



Washington State Ryan White Part B Comprehensive Plan 2009-2011



January 2009

Washington State Department of Health
 2009-2011 Comprehensive Care Plan
Comprehensive Plan Outline

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Washington State Department of Health
2009-2011 Comprehensive Care Plan
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Community Input

Washington State Department of Health obtained information contained in this Comprehensive Plan from several sources:

- Regional AIDSNET Planning Groups provided information about service gaps, pressing issues, and service provision challenges during meetings held in 2008
- Regional AIDSNET Coordinators provided updated information about service priorities and funding allocations in their Fiscal Year 2009-service plans submitted to the Ryan White Part B grantee
- Ryan White Part B case managers discussed specific strengths and challenges they face when providing services during FY 2008 Case Management Chart Audits
- Ryan White Part B community service providers provided information about successes and barriers to providing a continuum of care through quarterly and annual reports
- The Statewide Coordinated Statement of Need Work Group developed crosscutting goals
- The Early Intervention Steering Committee provided information about barriers to Early Intervention Program services
- The Quality Management Planning and Evaluation Group addressed quality management activities for Ryan White Program Parts in Washington State
- The Governor's Advisory Council on HIV/AIDS held public forums to receive comments about service gaps from the community
- HIV Client Services staff members provided information about successes, barriers, and strategies to overcome barriers in delivering services to persons living with HIV

Introduction

A. Purpose of Planning

Washington State's 2009-2011 Comprehensive Plan describes a road map for the continuous development of a system of HIV care for Washington State. It describes the purpose, organization, and delivery of HIV health care and support services. Washington State Department of Health developed priorities based on the current needs of the HIV-positive population, availability of resources, capacity development needs, and efficiency in rapidly allocating funds to areas of greatest need.

Washington State Department of Health's Comprehensive Plan includes a quality assurance component to ensure the systematic monitoring of progress, reassessment of strategies, and implementation of necessary changes. The Comprehensive Plan describes how provided services maximize the quality of health and support services and includes a discussion of how provided services are consistent with the Statewide Coordinated Statement of Need.

B. Objectives of Planning

The objective of Washington's planning process is to:

- Address disparities in HIV care, access, and services among affected subpopulations and historically underserved communities.
- Address the needs of those who know their HIV status and are not in care as well as the needs of those who are in care.
- Work with HIV care and prevention programs to develop strategies that bring those who are not aware of their HIV status to knowledge and care.
- Ensure, on a statewide basis, availability and adequacy of critical HIV-related core services.

Over the next three years, Washington State Department of Health will continue to develop strategies for identifying individuals who know their status and are not in care, coordinate with State HIV prevention and corrections programs, and collaborate with other agencies providing care.

Executive Summary

The Washington State Department of Health's HIV Client Services administers Ryan White Part B funds. HIV Client Services is responsible for procurement, contract monitoring, evaluation, assessment, quality management, and allocation of Ryan White Part B and state dollars. AIDSNET Regional Coordinators are responsible for planning and allocation of regional dollars. AIDSNET Regional Planning Groups are responsible for prioritization of services. This plan addresses the work in care services that the state will complete over a three-year period, from 2009 through 2011.

HIV diagnosis rates in Washington State have remained steady for about 10 years. As of December 31, 2007, there were 9,747 people living with HIV in Washington, 57 percent of whom had AIDS. A decrease in AIDS deaths has resulted in a 5 percent per year increase in the number of people living with HIV in Washington State. Washington State Department of Health Epidemiology Unit predicts that HIV prevalence will surpass 10,000 in 2009.

About one third (37 percent) of the state's prevalent HIV/AIDS cases reside outside of King County. Men who have sex with men remains the most commonly reported mode of HIV transmission. Given widespread availability of effective treatments, people with HIV disease continue to survive for longer periods following their initial diagnosis. This has led to the majority of prevalent cases in Washington being over the age of forty, nearly one-third are over fifty.

The 2009-2011 HIV Comprehensive Plan will continue the work already taking place in Washington State. This includes continuing to improve quality and accountability, addressing internal and external changes, and ensuring access to high quality core medical services for all persons living with HIV in Washington State.

Washington State will accomplish the following goals between 2009 and 2011:

- To achieve and maintain a more equitable, effective system of HIV care, Washington State Department of Health will know the HIV-related needs, gaps, barriers, and service utilization of persons living with HIV as well as the service capacity in the service area.
- There will be no significant gaps in the highest ranked core services.
- There will be no persons living with HIV without access to the highest ranked core services and the profile of service utilization will favor historically underserved and disproportionately affected populations.
- Medical HIV Case Management services paid for by Ryan White Part B will be of high and ever improving quality.
- To the greatest extent possible, there will be seamless coordination between Ryan White Part B and other services.
- Washington State Department of Health will complete the Comprehensive Plan in three years.

SECTION 1. Where We Are Now: What Is Our Current System Of Care?

A. Description of Washington State and the Ryan White Part B Program

Description of Washington State

Washington State, in the northwest corner of the continental US, has a land area of 66,500 square miles and a population density of 99 persons per square mile¹. Estimated 2007 population is over six million persons with a roughly equal male to female ratio². Table 1 presents the racial/ethnic make-up of the population of Washington State versus the entire U.S. based on the 2000 census³.

Table 1. Characteristics of Washington State population (2000)

	Washington State	USA
Race/Ethnicity		
White	81.8%	73.9%
Black or African American	3.2%	12.4%
Native Hawaiian and Other Pacific Islander	0.4%	0.1%
Asian	6.6%	4.4%
Am. Ind./AK Native	1.6%	0.8%
Hispanic (of any race)	9.1%	14.8%
Gender		
Male	49.8%	49.1%
Female	50.2%	50.9%
Age		
Less than 5 years	6.7%	6.7%
18 years and over	74.3%	75.1%
65 years and older	11.2%	12.4%

Washington State has experienced accelerated population growth in recent years. The Washington State Office of Financial Management expects the population to grow at an annual rate of 1.2 percent, reaching 7 million before 2011 and 8.57 million by 2030⁴. The majority of population growth between 2000 and 2007 is concentrated in the western part of Washington State, with the largest seven-year increases being in King County, Pierce County, Snohomish County, and Clark County⁵. Most of the Eastern Washington counties, with a large proportion of elderly and a historically flat economy, show small and consistent population losses over time due to natural decrease⁶.

According to the U.S. Census Bureau, the median household income in Washington State was \$48,438 in 2004, slightly higher than the median household income for all U.S. households. Ten

¹ Population Density, Office of Financial Management, State of Washington

² US Census Bureau, 2007 Population Estimates, Census 2000, 1990 Census

³ US Census Bureau, 2000 Demographic Profile, Census 2000

⁴ 2007 Forecast of the State Population, Office of Financial Management, State of Washington

⁵ 2007 Population Trends, Office of Financial Management, Washington State

⁶ 2007 Population Trends, Office of Financial Management, Washington State

percent of the state's population was foreign-born in 2000 and 14 percent of all households reported speaking a language other than English at home⁷.

Description of the Part B Program

Washington State Department of Health's HIV Client Services administers Ryan White Part B funds. HIV Client Services is one of five sections in the Office of Infectious Disease and Reproductive Health in the Division of Community and Family Health. HIV Client Services supports limited medical, dental, and lab services, prescription drugs, health insurance premium assistance, HIV medical case management, and other social services by contract and by direct payment for low to moderate-income people living with HIV/AIDS. Key advisory bodies include the Early Intervention Steering Committee and the regional AIDSNETS.

The HIV Clients Services Program Manager oversees operations within the program. The program manager is responsible for writing and submitting the Ryan White Part B grant application. The Program Manager supervises the Fiscal and Contracts Program Coordinator, the Support Staff Supervisor, the Early Intervention Program Eligibility Supervisor, the Early Intervention Program Operations Supervisor, and the Community and Case Management Programs Supervisor. Program supervisors provide input with respect to budgets, contracts, personnel, goals, objectives, policies, and procedures.

The Eligibility Supervisor and the Early Intervention Program Operations Supervisor manage Early Intervention Program. The Early Intervention Program provides services to assist HIV-positive persons get the care they need to improve and maintain their health. Services include prescription medications, medical and oral health care coverage, and insurance premium payment and spend down assistance. The Eligibility Supervisor is responsible for the daily operations of Early Intervention Program and supervises Client Service Representatives. The Early Intervention Program Operations Supervisor supervises program operations staff, works with computer programmers to maintain and update the Early Intervention Program data systems, and generates, analyzes, and interprets data for program evaluation.

The Community and Case Management Programs Supervisor develops and monitors service provision contracts, provides technical consultation and assistance to local health jurisdictions and community-based agencies, develops program goals, objectives, and quality management initiatives for AIDSNET regional planning groups, and supervises community program staff.

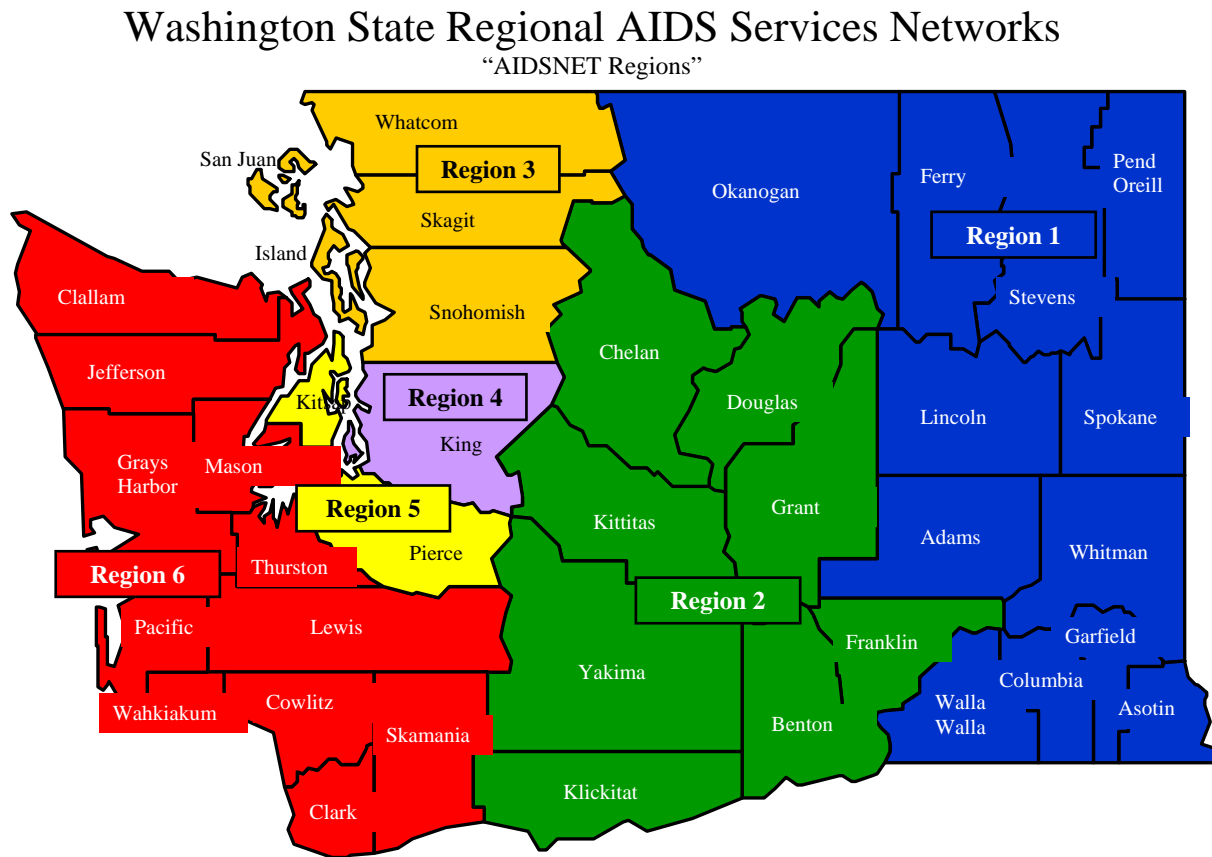
HIV Client Services, with assistance from Infectious Disease and Reproductive Health Assessment Unit, conducts quality assurance activities for Part B-funded services.

⁷ U.S. Census Bureau, Quick Facts, Washington State

Regional AIDSNETS

The 1988 Washington State AIDS Omnibus law recognized medical and social services are an important component of the public health response to the AIDS epidemic. Through the AIDS Omnibus law, each of six AIDSNET Regions develops a service delivery plan to provide care for people in their home communities. For Ryan White Part B, the AIDSNET Regional office is responsible for coordinating care-related planning. Figure 1 is a map of the Regional AIDS Service Networks (Regional AIDSNETS).

Figure 1. Map of Regional AIDSNET Regions



- **Region 1**
Region 1 includes 12 counties in eastern Washington from Okanogan to Pend Oreille and Ferry to Whitman/Walla Walla. Spokane Regional Health District coordinates planning activities for AIDSNET Region 1.
- **Region 2**
Region 2 includes eight counties located in Central Washington. Yakima Health District coordinates planning activities for AIDSNET Region 2.

- Region 3
Region 3 includes five counties in northwestern Washington: Whatcom, Skagit, Snohomish, San Juan, and Island. Snohomish Health District coordinates planning activities for AIDSNET Region 3.
- Region 4
Ryan White Part A dollars fund services in Region 4. As the lead agency, Public Health - Seattle & King County is responsible for planning activities in Region 4.
- Region 5
Region 5 includes Kitsap and Pierce Counties. Tacoma-Pierce County Health Department coordinates planning activities for AIDSNET Region 5.
- Region 6
Region 6 includes 11 counties in Western Washington. Clark County Public Health coordinates planning activities for AIDSNET Region 6.

B. Epidemiological Profile⁸

Since Washington's first AIDS case was diagnosed in 1982, nearly 17,000 state residents have been diagnosed with HIV disease and roughly, 5,300 people have died of AIDS. After peaking in the early 1990s, HIV diagnosis rates fell for several years before eventually stabilizing near the end of the decade. Recent surveillance data indicate that HIV rates across the state have remained steady for about 10 years. HIV prevalence, or the reported number of people living with HIV disease in Washington, should surpass 10,000 in 2009.

HIV-infected individuals living outside King County collectively represent about a third (37 percent) of the statewide disease burden. When compared to King County cases, those living elsewhere in Washington are more likely to be female and to have their infections attributed to either heterosexual contact or injection drug use. Outside of King County, cases also are more likely to have been diagnosed late in the course of their HIV illness. Racial/ethnic disparities in HIV risk continue to be a source of public health concern in Washington. However, the difference in HIV risk between Whites and other racial/ethnic groups has not changed significantly in recent years, either inside or outside King County.

Incidence (Recently Diagnosed Cases)

Between 2003 and 2007, new HIV diagnoses averaged nearly 600 per year in Washington (Figure 2). The term "new HIV diagnosis" refers to all newly detected cases of HIV disease, regardless of whether patients have been diagnosed with AIDS. Roughly one-third (31 percent) of new HIV cases were considered late HIV diagnoses, having received an AIDS diagnosis within twelve months of their initial HIV diagnosis. Most newly diagnosed cases in Washington are White (non-Hispanic), male, or have a history of male-to-male sexual contact.

⁸ Note: Most of the data included in this section were obtained from the Washington State HIV Surveillance Report, 3rd Quarter 2008. This report is available at http://www.Washington State Department of Health.wa.gov/cfh/hiv_aids/Prev_Edu/Statistics/qtr10-08.pdf.

Figure 2. HIV Diagnosis in Washington

Table 1. HIV Diagnoses in Washington, 2002-2007

Year of HIV diagnosis:	Newly Diagnosed Cases of HIV Disease							Late HIV Diagnoses	
	2002 No.	2003 No.	2004 No.	2005 No.	2006 No.	2007 No.	2002-2006 No. %	Rate	2002-2006 %
Total	568	563	558	570	553	613	2,812 100%	9.0	32%
Gender									
Male	481	475	468	489	469	511	2,382 85%	15.3	32%
Female	87	88	90	81	84	102	430 15%	2.7	33%
Age at HIV Diagnosis									
< 20	6	7	4	7	10	23	34 1%	0.4	---
20 - 29	131	112	132	123	141	161	639 23%	15.0	18%
30 - 39	235	232	187	203	179	180	1,036 37%	23.1	32%
40 - 49	138	151	173	164	146	155	772 27%	15.6	37%
50 - 59	43	46	55	58	61	70	263 9%	6.5	44%
60+	15	15	7	15	16	24	68 2%	1.4	54%
Race and Hispanic Origin									
White, non-Hispanic	356	358	348	350	358	362	1,770 63%	7.1	29%
Black, non-Hispanic	113	102	100	108	84	120	507 18%	44.2	36%
Hispanic (All Races)	57	65	61	72	66	92	321 11%	12.2	38%
Asian	21	15	19	21	26	24	115 4%	5.6	44%
Hawaiian/Pacific Islander	4	4	1	3	5	3	22 1%	1.4	---
Amer. Indian /Alaska Native	12	14	16	9	6	6	57 2%	12.1	39%
Multi-race / Unknown	9	5	13	7	8	6	42 1%	--	---
Exposure category									
Male/Male Sex (MSM)	325	333	313	298	316	340	1,585 56%	--	28%
Injecting Drug Use (IDU)	58	44	53	43	41	31	239 8%	--	35%
MSM and IDU	52	37	38	54	38	44	219 8%	--	18%
HR Heterosexual Contact	83	79	68	67	55	46	352 13%	--	39%
Pediatric	0	1	1	0	2	2	4 0%	--	---
Transfusion / hemophiliac	1	1	5	5	0	1	12 0%	--	---
No Identified Risk/ Other	49	68	80	103	101	149	401 14%	--	47%

Historically, Washington has observed slow but steady increases in the proportion of HIV cases diagnosed among women, racial or ethnic minorities, and those acquiring HIV through heterosexual contact. However, recent surveillance data indicate that such increases are no longer taking place.

The proportion of HIV cases diagnosed among individuals below the age of 25 has increased in recent years, both inside and outside King County. Younger cases appear to be among men who have sex with men. Increased testing within this risk group may largely explain the proportionate rise in cases. Also on the rise, have been new diagnoses among people over the age of 45, which account for roughly a quarter of all new cases annually.

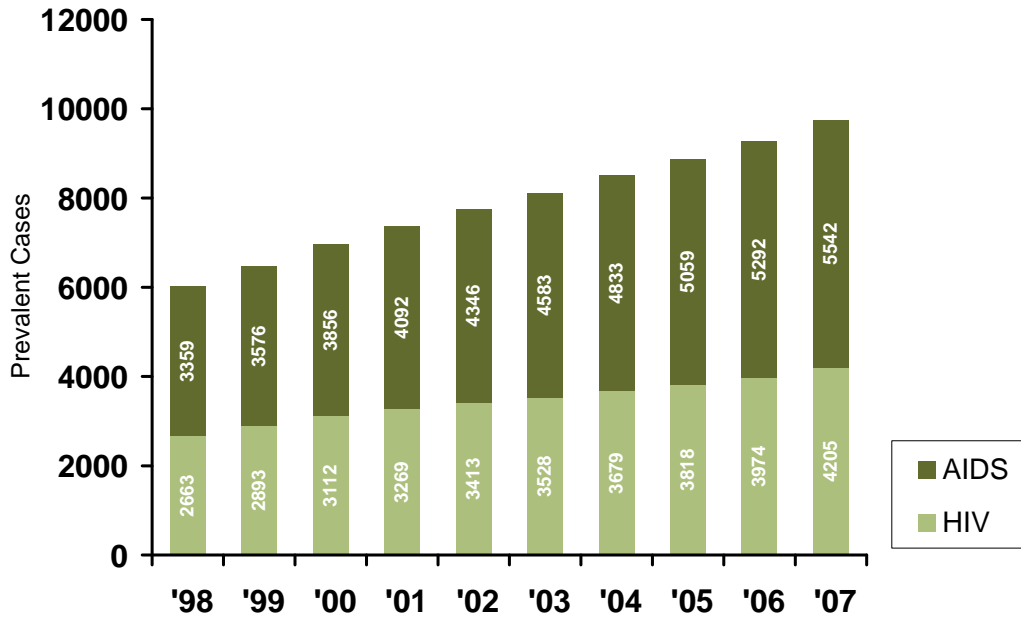
Although the proportion of new cases attributed to heterosexual contact appears to be stable, cases amongst heterosexual men who inject drugs exhibit a decreasing trend over time, especially outside King County.

Prevalence (Reported Cases)

Prevalence represents the number of cases of illness present in a population at a point in time. Despite decreases in AIDS diagnoses and AIDS deaths, the number of people living with HIV disease in Washington State continues to grow at a rate of about 5 percent per year (Figure 3).

Figure 3. People Living with HIV in Washington

Figure 1. People Living with HIV Disease in Washington, 1998-2007



As of December 31, 2007, there were 9,747 people living with HIV in Washington, 57 percent of whom had AIDS (Figure 4).

