

**Santa Barbara County HIV Care Program
Service Delivery Plan
FY 2010 – 2013**

**Santa Barbara County
Public Health Department
HIV/AIDS Services**

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Santa Barbara County HIV Care Program Service Delivery Plan

Table of Contents

| | | |
|-------------|---|----|
| Section I | Needs Assessment Summary | 1 |
| | Epidemiological Information/Santa Barbara County Census Data | 1 |
| | HIV/AIDS cases and Persons Living with HIV/AIDS (PLWHA) | 1 |
| | Demographics (People Living with AIDS) | 2 |
| | Exposure/Risk | 3 |
| | Areas of Concern | 3 |
| | Current HIV Service Activities | 3 |
| Section II | Resource Inventory | 4 |
| Section III | Priority Setting and Resource Allocation | 5 |
| | Decision Making Principles | 5 |
| | Criteria for Priority Setting | 5 |
| | Decision-making Method(s) | 5 |
| | Finalized service priorities and funding allocation decisions | 6 |
| Section IV | Description of Service Delivery | 6 |
| | Frequency | 7 |
| | Assessment of Current and Anticipated Service Gaps, Barriers, and Unmet Needs | 7 |
| | Unmet and Unfounded Needs (Populations Who Are Out of Care) | 8 |
| | HIV Care Program Services | 10 |
| | Needs Assessment | 12 |
| | Addressing Future Needs | 13 |
| | Cultural Competency | 13 |
| | Continuum of Care | 13 |
| | Client Access Venues | 14 |
| | Program Integration | 15 |
| | Prevention with Positives and Partner Counseling Referral Services (PCRS) | 16 |
| | Integration of all Ryan White Programs (Parts A-D including HIV Care Program) | 16 |
| Section V | Goals and Objectives | 18 |
| Section VI | Effective Measure | 22 |
| | ATTACHMENT A RESOURCE INVENTORY | A1 |
| | ATTACHMENT B | B1 |

Santa Barbara County HIV Care Program Service Delivery Plan

Section I Needs Assessment Summary

Epidemiological Information/Santa Barbara County Census Data

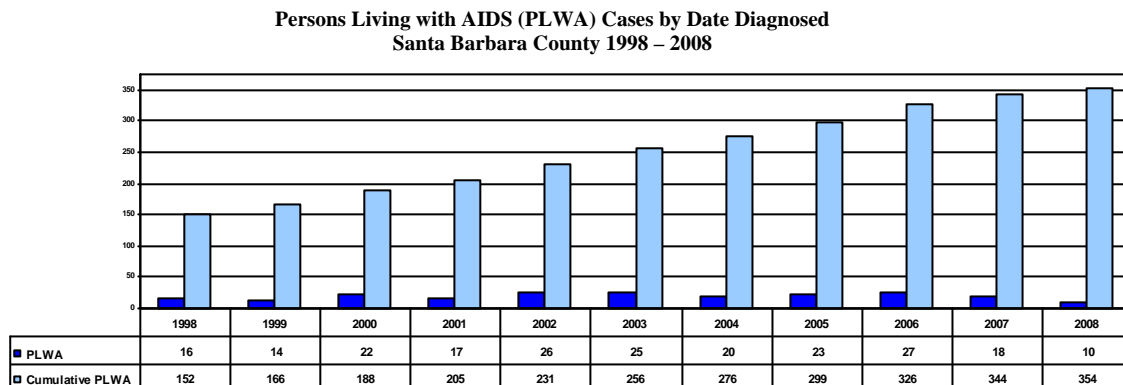
According to the California Department of Finance, Santa Barbara County's 2007 population was estimated at 428,665, distributed evenly among males (215,190: 50.2%) and females (213,475: 49.8%). Census age groups have been collapsed to display age distribution in Santa Barbara County: Under 5 years old: 6.6%; ages 5-24: 29.2%; 25-44: 26.2%; 45-64: 25.3%; 65 and over: 12.7%. The race/ethnicity breakdown is as follows:

- White, non-Hispanic 53.9%,
- Hispanic 37%,
- Black 2.5%
- Asian/Pacific Islander 4.4%
- Native American/American Indian .6%
- Multiracial 1.5%
- Other .1%

HIV/AIDS cases and Persons Living with HIV/AIDS (PLWHA)¹

As of December 31, 2008, 853 individuals have been diagnosed with AIDS from 1986-2008. Currently, 354 individuals are living with AIDS (305 male, 49 female) in Santa Barbara County, and 168 have been diagnosed HIV positive (90% male, 10% female). The present distribution of HIV positive individuals countywide is 75 (44%) in the south county, 20 (26%) in the north and 8 (5%) in the central county area. Please refer to the Public Health Department website for further analysis of HIV/AIDS data in Santa Barbara County. (AIDS prevalence rate = 71.6 per 100,000 population this rate has decreased slightly since 2002 (72.5 vs. 71.6).

Figure 1 AIDS Cases in Santa Barbara County



Source: HARS report. Year of case based on Diagnosis Date Year of case based on Diagnosis Date.

¹ All epidemiological data provided for Santa Barbara County is from the HIV/AIDS Registry System (HARS)

Santa Barbara County HIV Care Program Service Delivery Plan

Up until 12/31/2008, SBC experienced 502 AIDS-related deaths for a case fatality rate of 62% that is higher than the State's rate overall (58.2% for the 2005 calendar year).

While case fatality has dropped, the number of PLWHAs has increased each successive year. SBC has been tracking HIV positive laboratory results since July 2002. SBC has reported 205 new HIV + cases through 12/31/2008. Because data collection has recently changed due to HIV names-based reporting that went into effect in California on April 17, 2006, examination of HIV data has only recently begun and AIDS case data for living AIDS clients will continue to be utilized to set priorities and develop targeted strategies for meeting the service needs of our population.

Demographics (People Living with AIDS)

Of the 354 people living with AIDS (PLWA), 90% (305) are male and 10% (49) female.

Figures 2 and 2a depict the current PLWA age distribution and that of 3 years ago.

Figure 2

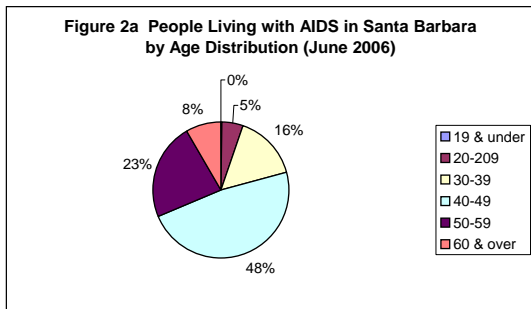
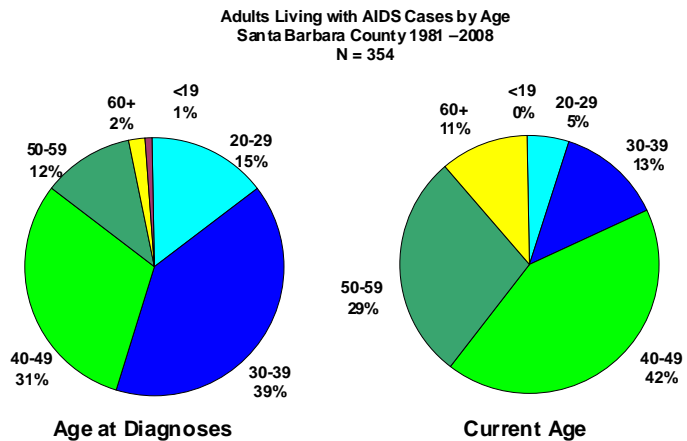


Figure 2a



Source: HARS reports

SBC is fortunate to have had very few (4) pediatric AIDS cases reported, 3 of whom are still living, one diagnosed in the last 5 years (after receiving a blood transfusion in Mexico).

