

HIV Care and Treatment Service Utilization

2008 Year End Report



Los Angeles County Department of Public Health

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<http://ph.lacounty.gov/aids>.

Chapter 1. Introduction

Background

Los Angeles County has 24,141 people living with AIDS as of December 31, 2008¹. It is estimated that more than 26,000 people are diagnosed with HIV (non-AIDS)². An additional 13,000 HIV cases are estimated to be undiagnosed, making the overall estimated number of people living with HIV and AIDS (PLWHA) to be approximately 62,000 - 65,000.

The Office of AIDS Programs and Policy (OAPP) 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. OAPP receives funding 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 Department of Public Health. OAPP utilizes these fiscal resources to manage approximately 200 contracts within a network of nearly 100 community-based organizations and ten County departments in an effort to maximize access to 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) 2008 (March 2008 – February 2009), OAPP received \$33,424,586 Part A funding from HRSA, of which \$28,410,898 were allocated for direct services. That same year, OAPP received \$2,589,355 in Minority AIDS Initiative (MAI) funding from HRSA in August 2008, and allocated \$2,402,382 for direct services. OAPP also receives from the California State Office of AIDS Ryan White Part B Consortium funds and other State funding. FY 2008 Part B funding to Los Angeles County was \$4,649,470, of which \$4,184,523 funded direct services. Additionally, OAPP 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 2008, 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 (COH). COH determines priorities and allocations for Part A and Part B consortium 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 epidemiology 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. OAPP then implements Ryan White-

¹ Los Angeles County HIV Epidemiology Program HIV/AIDS Reporting System (HARS) cases reported as of June 30, 2009.

² Based on 1:1 ratio HIV (non AIDS) : AIDS cases.

funded services according to these funding allocations and guidance/expectations. MAI allocations are determined in a separate but similar process¹.

Services Funded for FY 2008

Table 1.1 below lists services fundable by HRSA, prioritized and allocated by COH, and services funded by OAPP in FY 2008. Table 1.2 shows the service coverage by Service Planning Area (SPA) for OAPP-funded service categories. Figure 1.1 illustrates the distribution of service sites and living AIDS cases by SPA.

Table 1.1: Services fundable by HRSA, prioritized and allocated by COH, and services funded by OAPP in FY 2008.

HRSA Service Categories	Prioritized by COH	Allocated by COH with RW Part A/B	Funded by OAPP
Core Medical Services			
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Medical Outpatient • Medical Specialty • Oral Health Care • Mental Health, Psychiatry • Treatment Education • Mental Health, Psychotherapy • Substance Abuse, Treatment • Medical Nutrition Therapy • Case Management, Medical • Case Management, Medical • Hospice and Skilled Nursing Services • ADAP Enrollment • Local Drug Reimbursement • Health Insurance Premium and Cost Sharing • Counseling and Testing in Care Settings • Health Education/Risk Reduction • Early Intervention • Home Health Care 	<ul style="list-style-type: none"> • Medical Outpatient • Medical Specialty • Oral Health Care • Mental Health, Psychiatry • Treatment Education • Mental Health, Psychotherapy • Medical Nutrition Therapy • Case Management, Medical • Hospice and Skilled Nursing Services 	<ul style="list-style-type: none"> • Medical Outpatient • Medical Specialty • Oral Health Care • Mental Health, Psychiatry • Treatment Education • Mental Health, Psychotherapy • Medical Nutrition Therapy • Case Management, Medical • Hospice and Skilled Nursing Services • Early Intervention • ADAP Enrollment • Substance Abuse, Treatment

¹ For information on the COH's priorities and allocations for Ryan White Program for FY 2008, see the COH website at www.hivcommission-la.info.

Support Services			
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Residential, Transitional • Residential, Permanent • Case Management, Psychosocial • Case Management, Home-based • Case Management, Transitional • Transportation • Nutrition Support • Benefits Specialty • Legal Services • Language Services • Peer Support • Child Care Services • Permanency Planning • Referral Services • Outreach Services • Direct Emergency Financial Assistance • Rehabilitation Services • Respite Care 	<ul style="list-style-type: none"> • Residential, Transitional • Substance Abuse, Residential • Case Management, Psychosocial • Transportation • Nutrition Support • Peer Support • Legal Services • Language Services 	<ul style="list-style-type: none"> • Residential, Transitional • Substance Abuse, Residential • Case Management, Psychosocial • Transportation • Nutrition Support • Legal Services • Language Services • Peer Support • Case Management, Home-based

