County of Los Angeles
HIV Care and Treatment Service Utilization

2010 Year End Report

March 2012

COUNTY OF LOS ANGELES
Public Health
Division of HIV and STD Programs

Los Angeles County Department of Public Health

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Chapter 1. Introduction

Background

Los Angeles County has 25,545 people living with AIDS as of December 31, 2010[1]. It is estimated that another 23,296 people are diagnosed with HIV (non-AIDS)—16,524 cases reported by name, 3,572 cases reported by code, and another 3,200 cases pending investigation and verification. An additional 13,250 HIV cases are estimated to be undiagnosed, making the overall estimated number of people living with HIV and AIDS (PLWHA) to be 62,000 individuals.

The Division of HIV and STD Programs (DHSP) coordinates the overall response to HIV/AIDS in Los Angeles County in collaboration with community-based organizations, governmental bodies, advocates and people living with HIV/AIDS. DHSP's main funding sources come from the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the State of California Office of AIDS, and the Los Angeles County general funds. Several other funding sources support special projects or research studies. These include funding from Substance Abuse and Mental Health Services Administration (SAMHSA), National Institutes of Health (NIH), and California HIV/AIDS Research Program (CHRP). DHSP utilizes these fiscal resources to manage over 200 contracts within a network of more than 100 community-based organizations and County departments in an effort to maximize access to quality services for people living with HIV/AIDS.

Ryan White Part A is the largest funding source for HIV care and treatment services. In Fiscal Year (FY) 2010 (March 2010 – February 2011), DHSP received $36,904,221 Part A funding and $2,773,712 in Minority AIDS Initiative (MAI) funding from HRSA, of which a combined $33,864,927 was allocated for direct services. DHSP also receives Ryan White Part B funds from the California State Office of AIDS for HIV care and treatment services. In FY 2010, funding from the State for HIV care and treatment direct services was $8.2 million. Additionally, DHSP uses County funds (Net County Cost or NCC) to support HIV care and treatment services.

This report presents an overview of the services funded and utilized during FY 2010, and descriptions of clients receiving these services.

Ryan White Program Priorities and Allocations

The Ryan White program requires that a local planning council determines service priorities and allocations. In Los Angeles County, this task is done by the Los Angeles County Commission on HIV (Commission). The Commission determines priorities and allocations for Part A and State Part B funding in a five-month process, primarily at the Priorities and Planning (P&P) Committee meetings. It is done through decision-making in the following steps: 1) framework, paradigms, operating values and funding scenarios; 2) review of the HIV/AIDS epidemiologic profile; 3) presentation of needs assessment and service utilization data; 4) priority-setting; 5) resource allocations; 6) "how best to meet the need" and "other factors to be considered;" and

[1] Los Angeles County HIV Epidemiology Program HIV/AIDS Reporting System (eHARS) cases reported as of August 31, 2011,

7) disposition of appeals, if any. The Commission approves the final decisions. DHSP then implements Ryan White-funded services according to these funding allocations and guidance/expectations. MAI allocations are determined in a separate but similar process[1].

Services Funded for FY 2010

Table 1.1 below lists services fundable by HRSA, prioritized and allocated by the Commission, and services funded by DHSP in FY 2010. Table 1.2 shows the service coverage by Service Planning Area (SPA) for DHSP-funded service categories. Figure 1.1 illustrates the distribution of service sites and living HIV/AIDS cases by SPA.

Table 1.1: Services fundable by HRSA, prioritized and allocated by the Commission, and funded by DHSP in FY 2010.

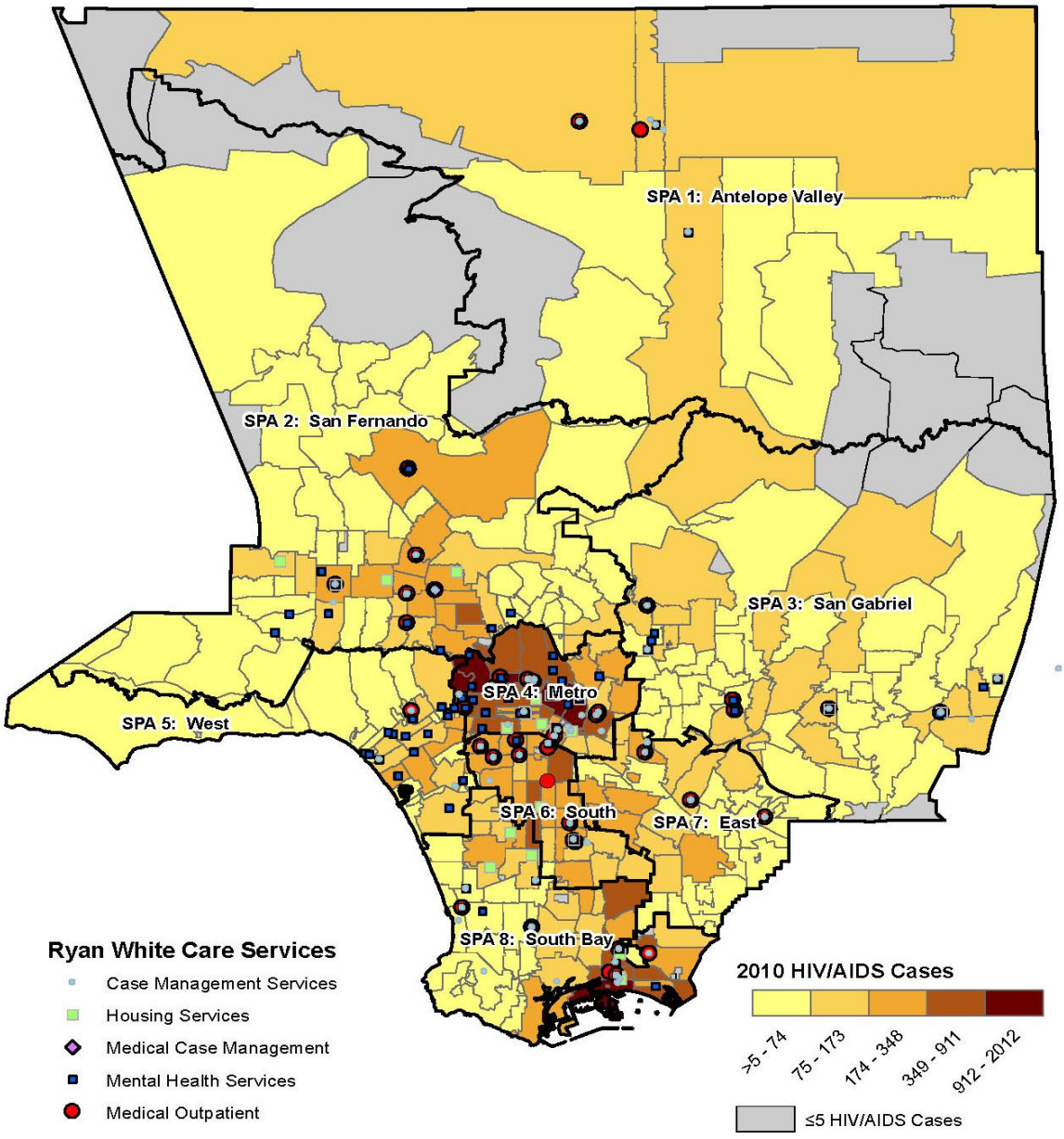
HRSA Service Categories	Prioritized by Commission	Allocated by Commission with RW Part A/B	Funded by DHSP
Core Medical Services			
• Outpatient/ambulatory medical care • AIDS Drug Assistance Program (ADAP) • AIDS Pharmaceutical Assistance • Oral Health Care • Early Intervention Services • Health Insurance Premium & Cost Sharing Assistance • Home Health Care • Home & Community-based Health Services • Hospice Services • Mental Health Services • Medical Nutrition Therapy • Medical Case Management (including Treatment Adherence) • Substance Abuse Services (Outpatient)	• Medical Outpatient • ADAP Enrollment • Medical Specialty • Oral Health Care • Mental Health, Psychiatry • Mental Health, Psychotherapy • Case Management, Medical • Early Intervention Services • Health Insurance Premium & Cost Sharing • Substance Abuse, Treatment • Treatment Education • Medical Nutrition Therapy • Skilled Nursing • Home Health Care • Hospice • Case Management, Home-based • HIV Counseling and Testing in Care Settings* • Local Pharmacy Assistance*	• Medical Outpatient • Medical Specialty • Oral Health Care • Mental Health, Psychiatry • Mental Health, Psychotherapy • Case Management, Medical • Medical Nutrition Therapy • Early Intervention Services • Case Management, Home-based • Hospice • Skilled Nursing • Health Insurance Premium & Cost Sharing • HIV Counseling and Testing in Care Settings* • Local Pharmacy Assistance*	• Medical Outpatient • Medical Specialty • Oral Health Care • Mental Health, Psychiatry • Mental Health, Psychotherapy • Case Management, Medical • Early Intervention Services • Case Management, Home-based • Hospice/Skilled Nursing Facilities

[1] For information on the COMMISSION's priorities and allocations for Ryan White Program for FY 2010, see the COMMISSION website at www.hivcommission-la.info.

HRSA Service Categories	Prioritized by Commission	Allocated by Commission with RW Part A/B	Funded by DHSP
Support Services			
• Case Management (non-medical) • Child Care Services • Emergency Financial Assistance • Food Bank/Home-Delivered Meals • Health Education/Risk Reduction • Housing Services • Legal Services • Linguistic Services • Medical Transportation Services • Outreach Services • Psychosocial Support Services • Referral for Health Care/Supportive Services • Rehabilitation Services • Substance Abuse Services (Residential) • Treatment Adherence Counseling	• Benefits Specialty • Substance Abuse, Residential • Case Management, Psychosocial • Residential, Transitional • Transportation • Residential, Permanent • Nutrition Support • Legal Services • Case Management, Transitional • Direct Emergency Financial Assistance • Case Management, Housing • Language Services • Child Care Services • Workforce Entry/Re-entry • Rehabilitation Services • Health Education/Risk Reduction • Outreach Services • Referral Services • Peer Support • Respite Care • Psychosocial Support	• Benefits Specialty • Substance Abuse, Residential • Case Management, Psychosocial • Transportation • Nutrition Support • Case Management, Transitional	• Benefits Specialty • Nutrition Support • Transportation • Substance Abuse, Residential • Case Management, Psychosocial • Case Management, Transitional • Language Services • Residential Services

*Local Pharmacy Assistance and HIV Counseling and Testing in Care Settings are part of Medical Outpatient and Medical Specialty Services.

Figure 1.1 Distribution Map of DHSP-funded HIV Care and Treatment Service Sites* and HIV/AIDS Cases within Los Angeles County by Service Planning Area (SPA) and Zip Code, 2010**



Data Source: *Casewatch FY 2010 (March 2010 - February 2011)
** eHARS as of 12/31/2010, HIV Epidemiology Program

A Few Words about Data

This report represents service utilization among clients receiving DHSP-funded HIV care and treatment services in Los Angeles County during FY 2010 (March 2010 to February 2011). Several data sources were used to present this service utilization profile. These include data reported in Casewatch, DHSP's client-level data reporting system, extracted as of January 2012. Although some providers use Casewatch to track all of their clients, regardless of whether they are funded by DHSP, this report **only** represents those clients who received services funded by DHSP. In this report we refer to clients reported in Casewatch as Ryan White clients even though funding sources for services received may differ. Service utilization for some Net County Cost (NCC) supported service categories are not tracked in Casewatch; they are collected through individual tracking systems at the funded agencies and reported to DHSP through program reports. Data for the state AIDS Drug Assistance Program (ADAP) enrollment are obtained through Ramsell, the State-contracted pharmacy administrator for ADAP.

Financial data for each service category are presented in terms of 1) total DHSP investment (contract amounts); 2) year-end expenditures tracked separately for Part A, Part B/SAM Care, Other, and a combined total; and 3) Commission allocations for Ryan White Part A, Part B/SAM, and MAI—the percentages and their equivalent dollars based on actual awards for FY 2010. MAI, NCC, and other expenditures are included in "Other" with footnotes stating the funding source and year-end expenditures.