Of the 354 PLWAs:

- 51% (183) were White, non-Hispanic
- 40% (141) Hispanic
- 7% (24) Black, non-Hispanic.
- 2% (6) Other

Exposure/Risk

Of all reported PLWAs adult/adolescent male AIDS cases (304) as of 12/31/2008, 65% (195) disclosed men having sex with men (MSM) risk, 15% (47) MSM/ IDU, 10% (31) Injection Drug Use (IDU), and 9% (28) heterosexual.

Reported adult/adolescent female AIDS cases (49) primarily resulted from two exposure categories: 64% (31) heterosexual contact and 24% (12) IDU. Of the 29 White, non-Hispanic people living with HIV (PLWHs) in the last five years (7/1/2004-12/31/2009), 76% (22) claimed MSM as their exposure category, 7% (2) IDU, and 10% (3) IDU.

Of the 20 Hispanic PLWHs diagnosed in the last five years (7/1/2004 – 6/30/2009), 50% (10) claim MSM exposure, 40% (8), Heterosexual exposure, and 10% (2) are a combination of IDU and MSM/IDU.

Of other race/ethnicity PLWHs, percents will not be stated because of small numbers.

Areas of Concern

Santa Barbara County provides HIV/AIDS care to all clients in Santa Barbara County with a special focus on people of color (Hispanic and Black communities), women, Men having Sex with Men (MSM) and MSMs using methamphetamines. According to the HIV AIDS Registry System (HARS) as of June 30, 2008 of all reported living HIV/AIDS cases (501) 438 (87%) were male and 63 (13%) female. 263 (52%) cases were White non-Hispanic, 190 (38%) Hispanic and 33 (7%) Black. Individual current ages 30-59 accounted for approximately 78% of all cases.

Current HIV Service Activities

The PHD and subcontractors provide comprehensive early intervention/core medical services, dental care, specialty and referral specialty medical services, education, outreach, HIV testing, counseling, partner notification, referrals for substance abuse treatment, food, housing, hospice care, and transportation. The Ryan White Part C Program served 199, 211 and 212 HIV/AIDS clients in 2005, 2006, and 2007, respectively.

The percentage of males has slightly decreased over the years, but remains the majority of incident AIDS cases and prevalent AIDS cases in SBC. Exposure among males

remains highest in MSM. IDU transmission has decreased significantly, and a slight increase has been seen in Heterosexual male exposures.

The exposure category of greatest concern for females is heterosexual contact. There are more White and Hispanic females living with disease than in years past. An increasing number of pregnant Hispanic females have been diagnosed as part of pre-natal HIV testing. Care and treatment for these women must address pre and peri-natal prophylaxis. Most of these women appear to have been infected by their husbands or partners who were infected through MSM and/or IDU. In assessing care needs of women, an investigation of home life, partner behaviors, partner's access to care, and the potential for violence, must be considered and conducted whenever possible, as all of these factors have known impact of the ability of women to access care and on the progression of disease.

As PLWA live longer, there are proportionately more PLWA in older age groups (40-49 and over 49). Thus, our community must address AIDS as a chronic condition with concurrent issues associated with advancing age.

There is a slight decrease in the percent of whites living with AIDS. Since there were more Whites at the onset of the epidemic, their diagnoses were more fatal before the medication had started prolonging life. Now, the percentage among Hispanics has increased and this population will be living longer with the disease.

White males remain high in MSM exposure, with heterosexual exposure as the second highest risk. IDU and MSM/IDU have decreased significantly due to syringe exchange and related programs. Among Hispanic males, MSM continues to be the highest transmission method.

IDU for PLWHs has decreased significantly. While needle sharing and some injection drug use have declined, methamphetamine usage is on the increase. Methamphetamine use is a significant risk factor for the transmission/acquisition of HIV. Therefore, even though IDU exposure is declining, substance use in general is not, and must be factored into any HIV prevention interventions.

Section II Resource Inventory

The Santa Barbara County HIV Resource Manual was updated in 2006. The English and Spanish language versions of this Manual are posted on the Santa Barbara County's website for the HIV/AIDS Services Program at www.sbcphd.org. Attachment A also contains a brief synopsis of those HIV service providers that participate in the HIV Prevention and Care Council (HPCC) community planning group.

Section III Priority Setting and Resource Allocation

Decision Making Principles

The decision-making principles suggested by the United States Department of Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, including some slight modifications, have been adopted.

1. Decisions must be based on documented and fundable needs.
2. Services must be responsive to the epidemiology of HIV in Santa Barbara County.
3. Priorities should serve to provide primary health care, limiting hospitalization, and avoid duplication of services.
4. Decisions must address overall needs in Santa Barbara County, not narrow advocacy or special interest group concerns.
5. Services must be provided in a culturally sensitive manner.
6. Services must focus on the needs of low-income, underserved, unserved, and severe needs populations.
7. Equitable access to services must be provided across geographic areas and subpopulations.
8. Services should meet Public Health Service treatment guidelines and other standards of care and should be of demonstrated quality and effectiveness.

Criteria for Priority Setting

The criteria for priority setting suggested by the United States Department of Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, including some slight modifications, have been adopted by the HIV Prevention and Care Council.

1. Documented and fundable need, based on:
 - a. Local HIV/AIDS epidemiology
 - b. Valid client identified service needs
 - c. Documented capacity development needs
2. Consistency with the continuum of care
3. Balance between ongoing service need and emerging needs as determined by ongoing evaluation of epidemiological data and client input.
4. Quality, cost-effectiveness, and outcome effectiveness of services as determined through evaluation measures
5. Consumer priorities

Decision-making Method(s)

The HIV Prevention and Care Council (HPCC) which serves as the local CARE consortium, developed and agreed upon priorities for service delivery and allocation of available resources. Decisions regarding these recommendations were reached through discussion and consensus. A consensus was reached at the HPCC meeting in Santa Barbara, CA on August 12, 2009, in the wake of the loss of State HIV funding. The

County/fiscal agent reserves the right to make final allocation decisions based on reviewer scores and other factors not necessarily in the public domain.

Finalized service priorities and funding allocation decisions

Attachment B details allocation recommendations adopted by the HPCC for FYs 2010-2013. These allocations are subject to annual revision if necessary to better address the changing epidemic in Santa Barbara County.

