County of Los Angeles
HIV Care and Treatment Service Utilization

# 2011 Year End Report

March 2013

# Los Angeles County Department of Public Health

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# Chapter 1. Introduction

## Background

Los Angeles County is home to an estimated 59,500 people living with HIV/AIDS. As of December 31, 2011, there are 43,928 diagnosed HIV/AIDS cases and 2,800 cases pending investigation. An additional 12,800 cases are estimated to be undiagnosed, i.e. people who are unaware of their HIV infection.

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 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) 2011 (March 2011 – February 2012), DHSP received $36,886,910 in Part A funding and $3,177,249 in Minority AIDS Initiative (MAI) funding from HRSA, of which a combined $34.2 million 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 2011, DHSP received $8,899,119 from the State for HIV care and treatment services, of which approximately $8 million was for direct services. 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 2011, 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 7) disposition of appeals, if any. The Commission approves the final decisions. DHSP then

develops contracts and procures services according to these funding allocations and guidance/expectations. MAI allocations are determined in a separate but similar process.[1]

## Services Funded for FY 2011

Table 1.1 below lists services fundable by HRSA, prioritized and allocated by the Commission, and services funded by DHSP in FY 2011. 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 COMMISSION, and funded by DHSP in FY 2011**

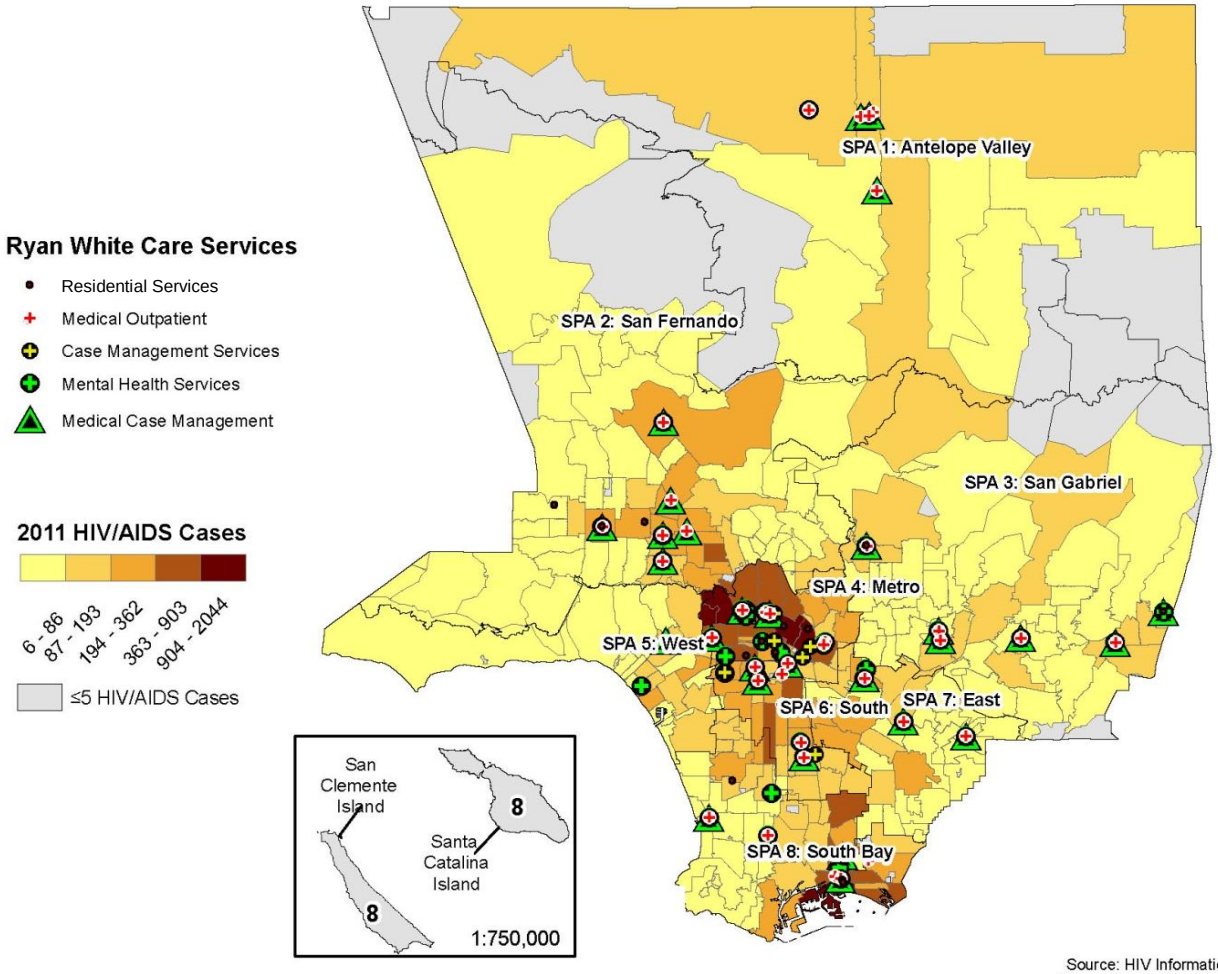
| HRSA Service Categories | Prioritized by COMMISSION | Allocated by COMMISSION with RW Part A/B | Funded by DHSP |
|---|---|---|---|
| **Core Medical Services** | | | |
| • Outpatient/ambulatory medical care<br>• AIDS Drug Assistance Program (ADAP)<br>• AIDS Pharmaceutical Assistance<br>• Oral Health Care<br>• Early Intervention Services<br>• Health Insurance Premium & Cost Sharing Assistance<br>• Home Health Care<br>• Home & Community-based Health Services<br>• Hospice Services<br>• Mental Health Services<br>• Medical Nutrition Therapy<br>• Medical Case Management (including Treatment Adherence)<br>• Substance Abuse Services (Outpatient) | • Medical Outpatient<br>• ADAP Enrollment<br>• Medical Specialty<br>• Oral Health Care<br>• Mental Health, Psychiatry<br>• Mental Health, Psychotherapy<br>• Medical Care Coordination (Case Management, Medical)<br>• Early Intervention Services<br>• Health Insurance Premium & Cost Sharing<br>• Substance Abuse, Treatment<br>• Treatment Education<br>• Medical Nutrition Therapy<br>• Skilled Nursing<br>• Home Health Care<br>• Hospice<br>• Case Management, Home-based<br>• HIV Counseling and Testing in Care Settings*<br>• Local Pharmacy Assistance/Drug Reimbursement* | • Medical Outpatient/ Medical Specialty*<br>• Oral Health Care<br>• Mental Health, Psychiatry<br>• Mental Health, Psychotherapy<br>• Medical Care Coordination (Case Management, Medical)<br>• Early Intervention Services<br>• Case Management, Home-based<br>• Hospice<br>• Skilled Nursing<br>• Health Insurance Premium & Cost Sharing | • Medical Outpatient<br>• Medical Specialty<br>• Oral Health Care<br>• Mental Health, Psychiatry<br>• Mental Health, Psychotherapy<br>• Case Management, Medical<br>• Early Intervention Services<br>• Medical Nutrition Therapy (SPA 1 only)<br>• Case Management, Home-based |

[1] For information on the COMMISSION's priorities and allocations for Ryan White Program for FY 2011, 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)<br>• Child Care Services<br>• Emergency Financial Assistance<br>• Food Bank/Home-Delivered Meals<br>• Health Education/Risk Reduction<br>• Housing Services<br>• Legal Services<br>• Linguistic Services<br>• Medical Transportation Services<br>• Outreach Services<br>• Psychosocial Support Services<br>• Referral for Health Care/Supportive Services<br>• Rehabilitation Services<br>• Substance Abuse Services (Residential)<br>• Treatment Adherence Counseling | • Benefits Specialty<br>• Substance Abuse, Residential<br>• Medical Care Coordination (Case Management, Psychosocial)<br>• Medical Transportation<br>• Residential, Transitional and Permanent<br>• Nutrition Support<br>• Legal Services<br>• Case Management, Transitional<br>• Direct Emergency Financial Assistance<br>• Case Management, Housing<br>• Language/Interpretation<br>• Child Care Services<br>• Workforce Entry/Re-entry<br>• Rehabilitation Services<br>• Health Education/Risk Reduction<br>• Outreach Services<br>• Referral Services<br>• Peer Support<br>• Respite Care<br>• Psychosocial Support | • Benefits Specialty<br>• Substance Abuse, Residential<br>• Medical Care Coordination (Case Management, Psychosocial)<br>• Medical Transportation<br>• Nutrition Support<br>• Case Management, Transitional | • Benefits Specialty<br>• Nutrition Support<br>• Transportation<br>• Substance Abuse, Residential<br>• Case Management, Psychosocial<br>• Case Management, Transitional<br>• Language Services<br>• 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, 2011**




Source: HIV Information Resource System (HIRS), Counseling and Testing Data and HIV/AIDS Reporting System (HARS), Surveillance Data 7/2011-7/2012

## 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 2011 (March 2011 to February 2012). Several data sources were used to present this service utilization profile. The primary data source for this report is Casewatch, DHSP's client-level data reporting system, extracted and analyzed by DHSP Research and Evaluation team. 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. These data are provided by DHSP Care Services Division. 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 equivalent dollars based on actual awards for FY 2011. MAI, NCC, and other expenditures are included in "Other" with footnotes indicating 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, 2011 - February 28, 2012. Data for some State and County-funded services cover July 1, 2011 - June 30, 2012. Financial data for Part A and MAI cover March 1, 2011 - February 28, 2012, while financial data for Part B/SAM Care are from July 1, 2011 - June 30, 2012.

# Chapter 2. Client Summary

In FY 2011, 19,915 unduplicated clients receiving DHSP-funded HIV care and treatment services were reported in Casewatch, representing approximately 45% of the estimated number of people diagnosed with HIV/AIDS in Los Angeles County. Of those, 16,995 (85%) had at least one medical visit. During the same year, 2,019 new clients were enrolled in DHSP-funded system of HIV care. Approximately 78% of new clients accessed DHSP-funded medical care in FY 2011 (Appendix A).

The following tables and graphs present demographic characteristics of clients served in FY 2011, 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 2011, 84.9% of DHSP-funded clients were male, 13.4% were female, and 1.7% were transgender. Latino/as accounted for 47.5 % of all clients, while Whites represented 25.0%, African Americans 23.4%, and Asian/Pacific Islanders 3.4%.