Figure 4. People Living with HIV

Table 2. People Living with HIV Disease as of December 31, 2007

	HIV (not AIDS)			AIDS			All Cases of HIV Disease		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
Total	4,205	100%	64.8	5,542	100%	85.4	9,747	100%	150.2
Gender									
Male	3,579	85%	110.7	4,855	88%	150.1	8,434	87%	260.8
Female	626	15%	19.2	687	12%	21.1	1,313	13%	40.4
Current age									
< 20	52	1%	3.0	21	0%	1.1	73	1%	4.1
20 - 29	500	12%	54.3	185	3%	20.1	685	7%	74.4
30 - 39	1,222	29%	138.5	1,108	20%	125.5	2,330	24%	264.0
40 - 49	1,557	37%	159.5	2,413	44%	247.2	3,970	41%	406.7
50 - 59	690	16%	77.0	1,390	25%	155.2	2,080	21%	232.2
60+	184	4%	17.3	425	8%	40.1	609	6%	57.4
Race and Hispanic Origin									
White, non-Hispanic	2,972	71%	57.3	3,844	69%	74.1	6,816	70%	131.5
Black, non-Hispanic	629	15%	266.3	805	15%	340.8	1,434	15%	607.1
Hispanic (All Races)	378	9%	70.1	583	11%	108.2	961	10%	178.3
Asian / Pacific Islander	122	3%	28.3	162	3%	37.6	284	3%	66.0
Amer. Indian /Alaska Native	59	1%	60.2	104	2%	106.0	163	2%	166.2
Multi-race / Unknown	45	1%	--	44	1%	--	89	1%	--
Exposure category									
Male/Male Sex (MSM)	2,688	64%	--	3,345	60%	--	6,033	62%	--
Injecting Drug Use (IDU)	303	7%	--	508	9%	--	811	8%	--
MSM and IDU	312	7%	--	508	9%	--	820	8%	--
HR Heterosexual Contact	425	10%	--	596	11%	--	1,021	10%	--
Pediatric	34	1%	--	15	0%	--	49	1%	--
Transfusion / hemophiliac	21	0%	--	58	1%	--	79	1%	--
No Identified Risk/ Other	422	10%	--	512	9%	--	934	10%	--

About one third (37 percent) of the state's prevalent HIV/AIDS cases reside outside of King County (Figure 5). Within each AIDSNET region, the proportion of cases residing in the lead health district varies widely, from 100 percent in Region 4 to 42 percent in Region 6. The rate of HIV infection is highest in King County (AIDSNET Region 4), where there are approximately 185 HIV cases per 100,000 residents. Outside King County, Region 5 has the highest prevalence rate (99 per 100,000) followed by Region 6 (81 per 100,000).

Figure 5. HIV Prevalence by AIDSNET Region

Table 3. People Living with HIV Disease by AIDSNet Region and County as of December 31, 2007

	HIV (not AIDS)			AIDS			All Cases of HIV Disease		
	No.	%	Rate	No.	%	Rate	No.	%	Rate
AIDSNet Region 1	186	4%	26.2	297	5%	41.8	483	5%	68.0
Adams Co.	1	0%	--	4	0%	--	5	0%	---
Asotin Co.	2	0%	--	10	0%	--	12	0%	56.3
Columbia Co.	1	0%	--	2	0%	--	3	0%	---
Ferry Co.	0	0%	--	1	0%	--	1	0%	---
Garfield Co.	1	0%	--	0	0%	--	1	0%	---
Lincoln Co.	0	0%	--	2	0%	--	2	0%	---
Okanogan Co.	7	0%	--	17	0%	42.7	24	0%	60.3
Pend Oreille Co.	0	0%	--	3	0%	--	3	0%	---
Spokane Co.	158	4%	35.0	218	4%	48.3	376	4%	83.3
Stevens Co.	7	0%	--	5	0%	--	12	0%	27.9
Walla Walla Co.	6	0%	--	24	0%	41.2	30	0%	51.5
Whitman Co.	3	0%	--	11	0%	--	14	0%	32.8
AIDSNet Region 2	146	3%	20.5	232	4%	32.6	378	4%	53.0
Benton Co.	32	1%	19.6	51	1%	31.3	83	1%	51.0
Chelan Co.	17	0%	23.9	20	0%	28.1	37	0%	52.0
Douglas Co.	2	0%	--	1	0%	--	3	0%	---
Franklin Co.	21	0%	31.2	31	1%	46.0	52	1%	77.2
Grant Co.	9	0%	--	17	0%	20.6	26	0%	31.5
Kititas Co.	4	0%	--	10	0%	--	14	0%	36.6
Klickitat Co.	7	0%	--	3	0%	--	10	0%	---
Yakima Co.	54	1%	23.1	99	2%	42.3	153	2%	65.3
AIDSNet Region 3	336	8%	31.0	504	9%	46.5	840	9%	77.5
Island Co.	16	0%	20.4	28	1%	35.7	44	0%	56.1
San Juan Co.	6	0%	--	7	0%	--	13	0%	81.8
Skagit Co.	23	1%	19.9	29	1%	25.2	52	1%	45.1
Snohomish Co.	237	6%	34.5	364	7%	53.0	601	6%	87.6
Whatcom Co.	54	1%	28.7	76	1%	40.4	130	1%	69.0
AIDSNet Region 4 (King Co.)	2699	64%	145.0	3442	62%	184.9	6,141	63%	329.9
AIDSNet Region 5	468	11%	45.2	561	10%	54.2	1,029	11%	99.4
Kit sap Co.	73	2%	29.8	103	2%	42.1	176	2%	71.9
Pierce Co.	395	9%	50.0	458	8%	57.9	853	9%	107.9
AIDSNet Region 6	370	9%	34.1	506	9%	46.7	876	9%	80.8
Clallam Co.	19	0%	27.7	22	0%	32.1	41	0%	59.9
Clark Co.	182	4%	43.9	215	4%	51.8	397	4%	95.7
Cowlitz Co.	39	1%	39.9	42	1%	42.9	81	1%	82.8
Grays Harbor Co.	15	0%	21.2	29	1%	41.0	44	0%	62.1
Jefferson Co.	11	0%	--	9	0%	--	20	0%	69.9
Lewis Co.	8	0%	--	17	0%	22.9	25	0%	33.7
Mason Co.	23	1%	42.1	54	1%	98.9	77	1%	141.0
Pacific Co.	12	0%	55.6	7	0%	--	19	0%	88.0
Skamania Co.	0	0%	--	2	0%	--	2	0%	---
Thurston Co.	60	1%	25.2	107	2%	45.0	167	2%	70.2
Wahkiakum Co.	1	0%	--	2	0%	--	3	0%	---
STATEWIDE TOTAL	4,205	100%	64.8	5,542	100%	85.4	9,747	100%	150.2

A higher proportion of prevalent cases in Region 4 are male (90 percent) versus those living elsewhere in the state (80 percent). Regardless of residence, most cases living across the state are White, non-Hispanic. Region 5 has the highest percentage of Black non-Hispanic cases (21 percent), while Region 2 has the highest percentage of Hispanic cases (36 percent). Region 2 also has the highest proportion of female cases overall (26 percent).

Given widespread availability of effective treatments, people with HIV disease continue to survive for longer periods following their initial diagnosis. Thus, not only are people with HIV growing in number, they are aging. Both inside and outside King County, the majority of prevalent cases are over the age of forty and nearly one-third are over fifty. Region 2 is the only AIDSNET in which more than 40 percent of prevalent cases are under forty years of age.

Statewide, men having sex with men remains the most commonly reported mode of HIV transmission. However, the proportion of prevalent cases attributed to men who have sex with men is much higher within King County (69 percent) vs. elsewhere (49 percent). Two exposure categories include men who have sex with men, those with and without a history of injection drug use. Cases living outside of King County are more likely than those within King County to have been attributed to either injection drug use or heterosexual contact. Region 5 has the highest proportion of prevalent cases attributed to injection drug use (17 percent). The proportion of prevalent cases attributed to heterosexual contact was highest in Region 2 (24 percent).

Emerging Trends

- Combined incidence of HIV/AIDS remains relatively stable at 600 per year.
- The proportion and number of female cases is gradually increasing.
- Men who have sex with men risk, as a proportion of all reported cases, is gradually decreasing; heterosexual risk is gradually increasing.
- Gradual increase in the proportion of cases reported among non-whites.
- The proportion of HIV cases diagnosed among individuals below the age of 25 has increased in recent years.

Implications for the Care Continuum

The total number of persons living with HIV/AIDS continues to increase 5 percent per year leading to rising caseloads and an increasing burden on existing resources. Additionally, the characteristics of persons seeking care are gradually shifting to include increasing numbers of people of color and women. These changes challenge care providers to become increasingly sensitive to culture and gender specific needs and to maintain a continuum of care for increasing numbers of clients within existing staff and financial resources.

The course of the HIV epidemic in Washington has been stable for nearly a decade. Nevertheless, both inside and outside King County, HIV prevention and care providers are sure to face new challenges in meeting the unique needs of a growing and aging population of HIV-infected people.

C. Description of the History of Local, State, and Regional Response to the Epidemic

State Omnibus Act

The 1988 State AIDS Omnibus law recognized medical and social services are an important component of the public health response to the AIDS epidemic. Before its passage, comprehensive care services for HIV-positive persons were only available in Seattle-King County. With the passage of this law, each of the six AIDSNET Regions developed a service delivery plan to provide care for people in their home communities.

1991-1993

Care services for people in Washington State changed greatly with the authorization of the Ryan White CARE Act in 1990. In 1991, Washington State received \$1,025,356 in federal Title II funds to support four programs: two statewide programs (ADAP and a community-based health services program (CHHP) and two local consortia (Seattle-King County HIV Consortium and Chelan-Douglas Health District Rural HIV Care Consortium). CHHP served approximately 12 clients; Consortia served 570 clients; and the Early Intervention Program served 675 clients. Washington's AIDS Drug Assistance Program had average monthly expenditures of \$50,000. Washington State Department of Health used State funds to hire a mental health case manager at a Seattle Community Based Organization and to provide outreach to HIV-positive jail inmates in Seattle.

In 1993, Washington State Department of Health formed an Early Intervention Program Steering Committee. Washington State Department of Health made an effort to assure representation for urban and rural areas as well as across the state with representation from other state and local governmental agencies, community-based organizations, HIV-positive persons, providers, and pharmacists.

1997-1998

In 1997, Washington State Department of Health used state and Title II base funds to start an early intervention insurance program. This program subsidized insurance costs for low income, HIV-positive persons who do not meet Medicaid eligibility criteria. The program established the Evergreen Health Insurance Program to assist disabled clients.

By 1998, the Early Intervention Program enrolled 1,879 clients with an average of 604 clients using the service each month. The Early Intervention Program's average monthly cost was \$350,000 to \$400,000. By November of 1998, Washington State Department of Health had insured 63 percent of the Early Intervention Program's clients. Seventeen consortia received Title II funding in 1998, bringing together public and community-based organizations to plan and deliver HIV care services.

In 1997-98, representatives from all the Ryan White Titles as well as other agencies and local communities drafted the first Statewide Coordinated Statement of Need to guide the planning process for HIV care services.

Between 1998 and 2000, Washington State Department of Health used funded activities to assure access to care for broader populations. Activities included funding Department of Social and Health Services' Division of Alcohol and Substance Abuse to develop a program to help people seeking inpatient chemical dependency treatment maintain antiretroviral coverage and funding Department of Corrections to help inmates transition back to the community with no gap in HIV treatment.

1998 – 2006

Between 1998 and 2006, there were 14 to 17 consortia throughout Washington prioritizing and allocating approximately \$2.4 million annually. Consortia allocated approximately 72 percent of their total funding to essential core services with case management as their highest funded service category. In Fiscal Year 2005, enrollment in Early Intervention Program grew to 3,377 individuals; a 2.6 percent increase from Fiscal Year 2004.

2007 – Present

In 2007-2008, Washington State Department of Health dissolved Ryan White Part B Consortia and transitioned to regional planning bodies. To make this transition, Washington State Department of Health referenced Washington's AIDS Omnibus Law (RCW70.24.400). Passed by the Washington State Legislature in 1988, the AIDS Omnibus Law established six AIDSNET regions. The public health agency in the most populous county within each region serves as the regional office. The local health officer of each AIDSNET regional office develops an organizational and service plan that outlines the mechanism for delivering HIV/AIDS services throughout the region. The AIDS Omnibus Law states that for the provision of HIV/AIDS community-related services, unless otherwise required by law or funding source, the regional AIDSNET must allocate and distribute all state or federal public funds. For Ryan White Part B, the AIDSNET regional office is responsible for coordinating care-related planning and for completing the annual applications for their respective region. Washington State Department of Health provides contract monitoring and technical assistance.

In Washington, HIV prevention planning groups include regional providers and prevention advocates from around the region. Transitioning to the regional AIDSNET system has provided an opportunity for similar regional discussion and combined planning for HIV Care. Regions 1, 2, 3, 4 and 6 have combined some of their HIV care and planning activities. Combining planning for both HIV prevention and care increases understanding of the challenges the region faces in reducing new HIV infections and helping people access prevention, HIV testing, and care.

Four of Washington's six Regional AIDSNET agencies office manage service contracts in their regions (Region 2, 3, 4, 6). Washington State Department of Health directly contracts with service providers in the remaining two regions (Region 1, 5).

D. Assessment of Need

1. Need for Primary Medical Care and other Core Services

From July through August of 2008, the Washington State Department of Health conducted a statewide comprehensive needs assessment of Ryan White Part B-funded HIV/AIDS care services. The needs assessment included both consumer and provider surveys distributed through the state. Ryan White Part-B staff compiled and distributed survey results to Regional Planning Groups to use in funding prioritization and allocation process. This process assured consistent, comprehensive needs assessment data for HIV-positive individuals currently receiving HIV-related care in Washington State.

The primary objectives of the 2008 Needs Assessment was to:

- a. Identify existing and potential care service needs among low-income persons living with HIV in Washington
- b. Determine unmet needs and related barriers
- c. Assess the current continuum of care in Washington, with the goal of strengthening the system and working towards greater collaboration among diverse communities and service systems
- d. Provide legislatively mandated information to the federal Health Resources Services Administration (HRSA) on service needs and system response
- e. Provide planning information for agencies, organizations, and health care providers
- f. Collect information from a spectrum of persons living with HIV in Washington:
 - i. ranging from individuals who are HIV positive but not yet symptomatic to persons with end-stage illness
 - ii. representing different racial and ethnic groups with the goal of over sampling traditionally under-served population
 - iii. including persons who are low income (below 300 percent of federal poverty level), have dependents (children or adults), and who have co-morbidities (substance use, mental illness)

Methods

The 2008 survey provided a snapshot of service priorities and gaps as identified by consumers and providers. The Ryan White Part B Needs Assessment covered consumers living in Regions 1, 2, 3, 5, and 6. Washington State Department of Health excluded King County from this assessment. As a Part A Transitional Grant Area (TGA), King County has its own process for prioritization and allocation and conducted a separate Needs Assessment in 2007.

Washington State Department of Health mailed 1100 surveys (plus 75 Spanish versions) to non-King County Early Intervention Program clients. AIDSNET Coordinators distributed an additional 1000 surveys (plus 75 Spanish versions) to non-Early Intervention Program clients in their regions. DOH received 459 valid consumer survey responses.

Response

Table 2 shows the survey response by AIDSNET Region compared to HIV prevalence. The greatest response was from Region 6 (25.5 percent) and Region 5 (24.8 percent), followed by Region 3 (22.0 percent), Region 1 (10.2 percent), and Region 2 (8.1 percent). The response rate reflected the percent of persons living with HIV disease in each region of the state.

Table 2. Consumer Survey Response by AIDSNET Region

Region	People Living with HIV Disease in Regions 1, 2, 3, 5, & 6		Consumer Responses	
	Number (N = 3,664)	%	Number (N = 459)	%
Region 1	494	13.5%	47	10.2%
Region 2	382	10.4%	37	8.1%
Region 3	853	23.3%	101	22.0%
Region 5	1046	28.5%	114	24.8%
Region 6	889	24.3%	117	25.5%
Region not identified	-	-	(44)	9.4%

Provider surveys collected information from a broad range of providers of service to persons living with HIV in the State. These included primary care providers, case managers, private dentists, substance use and mental health treatment professionals and staff from social service agencies. Washington State Department of Health received 93 provider responses.

Table 3 shows the survey response by AIDSNET Region. The greatest response from providers was from Region 5 (28.0 percent), followed by Region 1 (18.3 percent), Region 3 (16.1 percent), Region 6 (8.6 percent), and Region 2 (6.5 percent).

Table 3. Provider Survey Response by AIDSNET Region

Region	People Living with HIV Disease in Regions 1, 2, 3, 5, & 6		Provider Responses	
			#Returns (N = 93)	% of Total Returns
Region 1	494	13.5%	17	18.3%
Region 2	382	10.4%	6	6.5%
Region 3	853	23.3%	15	16.1%
Region 4	---	---	2	2.1%
Region 5	1046	28.5%	26	28.0%
Region 6	889	24.3%	8	8.6%
Region not identified	---	---	(19)	(20.4%)

Demographics

To compare respondents with the overall population of persons living with HIV in Washington, Washington State Department of Health compared the demographics of survey respondents to Washington’s 2008 HIV prevalence data.

The survey reached a sample that was representative of the epidemic in Washington outside of King County, with the following exemptions:

- Women were overrepresented (18 percent of respondents, but 13 percent of the epidemic)

- Persons over 40 years were overrepresented (77 percent of respondents, but 68 percent of epidemic)
- White/Caucasians were overrepresented (78 percent of respondents, but 70 percent of epidemic)
- Black/African Americans were underrepresented (10 percent of respondents, but 15 percent of the epidemic).

Table 4 compares respondent demographics with demographics of persons living with HIV in Washington as reported by December 31, 2007.

Table 4. Demographic Comparison of Consumer Survey Respondents and Washington State People Living with HIV Disease

Characteristics	Survey Respondents (N=459)		Washington People Living with HIV Disease (N=9,842)
	Number	%	%
SEX (N=449)			
Male	365	81%	87%
Female	82	18%	13%
Transgendered (M-to-F)	2	<1%	----
Transgendered (F-to-M)	0	----	----
	Number	%	%
RACE (N=437)			
American Indian/Alaska Native	25	6%	2%
Asian/Pacific Islander/Hawaiian	14	3%	3%
Black/African-American	44	10%	15%
White/Caucasian	341	78%	70%
Other	13	3%	1%
ETHNICITY (N=406)			
Non-Hispanic	356	88%	90%
Hispanic	50	12%	10%
EXPOSURE CATEGORY (N=455)			
Male/male sex (non-IDU)	243	55%	62%
Injection drug use (non-MSM)	17	4%	8%
MSM and IDU	15	3%	8%
Heterosexual contact (non-IDU)	107	24%	10%
Transfusion/blood products	11	3%	1%
Don't know/Other	52	11%	11%
AGE (N=410)			
13 and under	0	----	0.1%**
14-24	8	2%	2%
25-29	16	4%	5%
30-39	68	17%	24%
40-49	156	38%	41%
50-59	116	28%	21%
60 and over	46	11%	6%

Income, Household Dependents, and Co-morbidities

The consumer response reflected the goal of reaching people living with HIV based on income, number of dependents, and reported co-morbidities.

Ninety-five percent (95 percent) of the respondents reported incomes below 300 percent of the 2008 federal poverty level. Twenty-nine percent (38 percent) of consumers reported having one or more people living in their homes and sharing income. Eleven percent (11 percent) reported living with dependent children and 19 percent with dependent adults (Table 5).

Forty-four percent (44 percent) reported a mental illness diagnosis. Seven (7 percent) of consumer respondents indicated being homeless at sometime in the past year, and 5 percent reported a history of incarceration (Table 5).

Table 5. Income and Household Characteristics of Consumer Survey Respondents

Characteristics	Survey Respondents	
	Number	%
SEXUAL ORIENTATION (n=449)		
Straight/heterosexual	156	35%
Gay or Lesbian	240	54%
Bisexual	45	10%
Other	8	2%
CLIENT INCOME (n=437)		
Less than \$10,400	216	49%
\$10,401 to \$20,800	155	35%
\$20,801 to \$31,200	46	11%
Greater than \$31,200	20	5%
HOUSEHOLD/DEPENDENTS (n=459)		
<i>Number in House (Other than Client) Sharing Income</i>		
None	286	62%
One	124	27%
Two	21	5%
Three	17	4%
Four or More	10	2%
<i>Number of Dependents Living w/you</i>		
One	44	9%
Two	22	5%
Three	6	1%
Four 4or more	4	1%
Dependent Children (1 or more)	50	11%
Dependent Adults (1 or more)	86	19%
OTHER DEMOGRAPHIC CHARACTERISTICS (n=459)		
Diagnosed with mental illness (n=424)	185	43%
Homeless (current or past year)	34	7%
In jail or prison (current or past year)	22	5%

Medical and Health Indicators

The consumer survey asked respondents about a variety of HIV-related medical and other health indicators including mental health and substance use. This information offers additional insights about the HIV health status of the consumers who responded to the survey, as well as providing

information about the extent of other co-morbidities in the cohort that may influence their overall health (Table 6).

