Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

THE RYAN WHITE CARE ACT:

CONSORTIA ACTIVITIES

JUNE GIBBS BROWN
Inspector General

APRIL 1994
05-93-00333

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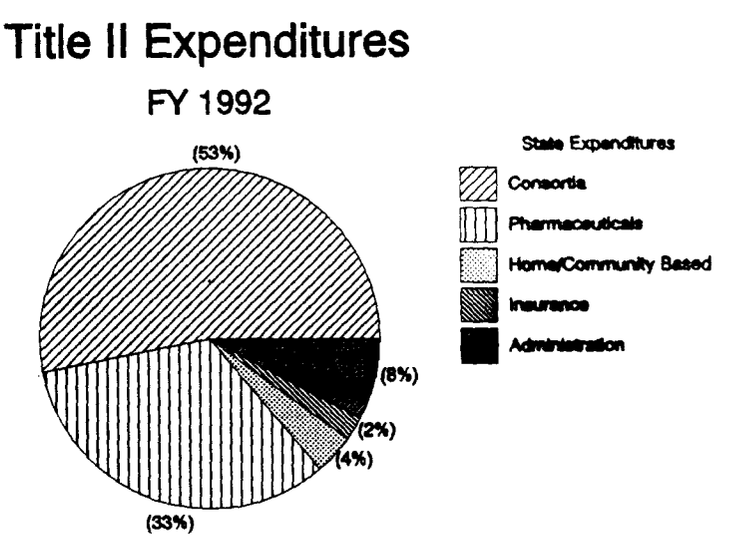
INTRODUCTION

PURPOSE

This inspection will describe how consortia spent Ryan White funds in fiscal year (FY) 1992, any unique activities undertaken, and any barriers they face in accomplishing their missions.

BACKGROUND

Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 provides formula grants to States and Territories to improve the quality, availability, and organization of health care and support services for individuals and families with Human Immunodeficiency Virus (HIV) infection. The Ryan White CARE Act is administered by the Health Resources Administration (HRSA) within the Public Health Service. One major goal of Title II funding is to establish community-based, coordinated, continuums of care to which everyone with HIV would have access. States have the option of using Title II funds in one or more ways. However, States that report 1 percent or more of all AIDS cases nationally must use at least 50 percent of their funds to operate consortia. The consortia option allows States to establish consortia consisting of public and nonprofit private organizations to assist in the planning, development, and delivery of comprehensive outpatient health and support services. States have considerable leeway in contracting with these organizations to provide services. For example, California has 26 consortia, while Washington has only one consortium.



In FY 1992, 43 States received Title II funding for consortia. Consortia spent a total of $51,970,653 in FY 1992, or 53 percent of all Title II expenditures. The chart above shows the breakdown of spending for each of the Title II options and also shows the percentage of Title II funds spent for administration.

SCOPE AND METHODOLOGY

All analysis for this report comes from data included in FY 1992 year-end reports from the States, and from data collected for related Ryan White reports. In addition, we asked States to identify how they spent FY 1992 Title II consortia and home and community based funds for each service category. The HRSA defined Ryan White service categories for States in their FY 1992 Application Guidance.

However, when explaining how grantees must report their use of Ryan White Title II funds, HRSA's Application Guidance offers information that may appear unclear to grantees. As a result, States reported consortia data in different ways, making comparisons difficult.

In addition, year-end reports were not available for many States. States often submitted no year-end report, or submitted either fourth quarter FY 1992 reports or first quarter FY 1993 reports as if this should meet the requirement for a year-end report. For the purposes of this report, we assume that States with missing reports have not submitted a year-end report at this time. As a result, there is very little data for 11 States, more than one-fourth of the States with consortia.

When collecting data for "The Ryan White Act: FY 1992 Title I and Title II Expenditures," we found that very few States included the aggregate funding information required of grantees in their year-end reports. As a result, we had to solicit funding information from each State. Expenditure figures reported to us often differed from the total grant amounts received by States.

This study is not an evaluation of the Ryan White program or any individual grantee. We did not ask for explanations of why funds were spent as they were, or obtain any description of the services grantees provided, including their quality or effectiveness. Nor did we independently verify the consortia expenditures States reported to us.

This study is one in a series of studies on the implementation of the Ryan White CARE Act. The other reports are:

- Funding Formulas (OEI-05-93-00330);
- FY 1992 Title I and Title II Expenditures (OEI-05-93-00331);
- FY 1992 Special Projects of National Significance - Expenditures by Service (OEI-05-93-00332); and,
- Technical Report of 1992 Expenditures (OEI-05-93-00334).

This inspection was conducted in accordance with the *Standards for Inspections* issued by the President's Council on Integrity and Efficiency.

CONSORTIA ACTIVITIES

OVERVIEW OF THE DATA COLLECTED

Based on State year-end reports and the funding information States provided, there are common elements in many of the States' consortia activities. Most States spent the largest portion of their FY 1992 consortia funds on case management or medical care. Thirty-three percent of all consortia funds were spent on case management, and 15 percent were spent on medical care. States also used substantial portions of their consortia funds for a variety of activities ranging from pharmaceuticals to client advocacy. These HIV-related activities are defined by HRSA's service categories, which are shown in Appendix A.

Another area where States spent a significant percentage of funds is administration, and planning and evaluation.[1] We found that 18 States spent more than 10 percent of their FY 1992 consortia dollars on administration, and planning and evaluation. Six States spent over 20 percent of their consortia dollars on administration, and planning and evaluation, with one State spending 100 percent of its consortia funds on planning and evaluation.

In addition, many States described considerable efforts in planning, developing, or refining management information systems to facilitate data collection and meet HRSA requirements. Because these descriptions are similar, we do not discuss management information systems in the State summaries of consortia activities.

Many States listed similar barriers to providing consortia services. The most common barrier mentioned is lack of funds. Eight States described barriers to funding specific consortia activities. Another common barrier was the difficulty recruiting providers to serve persons with HIV. Some primary care providers and dental providers do not want to accept HIV positive clients. Some providers who are willing to serve these clients, do not want to be identified in HIV service provider directories developed by consortia because they fear the stigma of being an AIDS provider. Five States mentioned specific problems collecting and reporting data about their consortia activities. These were the most common barriers, but States described a long list of obstacles ranging from concerns about conflict of interest within consortia to difficulty in reaching more clients eligible for services.

[1] The Ryan White CARE Act does not place any ceiling on the percentage of funds that consortia may spend on administration, and planning and evaluation. In addition, readers should note that some States define "administration" and "planning and evaluation" more broadly than the Ryan White CARE Act.

STATE TITLE II CONSORTIA

A table for each State follows showing how Title II consortia funds were spent, a narrative describing individual consortia activities, and any barriers they face in accomplishing their missions. Due to rounding, figures shown in the tables may differ slightly from what States reported, and percentages may not total 100. The expenditures are shown in rank order in the tables.

Alabama ($54,869) established four consortia during FY 1992. Most Alabama Title II consortia funds were spent on medical care and case management.[2] Alabama's report did not describe specific consortia activities.

Alabama requested technical assistance to help implement the Uniform Reporting System. They requested that HRSA staff make periodic site visits to help Alabama discuss its progress towards goals they have set.