**Figure 2.1. Gender Distribution of All Ryan White Clients, FY 2011 (N=19,915)**

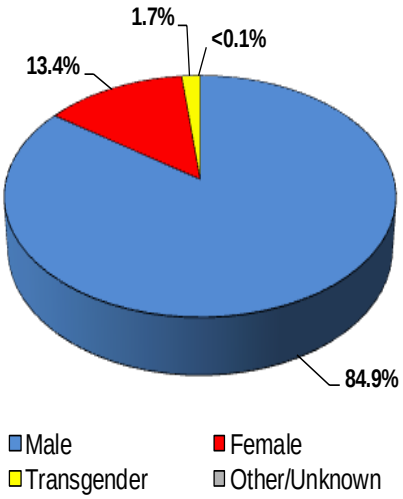
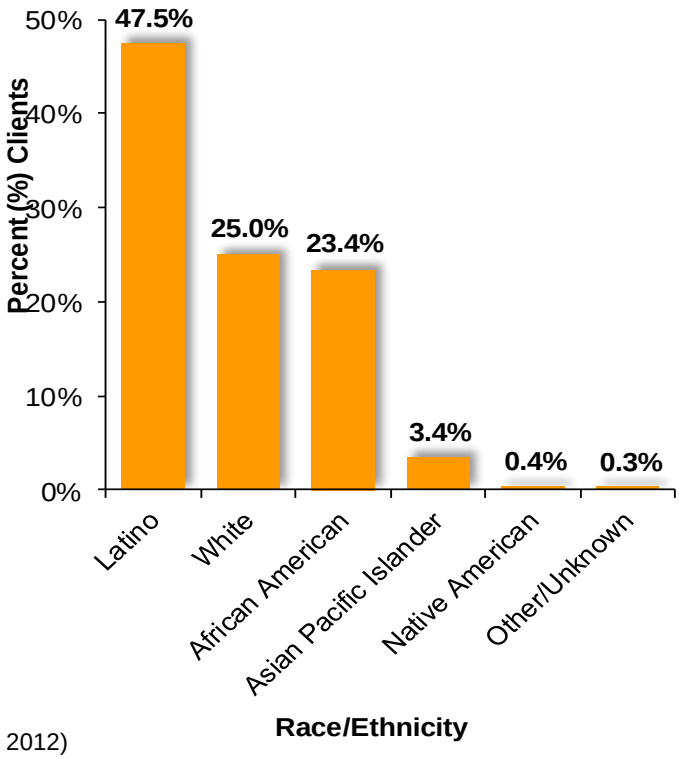


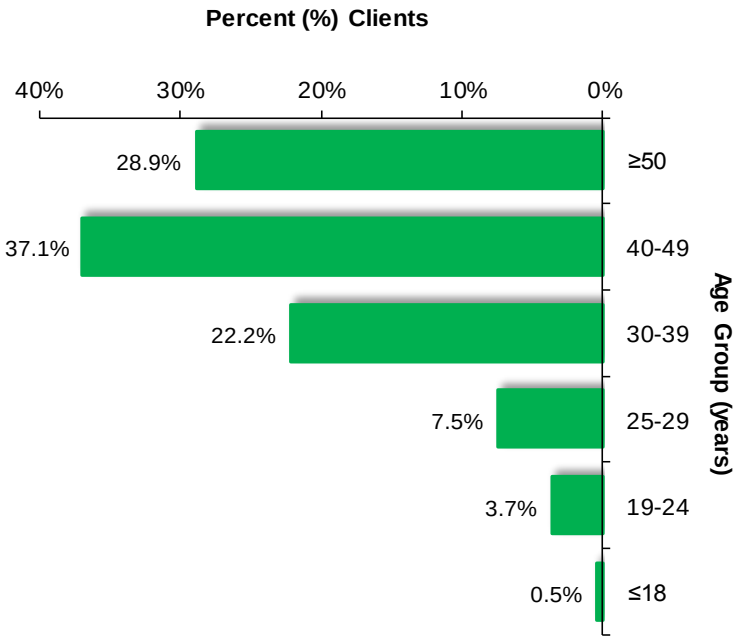

**Figure 2.2. Race/Ethnicity of All Ryan White Clients, FY 2011 (N=19,915)**




**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)

**Figure 2.3. Age Group Distribution of All Ryan White Clients, FY 2011 (N=19,915)**

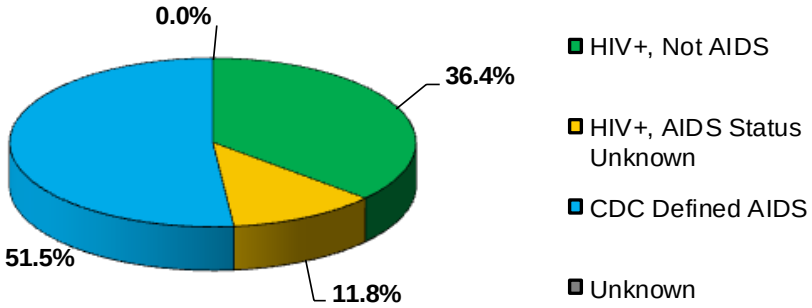
The age distribution of all clients closely mirrors that of the overall local HIV epidemic. The majority of clients (37.1%) were between ages 40-49, followed by 28.9% for clients 50 years and older, and 22.2% for clients between 30-39 years old. Approximately 11.2% of young people ages 18-29 received local Ryan White services in FY 2011.




**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)

Slightly over half (51.5%) of clients served during FY 2011 had CDC-defined AIDS.

**Figure 2.4 HIV/AIDS Status of All Ryan White Clients, FY 2011 (N=19,915)**




**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)

## 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).

**Figure 2.5. Primary Medical Insurance Status of All Ryan White Clients, FY 2011**

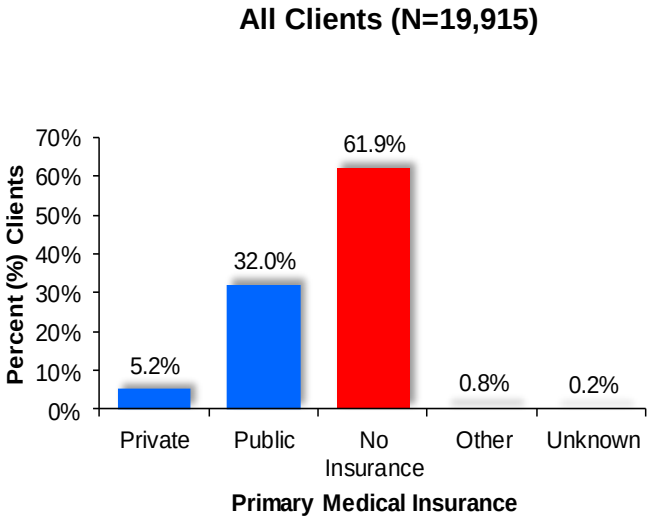
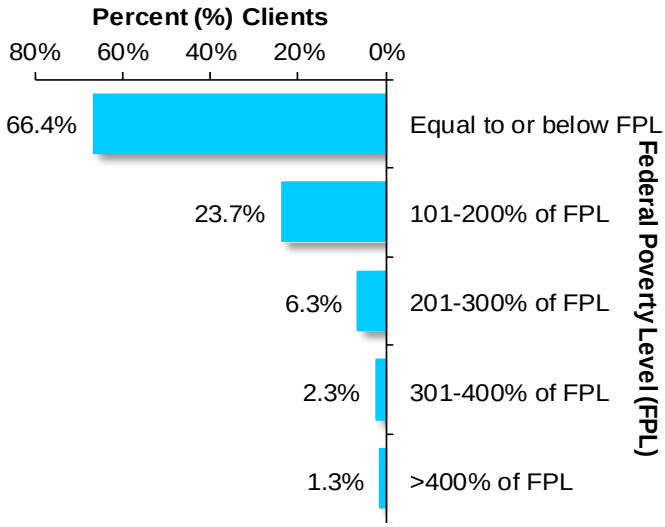



**Figure 2.6. Distribution of All Ryan White Clients by Federal Poverty Level, FY 2011**

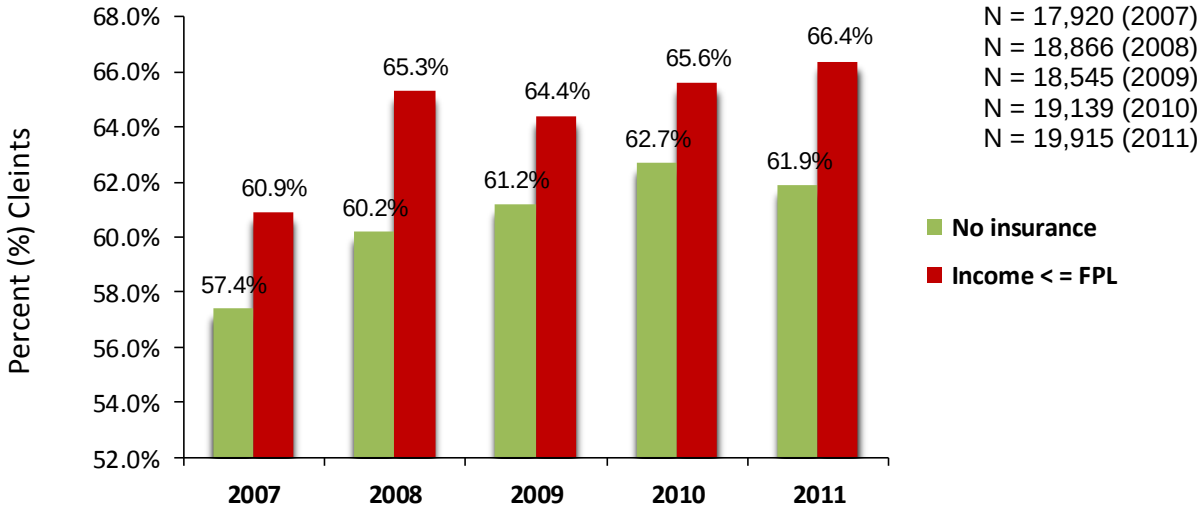



**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)

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.

Between FY 2007 and FY 2011, the proportion of Ryan White clients who live in poverty increased gradually. In FY 2007, 60.9% of clients lived at or below 100% FPL; in FY 2011, 66.4% lived at or below 100% FPL.