For both the utilization data and financial data, multiple time frames are included because of the varied funding cycle for each funding source. Service utilization data from Casewatch are extracted for March 1, 2010 – February 28, 2011. These include Part A, Part B, MAI, and some NCC-funded services. Data for some State and County-funded services cover July 1, 2010 – June 30, 2011. Financial data for Part A and MAI cover March 1, 2010 through February 28, 2011, while financial data for Part B/SAM Care are from July 1, 2010 to June 30, 2011.

Chapter 2. Client Summary

In FY 2010, 19,139 unduplicated clients receiving DHSP-funded HIV care and treatment services were reported in Casewatch, representing approximately 39% of the estimated number of people diagnosed with HIV/AIDS in Los Angeles County. Of those, 15,834 had at least one medical visit. During the same year, 1,731 new clients were enrolled in DHSP-funded system of HIV care and 1,118 clients returned to the system of care. Approximately 79% of new clients accessed DHSP-funded medical care in FY 2010 (Appendix A).

The following tables and graphs present demographic characteristics of clients served in FY 2010, along with their distribution by SPA, and some highlights on services they accessed. A table detailing the overview of all clients can be found in Appendix A.

Distribution of Clients by Gender, Race/Ethnicity, Age, and HIV Status

In FY 2010, 83.9% of DHSP-funded clients were male, 14.2% were female, and 1.9% were transgender. Latino/as accounted for 48.1% of all clients, while Whites represented 24.4%, African Americans 23.4%, and Asian/Pacific Islanders 3.3%.

Figure 2.1. Gender Distribution of All Ryan White Clients, FY 2010 (N=19,139)

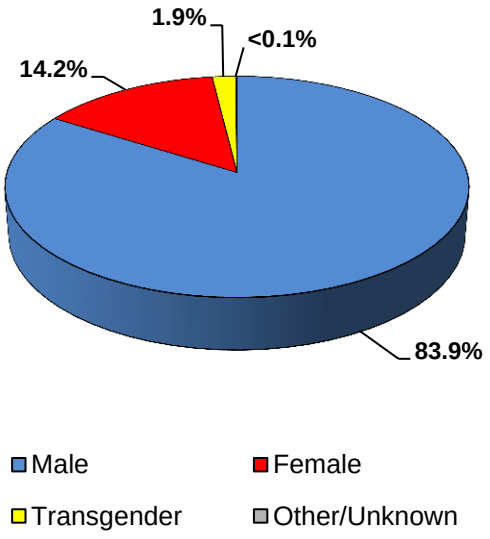
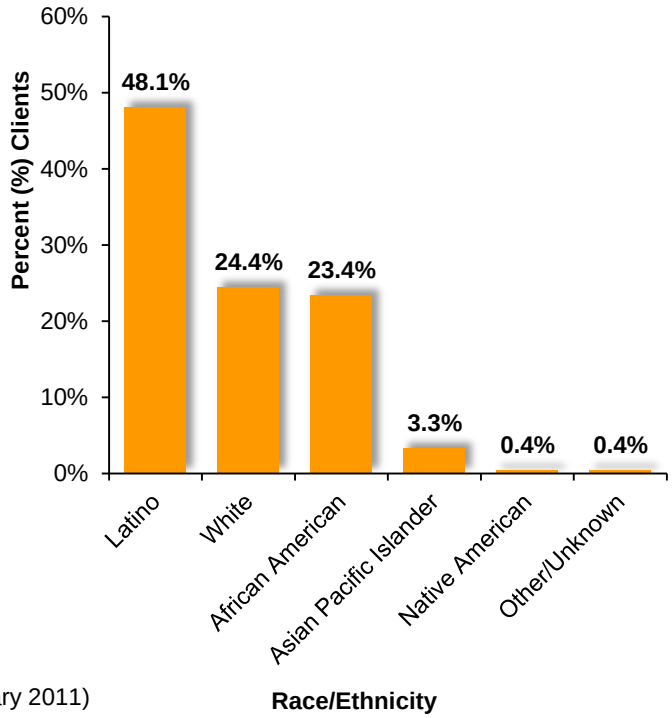


Figure 2.2. Race/Ethnicity of All Ryan White Clients, FY 2010 (N=19,139)

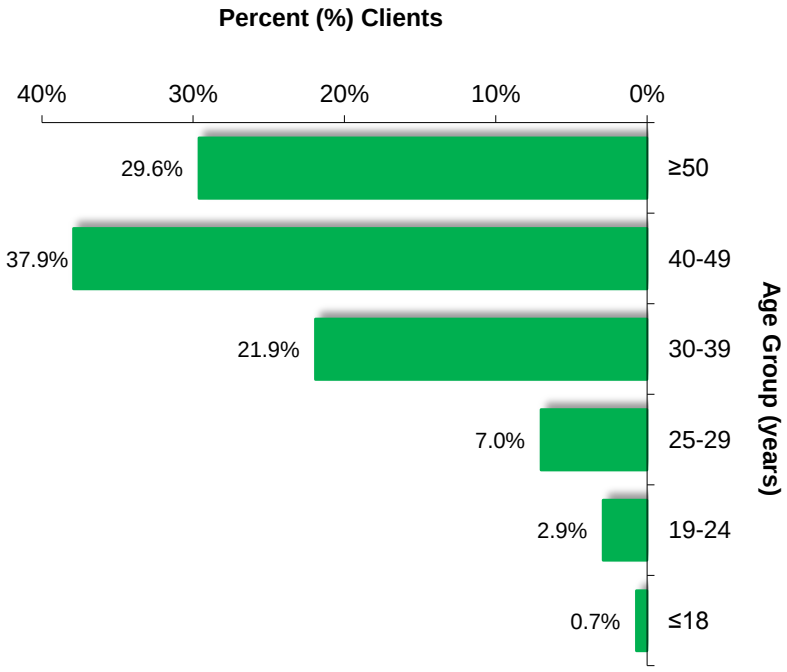


Data Source: Casewatch FY 2010 (March 2010 - February 2011)

Figure 2.3. Age Group Distribution of All Ryan White Clients, FY 2010 (N=19,139)

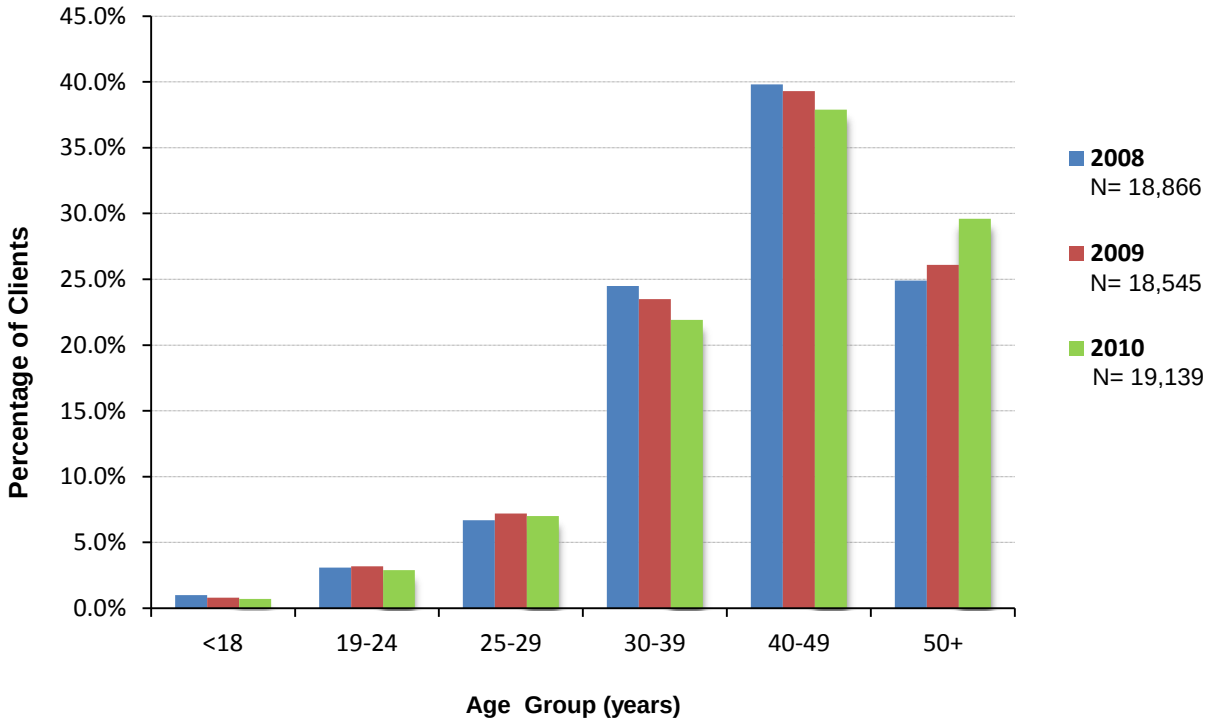
The age distribution of all clients closely mirrors that of the overall local HIV epidemic. The majority of clients (37.9%) were between ages 40-49, followed by 29.6% for clients 50 years and older, and 21.9% for clients between 30-39 years old.

Between 2007 and 2010, the proportion of clients 50 years and older increased by 1-3% each year, while the proportion of clients between 30-39 years decreased slightly each year.



Data Source: Casewatch FY 2010 (March 2010 - February 2011)

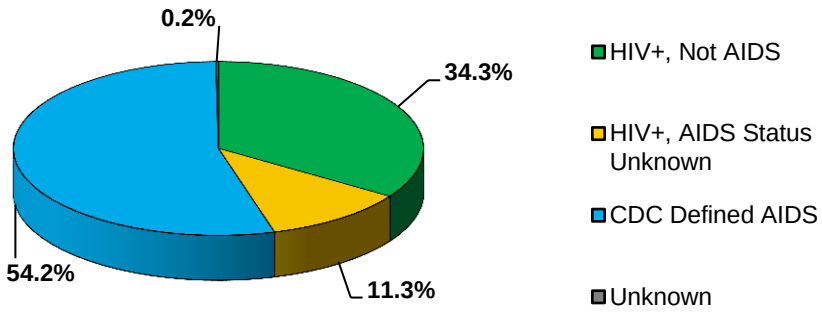
Figure 2.4. Age Group Distribution of All Ryan White Clients, FY 2008 - 2010



Data Source: Casewatch FY 2008, 2009, and 2010

The majority (54.2%) of clients served during FY 2010 had CDC-defined AIDS.

Figure 2.5. HIV/AIDS Status of All Ryan White Clients, FY 2010 (N=19,139)



Data Source: Casewatch FY 2010 (March 2010 - February 2011)

Distribution of Clients by Poverty Level and Medical Insurance Status

Ryan White funds support the majority of DHSP-funded HIV care and treatment services. Targeted to serve vulnerable and underserved PLWHA, Ryan White services engage a high proportion of clients who have no medical insurance and live below the federal poverty level (FPL). Between FY 2007 and FY 2010, the proportion of Ryan White clients who live in poverty and lack health insurance increased gradually. In FY 2007, 60.9% of clients lived at or below 100% FPL; in FY 2010, 65.6% lived at or below 100% FPL. In FY 2007, 57.4% of clients had no health insurance coverage; in FY 2010, the percentage increased to 62.7%.

