

SERVICE AREA:
EMERGENCY FINANCIAL ASSISTANCE

Emergency Financial Assistance is the provision of short-term payments to agencies or establishment of voucher programs to assist with *emergency* expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available.

SERVICE ACTIVITY:
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SERVICE AREA REVIEW SUMMARY

1.	Relationship to HRSA Allowable Services:	HRSA Support Service Area (T)
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2.	Relationship to Continuum of Prevention and Care:	HIV Additional Service
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3.	Relationship to Comprehensive Plan:	<p><u>Goal 1: Increase the percentage who receive HIV medical care.</u> Activity 1C: Reduce disparities and barriers.</p> <p><u>Goal 2: Keep PLWH/A adherent to care and treatment.</u> Activity 2C: Fund services that help PLWH/A stay in care.</p>
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4.	2006 Service Priority Ranking:	Emergency Financial Assistance - 6 out of 23 Emergency Housing Assistance – 7 out of 23
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5.	Funding	
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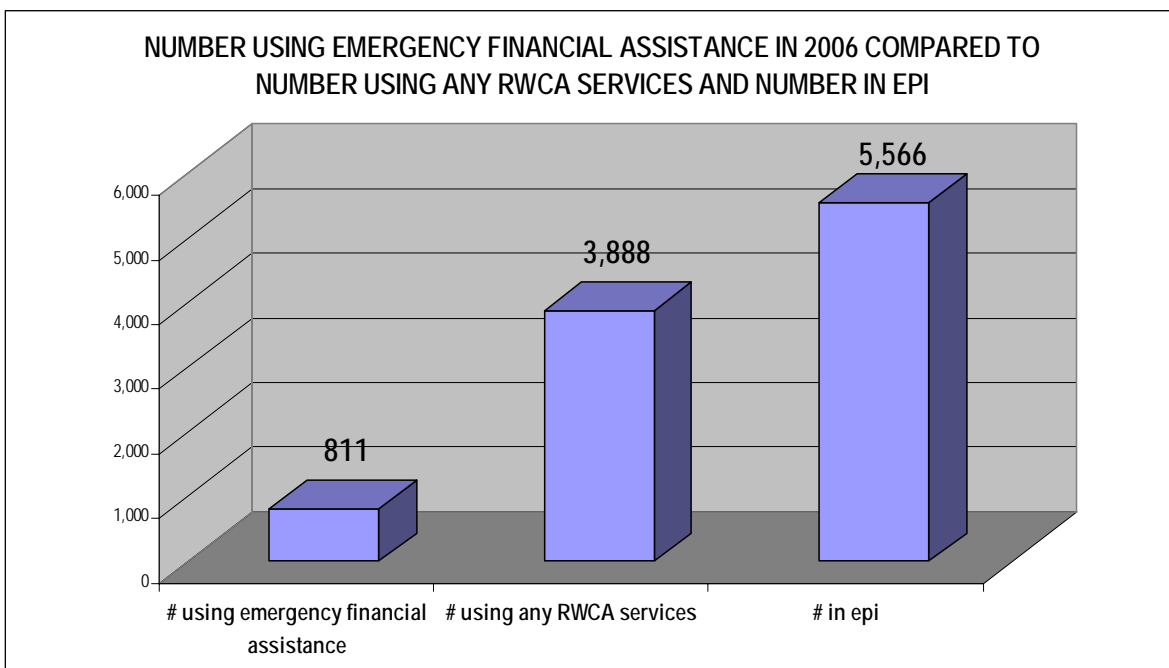
2006-7 Allocation	2006-7 Expenditure	Activity	2007-8 Post Award Allocation
\$209,342	\$182,718	Emergency Financial Assistance	\$156,463
\$259,300	\$241,416	Emergency Housing Assistance	\$324,710

SERVICE ACTIVITY DEFINITION:

Emergency Financial Assistance is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available.

UTILIZATION HISTORY:

Year	# using EFA	Total Epi	Percent of Epi	Total in RW Services	Percent of those in services
2006	811	5,566	14.6%	3,888	20.9%
2005	666	5,233	12.7%	3,752	17.8%
2004	760	5,002	15.2%	3,838	19.8%
2003	765	4,895	15.6%	3,399	22.5%
2002	634	4,598	13.8%	3,121	20.3%
2001	570	4,331	13.2%	2,801	20.3%
2000	779	4,031	19.3%	2,695	28.9%
1999	852	4,022	21.2%	2,758	30.9%



CONSUMER RANKING OF SERVICES:

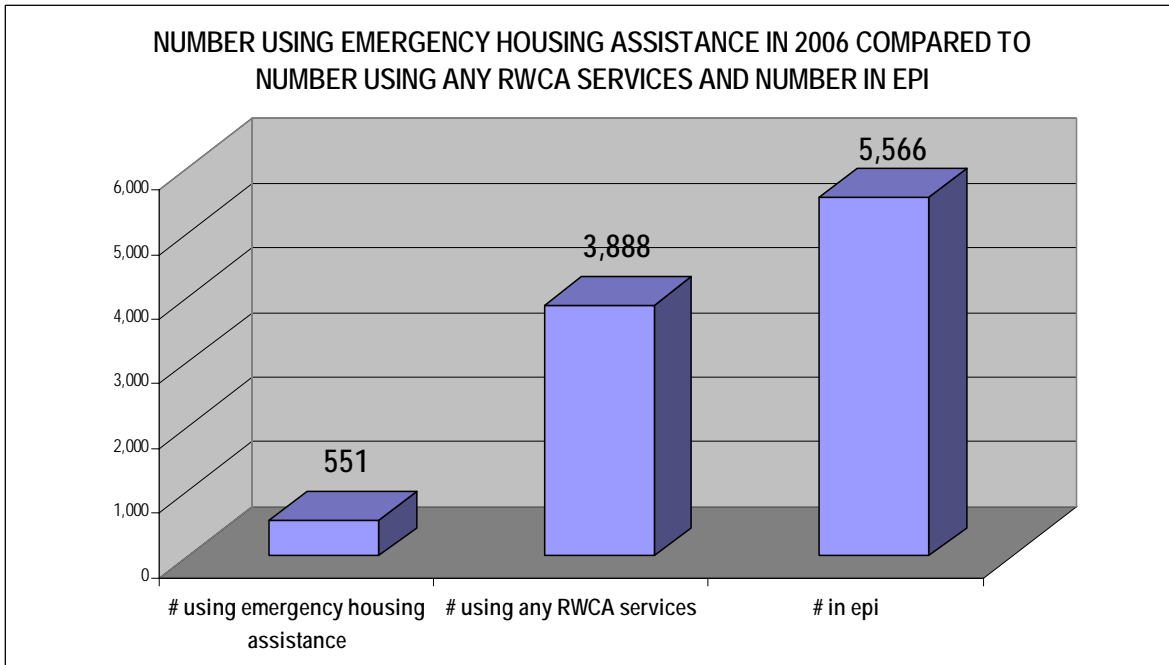
From the 2003 Needs Assessment, based on interviews with 242 HIV+ Minnesotans:

Service Activity	1999 Ranking (of 23 services)	2003 Ranking (of 25 services)
Emergency Financial Assistance	4	1
Emergency Housing Assistance	6	6

Year	# using Emergency Housing Assistance	Total Epi	Percent of Epi	Total in RW Services	Percent of those in services
2006	551	5,566	9.9%	3,888	14.2%
2005	430	5,233	8.2%	3,752	11.5%
2004	667	,5002	13.3%	3,838	17.4%
2003	718	4,895	14.7%	3,399	21.1%
2002	624	4,598	13.6%	3,121	20.0%
2001	583	4,331	13.5%	2,801	20.8%
2000*	286	4,031	7.1%	2,695	10.6%
1999*	21	4,022	0.5%	2,758	0.8%

*2000 data indicates Emergency Housing = 286; Intensive Housing =72.

**1999 data indicates Emergency Housing =21; Housing Subsidies =27; Intensive Housing =42.



KEY POINTS FOR EMERGENCY FINANCIAL ASSISTANCE

[Key points are created for and approved by the Needs Assessment and Evaluation Committee of the MHSPC, based on their review of a service area (SAR), which includes utilization data, outcome data when available, and detailed information from past Needs Assessments.]

Background: This service is currently administered through a community-based agency. It is administered by lottery, to assure that funds are available throughout the fiscal year (in the past the money tended to be exhausted in the first half of each fiscal year). This service is available to people at 175% of federal poverty. In the 13 metro counties of the TGA, individual clients have an annual cap (currently \$410) on the amount of funds they may receive from the fund, regardless of the category. Money can be used for rent, application fees (no damage deposits, storage fees, mortgages or foster care/nursing home fees); moving fees; utilities (phone bills limited to \$100 annually); food gift certificates (up to \$40 in certificates once per month) and medical care. Funds are not provided directly to consumers.

It should also be noted that individuals with chronic financial need can access an array of additional financial resources through case managers, and many case managers work with clients to do so. The NA&E Committee would encourage and supports all efforts to educate, refer and assist clients in accessing financial benefits for which they are eligible, in addition to using this emergency financial aid.