**Figure 2.7. Proportion of Ryan White Clients Who Had No Health Insurance and Who Lived At or Below Federal Poverty Level, FY 2007 – 2011**




**Data Source:** Casewatch FY 2007 - 2011 (March 2007 - February 2012).

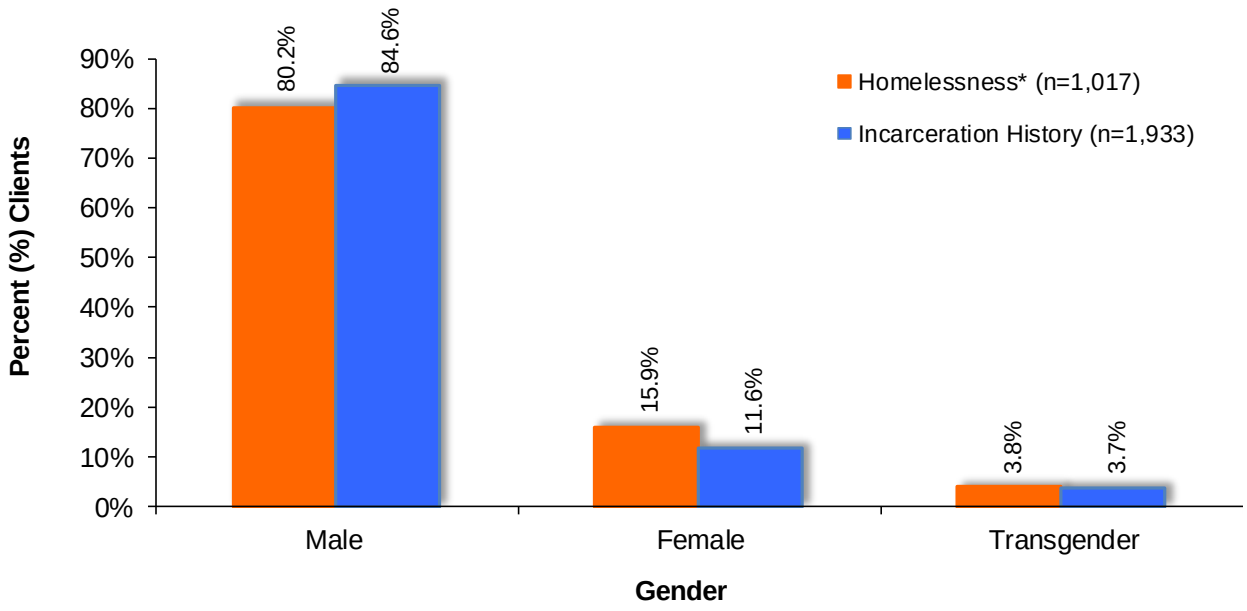
## Clients with Special Needs: Homelessness, Incarceration, Mental Illness, and Substance Abuse

Many clients in the care system face additional challenges that could affect their ability to seek care. 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% of Ryan White clients in FY 2011 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 2011, 8.6% of Ryan White clients received DHSP-funded psychiatric treatment, while 11.9% of clients received psychotherapy services. Although less than 3% of all clients received DHSP-funded substance abuse services in FY 2011, the self-reported "current" risk behavior reported in Casewatch indicates that substance use among Ryan White clients was much more prevalent.

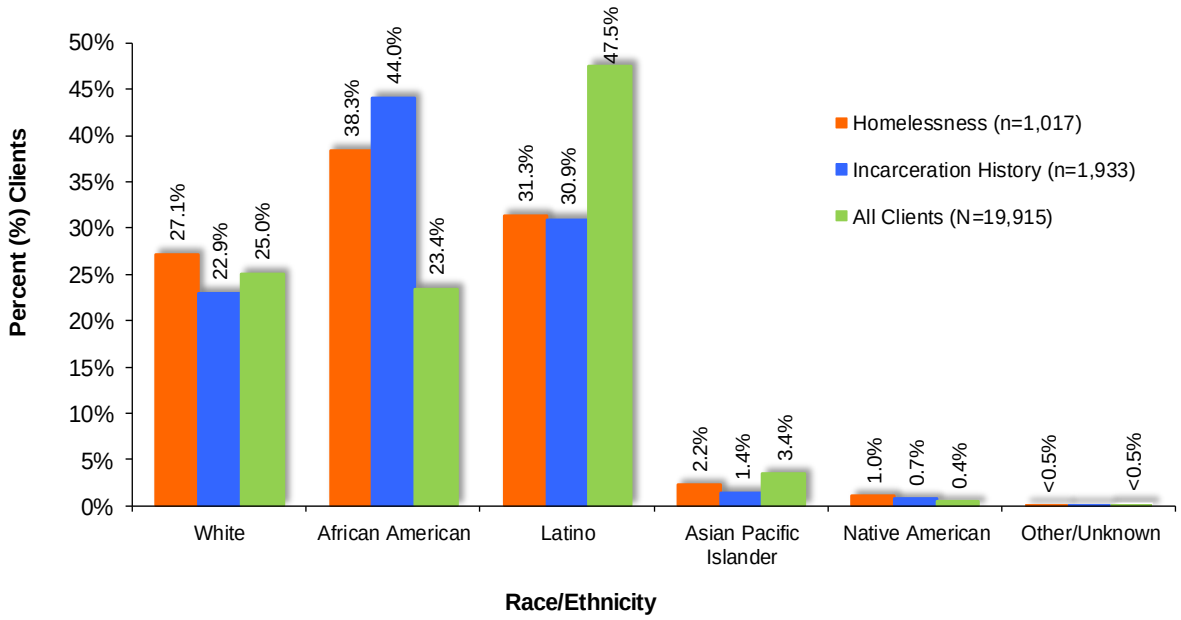
The following graphs illustrate some characteristics of clients with recent incarceration history and those who were homeless in FY 2011. Demographic information for clients in mental health and substance abuse treatment can be found in Chapters 3 and 4.

**Figure 2.8. Gender Distribution of Homeless and Recently Incarcerated Clients, FY 2011**



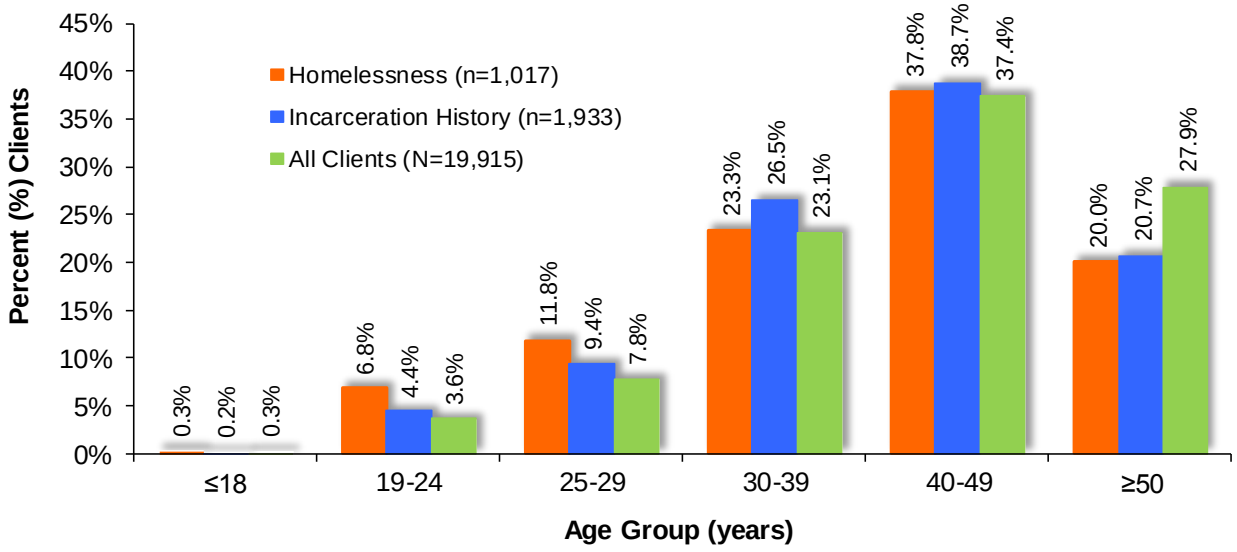

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
**Note:** Homelessness does not include clients staying at residential, health care or correctional facilities. Incarceration history within the last 24 months.

**Figure 2.9. Distribution of Clients by Race/Ethnicity among Homeless, Recently-Incarcerated, and All Clients, FY 2011**




**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
**Note:** Incarceration history within the last 24 months

**Figure 2.10. Distribution of Clients by Age among Homeless, Recently-Incarcerated, and All Clients, FY 2011**




**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
**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 2011

Overall Demographics (N = 19,915)

