

County of Santa Clara

Santa Clara Valley Health & Hospital System

Public Health



HHS03 012709

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TO: Board of Supervisors

FROM: 
Kim Roberts
SCVHHS - Chief Executive Officer

SUBJECT: Various Actions Related to Contracting for HIV/AIDS Services

RECOMMENDED ACTION

Consider recommendations relating to contracting for HIV/AIDS services.

Possible action:

- a. Accept report relating to the status of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 funded (sub)contracts with community service providers and request to continue agreements with existing service providers until after federal reauthorization of the Act in late 2009.

- b. Adopt Resolution (1) delegating authority to the Public Health Administrator, or designee, to serve as the administrative agent for grant funding to support new and continuing HIV/AIDS services; (2) authorizing the Public Health Administrator, or designee, to sign agreements and related documents with federal and state governmental entities for programs and services administered by the HIV/AIDS Prevention and Control Program following review and approval by County Counsel as to form and legality and approval by the Office of the County Executive; (3) authorizing the Public Health Administrator, or designee, to issue requests for proposal and sign contract documents with service providers, health planners and consultants so long as funds are budgeted therefore, following review and approval by County Counsel as to form and legality and approval by the Office of the County Executive; and (4) delegation of authority shall begin on July 1, 2009 and expire on June 30, 2012. All new revenue received either by new grant awards and/or budget augmentations to pre-existing funding streams as well as all proposed staffing changes (additions/deletions) that arise from the receipt of such new revenues shall continue to be submitted to the Board of Supervisors for approval and acceptance. (Roll Call Vote)

FISCAL IMPLICATIONS

There is no impact on the General Fund as a result of this action. Funding received from various state and federal grants (including monies authorized by the Ryan White HIV/AIDS Treatment Modernization Act of 2006) is used to contract with local community-based organizations (CBOs), AIDS Service Organizations (ASOs), and other service providers for the delivery of education, prevention, health care, and support services. Modifications to the County budget are made as necessary when changes to funding allocations occur.

CONTRACT HISTORY

Santa Clara County is the recipient of grant funds from the U.S. Department of Health and Human Services - Health Resources and Services Administration (HRSA) and the California Department of Public Health, State Office of AIDS (SOA).

The County is the recipient of two HRSA grant awards: the Ryan White HIV/AIDS Treatment Modernization Act of 2006 - Part C which began in 1991 and supports early medical intervention services, and the Ryan White HIV/AIDS Treatment Modernization Act of 2006 - Part A which began in 1996 and provides for the development and operation of a comprehensive system of care and support services.

A Master Grant Agreement with SOA has been in effect since 1989 and provides surveillance, counseling, testing, and early intervention services. In 1991, the County entered into a second agreement with the SOA for health care and support services funded under Part B of the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

The HIV/AIDS Program manages at least twenty agreements covering thirty or more services and programs, frequently having multiple underlying funding streams and non-concurrent fiscal years. The Ryan White HIV/AIDS Program reallocation process also necessitates at least one amendment per year per agreement. As a result, program staff must spend a great deal of time accounting for and balancing each of these sources of revenue in order to assure compliance with funding restrictions and expenditure of all revenues in a timely manner. In addition, due to the overlapping timelines, program staff is involved in developing grant proposals and negotiating service contracts on an on-going

basis. Congress added significant penalties to ensure that at least 98% of the Ryan White HIV Program funding is spent within the grant award cycle. In order to ensure that grant applications are submitted and funds are spent in a timely manner, as well as provide for uninterrupted services to clients throughout the non-concurrent funding cycles, management has instituted a number of procedural changes to address these challenges and has identified the delegation of authority as an additional way of making program operations more efficient and responsive to the needs of community.

Since 2000, the Board has delegated authority to the Public Health Department to execute grant applications and service provider agreements. The current delegation of authority, adopted by the Board on June 6, 2006, will expire on June 30, 2009.

REASONS FOR RECOMMENDATION

In December 2005, the Public Health Department (PHD) requested proposals from community-based organizations, AIDS service organizations, and other eligible providers for health care and support services for HIV-infected residents of Santa Clara County funded by Ryan White Comprehensive AIDS Resources Emergency (CARE) Act monies. As stated in the request for proposal, it had been the intent of PHD to contract with selected vendors through FY 2009. As a result, the existing agreements are scheduled to terminate in June 2009.

The Ryan White CARE Act was amended and reauthorized in 2006 as the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The reauthorized Act contained a number of revisions which had to be addressed with sub-contractors after the RFP process, resulting in service disruptions and additional administrative costs. The Ryan White HIV/AIDS Treatment Modernization Act of 2006 is due for federal reauthorization again in late 2009, and will likely contain additional revisions.

PHD would like to continue agreements with the existing service providers with the intention of re-issuing a formal solicitation process upon approval of the upcoming reauthorization. This process change will allow PHD to incorporate any revisions to the federal legislation into the formal solicitation process, and thereby minimize service disruption for clients and administrative costs for both the County and community-based organizations.

Approval of the recommended actions will allow PHD to postpone initiation of a new formal bidding process until reauthorization of the Ryan White HIV/AIDS Treatment Modernization Act of 2006. In addition, adoption of the resolution will allow PHD's HIV/AIDS program to continue streamlining its administrative process with respect to receiving grant revenues and executing agreements with community-based organizations and AIDS service organizations for the provision of a wide variety of HIV/AIDS related services.

PHD will continue to provide off-agenda reports to the Board of Supervisors twice per year listing all grant applications and agreements executed pursuant to this delegation. The latest report was submitted to the Board in December 2008.

BACKGROUND

The HIV/AIDS Prevention and Control Program is charged with overseeing the coordination of community-wide HIV/AIDS surveillance, prevention, education, counseling, testing, health care, and support services for persons at high risk for or living with HIV/AIDS. The Program's work is conducted in partnership with two community planning groups: the HIV Health Services Planning Council (PC) and the Prevention Community Planning Group (CPG). These groups are composed of service providers and concerned members of the public who are directly affected by the HIV epidemic.

The PC is charged with developing a comprehensive plan for the delivery of healthcare and support services for persons living with HIV. Similarly, the CPG is responsible for developing a plan for the delivery of HIV prevention and education services in Santa Clara County. Each group is also responsible for determining the service priorities and

funding allocations for local services consistent with their respective service delivery plans.

The Ryan White HIV/AIDS Program was established to address the critical health and support needs of people living with HIV/AIDS. It was first enacted by Congress in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, and was reauthorized in 1996 and 2000. The current authorization, the Ryan White HIV/AIDS Treatment Modernization Act of 2006, expires in September 2009.

The Ryan White Treatment Modernization Act of 2006, as had previous reauthorizations, included a number of changes and clarifications to allowable services categories and other administrative revisions. The Ryan White HIV/AIDS Program continues to have broad bipartisan support in Congress because it has been extremely effective in responding to the HIV/AIDS epidemic in this country.

CONSEQUENCES OF NEGATIVE ACTION

Failure to approve the recommended actions may disrupt the provision of services to clients and impact the department's ability to streamline its administrative process.

ATTACHMENTS

- FY2012 HAP Resolution Delegating Contracting Authority