Less than half of consumers reported an AIDS diagnosis by their doctor (44 percent). The majority reported visiting their medical provider within the past year (99 percent), and taking antiviral medications (81 percent). Two percent (2 percent) of consumers reported injection drug use in the past year. Types of drug use most reported were cocaine use (5 percent) methamphetamine use (4 percent), and marijuana (8 percent) (Table 6).

Table 6. Medical and Health Indicators

MEDICAL AND HEALTH INDICATORS				
		Number	%	
DOCTOR CERTIFIED AS AIDS (n=450)				
Yes		199	44%	
No		247	55%	
Don't know		4	1%	
HIV MEDICATIONS (n=458)				
Taking antiviral medications		371	81%	
Taking meds to treat or prevent opportunistic infections		130	28%	
Taking meds to manage HIV side effects		137	30%	
FREQUENCY OF PROVIDER VISITS (n=459)				
Within the last three months		371	90%	
Three to six months ago		60	7%	
Six months to one year ago		11	2%	
More than a year ago		4	1%	
Never seen a medical provider		2	<1%	
INJECTION DRUG USE HISTORY (n=459)				
Injection drug use in past 12 months		11	2%	
INJECTION VERSUS NON-INJECTION DRUG USE (n=459)				
DRUG NAME	%USE	% INJ	% NON-INJ	% BOTH
Cocaine	5%	<1%	4%	<1%
Heroin	1%	1%	<1%	--
Methamphetamine	4%	1%	3%	--
Other Drugs	8%	NA	NA	NA

The consumer survey included 16 types of HIV/AIDS-related services offered in Washington State's Continuum of Care, including the AIDS Drug Assistance Program (ADAP), health insurance, seven medical core services, and seven support services.

Consumer Services Currently Used

The survey asked consumers to identify the services they currently use. Washington State Department of Health then ranked the categories by overall percentage of response (Table 7).

Table 7. Consumer Responses – Services Currently Used

CONSUMER: Services Currently Used (N=459)		
Rank	Ryan White Funding Category	%
1	HIV Related Prescription Drugs (AIDS Drug Assistance Program & Early Intervention Program)	80%
2	Ambulatory/Outpatient Medical Care	76%

3	Medical Case Management	69%
4	Health Insurance Premium & Cost Sharing Assistance	68%
5	Oral Health Care	40%
6	Food bank/home-delivered meals	22%
7	Emergency Financial Assistance (Medications)	16%
8	Mental Health Services	15%
9	Medical Transportation	11%
10	Psychosocial Support Services	8%
11 (tie)	Housing Services	7%
11 (tie)	Medical Nutrition Therapy	7%
13 (tie)	Treatment Adherence Counseling	3%
13 (tie)	Substance Abuse Services - Outpatient	3%
15	Linguistic Services	2%

Consumers ranked HIV related prescription drugs (80 percent) and ambulatory/outpatient medical care (76 percent), medical case management (69 percent), and health insurance (68 percent) as the top ranked services used. The lowest ranked services were treatment adherence counseling (3 percent), substance abuse services (3 percent), and linguistic services (2 percent).

Consumer and Provider Identified Service Priorities

The survey asked consumers and providers to identify up to five services that they considered most important to their or their patients' HIV/AIDS-related health. These are "service priorities." Washington State Department of Health ranked the responses by overall percentage of response (Table 8).

Table 8. Consumer and Provider Responses – Service Priorities

2008 PRIORITIES				
Ryan White Funding Category	Consumer (N=459)		Providers (N=93)	
	Rank	%	Rank	%
HIV Related Prescription Drugs (AIDS Drug Assistance Program & Early Intervention Program)	1	85%	3	71%
Ambulatory/Outpatient Medical Care	2	74%	1	80%
Health Insurance Premium & Cost Sharing Assistance	3	73%	4	56%
Oral Health Care	4	64%	6	31%
Medical Case Management	5	59%	2	72%
Emergency Financial Assistance (Medications)	6	34%	11	11%
Mental Health Services	7	18%	5	53%
Food bank/home-delivered meals	8	16%	13	4%
Housing Services	9 (tie)	11%	8	16%
Medical Transportation	9 (tie)	11%	9	13%
Medical Nutrition Therapy	11 (tie)	8%	15	2%
Psychosocial Support Services	11 (tie)	8%	12	7%
Treatment Adherence Counseling	13	4%	10	12%
Linguistic Services	14 (tie)	2%	14	3%
Substance Abuse Services - Outpatient	14 (tie)	2%	7	30%

Both consumers and providers ranked HIV related prescription drugs, ambulatory/outpatient medical care, health insurance premium & cost sharing assistance, oral health care, and medical case management as top priorities. Compared to consumers, providers ranked mental health and substance abuse services as higher priorities. It is difficult to determine if this disparity represents actual differences in consumer versus provider perceptions of service priorities or a methodological limitation. Consumers identified personal priorities, while providers identified service priorities across their entire caseload. In some cases, because of variances in caseload size, provider aggregate response may have over-stated priorities by inflating priorities for small numbers of consumers into system-wide needs.

2. Gaps in Care

Consumer and Provider-Identified Service Gaps

To determine gaps, the Needs Assessment Survey asked consumers to identify services that they needed, but could not get. The Survey asked providers to identify any services that their clients needed, but could not get. Washington State Department of Health ranked the responses by overall percentage (Table 10).

Consumers ranked oral health care (27 percent) as the highest service gap. medical nutrition therapy (15 percent), psychosocial support services (12 percent), and mental health services (11 percent) followed. The lowest ranked service gaps were substance abuse services – outpatient (1 percent) and linguistic services (1 percent). consumers ranked health insurance premium & cost sharing assistance (4 percent), medical case management (4 percent), ambulatory/outpatient medical care (4 percent), HIV-related prescription drugs (3 percent), and treatment adherence counseling (2 percent), as low service gaps.

Table 10: Service Gaps

Consumer and Provider-Identified Service Gaps				
Ryan White Funding Category	Consumer (N=459)		Providers (N=93)	
	Rank	%	Rank	%
Oral Health Care	1	27%	1 (tie)	41%
Medical Nutrition Therapy	2	15%	8	11%
Psychosocial Support Services	3	12%	5	23%
Mental Health Services	4	11%	1 (tie)	41%
Housing Services	5 (tie)	10%	4	27%
Medical Transportation	5 (tie)	10%	3	35%
Emergency Financial Assistance (Medications)	7 (tie)	8%	7	14%
Food bank/home-delivered meals	7 (tie)	8%	9	10%
Medical Case Management	9 (tie)	4%	13	4%
Health Insurance Premium & Cost Sharing Assistance	9 (tie)	4%	10	9%
Ambulatory/Outpatient Medical Care	9 (tie)	4%	11	6%
HIV Related Prescription Drugs (AIDS Drug Assistance Program & Early Intervention Program)	12	3%	15	2%
Treatment Adherence Counseling	13	2%	12	5%
Substance Abuse Services - Outpatient	14 (tie)	1%	6	17%
Linguistic Services	14 (tie)	1%	14	3%

Service Priorities as Compared to Service Gaps

Comparing service gaps with service priorities helps determine the magnitude of potential system inadequacies and supports strategic planning and resource allocation decisions. Table 11 lists the consumer-identified service priorities in comparison with the gap ranking for each service. Four of the top eight consumer priorities also ranked among the top eight gaps including oral health care, food bank/home-delivered meals, mental health, and emergency financial assistance to pay for medications.

Table 11. Comparison between Consumer Service Priorities and Consumer-Identified Service Gaps

Ryan White Funding Category	Service Priorities (N=459)		Service Gaps (N=459)	
	Rank	%	Rank	%
HIV Related Prescription Drugs (ADAP & Early Intervention Program)	1	85%	12	3%
Ambulatory/Outpatient Medical Care	2	74%	9 (tie)	4%
Health Insurance Premium & Cost Sharing Assistance	3	73%	9 (tie)	4%
Oral Health Care	4	64%	1	27%
Medical Case Management	5	59%	9 (tie)	4%
Emergency Financial Assistance (Medications)	6	34%	7	8%
Mental Health Services	7	18%	4	11%
Food bank/home-delivered meals	8	16%	8	8%
Housing /Housing-Related Services	9 (tie)	11%	5 (tie)	10%
Medical Transportation	9 (tie)	11%	5 (tie)	10%
Medical Nutritional Therapy	11 (tie)	8%	2	15%
Psychosocial Support Services	11 (tie)	8%	3	12%
Treatment Adherence Counseling	13	4%	13	2%
Substance Abuse Services - Outpatient	14 (tie)	2%	14 (tie)	1%
Linguistic Services	14 (tie)	2%	14 (tie)	1%

Table 12 lists the provider-identified service priorities in comparison with the gap ranking for each service. Four of the top eight consumer priorities also ranked among the top eight gaps including oral health care, substance abuse services, mental health, and housing/housing-related services.

Table 12. Comparison between Provider Service Priorities and Provider-Identified Service Gaps

Ryan White Funding Category	Service Priority (N=93)		Service Gaps (N=93)	
	Rank	%	Rank	%
Ambulatory/Outpatient Medical Care	1	80%	11	6%
Medical Case Management	2	72%	13	4%
AIDS Drug Assistance Program	3	71%	15	2%
Health Insurance Premium & Cost Sharing Assistance	4	56%	10	9%
Mental Health Services	5	53%	1 (tie)	41%
Oral Health Care	6	31%	1 (tie)	41%
Substance Abuse Services	7	30%	6	17%
Housing Services/Referral	8	16%	4	27%
Medical Transportation	4	13%	3	35%
Treatment Adherence Services	9 (tie)	12%	12	5%
Emergency Financial Assistance (Medications)	11 (tie)	11%	7	14%

Psychosocial Support Services Health Insurance	11 (tie)	7%	5	23%
Food Bank/Home-Delivered Meals	13	4%	9	10%
Linguistic Services	14 (tie)	3%	14	3%
Medical Nutrition Therapy	14 (tie)	2%	8	11%

Summary of Service Priorities and Gaps

Consumers and providers identified medical HIV case management, AIDS Drug Assistance Program, health insurance, and ambulatory/outpatient medical care as the top service priorities, but rarely identified these as service gaps. The following summarizes the service priorities and service gaps as identified by consumers and providers.

ADAP

ADAP ranked first among consumers (85 percent of consumers chose this as one of their five core service priorities) and third among providers (71 percent of providers chose this as one of their five core service priorities) in importance. Three percent of consumers and two percent of providers saw this as a gap. Clients commented on how vital the Early Intervention Program (Early Intervention Program - Washington's ADAP) is to their lives.

Ambulatory/Outpatient Medical Care

Ambulatory/Outpatient Medical Care ranked second amongst both consumers (74 percent) and first among providers (80 percent) as a priority. However, only 4 percent of consumers and 6 percent of providers identified a gap in this service. Clients and providers stated that living in rural areas is a barrier to medical care. Rural areas may not have a local HIV specialist or a physician willing to take Medicaid.

Health Insurance

Health Insurance ranked third in priority among consumers (73 percent) and fourth among providers (56 percent). Four percent of consumers and 9 percent of providers identified this as a gap. The majority of clients stressed the importance of the State's commitment to pay for health insurance premiums and Medicaid spend down. Both providers and clients are frustrated with the application process. They would like better coordination between the Department of Social and Health Services, which administers Medicaid and Early Intervention Program regarding spend down and medically needy programs. Providers stated that the length of time it takes HIV/AIDS clients to apply for and receive disability income and dental care, multiplies all other problems and issues.

Oral Health Care

Oral Health Care was prioritized fourth among consumers (64 percent) and sixth among providers (31 percent). Oral Health Care was the number one gap for both providers (41 percent) and consumers (27 percent). Providers state that a barrier to oral health care is the lack of dental groups accepting Medicaid coupons or who are willing to become Early Intervention Program providers.

Medical Case Management

Medical Case Management ranked fifth among consumers (59 percent) and second among providers (72 percent) as a priority. Again, this was a low service gap, with 4 percent of both

consumers and providers identifying a gap. Providers noted an increase in required documentation as a barrier.

Emergency Financial Assistance (Medications)

Emergency Financial Assistance ranked sixth among consumers (34 percent) and eleventh (11 percent) among providers as a priority. Both consumers (8 percent) and providers (14 percent) ranked this seventh as a service gap.

Mental Health Services

While there has historically been a great disparity between the ranking of Mental Health Services among providers and consumers, both see it as an important service. Providers ranked it fifth (53 percent) and consumers seventh (18 percent), with consumers ranking it fourth as a service gap (11 percent) and providers ranking it first (41 percent). Providers stated that access to good mental health therapy is limited, especially for Medicaid clients. Providers noted that mental health issues interfere with HIV medical treatment.

Food Bank/Home-delivered Meals

Food Bank/Home-delivered Meals ranked eighth by consumers as a service priority (16 percent) and 13th (4 percent) by providers. Eight percent of consumers and 10 percent of providers identified it as a gap.

Housing Services and Medical Transportation

Housing Services and Medical Transportation tied as the ninth ranked service priority among consumers (11 percent). Providers ranked housing services eighth (16 percent) and Medical Transportation ninth (16 percent). Consumers also ranked these two services as equivalent gaps (10 percent). Providers identified medical transportation as a larger gap (35 percent) than housing (27 percent). Providers feel that housing is a growing need as there is little adequate and affordable housing for clients. As housing concerns become more important, health care becomes less important. Transportation is an issue for clients living in rural areas.

Substance Abuse Services – Outpatient

There was a large disparity in how consumers and providers ranked this category. Consumers ranked it fourteenth (2 percent) and providers ranked it seventh (30 percent). Only 2 percent of clients identified it as a gap, while 17 percent of providers identified it as a gap.

Regional Planning Groups-Identified Service Gaps

Regional Planning Groups report several gaps in the current system of HIV care. The main gaps identified include:

- Housing resources are limited in rural areas and funding for programs such as Section 8 and HOPWA is decreasing.
- Available substance abuse and mental health treatment resources in rural areas are limited, forcing consumers to travel to receive appropriate care.
- AIDSNET Regions may span large geographic areas, making some form of transportation essential to continue receiving medical care and support services.
- Regional Planning Groups are concerned that transportation will not be an allowable use of funds if funding for services declines.

- Consumers and providers identify oral health as a gap. This is especially true in rural areas of the state.

3. Unmet Need

Estimation methods

Since 2003, Washington State's Part B and Part A grantees have convened an annual collaborative workgroup to address HRSA's Unmet Need Framework. The workgroup is comprised of Parts A and B grantee staff, HIV epidemiologists from Public Health – Seattle & King County and the Washington State Department of Health and HIV surveillance and special project staff. On at least a semi-annual basis, the workgroup reviews available data to inform the Unmet Need Framework (Appendix A) and develops appropriate analysis and reporting methods.

In spring 2006, the workgroup reconvened to discuss refining unmet need estimates in light of Washington State's changing laboratory reporting requirements, information, and guidance provided by HRSA on previous unmet need calculations. The workgroup's consensus was to refine unmet need methodology to take advantage of comprehensive laboratory data to establish care patterns. Previous unmet need calculations relied on the Adult Spectrum of Disease study to adjust laboratory data to account for lab results not reportable under the old reporting criteria. As of September 2006, all CD4 and HIV viral load tests are reportable regardless of result. With a full year of comprehensive care pattern data now available, laboratory data serve as the primary source for determining unmet need. However, laboratory data are estimated to be 15 percent unreported, therefore raw lab match data are adjusted to account for under-reporting of data.

Data sources

- Washington State HIV/AIDS Reporting System (HARS)
These data are used to determine population sizes of persons presumed living with HIV/non-AIDS and the number of persons living with AIDS in Washington State.
- Laboratory Tracking Database, (LTD), Washington State Department of Health, Office of Infectious Disease & Reproductive Health, Assessment Unit
LTD is a repository of all legally reportable HIV-related laboratory results. These data are required to be reported by all public and commercial diagnostic laboratories without regard to funding source or patient characteristics, and are considered comprehensive for all patients and clinicians seeking HIV-specific laboratory services in Washington State. Care patterns are established by matching unique individuals in LTD with the HARS surveillance registry.

Denominator data for the Unmet Need Framework were calculated by adjusting HIV/AIDS surveillance data for estimated rates of completeness. Surveillance records were obtained for persons diagnosed with HIV/non-AIDS or with AIDS and presumed to be living during the 12-month period January 1 through December 31, 2007. These data were extracted from the HIV/AIDS Reporting System (HARS). Data for the analyses included all cases reported to HARS through June 2008. Denominators for the unmet need analyses were calculated based on conservative estimates of the completeness of reporting for HIV/non-AIDS cases (90 percent) and for AIDS cases (98 percent) provided by surveillance staff.

Laboratory reporting criteria as of September 2006 require all CD4 and viral loads to be reported to DOH, regardless of result. Care status patterns were obtained by matching comprehensive laboratory reporting data to HARS cases, adjusting for under-reporting and analyzing patterns by a variety of sub-group strata including gender, race, ethnicity, mode of exposure and disease progression status (HIV/non-AIDS versus AIDS).

Persons with matched laboratory data for 2007 (matched records from HARS and LTD) within the PLWH/A population were stratified in categories to estimate the total number of patients “in care.” The Unmet Need Framework presents detailed results of specific calculations used to arrive at estimates of the number of persons in care for a variety of strata. The percentage of persons in care was obtained by dividing the number of persons found to be “in care” in each stratum by the total population in that stratum. Estimates of the number and percentage of persons “out of care” were similarly calculated. Subsequent analyses will be adjusted as the completeness of comprehensive lab reporting improves.

Based on this methodology, the Department of Health estimates that 25.3 percent of Washington State's persons living with HIV who are aware of their HIV+ status are not in care (Table 9). Data from MOSAICA, HRSA’s technical assistant partner, suggests that the range of unmet need across the country is 11 to 89 percent, with an aggregate estimate of 38 percent. In comparison, Washington State's unmet need estimate (25.3 percent) falls slightly lower than the mid-point of this spectrum, and is evidence of the relative success of the local continuum of care in enrolling and maintaining people living with HIV in primary care and prescription drug programs.

Table 9. Percent of Persons in Care in 2007

Group	HIV		AIDS		Total	
	% in Care	% Unmet Need	% in Care	% Unmet Need	% in Care	% Unmet Need
All	67.2	32.8	81.0	20.0	74.7	25.3
Males	66.9	33.1	80.6	19.4	74.5	25.5
Female	68.7	31.3	83.6	16.4	76.1	23.9
White						
Total	70.0	30.0	81.6	18.4	76.3	23.7
Males	69.8	30.2	81.4	18.6	76.2	23.8
Female	71.6	28.4	83.8	16.2	77.4	22.6
Black						
Total	62.1	37.9	85.2	14.8	74.4	25.6
Males	58.7	41.3	85.7	14.3	73.7	26.3
Female	68.4	31.6	84.1	15.9	76.0	24.0
Hispanic						
Total	59.0	41.0	69.9	30.1	65.3	34.7
Males	56.7	43.3	69.1	30.9	63.9	36.1
Female	71.0	29.0	75.6	24.4	73.4	26.6
All Other*						
Total	59.8	40.2	84.1	15.9	73.0	27.0
Males	62.6	37.4	82.3	17.7	73.2	26.8
Female	49.8	50.2	90.0	10.0	72.7	27.3

* Other includes Asian, NH/OPI, Multiple and Unknown Race

Assessment of unmet need

Bivariate analyses of unmet need by sex, diagnostic status, race, or ethnicity and mode of exposure reveal:

- There is a difference in overall unmet need status by gender with females more likely to be accessing care than males (23.9 percent versus 25.5 percent unmet need respectively); however, this difference is not statistically significant.
- Persons with HIV, non-AIDS are significantly more likely than persons with AIDS diagnoses to have unmet care need (32.8 percent versus 19 percent, OR 2.0, 95 percent CI 1.9 to 2.2, $p < 0.001$).
- Latinos/Hispanics have a higher unmet need for primary care (34.7 percent) than other racial groups (significant at $p < 0.01$).
- No significant differences emerge among other racial groups, with 23.7 percent of Whites, 25.6 percent of Blacks, and 27.0 percent of persons of other races (Asians, Pacific Islanders and Native Americans) being not in care.
- No statistically significant differences are found in overall unmet need status by mode of exposure.