Category	Spent	%
Medical Care	$14,478	26.4
Case Management	$14,180	25.8
Housing Assistance	$6,712	12.2
Pharmaceuticals	$4,601	8.4
Planning and Evaluation	$3,563	6.5
Transportation	$2,645	4.8
Mental Health Treatment/Therapy/Counseling	$2,316	4.2
Administration	$1,931	3.5
Food Bank/Home Delivered Meals	$1,872	3.4
Education/Risk Reduction	$718	1.3
Personal Hygiene/COBRA Payments	$684	1.3
Computer Supplies	$650	1.2
Durable Medical Equipment	$368	0.7
Dental Care	$150	0.3
Total	$54,868	100

2 In this report, we use the term "most" to mean more than 50 percent.

Alaska ($121,737) served approximately 325 people through 2 consortia which cover the State. The majority of Alaska's consortia funding contributes to case management, continuation of health insurance, and pharmaceuticals. The Alaska report identifies continuation of health insurance coverage as a growing need. Although this service is expensive, it allows Alaska to save on medical care costs over time by decreasing the number of clients who have their health care paid by Medicaid or other public payers. One consortium conducted a study looking at characteristics of clients. They found that 35 percent of clients had been homeless at some point, 58 percent had a history of substance abuse, and 22 percent had mental illness or dementia.

Category	Spent	%
Case Management	$36,696	30.1
Continuation of Health Insurance	$20,710	17.0
Pharmaceuticals	$15,513	12.7
Mental Health Treatment/Therapy/Counseling	$10,727	8.8
Administration	$8,577	7.1
Planning & Evaluation	$8,577	7.1
Education/Risk Reduction	$8,244	6.8
Medical Care	$7,445	6.1
Dental Care	$3,522	2.9
Transportation	$1,727	1.4
Total	$121,738	100

Arizona ($484,227) has two consortia and allocates additional Title II consortia funds to rural Arizona counties. Arizona spent most of its consortia funds on case management and home health care. Arizona's report described how the consortia will solicit public and community input to identify the services most needed.

Category	Spent	%
Case Management	$165,300	34.1
Home Health Care	$113,600	23.5
Dental Care	$65,300	13.5
Pharmaceuticals	$63,300	13.1
Client Advocacy	$53,000	11.0
Administration	$17,727	3.7
Transportation	$3,000	0.6
Medical Care	$2,000	0.4
Day/Respite Care	$1,000	0.2
Total	$484,227	100

Arizona identified the need for technical assistance regarding data collection under the Uniform Reporting System, and how to promote services and identify cases in rural Arizona counties. They had some difficulties with a contractor who was providing home health services. Due to delays in service, they discontinued the contract.

Arkansas ($460,713) has five consortia. Arkansas spent most of its consortia funding on pharmaceuticals. The report highlighted a variety of service related activities. Two consortia established written agreements with Jefferson Managed Care Program to serve clients in their area. This freed up consortia funds to serve other clients. Consortia also have been involved in:

Category	Spent	%
Pharmaceuticals	$242,065	52.5
Home Health Care	$65,000	14.1
Case Management	$58,928	12.8
Administration	$45,892	10.0
Medical Care	$35,403	7.7
Transportation	$9,230	2.0
Education/Risk Reduction	$4,195	0.9
Total	$460,713	100

- making arrangements with physicians for primary care;
- negotiating contracts for pharmaceuticals;
- developing agreements with State and Federal agencies to decrease the amount of time it takes for eligibility determination for all types of public assistance;
- setting up support groups and in-service training;
- developing brochures to help clients understand entitlement programs in their counties;
- negotiating contracts for AIDS related blood testing; and,
- arranging transportation.

In addition to these activities, one consortium has increased access to case management services by allowing clients to contact the case manager through a 24 hour toll-free pager system.

Specific administrative activities include:

- planning for a computerized Local Area Network, to allow case managers to track client progress more easily, and to collect data for reports more easily;
- using a needs assessment to expand the mix of services offered; and,
- developing protocols for treating patients depending on what criteria the patient meets.

The report mentions two administrative barriers to consortia activities for the year. First, their peer review efforts have not gotten off the ground. Second, a computerized data system was not ready because the consortia could not order the needed equipment until April of 1993.

California ($7,581,153) served 58 local counties and 1 city through 42 consortia. They added four new consortia in FY 1992. The consortia spent most of their funds on case management and medical care. California references its first year-end report for description of ongoing activities. The second year report centers around new consortia activities.

In California, the Office of AIDS contracted with an organization to assist in development of consortia. The five major activities for the contractor include:

- facilitating and training consortia members;
- developing strategies to recruit and maintain membership and to clarify consortia/fiscal agent roles;
- providing peer support by developing, linking and distributing models of consortia organizational and operational structures, functions and procedures;
- training for the Health Insurance Premium Payment pilot program and reimbursement of administrative costs; and,
- facilitating meetings throughout the year.

Category	Spent	%
Case Management	$3,320,935	43.8
Medical Care	$716,380	9.5
Home Health Care	$400,601	5.3
Housing Assistance	$397,287	5.2
Emergency Financial Assistance	$368,599	4.9
Administration	$325,269	4.3
Transportation	$311,667	4.1
Mental Health Treatment/Therapy/Counseling	$300,321	4.0
Food Bank/Home Delivered Meals	$274,507	3.6
Health Insurance & Miscellaneous	$258,533	3.4
Client Advocacy	$240,137	3.2
Buddy/Companion Service	$227,582	3.0
Pharmaceuticals	$138,227	1.8
Dental Care	$100,511	1.3
Day/Respite Care	$72,937	1.0
Other Counseling/Not Mental Health	$52,578	0.7
In-Home Hospice Care	$22,681	0.3
Education/Risk Reduction	$22,598	0.3
Substance Abuse Treatment	$12,711	0.2
Durable Medical Equipment	$10,268	0.1
Residential Hospice Care	$6,826	0.1
Total*	$7,581,155	100

* This total does not include $26,101, spent by two consortia who had not submitted a report of expenditures.

California's report also described some highlights of service-related consortia activities. During FY 1992, consortia became eligible organizations to apply for and receive

formula-based allocations for the Housing Opportunities for Persons With AIDS Program. Another unique aspect of the California consortia is their role in tuberculosis (TB) prevention. The Office of AIDS has required the local TB Controller or designee to be a member of the local consortia by the start of the third year of Title II funding. The goal of involving the TB controller is to foster an environment that promotes treatment compliance.

California reported that its biggest challenge regarding delivering services through consortia is that they do not have enough funds to hire staff. To fill in the gaps, consortia use in-kind support and volunteers.

California's report also described administrative activities for the year. In addition to routine administrative activities, consortia representatives attended the Title II CARE Act Rural Capacity Building Conference for consortia, service providers, fiscal agents, people with HIV, and at-risk populations in California. This conference led to the organization of participants into the California Rural HIV/AIDS Association.

Colorado ($552,830) served over 1,000 clients through four consortia. The majority of clients are served through the Metro Denver AIDS Services Consortium. The consortia spent more than three-fourths of their funds on case management.

Category	Spent	%
Case Management	$423,634	76.6
Administration	$49,532	9.0
Mental Health Treatment/Therapy/Counseling	$35,497	6.4
Medical Care	$31,947	5.8
In-Home Hospice Care	$7,690	1.4
Dental Care	$4,530	0.8
Total	$552,830	100

Although Colorado's report gave little detail about specific services, it described some of the barriers to providing services through consortia. There is a need for more case management for rural residents. One consortium had difficulty meeting its objectives because it had to remove funding and change the lead agency from a community based organization to the local county health department. This caused another community based organization to leave the consortium.

Colorado devoted most of its year-end report to describing administrative activities. Specific administrative activities include:

- meeting with consortia members;
- establishing quality assurance programs within each consortium using means such as site visits, surveys and peer review; and,
- investigating a response to needs for long term care housing, and the need for a medical management clinic.

Connecticut ($597,171) served an estimated 400 unduplicated clients in 65 towns in the State through five consortia. Consortia spent nearly two-thirds of their funds on case management.