SAR DATA:

All past needs assessments have indicated that incomes are low and there is a high need for financial assistance among those who are HIV+ and utilizing Ryan White services. The 2006 Needs Assessment of case managed clients, by CCG and Positive Outcomes, noted that incomes are low:

Respondents reported an average monthly income of \$911 (median = \$684) in the twelve months before the survey. While EMA residents had a higher mean income than non-EMA residents (\$946 versus \$716), the difference was not statistically significant. The 2004 CLEAR survey asked respondents, "*how much money did you have to live on in the past 30 days?*" Respondents to the 2004 survey reported an average of \$694 (median = \$584). The difference between the average income of the two survey groups may in part be due to wage inflation, as well as the use of two approaches to asking about income.

The low incomes have an impact on health care. That same 2006 Needs Assessment found that:

While respondents were almost universally insured and had high rates of HIV medical care rates, some respondents reported **financial trade-offs between paying for health care and essentials of daily living.** About one-tenth (13%) of respondents reported that they had to go without health care because the money was needed for food, clothing, housing, etc. Conversely, 18% of respondents reported that they had to go without the money for these essentials of daily living because the money was needed for health care or medication.

The 2003 Needs Assessment by CLEAR identified **financial concerns** as paramount for many of those interviewed. Key findings included the following:

- EFA was ranked first among all services (and over primary medical care) by consumers interviewed.
- EFA was ranked second among all services in awareness, and first in services used in the past year.
- 91% of those interviewed predicted they might need financial assistance in the future.

NA&E DISCUSSION:

Discussion of this service generated strong opinions and emotions. Committee members indicate that this is an important program, but it is less directly related to HRSA goals. Everyone should be reminded that the point of all of the Ryan White services is to eliminate barriers and increase access to medical care and other core services.

Committee member also acknowledged concerns and previous experience with the program, which showed that consumers tended to depend on this fund almost like an income supplement/entitlement, rather than as a resource during an emergency – and that the funds were expended in the first month or two of the year (leading to comments that all emergencies tended to occur in April). However, the shift to a lottery works against the intent of

providing funded for crises or emergencies, and may have contributed to last year's underspending of allocated funds. The Committee is aware that the grantee is currently working with the provider on these issues.

Committee member also note that it is difficult to gather or have available concrete data about emergency needs, or the degree to which needs are not met through resources available in current systems. Committee members also noted that the economy "heads south" and the state is facing a growing deficit and may further cut social programs of all kinds, the financial stresses on consumers will only increase.

EMERGENCY HOUSING ASSISTANCE

Background: This is a category or type of emergency financial assistance, which in the past was prioritized as a separate service area. It is now identified as part of emergency financial assistance. These funds will be administered through a community based agency as part of emergency financial assistance.

- **People living in the Transitional Grant Area (TGA)** may apply for \$410 per program year for rent, application fees, and moving fees. Housing costs are counted toward their annual cap.
- **People living in Greater Minnesota** Outside of the 13 metro counties in the TGA, there is Housing (rent and/or mortgage) and Utility Assistance available to people with HIV, funded through a Housing Opportunity for Persons with AIDS (HOPWA) grant, administered by the Minnesota Housing Finance Agency (MHFA). The household must be facing a housing crisis due to HIV and related issues and meet all other eligibility criteria (in this case, be at or below 80% of the MN County statistical median income guideline defined by HUD). This emergency rental or mortgage assistance is for up to \$800 for one month's rent/mortgage within a 12-month period; assistance in the same amount can be provided for a second month if the need is clearly demonstrated. Applicants may be able to access up to a maximum of \$250 for utility bills within a 12 month period.

Points from the SAR Data:

The 2006 Needs Assessment by CCG and Positive Outcomes found that housing was an unmet need among case managed clients. They found:

Other Services 19% of respondents (n=59) reported needing but not getting another service during the six months before the interview. **Affordable housing and related housing services were identified as being needed in the six months before the interview.** Table 3 summarizes specific services needed but not received. *[Emphasis added for SAR]*

- Housing is an issue for a large proportion of people who are HIV+; in the 2003 Needs Assessment, by CLEAR, 55% indicated they have been homeless at some point in their lives.
- The 2003 Needs Assessment by CLEAR found that only 45% of consumers rated their housing needs completely or well met; conversely only 18% said they were poorly or not at all met.
- Emergency housing assistance has been ranked #6 by consumers, of 24 or 25 service areas, in both the 1994 and 2003 Needs Assessments.
- One provider notes that the overriding reason clients enter case management at one clinic program is to get assistance in finding stable housing.

Created by NA&E Committee, 2.26.08, revised 3/25/08