Figure 2.6. Primary Medical Insurance Status of All Ryan White Clients, FY 2010

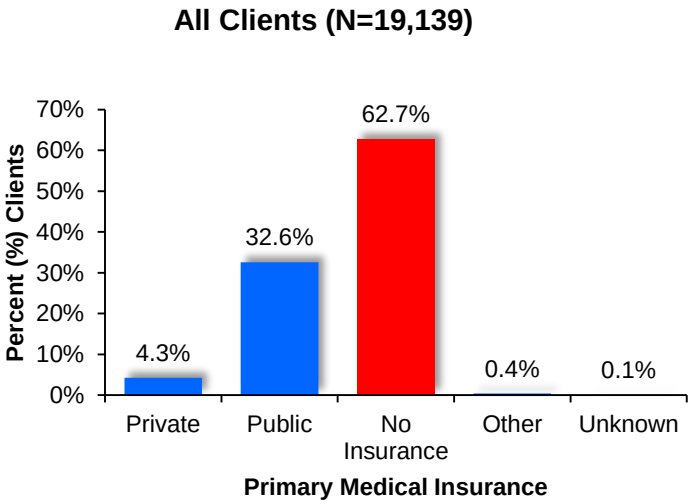
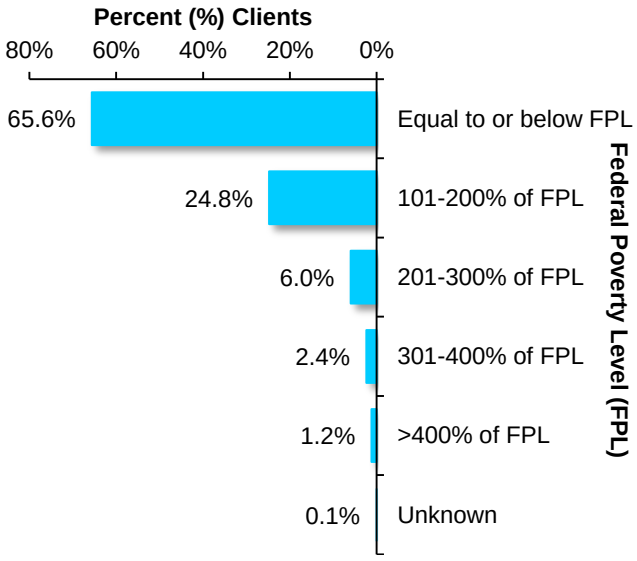


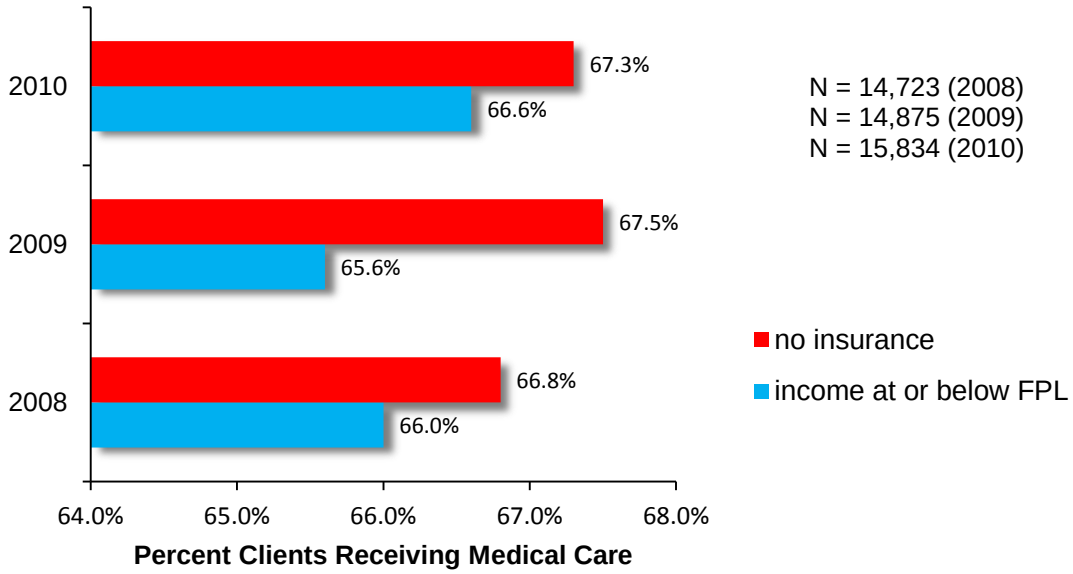
Figure 2.7. Distribution of All Ryan White Clients by Federal Poverty Level, FY 2010



Data Source: Casewatch FY 2010 (March 2010 - February 2011)

It should be noted that the Ryan White Program is the payer of last resort for HIV services, and that clients who reported having other insurance received services that are not covered by insurance, or received Ryan White services at a time when they were not covered by other insurance.

Figure 2.8. Proportion of Clients in Ryan White Medical Care Who Had No Health Insurance and Who Lived At or Below Federal Poverty Level, FY 2008 - 2010



Data Source: Casewatch FY 2008, 2009, and 2010

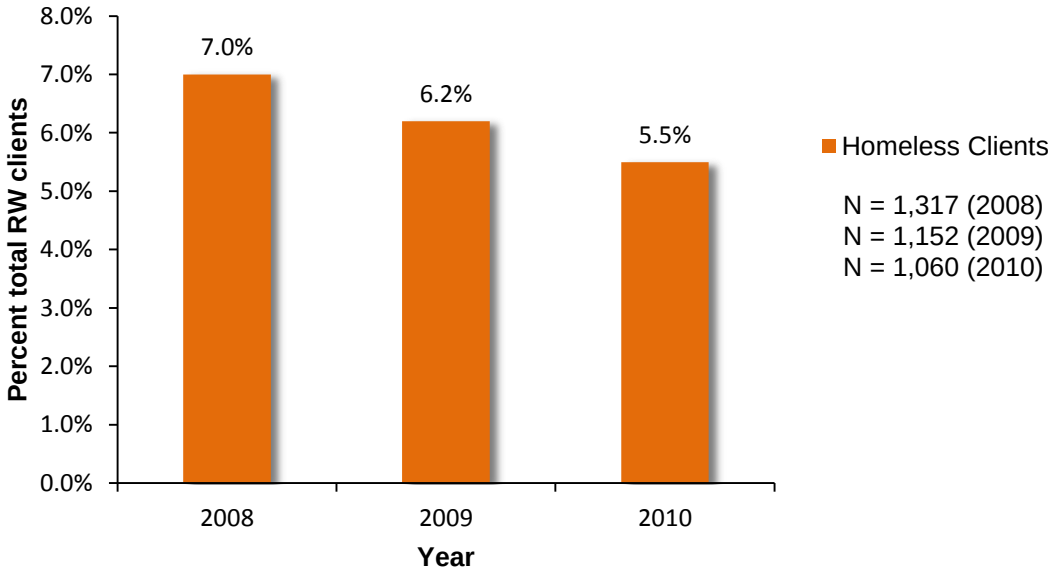
Clients with Special Needs: Homelessness, Incarceration, Mental Illness, and Substance Abuse

Many clients in the care system face additional challenges that could affect their care-seeking patterns. Nearly 10% of Ryan White clients reported having been incarcerated in the last 24 months, and an additional 10% reported having been incarcerated more than two years ago. Approximately 5.5% of Ryan White clients in FY 2010 were homeless, defined as having non-permanent living situations, including homeless, transient or transitional, but not including staying in institutions such as residential, correctional, and health care facilities.

In FY 2010, 10.0% of Ryan White clients received DHSP-funded psychiatric treatment, while 14.8% of clients received psychotherapy services. Although less than 3% of all clients received DHSP-funded substance abuse services in FY 2010, the self-reported “current” risk behavior reported in Casewatch indicates that substance use among Ryan White clients was much more prevalent.

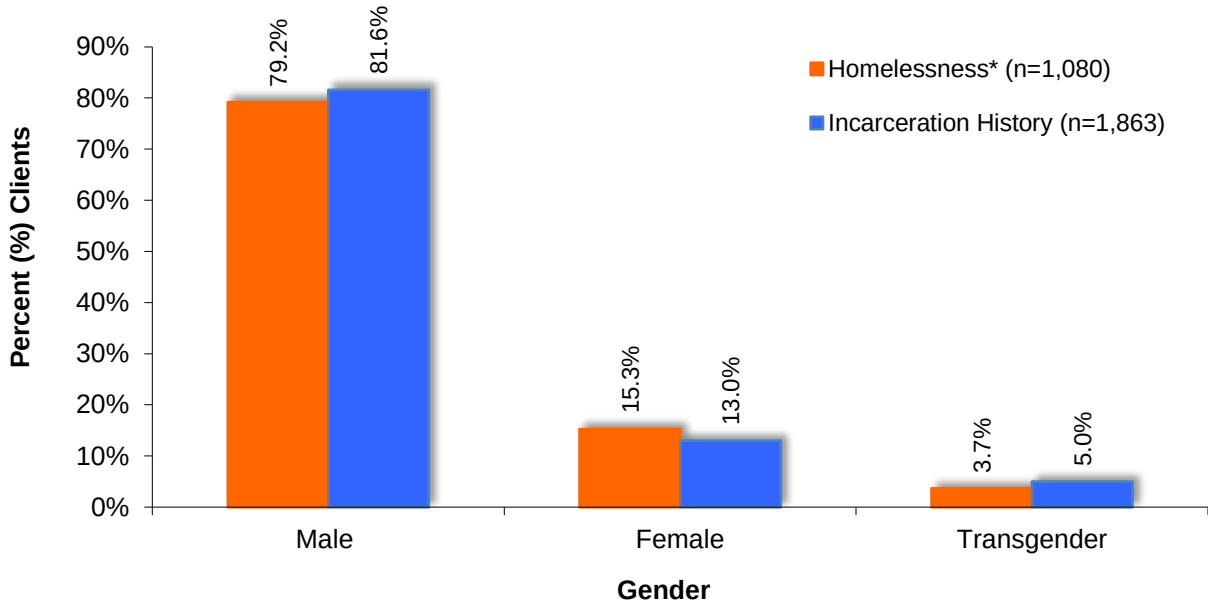
The following graphs illustrate some characteristics of clients with recent incarceration history and those who were homeless in FY 2010. Demographic information for clients in mental health and substance abuse treatment can be found in Chapters 3 and 4.

Figure 2.9. Ryan White Clients Who Were Homeless, FY 2008 - 2010



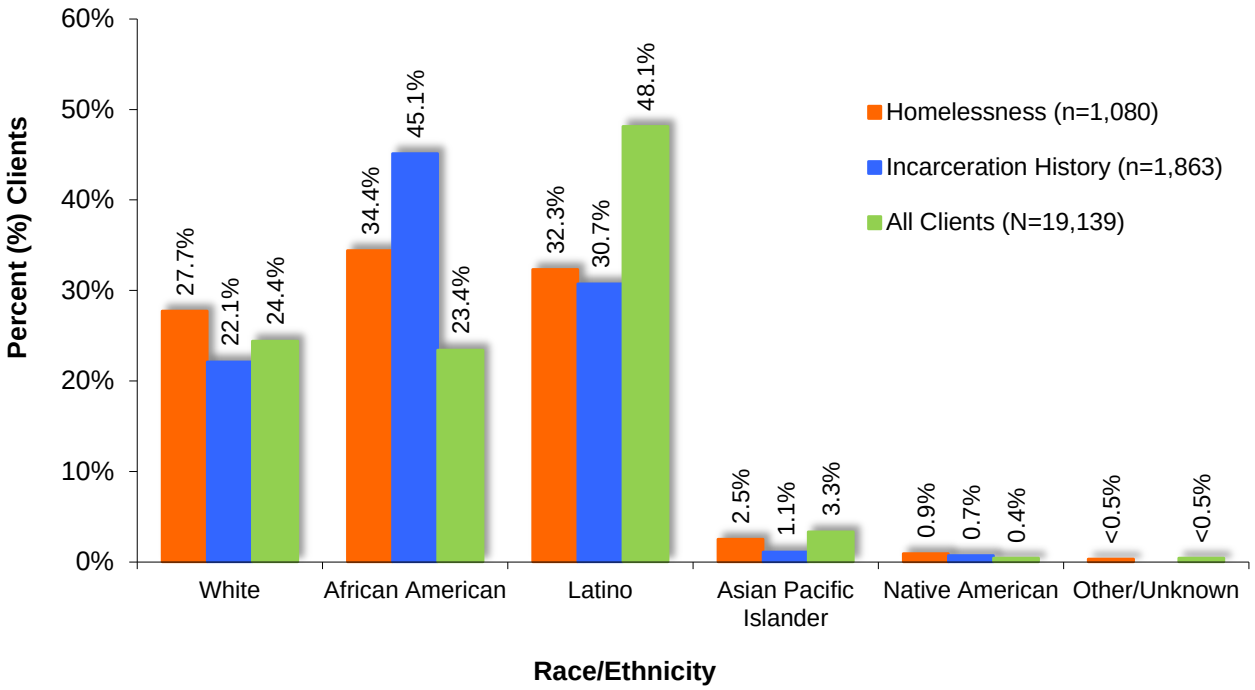
Data Source: Casewatch FY 2008, 2009, and 2010

