



Public Health
Prevent. Promote. Protect.

NGA = Notice of Grant Award from HRSA for, HIV PART A FUNDING March 1, 2014 - February 28, 2015

HRSA RW PART A AWARD YEAR	FORMULA	SUPPLEMENTAL	TOTAL	MAI
March 1, 2013 - February 28, 2014	\$2,726,668	\$1,169,700	\$3,896,368	\$ 245,097
March 1, 2014 - February 28, 2015	\$2,840,253 [†]	\$1,382,260 [†]	\$4,222,513 [†]	\$ 263,945
GAIN/(Loss) over Prior Year	\$ 113,585[#]	\$212,560^ψ	\$326,145[♦]	\$ 18,848[‡]

† Includes re-obligated, FY2012 offsets (Total FY2012 offsets: Supplemental= \$14,549; Formula=\$8)

This represents an increase of approximately 4.2% compared to FY2013 funding.

ψ This represents an increase of approximately 18.2% compared to FY2013 funding

♦ This represents an increase of approximately 8.4% compared to FY2013 funding.

‡ This represents an increase of approximately 7.7% compared to FY2013 funding.

The combined Part A & MAI awards represent a total increase of 8.3% compared to FY2013 funding.

HIV Funding Streams are Non-Discretionary:

1. They include very specific criteria of how to spend the dollars
2. They mandate the percentages of the total funding that can be spent in certain categories such as Administration of the grants.

HIV TERMS and BACKGROUND:

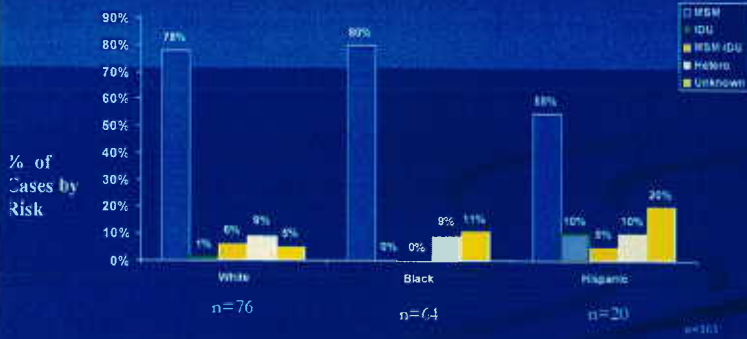
1. RW – Ryan White HIV/AIDS Treatment Extension Act of 2009
2. TGA = Transitional Grant Area; KC is one of 29 TGAs nationwide.
3. The Kansas City Transitional Grant area covers 11 counties comprised of seven Missouri and four Kansas counties.
4. Those Counties include: Missouri: Clinton, Clay, Platte, Jackson, Cass, Ray & Lafayette; Kansas: Leavenworth, Wyandotte, Johnson & Miami.
5. COAs = Conditions of Award. There are several sets of these during the grant year for the HRSA PART A funding.
6. MOE = Maintenance of Effort. The city funding that is required from HRSA to provide funding for part A Medical Services.
7. MAI = Minority AIDS Initiative. HRSA funding that supports improved HIV outreach and services for minority clients.
8. HRSA, PART A funding for HIV and AIDS is one of 7 funding streams that come into the Health Department each year. Some of these funding streams are: PART A, PART B, MOE, MAI, and HOPWA. See the next page for detail about each of these HIV Funding Streams.
9. Part C (Primary Care), Part D (Children, youth & women) and Part F (AIDS Training & Education Centers (ATEC) – All go to KC Free



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Funding Source and Award Cycle	What it Pays For	Fiscal Term and Amounts
HRSA, RW - PART A Apply every year	Seventy-five percent (75%) of these funds must be spent on "core services" as defined by HRSA including: Primary Care, Medical Case Management, Substance Abuse, Mental Health, Dental Care, Early Intervention Services and Health Insurance. The KC-TGA also funds two HRSA defined "support service", Treatment Adherence and Outreach (Lost-to-Care).	March 1, 2014 - February 28, 2015 <u>\$4,222,513</u> (↑ 8.4%)
HRSA, RW - PART B Comes to KCHD through MDHSS; second year of three year award	MEDICAL CASE MANAGEMENT Only: KCHD monitors and provides supervision for over 40 TGA Case Managers in 6 agencies, and provides Resource and Referral Case Management to HIV+ clients including those in six area prisons.	April 1, 2014 – Mar. 31, 2015 \$710,000 (↔)
HRSA - Minority AIDS Initiative (MAI) Apply every year as part of Part A Application	For HRSA approved HIV Activities: To bring HIV+ minorities that have been out of care, or lost to care, back into care. Funding also helps to maintain core medical services for minorities who are in care. Medical Case Management; Primary Care and Early Intervention Services (EIS).	March 1, 2014 - February 28, 2015 <u>\$ 263,945</u> (↑ 7.7%)
HUD –Housing Opportunities for Persons with AIDS (HOPWA) Apply every year through KCMO Housing Dept	Provides various levels of housing for persons who are HIV+ or who have AIDS. Currently two agencies provide different levels of housing, vouchers for rental, rental assistance, and additional emergency housing assistance.	May 1, 2014 – May 31, 2015 \$1,087,727 (↑3.0%)
HUD - SHELTER CARE PLUS	For HIV+ persons who are homeless.	Jul. 27, 2014 – Jul. 26, 2015 (Pending) \$353,980 (↑ 8.1%)
CDC PREVENTION Comes to KCHD through MDHSS; Apply every 3 years	Provides for targeted evidence-based prevention training and initiatives for special populations, as well as testing & counseling.	January – Dec. 2014 \$460,236 (↓ 8.7%)
MOE–Maintenance of Effort Must ensure in City budget each year & Health Levy – HIV Services	City-supported Health Levy Funds required each year to obtain Part A funding. Covers: Primary Care; Oral Health; Case Management, Substance Abuse, and separate funding to support HIV Services Administration.	May 1, 2014 – April 31, 2015 \$404,031 (↔)
TOTAL HIV/AIDS PREVENTION & CARE FUNDING W/ KCHD		\$7,502,432 (↑ 5.0%)