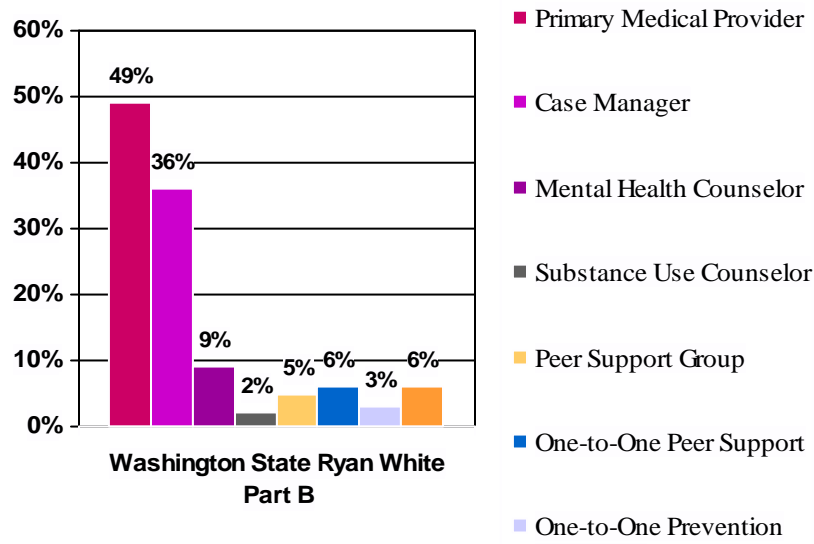
Washington State Department of Health anticipates working with the Unmet Need workgroup to develop future estimates and to continue to explore significant variations in unmet need by more sophisticated multivariate methods. Additionally, the Medical Monitoring Project, a CDC-sponsored behavioral and medical record abstraction project in which Washington State is participating, will continue maturing. This project will provide a representative sample of HIV-positive patients and HIV care providers that will allow the grantee to assess specific behavioral and structural barriers to care, a valuable complement to current unmet need estimates.

4. Prevention Needs

The Statewide Coordinated Statement of Need identifies “linking prevention and care” as one of four crosscutting goals. Integrating HIV prevention into care settings continues to be a challenge because of the need for providers to focus on the most critical care needs as a priority. The majority of CDC-funded prevention programs are located in community-based prevention agencies and health departments as opposed to clinical settings or Ryan White Program-funded sites making integration difficult. However, relocating Ryan White Part B services in the Regional AIDSNET office will provide direct access to a well-established system of HIV care and prevention planning and assures coordination of Ryan White Part B services with existing HIV care and prevention services.

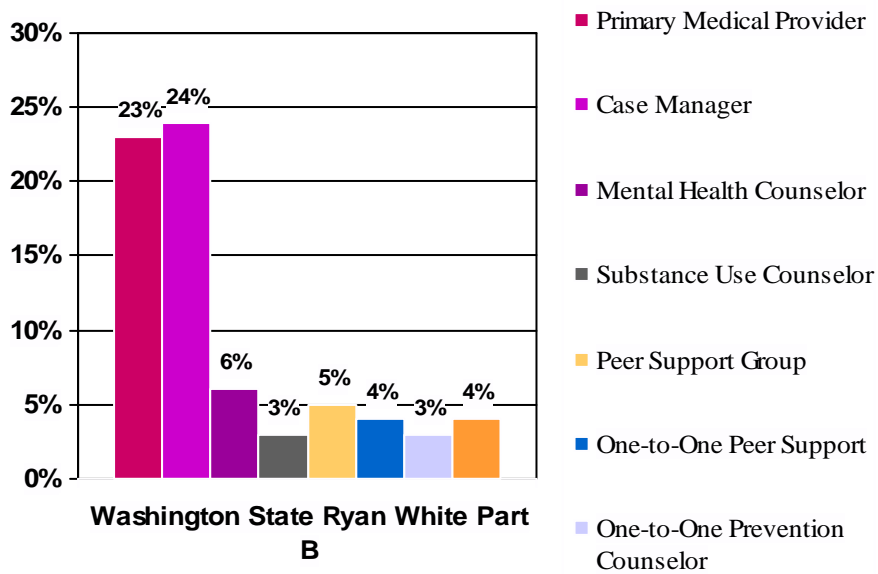
The 2008 Needs Assessment asked consumers whom they talked to about sexual and drug related HIV transmission. Forty-nine percent of respondents indicated they talked to their primary medical provider about sexual activities and HIV transmission. Thirty-six percent indicated they discussed sex activity and HIV transmission with their case manager (Figure 6).

Figure 6. Discussions about Sexual Activities & HIV Transmission (N = 424)



Twenty-three percent of respondents indicated they talked to their primary medical provider about substance use and HIV transmission. Twenty-four percent indicated they discussed the link between substance use and HIV transmission with their case manager (Figure 7).

Figure 7. Discussions about Substance Use & HIV Transmission (N = 424)



E. Current Continuum of Care

1. Six AIDSNET Regions--Dollar Parity

Since 1993, a group of representatives from the HRSA Part A TGAs (Seattle and Portland), the Regional AIDSNET Council, and the Department of Health has met annually to assure that HIV care dollars in Washington State are allocated equally across the state. The goal of the Parity Model (Appendix B) is for each AIDSNET region to have a comparable amount of money “per case” so persons with HIV can receive services in their home communities as much as possible. The Parity Model determines how much federal funding through Part A and Part B of the Ryan White HIV/AIDS Program is available to each AIDSNET region to address the unique HIV service priorities identified within the region.

Washington State determined the necessity of the Parity Model because the federal government awards funds through three separate grants with different boundaries than Washington’s AIDSNET regions. This includes interstate considerations for Clark County, Washington, which is also part of the Portland TGA. The Parity Work Group is not a formal decision-making body; its role is to consider the issues in detail and develop recommendations. The AIDSNET Council, the Seattle HIV/AIDS Planning Council, and the Washington State Department of Health are responsible for approving the Parity Model.

2. Part B Care Services

Early Intervention Program

Washington State Department of Health’s HIV Client Services Early Intervention Program manages the AIDS Drug Assistance Program, Health Continuation, and pays for limited medical and laboratory services for eligible persons with HIV.

1. Prescription Medication Coverage (AIDS Drug Assistance Program)
 - a. The Early Intervention Program maintains a formulary to treat the early stages of HIV and many related conditions.
 - b. The Early Intervention Program pays insurance co-pay costs for medications on the formulary
2. Medical Care
 - a. The Early Intervention Program pays for limited HIV-related provider visits and tests. Clients must go to providers and labs that contract with the Early Intervention Program.
 - b. For clients with insurance, the Early Intervention Program covers up to \$1000 for deductibles and costs during pre-existing periods for services on the Early Intervention Program’s schedule of covered services.
3. Insurance Premium Payment Assistance
 - a. The Early Intervention Program assists clients get medical insurance and pay the premiums. Individuals must enroll in the Early Intervention Program and submit an application to Evergreen Health Insurance Program.

4. Medicare Part D
 - a. The Early Intervention Program has a Medicare Guidance that explains what assistance the Early Intervention Program can provide for client's HIV care.
5. Dental Services
 - a. The Early Intervention Program pays for limited dental services. Clients must go to an Early Intervention Program contracted provider for the Early Intervention Program covered dental services.

AIDS Drug Assistance Program

The AIDS Drug Assistance Program, known as the Early Intervention Program, is part of the larger section of HIV Client Services within the Washington State Department of Health. The Early Intervention Program uses funds from Part A, Part B AIDS Drug Assistance Program, state funds, and rebates received through the 340b program to pay for prescription drugs and insurance premiums.

Formulary

Washington State's ADAP formulary covers all FDA-approved HIV medications in each of the antiretroviral drug classes.⁹ Washington State's ADAP did not implement waiting lists, enrollment limits, or expenditure caps during FY 2008.

Cost Sharing

The Early Intervention Program has had client cost sharing since October 2002, when Washington State Department of Health implemented it at the behest of the Washington State Legislature. Washington State Department of Health expanded cost sharing in April 2004 to include more clients and to increase the amount of cost share for some. In September 2004, Washington State Department of Health excluded Medicare clients from cost sharing since they already share in their medical costs through payment of Medicare Part B premiums deducted from their Social Security checks.

Rural Access

AIDS Drug Assistance Program clients in outlying or rural areas of Washington State access prescription drugs through the pharmacy benefit manager's network of over 900 pharmacies, many of which are located in rural areas. Mail order options are also available for clients who have difficulty getting to a pharmacy due to distance or transportation problems and for those who prefer to get their medications in the mail. In addition, case management services are available throughout the state to assist clients in accessing AIDS Drug Assistance Program prescription drugs and insurance services.

AIDS Drug Assistance Program Funded Health Insurance

The Early Intervention Program anticipates using \$4,032,136 of AIDS Drug Assistance Program funds for health insurance in FY 2009. These funds purchase COBRA, Washington High Risk Insurance Pool, and private insurance plans for approximately 1,800 clients. Starting in January 2006, the Early Intervention Program also began paying Part D premiums for Prescription Drug Plans and for Medicare Advantage Plans.

⁹ The complete formulary can be found at http://www.publichealthrx.com/pdf/wa_formulary.pdf.

Ryan White Part B Base

Planning Groups in each AIDSNET Region determine funding allocations within their regions. Rationale for allocations varies per region, but all use the number of HIV/AIDS cases reported and presumed living as one of the determinants.

AIDSNET Planning Groups assess need for care, prioritize service needs, allocate funds to services, and work to mitigate barriers to care. Washington State Department of Health staff work directly with the AIDSNET Coordinators and planning groups to provide technical assistance to build capacity to effectively assess, prioritize and allocate funds to care services.

Washington State Department of Health requires AIDSNET Coordinators to explain on their annual planning and application forms how their selection and prioritization of Part B services are consistent with the current Statewide Coordinated Statement of Need. Except for statewide programs, like the Evergreen Health Insurance Program and the Early Intervention Program (including the AIDS Drug Assistance Program), all organization and delivery of services takes place at the regional levels.

Core Medical Services

Washington State HIV Client Services follows the core medical services requirement of Health Services and Resources Administration (HRSA), the federal administrative agency of the Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White Program). HRSA requires that Ryan White Program grantees must adequately provide core medical services before spending resources on other support services. States are required to allocate at least 75 percent of Ryan White Part B dollars to Core Medical Services. Washington State uses Ryan White Part B dollars to fund the AIDS Drug Assistance Program, Health Insurance Continuation, and the following Core Medical Services.

1. Medical Case Management Services, including Treatment Adherence Services
2. Outpatient and Ambulatory Health Services
3. Oral Health Care
4. Health Insurance Premium and Cost Sharing Assistance
5. Mental Health Services
6. Medical Nutritional Therapy
7. Substance Abuse Services Outpatient

Support Services

Per HRSA policy, Washington State spends remaining funds on support services, defined as services needed to achieve outcomes that affect the HIV-related clinical status of a person with HIV/AIDS. States can allocate no more than 25 percent of Ryan White Part B funds to Support services. Washington State funds the following Support Services.

1. Emergency Financial Assistance (medications)
2. Food Bank/Home-delivered Meals
3. Housing Services/Housing-related Referral Services
4. Linguistic Services
5. Medical Transportation
6. Psychosocial Support Services
7. Treatment Adherence Counseling

For Federal Fiscal Year 2009, Washington State Department of Health budgeted ninety-eight percent of Part B funds, excluding funds used for grantee administration, planning, evaluation, and clinical quality management, to provide core medical services to persons living with HIV/AIDS in Washington. Washington State Department of Health allocated \$4.03 million of Ryan White Part B funds to Health Insurance Program and \$3.42 million to the AIDS Drug Assistance Program. Washington State allocated \$2.42 million of Ryan White HIV/AIDS Program Part B base funds to core and support services.

Minority AIDS Initiative

In Washington State, the largest proportion of HIV and AIDS cases amongst African Americans living outside of the Seattle TGA is in Pierce County. Washington State Department of Health contracts with Tacoma-Pierce County Health Department to provide disproportionately impacted low-income individuals with HIV disease increased access to treatment and medications. With the goal of increasing enrollment in the Early Intervention Program, Tacoma-Pierce County Health Department provides outreach services that specifically target African Americans and Hispanics not currently enrolled in the Early Intervention Program or who are not receiving HIV care services. In addition to assisting with enrollment in the Early Intervention Program, outreach program staff link clients to HIV case management, medical care, and other services.

3. Funded Service Categories

Table 13 is a summary of Washington’s FY 2009 funded service categories and the associated dollar amounts allocated to each category.

Table 13. Federal Fiscal Year 2009 Funded Service Categories

Service Category	Ryan White Part B	Washington State Funds	Ryan White Part A	Total
Core Medical Services				
AIDS Drug Assistance Program	\$3,421,665	\$3,105,148	\$132,000	\$6,658,813
Health Insurance Continuation	\$4,035,823	\$1,444,325		\$5,480,148
Outpatient and Ambulatory Health Services	\$140,223	\$730,736		\$870,959
Outpatient Health Services – Outreach Clinics (Kitsap & Snohomish County)	0	\$130,308		\$130,308
Oral Health Care	\$17,883	\$155,000	\$100,000	\$272,883
Health Insurance Premiums and Cost-sharing Assistance	\$0			\$0
Medical Nutrition Therapy	\$39,472			\$39,472
Mental Health Services	\$117,631			\$117,631
Substance Abuse Outpatient	\$2,866			\$2,866
Medical Case Management, & Treatment Adherence Services	\$1,841,177			\$1,841,177
Medical Case Management – Prison Pre-Release	0	\$73,180		\$73,180
Total Core Medical Services	\$9,616,740	\$5,638,697	\$232,000	\$15,487,437
Support Services				
Emergency Financial Services	\$25,000			\$25,000

Food bank/Home-delivered Meals	\$72,867			\$72,867
Housing Services/Housing-related Services	\$40,063			\$40,063
Linguistic Services	\$2,500			\$2,500
Medical Transportation Services	\$55,047			\$55,047
Psychosocial Support Services	\$16,600			\$16,600
Treatment Adherence Counseling	\$15,824			\$15,824
Minority AIDS Initiative - Outreach	\$36,583			\$36,583
Total Support Services	\$264,484	\$0	\$0	\$264,484
Total	\$9,881,224	\$5,638,697	\$232,000	\$15,751,921

4. Collaborating with other Ryan White Titles

Two mechanisms provide for ongoing opportunities to collaborate with other Ryan White HIV/AIDS Program Parts. An annual All-Parts meeting sponsored by Washington State Department of Health, allows representatives to discuss upcoming opportunities for collaboration. A periodic meeting to develop the Statewide Coordinated Statement of Need, allows representatives to discuss current and future strategies for providing a comprehensive continuum of care.

5. Resource Inventory and Profile of HIV Care Service Providers

Table 14 summarizes available HIV-related resources in Washington State. It includes services provided, funding allocated, and number of clients served.

Table 14. Washington State HIV-related Resources

Services Provided	Amount	# of Clients Served
Part A - Public Health - Seattle & King County		
Ambulatory/Outpatient Medical Care	\$1,113,507	747
Food Banks/Home-delivered Meals	\$235,000	240
Housing Assistance/Housing-Related Services	\$893,671	613
Medical Case Management	\$1,451,099	2,123
Medical Nutrition Therapy	\$128,713	745
Medical Transportation Services	\$50,000	100
Mental Health Services	\$330,227	417
Oral Health Care	\$459,911	649
Outreach Services	\$40,000	100
Prescription Drug Program (ADAP)	\$249,652	35
Psychosocial Services	\$78,103	150
Substance Use Services (Outpatient)	\$243,736	160
Total	\$5,237,619	
Part A Minority AIDS Initiative		
Medical Case Management	\$226,814	148
Total	\$226,814	

Part B - Washington State Department of Health		
ADAP Funding		
AIDS Drug Assistance Program	\$3,421,665	3,264
Health Insurance	\$4,035,823	2,363
Ambulatory/Outpatient Medical Care	\$140,223	94
Emergency Financial Assistance (Medications)	\$25,000	33
Food Bank/Home-Delivered Meals	\$72,867	367
Health Insurance Premium Assistance	\$0	0
Housing Services/Housing-related Services	\$40,063	163
Linguistic Services	\$2,500	11
Medical Case Management	\$1,841,177	1,686
Medical Nutritional Therapy	\$39,472	30
Mental Health Services	\$117,631	287
Medical Transportation	\$55,047	475
Oral Health Care	\$17,883	43
Psychosocial Support Services	\$16,600	70
Substance Abuse Services - Outpatient	\$2,866	6
Treatment Adherence Counseling	\$15,824	7
Total	\$9,844,641.00	
Part B Minority AIDS Initiative		
Outreach to Increase ADAP Participation	\$36,583	22
Total	\$36,583	
Part C - Country Doctor Community Health Centers		
Primary care, RN clinical care coordinator, adherence counselor, medical case management	\$514,628	337 Primary Care Plus 35 Dental Care
Part C - Community Health Association of Spokane		
Primary care, dental, dental, mental health services, nutritional counseling, case management, pharmacy, labs, adherence counseling, DSHS on site	\$411,700	31 Dental 198 Medical
Part C - Harborview Medical Center/Madison Clinic		
Primary care, medical case management, mental health, medical nutrition therapy (though not funded with Part C; just Part A), health education, and pharmacy	\$435,692	2,060
Part C - Interfaith Community Health Center		
Primary care, dental, mental health services, nutritional counseling, case management, prescription drug coverage, labs, adherence counseling/support, access to clinical trials	\$451,349	140
Part C - New Hope Clinic/Yakima Valley Farm Workers		
Primary health care, medical, dental, PHN nursing case management, chemical dependency counseling, mental health, nutrition, adherence monitoring and management, pharmacy	\$347,315	224

Part D - Northwest Family Center		
Case Management	\$700,989	501
Psychosocial Support	\$117,693	231
Primary Medical Care	\$19,750	21
Outreach	\$21,375	40
Client Advocacy	\$33,116	170
Total	\$892,923	
AIDS Education and Training Center	\$2,328,146	1,887 health care providers
Housing Opportunities for Persons with HIV/AIDS (non King County)	\$622,000	643
Title X - Washington State Department of Health Family Planning and Reproductive Health Section		
Enhance HIV Prevention Services in Family Planning	\$584,000	4,254

F. Profile of Washington's Ryan White Part B Program

Table 15 contains information for Washington's Ryan White Part-B funded providers by service category. The table includes the initial estimates of the Federal Fiscal Year 2009 dollars allocated and the number of service units to be provided for each service in each region.

Table 15 Washington State Department of Health Ryan White Part B-funded Providers

CORE SERVICES	
Agency	Description
AIDS DRUG ASSISTANCE PROGRAM (RYAN WHITE PART B - \$3,421,665 PER YEAR; STATE FUNDING - \$3,105,148; RYAN WHITE PART A -\$132,000; TOTAL \$6,658,813) NUMBER OF CLIENTS TO BE SERVED: 4,644 ENROLLED 3,264 RECEIVE PRESCRIPTIONS	
<i>Washington State Department of Health</i>	The Early Intervention Program administers the AIDS Drug Assistance Program. For Federal Fiscal Year 2009, Washington State will allocate \$3,105,148 Ryan White funds to the AIDS Drug Assistance Program. Washington State will enroll 4,644 clients in the program and 3,264 clients will receive prescription drugs. Ryan White Part A provides an additional \$132,000 to this program.
HEALTH INSURANCE CONTINUATION (RYAN WHITE PART B - \$4,035,823 PER YEAR; STATE FUNDING - \$1,444,325; TOTAL - \$5,480,148) NUMBER OF CLIENTS TO BE SERVED 2,363	
<i>Evergreen Health Insurance Program</i>	The Evergreen Health Insurance Program pays medical premiums for a targeted population of low-to-medium income HIV-positive Early Intervention Program clients who are not eligible for other subsidized medical insurance coverage. For Federal Fiscal Year 2009, Washington State allocated \$4,035,823 of Ryan White Part B to this program. Evergreen Health Insurance Program will provide insurance to 2,363 persons living with HIV. Washington State provides an additional \$1,444,325 to this program.
MEDICAL AND LABORATORY SERVICES (WASHING STATE FUNDING - \$730,736)	
<i>Medical Providers and Laboratory Services</i>	The Early Intervention Program administers this program. Washington State provides \$730,736 to pay for HIV-positive clients' HIV-related physician visits and laboratory services.
AMBULATORY MEDICAL CARE – OUTREACH CLINICS (WASHING STATE FUNDING - \$130,308)	
<i>Outreach Clinics in Kitsap and Snohomish Counties</i>	Washington State funds two outreach clinics to provide outpatient care for HIV-positive clients living in rural areas. Harborview Medical Clinic sends staff to Kitsap County Health Department and Snohomish Community Health Care to provide these clinics.
CASE MANAGEMENT – PRISON PRE-RELEASE (WASHING STATE FUNDING - \$73,180)	
<i>Prison Linkage Program – Department of Corrections</i>	Washington State contracts with the Department of Corrections to offer case management to offenders releasing to the community.