Section IV Description of Service Delivery

Current Populations Served

In the last fiscal year, comparable² HIV Care Program funded agencies provided services to:

- 200 unduplicated, eligible clients through the Necessities of Life Program (NOLP- Food & Nutrition), Medical Case Management, Oral Health Services and Social Case Management.
- 20 unduplicated high risk HIV negative clients for education, risk reduction outreach interventions
- acupuncture services for 20 unduplicated clients at the Project Recovery location of the Council for Alcohol and Drug Abuse (CADA).
- 500 HIV counseling and testing services for high risk HIV negative clients

Table 1 below indicates the demographics of these populations in care at the Santa Barbara County Public Health Department.

Table 1 Demographics of HIV Care Program and Part Clients (Calendar Year 2009)³

| Race/Ethnicity | Clients (Percentage) | Age | Clients/Percentage |
|-------------------------------|----------------------|--------------------------|--------------------|
| American Indian/Alaska Native | 3 (1%) | 13-24 | 8 (4%) |
| Asian | 3 (1%) | 25-44 | 97 (45%) |
| Black | 14 (6%) | 45-64 | 107 (50%) |
| Pacific Islander/Hawaiian | 1 (<1%) | > 65 years old | 4 (2%) |
| Hispanic | 89 (41%) | | |
| White | 106 (49%) | | |
| Gender | | Household Income | |
| | | < 100% of FPL | 156 (72%) |
| Male | 174 (81%) | 101-200% of FPL | 46 (21%) |
| Female | 38 (18%) | 201-300% of FPL | 10 (5%) |
| Transgender | 4 (2%) | >300% of FPL | 3 (1%) |
| Housing | | Medical Insurance | |
| Permanently Housed | 169 (78%) | Medicare | 49 (23%) |
| Non-Permanently Housed | 41 (19%) | Medi-Cal | 46 (21%) |
| Institution | 5 (2%) | Uninsured | 120 (56%) |

² The Part B Program and multiple State programs were collapsed into one program- HIV Cares Program- at the start of FY 09/10. Historic service data for the HIV Cares Program is a compilation of the most recent six months of HIV Cares Program data and compilation of comparable service data from previous programs.

³ 2009 Ryan White Data Report (RDR) for the Public Health Department

Assessment of Current and Anticipated Service Needs

A needs assessment survey was circulated among current service program clients in the summer of 2006, and results from this tool were tabulated in the fall of 2006. A total of 69 clients responded to the survey. While it is recognized that this methodology had inherent limitations (e.g. limited number of surveys returned, higher percentage of north county surveys and female respondents than actual demographics of the infected population, preponderance of surveys returned from those clients already receiving HIV Care Program services), valuable information was gained.

Table 2 displays results of the survey to the question: What are the services that are most needed and utilized.

| Table 2 Needed and Utilized | Frequency | Percent |
|---|------------------|----------------|
| Medical care | 55 | 83% |
| Food bank/free groceries | 48 | 75% |
| Case management | 43 | 67% |
| Medical information about HIV/AIDS etc. | 39 | 61% |
| Dental Care | 33 | 54% |
| Professional mental health (Counseling or therapy) | 24 | 37% |

Table 3 below indicates the responses to the question of what services were most needed but clients had difficulty accessing.

| Table 3 Needed and couldn't get | Frequency | Percent of Total Participants |
|---|------------------|--------------------------------------|
| Help find low income housing | 23 | 37% |
| Dental Care | 22 | 36% |
| Help paying rent | 20 | 31% |
| Support groups | 17 | 26% |
| Help with utility bills/security deposits | 14 | 22% |
| Acupuncture/Chinese Medicine | 13 | 21% |
| Naturopathy/herbal medicine | 13 | 21% |
| Housing that will accept pets | 10 | 16% |
| Professional mental health (Counseling or therapy) | 7 | 11% |

Many of these service needs can be provided under the HIV Cares Services Program, although some of them can, and should, be provided through other funding sources and/or other agencies. Clients will continue to need primary medical care, prescription medication assistance, and case management services.

Assessment of Current and Anticipated Service Gaps, Barriers, and Unmet Needs

The size of the County and the relative isolation of many communities continue to present a significant barrier for some eligible clients. Primary medical care is provided in the major metropolitan areas of Santa Barbara, Lompoc and Santa Maria, but there are rural areas of the County, especially in the Santa Ynez Valley and the Northeast corner of Santa Barbara County where primary care is only available from private providers.

Spanish-speaking clients are seeking services in more frequency both in north and South County.

There is a need to ensure that bi-lingual, bi-cultural services are available. Substance abuse treatment and counseling is a need that is substantiated by epidemiological data as well as service provider commentary. Currently, there is not a contracted provider for this service under either the Part C or HIV Cares Services Program, although County funding provides some services, and referrals are available to other existing substance abuse programs. The provision of dental and vision care services are also an area of concern. Although some funding is provided through Part C and the HIV Cares Program, the Public Health Department has yet to reach its goal of providing an annual oral health exam by a dental provider for each patient, let alone providing all of the necessary oral health restorative care.

Although clients listed dental care as a service not being met (and it also placed highly on those services most needed and used), it was unclear if clients were aware of dental services provided through Part C and HIV Cares Services Program funding. Currently there is one dental provider in south county and a second dental provider with dental clinics in Santa Maria and Lompoc. Many clients referred to dental providers for free care have still not taken advantage of these referrals. Case Managers and clinical staff need to work closely with clients and client advocates to insure dental referrals are successful and dental services become more preventative than restorative.

Unmet and Unfounded Needs (Populations Who Are Out of Care)

In California, HIV Cares Services Programs coordinate the development of unmet need with the California State Office of AIDS. Matching Medi-Cal, ADAP, HARS and Kaiser North data derives the State estimates. The estimates only include clients who were designated in one of the four databases as having a met need, (i.e. having a CD4 test, a Viral Load test, or an Anti-retroviral prescription) every other fiscal year (see Table 4 below). Santa Barbara County estimates were derived using the reported numbers of AIDS and HIV cases in comparison to statewide reporting.

Table 4 Unmet Need Estimates in Santa Barbara County (July 1, 2003 to June 30, 2004)⁴

Unmet Need Estimates in Santa Barbara County (Jan 1, 2003 to Dec 31, 2003)

| Location | AIDS | | % | HIV | | % |
|----------------------|------------|--------|-----------|------------|--------|-------------|
| | Population | Unmet | Unmet/Pop | Population | Unmet | Unmet / Pop |
| Santa Barbara County | 291 | 131 | 45% | 354 | 269 | 76% |
| California | 55,750 | 22,874 | 41% | 45,000 | 24,347 | 54% |

Unmet Need Estimates in Santa Barbara County (July 1, 2005 to June 30, 2006)

| Location | AIDS | | % | HIV | | % |
|----------------------|------------|--------|-----------|------------|--------|-----------|
| | Population | Unmet | Unmet/Pop | Population | Unmet | Unmet/Pop |
| Santa Barbara County | 308 | 138 | 45% | 397 | 301 | 76% |
| California | 60,591 | 25,096 | 41% | 58,399 | 26,796 | 46% |

Unmet Need Estimates in Santa Barbara County (July 1, 2007 to June 30, 2008)

| Location | AIDS | | % | HIV | | % |
|----------------------|------------|--------|-----------|------------|--------|-------------|
| | Population | Unmet | Unmet/Pop | Population | Unmet | Unmet / Pop |
| Santa Barbara County | 331 | 200 | 60% | 206 | 101 | 49% |
| California | 65,914 | 25,551 | 39% | 58,838 | 22,056 | 37% |