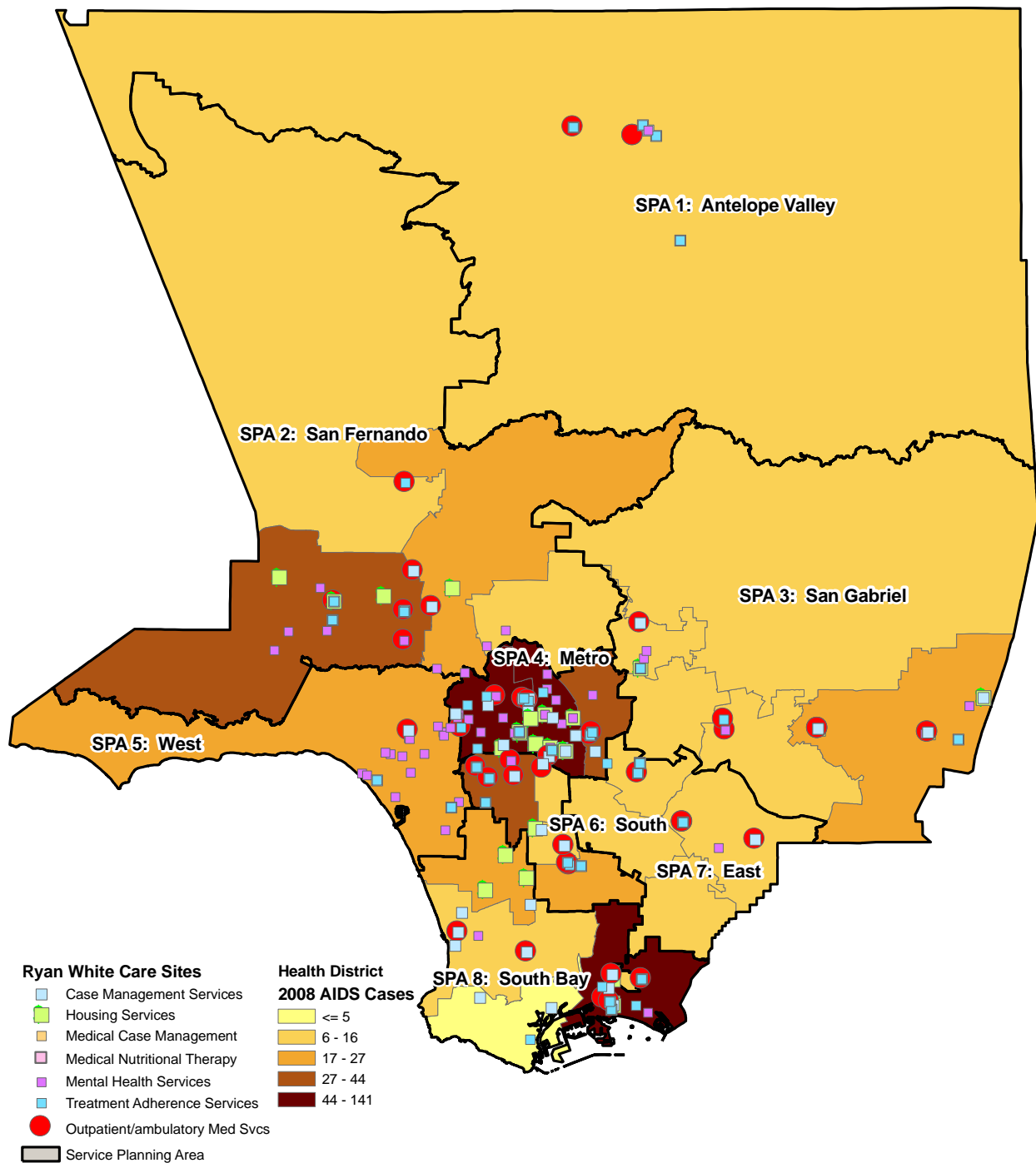
Table 1.2. Key Service Categories and Geographic Coverage, FY 2008

Service Categories	Coverage by Service Planning Area (SPA)							
	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Hospice Services & Skilled Nursing								
Medical Case Management								
Medical Nutritional Therapy								
Medical Outpatient*								
Mental Health Psychiatric								
Mental Health Psychotherapy								
Nutrition Support								
Oral Health Care								
Peer Support								
Psychosocial Case Management								
Residential Transitional Housing								
Substance Abuse Services - Residential								
Treatment Adherence Services								

Data Source: Casewatch FY 2008 (March 2008 - February 2009)

Note: Blue square indicates service offered within the SPA.

