County Public Health to assure that a Bridge or social worker is available to assist in linking persons receiving a positive test with primary care and other available services.

The Bridge Program was initiated in 2002 to provide comprehensive services to these clients. A bilingual/bicultural Community Health Worker (CHW) works full time with clients who are referred to her as soon as their HIV test results are obtained. During the first months after diagnosis, the CHW continues to meet with clients weekly wherever it is convenient for them, answer their questions about the disease, explain what treatments are available, and assist them to make their first appointment with the physician who will manage their HIV disease. The CHW also talks with each new client as they begin to consider whether and how to inform their family and friends about their disease and explores with them transmission prevention approaches.

Integration of services

In 2009 Ventura County’s HIV/AIDS budget was reduced by the State, by approximately 65%. This reduction eliminated numerous HIV/AIDS related programs from the county including: Education and Prevention, HIV/AIDS Counseling and Testing, EIP (Early Intervention Program), Case Management Program (CMP), and the Therapeutic Monitoring Program (TMP) which resulted in the reassignment of six (6) staff members to other programs. The 2009 reduction also eliminated subcontractors including: AIDS Project Ventura County (APVC) who provided HIV counseling and testing, education and prevention, mental health counseling, food bank and case management services; Immunology Clinic’s psychologist, mental health therapist and pharmacist/treatment adherence counselor and; Planned Parenthood who provided HIV/AIDS Education and Prevention.

Budget reductions dictated a restructuring of the VCPH HIV/AIDS Program so five case managers could triage and case manage all new and continuing clients. Part of the reorganization was encouraging clients to apply for Ventura County’s Low Income Health Program (ACE) and/or the Ventura County Self-Pay Discount Program.

Ventura County is not eligible to receive Part A funding but continues to receive Federal funding for Part B, via California State CDPH Office of AIDS and Part C, directly from the Federal government.

Ventura County Public Health (VCPH) also participates in the activities of the Ventura County AIDS Partnership, the primary private funder of HIV/AIDS services in Ventura County. The AIDS Partnership sponsors an annual key informant panel to inform the HIV-affected community of emerging issues and needs.

Public Health maintains a strong relationship with the Ventura County Sheriff’s Office which allows us access to HIV-positive inmates at the jail and allows VCPH, via Alcohol and Drug, to offer HIV testing and counseling.

Through the integration of the remaining HIV/AIDS State and Federal funded programs (Part C, HOPWA and Medi-Waiver) and other funding (Tobacco Settlement, Ventura County AIDS Partnership, Alcohol and Drug and Court Classes) many of the services identified in the needs assessment are and will be covered:

Need	Funding Source
Housing assistance	HOPWA
Dental care	Parts B and C
Food	Trust fund
Counseling & support	Part C
Medical care	Parts B and C, Low Income Health Program and Discount Program
Transportation	Part C

Prevention with Positives (PWP) integration

All Ventura County Public Health HIV/AIDS staff participated in the Prevention with Positive trainings offered by the CDPH Office of AIDS . Case managers provide PWP and offer Partner Counseling Referrals Services (PCRS) to every clients at their assessment (at least once a year). If applicable clients are coached on self notification and dual notifications by trained staff. Third party anonymous partner notifications are provided by trained PCRS staff, one of whom is bi-lingual.

All newly diagnosed HIV positive clients are offered PCRS by our Bridge worker as part of the standard of care.

Ryan White Part C and D integration

Ventura County receives Ryan White Part C funding via HRSA (Health Resources and Services Administration). The Part C Early Intervention program provides a significant opportunity to further the mission of the Ventura County Medical Center Immunology Clinic, *to provide access for under-served individuals who experience barriers to care due to any combination of economic, cultural, or lifestyle conditions* and to enhance the health and well being of Ventura County residents.

Services available through Part C include: primary medical care, dental care, transportation, psychosocial counseling and support, and the Quality Advisory Committee (HIV positive advisory board).

Ventura County does not receive Part D funds.