| Characteristic | SPA 1 | | SPA 2 | | SPA 3 | | SPA 4 | | SPA 5 | | SPA 6 | | SPA 7 | | SPA 8 | | Unknown SPA | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % |
| **New Client** | 31 | 7.8% | 224 | 8.0% | 136 | 10.0% | 660 | 9.7% | 79 | 11.3% | 288 | 9.8% | 144 | 9.6% | 330 | 10.7% | 127 | 39.2% |
| **Returning Client** | 20 | 5.0% | 70 | 2.5% | 59 | 4.3% | 199 | 2.9% | 26 | 3.7% | 115 | 3.9% | 77 | 5.1% | 150 | 4.8% | 29 | 9.0% |
| **Gender** | | | | | | | | | | | | | | | | | | |
| Male | 271 | 67.9% | 2,350 | 84.4% | 1,138 | 83.7% | 6,175 | 90.8% | 623 | 89.0% | 2,204 | 74.7% | 1,261 | 83.9% | 2,605 | 84.2% | 280 | 86.4% |
| Female | 125 | 31.3% | 374 | 13.4% | 209 | 15.4% | 479 | 7.0% | 73 | 10.4% | 697 | 23.6% | 229 | 15.2% | 441 | 14.3% | 35 | 10.8% |
| Transgender | 3 | 0.8% | 59 | 2.1% | 13 | 1.0% | 147 | 2.2% | 4 | 0.6% | 50 | 1.7% | 13 | 0.9% | 48 | 1.6% | 9 | 2.8% |
| **Race/Ethnicity** | | | | | | | | | | | | | | | | | | |
| African-American | 153 | 38.3% | 421 | 15.1% | 171 | 12.6% | 1,119 | 16.5% | 160 | 22.9% | 1,545 | 52.4% | 116 | 7.7% | 893 | 28.9% | 83 | 25.6% |
| Asian/Pacific-Islander | 5 | 1.3% | 96 | 3.4% | 140 | 10.3% | 229 | 3.4% | 22 | 3.1% | 20 | 0.7% | 35 | 2.3% | 128 | 4.1% | 11 | 3.4% |
| Latino/Hispanic | 148 | 37.1% | 1,419 | 51.0% | 807 | 59.3% | 3,137 | 46.1% | 197 | 28.1% | 1,236 | 41.9% | 1,183 | 78.7% | 1,192 | 38.5% | 131 | 40.4% |
| White/Caucasian | 88 | 22.1% | 822 | 29.5% | 236 | 17.4% | 2,268 | 33.3% | 318 | 45.4% | 139 | 4.7% | 163 | 10.8% | 850 | 27.5% | 97 | 29.9% |
| Native American/Alaskan Native | 3 | 0.8% | 12 | 0.4% | 5 | 0.4% | 27 | 0.4% | 0 | 0.0% | 6 | 0.2% | 3 | 0.2% | 18 | 0.6% | 0 | 0.0% |
| Other/Unknown | 2 | 0.5% | 13 | 0.5% | 1 | 0.1% | 21 | 0.3% | 3 | 0.4% | 5 | 0.2% | 3 | 0.2% | 13 | 0.4% | 2 | 0.6% |
| **Age** | | | | | | | | | | | | | | | | | | |
| 0-18 | 5 | 1.3% | 14 | 0.5% | 8 | 0.6% | 15 | 0.2% | 4 | 0.6% | 30 | 1.0% | 5 | 0.3% | 12 | 0.4% | 1 | 0.3% |
| 19-24 | 9 | 2.3% | 94 | 3.4% | 57 | 4.2% | 183 | 2.7% | 20 | 2.9% | 163 | 5.5% | 61 | 4.1% | 129 | 4.2% | 23 | 7.1% |
| 25-29 | 17 | 4.3% | 219 | 7.9% | 112 | 8.2% | 477 | 7.0% | 49 | 7.0% | 253 | 8.6% | 141 | 9.4% | 203 | 6.6% | 32 | 9.9% |
| 30-39 | 82 | 20.6% | 643 | 23.1% | 306 | 22.5% | 1,550 | 22.8% | 138 | 19.7% | 672 | 22.8% | 339 | 22.6% | 629 | 20.3% | 72 | 22.2% |
| 40-49 | 149 | 37.3% | 1,042 | 37.4% | 499 | 36.7% | 2,661 | 39.1% | 248 | 35.4% | 964 | 32.7% | 567 | 37.7% | 1,153 | 37.3% | 113 | 34.9% |
| 50+ | 137 | 34.3% | 770 | 27.7% | 378 | 27.8% | 1,915 | 28.2% | 241 | 34.4% | 869 | 29.4% | 390 | 25.9% | 969 | 31.3% | 83 | 25.6% |
| **Primary Insurance** | | | | | | | | | | | | | | | | | | |
| Private | 15 | 3.8% | 120 | 4.3% | 69 | 5.1% | 382 | 5.6% | 66 | 9.4% | 63 | 2.1% | 70 | 4.7% | 203 | 6.6% | 43 | 13.3% |
| Public | 234 | 58.6% | 693 | 24.9% | 355 | 26.1% | 1,951 | 28.7% | 205 | 29.3% | 1,202 | 40.7% | 401 | 26.7% | 1,251 | 40.4% | 86 | 26.5% |
| No Insurance | 148 | 37.1% | 1,955 | 70.2% | 924 | 67.9% | 4,416 | 64.9% | 421 | 60.1% | 1,658 | 56.2% | 1,025 | 68.2% | 1,613 | 52.1% | 164 | 50.6% |
| Other | 2 | 0.5% | 15 | 0.5% | 12 | 0.9% | 52 | 0.8% | 8 | 1.1% | 28 | 0.9% | 7 | 0.5% | 27 | 0.9% | 1 | 0.3% |
| 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% | 30 | 9.3% |
| **Homeless** | 17 | 4.3% | 126 | 4.5% | 67 | 4.9% | 353 | 5.2% | 53 | 7.6% | 143 | 4.8% | 65 | 4.3% | 150 | 4.8% | 43 | 13.3% |
| **In Medical Car** | 354 | 88.7% | 2,333 | 83.8% | 1,161 | 85.4% | 5,862 | 86.2% | 552 | 78.9% | 2,601 | 88.1% | 1,294 | 86.1% | 2,638 | 85.3% | 200 | 61.7% |
| **Psychosocial Case Management** | 112 | 28.1% | 537 | 19.3% | 400 | 29.4% | 825 | 12.1% | 117 | 16.7% | 436 | 14.8% | 256 | 17.0% | 567 | 18.3% | 36 | 11.1% |
| **Transitional Case Management** | 12 | 3.0% | 50 | 1.8% | 41 | 3.0% | 282 | 4.1% | 11 | 1.6% | 148 | 5.0% | 46 | 3.1% | 79 | 2.6% | 69 | 21.3% |
| TOTAL | **399** | **100.0%** | **2,783** | **100.0%** | **1,360** | **100.0%** | **6,801** | **100.0%** | **700** | **100.0%** | **2,951** | **100.0%** | **1,503** | **100.0%** | **3,094** | **100.0%** | **324** | 100.0% |

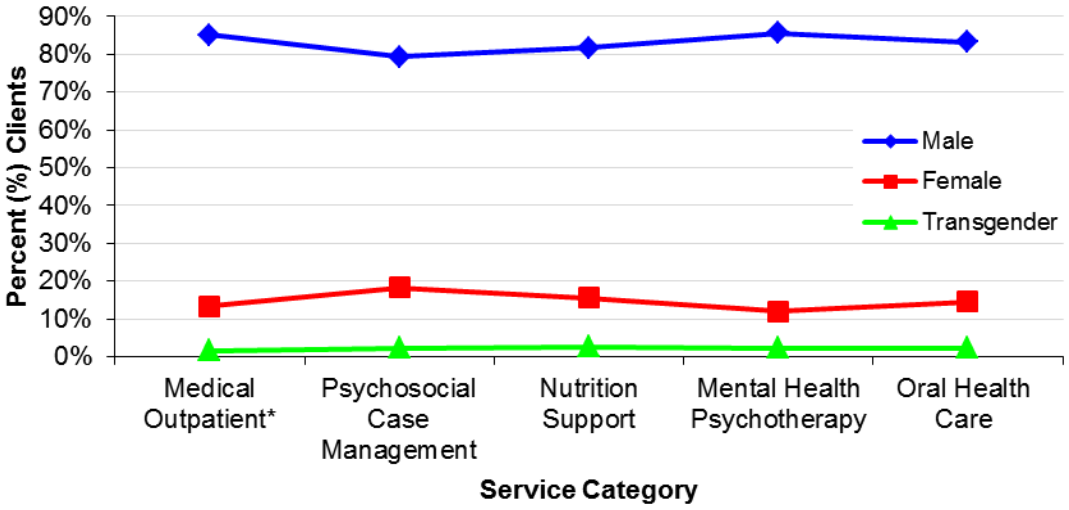
## Service Utilization by Service Category

### Table 2.2. Services Accessed by All Ryan White Clients, FY 2011

| Type of Ryan White Service | N | % |
|---|---|---|
| **All Clients** | **19,915** | **100.0** |
| Medical Outpatient* | 16,995 | 85.3 |
| Psychosocial Case Management | 3,286 | 16.5 |
| Oral Health Care | 3,235 | 16.2 |
| Nutrition Support | 2,585 | 13.0 |
| Benefits Specialty | 2,431 | 12.2 |
| Mental Health Psychotherapy | 2,370 | 11.9 |
| Mental Health Psychiatry | 1,716 | 8.6 |
| Medical Case Management | 1,248 | 6.3 |
| Early Intervention Services | 841 | 4.4 |
| Transitional Case Management | 738 | 3.7 |
| Substance Abuse Services - Residential | 414 | 2.1 |
| Home-based Case Management | 395 | 2.0 |
| Housing Services | 156 | 0.8 |
| Medical Nutrition Therapy | 62 | 0.3 |
| Substance Abuse Services - Outpatient | 42 | 0.2 |
| Language Services** | 9 | 0.0 |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Received at least 1 medical visit within the year
**Only includes sign language interpretation clients

### Figure 2.11. Key Services Accessed by Gender, FY 2011




**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Clients who received at least 1 medical visit within the year

**Figure 2.12. Key Services Accessed by Type of Insurance, FY 2011**

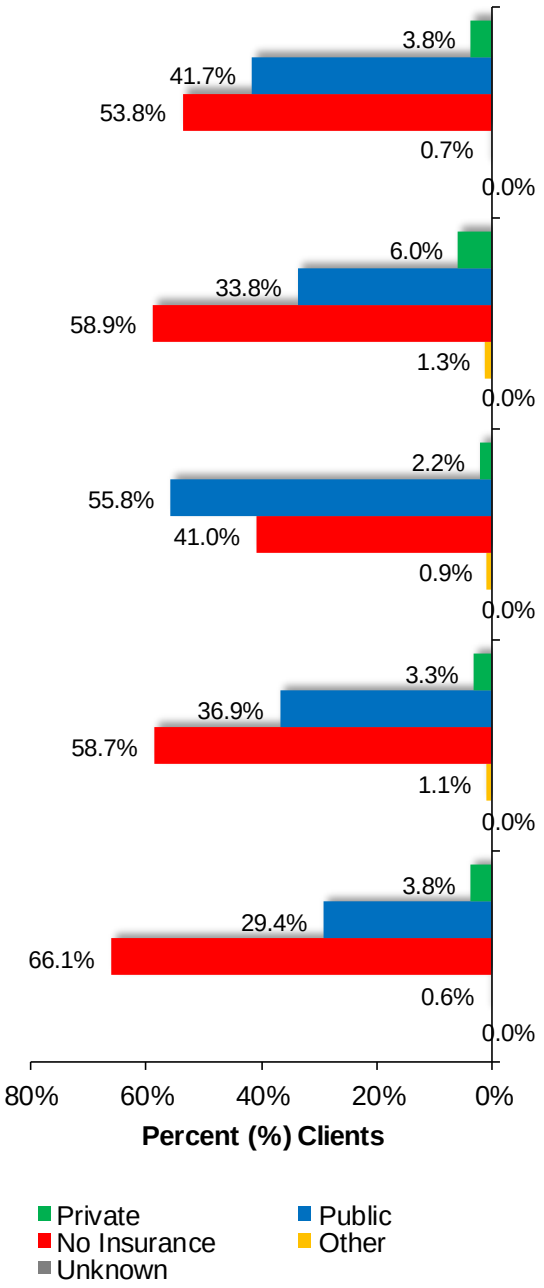
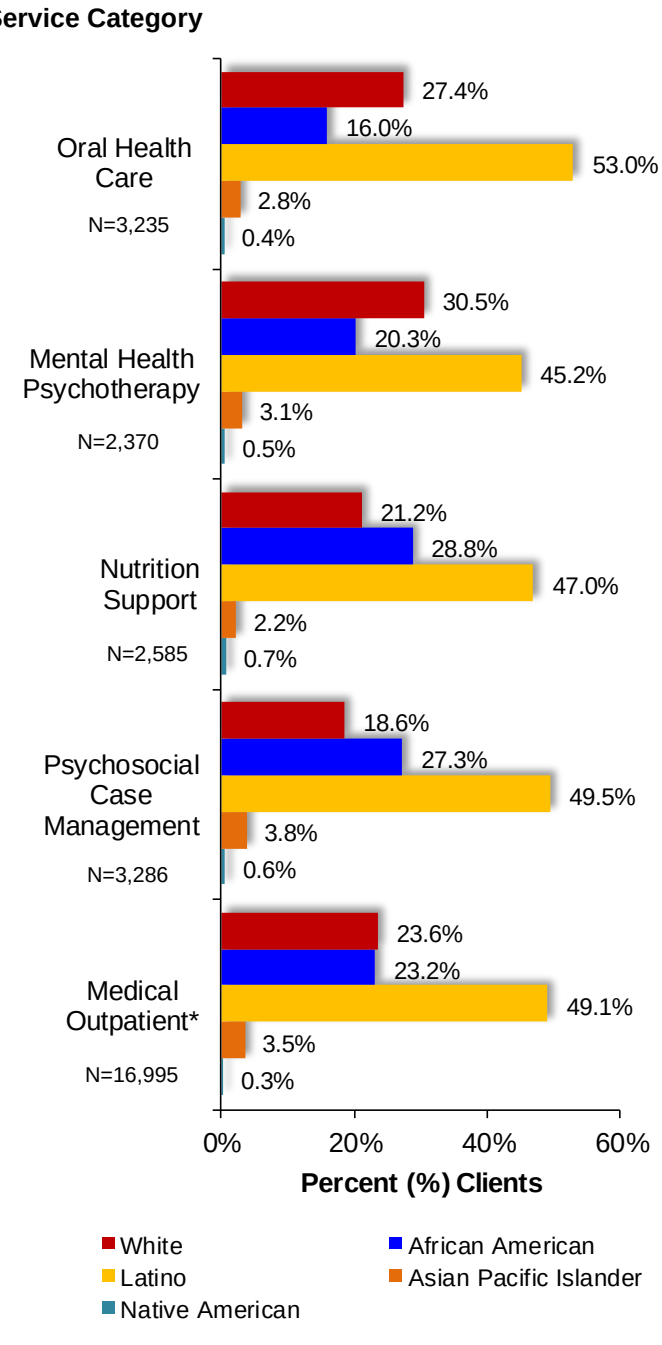