Figure 1.1 Distribution Map of OAPP-funded HIV Care and Treatment Service Sites* and AIDS Cases within Los Angeles County by Service Planning Areas (SPAs) Health District, 2008**



Note: Housing Services include all residential services; Mental Health Services include psychiatry and psychotherapy; Case Management Services include psychosocial and transitional.

Data Source: *Casewatch FY 2007 (March 2007 - February 2008)

** HIV Epidemiology Program, Semi-Annual Report, January 2008

A Few Words about Data

This report represents service utilization among clients receiving OAPP-funded HIV care and treatment services in Los Angeles County during FY 2008 (March 2008 to February 2009). Several data sources were used to present this service utilization profile. These include data reported in Casewatch, OAPP's client level data reporting system, extracted as of September 29, 2009. Although some providers use Casewatch to track all of their clients, regardless whether they are funded by OAPP or not, this report **only** represents those clients who received services funded by OAPP. 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) or State-funded service categories are not tracked in Casewatch; they are collected either through State-administered databases or individual tracking systems at the funded agencies. The utilization data for those services (e.g., home-based case management, ADAP enrollment) are reported to OAPP through program reports. Utilization data for a few service categories are not routinely collected in Casewatch or the Casewatch data are unreliable (e.g., legal services, language services, and medical transportation). In those cases, data from program reports are used. Note, however, that client numbers are often not unduplicated in the program reports.

Financial data for each service category are presented in terms of 1) total OAPP investment (contract amounts); 2) year-end expenditures tracked separately for Part A, Part B, Other, and a combined total; and 3) COH allocations for Ryan White Part A, Part B, and MAI—the percentages and their equivalent dollars based on actual awards for FY 2008. MAI, State, and NCC 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, 2008 – February 28, 2009. These include Part A, Part B, MAI, and some NCC-funded services. Data for State and County funded services cover July 1, 2008 – June 30, 2009. Financial data for Part B are from April 1, 2008 to March 31, 2009; financial data for MAI are from August 1, 2008 to July 31, 2009.

Chapter 2. Client Summary

In FY 2008, there were 18,866 unduplicated clients receiving OAPP-funded HIV care and treatment services reported in Casewatch, representing approximately 39% of the estimated number of people diagnosed with HIV/AIDS in Los Angeles County. Of those, 14,723 had at least one medical visit. During the same year, 1,781 new clients were enrolled in OAPP-funded system of HIV care and 1,152 clients returned to the system of care. Approximately two thirds (66.5%) of these clients accessed OAPP-funded medical care in FY 2008 (Appendix A).

Compared to the previous year, OAPP served 946 more clients in FY 2008, a 5.3% increase. For clients receiving at least one Medical Outpatient visit, there was a 9% increase from FY 2007 to 2008, from 13,515 to 14,723 patients, with an average of six visits per patient. Other observations of interest from FY 2007 to FY 2008 include:

- 12% increase in the number of clients with income at or below federal poverty level
- 36% increase in the number of clients accessing Oral Health Care
- 25% decrease in the number of clients receiving Mental Health, Psychiatry
- 9% decrease in the number of clients receiving Metal Health, Psychotherapy
- 22% decrease in the number of clients in Residential, Transitional services

Some of these variances were due to increases or reductions in funding allocations; however, other factors may also be at play. OAPP is tracking the trends, and will release multi-year analyses at a later date. The following tables and graphs present demographic characteristics of clients served in FY 2008, 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 2008, 82.8% of OAPP-funded clients were male, 15.4% were female, and 1.7% were transgender. Latino/as accounted for 47.1% of all clients, while Whites represented 25.3%, African Americans 23.3%, and Asian/Pacific Islanders 3.2%.

