

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

20 Years of Leadership
A LEGACY OF CARE



©2018 RYAN WHITE ALL GRANTEE MEETING AND 10TH ANNUAL CLINICAL CONFERENCE

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



1: NEW HAVEN

**2: WATERBURY/
MERIDEN**

3: BRIDGEPORT

**4: STAMFORD/
NORWALK**

5: DANBURY

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
Resources by county**



**Funding/service
Resources by region**

**No true care continuum
by region**



**Full service continuum
by region**

**No consumer
participation**



**Consumer input on
service delivery**

No data sharing



**Transparency in data
sharing**



Questions?



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