STATEWIDE DENTAL POOL (RYAN WHITE PART A FUNDING \$100,000; WASHING STATE FUNDING - \$155,000; TOTAL – \$255,000)	
NUMBER OF CLIENTS TO BE SERVED 330	
<i>Washington State Department of Health Health Office of HIV Client Services</i>	Washington State Department of Health Early Intervention Program manages a statewide dental pool for person living with HIV. This program enrolls private and public dental providers as eligible for reimbursement for services provided to persons living with HIV. Washington State provides \$155,000 for this service for consumers living outside of King County. Part A will provide \$100,000 for 330 Part A (King County) consumers.
MEDICAL HIV CASE MANAGEMENT (\$1,841,177 PER YEAR)	
NUMBER OF CLIENTS TO BE SERVED 1,686	
<i>Region 1 AIDSNET Regional Office: Spokane Regional Health District</i>	<i>For Federal Fiscal Year 2009, Region 1 has allocated \$282,170 for medical HIV case management. Region 1 agencies will provide 2,860 face to face and 8,580 other contacts to 309 clients.</i>
Spokane AIDS Network	This community-based organization provides medical HIV case management services to HIV-positive individuals in a community-based setting and at off-site provider locations. Primarily serves clients living in Spokane, Lincoln, Adams, and Whitman County. For Federal Fiscal Year 2009, Spokane AIDS Network requested \$100,720 for this service.
Spokane Regional Health District	This local public health agency provides medical HIV case management services to HIV-positive individuals. Primarily serves clients living in Spokane County. For Federal Fiscal Year 2009, Spokane Regional Health District requested \$131,750 for this service.
Okanogan County Health Department	This local public health agency provides medical HIV case management services to HIV-positive individuals. Primarily serves clients living in Okanogan, Ferry, Stevens, and Pend Oreille County. For Federal Fiscal Year 2009, Okanogan County Health Department requested \$17,822 for this service.
Blue Mountain Heart to Heart	This community-based organization provides medical HIV case management services HIV-positive individuals. Primarily serves clients living in Walla Walla, Columbia, Asotin, and Garfield County. For Federal Fiscal Year 2009, Blue Mountain Heart to Heart requested \$31,878 for this service.
<i>Region 2 AIDSNET Regional Office: Yakima Health District</i>	<i>For Federal Fiscal Year 2009, Region 2 has allocated \$147,280 for medical HIV case management. Region 2 agencies will provide 1,240 face to face and 1,120 other contacts to 125 clients.</i>
Grant County Health Department	This public health agency provides the medical HIV case management services to HIV-positive individuals in Grant County. For Federal Fiscal Year 2009, Grant County Health Department requested \$25,000 for this service.
Chelan-Douglas Health Department	This public health agency provides the medical HIV case management services to HIV-positive individuals in Chelan and Douglas County. For Federal Fiscal Year 2009, Chelan-Douglas Health Department requested \$25,000 for this service.
Benton-Franklin Health Department	This public health agency provides the medical HIV case management services to HIV-positive individuals in Benton and Franklin County. For Federal Fiscal Year 2009, Benton-Franklin Health Department requested \$97,280 for this service.
New Hope Clinic/Yakima Valley Farm Workers	This community health clinic provides case management services for HIV-positive individuals in Yakima, Kittitas, and Klickitat County. This is a Ryan White Part C funded clinic. Ryan White Part B funds are not

	used to fund medical HIV case management services offered through this clinic.
Region 3 AIDSNET Regional Office: Snohomish Health District	<i>For Federal Fiscal Year 2009, Region 3 has allocated \$277,873 for medical HIV case management. Region 3 agencies will provide 1,252 face to face and 9,400 other contacts to 215 clients.</i>
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, provides medical HIV case management services to HIV-positive individuals. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$224,370 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, provides medical HIV case management services to HIV-positive individuals. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$53,503 from Ryan White Part-B for this service. Agency also receives Ryan White Part A funds to provide case management in Snohomish County.
Region 5 AIDSNET Regional Office: Tacoma-Pierce County Health Department	<i>For Federal Fiscal Year 2009, Region 5 has allocated \$691,443 for medical HIV case management. Region 5 agencies will provide 4,360 face to face and 11,240 other contacts to 558 clients.</i>
Pierce County AIDS Foundation	This community-based organization, located in Tacoma, Washington, provides medical HIV case management services to HIV-positive individuals. Agency primarily serves clients living in Pierce County. For Federal Fiscal Year 2009, Pierce County AIDS Foundation requested \$546,679 for this service.
Kitsap County Health District	This local public health agency, located in Bremerton, Washington, provides medical HIV case management services to HIV-positive individuals. Agency primarily services clients living in Kitsap County. For Federal Fiscal Year 2009, Kitsap County Health District requested \$144,764 for this service.
Region 6 AIDSNET Regional Office: Clark County Public Health	<i>For Federal Fiscal Year 2009, Region 6 has allocated \$442,411 for medical HIV case management. Region 6 agencies will provide 2,380 face to face and 6,140 other contacts to 479 clients.</i>
Clark County Public Health	This local public health agency provides medical HIV case management services to HIV-positive individuals. Agency primarily serves clients living in Clark and Skamania County. For Federal Fiscal Year 2009, Clark County Public Health requested \$119,331 for this service. Clark County Public Health also receives Ryan White Part A dollars to provide medical HIV case management services.
Cowlitz County Health Department	This local public health agency provides medical HIV case management services to HIV-positive individuals. Agency primarily serves clients living in Cowlitz County. For Federal Fiscal Year 2009, Cowlitz County Health Department requested \$85,000 for this service.
Lewis County Health and Social Services	This local public health agency provides medical HIV case management services to HIV-positive individuals. Agency primarily serves clients living in Lewis County. For Federal Fiscal Year 2009, Lewis County Health and Social Services requested \$15,000 for this service.
Coastal Community Action Program	This community organization provides medical HIV case management services to HIV-positive individuals. Agency primarily serves clients living in Grays Harbor & Pacific County. For Federal Fiscal Year 2009, Coastal Community Action Program requested \$51,000 for this service.
Sigafoos and Witcher	This private business, located in Olympia, Washington, provides medical HIV case management services to HIV-positive individuals. Agency primarily serves clients living in Thurston County. For Federal Fiscal

	Year 2009, Sigafoos and Witcher requested \$50,000 for this service.
United Communities Against AIDS	This community organization, located in Olympia, Washington, provides medical HIV case management services to HIV-positive individuals. Agency primarily serves clients living in Thurston County. For Federal Fiscal Year 2009, United Communities Against AIDS requested \$38,000 for this service.
Mason County Health Department	This local public health agency provides medical HIV case management services to HIV-positive individuals. Agency primarily serves clients living in Mason County. For Federal Fiscal Year 2009, Mason County Health Department requested \$33,400 for this service.
Clallam County Health Department	This local public health agency provides medical HIV case management services to HIV-positive individuals. Agency primarily serves clients living in Clallam and Jefferson County. For Federal Fiscal Year 2009, Clallam County Health Department requested \$50,680 for this service.
OUTPATIENT/AMBULATORY MEDICAL CARE (\$140,223 PER YEAR)	
NUMBER OF CLIENTS TO BE SERVED 94	
Region 2 AIDSNET Regional Office: Yakima Health District	<i>For Federal Fiscal Year 2009, Region 2 has allocated \$137,723 for outpatient and ambulatory medical care. Region 2 agencies will provide 700 service encounters to 90 clients.</i>
New Hope Clinic/Yakima Valley Farm Workers	This community health clinic provides outpatient and ambulatory health services for HIV-positive individuals in Region 2. This is a Ryan White Part C funded clinic. New Hope Clinic uses Ryan White Part B funds to provide outreach clinics in rural communities within Region 2. For Federal Fiscal Year 2009, New Hope Clinic requested \$137,723 for this service.
Region 3 AIDSNET Regional Office: Snohomish Health District	<i>For Federal Fiscal Year 2009, Region 3 has allocated \$2,500. Region 3 agencies will pay for services for 4 clients.</i>
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, assists HIV-positive individuals in paying for non-Early Intervention Program covered medical services. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$2,500 for this service.
ORAL HEALTH CARE (\$17,883 PER YEAR)	
NUMBER OF CLIENTS TO BE SERVED 43	
Region 3 AIDSNET Regional Office: Snohomish Health District	<i>For Federal Fiscal Year 2009, Region 3 has allocated \$7,000 for oral health care. Region 3 agencies will pay for 84 service encounters to 14 clients.</i>
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, assists HIV-positive individuals in paying for oral health care services. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$2,000 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, assists HIV-positive clients in paying for oral health care services. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$5,000 from Ryan White Part-B for this service.
Region 5 AIDSNET Regional Office: Tacoma-Pierce County Health	<i>For Federal Fiscal Year 2009, Region 5 has allocated \$10,883 for oral health care. Region 5 dentists will provide 88 service encounters to 29 clients.</i>

Department	
Community Health Care (Tacoma)	This community health clinic, located in Tacoma, Washington, provides oral health care services to persons living with HIV. For Federal Fiscal Year 2009, Community Health Care requested \$8,883 for this service.
Dr. Houpt	This dentist provides oral health care services to persons living with HIV. For Federal Fiscal Year 2009, Dr. Houpt requested \$2,000 from Ryan White Part-B for this service.
MENTAL HEALTH SERVICES (\$117,631 PER YEAR)	
NUMBER OF CLIENTS TO BE SERVED 287	
Region 1 AIDSNET Regional Office: Spokane Regional Health District	For Federal Fiscal Year 2009, Region 1 allocated \$2,500 for this service. Region 1 agencies will provide 24 service encounters to 5 clients
Provider Service Agreements	Washington State Department of Health has signed Provider Service Agreements with mental health providers serving HIV positive clients in Region 1. For Federal Fiscal Year 2009, Region 1 allocated \$2,500 for this service
Region 2 AIDSNET Regional Office: Yakima Health District	For Federal Fiscal Year 2009, Region 2 allocated \$2,400 for this service. Region 2 agencies will provide 12 service encounters to 10 clients.
New Hope Clinic/Yakima Valley Farm Workers	This community health clinic provides mental health services for HIV-positive individuals in Region 2. For Federal Fiscal Year 2009, New Hope Clinic requested \$2,400 for this service.
Region 3 AIDSNET Regional Office: Snohomish Health District	For Federal Fiscal Year 2009, Region 3 has allocated \$24,000. Region 3 providers will provide 244 service encounters for 15 clients.
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, assists HIV-positive individuals in paying for mental health services. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$9,000 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, assists HIV-positive clients in paying for mental health services. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$15,000 from Ryan White Part-B for this service.
Region 5 AIDSNET Regional Office: Tacoma-Pierce County Health Department	For Federal Fiscal Year 2009, Region 5 allocated \$53,731 for mental health service. Region 5 providers will provide 460 service encounters to 225 clients
Provider Service Agreements	Washington State Department of Health has signed Provider Service Agreements with mental health providers serving HIV positive clients in Region 5. For Federal Fiscal Year 2009, Region 5 allocated \$53,731 for this service.
Region 6 AIDSNET Regional Office: Clark County Public Health	For Federal Fiscal Year 2009, Region 6 has allocated \$35,000 for mental health services. Region 6 providers will provide 328 service encounters for 32 clients.
Provider Service Agreements	Washington State Department of Health has signed Provider Service Agreements with mental health providers serving HIV positive clients in Region 6. For Federal Fiscal Year 2009, Region 6 allocated \$35,000 for this service.

SUBSTANCE ABUSE TREATMENT, OUTPATIENT (\$2,866 PER YEAR)	
NUMBER OF CLIENTS TO BE SERVED 5	
Region 3 AIDSNET Regional Office: Snohomish Health District	For Federal Fiscal Year 2009, Region 3 has allocated \$2,866 for outpatient substance abuse treatment. Region 3 agencies will pay for 36 service encounters for 5 clients.
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, assists HIV-positive individuals in paying for outpatient substance abuse services. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$2,183 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, assists HIV-positive clients in paying for outpatient substance abuse services. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$683 from Ryan White Part-B for this service.
MEDICAL NUTRITION THERAPY (\$39,472 PER YEAR)	
NUMBER OF CLIENTS TO BE SERVED 30	
Region 1 AIDSNET Regional Office: Spokane Regional Health District	For Federal Fiscal Year 2009, Region 1 allocated \$27,722 for medical nutrition therapy. Region 1 agencies will provide
Spokane AIDS Network	Agency provides medical nutrition therapy to HIV-positive individuals in a community-based setting and at off-site provider locations. A registered dietician provides nutritional counseling, education and assessments. Primarily serves clients living in Spokane, Lincoln, Adams, and Whitman County. For Federal Fiscal Year 2009, Spokane AIDS Network requested \$27,222 for this service.
Region 3 AIDSNET Regional Office: Snohomish Health District	For Federal Fiscal Year 2009, Region 3 has allocated \$12,250 for medical nutrition therapy. Region 3 agencies will provide 60 service encounters for 30 clients.
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, provides medical nutrition therapy to HIV-positive individuals. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$2,750 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, provides medical nutrition therapy to HIV-positive clients. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$9,500 from Ryan White Part-B for this service.

SUPPORT SERVICES

HOUSING SERVICES/HOUSING-RELATED SERVICES (\$40,063 PER YEAR)

NUMBER OF CLIENTS TO BE SERVED 163

Region 1 AIDSNET Regional Office: Spokane Regional Health District	For Federal Fiscal Year 2009, Region 1 allocated \$2,000 for this service. Region 1 agencies will provide services to 5 clients.
Spokane AIDS Network	Agency provides housing services/housing-related services to HIV-positive individuals in a community-based setting and at off-site provider locations. Primarily serves clients living in Spokane, Lincoln, Adams, and Whitman County. For Federal Fiscal Year 2009, Spokane AIDS Network requested \$2,000 for this service.
Region 3 AIDSNET Regional Office: Snohomish Health District	For Federal Fiscal Year 2009, Region 3 has allocated \$9,000 for housing services/housing-related services. Region 3 agencies will provide services to 13 clients.
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, provides housing services/housing-related services to HIV-positive individuals. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$2,000 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, provides housing services/housing-related services to HIV-positive individuals. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$7,000 from Ryan White Part-B for this service.
Region 5 AIDSNET Regional Office: Tacoma-Pierce County Health Department	For Federal Fiscal Year 2009, Region 5 has allocated \$15,563 for housing services/housing-related services. Region 5 agencies will provide services to 120 clients.
Pierce County AIDS Foundation	This community-based organization, located in Tacoma, Washington, provides housing services/housing-related services to HIV-positive individuals. Agency primarily services clients living in Pierce County. For Federal Fiscal Year 2009, Pierce County AIDS Foundation requested \$13,563 for this service.
Kitsap County Health District	This local public health agency, located in Bremerton, Washington, provides housing services/housing-related services to HIV-positive individuals. Agency primarily services clients living in Kitsap County. For Federal Fiscal Year 2009, Kitsap County Health District requested \$2,000 for this service.
Region 6 AIDSNET Regional Office: Clark County Public Health	For Federal Fiscal Year 2009, Region 6 has allocated \$13,500 for housing services/housing-related services. Region 6 agencies will provide services to 33clients.
Clallam County Health Department	This local public health agency provides housing services/housing-related services to HIV-positive individuals. Agency primarily serves clients living in Clallam and Jefferson County. For Federal Fiscal Year 2009, Clallam County Health Department requested \$2,500 for this service.
Lewis County Health and Social Services	This local public health agency provides housing services/housing-related services to HIV-positive individuals. Agency primarily serves clients living in Lewis County. For Federal Fiscal Year 2009, Lewis County Health and Social Services requested \$2,000 for this service.

United Communities Against AIDS	This community organization, located in Olympia, Washington, provides housing services/housing-related services to HIV-positive individuals. Agency primarily serves clients living in Thurston County. For Federal Fiscal Year 2009, United Communities Against AIDS requested \$9,000 for this service.
FOOD BANK/HOME-DELIVERED MEALS (\$72,867 PER YEAR)	
NUMBER OF CLIENTS TO BE SERVED 367	
Region 1 AIDSNET Regional Office: Spokane Regional Health District	<i>For Federal Fiscal Year 2009, Region 1 allocated \$33,925 for this service. Region 1 agencies will provide services to 75 clients.</i>
Spokane AIDS Network	Agency provides food bank/home-delivered meals to HIV-positive individuals in a community-based setting and at off-site provider locations. Primarily serves clients living in Spokane, Lincoln, Adams, and Whitman County. For Federal Fiscal Year 2009, Spokane AIDS Network requested \$33,925 for this service.
Region 2 AIDSNET Regional Office: Yakima Health District	<i>For Federal Fiscal Year 2009, Region 2 allocated \$500 for this service. Region 2 agencies will provide services to 10 clients.</i>
New Hope Clinic/Yakima Valley Farm Workers	This community health clinic provides food bank/home-delivered meals for HIV-positive individuals in Region 2. For Federal Fiscal Year 2009, New Hope Clinic requested \$500 for this service.
Region 3 AIDSNET Regional Office: Snohomish Health District	<i>For Federal Fiscal Year 2009, Region 3 has allocated \$11,500 for food bank/home-delivered meals. Region 3 agencies will provide services to 200 clients.</i>
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, provides food bank/home-delivered meals to HIV-positive individuals. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$500 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, provides food bank/home-delivered meals to HIV-positive individuals. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$11,000 from Ryan White Part-B for this service.
Region 5 AIDSNET Regional Office: Tacoma-Pierce County Health Department	<i>For Federal Fiscal Year 2009, Region 5 has allocated \$442 for food bank/home-delivered meals. Region 5 agencies will provide services to 20 clients.</i>
Kitsap County Health District	This local public health agency, located in Bremerton, Washington, provides food bank/home-delivered meal services to HIV-positive individuals. Agency primarily services clients living in Kitsap County. For Federal Fiscal Year 2009, Kitsap County Health District requested \$442 for this service.
Region 6 AIDSNET Regional Office: Clark County Public Health	<i>For Federal Fiscal Year 2009, Region 6 has allocated \$26,500 for food bank/home-delivered meals. Region 6 agencies will provide services to 62 clients.</i>
Metropolitan Community Church	This community church, located in Vancouver, Washington, provides food bank/home-delivered meal services to HIV-positive individuals. Agency primarily serves clients living in Clark and Skamania County. For Federal Fiscal Year 2009, Metropolitan Community Church requested \$15,000 for this service.
Lewis County Health and Social Services	This local public health agency provides food bank/home-delivered meal services to HIV-positive individuals. Agency primarily serves clients

	living in Lewis County. For Federal Fiscal Year 2009, Lewis County Health and Social Services requested \$2,000 for this service.
United Communities Against AIDS	This community organization, located in Olympia, Washington, provides food bank/home-delivered meal services to HIV-positive individuals. Agency primarily serves clients living in Thurston County. For Federal Fiscal Year 2009, United Communities Against AIDS requested \$9,500 for this service.
PSYCHOSOCIAL SUPPORT SERVICES (\$16,600 PER YEAR)	
NUMBER OF CLIENTS TO BE SERVED 70	
Region 1 AIDSNET Regional Office: Spokane Regional Health District	For Federal Fiscal Year 2009, Region 1 allocated \$600 for this service. Region 1 agencies will provide services to 30 clients.
Blue Mountain Heart to Heart	This organization provides medical HIV case management services primarily to HIV-positive individuals. Primarily serves clients living in Walla Walla, Columbia, Asotin, and Garfield County. For Federal Fiscal Year 2009, Blue Mountain Heart to Heart requested \$600 for this service.
Region 3 AIDSNET Regional Office: Snohomish Health District	For Federal Fiscal Year 2009, Region 3 has allocated \$4,000 for psychosocial support services. Region 3 agencies will provide services to 25 clients.
Evergreen AIDS Foundation	This community-based organization provides psychosocial support services to HIV-positive individuals. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$2,000 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, provides psychosocial support services to HIV-positive individuals. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$2,000 from Ryan White Part-B for this service.
Region 5 AIDSNET Regional Office: Tacoma-Pierce County Health Department	For Federal Fiscal Year 2009, Region 5 has allocated \$12,000 for linguistic services. Region 5 will provide services to 15 clients.
Pierce County AIDS Foundation	This community-based organization provides psychosocial services to HIV-positive individuals. Agency primarily services clients living in Pierce County. For Federal Fiscal Year 2009, Pierce County AIDS Foundation requested \$12,000 for this service.
EMERGENCY FINANCIAL ASSISTANCE (MEDICATIONS ONLY) (\$25,000 PER YEAR)	
NUMBER OF CLIENTS TO BE SERVED 33	
Region 3 AIDSNET Regional Office: Snohomish Health District	For Federal Fiscal Year 2009, Region 3 has allocated \$23,000 for emergency financial assistance to pay for medications. Region 3 agencies will assist 13 clients.
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, uses emergency financial assistance to pay for HIV-positive clients' medications. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$18,000 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, uses emergency financial assistance to pay for HIV-positive clients' medications. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$5,000 from Ryan White Part-B for this service.

Region 5 AIDSNET Regional Office: Tacoma-Pierce County Health Department	<i>For Federal Fiscal Year 2009, Region 5 has allocated \$2,000 for emergency financial assistance for medications. Region 5 agencies will provide services to 20 clients.</i>
Pierce County AIDS Foundation	This community-based organization, located in Tacoma, Washington, uses emergency financial assistance to pay for HIV-positive clients' medications. Agency primarily services clients living in Pierce County. For Federal Fiscal Year 2009, Pierce County AIDS Foundation requested \$2,000 for this service.