As demonstrated in Table 4, Unmet Need in Santa Barbara County changed significantly from the 2003 levels to the most recent estimates done in 2007 and 2008. Santa Barbara County, according to Table 4, has a higher unmet need percentage for both People Living with AIDS (PLWAs) and People Living with HIV (PLWH) than in California. However, in analyzing the trends of this data over the three years specified, Santa Barbara County is providing more medical services for PLWHs than ever before, while a significantly higher percentage of those PLWAs are not receiving medical services. It is difficult to explain these dramatic changes from FY 2005/2006 to FY 2007/2009; however, the California requirements for HIV reporting changed in October of 2006 to be name-based reporting from a code-based system. Due to lack of complete data and an immature dataset, the State Office of AIDS purged all previous HIV client demographic data. Therefore, all previously reported HIV cases had to be reacquired to meet the new reporting requirements. In Santa Barbara County, more than half of the 140 HIV clients in the system in 2006 were never reacquired. These significant changes may account for some of the discrepancies above. Santa Barbara County addresses these issues in a variety of techniques. At the Santa Barbara County Public Health Department any client living with HIV/AIDS is provided primary case services. However, within this broader target population, there are populations that warrant a special focus. These are the Hispanic population, especially those that are monolingual Spanish-speaking, women, MSMs, and MSMs that use methamphetamines.

The Needs Assessment survey identified several services for which clients indicated an unmet need. As indicated in Table 3, housing services (top three of five identified

⁴ Statewide Consolidated Statement of Need (SCSN) and calculations for Santa Barbara County unmet need provided by the State Office of AIDS on February 05, 2010; personal email communication.

services needed and couldn't get) and assistance with maintaining housing were ranked very high among respondents.

Housing services are available through the Housing Opportunities for People with AIDS (HOPWA) program. Although the Housing Authority Section 8 program provides a great deal of funding annually for HIV/AIDS clients, there is a significant lack of low-income and affordable housing. Also, the Section 8 program has been capped for the last several years. No new Section 8 vouchers have been issued during this time. Clients can only receive a voucher if an existing voucher recipient leaves the area, passes away or returns the voucher due to cessation of eligibility. Very few Section 8 vouchers have been recycled during these last several years.

As previously described, the Needs Assessment and Resource Allocation process have determined that medical case management, food and nutritional supplements, social case management, HIV counseling and testing, acupuncture and outreach services will be funded for FYs 2010 – 2013. Other HIV Care Program eligible services (e.g. mental health counseling, housing, ambulatory health care, substance abuse, etc.) are provided through other funding sources in the continuum of care in Santa Barbara County.

As will be discussed further, the HIV Cares Services Program resource allocation is just one element in a continuum of care. Any client seeking HIV Cares Program services, whether at Pacific Pride Foundation, dental providers or Project Recovery (of the Council on Alcoholism and Drug Abuse) or the Public Health Department can be linked, if desired, to many other services. Through the Local Implementation Group (the HIV Prevention and Care Council- HPCC), the Public Health Department, Community Based Organizations and stakeholders coordinate countywide planning and implementation of the delivery of client services.

HIV Care Program Services

i. Medical Case Management Services

These services are directly linked to the clients' medical care. Case managers perform an initial assessment with each new client to develop an individual service plan (ISP). The assessment includes psycho-social, behavioral, mental health, education and medical issues. Case managers work closely with the Public Health Department physicians to insure clients are adherent to their treatment and medication regimens. Case managers provide assistance with transportation, benefit acquisition, and referrals.

ii. Primary Medical Care (Therapeutic Monitoring)

In order to determine the extent of a client's current HIV infection and the impact of their medication on this infection, specific laboratory testing and analysis is necessary. Viral load analysis determines the amount of HIV virus present in the blood stream of HIV+ clients. Genotype and Phenotype testing are used to determine the specific subspecies and composition of HIV virus in the client's bloodstream, and the impact various types of anti-viral medication have on this virus. By using these testing tools, providers can ascertain if prescribed medication regimens are affective in reducing viral load/HIV infection for clients in treatment. Periodic monitoring through use of these tests also

provides guidance to medical providers when to or when not to change medication therapies.

iii. Oral Health Services

Dentists in north and south county provide exams, prophylaxis and restorative services for clients. Oral exams, cleanings, x-rays, extractions, fillings and root canals are routinely available for Part C and HIV Care Services Program patients. More extensive dental services such as crowns, bridges, dentures and oral surgery are available on a limited, case by case basis due to resource restrictions.

iv. Food & Nutritional Services

These services are provided through Pacific Pride Foundation. Clients can access food, dental and medical supplies and nutritional supplements through the Pacific Pride Foundation's Necessities of Life Program (NOLP). Clients can also access a licensed dietician and customized written information on nutrition. This written information is updated monthly and provided to each NOLP client when they access the Pantry. The Pantry location is conducive to accessing other Pacific Pride Foundation program elements such as:

- Mental Health Counseling (see below)
- Short Term Housing Counseling and Rental Assistance (see below)
- Syringe/Needle Exchange Program
- Free Legal Assistance
- Case Management (Early Intervention Program)
- Press On Program (Prevention for Positives Program)
- Project Latex (Education and Prevention outreach)

v. Non-medical Case Management Services

The distinction between medical and non-medical case management is the relationship between the services directly connected with the client's treatment (medical case management) or the client's support services (non-medical case management). One example of non-medical case management is referrals to clients to access housing support through the HOPWA program. Non-medical case managers meet with clients at various locations (e.g. clinic, pantry, by appointment, etc.) to assist clients in accessing necessary support services such as housing assistance, legal assistance, transportation to non-medical events, etc.

vi. Early Intervention Services (HIV Counseling and Testing)

HIV Care Services funding is available to provide rapid HIV test kits, controls and laboratory testing for confirmation of preliminary positive test results. Those agencies receiving this funding must provide HIV certified counselors to perform the screening and provide the risk reduction counseling activities with other funding sources and must offer this service both anonymously and confidentially and free of charge.

vii. Outreach Services

HIV newly diagnosed clients are linked to the Public Health Department for medical care and also to case management services as soon after notification of their HIV positive

status as possible. Specially trained outreach workers communicate with the newly diagnosed client, their partner, their family members and others in the client support community to provide this bridge to care and case management. Outreach workers are also responsible for locating and re-linking those clients that have fallen out of care (no longer adherent to their treatment regimen). Another element includes prevention interventions to high risk negatives that receive a court order for HIV/STD education as a result of their parole from a drug or sexual assault conviction.

viii. Acupuncture

Clients and health care providers have noted the benefits of acupuncture under certain conditions for the relief of pain and assistance with overall client well-being and adherence to medical regimens.

A limited number of services are available, with physician referral, for services provided by a licensed acupuncturist. These services are available through Project Recovery. Project Recovery also provides substance use recovery services and coordinates with the Public Health Department and other CBOs to assist with client substance abuse related issues.