Figure 2.10. Gender Distribution of Homeless and Recently Incarcerated Clients, FY 2010



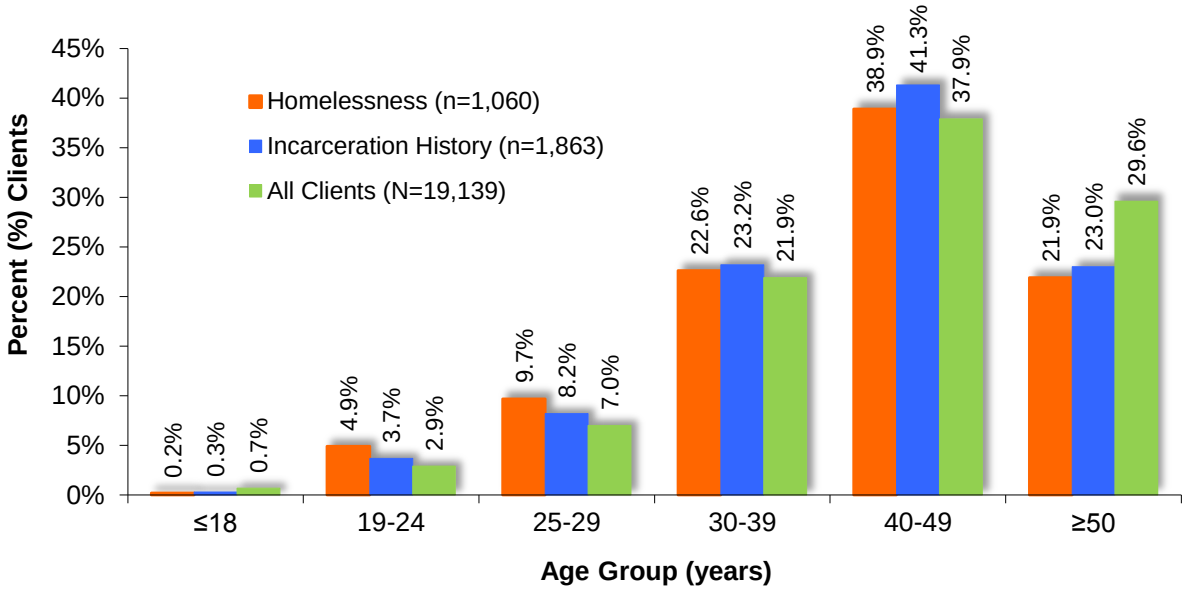
Data Source: Casewatch FY 2010 (March 2010 - February 2011)
Note: Incarceration history within the last 24 months

Figure 2.11. Distribution of Clients by Race/Ethnicity among Homeless, Recently-Incarcerated, and All Clients, FY 2010



Data Source: Casewatch FY 2010 (March 2010 - February 2011)
Note: Incarceration history within the last 24 months

Figure 2.12. Distribution of Clients by Age among Homeless, Recently-Incarcerated, and All Clients, FY 2010



Data Source: Casewatch FY 2010 (March 2010 - February 2011)
Note: Incarceration history within the last 24 months

Distribution of Clients by Residence SPA

Table 2.1. Demographic Characteristics of All Clients by Residence Service Planning Area (SPA), FY 2010

Overall Demographics (N = 19,139)

	SPA 1 N = 420		SPA 2 N = 2,652		SPA 3 N = 1,316		SPA 4 N = 6,466		SPA 5 N = 658		SPA 6 N = 2,837		SPA 7 N = 1,439		SPA 8 N = 2,913		Unknown SPA N = 438	
Characteristic	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
New Client	38	9.0%	216	8.1%	138	10.5%	601	9.3%	86	13.1%	262	9.2%	128	8.9%	210	7.2%	52	11.9%
Returning Client	28	6.7%	125	4.7%	82	6.2%	349	5.4%	43	6.5%	172	6.1%	92	6.4%	180	6.2%	47	10.7%
Gender																		
Male	294	70.0%	2,215	83.5%	1,091	82.9%	5,813	89.9%	585	88.9%	2,087	73.6%	1,188	82.6%	2,430	83.4%	354	80.8%
Female	122	29.0%	380	14.3%	216	16.4%	500	7.7%	69	10.5%	701	24.7%	236	16.4%	437	15.0%	48	11.0%
Transgender	4	1.0%	57	2.1%	9	0.7%	153	2.4%	4	0.6%	49	1.7%	15	1.0%	46	1.6%	18	4.1%
Other/Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	4.1%
Race/Ethnicity																		
African-American	161	38.3%	396	14.9%	164	12.5%	1,030	15.9%	153	23.3%	1,466	51.7%	106	7.4%	857	29.4%	148	33.8%
Asian/Pacific-Islander	5	1.2%	97	3.7%	125	9.5%	214	3.3%	26	4.0%	20	0.7%	33	2.3%	108	3.7%	10	2.3%
Latino/Hispanic	145	34.5%	1,372	51.7%	804	61.1%	3,055	47.2%	184	28.0%	1,208	42.6%	1,145	79.6%	1,154	39.6%	135	30.8%
White/Caucasian	105	25.0%	765	28.8%	219	16.6%	2,120	32.8%	289	43.9%	135	4.8%	149	10.4%	771	26.5%	121	27.6%
Native American/Alaskan Native	3	0.7%	11	0.4%	4	0.3%	30	0.5%	1	0.2%	4	0.1%	3	0.2%	15	0.5%	4	0.9%
Other/Unknown	1	0.2%	11	0.4%	0	0.0%	17	0.3%	5	0.8%	4	0.1%	3	0.2%	8	0.3%	20	4.6%
Age																		
0-18	8	1.9%	21	0.8%	8	0.6%	17	0.3%	3	0.5%	28	1.0%	9	0.6%	12	0.4%	19	4.3%
19-24	11	2.6%	81	3.1%	39	3.0%	128	2.0%	15	2.3%	122	4.3%	49	3.4%	96	3.3%	20	4.6%
25-29	21	5.0%	198	7.5%	106	8.1%	405	6.3%	51	7.8%	218	7.7%	131	9.1%	174	6.0%	30	6.8%
30-39	87	20.7%	592	22.3%	304	23.1%	1,454	22.5%	130	19.8%	645	22.7%	311	21.6%	584	20.0%	90	20.5%
40-49	149	35.5%	1,010	38.1%	487	37.0%	2,586	40.0%	242	36.8%	948	33.4%	545	37.9%	1,110	38.1%	172	39.3%
50+	144	34.3%	750	28.3%	372	28.3%	1,876	29.0%	217	33.0%	876	30.9%	394	27.4%	937	32.2%	107	24.4%
Primary Insurance																		
Private	16	3.8%	88	3.3%	68	5.2%	317	4.9%	54	8.2%	66	2.3%	51	3.5%	144	4.9%	19	4.3%
Public	226	53.8%	724	27.3%	331	25.2%	1,869	28.9%	201	30.5%	1,154	40.7%	402	27.9%	1,191	40.9%	138	31.5%
No Insurance	173	41.2%	1,824	68.8%	911	69.2%	4,267	66.0%	402	61.1%	1,605	56.6%	981	68.2%	1,566	53.8%	262	59.8%
Other	5	1.2%	16	0.6%	6	0.5%	12	0.2%	1	0.2%	12	0.4%	5	0.3%	12	0.4%	1	0.2%
Unknown	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	18	4.1%
Homeless	17	4.0%	104	3.9%	55	4.2%	359	5.6%	60	9.1%	129	4.5%	57	4.0%	138	4.7%	141	32.2%
In Medical Care*	376	89.5%	2,198	82.9%	1,074	81.6%	5,416	83.8%	514	78.1%	2,360	83.2%	1,215	84.4%	2,406	82.6%	275	62.8%
Psychosocial Case Management	147	35.0%	564	21.3%	371	28.2%	886	13.7%	96	14.6%	462	16.3%	273	19.0%	618	21.2%	131	29.9%
Transitional Case Management	11	2.6%	44	1.7%	33	2.5%	197	3.0%	10	1.5%	144	5.1%	39	2.7%	65	2.2%	80	18.3%

*Had medical outpatient visit

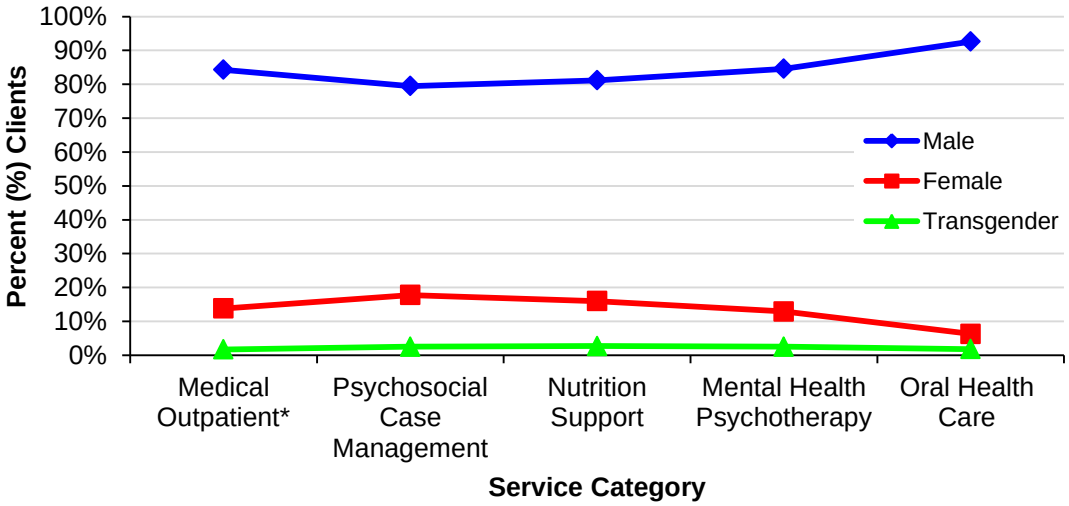
Patterns of Service Utilization

Table 2.2. Services Accessed by All Ryan White Clients, FY 2010

Type of Ryan White Service	N	%
All Clients	**19,139**	**100.0**
Medical Outpatient*	15,834	82.7
Psychosocial Case Management	3,548	18.5
Oral Health Care	3,468	18.1
Mental Health Psychotherapy	2,832	14.8
Nutrition Support	2,425	12.7
Medical Case Management	2,237	11.7
Mental Health Psychiatry	1,920	10.0
Medical Specialty	1,263	6.6
Early Intervention Services	723	3.8
Transitional Case Management	623	3.3
Substance Abuse Services - Residential	410	2.1
Home-based Case Management	383	2.0
Housing Services	156	0.8
Substance Abuse Services - Outpatient	33	0.2
Hospice Services & Skilled Nursing Services	1	0.0

Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Received at least 1 medical visit within the year

Figure 2.13. Top Five Services Accessed by Gender, FY 2010



Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least 1 medical visit within the year
Note: Unknown gender was <1% for all service categories and was not included in the figure.