**Figure 2.13. Key Services Accessed by Race/Ethnicity, FY 2011**




**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Clients who received at least one medical visit within the year

# Chapter 3. Core Medical Services

In FY 2011, 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. Early Intervention Services
8. Substance Abuse Treatment
9. ADAP Enrollment
10. Case Management, Home-based
11. Medical Nutrition Therapy

## 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.

**Table 3.1. Demographic Characteristics of Clients Receiving Medical Outpatient Services, FY 2011**

| Demographic Characteristic | Medical Outpatient Services (N=16,995) N | % |
|---|---|---|
| **Gender** | | |
| Male | 14,463 | 85.1% |
| Female | 2,257 | 13.3% |
| Transgender | 267 | 1.6% |
| **Race/Ethnicity** | | |
| White | 4,007 | 23.6% |
| African American | 3,947 | 23.2% |
| Latino | 8,340 | 49.1% |
| Asian Pacific Islander | 591 | 3.5% |
| Native American | 59 | 0.3% |
| Other/Unknown | 51 | 0.3% |
| **Age Group (years)** | | |
| ≤ 18 | 37 | 0.2% |
| 19-24 | 623 | 3.7% |
| 25-29 | 1,358 | 8.0% |
| 30-39 | 4,038 | 23.8% |
| 40-49 | 6,436 | 37.9% |
| ≥ 50 | 4,503 | 26.5% |
| **Primary Medical Insurance** | | |
| Private | 645 | 3.8% |
| Public | 5,005 | 29.4% |
| No Insurance | 11,237 | 66.1% |
| Other | 108 | 0.6% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 16,995 | 100.0% |
| **New Client to System of Care** | 1,574 | 9.3% |
| **Returning Client to System of Care** | 486 | 2.9% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Clients who received at least one medical visit within the year

***Funding Sources:*** Ryan White Part A and Net County Cost

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other* | Total |
|---|---|---|---|---|
| **Contracts** | | | | $24,839,317 |
| **Expenditures** | $22,171,956 | 0 | $36,735 | $22,208,691 |

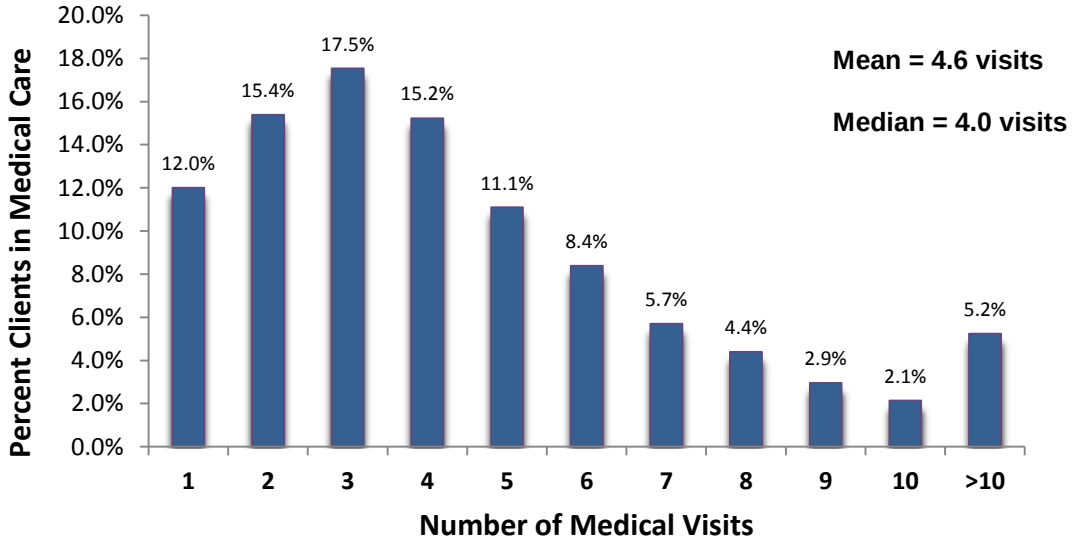
*NCC - $36,735

The Commission allocated 57.3% of Ryan White Part A and Part B service funds to Medical Outpatient and Medical Specialty services as one category for FY 2011 ($22,555,045). This includes support for the therapeutic monitoring program (TMP).

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 16,995 | Encounters | 82,871 |

**Figure 3.1. Distribution of Clients by Frequency of Medical Visits, FY 2011**




**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)

## 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** | [redacted] | | | $903,795 |
| **Expenditures** | $813,435 | 0 | 0 | $813,435 |

The Commission allocation for Medical Specialty services was included in the 57.3% for Medical Outpatient services.

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 1,247 | Initial and follow-up visits | 2,652 |

## 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 health conditions; providing or referring patients, as needed, to specialists including, but not limited to, periodontists, endodontists, oral surgeons, oral pathologists and oral medicine practitioners, and patient education.

***Funding Sources:*** Ryan White Part A, Ryan White Part B/SAM Care, and Minority AIDS Initiative (MAI)

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other* | Total |
|---|---|---|---|---|
| **Contracts** | [redacted] | | | $3,286,416 |
| **Expenditures** | $1,724,281 | $655,504 | $781,823 | $3,161,608 |

*MAI expenditures - $781,823

The Commission allocated 3.7% of Ryan White Part A and Part B service funds ($1,456,434) and 30% of MAI service funds ($857,857) to Oral Health services for FY 2011. In addition to the regular FY 2011 MAI allocation, MAI funds this year also include unspent funds carried forward

from FY 2010 ($404,395) and from the final year of three-year separate MAI cycle ($269,785). The Commission chose to allocate all of the carryover funds to Oral Health services. Some of the contract expenditures were shifted between funding sources to maximize the expenditures of grant funding.

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 3,235 | Encounters | 29,251 |

**Table 3.2. Demographic Characteristics of Clients Receiving Oral Health Care, FY 2011**

| Demographic Characteristic | Oral Health Care (N=3,235) N | % |
|---|---|---|
| **Gender** | | |
| Male | 2,691 | 83.2% |
| Female | 417 | 14.6% |
| Transgender | 73 | 2.3% |
| **Race/Ethnicity** | | |
| White | 888 | 27.4% |
| African American | 519 | 16.0% |
| Latino | 1,716 | 53.2% |
| Asian Pacific Islander | 92 | 2.8% |
| Native American | 14 | 0.4% |
| Other/Unknown | 6 | 0.2% |
| **Age Group (years)** | | |
| ≤ 18 | 3 | 0.1% |
| 19-24 | 45 | 1.4% |
| 25-29 | 154 | 4.8% |
| 30-39 | 585 | 18.1% |
| 40-49 | 1,248 | 38.6% |
| ≥ 50 | 1,200 | 37.1% |
| **Primary Medical Insurance** | | |
| Private | 123 | 3.8% |
| Public | 1,349 | 41.7% |
| No Insurance | 1,741 | 53.8% |
| Other | 22 | 0.7% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 2,748 | 79.6% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Clients who received at least one medical visit within the year

## 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.

**Table 3.3. Demographic Characteristics of Clients Receiving Mental Health, Psychiatry, FY 2011**

| Demographic Characteristic | Mental Health Psychiatry (N=1,716) N | % |
|---|---|---|
| **Gender** | | |
| Male | 1,449 | 84.4% |
| Female | 229 | 13.3% |
| Transgender | 38 | 2.2% |
| **Race/Ethnicity** | | |
| White | 579 | 33.7% |
| African American | 365 | 21.3% |
| Latino | 704 | 41.0% |
| Asian Pacific Islander | 55 | 3.2% |
| Native American | 8 | 0.5% |
| Other/Unknown | 5 | 0.3% |
| **Age Categories** | | |
| ≤ 18 | 4 | 0.2% |
| 19-24 | 73 | 4.3% |
| 25-29 | 135 | 7.9% |
| 30-39 | 365 | 21.3% |
| 40-49 | 688 | 40.1% |
| ≥ 50 | 451 | 26.3% |
| **Primary Medical Insurance** | | |
| Private | 61 | 3.6% |
| Public | 517 | 30.1% |
| No Insurance | 1,112 | 64.8% |
| Other | 26 | 1.5% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 1,574 | 91.7% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*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** | [redacted] | | | $1,304,035 |
| **Expenditures** | $1,074,467 | 0 | 0 | $1,074,467 |

The Commission allocated 2.9% ($1,141,529) of Ryan White Part A and Part B/SAM Care service funds to Mental Health, Psychiatry services for FY 2011.

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 1,716 | Encounters | 5,234 |

## 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 in 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.

***Funding Sources:*** Ryan White Part A and Net County Cost

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other* | Total |
|---|---|---|---|---|
| **Contracts** | [redacted] | | | $2,157,862 |
| **Expenditures** | $2,025,823 | 0 | $27,713 | $2,053,536 |

*NCC expenditures - $27,713

The Commission allocated 5.3% of Ryan White Part A and Part B/SAM Care service funds to Mental Health, Psychotherapy for FY 2011, equivalent to $2,086,243.

