



Referral for Health Care/Supportive Services

2012 Service Area Review Summary

HRSA Support Service

Essential Access Service—Continuum of

Comprehensive Plan—YES

Referral for Health Care/Supportive Services – Includes the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program. Develop and maintain a statewide database of health, social service, advocacy, emotional support and recreational services available to and of interest to people at risk for HIV, living with HIV, or who provide care professionally or otherwise. Access to the statewide database may be provided through regular phone hours, internet, and publication (including an HIV resource guide). This service may also include referrals to assistance to eligible clients to obtain access to health and income assistance programs for which they may be eligible

There is currently 1 contract with metro providers and 0 contracts with greater MN providers to serve 1,875 clients and provide Quick Connect services to 125 clients.

DATA SUMMARY HIGHLIGHTS

In the Path to Care Study, 41% of the 63 respondents listed “connecting to an AIDS service organization for services and support” as one of the most important factors helping newly diagnosed individuals get connected to medical care.

In the same study, 22% of those surveyed indicated that “connecting to an HIV hotline” was one of the most helpful services offered and made available at initial diagnosis.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 64% of the 508 respondents indicated that they had not received information or referrals for HIV services via telephone, online or printed materials within the past year. Of those who had not received information or referrals in the past year (n=323), only twelve people (4%) indicated they needed information or referrals in the past year. The barriers or reasons listed by those twelve people who needed to but were unable to obtain information or referrals during the past year included not knowing who to call (2) and too much information (2).

*The utilization numbers only represent the number of people who received Quick Connect services through the services area and not the total number of contacts to provide referrals or answer questions.

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
16 out of 26 service areas	22 out of 25 service areas

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011	\$223,465	0%		
2010	\$223,465	<(1%)	\$217,718	%97
2009	\$223,500	0%	\$223,486	100%

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010	120*	<2% (n=6,814)	3% (n=4,131)
2009	400	6% (n=6,552)	11% (n=3,700)
2008	145	2% (n=6,221)	3% (n=4,713)

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=508)		
Accessed Service in last 12 months - n=185 - 36%	Did NOT Access Service in last 12 months - n=323 or 64%	
	Did not Need service n=311	Needed service, but unable to access n=12
	96%	4%



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%