LINGUISTIC SERVICES (\$2,500 PER YEAR)

NUMBER OF CLIENTS TO BE SERVED 11

Region 3 AIDSNET Regional Office: Snohomish Health District	<i>For Federal Fiscal Year 2009, Region 3 has allocated \$1,000 to pay for linguistic services. Region 3 agencies will assist 7 clients.</i>
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, assists HIV-positive individuals in paying for linguistic services. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$500 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, assists HIV-positive individuals in paying for linguistic services. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$500 from Ryan White Part-B for this service.
Region 5 AIDSNET Regional Office: Tacoma-Pierce County Health Department	<i>For Federal Fiscal Year 2009, Region 5 has allocated \$1,500 for linguistic services. Region 5 will provide services to 4 clients.</i>
Pierce County AIDS Foundation	This community-based organization, located in Tacoma, Washington, provides linguistic services to HIV-positive individuals. Agency primarily services clients living in Pierce County. For Federal Fiscal Year 2009, Pierce County AIDS Foundation requested \$1,500 for this service.

MEDICAL TRANSPORTATION (\$55,047 PER YEAR)

NUMBER OF CLIENTS TO BE SERVED 475

Region 1 AIDSNET Regional Office: Spokane Regional Health District	<i>For Federal Fiscal Year 2009, Region 1 allocated \$1,683 for this service. Region 1 agencies will provide services to 72 clients.</i>
Spokane AIDS Network	Agency provides medical transportation services to HIV-positive individuals in a community-based setting and at off-site provider locations. Primarily serves clients living in Spokane, Lincoln, Adams, and Whitman County. For Federal Fiscal Year 2009, Spokane AIDS Network requested \$350 for this service.
Okanogan County Health Department	This public health agency provides the medical transportation to HIV-positive individuals. Primarily serves clients living in Okanogan, Ferry, Stevens, and Pend Oreille County. For Federal Fiscal Year 2009, Okanogan County Health Department requested \$667 for this service.
Blue Mountain Heart to Heart	This organization provides medical transportation services to HIV-positive individuals. Primarily serves clients living in Walla Walla, Columbia, Asotin, and Garfield County. For Federal Fiscal Year 2009, Blue Mountain Heart to Heart requested \$666 for this service.

Region 2 AIDSNET Regional Office: Yakima Health District	For Federal Fiscal Year 2009, Region 2 allocated \$12,504 for this service. Region 2 agencies will provide services to 198 clients.
Grant County Health Department	This public health agency provides medical transportation services to HIV-positive individuals in Grant County. For Federal Fiscal Year 2009, Grant County Health Department requested \$1,000 for this service.
Chelan-Douglas Health Department	This public health agency provides medical transportation services to HIV-positive individuals in Chelan and Douglas County. For Federal Fiscal Year 2009, Chelan-Douglas Health Department requested \$2,560 for this service.
Benton-Franklin Health Department	This public health agency provides the medical transportation services to HIV-positive individuals in Benton and Franklin County. For Federal Fiscal Year 2009, Benton-Franklin Health Department requested \$4,444 for this service.
New Hope Clinic/Yakima Valley Farm Workers	This community health clinic provides medical transportation services for HIV-positive individuals in Region 2. For Federal Fiscal Year 2009, New Hope Clinic requested \$4,500 for this service.
Region 3 AIDSNET Regional Office: Snohomish Health District	For Federal Fiscal Year 2009, Region 3 has allocated \$4,000 for medical transportation. Region 3 agencies will provide services to 17 clients.
Evergreen AIDS Foundation	This community-based organization, located in Bellingham, Washington, provides medical transportation to HIV-positive individuals. Agency primarily serves clients living in Whatcom, Island, San Juan, and Skagit County. For Federal Fiscal Year 2009, Evergreen AIDS Foundation requested \$1,000 for this service.
Lifelong AIDS Alliance	This community-based organization, which has a satellite office located in Everett, Washington, provides medical transportation to HIV-positive individuals. The satellite office primarily serves clients living in Snohomish County. For Federal Fiscal Year 2009, Lifelong AIDS Foundation requested \$3,000 from Ryan White Part-B for this service.
Region 5 AIDSNET Regional Office: Tacoma-Pierce County Health Department	For Federal Fiscal Year 2009, Region 5 has allocated \$16,835 for medical transportation. Region 5 agencies will provide services to 332 clients.
Pierce County AIDS Foundation	This community-based organization, located in Tacoma, Washington, provides medical transportation to HIV-positive individuals. Agency primarily services clients living in Pierce County. For Federal Fiscal Year 2009, Pierce County AIDS Foundation requested \$10,361 for this service.
Kitsap County Health District	This local public health agency provides medical transportation to HIV-positive individuals. Agency primarily services clients living in Kitsap County. For Federal Fiscal Year 2009, Kitsap County Health District requested \$6,474 for this service.
Region 6 AIDSNET Regional Office: Clark County Public Health	For Federal Fiscal Year 2009, Region 6 has allocated \$20,025 for medical transportation. Region 6 agencies will provide services to 56 clients.
Clark County Public Health	This local public health agency, located in Vancouver, Washington, provides medical transportation services to HIV-positive individuals. Agency primarily serves clients living in Clark and Skamania County. For Federal Fiscal Year 2009, Clark County Public Health requested \$4,000 for this service.
Cowlitz County Health Department	This local public health agency provides medical transportation services to HIV-positive individuals. Agency primarily serves clients living in Cowlitz County. For Federal Fiscal Year 2009, Cowlitz County Health Department requested \$3,000 for this service.

Lewis County Health and Social Services	This local public health agency provides medical transportation services to HIV-positive individuals. Agency primarily serves clients living in Lewis County. For Federal Fiscal Year 2009, Lewis County Health and Social Services requested \$2,000 for this service.
Coastal Community Action Program	This community organization provides medical transportation services to HIV-positive individuals. Agency primarily serves clients living in Grays Harbor and Pacific County. For Federal Fiscal Year 2009, Coastal Community Action Program requested \$3,000 for this service.
United Communities Against AIDS	This community organization, located in Olympia, Washington, provides medical transportation services to HIV-positive individuals. Agency primarily serves clients living in Thurston County. For Federal Fiscal Year 2009, United Communities Against AIDS requested \$2,925 for this service.
Mason County Health Department	This local public health agency provides medical transportation services to HIV-positive individuals. Agency primarily serves clients living in Mason County. For Federal Fiscal Year 2009, Mason County Health Department requested \$3,500 for this service.
Clallam County Health Department	This local public health agency provides medical transportation services to HIV-positive individuals. Agency primarily serves clients living in Clallam and Jefferson County. For Federal Fiscal Year 2009, Clallam County Health Department requested \$1,600 for this service.
TREATMENT ADHERENCE COUNSELING (\$15,824 PER YEAR)	
NUMBER OF CLIENTS TO BE SERVED 7	
<i>Region 5 AIDSNET Regional Office: Tacoma-Pierce County Health Department</i>	<i>For Federal Fiscal Year 2009, Region 5 has allocated \$15,824 for treatment adherence counseling outside of a case management or medical setting. Region 5 agencies will provide services to 7 clients.</i>
AIDS Housing Association of Tacoma	This community-based organization is located in Tacoma, Washington. Agency provides treatment adherence counseling to HIV-positive individuals. For Federal Fiscal Year 2009, AIDS Housing Association of Tacoma requested \$15,824 for this service.
MINORITY AIDS INITIATIVE – OUTREACH (MAI FUNDING - \$36,583)	
<i>Tacoma-Pierce County Health Department - Outreach to Minority Populations</i>	Washington State contracts with the Tacoma-Pierce County Health Department to offer outreach services to minority populations and to assist them in applying for the Early Intervention Program. For Federal Fiscal Year 2009, Tacoma-Pierce County Health Department received \$36,583 for this service)

G. Barriers to Care

Impact of a Decline in Ryan White HIV/AIDS Program Formula Funding

Although Washington State did not see a decline in its Ryan White formula funding for FY 2007 or FY 2008, it has had only a very small increase in its total award over the last five years. Cases continue to increase by over 5 percent annually and the cost of living has increased by approximately 4 percent annually, yet our award increased by only \$773,615 in those five years or a total of a 7 percent increase or 1.4 percent annually. This small increase does not allow the State to maintain equilibrium with increased costs and caseloads that are not increased by the same percentage with funding.

Inmates being released from the State prison system

Washington State Department of Health seeks to improve access to care services for inmates being released from the State prison system. The agency has contracted with Washington State Department of Corrections for a Community Linkage Coordinator. This individual assists with transitioning inmates from the prison setting to the community. The Community Linkage Coordinator ensures, prior to release, that an inmate has an appointment with a physician and an HIV medical case manager in the community. The Coordinator follows-up upon release to ensure that the inmate makes a smooth transition into medical care in the community. The Coordinator submits an application for the AIDS Drug Assistance Program prior to release to assure eligibility upon discharge.

Service Delivery Challenges

Washington State has a strong service delivery system for individuals with HIV. One challenge is the difficulty in accessing care because of geographic barriers. The Cascade mountain range divides Washington State into eastern and western parts. The Cascade mountains can become an insurmountable obstacle for those living on the eastern side of the mountains who try to access care in the western part of the state, where the majority services are located.

Puget Sound in the same manner creates another geographic barrier for those living on the Kitsap and Olympic peninsulas, west of Seattle. In order to get to a provider in Seattle, clients must travel by ferry or, if by auto, must travel a significant distance around the southern edge of the Sound and back north to Seattle. Not only can this be difficult logistically for someone ill with HIV, but also it can be costly with ferry and bridge tolls or with the increased cost of gas. Additional assistance with transportation needs could be provided with supplemental funds. Additionally, services could be taken to the client. Instead of making the client travel to Seattle for care, the Department of Health has collaborated with Harborview Madison Clinic in Seattle to open a satellite location on the Kitsap peninsula and another north of Seattle in Everett.

Dwindling Resources

Housing resources are limited in many areas of the state. Lack of stable housing creates barriers to clients accessing and maintaining medical care. Regional Planning Groups continue to seek innovative ways to address the housing needs in their local communities. Available substance abuse and mental health treatment resources in rural areas are limited, forcing clients to travel to receive appropriate care.

Washington State Department of Health reduced the number of services eligible for Ryan White Part B Base 2007, forcing providers to reduce or eliminate some services. Future funding reductions from Washington State or Federal Government will necessitate additional reductions, making it difficult for regions to provide needed services where no other options exist.

Lack of Integrated Mental Health and Substance Abuse Services

There is a need for greater integration between substance abuse treatment and mental health services, as many consumers have both problems, and there are very few programs with an integrated approach. Providers note increasing levels of mental illness and chemical dependency among their clients and identified, in the 2008 Needs Assessment, mental health as amongst the top five priorities.

Overloaded, Increasingly Formalized Service System

Providers feel that increased formality and caseload burden in the Part B service system creates barriers for vulnerable clients. While the system moves toward increased accountability, clients report that they feel both a lack of privacy, as well as a need to spend additional time finding and reporting information. Consumers also feel that their providers do not have enough time to help them. Providers note an increased amount of time spent on record keeping. This problem will likely continue to increase with the growing number of consumers, limited dollars and the introduction of client-level data reporting.

Medicaid

In 2009, Washington State Medicaid no longer will be able to accept Early Intervention Program payments for client spend downs upfront or based on anticipated rather than incurred medical expenses. This is expected to have the biggest impact on dually eligible clients and will affect their access to in-and outpatient medical care, prescription drugs, dental care, home health care, mental health counseling and a variety of other home and community-based support services. HIV Client Services is working with HIV Case Managers and the HIV stakeholders to make this transition as smooth as possible and will continue to provide access to HIV-related medications for these Early Intervention Program clients until they meet their spend down.

Medicare and Medicare Part D

For many persons living with HIV, Medicare is the primary payer for healthcare and medications. However, care is required on the part of consumers and their medical case managers to ensure that the plans chosen offer the medications they need and that consumers re-enroll each year. The complexity of the program has caused problems, especially for those consumers with co-occurring disorders such as mental illness or chemical dependency. Additionally, there is a hole in Part D coverage each year when a specific dollar amount is reached. At this point, the AIDS Drug Assistance Program takes over to provide HIV medications. For consumers with additional non-HIV-related conditions, they lose coverage for those conditions at this point.

Potential Changes to the Ryan White Treatment Modernization Act

National organizations indicate support for reauthorizing the Ryan White Act as it is currently written. Were this to be the case, several factors in the current legislation would have a negative effect on care for persons living with HIV. The first of these is the rule related to transitional housing, which indicates that the service is limited to 24 months over the life of the client.

Because the most vulnerable persons living with HIV are facing co-occurring disorders such as mental illness and substance abuse, it is not uncommon for these clients to cycle through the temporary housing system multiple times due to relapse. Add to this the very limited stock of permanent housing, and the problem is exacerbated.

The Washington State Budget

There is a concern that due to a State budget crisis that the State may cut its contribution to the AIDS Drug Assistance Program, resulting in a funding shortfall for Federal Fiscal Year 2009. The Legislature will not pass the State biennium budget until late April or early May 2009.

Washington State is eliminating the General Assistance/Unemployable (GAU) program. This program has assisted people in the two-year gap between becoming disabled, and getting on Social Security Disability. Another proposed cut involves reducing reimbursement rates for mental health services, hospital in-and outpatient services, and chemical dependency treatment.

SECTION 2. Where Do We Need to Go: What is our Vision of an Ideal System?

A. Continuum of Care for High Quality Core Services

Washington State Department of Health has been and continues to be committed to providing people living with HIV with services that help them to live longer, healthier lives with HIV. Toward this end, decisions are made under a set of principles, which are outlined here.

Principles Underlining the Continuum of Care

Flexibility: Washington State Department of Health will identify and address changes in the local epidemic and resource environment through short-and long-term planning. Allocation decisions will reflect and adapt to these changes.

Needs-Based Services: Washington State Department of Health will allocate resources to allow people living with HIV to access services appropriate to their level of need, and relies upon providers to conduct periodic individualized assessment in order to determine changes in the level of need for each client served.

Systems Integration and Linkage: Washington State Department of Health will work to affect system integration, linkage, and coordination with other public and private systems of care as indicated by client needs (e.g., mental health, chemical dependency, housing, and prevention).

Oversight and Monitoring: Washington State Department of Health will oversee and monitor care services that are prioritized by Regional AIDSNET Coordinators and Regional Planning Groups.

Innovation: Upon the identification of gaps in service delivery or emergent service needs, Washington State Department of Health will promote the development, implementation, and evaluation of innovative programs.

Assessment: Washington State Department of Health will conduct formal, on-going assessment of community needs and the service delivery system.

Cultural Competency: Washington State Department of Health will demonstrate its commitment to diversity by ensuring representation by a broad array of communities, and relies upon providers to deliver services in a culturally appropriate manner.

Care/Prevention Integration: Wherever possible, Washington State Department of Health will encourage the incorporation of primary and secondary prevention into the care delivery system.

Cost Effectiveness: Washington State Department of Health will rely upon providers to deliver services funded through Ryan White Part B allocations in a high quality and cost effective manner.

Mobilization: Washington State Department of Health will promote a broad response to the HIV epidemic from many sectors of the community. This includes mobilizing volunteer involvement in service programs, planning, and education.

Prioritization: For each prioritization process, Washington State Department of Health will develop and implement clear policy to prioritize funds, to eliminate as many barriers to primary care as possible through an array of services.

Leadership: Washington State Department of Health will recognize and take seriously its role as a community leader. This leadership role includes decision making on behalf of the entire state, including those affected by HIV, and bases decisions upon the data available as well as the experiences of its diverse representatives. Washington State Department of Health will make a good faith effort to inform community members of the rationale behind its decisions.

1. Shared Vision for System Changes

Operational Definition of the Continuum of Care and Core Services: “The set of services and programs, funded by a variety of sources that help persons living with HIV to learn their HIV status, get into high quality medical care, stay in medical care, engage with and be successful in medical care, live a healthy and productive life with HIV and, when the limits of state-of-the-art medical care have been reached, to die in a supportive environment.”

Vision

Washington State Department of Health’s vision is of a limited continuum of high quality, outcome-based services in which Ryan White Part B dollars are used to fill gaps, support the underserved, and improve quality of care. Decisions made about funding changes will continue to be led by the community and be science-based and data-driven.

Washington State Department of Health monitors a range of funding and service provision resources throughout the community to use Ryan White dollars to fill gaps in services. The Washington State Department of Health assesses the available resources, determines gaps and barriers, and uses Ryan White dollars to fill gaps in the highest priority core medical services before providing funding to support services.

System Changes

The service system in Washington State is solid. However, as resources dwindle and the number of cases continues to grow, Washington State Department of Health may further reduce the array of services available to persons living with HIV. Washington State Department of Health will be mindful of new and growing gaps in core services brought about by cuts to other local, state and federal programs such as Medicaid, the State contribution to ADAP, and the housing, mental health and substance abuse treatment systems.

2. Shared Values for System Changes

Guiding Principles that Shape the HIV-Related System of Care

The history of collaboration among the entities involved in HIV care and prevention in Washington State makes for a solid set of shared values. These are best described by the Statewide Coordinated Statement of Need.

Statewide Coordinated Statement of Need

The Washington State Part B Grantee convened a workgroup comprised of representatives from Parts A, B, C, D, & F to revise Washington's Statewide Coordinated Statement of Need in late 2008. The work group developed four crosscutting themes that either guide or challenge HIV service provision in the state. These are to:

1. Provide a dynamic, client-centered continuum of HIV care that emphasizes core services
 - Address the reality of ever-increasing need and ever-decreasing resources
 - Align with the Ryan White HIV/AIDS Program principles
 - Identify non-HIV specific, under-utilized resources
 - Address the statewide Public Health funding crisis
 - Adapt the continuum to reflect data-driven client needs
2. Address the service needs of underserved populations
 - Identify the underserved populations
 - Increase ability to conduct unmet need analyses
 - Ensure that needs assessment results can be stratified by population
 - Consider traditional and unique demographic indicators
 - Identify institutional factors
 - Use client-level data to determine specific service deficiencies
 - Plan a coordinated response
 - Implement the plan in stages
 - Provide technical assistance where necessary
3. Link Prevention and Care
 - Identify effective prevention interventions for care setting, while addressing limited provider time
 - Increase prevention/care service co-location
 - Reduce barriers to universal HIV testing
 - Increase prevention and testing efforts for populations that have high levels of late diagnosis
4. Adapt to the changing social and political landscape
 - Use quality management reviews and client-level data collection to increase system accountability
 - Ensure that services are a good value for the money
 - As local, state and federal funding decreases for all services used by PLWH, ensure that the Ryan White system stays intact and meets its goals

- Actively participate in conversations regarding funding and how it is used, not only in the Ryan White system
- Ensure that policies for HIV care are science-based and data-driven

Challenges

All providers and planners in Washington State are struggling to maintain high quality services while facing significant challenges:

- In addition to resource limitations and local and state budget shortfalls, Washington State does not have a dedicated source for Public Health funding.
- The number of persons living with the disease continues to grow due to new diagnoses, in-migration from other states and reduced death rates.
- The complexity of serving people with HIV increases as the number of consumers presenting with co-morbid conditions grows.

SECTION 3: How Will We Get There: How Does Our System Need to Change to Assure Availability of and Access to Core Services?

For the 2009-2011 Comprehensive Plan, Washington State is emphasizing services that positively affect the HIV-related health outcomes of persons living with HIV. The following goals, objectives, activities and outputs identify ways in which Ryan White Part B will attempt to change in the upcoming three years to assure availability of and access to core and support services. Washington State Department of Health and providers will periodically update these as needed. These goals both continue the work completed over the past three years and bring new initiatives to strengthen that work.

A. Goals, Objectives, Activities

Statewide Coordinated Statement of Need Crosscutting Goals:

- *Provide a dynamic, client-centered continuum of HIV care that emphasizes core services*
- *Address the service needs of underserved populations*

Goal 1. To achieve and maintain a more equitable, effective system of HIV care, Washington State Department of Health will know the HIV-related needs, gaps, barriers, and service utilization of persons living with HIV as well as the service capacity in the service area.

Objective 1. Washington State Department of Health will obtain a complete picture of utilization of services through client-level data.

Activity 1. Washington State Department of Health will begin collecting client-level data for medical care and HIV medical case management in January 2009.

Responsible Person: Ryan White Part B Program Manager, Early Intervention Program Operations Supervisor, Community and Case Management Programs Supervisor

Marker: Medical care providers and medical HIV case management providers will be collecting all identified data elements beginning in January 2009.

Timeline: January 2009

Activity 2. Washington State will institute statewide database in the second quarter of 2009. This includes overseeing implementation of software, housing, and managing all client-level data throughout the state.

Responsible Person: Early Intervention Program Operations Supervisor, University of Washington Center for Public Health Informatics

Marker: Database will be in place for medical care and HIV medical case management by July 2009.

Marker: Data that has been collected for medical care will be 80 percent complete and accurate by December 2009, and improvements will be seen each quarter thereafter.

Marker: Data will be used by the Regional Planning Groups and AIDSNET Coordinators in the prioritization and allocation process September through December 2010.