Category	Spent	%
Case Management	$381,578	63.9
Administration	$61,486	10.3
Medical Care	$59,432	10.0
Transportation	$46,675	7.8
Home Health Care	$34,000	5.7
Other Counseling/Not Mental Health	$6,000	1.0
Food Bank/Home Delivered Meals	$5,000	0.8
Insurance Premium Payments	$3,000	0.5
Total	$597,171	100

Consortia used second year funding to add case management positions that target populations such as Latino communities, pediatric AIDS projects, and persons discharged from correctional facilities. The funds also contributed to services such as physicians' services, laboratory services, out-patient treatment, prescription drugs, nursing services, dental care, diagnostic screening and home health. Consortia added support services such as dietary counseling, food delivery, health insurance assistance, and expanded transportation. They are in the process of developing a quality assurance/review process, and recruiting more persons with HIV/AIDS to be members of consortia.

Connecticut mentioned several challenges consortia face. Consortia are having difficulty meeting the great financial demands for transportation services. Also, there are questions about who has liability when subcontractors provide these support services.

Delaware ($53,800) served 262 persons through one State-wide consortium made up of 44 members. They spend most of their money on support services, mental health services, and substance abuse treatment. Delaware's report gave little detail about activities except that they hope to expand the consortium to include all who provide services to persons infected with HIV.

Category	Spent	%
Support Services*	$18,500	34.4
Mental Health Treatment/Therapy/Counseling	$8,000	14.9
Substance Abuse Treatment	$6,300	11.7
Emergency Financial Assistance	$16,000	29.7
Administration	$5,000	9.3
Total	$53,800	100

* This includes buddy/companion services, client advocacy services, non-mental health counseling, food bank services, and transportation.

The District of Columbia ($684,970) served 739 persons through one consortium. The consortium spent most of its funds on case management. Among its case management activities, the consortium funded organizations to provide targeted case management for women, children, and other special populations such as homeless and substance abusers. The consortium developed protocols for case management of women and children.

Category	Spent	%
Case Management	$409,196	59.7
Planning and Evaluation	$137,887	20.1
Administration	$92,240	13.5
Housing Assistance	$45,647	6.7
Total	$684,970	100

The consortium conducted a variety of other service-related activities. It received a grant to coordinate an early intervention program for persons with HIV in particular areas of the District. This will include testing with pre and post counseling, primary care, and psychosocial services. The consortium also funded a housing coordinator to administer the Tenant Assistance Program. The housing coordinator also established agreements with rental agencies, coordinated municipal funds to help persons with HIV, and applied for additional grant funds from other sources. The housing coordinator created a database of available housing that is now being adapted to be used in conjunction with the case managers' information system.

The District of Columbia report mentioned several obstacles to the success of service related activities. The consortium experienced problems due to the discontinuation of some matching funds it was using for one demonstration site, and difficulty filling a case manager aide position. Another barrier was that the timetable for processing Title II applications made it difficult to complete a competitive grant making process. The District of Columbia consortium also feels that minority HIV/AIDS service providers have trouble competing for and managing funds available in the District.

Within the housing area, some District of Columbia administrative difficulties delayed implementation of the city-wide Supported Assisted Housing Program.

Florida ($5,833,059)[3] has 10 regional consortia. Florida spent most of its Title II funds on case management, medical care, and pharmaceuticals. Women represent 25 percent of those receiving care through the consortia. Children account for 4 percent.

Category	Spent	%
Case Management	$1,715,444	29.4
Medical Care	$899,156	15.4
Pharmaceuticals	$861,504	14.8
Administration	$590,063	10.1
Dental Care	$355,137	6.1
Home Health Care	$260,898	4.5
Housing Assistance	$190,485	3.3
Transportation	$181,292	3.1
Mental Health Treatment/Therapy/Counseling	$151,479	2.6
Other Counseling/Not Mental Health	$147,778	2.5
Insurance Continuation	$137,884	2.4
Food Bank/Home Delivered Meals	$135,423	2.3
Substance Abuse Treatment	$95,935	1.6
Client Outreach and Volunteer Services	$67,992	1.2
Durable Medical Equipment	$34,065	0.6
Day/Respite Care	$5,890	0.1
Rehabilitation Care	$2,633	0.1
Total	$5,833,058	100

The consortia provide a wide range of services from direct medical care to bi-monthly infectious disease consultations. Case managers must meet daily, weekly, and monthly service goals, and consortia believe they served more clients because of this. Florida used rollover money to provide dental awareness education and mental health services through a mental health therapist. At least one consortium used funds for insurance coverage. Also, money for transportation has increased access to care. One consortium created a comprehensive service directory in English, Spanish, and Creole. The directory is being distributed county wide.

While conducting a recent review, a peer review committee found that the State had difficulty coordinating Title I planning councils and Title II consortia. This group recommended developing data collection for consortia to facilitate coordination. Other challenges for Florida are that spending of consortia dollars is behind projections, and consortia also face obstacles identifying providers such as dentists.

[3] Florida lumped together all Title II funding, so the money amounts presented here exceed what was spent on consortia alone.

Georgia ($1,482,554) spent most of its consortia funds on pharmaceuticals. Georgia did not submit a year-end report.

Category	Spent	%
Pharmaceuticals	$745,467	50.3
Case Management	$513,638	34.7
Durable Medical Equipment	$125,427	8.5
Administration	$49,375	3.3
Transportation	$37,853	2.6
Other	$10,794	0.7
Total	$1,482,554	100

Guam has no consortia.

Hawaii ($175,884) serves clients through one consortium. A year-end report is not available for Hawaii, but they did file a final quarterly report with some information about program activities. Hawaii spent most of its consortia funds on administration, housing assistance, and case management. One unique use of funds in Hawaii was that the consortium used funds for emergency supplies and housing assistance following Hurricane Iniki.

Category	Spent	%
Administration	$40,884	23.2
Housing Assistance	$36,939	21.0
Case Management	$19,912	11.3
Medical Care	$16,166	9.2
Dental Care	$16,166	9.2
Other (Emergency Items, Housing Assistance, Acupuncture & Massage Therapy)	$12,742	7.2
Mental Health Treatment/Therapy/Counseling	$10,568	6.0
Food Bank/Home Delivered Meals	$7,854	4.5
Pharmaceuticals	$5,575	3.2
Transportation	$3,192	1.8
Adoption/Foster Care	$3,115	1.8
Home Health Care	$2,770	1.6
Total	$175,883	100

Idaho has no consortia.

Illinois ($1,860,633) served clients through 4 consortia. The consortia spent most of their funds on administration and case management. Although the State filed no year-end report, it submitted a final quarterly report.

Category	Spent	%
Administration	$515,635	27.7
Case Management	$451,714	24.3
Medical Care	$360,345	19.4
Housing Assistance	$231,598	12.5
Food Bank/Home Delivered Meals	$176,770	9.5
Support services	$74,525	4.0
Client Advocacy	$12,000	0.6
Mental Health Treatment/Therapy/Counseling	$10,345	0.6
Transportation	$10,187	0.6
Legal Services	$9,918	0.5
Dental Care	$5,553	0.3
Home Health Care	$2,043	0.1
Total	$1,860,633	100

The consortia met most of their goals regarding services such as case management, housing assistance, substitute care, and in-home services. They also improved transportation for clients.

One service Illinois consortia hope to improve is providing dental care. They have difficulty recruiting dentists. One consortium also had difficulty recruiting primary care physicians to serve persons with HIV.

Illinois consortia also concentrated on a variety of administrative activities such as improving quality assurance, developing minimum standards of case management, and improving data collection capability through new software or data collection forms.