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 2,370 | Encounters | 24,466 |

**Table 3.4. Demographic Characteristics of Clients Receiving Mental Health, Psychotherapy, FY 2011**

| Demographic Characteristic | Mental Health Psychotherapy (N=2,370) N | % |
|---|---|---|
| **Gender** | | |
| Male | 2,031 | 85.7% |
| Female | 285 | 12.0% |
| Transgender | 54 | 2.3% |
| **Race/Ethnicity** | | |
| White | 723 | 30.5% |
| African American | 480 | 20.3% |
| Latino | 1,071 | 45.2% |
| Asian Pacific Islander | 73 | 3.1% |
| Native American | 12 | 0.5% |
| Other/Unknown | 11 | 0.5% |
| **Age Categories** | | |
| ≤ 18 | 11 | 0.5% |
| 19-24 | 102 | 4.3% |
| 25-29 | 174 | 7.3% |
| 30-39 | 509 | 21.5% |
| 40-49 | 873 | 36.8% |
| ≥ 50 | 701 | 29.6% |
| **Primary Medical Insurance** | | |
| Private | 142 | 6.0% |
| Public | 802 | 33.8% |
| No Insurance | 1,396 | 58.9% |
| Other | 30 | 1.3% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care** | 1,841 | 77.7% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012).

## 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:*** Following the development of the standards of care for Medical Care Coordination (MCC), the Commission began to prioritize and allocate for MCC in 2011. MCC services cover what was historically funded as medical case management and psychosocial case management. MCC are patient-centered activities which focus on access, utilization, retention and adherence to primary health care services, as well as coordinating and integrating all services along the continuum of care for patients living with HIV. All medical care coordination services will be patient-driven, aiming to increase a patient's sense of empowerment, self-advocacy and medical self-management, as well as enhancing the overall health status of people living with HIV. MCC services include: outreach; intake; comprehensive assessment/reassessment; patient acuity assessment; comprehensive treatment plan; implementation and evaluation of comprehensive treatment plan; referral, coordination of care and linkages; case conferences; benefits specialty services; HIV prevention, education and counseling; and patient retention services.

***What DHSP Funds:*** Organized as a component of medical care coordination, 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. 2011 was a transition year; DHSP started the process of implementing medical case management as part of a MCC program. But for the most part, medical case management has not fully operated as an integrated MCC program during this year.

***Funding Sources:*** Ryan White Part A, Net County Cost, and Minority AIDS Initiative

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other* | Total |
|---|---|---|---|---|
| **Contracts** | [redacted] | | | $1,886,763 |
| **Expenditures** | $674,598 | 0 | $1,185,638 | $1,860,236 |

*NCC - $88,293; MAI - $1,097,345

In FY 2011, the Commission began to allocate Ryan White funds to Medical Care Coordination (MCC). This includes 1.2% ($472,357) of Part A/Part B and 45% ($1,286,786) of MAI direct services dollars for services reported under Medical Case Management.

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 1,248 | Hours | 8,564 |

**Table 3.5. Demographic Characteristics of Clients Receiving Medical Case Management Services, FY 2011**

| Demographic Characteristic | Medical Case Management (N=1,248) N | % |
|---|---|---|
| **Gender** | | |
| Male | 1,088 | 87.2% |
| Female | 138 | 11.1% |
| Transgender | 22 | 1.8% |
| **Race/Ethnicity** | | |
| White | 281 | 22.5% |
| African American | 270 | 21.6% |
| Latino | 653 | 52.3% |
| Asian Pacific Islander | 39 | 3.1% |
| Native American | <5 | <1% |
| Other/Unknown | <5 | <1% |
| **Age Categories** | | |
| ≤ 18 | <5 | <1% |
| 19-24 | 39 | 3.1% |
| 25-29 | 113 | 9.1% |
| 30-39 | 352 | 28.2% |
| 40-49 | 465 | 37.3% |
| ≥ 50 | 278 | 22.3% |
| **Primary Medical Insurance** | | |
| Private | 20 | 1.6% |
| Public | 222 | 17.8% |
| No Insurance | 988 | 79.2% |
| Other | 18 | 1.4% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 1,148 | 92.0% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Clients who received at least one medical visit within the year

## 3.7 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.

**Table 3.6. Demographic Characteristics of Clients Receiving Early Intervention Services, FY 2011**

| Demographic Characteristic | Early Intervention (N=874) N | % |
|---|---|---|
| **Gender** | | |
| Male | 714 | 81.7% |
| Female | 143 | 16.4% |
| Transgender | 17 | 1.9% |
| **Race/Ethnicity** | | |
| White | 25 | 2.9% |
| African American | 410 | 46.9% |
| Latino | 420 | 48.1% |
| Asian Pacific Islander | 18 | 2.1% |
| Native American | 0 | 0.0% |
| Other/Unknown | 1 | 0.1% |
| **Age Categories** | | |
| ≤ 18 | 1 | 0.1% |
| 19-24 | 62 | 7.1% |
| 25-29 | 101 | 11.6% |
| 30-39 | 248 | 28.4% |
| 40-49 | 285 | 32.6% |
| ≥ 50 | 177 | 20.3% |
| **Primary Medical Insurance** | | |
| Private | 15 | 1.7% |
| Public | 265 | 30.3% |
| No Insurance | 588 | 67.3% |
| Other | 6 | 0.7% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 793 | 90.7% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Clients who received at least one medical visit within the year

***Funding Sources:*** Ryan White Part B/SAM Care, Minority AIDS Initiative, and State MAI

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other* | Total |
|---|---|---|---|---|
| **Contracts** | | | | $1,162,098 |
| **Expenditures** | 0 | $198,742 | $879,120 | $1,077,862 |

* MAI expenditures - $832,081; State MAI - $47,039

The Commission allocated 2.0% of Ryan White Part A and Part B funds ($787,262) and 25% of MAI service funds ($714,881) to early intervention services (EIS) for FY 2011. In addition, MAI funding from the California State Office of AIDS supports the outreach arm of an early intervention program. In an effort to maximize Part A MAI grant expenditures, the majority of EIS expenditures were reported under Part A MAI, and only limited EIS expenditures were reported under Part B/SAM Care.

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 874 | EIP Encounters* | 2,469 |

*EIP encounters include outreach services, major medical assessment, mental health/psychological assessment, case management assessment, transmission risk reduction assessment, health education assessment and services.

## 3.8 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 2011 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; and treatment linkages and referral.

***See Substance Abuse, Residential, for overall Substance Abuse Services Funding Allocations, Contract Investment, Expenditures, and Service Utilization (pp. 33-35). Demographic characteristics of clients receiving Substance Abuse Treatment Services can be seen on page 35.***

## 3.9 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 workers' salaries 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 | 0 | $279,690 | $279,690 |

*State ADAP - $279,690 (ADAP Enrollment)

California Office of AIDS provides funding for ADAP certifications and re-certifications. COMMISSION did not specifically allocate for ADAP Enrollment.

***Service Utilization:***

| Services | Total Clients Served |
|---|---|
| New enrollment | 1,927 |
| Re-certification | 16,322 |

**Data Source**: Ramsell Monthly Data Report (March 2011 – February 2012)

## 3.10 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 provided 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; mental health services; and provision of durable medical equipment and nutritional supplements.

***Funding Sources:*** Ryan White Part B/SAM Care

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other | Total |
|---|---|---|---|---|
| **Contracts** | | | | $3,105,367 |
| **Expenditures** | 0 | $2,964,991 | 0 | $2,964,991 |

In the past, Case Management, Home-based, services were supported with direct funding from the State Office of AIDS to community agencies. DHSP provided additional support to some of these agencies using NCC funds. After the 2009 State budget cuts, DHSP extended the funding support for Case Management, Home-based, services to agencies to maintain the local funding level. Since then, the services have been primarily supported previously funded directly by the State with Ryan White Part B/SAM Care. The Commission allocated 6.8% of Ryan White Part A/Part B funds to Case Management, Home-Based services for FY 2011 ($2,676,690).

***Service Utilization:***

| Services | Total Clients Served | Service Unit | Service Units Provided |
|---|---|---|---|
| Attendant care | 73 | Attendant care hours | 17,636 |
| Homemaker services | 114 | Homemaker hours | 30,263 |
| Case management* | 293 | Case Management Hours | 12,629 |
| Psychotherapy | 48 | Psychotherapy hours | 1,399 |
| Durable medical equipment | 12 | Durable medical equipment items | 120 |
| TOTAL | 395 | | |

*All Case Management, Home-Based, clients receive case management assessment to determine their service needs. Some sub-categories of services, such as case management, were added to the Casewatch reporting in 2011, therefore may be under-reported here.

**Table 3.7. Demographic Characteristics of Clients Receiving Home-based Case Management Services, FY 2011**

| Demographic Characteristic | Home-based Case Management (N=395) N | % |
|---|---|---|
| **Gender** | | |
| Male | 320 | 81.7% |
| Female | 70 | 16.4% |
| Transgender | 5 | 1.9% |
| **Race/Ethnicity** | | |
| White | 142 | 2.9% |
| African American | 77 | 46.9% |
| Latino | 169 | 48.1% |
| Asian Pacific Islander | 4 | 2.1% |
| Native American | 1 | 0.0% |
| Other/Unknown | 2 | 0.1% |
| **Age Categories** | | |
| ≤ 18 | 1 | 0.1% |
| 19-24 | 3 | 7.1% |
| 25-29 | 7 | 11.6% |
| 30-39 | 44 | 28.4% |
| 40-49 | 114 | 32.6% |
| ≥ 50 | 226 | 20.3% |
| **Primary Medical Insurance** | | |
| Private | 41 | 1.7% |
| Public | 233 | 30.3% |
| No Insurance | 119 | 67.3% |
| Other | 2 | 0.7% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 260 | 90.7% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Clients who received at least one medical visit within the year

## 3.11 Medical Nutrition Therapy

***HRSA Definition:*** Medical Nutrition Therapy is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be reported under psychosocial support services.
***COMMISSION Definition/Guidance:*** Same as above.

***What DHSP Funds:*** Medical nutrition therapy provides assessment, interventions and treatment by registered dietitians to maintain and optimize nutrition status and self-management skills to help treat HIV disease through evaluation of nutritional needs and nutrition care planning, nutrition counseling, therapy and education. Services also include distributing nutritional supplements when appropriate; providing Nutrition and HIV trainings to clients and their providers; and distributing nutrition-related educational materials to clients. For 2011, Medical Nutrition Therapy was only funded as part of the one-stopping service model for SPA 1.