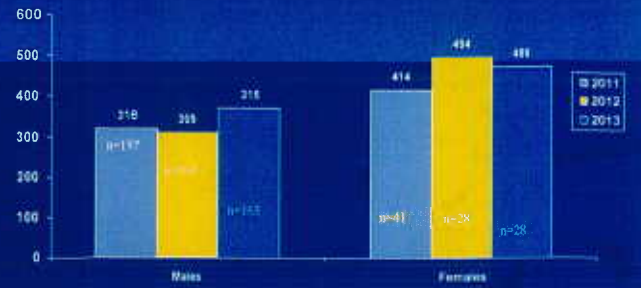
Kansas City TGA HIV Risk for Males by Race 2013 Incidence



3 males not listed

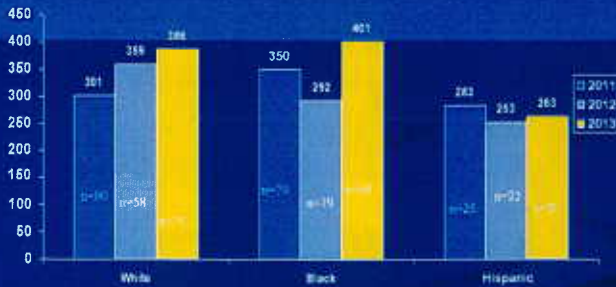
11 County TGA
Diagnosed cases as of 12/31/2013

Kansas City TGA Mean CD4 at HIV Diagnosis 2011-2013



11 County TGA
Living Cases as of 12/31/2013

Kansas City TGA Mean CD4 at HIV Diagnosis for Males 2011-2013



11 County TGA
Living Cases as of 12/31/2013

Primary Care*

- 3805 living in TGA with HIV/AIDS – 3209 11 Co. 596 OOJ
 - 30% BM 11% BF
 - 46% WM 5% WF
 - 6% HM 1% HF
 - 1% OM

- 3273/3805 care in past 18 months (86%)
- 3272/3805 care in calendar year 2012 (86%)

No care in 12 months (n=448)

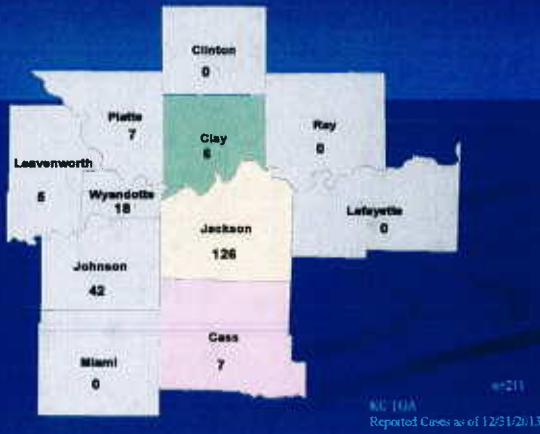
Never in Care (n=84)

27% BM	12% BF	40% BM	12% BF
49% WM	5% WF	36% WM	4% WF
5% HM		7% HM	1% HF
1% OM			

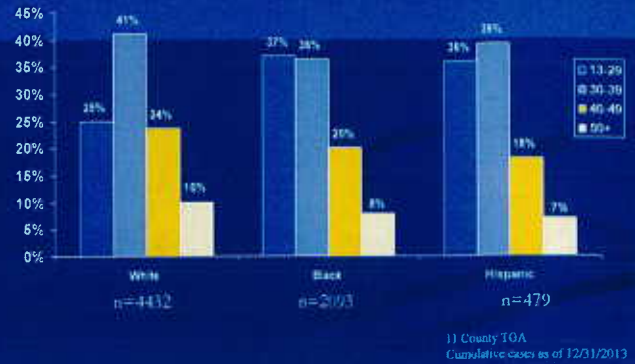
*Not restricted to 11 County reported cases; includes all persons with HIV disease living in KC TGA

11 County Jurisdiction 2013 Reported HIV Cases

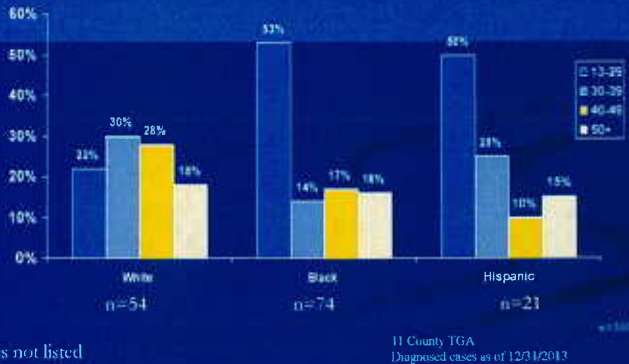
64 cases reported as HIV and AIDS together in 2013 (27%; 21% in 2012)



Kansas City TGA Age at HIV Diagnosis for Males Cumulative



Kansas City TGA Age at HIV Diagnosis for Males 2013 Incidence



Kansas City TGA Age at HIV Diagnosis for Females 2013 Incidence