Figure 2.14. Top Five Services Accessed by Type of Insurance, FY 2010

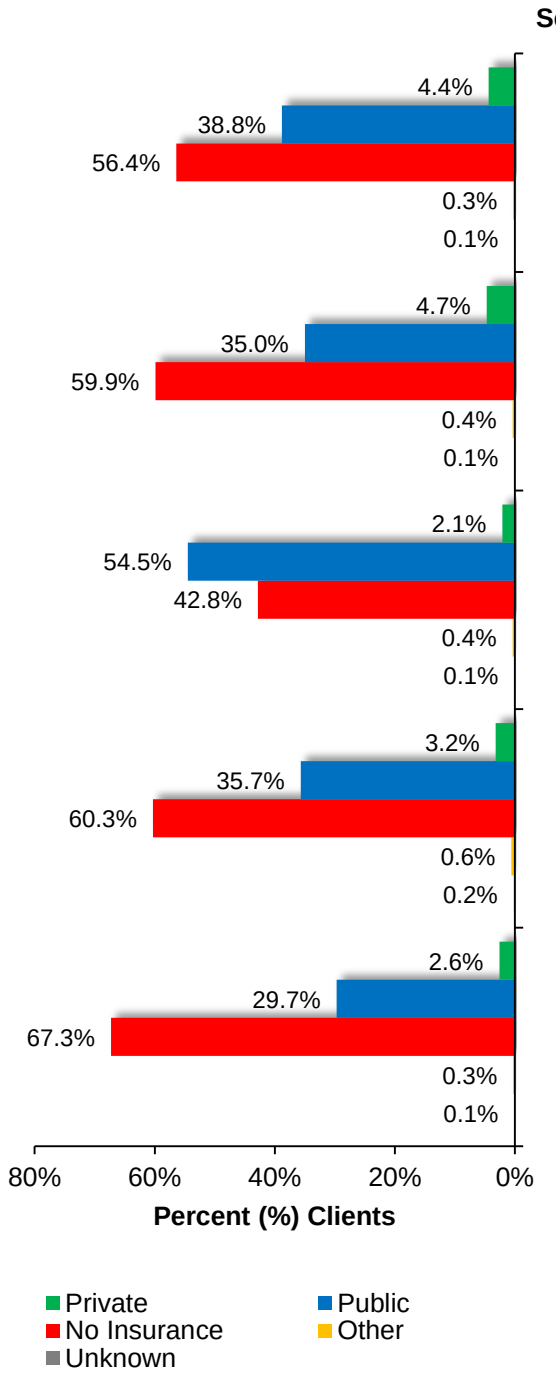
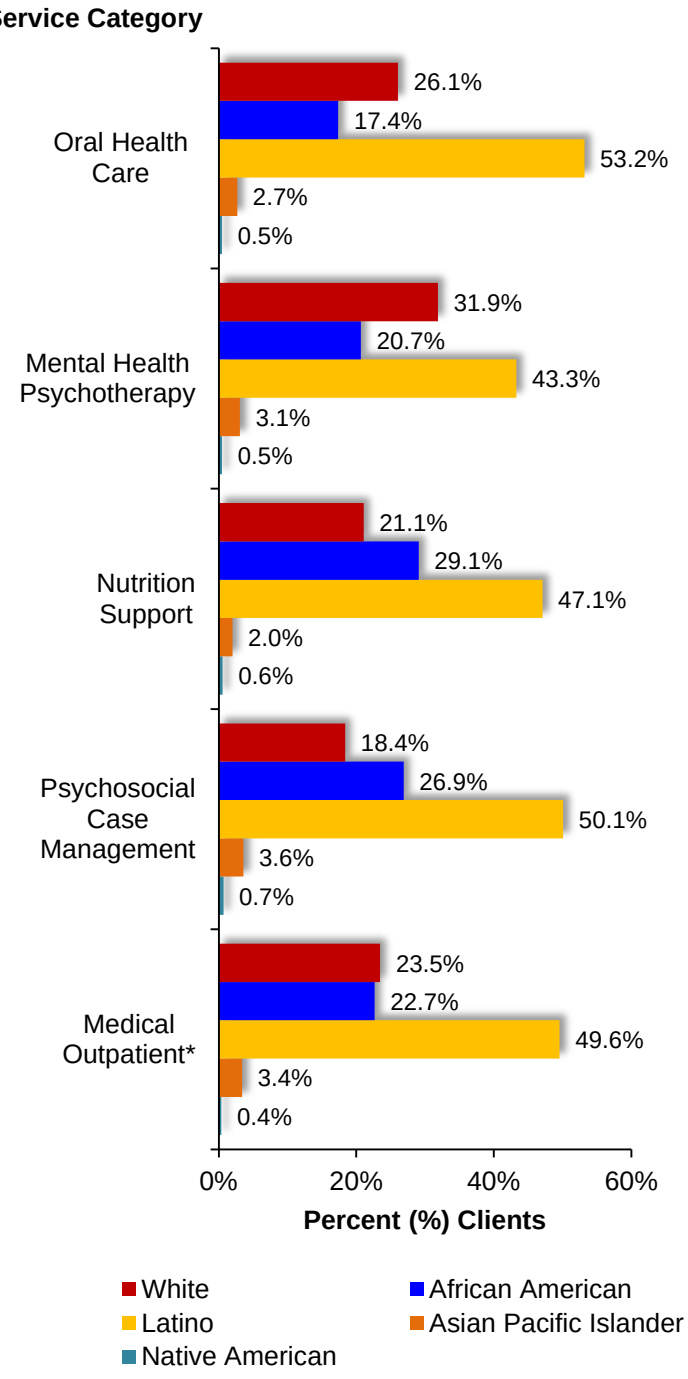


Figure 2.15. Top Five Services Accessed by Race/Ethnicity, FY 2010



Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least one medical visit within the year
Note: Other/Unknown race/ethnicity was <1% for all service categories and was not included in the figure.

Chapter 3. Core Medical Services

In FY 2010, DHSP funded the following core medical services for HIV/AIDS care and treatment:

1. Medical Outpatient Services
2. Medical Specialty
3. Oral Health Care
4. Mental Health, Psychiatry
5. Mental Health, Psychotherapy
6. Case Management, Medical
7. Hospice and Skilled Nursing Services
8. Early Intervention Services
9. Substance Abuse Treatment
10. ADAP Enrollment
11. Case Management, Home-based

3.1 Medical Outpatient Services

HRSA Definition: Outpatient/Ambulatory Medical Care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history intake, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Commission Definition/Guidance: Medical Outpatient Services are up-to-date educational, preventive, diagnostic and therapeutic medical services provided by licensed health care professionals with requisite training in HIV/AIDS including physicians, physician assistants and/or nurse practitioners licensed to practice by the State of California.

What DHSP Funds: Medical Outpatient Services provide professional diagnostic, preventive and therapeutic medical services by licensed health care professionals with requisite training in HIV/AIDS including physicians, nurses, nurse practitioners and/or physician assistants. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history intake, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, continuing care and management of chronic conditions, and referral to and provision of specialty care. Often, DHSP provides access to services to patients before they are enrolled in Medi-Cal or other public insurance programs.

Funding Sources: Ryan White Part A, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				$23,953,599
Expenditures	$22,961,747	0	$193,006	$23,154,753

*NCC - $193,006

The Commission allocated 58.5% of Ryan White Part A and Part B service funds to Medical Outpatient and Medical Specialty services as one category for FY 2010 ($23,148,332). This includes support for the therapeutic monitoring program (TMP). The expenditures for Medical Outpatient and Medical Specialty services are tracked separately.

Table 3.1. Demographic Characteristics of Clients Receiving Medical Outpatient Services, FY 2010

Demographic Characteristic	Medical Outpatient Services (N=15,834) N	%
Gender		
Male	13,355	84.3%
Female	2,185	13.8%
Transgender	277	1.7%
Race/Ethnicity		
White	3,721	23.5%
African American	3,588	22.7%
Latino	7,861	49.6%
Asian Pacific Islander	546	3.4%
Native American	58	0.4%
Other/Unknown	60	0.4%
Age Group (years)		
≤ 18	53	0.3%
19-24	436	2.8%
25-29	1,171	7.4%
30-39	3,696	23.3%
40-49	6,155	38.9%
≥ 50	4,323	27.3%
Primary Medical Insurance		
Private	409	2.6%
Public	4,707	29.7%
No Insurance	10,657	67.3%
Other	44	0.3%
Unknown	17	0.1%
Receiving Ryan White Funded Medical Care*	15,834	100.0%
New Client to System of Care	1,363	8.6%
Returning Client to System of Care	797	5.0%

Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least one medical visit within the year

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
15,834	Encounters	94,851

3.2 Medical Specialty Services

HRSA Definition: HRSA does not have a specific definition for Medical Specialty Services. All medical specialty care is included under HRSA's definition of Outpatient/Ambulatory Medical Care.

Commission Definition/Guidance: Medical Specialty Services provide consultation, diagnosis and therapeutic services for medical complications beyond the scope of primary medical and nursing care for people living with HIV. Services include cardiology; dermatology; ear, nose and throat specialty; gastroenterology; gynecology; neurology; ophthalmology; oncology; oral health; pulmonary medicine; podiatry; proctology; general surgery; urology; nephrology; orthopedics; and obstetrics.

What DHSP Funds: A medical specialty network that includes the provision of cardiology; dermatology; ear, nose and throat specialty; gastroenterology; gynecology; neurology ophthalmology; oncology; oral health; pulmonary medicine; podiatry; proctology; general surgery; urology; nephrology; orthopedics; and obstetrics services to clients throughout the County. DHSP also funds a limited amount of out-of-network care for medical specialty services based on medical specialty referrals.

Funding Sources: Ryan White Part A

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts				$759,197
Expenditures	$704,983	0	0	$704,983

The Commission allocation for Medical Specialty services was included in the 58.5% for Medical Outpatient services.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,236	Initial and follow-up visits	2,940

3.3 Oral Health Care

HRSA Definition: Oral Health Care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

Commission Definition/Guidance: Same as above.

What DHSP Funds: Oral health services provided under contract with DHSP include diagnostic, prophylactic, and therapeutic services rendered by dentists, dental hygienists, registered dental assistants, and other similarly trained professional practitioners. Services also include obtaining a comprehensive medical history and consulting primary medical providers as necessary; providing medication appropriate to oral health care services, including all currently approved drugs for HIV-related oral manifestations; providing or referring patients, as needed, to health specialists including, but not limited to, periodontists, endodontists, oral surgeons, oral pathologists and oral medicine practitioners, and patient education.

Table 3.3. Demographic Characteristics of Clients Receiving Oral Health Care, FY 2010

Demographic Characteristic	Oral Health Care (N=3,468) N	%
Gender		
Male	2,885	83.2%
Female	517	14.9%
Transgender	64	1.8%
Race/Ethnicity		
White	904	26.1%
African American	604	17.4%
Latino	1,844	53.2%
Asian Pacific Islander	93	2.7%
Native American	16	0.5%
Other/Unknown	7	0.2%
Age Group (years)		
≤ 18	9	0.3%
19-24	46	1.3%
25-29	168	4.8%
30-39	629	18.1%
40-49	1,405	40.5%
≥ 50	1,214	35.0%
Primary Medical Insurance		
Private	152	4.4%
Public	1,345	38.8%
No Insurance	1,956	56.4%
Other	12	0.3%
Unknown	3	0.1%
Receiving Ryan White Funded Medical Care*	2,748	79.2%

Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least one medical visit within the year

Funding Sources: Ryan White Part A, Minority AIDS Initiative

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts	[redacted]			$2,375,801
Expenditures	$1,470,024	0	$481,755	$1,951,779

*MAI expenditures - $481,755

The Commission allocated 3.7% of Ryan White Part A and Part B service funds ($1,464,083) and 20% of MAI service funds ($499,268) to Oral Health services for FY 2010. The combined allocation was $1,963,351 for this service category.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
3,468	Encounters	24,497

3.4 Mental Health, Psychiatry

HRSA Definition: HRSA does not have a specific definition for Mental Health, Psychiatry. It groups both psychiatry and psychotherapy or counseling under a broad Mental Health services category. Under the HRSA definition, Mental Health Services include both psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional, licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

COMMISSION Definition/Guidance: Mental Health, Psychiatry is a service that attempts to stabilize mental health conditions while improving and sustaining quality of life. It is provided by professionals who are licensed to treat psychiatric disorders in the state of California. Service components include client registration/intake, psychiatric assessment, treatment provision (psychiatric medication assessment, prescription and monitoring), and crisis intervention.

What DHSP Funds: Mental Health, Psychiatric services provide psychiatric diagnostic evaluation and psychotropic medication by a psychiatrist, psychiatric resident, or registered nurse/nurse practitioner under the supervision of a psychiatrist. Service components include client registration/intake; psychiatric assessment; treatment provision (psychiatric medication assessment, prescription and monitoring); and crisis intervention.