In past history, higher allocations were provided for this service. However, the advancements in anti-viral medications, and the increased adherence to medication regimens have reduced the need for this service.

As indicated above, although Chinese Medicine was included in the Needs Assessment, due to the limited applications, focused distribution and use of pharmaceutical treatments, this item was not included in the current allocation. However, this and other needs will be re-examined in the future. Although funding for acupuncture continues to be severely limited, partnering with the current provider allows greater than twice as many services for EIS clients as are funded through HIV Care Program dollars.

Needs Assessment

A true needs assessment is only one tool for proper community planning. Other elements include updated resource directories, gap analysis and ratings for service provision. Conducting a yearly, comprehensive needs assessment survey is not critical in a mid-size, semi-rural County. However, annual assessments of specific service elements are critical and need to be continually updated. In the past four years, the Public Health Department with its community partners has conducted a comprehensive needs assessment, evaluation of dental services and dental service needs, evaluation of case management services and case management needs and is in the process of completion of an assessment of client's understanding of available benefits and how to access these benefits. The HIV/AIDS Services staff, CBOs and the Santa Barbara County Public Health Department Epidemiological Unit, prepared the current needs assessment. The addition of the Epidemiological Unit greatly assisted with the development of the assessment survey. Use of the Allan Hancock College to assist with the survey distribution, collection and analysis allowed for the use of a student intern with the oversight of the College Health Education nurse. This provided valuable experience for the student intern as well as

ensured successful completion of the project with limited funding. A copy of the recently completed needs assessments can be found on the Public Health Department's website at www.sbcphd.org.

Addressing Future Needs

HIV Care Program funding, as indicated in Attachment B, provides client services for therapeutic monitoring, medical case management, food and nutritional services, dental services, non-medical case management, Early Intervention Services (.e.g. HIV counseling and testing), outreach services and acupuncture. These services impact clients directly and extend to their families. The Public Health Department subcontracts with several community based organizations to provide HIV Cares Services Program services. As the fiscal agent, the Public Health Department reviews all subcontractor invoices, progress reports and performs site visit audits. The Public Health Department reports information on service delivery to the HPCC at the end of each fiscal year and receives concurrence regarding any potential allocation changes for the second and third years of the grant cycle. Any new epidemiological data and ongoing client needs or trends in the community are examined to determine if allocations or HIV Cares Services Program service provision must be revised.

Cultural Competency

The key component of cultural appropriateness is for all staff involved in the care process to be aware of the existence of other cultures and life experiences. In addition, client services are frequently available at many locations, from many providers and from many agencies. This flexibility allows clients to choose those services they need, want and where and how they feel the most comfortable accessing these services. As discussed previously, linkages and blending of programs is encouraged to provide a continuum of care. These and other efforts are all designed to break down barriers to service.

No one person or program can incorporate every experience relevant to the client base, but programs and individuals can be aware that these exist. Service provider staffs represent a wide range of cultural and experiential backgrounds that enable them to work effectively with clients of different heritages and cultures. Service provider staffs are provided with ongoing training, in-services and refresher courses that focus on cultural issues. Service providers track cultural competency development and report this information as part of required narrative reporting. All service providers have at least one staff person who is fluent in at least one language other than English.

Continuum of Care

Santa Barbara County is fortunate in that service providers have a long history in the community and a strong base of experience with the provision of HIV Care Program services. Providers know one another on a personal and professional level that allows for ease of coordination and cooperation in the overall interest of client care. All providers also meet with the fiscal agent on a monthly basis through the HPCC to discuss issues of common concern, to identify solutions to problems, and to offer resources and support to counterpart agencies. Case management staff meet with PHD providers on a regular basis in a multi-disciplinary approach to the care and treatment of clients. In some

instances, case managers are also HOPWA staff and this dual role provides these case managers with a thorough understanding of the client's needs and necessary housing elements to complement their care and treatment. Housing service providers meet with other housing agencies and programs in the County on an "as needed" basis to discuss housing issues. This process ensures that all providers are consistently aware of the activities of others, helps to avoid duplication of services, and fosters ongoing cooperation.

Client Access Venues

There are two main access venues for HIV medical care with multiple entry points in the Continuum of Care system in Santa Barbara County. These include:

- the Santa Barbara County Public Health Department clinics (6) and satellite clinics (4);
- HIV Service Provider Community Based Organizations for support services, HIV counseling and testing; and
- Outreach programs through homeless shelters

Newly diagnosed HIV positive clients are referred to the Public Health Department outreach staff in north county and case management staff in the south county. The Public Health Department provides limited HIV testing services on a sliding scale, AIDS Drug Assistance Program (ADAP) registration, and comprehensive primary care. Community Based Organizations provide case management services, including assistance with client access to specialty referrals. The Pacific Pride Foundation administers the local Syringe Exchange Program where clients can exchange contaminated needles for clean needles. Clients also are offered free, anonymous HIV testing, referrals for Hepatitis C testing, and referrals to primary care for those clients that test positive. In addition, the Pacific Pride Foundation, with HIV Care Services Program funding support, implements the Necessities of Life Program. This program provides food, nutritional supplements and medical/dental supplies for HIV positive clients and their families. For many clients, this program is their first linkage to the continuum of care in Santa Barbara County. The Pacific Pride Foundation is truly a one-stop shop that offers mental health counseling, housing assistance, legal assistance, case management, education and prevention and other programs listed above.

Other key points of entry might include: private physician's offices, emergency rooms, substance use recovery and treatment facilities, homeless services sites, prisons, jails, sexually transmitted disease clinics, and other HIV education and prevention services sites such as through the Alcohol, Drug and Mental Health Services HIV testing program. Physician's offices and hospital-based services such as emergency rooms maintain regular contact with fiscal agent representatives through on-going surveillance activities and through direct representative visits and marketing activities to ensure a continuing awareness of the availability of services.

Because Santa Barbara County is relatively small in terms of population and in number of service providers, a network of referrals is maintained by all existing HIV Care Services Program providers that allows for other non-HIV Care Program Service agencies and

programs to easily refer clients in need of services. The Public Health Department Outreach Program has been instrumental in the connection of HIV + clients with medical services. The local program focuses on the monolingual Spanish speaking population in North County. Bridge workers assist their clients with partner notifications (in collaboration with the Partner Counseling Referral Service program), access to counseling and testing, and extension beyond the outreach to friends if warranted. Outreach Program staff have collected information and a listing of private providers. This information has been compiled into the HIV Resources Manual. The Manual was first created in 1997 but recently updated in 2006. It is posted on the Public Health Department's website at www.sbcpd.org and is a readily available resource for use by service providers and clients.

The Surveillance Program of the Public Health Department, associated with HIV names-based reporting efforts, bring Public Health Department staff into contact with providers who are privately seeing HIV-infected clients. In some instances, these providers may have only one or two HIV-infected clients. Surveillance staff provide packets of information to service providers on services available to newly infected HIV clients. Information regarding these services is provided in the packets given to the medical providers. In addition a brochure describing available resources is available from any service provider and is posted on the Public Health Department website. In addition, it will be important for HIV Care Program funded staff persons from all agencies to make outreach to providers an important component of their on-going collaborative work with community-based and private providers to ensure a continuity of awareness and utilization of available services.