Figure 2.2. Gender Distribution of All Ryan White Clients, FY 2008 (N=18,866)

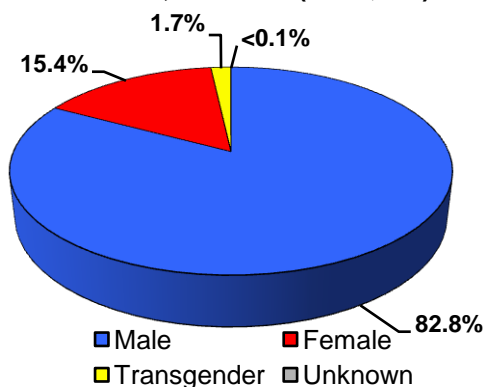
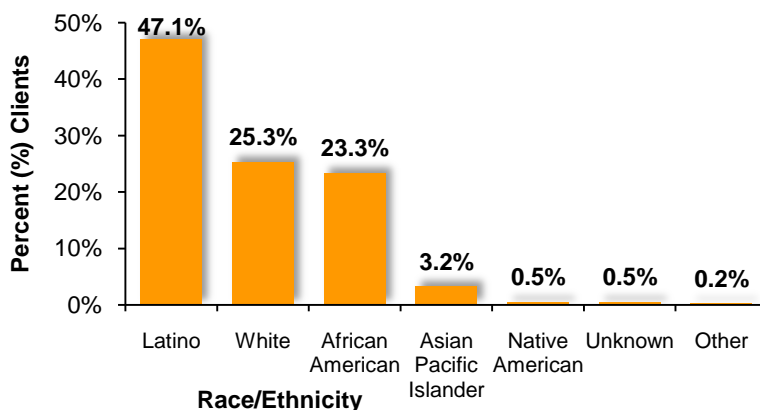


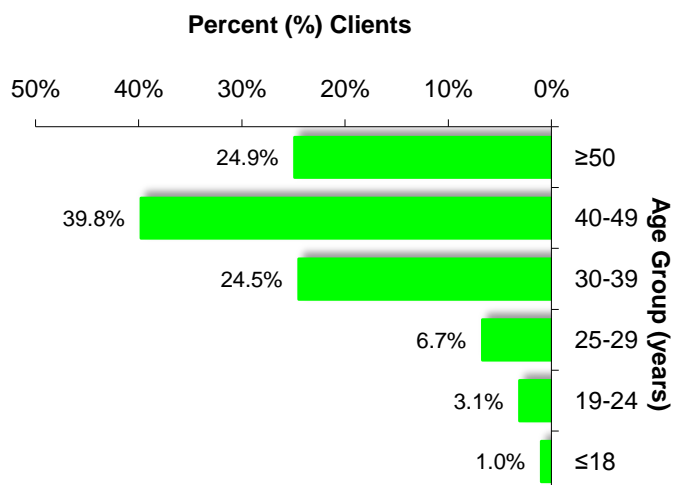
Figure 2.3. Race/Ethnicity of All Ryan White Clients, FY 2008 (N=18,866)



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

Figure 2.4. Age Group Distribution of All Ryan White Clients, FY 2008 (N=18,866)

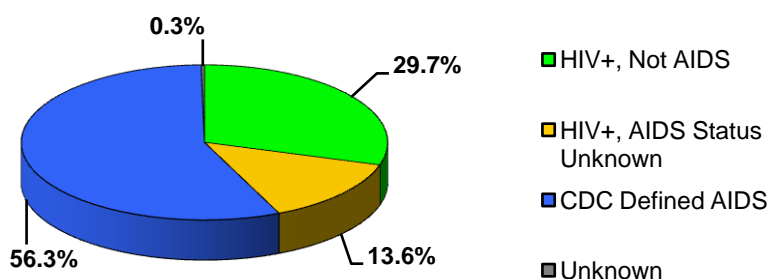
The age distribution of all clients closely mirrors that of the overall local HIV epidemic. The majority of clients (39.8%) were between ages 40-49, followed by 24.9% for clients 50 years and older, and 24.5% for clients between 30-39 years old.



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

The majority (56.3%) of clients served during FY 2008 had CDC-defined AIDS.

Figure 2.5. HIV/AIDS Status of All Ryan White Clients, FY 2008 (N=18,866)



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

Distribution of Clients by Poverty Level and Medical Insurance Status

Ryan White funds support the great majority of OAPP-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). From FY 2007 to FY2008, there was an increase of 1,400 clients (12%) who had income at or below the FPL. A higher proportion of clients lived at or below FPL (65.3%) in FY 2008 compared to FY 2007 (60.9%), Similarly a higher proportion of clients had no health insurance in FY 2008 (60.2%) compared to FY 2007 (57.4%). 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 2.6. Primary Medical Insurance Status of All Ryan White Clients, FY 2008