One consortium created a newsletter and established an advisory board with a peer review subcommittee. Some consortia members appeared at public hearings and media conferences.

Indiana ($309,194) served 417 HIV infected individuals through one statewide consortium. The consortium spent almost of its money on medical care and administration, 56 percent and 43 percent respectively. The consortium placed a special emphasis on targeting women and children for services, recruiting dentists, and recruiting primary care physicians. Service providers have been able to serve all women and children who have requested service, but they believe that many women postpone testing for HIV.

Category	Spent	%
Medical Care	$173,549	56.1
Administration	$134,643	43.6
Dental Care	$865	0.3
Mental Health Treatment/Therapy/Counseling	$137	<0.1
Total	$309,194	100

The report described several obstacles to service-related consortium activities. The consortium had difficulty recruiting dentists, and one area of the State still has a shortage of primary care physicians. Also, although the Indiana consortium reports it has no trouble targeting services to all the women and children requesting help, many other people who wanted services remained on the waiting list because Title II funds were insufficient to provide the needed services.

Indiana conducted a variety of administrative activities with consortia, including an evaluation of its activities through needs assessments, surveys of clients and providers, and public hearings. Indiana's report also includes a detailed list describing monthly activities such as meetings and conferences attended, promotional activities, publications, and similar activities.

Iowa ($90,000) served an estimated 1,120 clients through 3 consortia. Consortia spent nearly half of their funds on case management. Medical care constituted another large expenditure for Iowa consortia. About 25 percent of the services provided through the consortia included assistance to women, children and families. One consortium hosted events to raise money and public awareness about AIDS. Another way consortia have worked to increase awareness was through a newsletter.

Category	Spent	%
Case Management	$43,555	48.4
Medical Care	$16,048	17.8
Emergency Financial Assistance	$8,744	9.7
Administration/Planning/Evaluation	$6,009	6.7
Transportation	$5,984	6.7
Dental Care	$5,039	5.6
Day/Respite Care	$1,969	2.2
Other Counseling/Not Mental Health	$1,706	1.9
Pharmaceuticals	$946	1.0
Total	$90,000	100

The biggest barrier faced by Iowa consortia is the growing number of clients with limited funds. The report describes Iowa's desire to open a new consortium in the western part of the State where the need is great. Iowa also hopes to improve accuracy of reporting for consortia services.

Kansas has no consortia.

Kentucky has no consortia.

Louisiana ($1,124,648) submitted no report on the number of consortia or their specific activities. Most Louisiana Title II consortia funds were spent on consortia development and volunteer services, and case management.

Category	Spent	%
Consortia Development/ Volunteer Services	$343,991	30.6
Case Management	$304,517	27.0
Medical Care	$135,276	12.0
Emergency Financial Assistance	$118,418	10.5
Client Advocacy	$84,182	7.5
Residential Hospice Care	$73,005	6.5
Transportation	$59,099	5.3
Administration	$6,160	0.6
Total	$1,124,648	100

Maine ($163,401) has four consortia but submitted no report on their specific activities. All Maine Title II consortia funds were spent on case management. Statewide, Maine consortia provided over 400 encounters with 295 clients.

Category	Spent	%
Case Management	$163,401	100

Maryland ($1,828,532) has four consortia. Most Maryland Title II consortia funds were spent on medical care and case management. In 1992, 1,555 clients were served by Maryland consortia. Maryland's annual report covers the period 7/1/92 to 6/30/93.

Maryland also described consortia activities, including public hearings on the needs of people with HIV/AIDS and the proposed use of Title II funds, consulting with service providers regarding funding priorities and activities, and publishing a newsletter for local medical providers, clients and religious leaders.

Category	Spent	%
Medical Care	$686,680	37.5
Case Management	$458,770	25.1
Administration	$202,747	11.1
Emergency Financial Assistance	$153,800	8.4
Dental Care	$142,000	7.8
Mental Health Treatment/ Therapy/Counseling	$84,136	4.6
Housing Assistance	$67,501	3.7
Outreach	$32,898	1.8
Total	$1,828,532	100

Massachusetts ($1,195,000) has 16 consortia. Most Massachusetts Title II consortia funds were spent on case management (including client advocacy, and which may include outreach, buddy/ companion services, non-mental health counseling and education/ risk reduction). Statewide, consortia served 1,545 clients. The Massachusetts Department of Public Health conducted a meeting to discuss implementation of HIV Care Consortia programs. This meeting addressed both service providers and consumers. Local consortia also held meetings to educate and engage providers and clients in consortia activities.

Category	Spent	%
Case Management	$657,250	55
Transportation	$167,300	14
Administration	$131,450	11
Mental Health Treatment/ Therapy/Counseling	$71,700	6
Food Bank/Home Delivered Meals	$59,750	5
Housing Assistance	$35,850	3
Planning and Evaluation	$23,900	2
Emergency Financial Assistance	$23,900	2
Pharmaceuticals	$11,950	1
Acupuncture/Massage Nutritional Counseling	$11,950	1
Total	$1,195,000	100

The Massachusetts consortia treat a diverse group of clients. While one consortium mainly serves intravenous drug users, another focuses on children with HIV and their families. As a result, Massachusetts consortia developed several initiatives to meet the needs of their clients and to respond to problems they face. Among the consortia initiatives are:

- hiring bilingual/bicultural staff to serve Haitian, Latino, and Cape Verdean populations;
- developing a volunteer program to provide practical supports and buddy services;
- providing support for entire families by using family-centered case management, and holding support groups for children both infected and affected by AIDS;
- co-sponsoring a conference on women, substance abuse and HIV, and establishing a support group for women; and,
- working in conjunction with a local church to expand a frozen meals program.

Specific problems faced by Massachusetts consortia include:

- overcoming the overall lack of resources and institutional supports to fully develop the needed continuum of services;
- defining the appropriate roles of the lead agencies, contracted agencies, consortium leaders, and committee structures in consortia activities; and,

- integrating consumer advisory boards into the operation of consortia. A new State requirement mandates 25 percent representation on the consortia governing body.

Michigan ($912,929) has five consortia. The summary expenditure report indicates almost all Michigan Title II consortia funds were spent on case management. Michigan monitors consortia through site visits and quality assurance activities. Michigan's Continuum of Care Coordinator provides technical assistance to consortia.

Category	Spent	%
Case Management	$896,929	98.2
Medical Care	$10,000	1.1
Substance Abuse Treatment	$6,000	0.7
Total	$912,929	100

Barriers faced by consortia include maintaining the required provider-type representation in the consortia, eliminating potential conflicts of interest by consortia members since they possibly stand to profit by consortia activities, and encouraging HIV advocacy groups to provide input to consortia planning and activities.

Minnesota ($199,399) has 21 consortia. Most Minnesota Title II consortia funds were spent on case management, administration, and mental health services.

Category	Spent	%
Case Management	$47,000	23.6
Administration	$30,033	15.1
Mental Health Treatment/ Therapy/Counseling	$28,000	14.0
Emergency Financial Assistance	$25,000	12.5
Counseling and Support	$23,545	11.9
Medical Care	$16,833	8.4
Client Advocacy	$16,585	8.3
Dental	$7,974	4.0
Transportation	$4,429	2.2
Total	$199,399	100

Minnesota consortia have responded to clients' needs in innovative ways. One consortium provides a dental voucher program. They have entered into an agreement with Delta Dental of Minnesota to ensure dental care for low income persons with HIV disease. This contract has led to an increase in the number of dental care providers skilled in treating HIV infected individuals. Other consortia addressed the need for short term education and support programs for persons newly diagnosed with HIV disease. Five diverse community-based agencies provide these services.