Funding Sources: Ryan White Part A

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts				$1,075,280
Expenditures	$963,477	0	0	$963,477

The Commission allocated 2.5% ($989,245) of Ryan White Part A and Part B/SAM Care service funds to Mental Health, Psychiatry services for FY 2010.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,920	Encounters	8,684

Table 3.4. Demographic Characteristics of Clients Receiving Mental Health, Psychiatry, FY 2010

Demographic Characteristic	Mental Health Psychiatry (N=1,920) N	%
Gender		
Male	1,597	83.2%
Female	271	14.1%
Transgender	50	2.6%
Race/Ethnicity		
White	627	32.7%
African American	412	21.5%
Latino	788	41.0%
Asian Pacific Islander	67	3.5%
Native American	18	0.9%
Other/Unknown	8	0.4%
Age Categories		
≤ 18	3	0.2%
19-24	54	2.8%
25-29	109	5.7%
30-39	380	19.8%
40-49	769	40.1%
≥ 50	605	31.5%
Primary Medical Insurance		
Private	45	2.3%
Public	770	40.1%
No Insurance	1,095	57.0%
Other	8	0.4%
Unknown	2	0.1%
Receiving Ryan White Funded Medical Care*	1,656	86.3%

Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least one medical visit within the year

3.5 Mental Health, Psychotherapy

HRSA Definition: HRSA does not have a specific definition for Mental Health, Psychotherapy. It groups both psychiatry and psychotherapy or counseling under a broad Mental Health services category. (See HRSA definition of Mental Health services above.)

Commission Definition/Guidance: Mental Health, Psychotherapy is a service that attempts to improve and sustain a client's quality of life. It includes client intake; bio-psychosocial assessment; treatment planning; treatment provision in individual, family, conjoint or group modalities; drop-in psychotherapy groups; and crisis intervention.

What DHSP Funds: Mental health, psychotherapy services provide comprehensive mental health assessments, treatment plans, and psychotherapy by licensed mental health professionals or graduate students training under the supervision of licensed mental health professionals. Services include client intake; bio-psychosocial assessment; treatment planning; treatment provision in individual, family, conjoint or group modalities; drop-in psychotherapy groups; and crisis intervention.

Table 3.5. Demographic Characteristics of Clients Receiving Mental Health, Psychotherapy, FY 2010

Demographic Characteristic	Mental Health Psychotherapy (N=2,832) N	%
Gender		
Male	2,395	84.6%
Female	364	12.9%
Transgender	70	2.5%
Race/Ethnicity		
White	903	31.9%
African American	587	20.7%
Latino	1,225	43.3%
Asian Pacific Islander	88	3.1%
Native American	13	0.5%
Other/Unknown	16	0.6%
Age Categories		
≤ 18	15	0.5%
19-24	94	3.3%
25-29	190	6.7%
30-39	580	20.5%
40-49	1,068	37.7%
≥ 50	885	31.3%
Primary Medical Insurance		
Private	132	4.7%
Public	992	35.0%
No Insurance	1,695	59.9%
Other	10	0.4%
Unknown	3	0.1%
Receiving Ryan White Funded Medical Care	2,196	77.5%

Data Source: Casewatch FY 2010 (March 2010 - February 2011).

Funding Sources: Ryan White Part A

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts	[redacted]			$2,113,729
Expenditures	$1,982,089	0	0	$1,982,089

COMMISSION allocated 6.5% of Ryan White Part A and Part B/SAM Care service funds to Mental Health, Psychotherapy for FY 2010, an equivalent of $2,572,037.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,832	Encounters	33,462

3.6 Medical Case Management

HRSA Definition: Medical Case Management (including Treatment Adherence) is a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: 1) initial assessment of service needs, 2) development of a comprehensive, individualized service plan, 3) coordination of services required to implement the plan, 4) client monitoring to assess the efficacy of the plan, and 5) periodic re-evaluation and adaptation of the plan as necessary. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and other forms of communication.

Commission Definition/Guidance: HIV case management, medical services are client-centered activities which focus on access, utilization, retention and adherence to primary health care services for people living with HIV. Services are conducted by qualified registered nurse case managers who facilitate optimal health outcomes for people living with HIV through advocacy, support and collaboration.

What DHSP Funds: Medical case management services facilitate and support access, utilization, retention and adherence to primary health care services through intake and assessment, diagnosis, case management service planning, coordination, monitoring and evaluation by a registered nurse.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,237	Encounters	14,551

Table 3.6. Demographic Characteristics of Clients Receiving Medical Case Management Services, FY 2010

Demographic Characteristic	Medical Case Management (N=2,237) N	%
Gender		
Male	2,072	92.6%
Female	140	6.3%
Transgender	24	1.1%
Race/Ethnicity		
White	871	38.9%
African American	381	17.0%
Latino	869	38.8%
Asian Pacific Islander	92	4.1%
Native American	13	0.6%
Other/Unknown	11	0.5%
Age Categories		
≤ 18	2	0.1%
19-24	46	2.1%
25-29	158	7.1%
30-39	530	23.7%
40-49	881	39.4%
≥ 50	620	27.7%
Primary Medical Insurance		
Private	130	5.8%
Public	469	21.0%
No Insurance	1,636	73.1%
Other	1	0.0%
Unknown	1	0.0%
Receiving Ryan White Funded Medical Care*	1,758	78.6%

Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least one medical visit within the year

3.8 Hospice and Skilled Nursing Services

HRSA Definition: Hospice Services include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services for terminally ill clients. HRSA does not have a separate service definition for Skilled Nursing Services.

Commission Definition/Guidance: Hospice is the provision of palliative services to help patients approach death with dignity and in relative comfort, in a supportive atmosphere

surrounded by family members and significant others. Hospice services must be flexible enough to accommodate a client's changing needs, and staff must be appropriately trained, licensed or certified in order to provide those services. Hospice services will be provided to a person living with HIV/AIDS whose attending physicians have confirmed in writing that s/he has a life expectancy of six months or less. The intent of hospice services is palliative care (pain control and comfort). Hospice services can be offered in multiple settings, including residential hospices, nursing homes, private homes, etc.

Skilled nursing facility services are 24-hour nursing care provided to people living with HIV/AIDS in a non-institutional, home-like environment. Services are provided for persons diagnosed with a terminal or life-threatening illness and include residential services, medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary and social and recreational activities.

What DHSP Funds: Hospice services provide 24 hour medical care, supervision and assistance for people living with HIV/AIDS who have been certified by a licensed physician as terminally ill. Services under contract with DHSP are residential hospice and skilled nursing facility. Services include: residential services; medical supervision; nursing and supportive care; pharmacy services; laundry services; dietary services; skilled nursing assessment, planning and patient care; evaluating and updating patient care plans; administering prescribed medications and treatments; and recording clinical and progress notes in patients' health records.

Funding Sources: Ryan White Part B, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				$653,742
Expenditures	0	$16,560		$16,560

The Commission allocated 2.0% of Ryan White Part A and Part B/SAM Care service funds (an equivalent of $791,396) to Hospice and Skilled Nursing services for FY 2010.

The service has been under-utilized despite anecdotal information on client needs. DHSP worked with the only contractor to correct performance, but eventually terminated the contract in 2010.

Service Utilization:

Services	Total Clients Served	Service Units	Units of Service Provided
Hospice	1	Hospice and Skilled Nursing Days	137
Skilled Nursing			

3.9 Early Intervention Services

HRSA Definition: Early Intervention Services (EIS) include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of HIV, tests to diagnose extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures

Commission Definition/Guidance: Early Intervention Services include counseling individuals with respect to HIV/AIDS; testing (including test to confirm the presence of the disease, tests to diagnose extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

What DHSP Funds: Early intervention services provided under contract with DHSP include: mental health and psychosocial support; health education; case management and referral; medical evaluation, monitoring and treatment; nutrition assessment and referral; HIV risk assessment and reduction; and outreach.

Funding Sources: Part B/SAM Care. Minority AIDS Initiative

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				$1,780,848
Expenditures	0	0	$1,017,264	$1,017,264

* MAI expenditures - $1,017,264

The Commission allocated 3.2% of Ryan White Part A and Part B funds ($1,266,234) and 35% of MAI service funds ($840,881) to Early Intervention services for FY 2010. Prior to June 2009, the majority of support for Early Intervention went from the State directly to the service providers and passed through DHSP. With the new SAM funding model, all previously State-funded EIS (overall funding was reduced as a result of State budget reduction) became contracted by DHSP. Due to the overlapping five months of the MAI grant terms between MAI Year 3 (2009) and MAI FY 2010, the EIS costs were charged to MAI in an effort to maximize the grant expenditures. As a result, no EIS expenditures were reported under Part B/SAM Care.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
723	EIP Encounters	16,876

Table 3.7. Demographic Characteristics of Clients Receiving MAI-funded Early Intervention Services, FY 2010

Demographic Characteristic	Early Intervention (N=397) N	%
WICY		
Women	27	6.8%
Infant	0	–
Children	0	–
Youth	17	4.3%
Race/Ethnicity		
African American	174	43.8%
Latino	218	54.9%
Other	2	0.5%
Post Incarcerated Clients	174	43.8%

Data Source: Casewatch FY 2010 (March 2010 - February 2011)

3.11 Substance Abuse, Treatment

HRSA Definition: Substance Abuse Services (Outpatient) is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

Commission Definition/Guidance: HIV substance abuse treatment services include: substance abuse day treatment, substance abuse methadone maintenance, and substance abuse residential detoxification. The goals of HIV substance abuse treatment services for people living with HIV include assisting and empowering clients to: maximize the effectiveness of their HIV-related medical care and treatment through the cessation or reduction of substance abuse; improve social functioning with partners, peers and family; improve self-esteem, insight and awareness; and learn to cope with HIV infection. Unlike the HRSA term and definition, Substance Abuse, Treatment, includes both outpatient and residential services.

What DHSP Funds: HIV substance abuse treatment services provided under contract with DHSP in FY 2009 include substance abuse day treatment and substance abuse residential detoxification according to the standards of care. However, these services are reported under substance abuse residential due to the differences between the standards of care and HRSA service definitions.

Substance abuse day treatment services are non-residential therapeutic services that provide a minimum of five hours of planned activities per day. Programs are designed to be more intensive than outpatient visits, but less extensive than 24 hour residential services. At minimum, services (including individual and group sessions and structured therapeutic activities) should be offered at least five hours per day, five days per week. The length of stay in HIV substance abuse day treatment services is not to exceed 90 days. Extensions can be

made if the client meets continuing stay criteria in accordance with the American Society of Addiction Medicine (ASAM) and DHSP approves the extensions.

Substance abuse residential detoxification programs must be licensed and approved by the State of California Department of Health Services as a Chemical Dependency Recovery Hospital and operate in accordance with Chapter 11, Title 22 of the California Code of Regulations. The maximum length of stay for substance abuse residential detoxification services is 14 days, although extensions can be granted under special circumstances with a physician's order. Services include: initial screening; client intake; client assessment; treatment planning; providing medication prescribed by a medical professional; crisis intervention; counseling; support groups; education; treatment linkages and referral.

See Substance Abuse, Residential, for overall Substance Abuse Services Funding Allocations, Contract Investment, Expenditures, and Service Utilization.

3.12 AIDS Drug Assistance Program (ADAP) Enrollment

HRSA Definition: HRSA does not have a specific service category called ADAP Enrollment.

Commission Definition/Guidance: ADAP Enrollment assists clients with enrolling in the State-administered program authorized under Part B of the Ryan White Program. ADAP provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medi-Cal, or Medicare. Enrollment coordinators supervise ADAP services at individual sites.

What DHSP Funds: Reimbursements for ADAP enrollment worker's salary based on client enrollment/recertification in ADAP.

Funding Sources: State

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				N/A
Expenditures	0		$186,570	$186,570

*State ADAP

COMMISSION did not specifically allocate for ADAP Enrollment.

Service Utilization:

Services	Total Clients Served
New enrollment	1,773
Re-certification	13,969

Data Source: Ramsell Monthly Data Report (March 2010 – February 2011)

3.13 Case Management, Home-Based

***HRSA Definition**:* HRSA does not have a specific category called "Home-based Case Management." The standards of care and currently funded services in Los Angeles County fit under HRSA's definition of Home and Community-based Health Services.