Program Integration

As has been described throughout this plan, all State and Federal funded programs are aligned to maximize client service delivery. HIV Care Program services are provided by Community Based Organizations and the Public Health Department that also have Part C, Surveillance and HOPWA program. Santa Barbara County as the fiscal agent works directly with these CBOs and in collaboration with the HPCC to ensure collaboration and linking of all services.

HIV Care Program is a payor of last resort. All agencies that receive HIV Care Program funding have policies and procedures in place to exhaust all other funding options before clients may access HIV Care Program funding allocations. These other funding sources include:

- ADAP
- Medi-Cal
- Medicaid
- Section 8

The Public Health Department has staff at three clinic locations that are state certified as ADAP eligibility workers. Therefore, all HIV clients needing assistance with payment for anti-retroviral medications must apply through the Public Health Department. The HIV/AIDS staff Administrative Office Professional III is the ADAP Coordinator for the

County, collects and reports on Ryan White Program data and services (i.e. Ryan White Data Report and Ryan White Services Report) and is the HIV/AIDS Surveillance Coordinator. In these positions, the Administrative Office Professional is able to quickly identify benefit gaps or service gaps for clients receiving care at either the Public Health Department or Community Based Organizations. She often alerts case managers, eligibility workers and clinicians on means to ensure clients are receiving appropriate care and treatment, and all third party funding sources are accessed prior to use of HIV Care Program or Part C Program funding.

Prevention with Positives and Partner Counseling Referral Services (PCRS)
Clinical staff, case managers and peer educators previously attended 'prevention with positives' trainings sponsored by the Office of AIDS. Partnership for Health, a prevention with positive program, was introduced and implemented at the Santa Maria Infectious Disease Clinic starting in early 2007.

In early 2008, the Public Health Department, working with the State Office of AIDS developed a Partner Counseling Referral Services Manual, trained existing PHD HIV/AIDS outreach staff and HIV counselors and case managers in partner counseling referral services. The Public Health Department and CBOs offer each newly diagnosed HIV positive client assistance with partner notification. Coaching for self-notification and dual notifications are provided by the PHD and CBOs. Third party anonymous partner notifications are provided by the State Department of Public Health in collaboration with PHD. Case managers offer partner notification a minimum of annually or more frequently for those clients that have multiple sex or needle sharing partners.

Integration of all Ryan White Programs (Parts A-D including HIV Care Program)

Currently there are no Part A or Part D programs within the Tri-County area of California. On the central coast, the Tri-County area consists of Ventura County, Santa Barbara County and San Luis Obispo County. The Santa Barbara County Public Health Department is the grantee for both HIV Care Program and Part C in Santa Barbara County. As indicated above, many of the CBOs providing HIV Care Program services also provide Part C services. All are contractually obligated to participate in the HPCC meetings and planning process. The close proximity, long-standing history of integration and collaboration through the HPCC for allocation and planning ensure close coordination between HIV Care Program and Part C agencies.

San Luis Obispo, Ventura and Santa Barbara County AIDS Directors collaborate regularly through the California Conference of Local AIDS Directors. In addition, Ventura County has recently implemented a Part C program. It is not unusual for the Santa Barbara County AIDS director or staff to assist Ventura County in Part C program development and/or implementation and vice versa. Case managers often converse regarding clients moving from one jurisdiction to the next to access services. San Luis

Obispo and Santa Barbara County have collaborated on the expansion and integration of PCRS activities into care and treatment programs.

Section V Goals and Objectives

Fiscal Agent Name: Santa Barbara County

Date Completed: 3/25/2010

| Goal One | | | |
|---|---|---|---|
| Goal | To ensure access to HIV/AIDS care, treatment, and prevention services. | | |
| Objective | The EIS Program will retain 210 current clients and successfully link 20 new HIV clients to the EIS Program from referrals by June 30, 2013 | | |
| Barrier to Service | Many HIV clients are homeless and retention and recruitment are impacted by their lack of housing support. | | |
| Target Population(s) (Check all that apply) | <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Migrant/Seasonal Farm Workers | <input type="checkbox"/> Rural Populations <input type="checkbox"/> Gay/Lesbian/Bisexual Adults <input type="checkbox"/> Gay/Lesbian/Bisexual Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input type="checkbox"/> Women | <input type="checkbox"/> Transgendered <input checked="" type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input type="checkbox"/> Other (Please specify) |
| Action Timeline | <p>Prior to June 30, 2010 the HIV Care Program will develop a methodology for unduplicating clients among all HIV Care Services Program providers. The HIV Care Program will continue to track and monitor the PHD Pathways database in relation to CAREWare and ARIES to properly document HCH referrals to the HIV Care and Ryan White Part C Programs.</p> <p>The PHD will continue to implement the HRSA Office of Performance Review Action Plan to retain HIV positive homeless clients in care and link newly diagnosed HIV positive clients into care.</p> <p>In the fall of 2010 the Healthy Neighbors Project will expand to the Santa Maria area with a projection of the fall of 2011 for expansion to the Lompoc area. HIV counseling and testing are planned as program elements for this project.</p> <p>The PHD will continue to improve collaboration and networking through Casa Esperanza (HOPWA) and other homeless shelters to identify HIV positive homeless clients, link to care and transition to long-term housing.</p> <p>The PHD will continue to implement quality improvement measures to reduce broken appointments including use of automatic reminders, reminders from field staff in outreach contacts to homeless clients, increased transportation, etc.</p> <p>Although the Bridge Project, as a program, has been terminated, PHD continues to provide a Bridge Project staff providing these services which both link newly diagnosed HIV patients to care and relink those patients that have fallen out of care.</p> | | |

Goal Two

| | | | |
|---|--|--|--|
| Goal | To provide quality care and treatment services to persons with HIV/AIDS. | | |
| Objective | To increase the percentage of HIV positive women that receive annual Pap smears to 70% or greater by June 30, 2013 from a baseline of 40%. | | |
| Barrier to Service | Currently only 40% of female EIS clients receive annual Pap smears. This is due mainly to the patient's ability to successfully complete referrals for these exams separate from routine office visits and lack of current provider capacity to provide Pap smears for women through the Infectious Disease clinic where most women are receiving their comprehensive HIV and primary care. | | |
| Target Population(s) (Check all that apply) | <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Migrant/Seasonal Farm Workers | <input type="checkbox"/> Rural Populations <input type="checkbox"/> Gay/Lesbian/Bisexual Adults <input type="checkbox"/> Gay/Lesbian/Bisexual Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input checked="" type="checkbox"/> Women | <input type="checkbox"/> Transgendered <input type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input type="checkbox"/> Other (Please specify) |
| Action Timeline | <p>September 2009 began implementation of an HIV Flow Sheet and an HIV Preventive Maintenance Sheet for medical records. Providers and clinical staff weekly provided updates from CAREware on most recent Pap smear for female patients.</p> <p>This measure is a HRSA Office of Performance Review Performance Measure (2008), a HAB Performance Measure and the Santa Barbara County PHD Medical Quality Improvement Committee Performance Measure.</p> <p>The HRSA OPR Action Plan/MQI Plan have demonstrated minor improvement in increasing percentage of women receiving Pap smears from 25% to >40%. Improvement measures have included open appointment slots for women in the Family Pact clinic in the Santa Barbara Clinic and the proposal to use a mid-level provider from the Santa Maria Women's Health Center to provider exams and Pap smear testing at the Santa Maria Clinic.</p> <p>Use of the Flow Sheet and Preventive Maintenance Sheets has not been universal among all HIV providers. This element is being tracked and reported to the Part C Medical Director. In-services have been held with clinical staff as reminders.</p> <p>This measure is reported semi-annually through the PHD Medical Quality Improvement Committee.</p> <p>The PHD is beginning the process of selecting an Electronic Health Record system vendor with 2011 targeted for implementation. Use of this type of system will greatly enhance the ability to remind providers of overdue examinations.</p> <p>The HCH Program Administrator is also working with local community health providers to verify patient reports of Pap smears conducted at non-PHD locations.</p> | | |

