

HHS Recommendation for Carry Forward Allocation FY 2021-22

Unexpended and available for Carry Forward Part A regular funds: \$ 333,275

Unexpended and available for Carry Forward Part A MAI* funds: \$ 72,297

Total available Carry-Forward funding: \$ 405,572

***Minority AIDS Initiative (MAI) funds under Part A are distributed according to a formula (based on the distribution of populations disproportionately impacted by HIV/AIDS) and coincide with the Part A grant year.**

Recommendation Focus	Amount	Notes
1. Emergency Financial Assistance Grants	\$ 163,275 (RWPA)	For increased demand due to COVID.
2. Food	\$80,000 (RWPA)	For increased demand due to COVID, eligible clients not billed to RWP and significant costs for food.
3. Develop and Deliver Training for Mental Health Providers on Working with Long Term Survivors	\$ 30,000 (RWPA)	For producing a training for newer mental health and case management providers who can benefit from better understanding the historic and current challenges of being a long term HIV survivor and be more effective as mental health providers.
4. Needs Assessment focused on Potential Gaps in Mental Health and Group Services for Long Term Survivors	\$ 30,000 (RWPA)	The Council has heard public comments and received input from population-specific needs assessments and community outreach and listening activities that suggest there is a gap in mental health and group services needed by long term survivors. A study would be commissioned to collect patient, community, and provider input on this emerging need.

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5. Technology to Support Hybrid Psychosocial Support Groups	\$ 30,000 (RWPA)	Many psychosocial support groups have been disrupted by COVID-19 and have not returned to their full attendance levels. It is possible to purchase better hybrid meeting technology that may make groups more resilient to COVID-19 surges. This will also create a better virtual attendance option for those who are not feeling up for traveling to a meeting.
6. Client Incentive Vouchers	\$72,297 (MAI)	Unexpended MAI funding from last fiscal year to be directed to purchasing client incentive vouchers which have been in higher demand since the beginning of the pandemic.
Total	\$ 405,572	

1. Emergency Financial Assistance Grants:

The ongoing COVID-19 emergency and its impact to the economy has created an increased need for Emergency Financial Assistance grants issued to third party providers related to housing, utilities, medical and other services. These grants are used to help RWPA eligible clients meet very basic living expenses, including eviction prevention. This allocation would also be available to help clients with tech related expenses that help them engage in telehealth appointments or virtual support services such as support groups. A portion of this funding will be targeted for long-term survivors/seniors and their unique financial assistance for items such as hearing aids, glasses, and other senior-related expenses.

2. Food Security – no RWPA carryforward budget recommended this year

The COVID-19 emergency also expanded the need for food delivery as clients are unable to venture outside their homes.

3. LTS Training Module for Mental Health and Case Management Providers:

A training would be developed to help capture and share the direct knowledge of therapists who have been working with Long Term Survivors for many years and are beginning to retire. It is important to train the newer cohort of therapists and other mental health and case management providers to recognize and respond effectively to specific types of trauma that Long Term Survivors may face.

4. Needs Assessment on Mental Health Needs for Long Term Survivors:

There is an existing network of mental health, peer support, and group services available to all Ryan White eligible clients in San Francisco. There has been increasing feedback that the needs of Long-Term Survivors are not fully met with the existing services, especially as aging adds new challenges. A needs assessment to help understand the current landscape of services and options to best address this increasing need may be a timely investment.

5. Technology to Support Hybrid Psychosocial Support Groups:

Psychosocial support has been an especially hard-hit service category during these past two years of COVID-19 Shelter In Place Health Orders and recurrent surges. Many groups have re-started, but not all members have returned. Meeting technology that can place in person and virtual attendees on more equal footing may be a way to bridge some of that continuing gap. Technology options that combine zooming video cameras and directional microphones that focus on one speaker in the room at a time can allow those attending online or over the phone to better see and hear the current speaker. There also needs to be a corresponding screen in the room to show virtual attendees as they are speaking as well if they are attending on video.

6. Client Incentive Vouchers:

HIV Health Services recommends provision of taxi vouchers and drugstore vouchers especially to people experiencing homelessness or marginally housed HIV-positive individuals who have needs for transportation, toiletries, and snacks. Continuing to provide taxi scripts to increase safety during the remaining days of the COVID pandemic will be prioritized as well. The incentivization of vouchers increases client access to services as an additional benefit.