



Emergency Financial Assistance

2012 Service Area Review Summary

HRSA Support Service

**Essential Care Service—
Continuum of Care**

**Comprehensive Plan—
YES**

Emergency Financial Assistance – The provision of limited short-term non-cash payments to agencies or the establishment of voucher programs to assist the client in emergencies for paying for essential utilities, housing, food (including groceries, food vouchers, and food stamps), and corrective prescription eyewear for eligible clients. Limits to individuals and households and their consistent application are expected to be created by the planning council and consortia and/or the grantees and that funds used for these purposes will be the payer of last resort, and for limited amounts, limited use and limited periods of time.

There are currently 2 contracts with metro providers and 1 contract with greater MN providers to serve 1,583 and 325 clients respectively.

DATA SUMMARY HIGHLIGHTS

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 69% of the 511 respondents indicated that they had not accessed emergency financial assistance to help pay for essential utilities (gas, electric, phone, etc.) within the past year. Of those who had not accessed emergency financial assistance to help pay for essential utilities in the past year (n=354), fifty-six people (16%) indicated that they needed to receive emergency financial assistance to help pay for essential utilities in the past year. The barriers or reasons listed by those 56 people included the lottery system (24), limited resources/exceeded cap (19), did not qualify (16), did not know who to ask (10), paperwork (6), staff issues (4), utility company (3), did not apply (2), waiting list (2), homeless, personal, and transportation.

In the same assessment, 77% of the 511 respondents indicated that they had not accessed emergency financial assistance to help pay for housing costs (rent, mortgage, etc.) within the past year. Of those who had not accessed emergency financial assistance to help pay for housing costs in the past year (n=339), fifty-six people (14%) indicated that they needed to receive emergency financial assistance to help pay for housing costs in the past year. The barriers or reasons listed by those 56 people included unavailable resources (30), the lottery system (18), did not qualify (16), did not know where to apply (7), long wait (4), paperwork (2), staff issues (2), and personal.

In the same assessment, 69% of the 510 respondents indicated that they had not accessed emergency financial assistance to help pay for food or groceries within the past year. Of those who had not accessed emergency financial assistance to help pay for food costs in the past year (n=351), fifty-two people (15%) indicated that they needed to receive emergency financial assistance to help pay for food costs in the past year. The barriers or reasons listed by those 52 people included the distance/lack of transportation to pick up food (20), did not know where to apply (8), personal/pride (5), lack of resources available (3), did not qualify (2), food not suitable (2), had to carry bags long distances, and time.

In the CAEAR Coalition/NAPWA HIV Consumer Needs Survey, when asked “Which services have made a difference in your ability to start receiving primary medical care and to continue receiving that care?”, the 53 Minnesota respondents ranked emergency financial assistance third behind health insurance assistance and ADAP/prescription assistance. Of the 53 MN respondents in the CAEAR Coalition/ NAPWA HIV Consumer Needs Survey, 10.4% indicated that emergency financial assistance was “needed but unavailable”.

The income limits for EFA are lower (175% of the Federal Poverty Level) than for other services.

It should be noted that the State budget deficit and subsequent decreases and program changes have decreased the amount of aid local Counties are able to provide in the form of emergency financial assistance.

Of the 2012 allocation for EFA, a small portion was budgeted for emergency medical assistance (\$13,1000) and health insurance premium assistance (\$13,637).

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
8 out of 26 service areas	3 out of 25 service areas

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011	\$485,721	6%		
2010	\$471,600	(7%)	\$470,335	100%
2009	\$506,600	5%	\$506,467	99%

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010	985	14% (n=6,814)	24% (n=4,131)
2009	1,222	11% (n=6,552)	33% (n=3,700)
2008	938	15% (n=6,221)	20% (n=4,713)

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS)		
Accessed Service in last 12 months	Did NOT Access Service in last 12 months	
	Did not Need service	Needed service, but unable to access
Utilities (157 out of 511) 31%	84% (298)	16% (56)
Housing (116 out of 511) 23%	86% (339)	14% (56)
Food (159 out of 510) 31%	85% (299)	15% (52)



Service Area Review Summary—Legend

The HRSA definition for the service area/activity is listed in this box. The Planning and Priorities Committee reviews and revises these definitions every two years to reflect the HRSA definition and the current local practice.

This box indicates whether the service area is a **core medical** or **support** service on HRSA list of allowable services

HRSA Support Service

Essential Care Service—
Continuum of Care

Comprehensive Plan—
YES

This box indicates the number of metro and Greater MN contracts for FY 2011 and the number of clients to be served by those contracts. The number of contract reflects the funding source (Part A, Part B or both and not the number of agencies providing this service.

This box indicates the type of service as described in the Continuum of Prevention and Care Services.

This box indicates whether or not the service area is a part of a goal or activity within the current Strategic Plan.

DATA SUMMARY HIGHLIGHTS

Data Summary Highlights are drafted by the Needs Assessment & Evaluation Committee and are derived from various reports including the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, the Path to Care Study, the Study of Oral and Behavioral Health Services, the 2006 Brief Assessment of Client Need, the 2010 Minnesota Dept. of Health HIV Surveillance Report, Utilization Data, and other reports.

Data in this table is from the Planning Council Allocations tables.

Data in this table is from the Client Level Data Reporting System maintained by the Minnesota Department of

Data in this table is from the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease. The number of respondents varies based on the question.

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
Ranking from 2010 Prioritization	Ranking from 2010 Needs Assessment

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011				
2012				
2009				

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010			
2009			
2008			

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=)		
Accessed Service in last 12 months - n=XXX - XX%	Did NOT Access Service in last 12 months - n=XXX or XX%	
	Did not Need service n=XXX	Needed service, but unable to access n=XX
	XX%	XX%