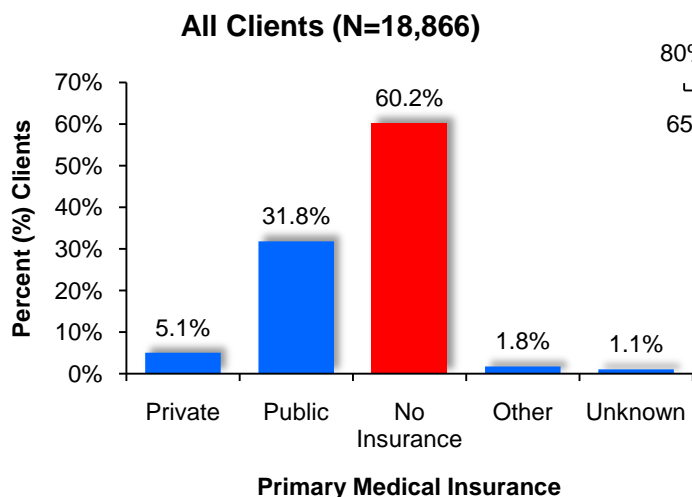
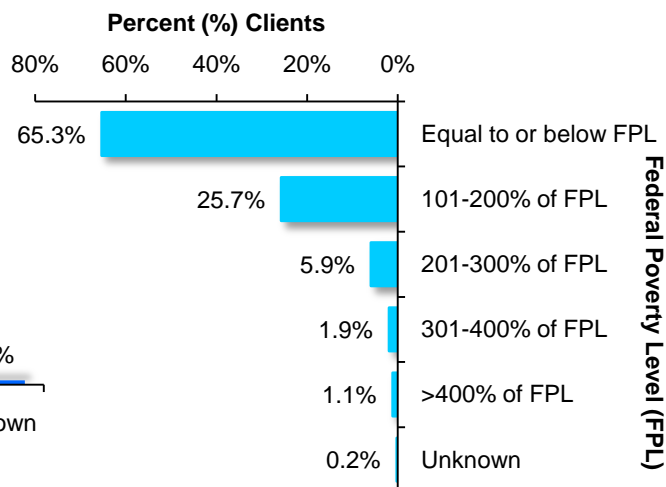


Figure 2.7. Distribution of All Ryan White Clients by Federal Poverty Level, FY 2008



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

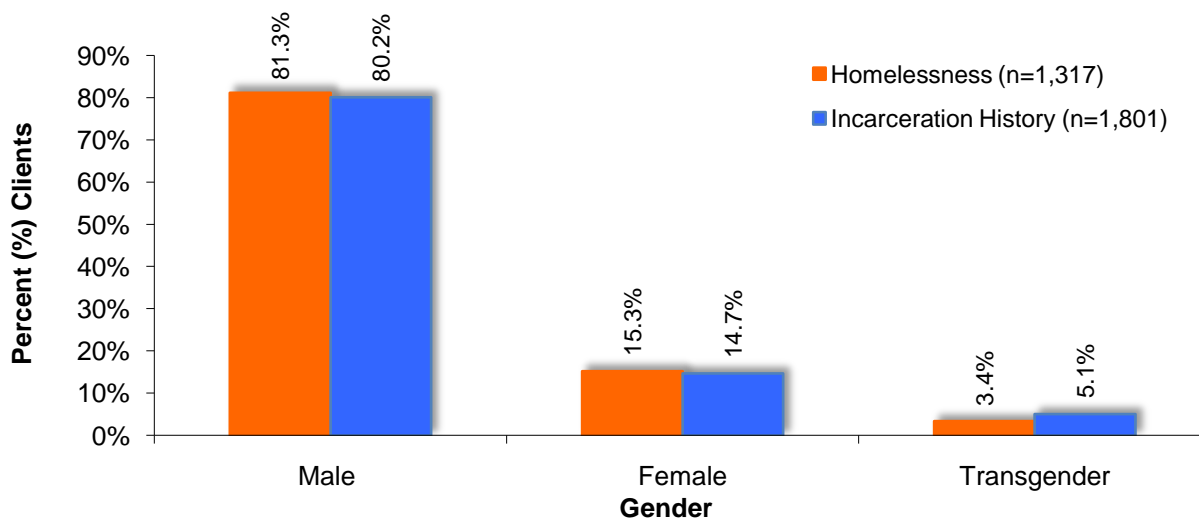
Clients with Special Needs: Homelessness, Incarceration, Mental Illness, and Substance Abuse