Barriers still remain in providing transportation services outside the Twin Cities area. Because Minnesota Medicaid covers transportation services, they are not reimbursable by the consortia. However, the consortia report barriers to using Medicaid transportation services.

Mississippi has no consortia.

Missouri ($636,442) has one consortium. The summary expenditure report indicates most Missouri Title II consortium funds were spent on home health care. The consortium is organized into three branches: St. Louis, Kansas City, and Outstate, which includes the rest of the State. Statewide, the consortium served 1,070 clients.

Most consortium services are delivered on a fee-for-service basis with 303 health service agencies and 81 physicians under contract to provide medical services.

Category	Spent	%
Home Health Care	$351,178	55.2
Medical Care	$87,582	13.8
Transportation	$75,787	11.9
Mental Health Treatment/ Therapy/Counseling	$43,635	6.9
Housing Assistance	$37,982	5.9
Food Bank/Home Delivered Meals	$36,842	5.7
Dental Care	$3,436	0.5
Total	$636,442	100

Montana ($57,970) has five consortia. Most Montana Title II consortia funds were spent on medical care, administration, and case management. Statewide, the consortia served 87 clients.

Four of the Montana consortia are local health departments, who contracted with the State. These consortia submitted bills to the State for services from providers; their administrative costs were a fixed amount specified under the contract with the State.

The fifth consortium, a community-based organization, was awarded funds separately. Since it was not covered by the State contract with the other consortia, it processed and tracked its expenditures. Like the other consortia, it reports details of expenditures to the State, but is reimbursed for actual expenses, rather than a fixed, contracted amount.

Category	Spent	%
Medical Care	$16,270	28.1
Administration	$11,800	20.4
Case Management	$8,400	14.5
Pharmaceuticals	$4,700	8.1
Dental Care	$3,200	5.5
Mental Health Treatment/ Therapy/Counseling	$3,100	5.3
Housing Assistance	$2,800	4.8
Miscellaneous Items and Services (e.g., linen, monitoring equipment, groceries, etc.)	$2,600	4.5
Home Health Care	$1,800	3.1
Education/Risk Reduction	$1,700	2.9
Food Bank/Home Delivered Meals	$900	1.5
Transportation	$600	1.0
Client Advocacy	$100	0.2
Total	$57,970	100

Nebraska ($15,592) has one consortium. Most Nebraska Title II consortium funds were spent on case management, equipment and vision care. The consortium served 15 clients in the Tri-City area of Grand Island, Hastings and Kearney, located in central Nebraska.

Category	Spent	%
Case Management	$6,990	44.9
Equipment and Vision Care	$2,075	13.3
Transportation	$1,381	8.9
Dental Care	$1,250	8.0
Pharmaceuticals	$1,225	7.9
Outreach	$800	5.1
Client Advocacy	$711	4.6
Administration	$535	3.4
Food Bank/Home Delivered Meals	$230	1.5
Housing Assistance	$203	1.3
Planning and Evaluation	$192	1.2
Total	$15,592	100

The consortium has hired a Care Coordinator to continue building the consortium. The Care Coordinator, in addition to case management responsibilities, contacted physicians, dentists, psychologists, counselors, drug treatment agencies, faith communities, and local health departments. The Care Coordinator facilitated a meeting, bringing together drug/ alcohol treatment center providers, mental health agencies, HIV/Sexually Transmitted Disease (STD) representatives, and family planning staff members. This meeting led to a cross-training conference and fostered collaboration between these entities.

Nevada has no consortia.

New Hampshire has no consortia.

New Jersey ($2,407,708) had six consortia in the FY 1992 reporting period, and has added a seventh consortium since then. Most New Jersey Title II funds for the six consortia were spent on case management, medical care, and dental care. (See table next page.) Statewide, five consortia report providing more than 15,000 services during the year. The sixth consortium reports serving nearly 1,000 clients.

Some specific New Jersey consortia activities include:

- supporting alternative methods of medical care such as acupuncture, chiropractic and nutritional programs;
- publishing a tri-county resource guide to services for people with HIV, and a guide to entitlement programs;
- placing case managers at community support service agencies;
- instituting an experimental retinal photography program to detect cytomegalovirus retinitis;

New Jersey (Continued)

- installing special phone lines for hearing-impaired clients; and,

- integrating early intervention primary care medical services into methadone maintenance programs.

The consortia cite the reluctance of county and local hospitals to provide primary care services for clients with HIV/AIDS as a continuing barrier to treatment.

Title II reporting requirements present some difficulties for consortia as well. The consortia directors fear that the complexity of reporting may discourage some individual service providers from participating. Likewise, large providers, like hospitals, may not wish to provide considerable detail about these expenditures, since they receive a very small part of their total funding from Ryan White funds.

Category	Spent	%
Case Management	$577,500	24.0
Medical Care	$509,992	21.2
Dental Care	$198,361	8.2
Administration	$187,105	7.8
Transportation	$177,431	7.4
Planning and Evaluation	$152,109	6.3
Mental Health Treatment/ Therapy/Counseling	$128,823	5.4
Substance Abuse Treatment	$93,678	3.9
Outreach	$89,043	3.7
Day/Respite Care	$69,270	2.9
Food Bank/Home Delivered Meals	$37,682	1.6
Paralegal Services	$36,222	1.5
Home Health Care	$27,892	1.2
Pharmaceuticals	$27,646	1.2
Education/Risk Reduction	$26,183	1.1
Other Counseling/Not Mental Health	$25,098	1.0
Client Advocacy	$18,375	0.8
In-Home Hospice Care	$18,000	0.8
Housing Assistance	$5,798	0.2
Rehabilitation Care	$1,500	0.1
Total	$2,407,708	100

New Mexico ($63,000) has one consortium. Most New Mexico Title II consortium funds were spent on client advocacy, and outreach. Statewide, the consortium served 750 clients.

Category	Spent	%
Client Advocacy	$22,000	34.9
Outreach	$19,000	30.1
Transportation	$17,000	27.0
Emergency Financial Assistance	$3,000	4.8
Administration	$2,000	3.2
Total	$63,000	100

Although New Mexico did not submit a year-end report for FY 1992, their fourth quarter report for FY 1992 described several consortium activities. The consortium emphasized services to women and children by holding a "Women with AIDS," workshop and a "Families with AIDS" workshop. In addition, 150 consumers and providers attended a statewide HIV/AIDS symposium, with workshops focusing on treatment issues, systems advocacy, prevention strategies in rural areas, and rural and cultural barriers to service delivery.

New York ($8,179,779) has 16 consortia. Most New York Title II consortia funds were spent on case management, home health care, and service planning and coordination. (See table next page.)

Some New York consortia activities include:

- establishing an HIV/AIDS Network for the Deaf committee, which will develop educational materials and brochures, and work toward coordination among agencies serving this population;
- making presentations on topics such as HIV/STD, tuberculosis (TB) control, hepatitis/HIV and behavior modification in the gay community;
- sponsoring a TB/HIV community conference, targeting community members, clergy, legislators, school officials, and service providers;
- developing a training outline on Native Americans and HIV;
- developing a program for the county prison to provide adequate HIV/AIDS training for corrections officers;
- fostering linkages between hemophiliac centers, the Designated AIDS Center, medical centers and Community Based Organizations;
- working to open a residential facility that will offer comprehensive services to women with AIDS and their families;

New York (Continued)

- facilitating expansion of transportation services for all the network's counties;
- developing a resource directory of community-based agencies, organizations, support groups, primary care providers, homeopathic and allopathic providers;
- sponsoring a "Speak-out" where persons living with AIDS will voice their needs and identify barriers to care to an audience of elected officials and service providers; and,
- advocating against the closing of test sites.