Timeline: July 2009

Activity 3. Washington State Department of Health will add services to the database over time, beginning with Core Medical Services.

Responsible Person: Ryan White Part B Program Manager, Early Intervention Program Operations Supervisor, University of Washington Center for Public Health Informatics

Marker: In March 2010, ADAP will be added to the database.

Marker: Medical case management and ADAP data will be 80 percent complete and accurate by September 2010, and improvements will be seen each quarter thereafter.

Marker: Oral health care programs will be added to the database in June 2010.

Marker: Oral health care data will be 80 percent complete and accurate by December 2010, and improvements will be seen each quarter thereafter.

Marker: Mental health services will be added to the database in September 2010.

Marker: Mental health services data will be 80 percent complete and accurate by March 2011, and improvements will be seen each quarter thereafter.

Marker: Substance abuse treatment program data will be added to the database in December 2010.

Marker: Substance abuse treatment data will be 80 percent complete and accurate by June 2011, and improvements will be seen each quarter thereafter.

Marker: Data for medical care, ADAP, medical case management, oral health care, mental health services and substance abuse treatment will be used by the Regional Planning Groups in September 2011.

Marker: Medical nutrition therapy data will be added to the database in March 2011.

Marker: Medical nutrition therapy data will be 80 percent complete and accurate by September 2011, and improvements will be seen each quarter thereafter.

Marker: Housing program data will be added to the database in June 2011, as the first support service to be added.

Marker: Housing data will be 80 percent complete and accurate by December 2011, and improvements will be seen each quarter thereafter.

Marker: Additional services will be added to the database going into the next Comprehensive Plan period.

Timeline: 2009 to 2011 as indicated in Markers

Activity 4. Washington State Department of Health will review utilization of each Ryan White service and compare it with the demographics of the epidemic in terms of gender, race, age, ethnicity, country of origin, mode of exposure, and geographic location.

Responsible Person: Washington State Department of Health Assessment Unit, Community and Case Management Programs Supervisor

Marker: Community and Case Management Programs Supervisor will present report to Ryan White Program Manager and AIDSNET Coordinators.

Timeline: December 2009, 2010, 2011

Activity 5. Washington State Department of Health will use information about under-utilization of services by specific populations of consumers to assist Regional Planning Groups in setting priorities, sub-priorities, and caveats in the prioritization process in fall 2010 & 2011.

Responsible Person: Community and Case Management Programs Supervisor

Marker: Community and Case Management Programs Supervisor will present information to Ryan White Program Manager, AIDSNET Coordinators, and Regional Planning Groups.

Marker: The Regional AIDSNET prioritization and allocation plan will reflect the use of these data

Timeline: September to December 2010 & 2011

Objective 2. Washington State Department of Health will access if and why there is under-utilization of some high-ranking Core Services by historically underserved or disproportionately affected communities.

Activity 1. Washington State Department of Health will complete analysis to update those local populations with the highest disease burden, hence “disproportionately affected communities.”

Responsible Person: Washington State Department of Health Assessment Unit

Marker: Agency will complete analysis that includes looking for disproportionate affected populations by sex, race, ethnicity, mode of transmission, age, geography.

Timeline: September 2011

Activity 2. Washington State Department of Health will use client-level data as it becomes available for each service and identify groups of people with a certain demographic characteristic in common who are disproportionately under-utilizing high ranked services

Responsible Person: Early Intervention Program Operations Supervisor, Community and Case Management Programs Supervisor

Marker: Agency will complete analysis that includes looking for disproportionate affected populations by sex, race, ethnicity, mode of transmission, age, geography.

Timeline: December 2010 & 2011

Activity 3. Washington State Department of Health will compare client-level data with information from Medical Monitoring Project to determine populations and sub-populations that underutilize services

Responsible Person: Washington State Department of Health Assessment Unit
Marker: Agency will complete analysis that compares client-level data and Medical Monitoring Project.

Timeline: September 2010 & 2011

Activity 4. Washington State Department of Health will determine the barriers leading to disproportionate use of services

Responsible Person: Client Services Leadership Team

Marker: Team will complete report on barriers leading to disproportionate use of services.

Timeline: August 2011

Objective 3. Washington State Department of Health will gain a clear picture of consumer needs and system capacity through the quantitative and qualitative assessment tools known as the Comprehensive Needs Assessment.

Activity 1. In collaboration with the Seattle TGA Ryan White Part A Program, develop a consumer survey that identifies the needs, gaps, and barriers of service for consumers. Survey will be administered in spring 2009.

Responsible Person: Community and Case Management Programs Supervisor; Seattle TGA Part A.

Marker: Completion of consumer survey

Timeline: April 2009 & 2011

Activity 2. In collaboration with the Seattle TGA Ryan White Part A Program, develop a provider survey that identifies the needs, gaps, and barriers of service for the consumers they serve. Survey will be administered in spring 2009.

Responsible Person: Community and Case Management Programs Supervisor; Seattle TGA Part A

Marker: Completion of provider survey

Timeline: April 2009 & 2011

Activity 3. Analyze data from Activities 1 and 2 and determine themes and follow-up questions to be asked in Regional focus groups and key informant interview.

Responsible Person: Community and Case Management Programs Supervisor; Seattle TGA Part A.

Marker: Completion of development of questions

Timeline: April 2010

Activity 4. Conduct key informant interviews to gather additional qualitative data about barriers and system capacity in spring of 2010.

Responsible Person: Community and Case Management Programs, Regional Planning Groups

Marker: Completion of key informant interviews

Timeline: April 2010

Activity 5. Conduct focus groups with consumers to gather qualitative data about consumer needs, gaps, and barriers in spring 2010.

Responsible Person: Community and Case Management Programs, Regional Planning Groups

Marker: Completion of focus groups

Timeline: April 2010

Activity 6. Analyze all of the needs assessment data and present findings to Regional Planning Groups.

Responsible Person: Community and Case Management Programs Supervisor; Seattle TGA Part A.

Marker: Minutes of Regional Planning Groups reflect presentation of needs assessment data and findings

Timeline: September to November 2009 & 2011

Objective 4. Washington State Department of Health will gain a clearer picture of programs essential to persons living with HIV.

Activity 1. Washington State Department of Health will use staff and community expertise to keep up to date on Medicaid, Ryan White Parts A, C, D, F, the substance abuse system, mental health system, corrections, insurance, private providers, and other programs affecting persons living with HIV.

Responsible Person: Client Services Leadership Team

Marker: Washington State Department of Health will compile information for use in Regional planning activities.

Timeline: January 2009 to December 2011

Statewide Coordinated Statement of Need Crosscutting Goals:

- *Provide a dynamic, client-centered continuum of HIV care that emphasizes core services*
- *Address the service needs of underserved populations*

Goal 2. There will be no significant gaps in the highest ranked core services.

Objective 1. Utilize all data to determine and fill gaps in the highest ranked services.

Activity 1. Create and distribute presentations and other materials and present them to the AIDSNET Coordinators and Regional Planning Groups for priority setting.

Responsible Person: Community and Case Management Programs Supervisor; Regional AIDSNET Coordinators

Marker: Regional AIDSNET funding applications include a detailed account of how gaps in services were filled, starting with the highest priority.

Marker: Subsequent needs assessments show a reduced or eliminated gap in core services.

Timeline: September – November, 2009 & 2010 & 2011

Activity 2. AIDSNET Coordinators consider services in order of priority and address gaps in the allocation process.

Responsible Person: Community and Case Management Programs Supervisor; Regional AIDSNET Coordinators

Marker: Regional AIDSNET funding applications include a detailed account of how gaps in services were filled, starting with the highest priority.

Marker: Subsequent needs assessments show a reduced or eliminated gap in core services.

Timeline: October – December 2009 & 2010 & 2011

Activity 3. Provide technical assistance to assure that regional service priorities and funding allocations are positively linked to client and provider statewide needs assessment data analysis.

Responsible Person: Community and Case Management Programs Supervisor, Regional AIDSNET Coordinators

Marker: AIDSNET Coordinators submit annual plans that reflect results of statewide needs assessment data analysis.

Timeline: October – December 2009 & 2010 & 2011

Statewide Coordinated Statement of Need Crosscutting Goals:

- *Provide a dynamic, client-centered continuum of HIV care that emphasizes core services*
- *Address the service needs of underserved populations*

Goal 3. There will be no persons living with HIV without access to the highest ranked core services. The profile of service utilization will favor historically underserved and disproportionately affected populations.

Objective 1. Enroll person living with HIV who are not receiving medical care into the Early Intervention Program, primary medical care, and the AIDS Drug Assistance Program.

Activity 1. Through prioritization and procurement of services, Washington State Department of Health will ensure that any barriers to access that can be removed are removed.

Responsible Person: Ryan White Program Manger; Early Intervention Program Client Services Supervisor

Marker: Staff will identify barriers to access that can be removed and report findings to Client Services Leadership Team

Timeline: January 2009 to December 2011

Activity 2. Continue the Minority AIDS Initiative project in Pierce County to provide outreach to African Americans and Hispanic/Latinos living with HIV who are not receiving medical care.

Responsible Person: Community and Case Management Programs Supervisor; Minority AIDS Initiative contractor

Marker: Twenty-five percent of African Americans or Hispanic who are HIV positive, living in Pierce County, and not in medical care will be enrolled in the Early Intervention Program

Timeline: January 2009 to December 2011

Objective 2. Eliminate disparities in care for disproportionately affected and historically underserved populations.

Activity 1. Review client-level data showing utilization patterns for these populations.

Responsible Person: Community and Case Management Programs Supervisor;
Early Intervention Program Operations Supervisor

Marker: Staff will identify barriers to access that can be removed and report findings to Client Services Leadership Team

Timeline: January 2010 to December 2011

Activity 2. Provide outreach to minority persons living with HIV who are not enrolled in the Early Intervention Program

Responsible Person: Community and Case Management Programs Supervisor;
Minority AIDS Initiative contractor

Marker: Twenty-five percent of minority persons living with HIV that are not in care will be enrolled in the Early Intervention Program.

Timeline: January 2009 to December 2011

Statewide Coordinated Statement of Need Crosscutting Goals:

- *Provide a dynamic, client-centered continuum of HIV care that emphasizes core services*
- *Adapt to changing social and political landscape*

Goal 4. Services paid for by Ryan White Part B will be of high and ever improving quality.

Objective 1. Washington State Department of Health will continually assess the quality of Ryan White medical HIV case management services.

Activity 1. Quality assurance review will take place on an annual basis for HIV medical case management services.

Responsible Person: Community and Case Management Programs Supervisor,
Regional AIDSNET Coordinators

Marker: Staff submits report to Part B Program Manager

Timeline: January 2009 to December 2011

Activity 2. Client-level data will be integrated into the medical case management quality assurance review process.

Responsible Person: Community and Case Management Programs Supervisor,
Regional AIDSNET Coordinators

Marker: Staff submits report to Part B Program Manager

Timeline: January 2010 to December 2011

Activity 3. An improvement plan will be made after case management review.

Responsible Person: Community and Case Management Programs Supervisor,

Marker: Staff submits report to Part B Program Manager and AIDSNET Coordinators

Timeline: January 2009 to December 2011

Activity 4. Plans will be monitored and updated.

Responsible Person: Community and Case Management Programs Supervisor

Marker: Staff submits report to Part B Program Manager and AIDSNET Coordinators

Timeline: January 2009 to December 2011

Activity 5. Medical HIV case management service issues will be addressed at the system level, focusing on the highest priority services first.

Responsible Person: Community and Case Management Programs Supervisor, Regional AIDSNET Coordinators

Marker: Staff submits report to Part B Program Manager

Timeline: January 2009 to December 2011

Objective 2. Washington State Department of Health will review and update medical case management service standards and measure periodically.

Activity 1. Review the usability of medical case management standards and measures on an annual basis

Responsible Person: Community and Case Management Programs Supervisor,

Marker: Staff submits report to Part B Program Manager

Timeline: January 2009 to December 2011

Activity 2. Troubleshoot problems and update case management standards

Responsible Person: Community and Case Management Programs Supervisor, Regional AIDSNET Coordinators

Marker: Staff submits report to Part B Program Manager

Timeline: January 2009 to December 2011

Activity 3. Set priorities for case management agencies' quality improvement

Responsible Person: Community and Case Management Programs Supervisor, Regional AIDSNET Coordinators

Marker: Staff submits report to Part B Program Manager

Marker: Submit improvement plan to case management providers

Timeline: January 2009 to December 2011

Objective 3. Ryan White Part B case managers will understand case management roles, responsibilities, and standards

Activity 1. Washington State Department of Health will provide training for new case managers on a twice-yearly basis.

Responsible Person: Community and Case Management Programs Supervisor,

Marker: Training logs reflect providers attending quality management training

Timeline: January 2009 to December 2011

Activity 2. Washington State Department of Health will provide training for established case managers on a twice-yearly basis.

Responsible Person: Community and Case Management Programs Supervisor,

Marker: Training logs reflect providers attending quality management training

Timeline: January 2009 to December 2011

Objective 4. Washington State Department of Health will engage in system-wide quality improvement.

Activity 1. Assess system-wide clinical indicators for Ryan White Part B funded services.

Responsible Person: Client Services Leadership Team

Marker: Staff submits report to Part B Program Manager

Timeline: January 2009 to December 2011

Activity 2. Ensure that clinical indicators are collected as part of the statewide client-level data system.

Responsible Person: Early Intervention Program Operations Supervisor

Marker: Staff submits report to Part B Program Manager

Timeline: January 2010 to December 2011

Activity 3. Provide monthly educational updates for providers to improve and sustain professional competence.

Responsible Person: Community and Case Management Programs Supervisor

Marker: Statewide Case Management Coordinators logs reflect monthly educational updates.

Timeline: January 2009 to December 2011

Objective 5. Analyze current methods and systems to ensure that EIP is cost-effective and service effective to increase access for persons who meet eligibility requirements.

Activity 1. Review current services to find more cost-effective methods of delivery.

Responsible Person: Early Intervention Program Operations Supervisor, Early Intervention Program Eligibility Supervisor

Marker: Staff submits report to Part B Program Manager

Timeline: January 2009 to December 2011

Activity 2. Work with Early Intervention Steering Committee to prioritize services.

Responsible Person: Part B Program Manager

Marker: Early Intervention Program minutes reflect prioritization

Timeline: January 2009 to December 2009

Activity 3. Continue implementation of changes regarding payment of spend down, making programmatic changes as necessary.

Responsible Person: Early Intervention Program Operations Supervisor, Early Intervention Program Eligibility Supervisor

Marker: Staff submits report to Part B Program Manager

Timeline: January 2009 to December 2009

Objective 6. HIV case management providers will engage in program-level quality improvement activities

Activity 1. Case management providers will submit annual quality management plans that include quality assurance, client satisfaction and quality improvement goals and activities.

Responsible Person: Community and Case Management Programs Supervisor

Marker: Statewide Case Management Coordinators reports and contractor reports include annual quality management plans

Timeline: January 2011

Activity 2. Washington State Department of Health will provide trainings on quality management for providers, consumers, and planners to develop and increase capacity on the program level.

Responsible Person: Quality Management Planning and Evaluation Group

Marker: Training logs reflect providers attending quality management training

Timeline: January – December, 2010

Objective 7. Obtain client feedback on Ryan White services.

Activity 1. Feedback from consumers will be collected

Responsible Person: Community and Case Management Programs Supervisor

Marker: Statewide Case Management Coordinators reports include client feedback on Ryan White Services

Marker: Annual reports from contracts include client feedback on Ryan White funded services

Timeline: January 2010 to December 2011

Statewide Coordinated Statement of Need Crosscutting Goals:

- *Provide a dynamic, client-centered continuum of HIV care that emphasizes core services*
- *Adapt to the changing social and political landscape*
- *Link prevention and care*

Goal 5. To the greatest extent possible, there will be seamless coordination between Ryan White Part B and other services.

Objective 1. Ensure coordination between all Ryan White Parts in Washington State to maximize use of funds without duplicating services.

Activity 1. Washington State Department of Health will coordinate the development of the Statewide Coordinate Statement of Need

Responsible Person: Community and Case Management Programs Supervisor

Marker: Completion of Statewide Coordinated Statement of Need

Marker: The Statewide Coordinated Statement of Need will reflect participation by all Ryan White Parts

Timeline: July 2011 to November 2011

Activity 2. All Ryan White Parts will collaborate on a statewide client-level data system, housed at Washington State Department of Health

Responsible Person: *Part B Program Manager*

Marker: Client level data system will be in place

Timeline: January 2009 to December 2011

Objective 2. Ensure coordination between Ryan White Part B and Department of Corrections

Activity 1. Washington State Department of Health will continue relationship with the Washington State Department of Corrections to provide pre-release case management to link offenders with community providers.

Responsible Person: Ryan White Program Manager, Community and Case Management Programs Supervisor, Department of Corrections

Marker: Offenders will be linked with community providers prior to release

Timeline: January 2009

Activity 2. Provide trainings/manuals on medical case management and the Early Intervention Program services that emphasize needs of HIV positive offenders being released to the community.

Responsible Person: Ryan White Program Manager, Community and Case Management Programs Supervisor, Department of Corrections

Marker: Trainings and manuals are produced.

Timeline: December 2009

Objective 3. Increase number of newly diagnosed HIV-positive clients accessing care services.

Activity 1. Work with HIV Prevention and Education Services to identify ways in which HIV care and prevention can work together

Responsible Person: Client Services Leadership Team

Marker: Prevention and care develop plan for increasing referrals.

Timeline: December 2009.

Activity 2. Encourage Regional Planning Groups to identify ways they can incorporate prevention activities into their continuum of care for HIV-positive clients.

Responsible Person: Community and Case Management Programs Supervisor

Marker: Regional Planning Groups include goals to incorporate prevention activities into annual work plans.

Timeline: January 2010

Objective 4. Increase access to medical services for Ryan White Part B clients seeking medical care in Seattle.

Activity 1. Maintain outreach medical clinics through contracts with Harborview Medical Clinic, Kitsap County Health Department, and Snohomish Community Health Care.

Responsible Person: Ryan White Program Manager, Community and Case Management Programs Supervisor

Marker: Clinic logs show that clients access medical services at outreach clinics.

Timeline: January 2009 to December 2011.

Statewide Coordinated Statement of Need Crosscutting Goals:

- *Address the service needs of underserved populations*
- *Adapt to changing social and political landscape*

Goal 6. Washington State Department of Health will complete the Comprehensive Plan in three years.

Objective 1. Washington State Department of Health will update the plan as needed.

Activity 1. Washington State Department of Health will be aware of changes to Ryan White legislation and external factors that may drive changes to the plan.

Responsible Person: Ryan White Part B Program Manager

Marker: Client Services Leadership Team meeting minutes will indicate that Ryan White Part B manager discussed relevant changes to Ryan White Legislation with staff.

Timeline: January 2009 to December 2011

Activity 2. Washington State Department of Health will monitor progress in accomplishing the Comprehensive Plan's tasks.

Responsible Person: Client Services Leadership Team

Marker: Client Services Leadership Team minutes will reflect tracking progress on plan.

Timeline: January 2009 to December 2011

Activity 3. Washington State Department of Health will adjust the Comprehensive Plan as needed.

Responsible Person: Client Services Leadership Team

Marker: Comprehensive Plan will reflect changes made to the Client Services Leadership Team minutes

Timeline: January 2009 to December 2011

Activity 4. Washington State Department of Health will inform HRSA Project officer of any changes.

Responsible Person: Ryan White Part B Program Manager

Marker: Meeting minutes will indicate that the Program Manager updated the HRSA Project Officer on changes to the Comprehensive Plan.

Timeline: January 2009 to December 2011

Objective 2. Washington State Department of Health will write the 2012-2014 Comprehensive Plan as new goals emerge.

Activity 1. As work begins for the years 2009-2011, begin the next plan's goals and objectives.

Responsible Person: Community and Case Management Programs Supervisor

Marker: Client Services Leadership Team minutes will reflect instances in which the Team extends plans into 2012 and beyond.

Timeline: January 2009 to December 2011

Activity 2. Washington State Department of Health will refine these goals throughout the time of the 2009-2011 plan.

Responsible Person: Client Services Leadership Team

Marker: Client Services Leadership Team minutes will reflect tracking progress on refining the plan.

Timeline: January 2009 to December 2011

Activity 3. Washington State Department of Health will finish the 2012 Comprehensive Plan in late 2011.

Responsible Person: Community and Case Management Programs Supervisor

Marker: Washington State Department of Health will submit the 2012-2014 Comprehensive Plan to HRSA in January, 2012.

Timeline: December 2011

SECTION 4: How Will We Monitor Our Progress: How Will We Evaluate Progress in Meeting Our Short- and Long-Term Goals?

A. Improving Client-Level Data

Washington State Department of Health began collecting client-level data for medical care and medical case management in 2009. Providers currently report progress in aggregate to the Department on a quarterly basis. The Department is in the process of developing a new statewide database that will allow the Ryan White Program to access data regularly. The statewide database will allow Ryan White Programs to un-duplicate clients across service providers and develop a detailed profile of service utilization by race, gender and other factors.