Many clients in the care system face additional challenges that could affect their care-seeking patterns. Around 9.5% of Ryan White clients reported having been incarcerated in the last 24 months, and an additional 9.4% reported having been incarcerated over two years ago. Approximately 7% of Ryan White clients had non-permanent living arrangements during FY 2008, which include homeless, transient or transitional living situations. In FY 2008, 9.7% of Ryan White clients received OAPP-funded psychiatric treatment while 13.2% of clients received psychotherapy services. Although less than 3% of all clients received OAPP substance abuse services in FY 2008, the current risk factors reported in Casewatch indicated that the rate of substance use among Ryan White clients was much higher.

The following graphs illustrate some characteristics of clients with recent incarceration history and those who were homeless in FY 2008. Demographic information for clients in mental health and substance abuse treatment can be found in Chapters 3 and 4.

While the gender distributions of homeless clients and clients with recent incarceration history largely mirror that of the overall clients, the distribution of clients by age and race/ethnicity show very different pictures. African Americans accounted for a much higher proportion of homeless and recently-incarcerated clients than their proportion in overall clients. Clients 19-29 years old and clients 40-49 years old represented a slightly higher proportion of homeless and recently-incarcerated clients than that of the overall clients.

Figure 2.8. Gender Distribution of Homeless and Recently Incarcerated Clients, FY 2008

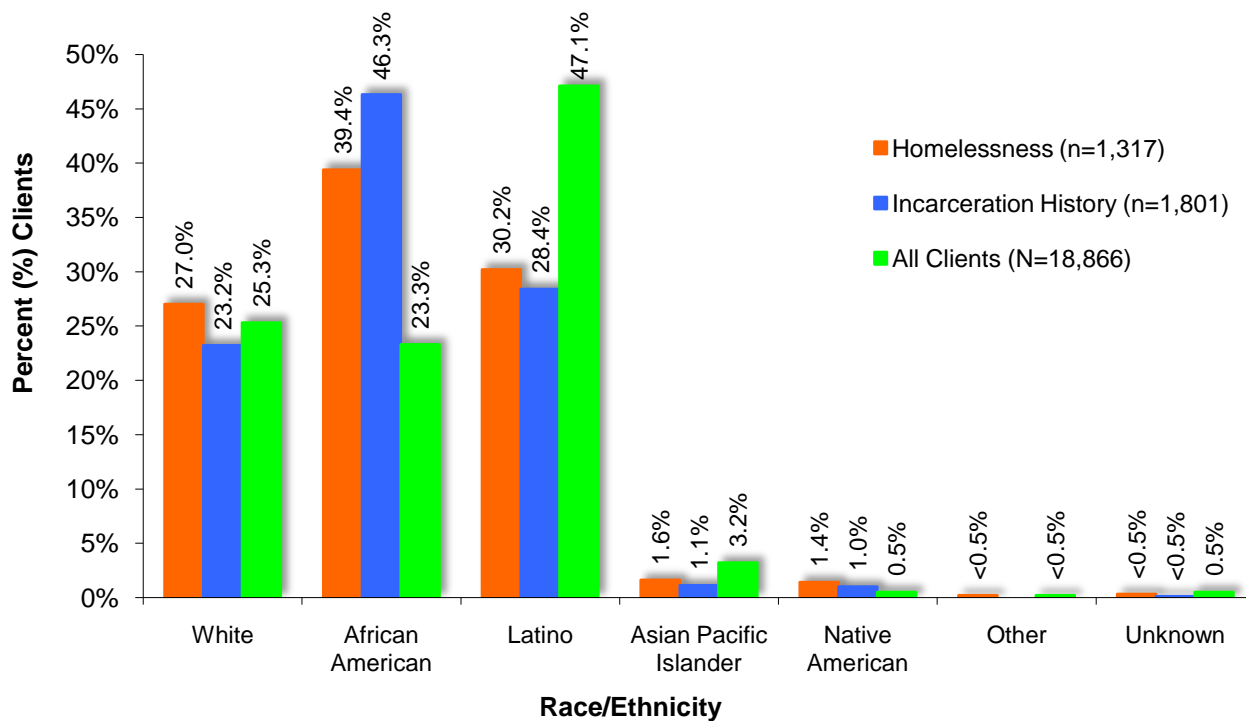


Data Source: Casewatch FY 2008 (March 2008 - February 2009)