Goals and Objectives

Contractor Name: Ventura County Public Health

Date Completed: 08-22-11

Goal One			
Goal	To ensure access to HIV/AIDS care, treatment, and prevention services.		
Objective	By June 30, 2013 Ventura County Public Health HIV/AIDS will retain 400 active clients and successfully link 30 new HIV clients to HIV/AIDS care, treatment, and prevention services.		
Barrier to Service	The lack of stability within the economy at this time finds many people unable to maintain a payor source for medical HIV/AIDS care, treatment, and prevention services.		
Target Population(s) (Check all that apply)	<input checked="" type="checkbox"/> American Indian/Alaskan Native <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> Black/African American <input checked="" type="checkbox"/> Native Hawaiian/Pacific Islander <input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Latino/Hispanic <input checked="" type="checkbox"/> Migrant/Seasonal Farm Workers	<input checked="" type="checkbox"/> Rural Populations <input checked="" type="checkbox"/> GLB Adults <input type="checkbox"/> GLB Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input checked="" type="checkbox"/> Women	<input checked="" type="checkbox"/> Transgendered <input checked="" type="checkbox"/> Homeless <input checked="" type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input checked="" type="checkbox"/> Incarcerated persons <input checked="" type="checkbox"/> Parolees <input type="checkbox"/> Other (Please specify)
Action Timeline	<p>June 30, 2011 - Retain 400 active clients and 10 new HIV clients to HIV/AIDS care, treatment, and prevention services</p> <p>August 31, 2011 – all staff familiar with payor sources (Medi-Cal, VCMC discount, and ACE)</p> <p>August 31, 2011 – all staff trained and certified for OA-HIPP and OA-PCIP</p> <p>June 30, 2012 - Retain 400 active clients and 10 new HIV clients to HIV/AIDS care, treatment, and prevention services</p> <p>June 30, 2013 - Retain 400 active clients and 10 new HIV clients to HIV/AIDS care, treatment, and prevention services</p>		

Goal Two			
Goal	To provide quality care and treatment services to person with HIV/AIDS.		
Objective	By June 30, 2013 provide preventive and emergency dental care services to 30 clients.		
Barrier to Service	Lack of funding has prevented access to dental services.		
Target Population(s) (Check all that apply)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Migrant/Seasonal Farm Workers	<input type="checkbox"/> Rural Populations <input type="checkbox"/> GLB Adults <input type="checkbox"/> GLB Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input type="checkbox"/> Women	<input type="checkbox"/> Transgendered <input type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input checked="" type="checkbox"/> Other (Please specify) <u>all HIV+</u>
Action Timeline	July 31, 2011 – request Part C carry-over funds for dental services August 31, 2011 – establish Purchase Order (PO) with Clinicas del Camino Real June 30, 2012 - provide preventive and emergency dental care services to 10 clients June 30, 2012 – find additional funding June 30, 2012 - retain PO with Clinicas June 30, 2012 - provide preventive and emergency dental care services to 10 clients June 30, 2013 – find additional funding June 30, 2013 - retain PO with Clinicas June 30, 2013 - provide preventive and emergency dental care services to 10 clients		

Goal Three			
Goal	To enhance the system of HIV/AIDS care and treatment services to adequately respond to the epidemic.		
Objective	By June 30, 2013 provide medical case management services to 90% of eligible Part B and Part C clients.		
Barrier to Service	In 2009 Ventura County’s HIV/AIDS budget was drastically reduced (elimination of Education/Prevention, Counseling/Testing, EIP, CMP, and TMP), consequently 6 staff positions were eliminated. This reduction also eliminated subcontractors: AIDS Project Ventura County; some Immunology Clinic staff and Planned Parenthood (see <i>Integration of services</i> , pg 14 for more clarification)		
Target Population(s) (Check all that apply)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Migrant/Seasonal Farm Workers	<input type="checkbox"/> Rural Populations <input type="checkbox"/> GLB Adults <input type="checkbox"/> GLB Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input type="checkbox"/> Women	<input type="checkbox"/> Transgendered <input type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input checked="" type="checkbox"/> Other (Please specify) <u>all HIV+</u>
Action Timeline	July 1, 2010 – implement plan for restructuring triage and case management assignment July 1, 2010 – implement total ARIES for all services July 1, 2010 – begin restructure of Policies and Procedures (P&P) July 1, 2010 – continue Interdisciplinary Team and staff meetings June 30, 2011 – implementation of triage, ARIES, and P&P complete June 30, 2011 – medical case management provided to 80% of eligible Part B/C clients June 30, 2012 - medical case management provided to 85% of eligible Part B/C clients June 30, 2013 - medical case management provided to 90% of eligible Part B/C clients June 30, 2013 – total redevelopment of HIV/AIDS program complete		