Category	Spent	%
Case Management	$2,263,633	27.7
Home Health Care	$1,013,779	12.4
Planning and Coordination	$842,071	10.3
Medical Care	$698,477	8.5
Other Counseling/Not Mental Health	$576,256	7.0
Outreach	$547,799	6.7
Information	$439,792	5.4
Dental Care	$406,807	5.0
Transportation	$395,812	4.8
Housing Assistance	$264,522	3.2
Referral to Care/Services	$172,683	2.1
Mental Health Treatment/ Therapy/Counseling	$151,340	1.8
Technical Assistance to Providers	$109,301	1.3
Food Bank/Home Delivered Meals	$109,301	1.3
Client Advocacy	$64,028	0.8
Legal Services	$39,452	0.5
Buddy/Companion Services	$33,631	0.4
Provider Training on Clinical Care Issues	$20,696	0.2
Recreational Activities	$10,995	0.1
In-Home Hospice Care	$9,701	0.1
Day/Respite Care	$9,701	0.1
Total	$8,179,777	100

New York consortia cite the following barriers to providing services:

- overcoming special service needs - including counseling and testing services, services for inmates, dental services, women's services, Spanish-speaking providers, and mental health services for HIV-positive people who are recovering from substance abuse;
- making mental health/psychotherapy services part of the continuum of services;
- increasing the number of physicians who provide early intervention and primary care, particularly in rural areas;
- surmounting the obstacle of physicians who are willing to provide services to HIV-infected individuals but who do not wish to be identified;
- guaranteeing anonymous HIV counseling to those who want confidentiality;
- providing local TB diagnostic testing;

- addressing concerns relating to HIV-infected senior citizens; and,
- securing adequate representation from minorities and persons living with AIDS on the network.

North Carolina ($947,421) has 11 consortia but submitted no report of individual consortia activities. Most North Carolina Title II consortia funds were spent on case management and home health care.

Challenges facing consortia were outlined at the March 1993 statewide leadership conference, "The Impact of AIDS in North Carolina." To date, most North Carolina consortia have struggled with issues relating to providing services and managing funds, without the benefit of significant planning and development. Administrative and development limitations of the funds have prevented most consortia from hiring full-time development and administrative staff.

Category	Spent	%
Case Management	$391,494	41.3
Home Health Care	$231,508	24.4
Emergency Financial Assistance	$114,719	12.1
Transportation	$51,513	5.4
Client Advocacy	$44,504	4.7
Administration	$30,857	3.3
Mental Health Treatment/ Therapy/Counseling	$28,190	3.0
Medical Care	$18,145	1.9
Other Support Services	$15,627	1.6
Pharmaceuticals	$12,675	1.3
Dental Care	$3,932	0.4
Durable Medical Equipment	$3,235	0.3
Day/Respite Care	$806	0.1
Rehabilitation Care	$216	<.01
Total	$947,421	100

North Dakota ($90,000) has one consortium but submitted no report of consortium activities. All North Dakota Title II consortia funds were spent on pharmaceuticals and medical care.

Category	Spent	%
Pharmaceuticals	$58,500	65.0
Medical Care	$31,500	35.0
Total	$90,000	100

Ohio ($703,929) has nine consortia. More than two-thirds of Ohio Title II consortia funds were spent on housing assistance. Statewide, the consortia served 2,023 clients.

Ohio contracted with Nationwide Insurance Company as its third party administrator to develop a reimbursement system for providers of services to persons and families with HIV disease.

Ohio consortia face several challenges. Because of funding shortfalls, Ohio consortia reduced yearly State-established limits to between $250-$500 per individual in order to provide coverage throughout the program year without interruption. Peer review processes need to be developed for consortia as well.

Category	Spent	%
Housing Assistance	$492,736	70.0
Food Bank/Home Delivered Meals	$67,913	9.6
Medical Care	$43,751	6.2
Transportation	$28,777	4.1
Third Party Administrator	$20,935	3.0
Dental Care	$13,200	1.9
Emergency Financial Assistance	$10,497	1.5
Mental Health Treatment/ Therapy/Counseling	$6,086	0.9
Rehabilitation Care	$3,809	0.5
Bereavement Services	$3,673	0.5
Pharmaceuticals	$3,654	0.5
Child Care	$2,560	0.4
Substance Abuse Treatment	$2,300	0.3
Durable Medical Equipment	$2,013	0.3
Home Health Care	$1,600	0.2
Client Advocacy	$425	0.1
Total*	$703,929	100

*This includes $5,053 in interest earned on the amount set aside ($698,876) for consortia.

Oklahoma ($160,000) has two consortia. Nearly equal amounts of Oklahoma Title II consortia funds were spent on pharmaceuticals, substance abuse treatments, administration, planning and evaluation, client advocacy and outreach.

Oklahoma did not submit a year-end report detailing specific activities.

Category	Spent	%
Pharmaceuticals	$29,000	18.1
Substance Abuse Treatment	$21,000	13.1
Administration	$20,328	12.7
Planning and Evaluation	$20,328	12.7
Client Advocacy	$20,328	12.7
Outreach	$20,328	12.7
Transportation	$20,290	12.7
Emergency Financial Assistance	$8,400	5.2
Total	$160,000	100

Oregon ($280,323) served clients through seven consortia organized by regions around the State. Consortia spent most of their funds on case management and home health care.

Some consortia used a unique approach to increase clients' access to services. They distributed vouchers to clients to help connect them with medical care. Participating pharmacies and care facilities agree to accept vouchers as payment from clients for HIV-related services. Each consortium has conducted a variety of outreach activities, with one county in particular targeting the Native American population.

Category	Spent	%
Case Management	$130,000	46.4
Home Health Care	$37,000	13.2
Adoption/Foster Care	$25,000	8.9
Day/Respite Care	$20,000	7.1
Client Advocacy	$15,000	5.4
Medical Care	$15,000	5.4
Emergency Financial Assistance	$10,000	3.6
Dental Care	$8,000	2.9
Transportation	$6,323	2.3
Food Bank/Home Delivered Meals	$6,000	2.1
Housing Assistance	$5,000	1.8
Pharmaceuticals	$3,000	1.1
Total	$280,323	100

Pennsylvania ($1,495,668) served over 4,000 clients through 7 consortia. Consortia spent most of their funds on the following activities: case management, family home workers, volunteer training, professional training, HIV counseling, HIV testing, and emergency financial assistance.

Category	Spent	%
Case Management	$365,220	24.4
Family Home Workers, Volunteer Training, Professional Training, and HIV Counseling & Testing	$224,097	15.0
Emergency Financial Assistance	$218,421	14.6
Administration (including some Planning and Evaluation)	$187,137	12.5
Medical Care	$166,064	11.1
Planning and Evaluation	$118,717	7.9
Buddy/Companion Services	$44,256	3.0
Transportation	$42,233	2.8
Mental health Treatment/Therapy/Counseling	$41,787	2.8
Outreach	$27,648	1.9
Housing Assistance	$19,494	1.3
Home Health Care	$11,070	0.7
Education/Risk Reduction	$10,143	0.7
Substance Abuse Treatment	$9,579	0.6
Dental Care	$9,098	0.6
Client Advocacy	$704	0.1
Total	$1,495,668	100

Pennsylvania increased minority participation in consortia and the State wide HIV Advisory Council. Each consortium is represented on the State HIV Advisory Council.

The consortia representatives contributed to the Advisory Council's work toward housing needs assessments, and other service needs assessments. They also worked to develop consolidated data collection that would meet Federal and State reporting requirements.