Note: Incarceration history within the last 24 months; Unknown Gender for both

* <1% of homeless clients reported unknown gender (not included in the graph)

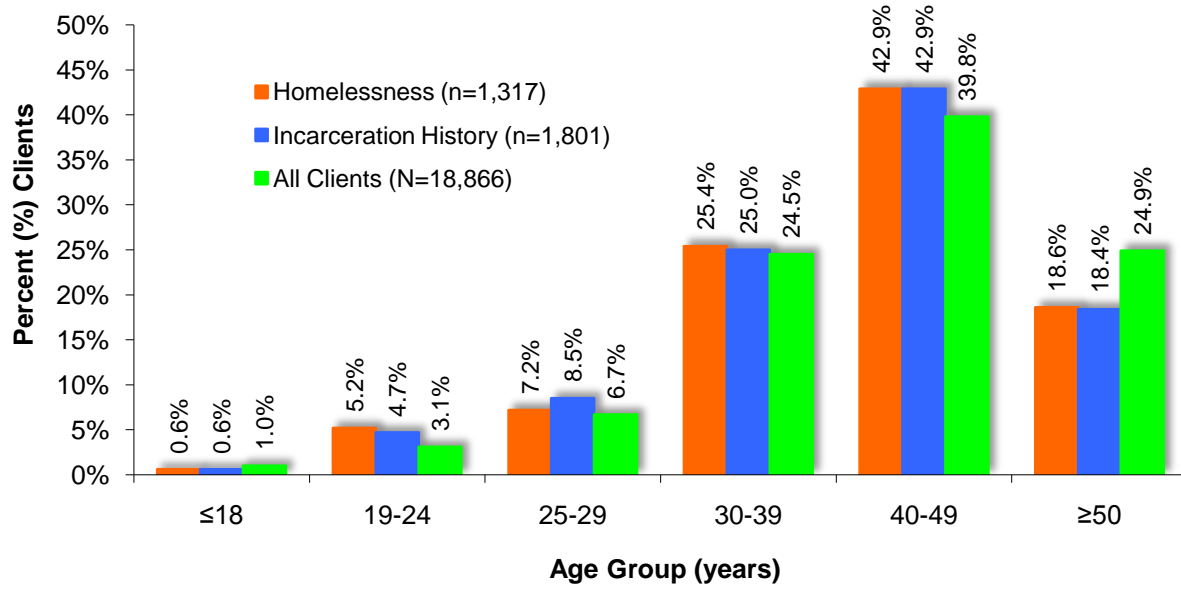
Figure 2.9. Distribution of Clients by Race/Ethnicity among Homeless, Recently-Incarcerated, and All Clients, FY 2008



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

Note: Incarceration history within the last 24 months

Figure 2.10. Distribution of Clients by Age among Homeless, Recently-Incarcerated, and All Clients, FY 2008