Goal Four			
Goal	To achieve excellence in planning, management, and evaluation of the HIV health programs.		
Objective	By June 30, 2013 develop a process for ensuring a plan to provide excellence in planning, management, and evaluation of the HIV health programs.		
Barrier to Service	Lapse in utilization of an adequate planning, management, and evaluation process		
Target Population(s) (Check all that apply)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Migrant/Seasonal Farm Workers	<input type="checkbox"/> Rural Populations <input type="checkbox"/> GLB Adults <input type="checkbox"/> GLB Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input type="checkbox"/> Women	<input type="checkbox"/> Transgendered <input type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input checked="" type="checkbox"/> Other (Please specify) <u>all HIV+</u>
Action Timeline	July 1, 2010 – revitalize HIVQUAL process July 1, 2011 – utilize ARIES “Fix-It”, and RSR “Missing Data” for quality management July 1, 2011 – develop flow sheet that utilizes HIVQUAL Case Management Indicators June 30, 2012 – utilization of Case management flow sheet		

Effective Measures

Ventura County Public Health HIV/AIDS utilizes two performance measures in order to meet their goals: ARIES and HIVQUAL.

ARIES

ARIES supports the Medi-Cal Waiver Program (MCWP), the HIV Care Program (HCP), the Minority AIDS Initiative Program (MAI) and the Housing Opportunities for Persons with AIDS Program (HOPWA) by assisting in the development of an Individual Service Plan (ISP), also known as a Care Plan, for each client. It is a custom, Web-based, centralized HIV/AIDS client

management system that provides a single point of entry for clients, it allows for coordination of client services among providers, meets both HRSA (Health Resources and Services Administration (HRSA) and CDPH Office of AIDS care and treatment reporting requirements, and provides comprehensive data for program monitoring and scientific evaluations. ARIES enhances services for clients with HIV by helping providers automate, plan, manage, and report on client data.

The Ryan White Services Report (RSR) and the Ryan White HIV/AIDS Data Report (RDR) is a reporting requirement for most recipients of funding from the Ryan White Program. They are both an electronic reporting system that submits a single record to the HIV/AIDS Bureau (HAB) for each client served with Ryan White funds during the reporting period. The records include the client’s demographics, a variety of medical data, lab results, and a summary of the Ryan White-funded services (RSR) and an annual report (RDR), but does not include any identifying information about the client such as name or date of birth.

Both systems also provide “Missing Data Reports” so they may be resolved before transmission of the report.

Example:

Client Name	Case Manager	Living Situation; Living Situation Date; Household Income; Insurance; TB Test Medically Indicated Date; TB Skin Test Date; STI: Hepatitis B; STI: Hepatitis C; HAART; Screen Risk Reduction; Screen Substance Abuse; Screen Mental Health; PCP Prophylaxis;
-------------	--------------	---

ARIES has also designed a series of reports to assist providers in identifying and fixing problematic records. These “Fix-It” reports, which are available to users with permission to access Client Reports, show which records need attention and why. For example, the “Fix-It: Client Identifiers” report indicates which clients have “unknown” entered as their mother’s maiden name (MMN) or are missing a MMN or middle initial.

Example:

ARIES ID	Client Name	Missing Initial, Missing MMN,
----------	-------------	-------------------------------

HIVQUAL

HIVQUAL is a model for building capacity for quality management that is designed to improve care for people living with HIV/AIDS

The program that consists of three key elements: Quality Improvement, Performance Measurement Infrastructure and capacity building which serves as a foundation for the Quality Management Program

In order to facilitate quality improvement, HIVQUAL helps measure key indicators (HIVQUAL National Core Indicators) and use these measurements to achieve desired healthcare outcomes:

- Medical Indicators – utilized by Ventura County Medical Center Immunology Clinic in clients medical charts.
- Case Management Indicators – to be utilized by VCPH HIV/AIDS case management in clients chart.

Appendix A
Cover of Directory

Appendix B
Content of Directory