Barriers Pennsylvania mentioned include contracting and program reporting. Some of the consortia contracts were delayed due to State regulations about how money must be allocated by State agencies. Also, timely reporting of data was a problem. However, the State hopes to improve this through its new client level data reporting system and through a newly established statistical position for someone to monitor and coordinate data collection.

Puerto Rico ($2,840,858) served its clients through seven consortia. Puerto Rico spent between 10 and 20 percent of its consortia funding on the following categories: case management, pharmaceuticals, home health care, and residential hospice care. Puerto Rico did not submit a year-end report. Puerto Rico spent money on some innovative services such as nutritional supplements, legal services, a respiratory therapist, and children's summer camp.

Approximately nine percent of Puerto Rico's Title II funding, or $264,222 has been spent but has not been documented by subcontractors.

Category	Spent	%
Case Management	$528,839	18.6
Pharmaceuticals	$366,869	12.9
Home Health Care	$363,061	12.8
Residential Hospice Care	$299,983	10.6
Medical Care	$265,762	9.4
Spent but not documented by subcontractors	$264,222	9.3
Administration	$206,538	7.3
Housing Assistance	$112,310	4.0
Nutritional Supplements	$106,366	3.7
Emergency Financial Assistance	$81,846	2.9
Mental Health/Therapy/Counseling	$74,119	2.6
Day/Respite Care	$41,215	1.5
Transportation	$37,759	1.3
Dental Care	$32,544	1.2
Buddy/Companion Services	$27,620	1.0
Durable Medical Equipment	$8,846	0.3
Client Advocacy	$6,000	0.2
Respiratory Therapist	$5,950	0.2
Medical Supplies	$3,276	0.1
Pharmacist Assistant	$2,657	0.1
Children Summer Camp	$2,240	0.1
Legal Service	$1,998	0.1
Outreach	$840	< 0.1
Total	$2,840,860	100

Rhode Island has no consortia.

South Carolina ($297,252) served an estimated 378 individuals through 3 consortia around the State. South Carolina spent nearly two-thirds of its consortia money in medical care. Specific consortia activities include physician training on HIV/AIDS therapies, participation in drug studies so that qualified patients receive free medications, establishing support groups, and developing brochures to raise public awareness about services.

Category	Spent	%
Medical Care	$189,639	63.8
Pharmaceuticals	$65,327	22.0
Case Management	$34,786	11.7
Other Counseling/Not a Mental Health	$7,500	2.5
Total	$297,252	100

One barrier mentioned is that some clients are concerned about confidentiality when participating in support groups.

Tennessee has no consortia.

Texas ($5,650,696)[4] served clients through 26 consortia. Texas spent most of its consortia funding on case management, medical care, and food bank/home delivered meals. (See table next page.) Although they prepared narrative quarterly reports, they include no narrative with the year-end report, but simply a statement of objectives and goals and whether or not these goals have been met.

One service related activity described in detail was the creation of a support group for male HIV-infected inmates.

Specific administrative activities include:

- organizing a Lead Agency Workshop where representatives from consortia gathered to prepare guidelines for the HIV Service Delivery Areas and discuss areas of concern;
- making site visits to consortia to assure the timely and skilled delivery of medical and psychosocial services;
- establishing and implementing a needs assessment process for the consortia;
- coordinating with State agencies;
- implementing a planning/public hearing/public comment process; and,
- automating reporting from each consortia.

[4] Texas included money for the Home and Community-Based Care Option of Title II in its Consortia Category. This is also reflected in the table for Texas Consortia services by category.

Texas (Continued)

Texas requested guidance from HRSA during the year on how Title II sites administer sliding scale fees and in-kind contributions. One of its quarterly reports also mentions that despite repeated requests, the State cannot obtain information about how Ryan White Title I and Title IIIb funds are spent in Texas. As a result, Texas officials cannot be sure that consortia services are not duplicating services already provided under these titles.

Category	Spent	%
Case Management	$1,977,648	35.0
Medical Care	$755,740	13.4
Food Bank/Home Delivered Meals	$386,048	6.8
Home Health Care	$355,088	6.3
Other Counseling/Not Mental Health	$310,888	5.5
Residential Hospice Care	$298,316	5.3
Dental Care	$259,888	4.6
In-Home Hospice Care	$253,916	4.5
Transportation	$203,636	3.6
Volunteers	$198,648	3.5
Pharmaceuticals	$149,684	2.7
Day/respite Care	$144,020	2.6
Housing Assistance	$88,020	1.6
Buddy/Companion Services	$79,664	1.4
Education/Risk Reduction	$73,404	1.3
Durable Medical Equipment	$52,688	0.9
Client Advocacy	$51,400	0.9
Sign Language/Interpretation	$12,000	0.2
Total	$5,650,696	100

Utah ($99,071) spent most of its funds on mental health treatment and dental care. There is no year-end report available for Utah.

Category	Spent	%
Mental Health Treatment/Therapy/Counseling	$36,553	36.9
Dental Care	$21,441	21.6
Client Advocacy	$12,381	12.5
Education/Risk Reduction	$10,063	10.2
Medical Care	$6,657	6.7
Emergency Financial Assistance	$4,420	4.5
Transportation	$2,628	2.7
Substance Abuse Treatment	$2,450	2.5
Food Bank/Home Delivered Meals	$1,586	1.6
Pharmaceuticals	$888	0.9
Total	$99,067	100

Vermont ($30,000) has one consortium. All Vermont Title II consortium funds were spent on planning and evaluation. The consortium conducted a statewide needs assessment, and as a result, is developing a resource guide to HIV-related services in Vermont.

Category	Spent	%
Planning and Evaluation	$30,000	100

Virginia ($871,219) has five consortia. The summary expenditure report indicates that most Virginia Title II consortia funds were spent on case management and medical care. (See table next page.)

Virginia cites the potential conflict of interest as a constant struggle for consortia, noting "it is difficult to assure that those who will profit from the funds do not make the decisions about awarding them. In many areas, the only agencies that are interested in belonging to the consortium are those that expect to get financial benefits."

Virginia (Continued)

Other barriers faced by Virginia consortia include:

- finding an objective committee with the time to conduct peer reviews;
- determining the needs of clients through organized and scientific needs assessments;
- restricting administrative funds available to consortia and subcontractors; and,
- the regulation prohibiting payments of physician consultant fees when the patient had to be hospitalized.

Category	Spent	%
Case Management	$270,269	31.0
Medical Care	$250,000	28.7
Administration	$87,122	10.0
Planning and Evaluation	$43,560	5.0
Mental Health Treatment/ Therapy/Counseling	$30,000	3.4
Pharmaceuticals	$26,768	3.1
Emergency Financial Assistance	$26,000	3.0
Dental Care	$25,000	2.9
Outreach	$25,000	2.9
Other Counseling/Not Mental Health	$15,000	1.7
Transportation	$15,000	1.7
Day/Respite Care	$15,000	1.7
Home Health Care	$10,000	1.2
Client Advocacy	$7,000	0.8
Housing Assistance	$6,000	0.7
Food Bank/Home Delivered Meals	$5,000	0.6
Adoption/Foster Care	$4,000	0.5
Education/Risk Reduction	$3,000	0.3
Residential Hospice Care	$2,000	0.2
Durable Medical Equipment	$2,000	0.2
Substance Abuse Treatment	$1,500	0.2
Buddy/Companion Services	$1,000	0.1
Rehabilitation Care	$1,000	0.1
Total	$871,219	100

Virgin Islands have no consortia.

Washington ($712,451) has three consortia. The summary expenditure report indicates that most Washington Title II consortia funds were spent on medical care. Washington did not submit a year-end report detailing specific consortia activities.