Goal Three

| | | | |
|---|--|---|---|
| Goal | To enhance the system of HIV/AIDS care and treatment services to adequately respond to the epidemic. | | |
| Objective | Provide medical case management services for 85% or greater of all Part C patients. | | |
| Barrier to Service | <p>Many HIV patients previously received nurse case management services and social case management services that are no longer available due to funding reductions. Case managers have larger case loads due to staff/funding reductions. Case managers in north county must travel to south county more frequently to provide medical case management services for south county patients. A larger contingent of Part C patients reside in the south county. Medical case management is a fairly new program for Santa Barbara County and reporting requirements have increased. Case management staff must document activities electronically and currently are not well versed in the ARIES data system. Not all patients are comfortable “sharing” their ARIES data which makes comprehensive care a challenge.</p> | | |
| Target Population(s) (Check all that apply) | <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Migrant/Seasonal Farm Workers | <input type="checkbox"/> Rural Populations <input type="checkbox"/> Gay/Lesbian/Bisexual Adults <input type="checkbox"/> Gay/Lesbian/Bisexual Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input type="checkbox"/> Women | <input type="checkbox"/> Transgendered <input type="checkbox"/> Homeless <input type="checkbox"/> Injection drug users <input type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input checked="" type="checkbox"/> Other (Please specify) All HIV positive Part C clients. |
| Action Timeline | <p>In the summer and fall of 2009, all HIV services were reprioritized due to funding reductions. Case management services were refocused on medical case management to support primary care services. New medical case management policies and procedures were developed and new medical chart templates were developed. Documentation of medical and non-medical case management services began in the ARIES database in early 2010. Ryan White Data Reporting (RDR) and Ryan White Service Reporting (RSR) began in Calendar Year 2009. PHD and the Pacific Pride Foundation (PPF) continue to work with the Office of AIDS to insure non-duplication of clients and client services using CAREware and ARIES databases. PPF and PHD continue to develop capacity among direct service providers for documentation of client services and outcomes (e.g. therapeutic monitoring). Previous Bridge Project staff member continues to collaborate with the PPF and provides leadership with all case managers to insure proper integration of services for maximum client outcomes. Quarterly case managers meetings are held to discuss administrative, patient care and database manage</p> | | |

| Goal Four | | | |
|---|--|---|---|
| Goal | To achieve excellence in planning, management, and evaluation of the HIV health programs. | | |
| Objective | To create an annual HIV Prevention and Care Council operational plan by July 1, 2010. | | |
| Barrier to Service | Stale or outdated epidemiological data can lead to inefficient use of limited resources. Lack of knowledge of service delivery overlap or conflicts in the County adversely impact HIV client care and treatment. | | |
| Target Population(s) (Check all that apply) | <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Migrant/Seasonal Farm Workers | <input type="checkbox"/> Rural Populations <input checked="" type="checkbox"/> Gay/Lesbian/Bisexual Adults <input type="checkbox"/> Gay/Lesbian/Bisexual Adolescents <input type="checkbox"/> Runaway/Street Adolescents <input type="checkbox"/> All Other Adolescents <input type="checkbox"/> Children <input checked="" type="checkbox"/> Women | <input type="checkbox"/> Transgendered <input checked="" type="checkbox"/> Homeless <input checked="" type="checkbox"/> Injection drug users <input checked="" type="checkbox"/> Non-injection drug users <input type="checkbox"/> Incarcerated persons <input type="checkbox"/> Parolees <input checked="" type="checkbox"/> Other (Please specify) HIV Care Program clients/Ryan White Part C clients |
| Action Timeline | <p>Ongoing- Each year the Santa Barbara County Public Health Department HIV/AIDS Services Program will provide updates to the HIV/AIDS Morbidity report for the HIV epidemic in Santa Barbara County up to December 31.</p> <p>May 2010 (as in previous years)- A draft FY 2010-2011 Operational Plan for the HIV Prevention and Care Council will be presented to the HPCC membership for review.</p> <p>June 2010 - A report on the FY 2009-2010 HPCC Operational Plan will be provided to the HPCC membership and the FY 2010-2011 HPCC Operational Plan will be adopted.</p> <p>At monthly HPCC meetings updates on specific program elements and CBO status updates will be provided.</p> <p>January 2011 the annual epidemiological report will be presented at the HPCC meeting. Additionally at the January meeting, the HPCC Operational Plan will be reviewed orally for progress and adjustments will be made if necessary.</p> <p>This process will repeat for each of the three fiscal years in this Service Delivery Plan.</p> | | |

Section VI Effective Measure

The single highest funded service proposed for HIV Care Program is medical case management. Depending upon the outcome of the Request for Proposal and Allocation Process for FYs 2010 – 2011 an evaluation tool for these services will be developed. It is likely this evaluation tool will include an annual client satisfaction survey. In addition, review of ARIES data on a quarterly basis is necessary to insure all data elements and service provisions are in compliance with HIV Care Program and Part C Program service delivery and reporting requirements. This section will be updated when these tools are established. Table 5 below depicts the client and process outcomes, the objectives and how these will be tracked.

Santa Barbara County HIV Care Program Service Delivery Plan

ATTACHMENT A RESOURCE INVENTORY

| Fiscal Agent Name: Santa Barbara County | | | | Date Completed: 12/28/2006 | |
|---|---|--------------------------|--|--|---|
| Provider Name, Address, and Phone | Categories or Types of Services Provided | Caseload Capacity | Target Populations | HIV Funding Sources | Reported Barriers to Care |
| <p>Pacific Pride Foundation</p> <p>126 E. Haley St., Suite A-10 Santa Barbara, CA 93101 (805) 963-3636 Janet Stanley</p> <p>819 W. Church Street Santa Maria, CA (805) 349-9947</p> | <p>A non-profit organization providing counseling referrals, emergency & long-term housing, nursing services, legal services, benefit counseling, dental referrals, and confidential & anonymous HIV/AIDS testing. Case Management and comprehensive psychosocial counseling & therapy.</p> | 2080 | All infected & affected High risk HIV individuals | SOA SBPHD Other Totaling 1,119,088 | -Transportation -Lack of affordable housing |
| <p>County of Santa Barbara Public Health</p> <p>Santa Maria 2115 S. Centerpointe Parkway, 2nd floor Santa Maria, CA 93455 (805) 346-8291</p> <p>Santa Barbara 345 Camino Del Remedio Santa Barbara, CA 93117 (805) 681-5120 Liz Scarcelli Lompoc 301 North "R" St. Lompoc, CA 93436 (805) 737-6400</p> | <p>Confidential & anonymous HIV/AIDS testing at eighteen locations throughout the county. The Bridge Program provides outreach & referrals for individuals not accessing primary care services. Primary health care is provided.</p> | 1300 | All infected & affected High risk HIV individuals of all ages. | County funds SOA/HRSA Totaling 2,051,080 | -Lack of affordable housing -Transportation -Lack of Specialty care providers |