**Table 3.8. Demographic Characteristics of Clients Receiving Medical Nutrition Therapy, FY 2011**

| Demographic Characteristic | Medical Nutritional Therapy (N=61) | |
|---|---|---|
| | N | % |
| **Gender** | | |
| Male | 41 | 67.2% |
| Female | 20 | 32.8% |
| Transgender | 0 | 0.0% |
| **Race/Ethnicity** | | |
| White | 14 | 23.0% |
| African American | 32 | 52.5% |
| Latino | 14 | 23.0% |
| Asian Pacific Islander | <5 | 1.6% |
| Native American | 0 | 0.0% |
| Other/Unknown | 0 | 0.0% |
| **Age Categories** | | |
| ≤ 18 | 0 | 0.0% |
| 19-24 | <5 | 1.6% |
| 25-29 | <5 | 1.6% |
| 30-39 | 14 | 23.0% |
| 40-49 | 16 | 26.2% |
| ≥ 50 | 29 | 47.5% |
| **Primary Medical Insurance** | | |
| Private | <5 | 3.3% |
| Public | 47 | 77.0% |
| No Insurance | 12 | 19.7% |
| Other | 0 | 0.0% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 60 | 98.4% |

**Data Source:** Casewatch FY 2011 (March 2011 – February 2012)
*Clients who received at least one medical visit within the year

***Funding Sources:*** Ryan White Part A and Net County Cost

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other* | Total |
|---|---|---|---|---|
| **Contracts** | [redacted] | | | $30,000 |
| **Expenditures** | $13,033 | 0 | $25,266 | $38,299 |

* Net County Cost - $25,266

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 61 | Visits | 113 |

# Chapter 4. Support Services

In FY 2011, 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:*** Following the development of the standards of care for Medical Care Coordination (MCC), the Commission began to prioritize and allocate for MCC in 2011. MCC services cover what was historically funded as medical case management and psychosocial case management. Medical care coordination services are patient-centered activities which focus on access, utilization, retention and adherence to primary health care services, as well as coordinating and integrating all services along the continuum of care for patients living with HIV. All medical care coordination services will be patient-driven, aiming to increase a patient's sense of empowerment, self-advocacy and medical self-management, as well as enhancing the overall health status of people living with HIV. Medical care coordination services include: outreach; intake; comprehensive assessment/reassessment; patient acuity assessment; comprehensive treatment plan; implementation and evaluation of comprehensive treatment plan; referral, coordination of care and linkages; case conferences; benefits specialty services; HIV prevention, education and counseling; and patient retention services.

***What DHSP Funds:*** As a component of medical care coordination, psychosocial case management 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; and periodic assessment of status and needs. In 2011, DHSP began the process of implementing psychosocial case management as part of a MCC program, but not yet a fully integrated MCC program.

***Funding Sources:*** Ryan White Part B/SAM Care

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other | Total |
|---|---|---|---|---|
| **Contracts** | | | | $2,686,296 |
| **Expenditures** | 0 | $2,539,540 | 0 | $2,539,540 |

Out of the total 7.7% of Ryan White Part A/Part B allocation for Medical Care Coordination, 6.5% went to Psychosocial Case Management for FY 2011 ($2,558,600).

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 3,286 | Case Management Hours | 58,114 |

**Table 4.1. Demographic Characteristics of Clients Receiving Psychosocial Case Management Services, FY 2011**

| Demographic Characteristics | Psychosocial Case Management (N=3,286) N | % |
|---|---|---|
| **Gender** | | |
| Male | 2,608 | 79.4% |
| Female | 601 | 18.3% |
| Transgender | 77 | 2.3% |
| **Race/Ethnicity** | | |
| White | 611 | 18.6% |
| African American | 897 | 27.3% |
| Latino | 1,628 | 49.5% |
| Asian Pacific Islander | 126 | 3.8% |
| Native American | 20 | 0.6% |
| Other/Unknown | 4 | 0.1% |
| **Age Categories** | | |
| ≤18 | 42 | 1.3% |
| 19-24 | 121 | 3.7% |
| 25-29 | 291 | 8.9% |
| 30-39 | 771 | 23.5% |
| 40-49 | 1,197 | 36.4% |
| ≥50 | 864 | 26.3% |
| **Primary Medical Insurance** | | |
| Private | 110 | 3.3% |
| Public | 1,212 | 36.9% |
| No Insurance | 1,928 | 58.7% |
| Other | 36 | 1.1% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 2,481 | 75.5% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*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, Ryan White Part B/SAM Care, and State

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other* | Total |
|---|---|---|---|---|
| **Contracts** | [redacted] | | | $2,502,417 |
| **Expenditures** | $928,646 | $1,065,955 | $494,834 | $2,489,435 |

*State CSAT/CSAP expenditures - $494,834

The Commission allocated 5.9% ($2,322,422) of Ryan White Part A and Part B service funds to Substance Abuse, Residential services for FY 2011. Additional support for this service comes from the Center for Substance Abuse Treatment and Prevention (CSAT/CSAP) grant through the State.

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

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 414 (Residential Clients) | Residential Days | 26,151 |
| 42 (Day Treatment Clients) | Treatment Days | 1,418 |

**Table 4.2. Demographic Characteristics of Clients Receiving Substance Abuse Residential Services, FY 2011**

| | Substance Abuse Residential Services (N=414) | |
|---|---|---|
| | N | % |
| **Gender** | | |
| Male | 353 | 85.3% |
| Female | 44 | 10.6% |
| Transgender | 17 | 4.1% |
| **Race/Ethnicity** | | |
| White | 146 | 35.3% |
| African American | 130 | 31.4% |
| Latino | 122 | 29.5% |
| Asian Pacific Islander | 8 | 1.9% |
| Native American | 8 | 1.9% |
| Other/Unknown | 0 | 0.0% |
| **Age Categories** | | |
| ≤ 18 | 0 | 0.0% |
| 19-24 | 15 | 3.6% |
| 25-29 | 49 | 11.8% |
| 30-39 | 115 | 27.8% |
| 40-49 | 163 | 39.4% |
| ≥ 50 | 72 | 17.4% |
| **Primary Medical Insurance** | | |
| Private | 6 | 1.4% |
| Public | 161 | 38.9% |
| No Insurance | 240 | 58.0% |
| Other | 7 | 1.7% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 318 | 76.8% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Clients who received at least one medical visit within the year

**Table 4.3. Demographic Characteristics of Clients Receiving Substance Abuse Day Treatment Services, FY 2011**

| | Substance Abuse Treatment Services (N=42) | |
|---|---|---|
| | N | % |
| **Gender** | | |
| Male | 37 | 88.1% |
| Female | <5 | 7.1% |
| Transgender | <5 | <5% |
| **Race/Ethnicity** | | |
| White | 20 | 47.6% |
| African American | 11 | 26.2% |
| Latino | 10 | 23.8% |
| Asian Pacific Islander | <5 | <5% |
| Native American | 0 | 0.0% |
| Other/Unknown | 0 | 0.0% |
| **Age Categories** | | |
| ≤ 18 | 0 | 0.0% |
| 19-24 | 5 | 11.9% |
| 25-29 | <5 | 7.1% |
| 30-39 | 9 | 21.4% |
| 40-49 | 19 | 45.2% |
| ≥ 50 | 6 | 14.3% |
| **Primary Medical Insurance** | | |
| Private | <5 | <5% |
| Public | 13 | 31.0% |
| No Insurance | 27 | 64.3% |
| Other | <5 | <5% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 31 | 73.8% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*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 financial assistance 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 4.4. Demographic Characteristics of Clients Receiving Nutrition Support Services, FY 2011**

| | Nutrition Support (N=2,585) | |
|---|---|---|
| | N | % |
| **Gender** | | |
| Male | 2,113 | 81.7% |
| Female | 404 | 15.6% |
| Transgender | 68 | 2.6% |
| Other/Unknown | 0 | 0.0% |
| **Race/Ethnicity** | | |
| White | 547 | 21.2% |
| African American | 745 | 28.8% |
| Latino | 1,214 | 47.0% |
| Asian Pacific Islander | 56 | 2.2% |
| Native American | 19 | 0.7% |
| Other/Unknown | 4 | 0.2% |
| **Age Categories** | | |
| ≤ 18 | 5 | 0.2% |
| 19-24 | 33 | 1.3% |
| 25-29 | 88 | 3.4% |
| 30-39 | 406 | 15.7% |
| 40-49 | 998 | 38.6% |
| ≥ 50 | 1,055 | 40.8% |
| **Primary Medical Insurance** | | |
| Private | 57 | 2.2% |
| Public | 1,442 | 55.8% |
| No Insurance | 1061 | 41.0% |
| Other | 24 | 0.9% |
| Unknown | <5 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 1,962 | 75.9% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*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** | | | | $591,615 |
| **Expenditures** | $586,564 | 0 | 0 | $586,564 |

The Commission allocated 1.0% of Ryan White Part A and Part B service funds to Nutrition Support for FY 2011 ($393,631). 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 |
|---|---|---|
| 2,329 | Bagged groceries | 16,875 |
| 312 | Home delivered meals | 80,443 |

## 4.4 Residential 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:*** The Commission developed standards of care for residential care and housing services. Residential care services include Transitional Residential Care Facilities (TRCF) and Residential Care Facilities for the Chronically Ill (RCFCI). Housing services include hotel/motel and meal vouchers, emergency shelter programs, transitional housing programs, and permanent supportive housing programs. RCFCI must be licensed by the Community Care Licensing Division of the California Department of Social Services unless it is exempt from licensure, as specified in regulation.

***What DHSP Funds:*** DHSP only funds residential care services and not housing services. Residential, Transitional services under contract with DHSP include:

*Transitional Residential Care Facilities (TRCF)*: TRCFs provide interim housing with ongoing supervision and assistance with Independent Living Skills (ILS) for homeless individuals living with HIV/AIDS in a non-institutional, homelike environment. The purpose of TRCFs is to facilitate movement towards a more traditional and permanent living situation through assessment of a person's needs, counseling, case management, and other supportive services.

*Residential Care Facilities for the Chronically Ill (RCFCI):* Any housing arrangement maintained and operated to provide licensed care and supervision to adults, emancipated minors or family units living with HIV. An RCFCI may not exceed 50 beds.

***Funding Sources:*** Net County Cost

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other* | Total |
|---|---|---|---|---|
| **Contracts** | | | | $4,444,970 |
| **Expenditures** | 0 | 0 | $4,031,430 | $4,031,430 |

*NCC expenditures - $4,031,430

The Commission allocated no Ryan White Part A and Part B funds to housing/residential services for FY 2011 because NCC supported these services.

**Table 4.5. Demographic Characteristics of Clients Receiving Residential Services, FY 2011**

| | Residential Transitional Services (N=156) | |
|---|---|---|
| | **N** | **%** |
| **Gender** | | |
| Male | 109 | 69.9% |
| Female | 46 | 29.5% |
| Transgender | <5 | <1% |
| **Race/Ethnicity** | | |
| White | 29 | 18.6% |
| African American | 35 | 22.4% |
| Latino | 90 | 57.7% |
| Asian Pacific Islander | <5 | <1% |
| Native American | <5 | <1% |
| Other/Unknown | 0 | 0.0% |
| **Age Categories** | | |
| ≤ 18 | 0 | 0.0% |
| 19-24 | <5 | 2.6% |
| 25-29 | 13 | 8.3% |
| 30-39 | 27 | 17.3% |
| 40-49 | 57 | 36.5% |
| ≥ 50 | 55 | 35.3% |
| **Primary Medical Insurance** | | |
| Private | <5 | 1.9% |
| Public | 81 | 51.9% |
| No Insurance | 72 | 46.2% |
| Other | 0 | 0.0% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 121 | 77.6% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Clients who received at least one medical visit within the year

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided | |
|---|---|---|---|
| 31 | Residential Days | Transitional Residential Care Facilities (TRCF) | 7,124 |
| 132 | | Residential Care Facilities for the Chronically Ill (RCFCI) | 24,723 |

Note: It is possible for a client to receive both types of Residential Services (TRCF and RCFCI) in a given 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

***Allocations, Contract Investment and Expenditures:***

| | Part A | Part B/SAM Care | Other | Total |
|---|---|---|---|---|
| **Contracts** | [redacted] | | | $763,046 |
| **Expenditures** | $624,968 | 0 | 0 | $624,968 |

The Commission allocated 1.7% of Ryan White Part A and Part B/SAM Care service funds ($669,171) to Medical Transportation services for FY 2011.