Home and Community-based Health Services (a core service) include skilled health services furnished to the individual in the individual's home, based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostic testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospital services, nursing home and other long term care facilities are NOT included.

***Commission Definition/Guidance*:** Case Management, Home-based, includes client-centered case management and social work activities that focus on care for persons living with HIV who are functionally impaired and require intensive home and/or community-based services. Services are conducted by qualified registered nurse case managers and master's level social workers who facilitate optimal health outcomes for functionally impaired people living with HIV through advocacy, support and collaboration.

What DHSP Funds: Home-based Case Management services provided under contract with DHSP include: intake; assessment; service planning; attendant care; homemaker services; psychosocial case management; and mental health services.

Funding Sources: Part B/SAM Care

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts	[redacted]			$3,105,367
Expenditures	0	$2,952,643	0	$2,952,643

In the past, Case Management, Home-based, services in Los Angeles County were supported through funding from the State Office of AIDS (OA) directly to community agencies. DHSP provided additional support to some of these agencies using NCC funds. During the 2009 State budget cuts, OA directed reduced funding for this service through DHSP rather than directly to the community agencies, and DHSP supplemented the reduced State funding to maintain services.

The Commission initially allocated 0.8%% Ryan White Part A/Part B funds to Case Management, Home-Based services for FY 2010. However, the service is largely supported by Part B/SAM Care funds as a result of the State funding re-distribution.

Service Utilization:

Services	Total Clients Served	Service Unit Definition	Service Units Provided
Attendant care	58	Attendant care hours	21,281
Homemaker services	129	Homemaker hours	37,821

Chapter 4. Support Services

In FY 2010, DHSP funded the following list of support services for HIV/AIDS care and treatment:

1. Case Management, Psychosocial
2. Substance Abuse, Residential
3. Nutrition Support
4. Residential, Transitional
5. Medical Transportation
6. Language Services
7. Case Management, Transitional
8. Benefits Specialty

4.1 Case Management, Psychosocial

HRSA Definition: Case Management (Non-Medical) includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Commission Definition/Guidance: Case Management, Psychosocial involves client-centered activities through which care for persons living with HIV are coordinated for the purpose of increasing self-efficacy, facilitating access and linkage to appropriate services and to the continuum of care, increasing access to HIV information and education, and identifying resources and increasing coordination between providers.

Case Management, Psychosocial services can include both individual and family interventions. Case managers identify and address client service needs in all psychosocial areas and facilitate the client's access to appropriate resources, such as health care, financial assistance, HIV education, mental health and other support services.

What DHSP Funds: Case Management, Psychosocial services provided under contract with DHSP can include: intake and assessment of available resources and needs; development and implementation of service plans; coordination of services; interventions on behalf of the client or family; linked referrals; active, ongoing monitoring and follow-up; periodic assessment of status and needs.

Funding Sources: Part B/SAM Care

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts	[redacted]			$2,554,622
Expenditures		$2,458,816	0	$2,458,816

The Commission allocated 7.6% of Ryan White Part A and Part B funding to Psychosocial Case Management for FY 2010($3,007,305).

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
3,548	Encounters	76,252

Table 4.1. Demographic Characteristics of Clients Receiving Psychosocial Case Management Services, FY 2010

Demographic Characteristics	Psychosocial Case Management (N=3,548) N	%
Gender		
Male	2,821	79.5%
Female	633	17.8%
Transgender	88	2.5%
Race/Ethnicity		
White	654	18.4%
African American	955	26.9%
Latino	1,777	50.1%
Asian Pacific Islander	128	3.6%
Native American	25	0.7%
Other/Unknown	9	0.3%
Age Categories		
≤18	58	1.6%
19-24	122	3.4%
25-29	262	7.4%
30-39	791	22.3%
40-49	1,338	37.7%
≥50	977	27.5%
Primary Medical Insurance		
Private	122	3.2%
Public	1,267	35.7%
No Insurance	2,141	60.3%
Other	22	0.6%
Unknown	6	0.2%
Receiving Ryan White Funded Medical Care*	2,588	72.9%

Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least one medical visit within the year

4.2 Substance Abuse, Residential

HRSA Definition: **Substance Abuse Services (Residential)** is the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).

Commission Definition/Guidance: Substance Abuse, Residential, includes residential rehabilitation and transitional housing services that assist clients achieve and maintain a lifestyle free of substance abuse and to transition to permanent, stable housing.

Substance abuse residential rehabilitation services provide 24-hour, residential *non-medical* services to individuals recovering from problems related to alcohol and/or drug abuse and who need alcohol and/or drug abuse treatment or detoxification services.

Substance abuse transitional housing services provide interim housing with supportive services for up to four months for recently homeless persons living with HIV in various stages of recovery from substance abuse. The purpose of the service is to facilitate continued recovery from substance abuse and movement toward more traditional, permanent housing through assessment of the individual's needs, counseling and case management.

What DHSP Funds: Substance abuse residential services provided under contract with DHSP include substance abuse residential rehabilitation and substance abuse transitional housing. Residential detoxification services are reported here due to HRSA service definitions.

Funding Sources: Ryan White Part A, State, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				$3,096,713
Expenditures	$1,579,289	$205,820	$425,819	$2,210,928

*State CSAT/CSAP expenditures - $424,244; NCC - $1,575

The Commission allocated 6.5% ($2,572,037) of Ryan White Part A and Part B service funds to Substance Abuse, Residential services for FY 2010.

Service Utilization: Data include substance abuse residential and day treatment.

Total Clients Served	Service Units	Units of Service Provided
410	Residential Days	25,876
33 (Day Treatment Clients)	Treatment Days	1,418

Table 4.2. Demographic Characteristics of Clients Receiving Substance Abuse Residential Services, FY 2010

	Substance Abuse Services - Residential (N=410)	
	N	%
Gender		
Male	344	83.9%
Female	48	11.7%
Transgender	18	4.4%
Race/Ethnicity		
White	143	34.9%
African American	135	32.9%
Latino	120	29.3%
Asian Pacific Islander	7	1.7%
Native American	3	0.7%
Other/Unknown	2	0.5%
Age Categories		
≤ 18	0	0.0%
19-24	17	4.1%
25-29	41	10.0%
30-39	113	27.6%
40-49	155	37.8%
≥ 50	84	20.5%
Primary Medical Insurance		
Private	5	1.2%
Public	168	41.0%
No Insurance	236	57.6%
Other	1	0.2%
Unknown	0	0.0%
Receiving Ryan White Funded Medical Care*	288	70.2%

Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least one medical visit within the year

4.3 Nutrition Support

HRSA Definition: Food Bank/Home-Delivered Meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household-cleaning supplies should be included in this service definition. This service allows for the provision of vouchers to purchase food.

Commission Definition/Guidance: Nutrition Support includes the provision of actual food or meals. It does not include funds to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this service definition. Nutrition Support also includes vouchers to purchase food.

What DHSP Funds: Nutrition support services provided under contract with DHSP include home delivered meals and food banks/pantry services. Home delivered meals are provided for clients experiencing physical or emotional difficulties related to HV/AIDS that render them

incapable of consistently preparing meals for themselves. These services are offered to medically indigent (uninsured and/or ineligible for health care coverage) persons with HIV/AIDS and their eligible family members residing within Los Angeles County. Food bank/pantry services are distribution centers that warehouse food and related grocery items.

Table 4.3. Demographic Characteristics of Clients Receiving Nutrition Support Services, FY 2010

	Nutrition Support (N=2,425)	
	N	%
Gender		
Male	1,968	81.2%
Female	388	16.0%
Transgender	65	2.7%
Other/Unknown	4	0.2%
Race/Ethnicity		
White	511	21.2%
African American	706	29.1%
Latino	1,141	47.1%
Asian Pacific Islander	49	2.0%
Native American	14	0.6%
Other/Unknown	4	0.2%
Age Categories		
≤ 18	9	0.4%
19-24	23	0.9%
25-29	70	2.9%
30-39	356	14.7%
40-49	960	39.6%
≥ 50	1,007	41.5%
Primary Medical Insurance		
Private	51	2.1%
Public	1,332	54.9%
No Insurance	1,039	42.8%
Other	9	0.4%
Unknown	4	0.2%
Receiving Ryan White Funded Medical Care*	1,758	72.5%

Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least one medical visit within the year

Funding Sources: Ryan White Part A

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts				$695,615
Expenditures	$693,555	0	0	$693,555

The Commission allocated 1.0% of Ryan White Part A and Part B service funds to Nutrition Support for FY 2010 ($395,698). Part A savings in other service categories offset Nutrition Support expenditures that exceeded the allocated amount.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,221	Bagged groceries	18,126
294	Home delivered meals	81,910

4.4 Housing Services

HRSA Definition: Housing Services are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services, such as residential mental health services, foster care, or assisted living residential services.

Commission Definition/Guidance: Residential, Transitional is the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services, such as residential mental health services, foster care, or assisted living residential services. Residential, Transitional Services include emergency shelter, transitional housing, Adult Residential Facility and Residential Care Facility for the Chronically Ill.

What DHSP Funds: Residential, Transitional services under contract with DHSP include:

Licensed Services:

- *Adult Residential Facilities*: 24-hour, non-medical care and supervision to physically, developmentally and/or mentally disabled adults ages 18 through 59 who are unable to provide for their own daily needs.
- *Residential Care Facilities for the Chronically Ill (RCFCI):* Any housing arrangement maintained and operated to provide care and supervision to adults, emancipated minors or family units living with HIV. An RCFCI may not exceed 50 beds.

Funding Sources: Part B/SAM Care, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				$4,401,786
Expenditures	0	$2,141,078	$1,679,069	$3,820,147

*NCC expenditures - $1,679,069

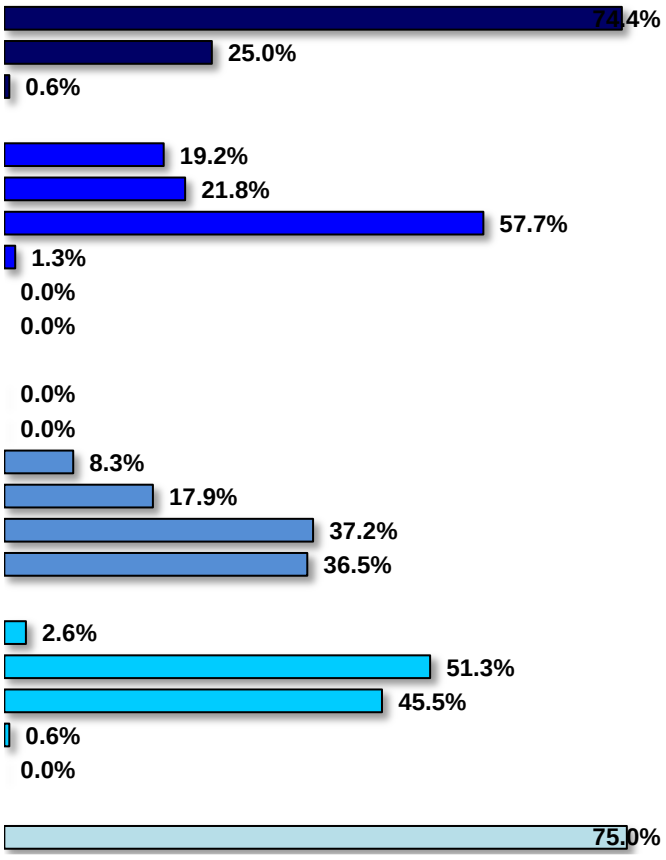
Commission initially allocated no Ryan White Part A and Part B funds to housing services for FY 2010 because NCC has been supporting residential services in the past. In order to maximize the Part B/SAM Care expenditures at the end of the grant term, some housing services expenditures were charged to Part B/SAM Care as part of the jurisdiction's re-allocation plan.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided	
156	Residential Days	Adult Residential Facility	6,135
		Residential Care Facilities for the Chronically Ill (RCFCI)	25,068

Table 4.4. Demographic Characteristics of Clients Receiving Residential Services, FY 2010

	Residential Transitional Housing (N=156)	
	N	**%**
Gender		
Male	116	74.4%
Female	39	25.0%
Transgender	1	0.6%
Race/Ethnicity		
White	30	19.2%
African American	34	21.8%
Latino	90	57.7%
Asian Pacific Islander	2	1.3%
Native American	0	0.0%
Other/Unknown	0	0.0%
Age Categories		
≤ 18	0	0.0%
19-24	0	0.0%
25-29	13	8.3%
30-39	28	17.9%
40-49	58	37.2%
≥ 50	57	36.5%
Primary Medical Insurance		
Private	4	2.6%
Public	80	51.3%
No Insurance	71	45.5%
Other	1	0.6%
Unknown	0	0.0%
Receiving Ryan White Funded Medical Care*	117	75.0%



Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least one medical visit within the year

4.5 Medical Transportation

HRSA Definition: Medical Transportation Services include conveyance services provided, directly or through vouchers, to a client so that he or she may access health care services. This service definition does not preclude grantees from providing transportation for clients who need assistance to get to a support service appointment.

