REGIONALIZATION OF TWO-COUNTY EMA

RWP-467

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Need for Regionalization

- Uneven funding distribution resulting in service gaps in local communities
- Provider collusion
- Little consumer participation
- Poor service coordination
- No meaningful dialogue regarding service delivery

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New Haven & Fairfield Counties



NEW HAVEN

FAIRFIELD

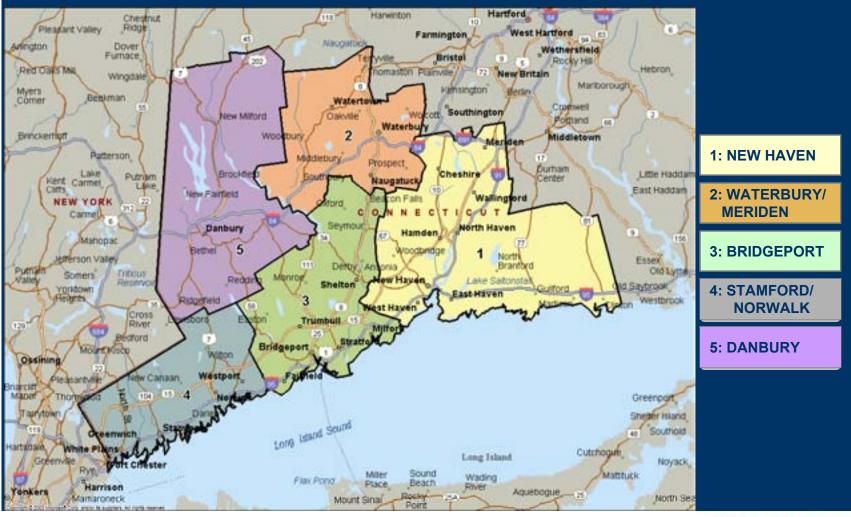


Pre-Regionalization 1995-2005

- Funding Allocations split by County epidemiology (55% New Haven/45% Fairfield)
- Funding by County went to the best grant writers leaving some communities without adequate services
- No true care continuum within the county
- Applicants bit on discreet service categories



5 Regions in New Haven/Fairfield Counties





Regionalization 2005

- Planning Council divides two-county EMA to 5 service delivery regions
- Regions ensured 100% service access to all PLWHA within a 20-mile radius of residence
- Resources determined by regional epidemiology
- Directive for providers to convene a local service continuum



Drawbacks

- Provider participation uneven
- Little or no consumer participation
- Reluctance to share program data or expenditure information by agency
- Providers "gaming" the system by over or under applying for funding
- Some services not requested by providers services not available in some regions



Regionalization 2009 Lead Agency Model

- Resources determined by regional epidemiology
- New Directive that all Services prioritized by Planning Council
 MUST exist in every Region
- Directive to convene monthly meetings now mandates consumer participation – by special populations
- One lead contractor per region selects subcontractors to guarantee all services are covered
- Lead contractor shares fiscal and programmatic data at monthly meetings by agency



Lead Model Creation Challenges

- **■** Politics:
 - City Government
 - > Providers
 - Planning Council
- Provider sense of entitlement
- Shift in power dynamics
- Grantee guidance to the administrative responsibilities of Lead Agencies



Lead Model Creation Successes

- **■** Full service continuum in each region
- **■** Consumer input on service delivery
- Improvement of service coordination through Lead Agency
- Transparency in data sharing improvement of service delivery
- Strengthen provider relations



Summary

Funding/service Funding/service Resources by county Resources by region No true care continuum **Full service continuum** by region by region **Consumer input on** No consumer service delivery participation **Transparency in data** No data sharing sharing



Questions?



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