***Service Utilization:***

| Services | Total Clients Served | Service Unit | Service Units Provided |
|---|---|---|---|
| Taxi service | 805 | Taxi rides | 3,128 |
| Bus passes | 3,358 | Number of monthly passes | 17,410 |
| MetroLink | 31 | Train rides | 73 |
| Bus tokens | 251 | Bus tokens | 2,668 |
| Disabled ID cards | 132 | Number of ID cards | 132 |

## 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:***

| | Part A | Part B/SAM Care | Other* | Total |
|---|---|---|---|---|
| **Contracts** | | | | $232,694 |
| **Expenditures** | 0 | 0 | $216,320 | $216,320 |

*NCC expenditures - $216,320

The Commission allocated no Ryan White Part A and Part B service funds to Language services for FY 2011. The service was supported by NCC.

***Service Utilization:***

| Services | Clients Served | Service Units | Service Units Provided |
|---|---|---|---|
| Sign language interpretation | 9 | Sign interpretation hours | 259 |
| Interpreter training | 27 | Interpreter training hours | 1,080 |
| Interpreter re-certification | 7 | Re-certification trainings | 7 |
| Translation services | N/A | Translated words | 111,006 |
| Direct interpretation services | 48 | Direct interpretation hours | 558 |

## 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; and 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 4.6. Demographic Characteristics of Incarcerated Clients Receiving Transitional Case Management Services, FY 2011**

| Demographic Characteristics | Transitional Case Management for Incarcerated Individuals (N=622) | |
|---|---|---|
| | N | % |
| **Gender** | | |
| Male | 525 | 84.4% |
| Female | 73 | 11.7% |
| Transgender | 24 | 3.9% |
| **Race/Ethnicity** | | |
| White | 126 | 20.3% |
| African American | 347 | 55.8% |
| Latino | 140 | 22.5% |
| Asian Pacific Islander | 3 | 0.5% |
| Native American | 6 | 1.0% |
| Other/Unknown | 0 | 0.0% |
| **Age Categories** | | |
| ≤18 | 2 | 0.3% |
| 19-24 | 39 | 6.3% |
| 25-29 | 60 | 9.6% |
| 30-39 | 162 | 26.0% |
| 40-49 | 231 | 37.1% |
| ≥50 | 128 | 20.6% |
| **Primary Medical Insurance** | | |
| Private | 11 | 1.8% |
| Public | 172 | 27.7% |
| No Insurance | 416 | 66.9% |
| Other | 6 | 1.0% |
| Unknown | 17 | 2.7% |
| **Receiving Ryan White Funded Medical Care*** | 283 | 45.5% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*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** | | | | $660,907 |
| **Expenditures** | 0 | $584,475 | 0 | $584,475 |

The Commission allocated 1.2% of Ryan White Part A and Part B service funds to Case Management, Transitional, for FY 2011 ($472,357).

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 622 incarcerated clients | Hours | 5,569 |
| 119 youth clients | Hours | 1,795 |

**Table 4.7. Demographic Characteristics of Youth Clients Receiving Transitional Case Management Services, FY 2011**

| Demographic Characteristics | Transitional Case Management for Youth (N=119) N | % |
|---|---|---|
| **Gender** | | |
| Male | 108 | 90.8% |
| Female | 11 | 9.2% |
| Transgender | 0 | 0.0% |
| **Race/Ethnicity** | | |
| White | 6 | 5.0% |
| African American | 48 | 40.3% |
| Latino | 63 | 52.9% |
| Asian Pacific Islander | 2 | 1.7% |
| Native American | 0 | 0.0% |
| Other/Unknown | 0 | 0.0% |
| **Age Categories** | | |
| ≤18 | 5 | 4.2% |
| 19-24 | 92 | 77.3% |
| 25-29 | 18 | 15.1% |
| Unknown | 4 | 3.4% |
| **Primary Medical Insurance** | | |
| Private | 7 | 5.9% |
| Public | 31 | 26.1% |
| No Insurance | 79 | 66.4% |
| Other | 2 | 1.7% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 100 | 84.0% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*Clients who received at least one medical visit within the year

## 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 Program. 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/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 benefits paperwork, appeals counseling and facilitation, and assistance and management of benefits issues for clients who are enrolled in health and disability programs.

**Table 4.8. Demographic Characteristics of Clients Receiving Benefits Specialty Services, FY 2011**

| Demographic Characteristics | Benefits Specialty (N=2,431) | |
|---|---|---|
| | N | % |
| **Gender** | | |
| Male | 2,066 | 85.0% |
| Female | 327 | 13.5% |
| Transgender | 38 | 1.6% |
| **Race/Ethnicity** | | |
| White | 754 | 31.0% |
| African American | 467 | 19.2% |
| Latino | 1,115 | 45.9% |
| Asian Pacific Islander | 82 | 3.4% |
| Native American | 6 | 0.2% |
| Other/Unknown | 7 | 0.3% |
| **Age Categories** | | |
| ≤18 | 8 | 0.3% |
| 19-24 | 55 | 2.3% |
| 25-29 | 118 | 4.9% |
| 30-39 | 420 | 17.3% |
| 40-49 | 898 | 36.9% |
| ≥50 | 932 | 38.3% |
| **Primary Medical Insurance** | | |
| Private | 273 | 11.2% |
| Public | 939 | 38.6% |
| No Insurance | 1,199 | 49.3% |
| Other | 20 | 0.8% |
| Unknown | 0 | 0.0% |
| **Receiving Ryan White Funded Medical Care*** | 1,564 | 64.3% |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*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** | [redacted] | | | $802,500 |
| **Expenditures** | $716,102 | 0 | 0 | $716,102 |

The Commission allocated 2% ($787,262) of Ryan White Part A and Part B/SAM Care service funds to Benefits Specialty services for 2011.

***Service Utilization:***

| Total Clients Served | Service Units | Units of Service Provided |
|---|---|---|
| 2,431 | Benefits Specialty Counseling Hour | 11,268 |

# Appendix A

Table A.1. Demographic Characteristics of All Ryan White Clients and Clients in Medical Care, FY 2011

| Characteristic | All RW Clients | | RW Clients in Medical Care | |
|---|---|---|---|---|
| | n | % | n | % |
| **New Client*** | 2,019 | 10.1% | 1,574 | 9.3% |
| **Returning Client**** | 745 | 3.7% | 486 | 2.9% |
| **Gender** | | | | |
| Male | 16,907 | 84.9% | 14,463 | 85.1% |
| Female | 2,662 | 13.4% | 2,257 | 13.3% |
| Transgender | 346 | 1.7% | 275 | 1.6% |
| Other/Unknown | 0 | 0.0% | 0 | 0.0% |
| **Race/Ethnicity** | | | | |
| African-American | 4,661 | 23.4% | 3,947 | 23.2% |
| Asian/Pacific-Islander | 686 | 3.4% | 591 | 3.5% |
| Latino/Hispanic | 9,450 | 47.5% | 8,340 | 49.1% |
| White/Caucasian | 4,981 | 25.0% | 4,007 | 23.6% |
| Native American/Alaskan Native | 74 | 0.4% | 59 | 0.3% |
| Other/Unknown | 63 | 0.3% | 51 | 0.0% |
| **Age** | | | | |
| 0-18 | 94 | 0.5% | 37 | 0.2% |
| 19-24 | 739 | 3.7% | 623 | 3.7% |
| 25-29 | 1,503 | 7.5% | 1,358 | 8.0% |
| 30-39 | 4,431 | 22.2% | 4,038 | 23.8% |
| 40-49 | 7,396 | 37.1% | 6,436 | 37.9% |
| 50+ | 5,752 | 28.9% | 4,503 | 26.5% |
| **HIV/AIDS Status** | | | | |
| CDC Defined AIDS | 10,255 | 51.5% | 8,674 | 51.0% |
| HIV+, Not AIDS | 7,243 | 36.4% | 6,394 | 37.6% |
| HIV+, AIDS Status Unknown | 2,349 | 11.8% | 1,925 | 11.3% |
| Unknown | 7 | 0.0% | 1 | 0.0% |
| **Primary Insurance** | | | | |
| Private | 1,031 | 5.2% | 645 | 3.8% |
| Public | 6,378 | 32.0% | 5,005 | 29.4% |
| No Insurance | 12,324 | 61.9% | 11,237 | 66.1% |
| Other | 152 | 0.8% | 108 | 0.6% |
| Unknown | 30 | 0.2% | 0 | 0.0% |
| **Income Level** | | | | |

| Characteristic | All RW Clients | | RW Clients in Medical Care | |
|---|---|---|---|---|
| | n | % | n | % |
| ≤ Federal Poverty Level | 13,231 | 66.4% | 11,429 | 67.2% |
| 101-200% of FPL | 4,710 | 23.7% | 3,904 | 23.0% |
| 201-300% of FPL | 1,260 | 6.3% | 1,055 | 6.2% |
| 301-400% of FPL | 452 | 2.3% | 390 | 2.3% |
| > 400% FPL | 262 | 1.3% | 217 | 1.3% |
| Unknown | 0 | 0.0% | 0 | 0.0% |
| | | | | |
| **Living Situation** | | | | |
| Permanent | 17,573 | 88.2% | 15,340 | 90.3% |
| Homeless/Transitional | 1,017 | 5.1% | 782 | 4.6% |
| Institution (residential/health care/correctional) | 868 | 4.4% | 546 | 3.2% |
| Other | 260 | 1.3% | 186 | 1.1% |
| Unknown | 197 | 1.0% | 141 | 0.8% |
| | | | | |
| **Incarceration History** | | | | |
| Incarcerated ≤ 24 mo. | 1,933 | 9.7% | 1,423 | 8.4% |
| Incarcerated > 2 yrs. | 1,996 | 10.0% | 1,644 | 9.7% |
| Never Incarcerated | 15,956 | 80.1% | 13,928 | 82.0% |
| Unknown | 30 | 0.2% | 0 | 0.0% |
| | | | | |
| **TOTAL** | **19,915** | **100.0%** | **16,995** | **100.0%** |

**Data Source:** Casewatch FY 2011 (March 2011 - February 2012)
*New client refers to a client who entered the care system for the first time during FY 2011.
**Returning client refers to a client who returned to the care system during FY 2011 after note having accessed services in the last 12 months.