Category	Spent	%
Medical Care	$433,717	60.9
Substance Abuse Treatments	$101,249	14.2
Client Advocacy	$61,182	8.6
Planning and Evaluation	$50,000	7.0
Administration	$48,762	6.8
Housing Assistance	$14,279	2.0
Mental Health Treatment/ Therapy/Counseling	$3,262	0.5
Total	$712,451	100

West Virginia ($109,016) has one consortium. Most West Virginia Title II consortium funds were spent on case management. Case managers are serving 245 HIV infected clients.

The West Virginia consortium is compiling a service directory, but reports problems with health care providers not wanting publicity. Although these providers serve HIV clients, they do not wish to be identified in the HIV service directory being developed by the consortium.

Category	Spent	%
Case Management	$59,175	54.3
Housing Assistance	$16,473	15.1
Pharmaceuticals	$11,228	10.3
Medical Care	$7,671	7.0
Administration	$4,825	4.4
Food Bank/Home Delivered Meals	$4,474	4.1
Transportation	$2,307	2.1
Dental Care	$1,240	1.1
Insurance	$905	0.8
Emergency Financial Assistance	$352	0.3
In-Home Hospice Care	$266	0.2
Residential Hospice Care	$100	0.1
Total	$109,016	100

Wisconsin ($480,878) has nine consortia. Most Wisconsin Title II consortia funds were spent on case management and medical care.

Category	Spent	%
Case Management	$165,552	34.4
Medical Care	$78,803	16.4
Mental Health Treatment/ Therapy/Counseling	$52,743	11.0
Planning and Evaluation	$51,247	10.7
Administration	$39,609	8.2
Buddy/Companion Services	$25,367	5.3
Transportation	$20,000	4.2
Emergency Financial Assistance	$16,695	3.5
Other Counseling/Not Mental Health	$11,250	2.3
Home Health Care	$6,000	1.2
Outreach	$5,600	1.2
Adoption/Foster Care	$4,375	0.9
Client Advocacy	$3,637	0.8
Total	$480,878	100

Specific consortia activities include:

- translating English language brochures into Hmong to increase client outreach;
- providing support group services for HIV positive clients of the Milwaukee Indian Health Center; and,
- developing a transportation project. This project: (1) coordinates delivery of food to home-bound clients; (2) purchases cab service for individuals with special needs; (3) subsidizes public and private transportation for clients capable of using these services without volunteer assistance; and, (4) arranges for volunteers to provide rides to patients for medical and mental health visits.

Challenges faced by Wisconsin consortia include the need for wider representation of multicultural communities within the HIV care consortia, the limited funding available to meet the level of need exhibited by HIV-positive persons and their families, the lack of health and human service providers willing or able to provide HIV-related services in many areas of the State, and the need for communication with other consortia in Wisconsin and across the nation.

Wyoming ($48,576) submitted no report on the number of consortia or their specific activities. More than two-thirds of Wyoming Title II consortia funds were spent on primary medical care.

Category	Spent	%
Primary Care	$33,336	68.6
Case Management	$8,962	18.4
Dental	$1,790	3.7
Mental Health Treatment/ Therapy/Counseling	$1,422	2.9
Food Bank/Home Delivered Meals	$1,384	2.8
Transportation	$1,086	2.2
Home Health Care	$360	0.7
In-Home Hospice Care	$200	0.4
Day/Respite Care	$36	0.1
Total	$48,576	100

APPENDIX A

HIV-RELATED SERVICE CATEGORIES

HIV-RELATED SERVICE CATEGORIES

1. **Primary Medical Care**: Provision of routine, non-emergency, non-inpatient, non-specialized medical c

2. **Dental Care**: Diagnostic and therapeutic services rendered by dentists, dental hygienists, and sim professional practitioners.

3. **Mental Health Therapy/Counseling**: Psychological and psychiatric treatment and counseling servi including individual and group counseling, provided by a mental health professional licensed or authori within the State, including psychiatrists, psychologists, clinical nurse specialists, social workers, counselors.

4. **Case Management**: Client-centered service that links clients with health care and psychosocial serv in a manner that ensures timely, coordinated access to medically appropriate levels of care and supp services, and continuity of care. Key activities include: assessment of the client's needs and personal supp systems; development of a comprehensive, individualized service plan; coordination of the services requ to implement the plan; client monitoring to assess the efficacy of the plan; and periodic re-evaluation adaptation of the plan as necessary over the life of the client.

5. **Substance Abuse Treatment/Counseling**: Provision of treatment and/or counseling to address substa abuse (including alcohol) problems.

6. **Rehabilitation Care**: Services provided by a licensed or authorized professional in accordance wit individualized plan of care which is intended to improve or maintain a client's quality of life and opt capacity for self-care. This definition includes physical therapy, speech pathology, and low-vision trai services.

7. **Home Health Care**: Therapeutic, nursing, supportive and/or compensatory health services provided licensed/certified home health agency in a home/residential setting in accordance with a wr individualized plan of care established by a case management team that includes appropriate health professionals. Component services are defined separately (para-professional, professional and speci care).

   a. **Para-Professional Care**: homemaker, home health aide, and personal/attendant care
   b. **Professional Care**: routine and skilled nursing, rehabilitation and mental health
   c. **Specialized Care**: intravenous and aerosolized medication treatments, diagnostic testing, par feedings and other high tech services
   d. **Durable medical equipment**: prosthetics, devices and equipment used by clients in a home/res setting, e.g., wheelchairs, inhalation therapy equipment or hospital beds.

8. **Home-based hospice care**: nursing care, counseling, physician services, and palliative therapeutics p by a hospice program to patients in the terminal stages of illness in their home setting.

9. **Support Services**:

a. **Adoption/Foster Care Assistance**: assistance in placing children whose age is less than 20 and whose parents are unable to care for them because of HIV-related illness or death, in temporary (foster care) or permanent (adoption) homes.

b. **Buddy/Companion Services**: activities provided by volunteers/peers to assist the client in performing household or personal tasks, and providing mental and social support to combat the negative effects of loneliness and isolation.

c. **Client advocacy**: assessment of individual need, provision of advice and assistance obtaining medical, social, community, legal, financial and other needed services. Advocacy does not involve coordination and follow-up on medical treatments.

d. **Counseling**: counseling services other than mental health therapy/counseling provided to clients, family and/or friends by non-licensed mental health counselors. May include caregiver support, bereavement counseling, drop-in counseling, nutrition counseling or other support group activities.

e. **Day and respite care**; Residential or home-based non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of client or client's child.

f. **Direct Financial Assistance**: provision of short-term payments for food, housing, rent, utilitie medications or other resources.

g. **Education/Risk Reduction**: counseling or preparation/distribution of materials educate clients abo methods to reduce the spread of HIV, and information about available medical and psycho-social suppo services.

h. **Food bank/Home Delivered Meals**: provision of actual food or meals, not finances to purchase food meals.

i. **Housing Related services:** this includes: assistance in locating and obtaining suitable, on-going transitional shelter (including costs associated with finding a residence and/or subsidized rent); residential housing services, which are the provision of housing assistance in a group home setting.

j. **Legal Assistance**: assistance provided to individuals with respect to wills, funeral arrangements, ma related to protection of civil rights, and other relevant legal needs experienced by clients.

k. **Sign Language and Interpretation Services**: assistance provided to clients and/or caregivers wh language impaired (sign language) or do not speak English as their primary language (interpre services).

l. **Transportation**: conveyance services provided to a client in order to access health care or psycho-support services. May be provided routinely or on an emergency basis.

m. **Other**: Support Services Not Listed Above

10. **In-Patient Personnel Costs**