The statewide Quality Management Planning and Evaluation Group, which is overseeing implementation of the data system, has entered into a contract with the University of Washington Center for Public Health Informatics. The Center for Public Health Informatics will research the manner in which the various agencies record data elements, so that specific and accurate translations can be performed. The statewide database is slated to be in place by July 2009. Providers already collect the needed data elements and will begin reporting them in July 2009. Running tests on the data to ensure accuracy will be done periodically by the Part A and B Grantees. As the data for outpatient/ambulatory medical care and medical case management becomes set, the system will be expanded to other services, beginning with Core Services.

When Washington State Department of Health works with the Regional Planning Groups to prioritize services for 2010, there will be at least two quarters of reliable data on client utilization, delineated by gender, race, geographic location, and other factors.

B. Using Data for Evaluation

Washington State Department of Health uses data in planning, monitoring, and making changes to services. The Department uses a well-established system by which to evaluate the work of agencies and service providers.

Washington State Department of Health receives quarterly reports from agencies on progress toward meeting goals and objectives. The Department uses these data to evaluate the programs. The Department gives prompt attention to agencies having difficulties in meeting goals and objectives.

HIV Case Management Coordinators conduct quality assurance reviews, develop an improvement plan for each agency, and monitor work on the improvement plan. As it becomes available, the Department will use client-level data to evaluate agencies. The Department reports data to the AIDSNET Regional Planning Groups for use in the prioritization a process.

Washington State Department of Health uses needs assessment, gap analysis, and client-level data to determine the impact decisions on both the effectiveness of the service-delivery system

and on persons living with HIV. The Department uses data to make changes to processes where possible. Where changes are not possible, the Department outlines barriers and develops strategies to overcome these barriers.

C. Measuring Clinical Outcomes

Vision/mission and goals

Quality management for Ryan White Part B and ADAP programs in Washington State are addressed by a cross program team within the Department. The purpose of this team is to develop and coordinate the plan and to monitor progress toward specific outcomes. The ultimate goal is improving services to clients.

Roles and responsibilities of staff members or committees responsible

Part B/ADAP Quality Management is a responsibility of the HIV Client Services Leadership Team, which consists of the Program Manager, EIP Eligibility Supervisor, EIP Operations Supervisor, and Case Management and Community Programs Supervisor. In addition, other staff such as the Statewide Case Management Coordinator, the EIP Information and Data Specialist, and Assessment Unit staff participate in quality management activities and attend Client Services Leadership Team meetings as needed. The Client Services Leadership Team meets bi-monthly to coordinate ongoing implementation of the quality management plan.

Quality Evaluation Processes and Activities

The Client Services Leadership Team uses the following quality evaluation process:

- Identify program areas where quality management efforts are needed
- Identify available resources for quality management and
- Locate data that are needed to monitor efforts into the future

The group has identified the following three program areas to focus on over the next one to two years:

- Program administration
- Case management
- Medical care

Activities implemented to assess and monitor quality of services

The AIDS Drug Assistance Program is collaborating with the Washington State Department of Health's Assessment Unit on the CDC-funded Medical Monitoring Project. The project collects comprehensive information from a representative sample of providers and clients in Washington State providing and receiving HIV-specific medical care. The project combines a comprehensive medical chart review and behavioral interview of approximately 400 clients per year. Since most of the sample providers serve Early Intervention Program clients, the project is able to evaluate Early Intervention Program client demographics, provider characteristics, analyze trends in health care utilization, and characterize compliance with U.S. Public Health Service Guidelines for the treatment of persons with HIV disease, a key evaluation goal of Washington State's Part B program.

Case Management Planning and Evaluation Group

The Case Management Planning and Evaluation Group was formed in November 2004 to provide a mechanism for the objective review, evaluation, and continuing improvement of HIV case management on a statewide level. Specifically, the goals of this group are to:

- Prioritize quality goals and projects so the most critical areas are addressed
- Create uniform case management delivery standards, thresholds and measurements
- Plan for appropriate education relating to quality improvement concepts and techniques
- Develop a risk assessment and capacity development tool for new case management agencies
- Create a long term case management plan/vision

Case Management Planning and Evaluation Group membership consists of the Statewide Case Management Coordinators, HIV case managers representing each of the six AIDSNET Regions in Washington State, the Seattle Part A Administrator, and the quality management program manager for the Seattle Part A Transitional Grant Area and the Ryan White Part D funded program administrator.

In 2006, the Case Management Planning and Evaluation Group completed its primary task of developing uniform case management service standards. In FY 2007, the grantee implemented the Statewide Standards for Medical HIV Case Management. Distribution of and training on the new standards was completed in March 2007.¹⁰

Contract management and monitoring

Contracts for pharmacy benefits manager, insurance benefits manager, and case management and other providers of Part B-funded services include quality management requirements in the statement of work. Face to face meetings with pharmacy benefits manager and insurance benefits manager are held at least biannually and phone meetings more frequently to monitor contract performance and any quality management issues. Program and fiscal monitoring site visits are conducted on a regular basis depending on the specific contract requirements.

Specific indicators implemented to assess and monitor quality of clinical services

HIV Client Services uses the following indicators to evaluate HIV Case Management Agencies for compliance with the standards developed:

- Primary medical care: Documentation in the client's chart that a medical provider has seen the client in the last seven months or the case manager has made efforts to engage the client in primary care.
- Access to medications: Case manager documents in the client's chart that the client has prescription coverage such as EIP, Medicaid, Medicare Part D, or insurance.
- Treatment adherence: Case manager documents at least one medication adherence assessment or contact in the previous three months.

¹⁰Case management standards can be found at http://www.doh.wa.gov/cfh/HIV_AIDS/Client_Svcs/documents/07cmstandard.doc

Title XIX

The Statewide Case Management Coordinator incorporated the new standards into existing Title XIX site visits where compliance with Washington Administrative Code is monitored. In 2008, the program visited all 20 cases management sites and conducted chart reviews. Summaries of those reviews are currently being completed and will be sent to the providers in February 2009. In addition, the Statewide Case Management Coordinator will continue to provide trainings on the standards and ongoing technical assistance to monitor identified areas of improvement.

Other data collection strategies

- Use of routinely collected demographic, utilization and cost data obtained from EIP client applications, reports from contractors including pharmacy benefits manager, insurance benefits manager, and case management and Part B providers, and prescription drug claims level data
- Client surveys
- Provider surveys
- Client interviews
- Systems Acuity Measurement (SAM) tool¹¹
- Training evaluations

Uses of data to improve or change service delivery in the State.

In 2007, the grantee began meeting with Washington State's Part A, C and D grantees in a statewide Quality Management Committee to plan for development of a client-level data system to more efficiently collect, monitor and report on a broad array of client-level indicator data. The initial steps in this process included contracting with the University of Washington's Center for Public Health Informatics (UWCPHI) to conduct a statewide assessment of data systems currently in use at all agencies and subcontractors providing direct services at the client level, including clinical care through the Part C-funded clinics. The contract with UWCPHI has been extended through June 30, 2009 to:

- develop a strategic plan for meeting HRSA requirements for reporting of client-level data
- prepare an information technology proposal for development of a pilot patient-level data warehouse meeting HRSA requirements for reporting of client-level data and
- provide outcome metrics at the state level to direct quality management activities for HIV/AIDS care services

Case management contractors will be encouraged to use CAREWare or CARE Ware-lite to report client level data unless unable to do so. For those who cannot, the Community and Case Management Programs Supervisor developed an Excel spreadsheet to use to collect and report their client level data. CAREWare will be used statewide until the statewide system is developed.

Quality improvement activities undertaken and improvements shown

The Statewide Case Management Coordinator provides ongoing technical assistance to monitor areas of improvement identified in site visits and chart reviews. In 2009, the Case Management Planning and Evaluation Group will work on the following goals:

¹¹Systems Acuity Measurement (SAM) tool which can be found at http://www.doh.wa.gov/cfh/HIV_AIDS/Client_Svcs/documents/SAM2007.pdf

- Develop a risk assessment and capacity development tool for new case management agencies
- Create a long term case management plan/vision

Contract management and monitoring

The grantee will continue to include quality management requirements in the statement of work for contracts for pharmacy benefits manager, insurance benefits manager, and case management and other providers of Part B-funded services include. The grantee will continue to monitor performance through biannual face-to-face meetings and frequent phone consultations. Program and fiscal monitoring site visits will continue to be conducted on a regular basis depending on the specific contract requirements.

ADAP Clinical Quality Management Program

EIP staff and our contracted Pharmacy Benefits Manager, Public Health Services Bureau, (PHSB) collaborate to monitor the following ADAP indicators:

- Prior authorization turn-around time
- Appropriate dispensation of certain medications requiring prior authorization
- Number of grievances concerning prior authorizations
- Client utilization data
- Geographic adequacy of pharmacy network
- Quarterly updates of charts to review utilization, expenditures and demographic patterns including comparison of costs for insured versus uninsured clients
- Number of clients moved to Medicaid, Medicare or private insurance

The EIP Steering Committee, the planning/advisory body for EIP (Washington's ADAP), assists with ongoing ADAP related evaluation activities and identifying needed program changes to improve quality and manage costs. HIV Client Services prepares data packets that include aggregated utilization, expenditure, and demographic data of AIDS Drug Assistance Program clients, which are presented to and reviewed by the Early Intervention Steering Committee.

In early 2006, an ad hoc evaluation sub-committee of the Early Intervention Program Steering Committee consisting of steering committee members, client caucus members, EIP staff, and representatives from the program's pharmacy benefits manager was formed. This committee completed an evaluation of the effects of two cost savings measures on client access to care. Those results were used to make recommendations to the program that then implemented several process improvements such as reducing the Federal Poverty Level cutoff for requiring EIP clients to apply to Medicaid, creating supplemental billing instructions for pharmacies, enhancing pharmacy data review capabilities, and implementing a new prescription benefit card and instructions for clients.

The ad-hoc evaluation committee will be reconvened in FY 2009 to assist in minimizing the effect of budget reductions on quality of care for ADAP clients. In addition, the overall steering committee advises the Medical Monitoring Project described above and provides input on other quality management activities.

Addition of FDA drugs to the formulary

The formulary sub-committee of the EIP Steering Committee chaired by the program's medical consultant meets regularly to review drugs nearing FDA approval and makes recommendations to the program regarding addition of drugs and whether any prior authorization should be required. The medical consultant completes a formulary addition analysis that includes:

- A description of the medical use and how the drug(s) relates to the purpose of EIP
- Any requirements recommended and whether in line with published treatment guidelines and/or community standard of care
- The extent to which the treatment is available through Medicaid or private insurance
- The impact the addition will have on enrollment and utilization and
- The estimated monthly per-person and the estimated total annual cost for the drug

Coordination with AETC

In addition to having AETC representation on the EIP Steering Committee, the grantee coordinates with AETC to provide various trainings throughout the year. This has included providing AETC with access to provider mailing lists, co-sponsoring special training events, and planning, presenting and co-sponsoring a three-day statewide care conference in November 2007.

Appendix A
Washington State Unmet Need Framework Table for 2007

Population Sizes		Value	Data Source(s)
Row A.	Number of persons living with AIDS (PLWA), as of 12/31/2007 (reported through 11/2008)	5,263	HARS (HIV AIDS Reporting System) case registry, Washington State Department of Health, Office of Infectious Disease & Reproductive Health, Assessment Unit. HARS data are conservatively adjusted for estimated completeness of reporting (97 percent for AIDS, 95 percent for Non-AIDS HIV) and to estimate proportion of AIDS cases that have migrated out of Washington State (based on surveillance inquiry from destination state's HIV/AIDS surveillance unit).
Row B.	Number of persons living with HIV (PLWH)/ non-AIDS/ aware, as of 12/31/2007 (reported through 11/2008)	4,443	HARS (HIV AIDS Reporting System) case registry, Washington State Department of Health, Office of Infectious Disease & Reproductive Health, Assessment Unit. HARS data are conservatively adjusted for estimated completeness of reporting (97 percent for AIDS, 95 percent for Non-AIDS HIV) and to estimate proportion of Non-AIDS HIV cases that have migrated out of Washington State (based on surveillance inquiry from destination state's HIV/AIDS surveillance unit).
Row C.	Total number of HIV+/ aware as of 12/31/2006 (reported through 12/2007)	9,706	See Above
Care Patterns		Value	Data Source(s)
Row D.	Number of PLWA who received the specified HIV primary medical care during the 12-month period 1/2007 through 12/2007	4,264	Laboratory Tracking Database, (LTD), Washington State Department of Health, Office of Infectious Disease & Reproductive Health, Assessment Unit. LTD is a repository of all legally reportable HIV-related laboratory results. Revised Code of Washington (RCW) requires reporting of all CD4+ results, HIV viral load results and all HIV-specific indicator tests. These data are required to be reported by all public and commercial diagnostic laboratories without regard to funding source or patient characteristics, are considered comprehensive for all patients/clinicians seeking HIV-specific laboratory services in Washington State. The data have been estimated at 85 percent complete. Care patterns are established by matching unique individuals in LTD with HARS surveillance registry.
Row E.	Number of PLWH/ non-AIDS/ aware who received the specified HIV primary medical care during the 12-month period 1/2007 through 12/2007	2,986	Laboratory Tracking Database, (LTD), Washington State Department of Health, Office of Infectious Disease & Reproductive Health, Assessment Unit. LTD is a repository of all legally reportable HIV-related laboratory results. Revised Code of Washington (RCW) requires reporting of all CD4+ results, HIV viral load results and all HIV-specific indicator tests. These data are required to be reported by all public and commercial diagnostic laboratories without regard to funding source or patient characteristics, are considered comprehensive for all patients/clinicians seeking HIV-specific laboratory services in Washington State. The data have been estimated at 85 percent complete. Care patterns are established by matching unique individuals in LTD with HARS surveillance registry.
Row F.	Total number of HIV+/ aware who received the specified HIV primary medical care during the 12-month period 1/2006 through 12/2006	7,250	

Calculated Results		Value	Percent	Calculation
Row G.	Number of PLWA with no evidence of specified HIV primary medical care in 2007	999	19%	Row A - Row C, Percent Value: (Row E/Row A)*100
Row H.	Number of PLWH/ non-AIDS/ aware with no evidence of specified HIV primary medical care in 2007	1,457	33%	Row A - Row C, Percent Value: (Row E/Row A)*100
Row I.	Total HIV+/ aware with no evidence of specified HIV primary medical care (quantified estimate of unmet need for 2007)	2,456	25%	(Row A + Row B) - (Row F + Row E) , Percent Value: ((Row F + Row E)/(Row A + Row B))*100

Appendix B

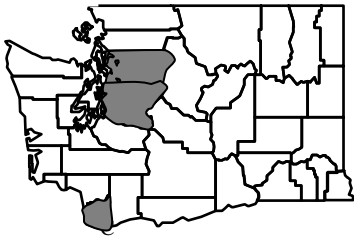
Washington State Part A/B Parity Work Group

A. Ryan White Part A and Part B Dollar Parity Principles for FY 2009 Funding

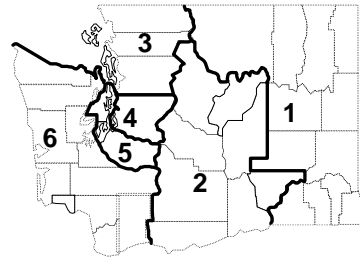
Approved by the Seattle HIV/AIDS Planning Council on December 8, 2008

Approved by the AIDSNET Council on December 12, 2008.

Federal Ryan White Part A funding (shaded)
and Part B funding (entire state)



State AIDSNET planning regions



Background: Washington State Part A/B Parity Work Group

Since 1993, a group of representatives from the HRSA Part A TGAs, the Regional AIDSNETS Council, and the Department of Health has met annually to assure that AIDS care dollars in Washington State are allocated equally across the state. The goal of the Parity Model is for each AIDSNET region to have a comparable amount of money “per case” so persons with HIV can receive services in their home communities. The Parity Model determines how much federal funding through Part A and Part B of the Ryan White HIV/AIDS Treatment Modernization Act is available to each AIDSNET region to address the unique HIV service priorities identified within the region. The Model was determined as necessary because federal funds are awarded through three separate grants with different boundaries than our AIDSNET regions including, in the case of Clark County, across state lines. The Washington State Part A/B Parity Work Group is not a formal decision-making body; its role is to consider the issues in detail and develop recommendations by consensus. The AIDSNET Council, the Seattle HIV/AIDS Planning Council, and the Department of Health are responsible for approving the Parity Model.

The following planning groups are represented on the 2009 Washington State Part A/B Parity Work Group:

- Seattle HIV/AIDS Planning Council (David Richart and Gerrie LaQuey)
- Part A Grantee – Public Health–Seattle & King County (Jeff Natter)
- Portland Area HIV Services Planning Council Co-Chair (David Heal)
- Part A Grantee - Portland Area HIV Services Planning Council (Margy Robinson)
- Part B Grantee – Department of Health (Richard Aleshire, Karen Robinson, and Tracy Mikesell)
- Washington State Region 6 HIV Care Services Committee (David Heal)
- Regional AIDSNET Council (Wendy Doescher and David Heal)
- Region 3 AIDSNET (Alex Whitehouse)

The Washington State Part A/B Parity Work Group considers a variety of issues in forming its recommendations, which may include:

- Sources of data to indicate where clients receive HIV care
- How other states and cities coordinate Ryan White Part A and Part B funding

- How to reflect Clark County's dual eligibility for Portland, Oregon Part A services and Washington's Part B funding
- Whether other funding sources (e.g., Minority AIDS Initiative, other Ryan White programs, or housing funds) should be included in the model
- The impact of overlapping Part A and Part B funding on Snohomish and Island counties planning processes and services
- How Part A and Part B funds work together to support statewide services

Principle I: Ryan White Part A and Part B funds will be considered 'pooled' for local care services

- The Seattle Metropolitan Area Part A award for King, Snohomish, and Island counties
- The State Department of Health Part B "base" award for core medical and support services
- The Portland Metropolitan Area Part A award for Clark County. The Portland HIV Services Planning Council determines service categories funded with Part A dollars for Clark County.

In each case, funds budgeted by the grantees that have specific allowable costs set by the Ryan White HIV/AIDS Treatment Modernization Act (i.e., administration, planning, and quality assurance), funds earmarked by the federal government for the Minority AIDS Initiative, and a 10 percent administrative allowance for Portland Metropolitan Area Part A award are not included in the pool. In addition, funds earmarked by the federal government for statewide programs (i.e., Part B AIDS Drug Assistance Program funds) are not included in the pool.

To be responsive to the staggered timeframe of HRSA Parts A and B award notification, parity formula calculations will be conducted in a two-step process:

1. Prior to the beginning of each calendar year, Washington State Department of Health will create a parity formula for the upcoming funding cycle. This calculation will combine baseline Parts A and B funding from the current year and the most recent epidemiology data available. Provisional funding for the upcoming contract year will be awarded based on this calculation.
2. Upon receipt of full formula and supplemental award notification from HRSA, Washington State Department of Health will adjust the provisional parity calculations to reflect actual Parts A and B funding. Part A and B funders will amend contracts to reflect final parity calculations.

Principle II: Funds will be allocated to each AIDSNET region according to both HIV and AIDS cases reported within the region

The Parity Model uses a formula to allocate funds from the pool to each AIDSNET region based on surveillance data reported to Washington State Department of Health. The Washington State Part A/B Parity Work Group recognizes that people with HIV move between AIDSNET regions for care and will continue to monitor whether other data sources should be incorporated into the model. Because of difficulty in de-duplicating client utilization data statewide, it will not be used in determining regional allocations.

The model uses the number of HIV/AIDS cases diagnosed and presumed living for the most recent one-year as of March 31, 2008 and reported by September 30, 2008.

Principle III: Some funds may be reserved to support the statewide AIDS Drug Assistance Program and insurance program to achieve balance between these program needs and the support service needs addressed by the AIDSNETS and Part A Planning Council.

A portion of the pool of Part A and Part B funds may be used to support the statewide HIV Early Intervention Program (including AIDS Drug Assistance Program [ADAP] and insurance premiums). In

collaboration with Part A and the AIDSNETS, Washington State Department of Health recommends specific Part A and Part B contributions based on program needs consistent with the parity formula. This accommodates program growth of the AIDS Drug Assistance Program and for insurance premium costs that cannot be supported by the Part B "ADAP" award and dedicated state general funds. The Councils (AIDSNETS and Part A) will then determine proportional amounts to be allocated.

As funding decreases and needs increase, the Part A and AIDSNET Planning Councils and Washington State Department of Health will work together with the Part A/B Parity Work Group to address continuum of care issues that will ultimately affect HRSA-supported statewide core medical and support services. The result of that collaboration will balance the provision of state-managed drug programs (ADAP) and primary care services with the provision of AIDSNETS/core medical and support services.

For more information, contact Karen Robinson at (360) 236-3437.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).