Santa Barbara County HIV Care Program Service Delivery Plan

| Fiscal Agent Name: Santa Barbara County | | | | Date Completed: 12/28/2006 | |
|--|---|-------------------|--|---|---------------------------|
| Provider Name, Address, and Phone | Categories or Types of Services Provided | Caseload Capacity | Target Populations | HIV Funding Sources | Reported Barriers to Care |
| <p>Santa Barbara Neighborhood Clinics</p> <p>Isla Vista Clinic 970 Embarcadero del Mar Goleta, CA 93117 (805) 968-1511</p> <p>628 W. Micheltorena Santa Barbara, CA 93101 (805) 963-1546 (Westside)</p> <p>915 E. Milpas Santa Barbara, CA 93101 (805) 963-1641 (Eastside)</p> <p>(805) 884-1998 (Carrillo Dental)</p> | <p>Confidential & anonymous HIV/AIDS testing & Counseling Health Screening services. Primary Care. Early Intervention health care services are also offered. Complete contraception services and Hepatitis C testing.</p> | 923 | <p>All infected & affected High risk HIV individuals</p> | <p>Medi-Cal self-pay SBPHD</p> | |
| <p>Planned Parenthood</p> <p>518 Garden St. Santa Barbara, CA 93101 (805) 963-2445 x122 Scott McCann</p> <p>415 E. Chapel Santa Maria, CA 93454 (805)922-8317</p> | <p>Confidential & anonymous HIV/AIDS testing & counseling, educational presentations, peer outreach programs. Clinical services for all STIs.</p> | 10,243 | <p>Ages 12-65</p> | <p>FFACT Medi-Cal SOA Other</p> | |

Santa Barbara County HIV Care Program Service Delivery Plan

| Fiscal Agent Name: Santa Barbara County | | | | Date Completed: 12/28/2006 | |
|--|---|-------------------|---|--|--|
| Provider Name, Address, and Phone | Categories or Types of Services Provided | Caseload Capacity | Target Populations | HIV Funding Sources | Reported Barriers to Care |
| Alcohol, Drug and Mental Health Department 300 North San Antonio Rd. Santa Barbara, CA 93110 (805) 681-5262 | Outreach efforts target substance users, their families and the general community | | At risk substance abusers and mental health clients | CA ADPSAPT 90,000 | -Lack of affordable housing -Transportation -Clients not accessing Mental Health services |
| Council on Alcoholism & Drug Abuse 133 E. Haley St. P.O. Box 28 Santa Barbara, CA 93102 (805) 564-6057 Isabel Blagborne | Outreach efforts target substance users, involved in substance abuse treatment facilities. | 750 | Substance abusers and homeless clients | SAMHSA 850,000 | -Clients still using substances do not know how to express themselves to staff of medical agencies. -Housing -Clients not accessing mental health services therefore creating dual diagnosis -Incarceration -Clients not following through with housing issues and medical appointments due to substance use |
| AIDS HousingSarah House P.O. Box 20031 Santa Barbara, CA 93120 (805) 882-1192 Randy Sunday | Low income & supportive housing services to persons living with HIV/AIDS. Scattered Site Housing independent living sublets, Security deposits and emergency utility and rent payments are available. | 30 | People living with HIV/AIDS | HOPWA HIV Care Program Other Totaling 53,1682 | Monolingual Spanish speaking clients. Dual diagnosed clients especially with mental health issues. |
| Santa Ynez Tribal Health Clinic 90 Zia Juana Lane, Santa Ynez, CA 93460 (805) 688-7070 | Confidential and anonymous HIV testing | 0 | Native American and Non-Native American Clients | Medi-Cal FPACT Self-Pay HHS | - |

Santa Barbara County HIV Care Program Service Delivery Plan

| Fiscal Agent Name: Santa Barbara County | | | | Date Completed: 12/28/2006 | |
|--|---|---|--------------------|-------------------------------|-------------------------------------|
| Provider Name, Address, and Phone | Categories or Types of Services Provided | Caseload Capacity | Target Populations | HIV Funding Sources | Reported Barriers to Care |
| Allan Hancock College, Student Health Services 800 S. College Dr. Santa Maria, CA 93454 (805) 922-6966 | Free HIV testing and health care for students. Education and Prevention Classes. HIV awareness. | Referrals only, no on-site care provided. | Students | SOA E & P | Decreasing funding for prevention. |
| Nightingale Medical Group 1414 S. Miller, #4 Santa Maria, CA 93455 (805) 349-6336 | Confidential and anonymous HIV testing and counseling. | Referrals only, no on-site care provided | women | Private insurance Self-pay | Uninsured and underinsured clients. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ATTACHMENT B

Service Priorities Comparison

| Service Category | Priority for Next Year | Priority for Current Year | Percent of Current Year's Allocation | Amount of Current Year's Allocation |
|---|------------------------|---------------------------|--------------------------------------|-------------------------------------|
| Medical Case Management | 1 | 1 | 47.9% | 131,752 |
| Dental Services | 2 | 2 | 17.8% | 48,784 |
| Food Bank | 3 | 3 | 18.7% | 51,334 |
| Case Management (non-medical) | 4 | 4 | 11.7% | 32,118 |
| Early Intervention Services HIV Counseling & Testing | 5 | 5 | 2.9% | 8,000 |
| Outreach Services | 6 | 6 | 0.7% | \$2,000 |
| Acupuncture | 7 | 7 | <.01% | \$800 |
| Total Available Funds | | | 100% | \$274,788 |

Service Priorities and Funding Allocations

| Service Category and Description | Priority | Percent of Funds | Dollars |
|---|----------|------------------|------------------|
| Primary Care Services Therapeutic Monitoring- PHD Acupuncture- CBO | 1 | 15.2% <1% | 71,500 800 |
| Medical Case Management Community Based Organization | 2 | 27.9% | 131,752 |
| Oral Health Services Dental Providers (2) | 3 | 10.3% | 48,784 |
| Food and Nutritional Supplements Community Based Organization | 4 | 10.9% | 51,334 |
| Case Management (non-medical) | 5 | 6.8% | 32,118 |
| Early Intervention Services HIV Counseling & Testing- CBO | 6 | 1.7% | 8000 |
| Outreach Services Public Health Department* Community Based Organizations | 7 | 18.5% <1% | 87,354 2,000 |
| Public Health Department Administration | 8 | 8.1% | 38,024 |
| Total | | 100% | \$471,666 |