Commission Definition/Guidance: Medical Transportation includes conveyance services provided, directly or through voucher, to a client so that s/he may access health care services, including taxi vouchers, bus passes and bus tokens. HIV transportation services are provided to medically indigent clients living with HIV and their immediate families for the purpose of providing transportation to medical and social services appointments. Transportation services will not be provided for recreational and/or entertainment purposes.

What DHSP Funds: Transportation services in Los Angeles County include: taxi services; public transit services (bus tokens, bus passes and MetroLink tickets) and disabled ID cards.

Funding Sources: Ryan White Part A, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts	[redacted]			$791,379
Expenditures	$524,840		$27,000	$551,840

The Commission allocated 1.7% of Ryan White Part A and Part B/SAM Care service funds to Medical Transportation services for FY 2010, which was an equivalent of $672,687. Expenditures for this service category were reduced as a result of DHSP's tightening control, tracking and accountability for the services.

Service Utilization:

Services	Total Clients Served	Service Unit	Service Units Provided
Taxi service	693	Taxi rides	3,676
Bus passes	3,886	Number of passes	25,755
MetroLink	37	Train rides	148
Disabled ID cards	160	Number of ID cards	160

4.6 Language Services

HRSA Definition: Linguistics Services include the provision of interpretation and translation services.

***Commission Definition/Guidance*:** Language Services include the provision of interpretation and translation services. Services include healthcare interpretation training; language translation; and American Sign Language interpretation.

What DHSP Funds: Language services provided under contract with DHSP consist of health care interpretation training, healthcare interpreter re-certification, (document) translation services, and American Sign Language interpretation.

Funding Sources: Net County Cost

Allocations, Contract Investment and Expenditures: Net County Cost

	Part A	Part B/SAM Care	Other*	Total
Contracts				$232,694
Expenditures			$205,209	$205,209

*NCC expenditures - $205,209

The Commission allocated no Ryan White Part A and Part B service funds to Language services for FY 2010.

Service Utilization:

Services	Clients Served	Service Units	Service Units Provided
Sign language interpretation	14	Interpretation Hours	288
Interpreter training	24	Interpreters trained	84
Interpreter re-certification	10	Re-certification trainings	36
Translation services	Not Applicable	Translated words	108,171

4.7 Case Management, Transitional

HRSA Definition: HRSA does not have a specific category for Case Management, Transitional. The service falls under the category Case Management (Non-Medical).

Commission Definition/Guidance: HIV case management, transitional services encompass two distinct and varied populations – persons making the transition from incarceration to mainstream HIV services; and youth, especially those who are runaways, homeless and emancipating/emancipated. HIV case management, transitional services are client-centered activities through which care for special transitional populations living with HIV is coordinated.

What DHSP Funds: Case Management, Transitional services provided under contract with DHSP can include: intake and assessment of available resources and needs; development and implementation of individual release plans or transitional independent living plans; coordination of services; interventions on behalf of the client or family; linked referrals; active, ongoing monitoring and follow-up; periodic assessment of status and needs. The goals of case

management, transitional services for incarcerated and post-incarcerated people living with HIV include: reducing re-incarceration; improving the health status of incarcerated or recently released inmates; easing a client's transition from incarceration to community care; increasing self-efficacy; facilitating access and adherence to primary health care; ensuring access to appropriate services and to the continuum of care; increasing access to HIV information and education; and developing resources and increasing coordination between providers.

For homeless, runaway and emancipating/emancipated youth living with HIV, the goals of case management, transitional services include: reducing homelessness; reducing substance use/abuse; improving the health status of transitional youth; easing a youth's transition from living on the streets or in foster care to community care; increasing access to education; increasing self-efficacy and self-sufficiency; facilitating access and adherence to primary health care; ensuring access to appropriate services and to the continuum of care; increasing access to HIV information and education; and developing resources and increasing coordination between providers.

Table 4.5. Demographic Characteristics of Clients Receiving Transitional Case Management Services, FY 2010

Demographic Characteristics	Transitional Case Management (N=623)	
	N	%
Gender		
Male	501	80.4%
Female	88	14.1%
Transgender	34	5.5%
Race/Ethnicity		
White	99	15.9%
African American	349	56.0%
Latino	167	26.8%
Asian Pacific Islander	5	0.8%
Native American	3	0.5%
Other/Unknown	0	0.0%
Age Categories		
≤18	2	0.3%
19-24	92	14.8%
25-29	84	13.5%
30-39	123	19.7%
40-49	204	32.7%
≥50	118	18.9%
Primary Medical Insurance		
Private	9	1.4%
Public	154	24.7%
No Insurance	458	73.5%
Other	2	0.3%
Unknown	0	0.0%
Receiving Ryan White Funded Medical Care*	369	59.2%

Data Source: Casewatch FY 2010 (March 2010 - February 2011)
*Clients who received at least one medical visit within the year

Funding Sources: Ryan White Part B/SAM Care

Allocations, Contract Investment and Expenditures:

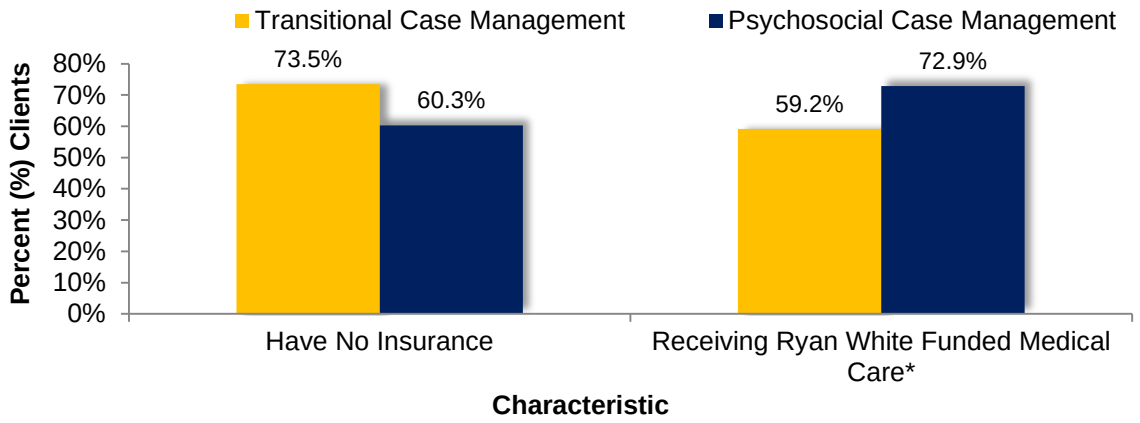
	Part A	Part B/SAM Care	Other	Total
Contracts				$492,809
Expenditures	0	$426,294	0	$426,294

The Commission allocated 1.5% of Ryan White Part A and Part B service funds to Case Management, Transitional, for FY 2010 ($593,547).

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
623	Encounters	7,661

Figure 4.6. Comparison of Characteristics of Clients in Transitional Case Management and Psychosocial Case Management



Data Source: Casewatch FY 2010 (March 2010 - February 2011)

4.8 Benefits Specialty

HRSA Definition: HRSA does not have a specific category for Benefits Specialty. The service falls under the category Case Management, Non-Medical.

Commission Definition/Guidance: Benefits specialty services facilitate a client's access to public/private health and disability benefits and programs. Benefits specialty services work to maximize public funding by assisting clients to identify all available health and disability benefits supported by funding streams other than Ryan White Part A funds. Benefits specialty services facilitate a client's entry into and movement through the care service delivery network. Benefits specialty services are designed to educate people living with HIV about public and private

benefits and entitlement programs and to provide assistance in accessing and securing these benefits.

What DHSP Funds: Benefits specialty services can include assessment of benefit need and eligibility, assistance with completing benefit paperwork, appeals counseling and facilitation, and assistance and management of benefits issues for clients who are enrolled in health and disability programs.

Funding Sources: Ryan White Part A

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts				$178,333
Expenditures	$76,886	0	0	$76,886

The Commission allocated 2% ($791,396) of Ryan White Part A and Part B/SAM Care service funds to Benefits Specialty services. The services were implemented in January 2011, therefore the expenditures were minimal.

Service Utilization:

Due to the time involved in creating and obtaining approval for new contracts, programs did not start until January 2011. Service providers focused on program start-up activities during the last two months of FY 2010. Therefore, no service utilization data are available to report.

Total Clients Served	Service Units	Units of Service Provided
Not Available	Benefits Specialty Counseling Hour	Not Available

Appendix A

Table A.1. Demographic Characteristics of All Ryan White Clients and Clients in Medical Care, FY 2010

	All RW Clients		RW Clients in Medical Care	
	N = 19,139		N = 15,834	
Characteristic	n	%	n	%
New Client	1,731	9.6	1,363	8.6
Returning Client	1,118	5.8	797	5.0
Gender				
Male	16,057	83.9	13,355	84.3
Female	2,709	14.2	2,185	13.8
Transgender	355	1.9	277	1.7
Other/Unknown	18	0.1	17	0.1
Race/Ethnicity				
African-American	4,481	23.4	3,588	22.7
Asian/Pacific-Islander	638	3.3	546	3.4
Latino/Hispanic	9,202	48.1	7,861	49.6
White/Caucasian	4,674	24.4	3,721	23.5
Native American/Alaskan Native	75	0.4	58	0.4
Other/Unknown	69	0.4	60	0.4
Age				
0-18	125	0.7	53	0.3
19-24	561	2.9	436	2.8
25-29	1,334	7.0	1,171	7.4
30-39	4,197	21.9	3,696	23.3
40-49	7,249	37.9	6,155	38.9
50+	5,673	29.6	4,323	27.3
HIV/AIDS Status				
CDC Defined AIDS	10,377	54.2	8,539	53.9
HIV+, Not AIDS	6,560	34.3	5,556	35.1
HIV+, AIDS Status Unknown	2,163	11.3	1,721	10.9
Unknown	39	0.2	18	0.1
Primary Insurance				
Private	823	4.3	409	2.6
Public	6,236	32.6	4,707	29.7
No Insurance	11,991	62.7	10,657	67.3
Other	70	0.4	44	0.3
Unknown	19	0.1	17	0.1

	All RW Clients		RW Clients in Medical Care	
Income Level				
≤ Federal Poverty Level	12,549	65.6	10,542	66.6
101-200% of FPL	4,754	24.8	3,823	24.1
201-300% of FPL	1,143	6.0	928	5.9
301-400% of FPL	453	2.4	357	2.3
> 400% FPL	221	1.2	167	1.1
Unknown	19	0.1	17	0.1
Living Situation				
Permanent	16,500	86.2	13,823	87.3
Homeless/Transitional	1,060	5.5	818	5.2
Institution (residential/health care/correctional)	859	4.5	583	3.7
Other	279	1.5	216	1.4
Unknown	441	2.3	394	2.5
Incarceration History				
Incarcerated ≤ 24 mo.	1,863	9.7	1,380	8.7
Incarcerated > 2 yrs.	1,860	9.7	1,444	9.1
Never Incarcerated	15,397	80.4	12,993	82.1
Unknown	19	0.1	17	0.1

Data Source: Casewatch FY 2010 (March 2010 - February 2011)