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

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 2008

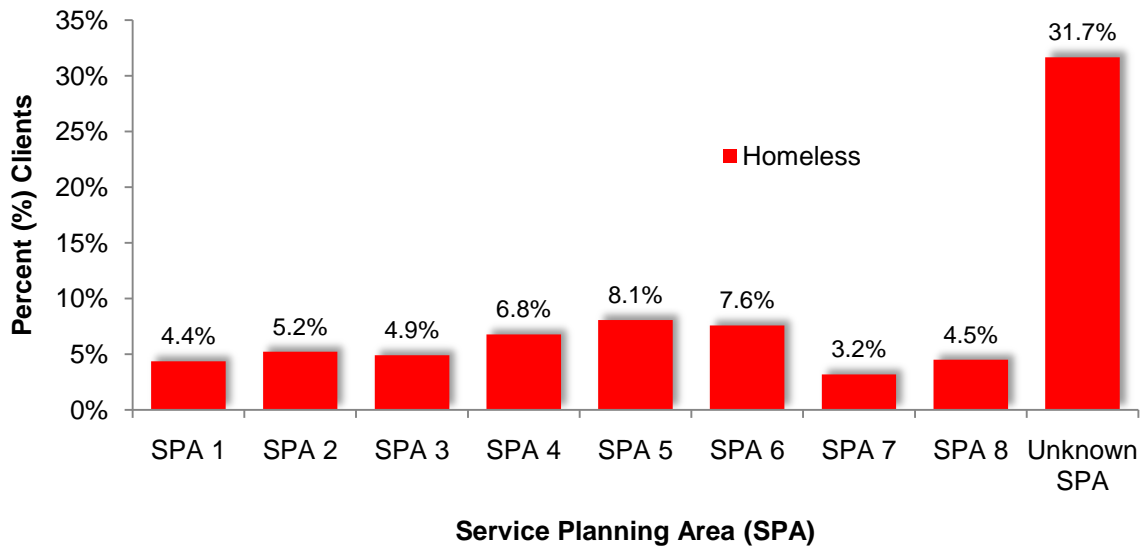
Characteristic	SPA 1		SPA 2		SPA 3		SPA 4		SPA 5		SPA 6		SPA 7		SPA 8		Unknown SPA	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
N Clients	367		2,566		1,286		6,006		583		2,803		1,352		3,091		812	
Gender																		
Male	251	68.4%	2,101	81.9%	1,032	80.2%	5,347	89.0%	509	87.3%	2,011	71.7%	1,098	81.2%	2,596	84.0%	681	83.9%
Female	113	30.8%	395	15.4%	245	19.1%	528	8.8%	70	12.0%	747	26.7%	243	18.0%	455	14.7%	112	13.8%
Transgender	≤5	–	69	2.7%	9	0.7%	128	2.1%	≤5	–	43	1.5%	11	0.8%	40	1.3%	19	2.3%
Unknown	0	–	≤5	–	0	–	≤5	–	0	–	≤5	–	0	–	0	–	0	–
Race																		
White	91	24.8%	756	29.5%	221	17.2%	1,922	32.0%	251	43.1%	142	5.1%	144	10.7%	967	31.3%	274	33.7%
Black	142	38.7%	376	14.7%	156	12.1%	959	16.0%	140	24.0%	1,490	53.2%	82	6.1%	800	25.9%	244	30.0%
Latino(a)	125	34.1%	1,302	50.7%	784	61.0%	2,872	47.8%	159	27.3%	1,140	40.7%	1,092	80.8%	1,148	37.1%	260	32.0%
Asian/PI	≤5	–	98	3.8%	112	8.7%	193	3.2%	24	17.0%	17	0.6%	28	2.1%	119	3.8%	14	1.7%
AI/AN	≤5	–	15	0.6%	≤5	–	33	0.5%	6	1.0%	≤5	–	≤5	–	19	0.6%	9	1.1%
Mixed/Other	0	–	≤5	–	≤5	–	6	0.1%	0	–	≤5	–	≤5	–	11	0.4%	9	1.1%
Unknown	0	–	17	0.7%	6	0.5%	21	0.3%	≤5	–	8	0.3%	≤5	–	27	0.9%	≤5	–
Age Group (years)																		
≤18	11	3.0%	40	1.6%	12	0.9%	35	0.6%	5	0.9%	37	1.3%	14	1.0%	25	0.8%	9	1.1%
19-24	8	2.2%	73	2.8%	48	3.7%	137	2.3%	11	1.9%	120	4.3%	54	4.0%	110	3.6%	27	3.3%
25-29	11	3.0%	212	8.3%	95	7.4%	386	6.4%	34	5.8%	207	7.4%	107	7.9%	160	5.2%	52	6.4%
30-39	79	21.5%	645	25.1%	323	25.1%	1,542	25.7%	133	22.8%	687	24.5%	334	24.7%	695	22.5%	187	23.0%
40-49	149	40.6%	991	38.6%	519	40.4%	2,466	41.1%	227	38.9%	1,031	36.8%	506	37.4%	1,273	41.2%	350	43.1%
≥50	109	29.7%	605	23.6%	289	22.5%	1,440	24.0%	173	29.7%	721	25.7%	337	24.9%	828	26.8%	187	23.0%
Primary Medical Insurance																		
Private	7	1.9%	101	3.9%	52	4.0%	296	4.9%	37	6.3%	65	2.3%	64	4.7%	275	8.9%	57	7.0%
Public	198	54.0%	867	33.8%	309	24.0%	1590	26.5%	168	28.8%	1007	35.9%	373	27.6%	1162	37.6%	320	39.4%
No Insurance	147	40.1%	1,540	60.0%	897	69.8%	3920	65.3%	353	60.5%	1662	59.3%	874	64.6%	1568	50.7%	403	49.6%
Other	9	2.5%	42	1.6%	20	1.6%	126	2.1%	13	2.2%	50	1.8%	30	2.2%	40	1.3%	16	2.0%
Unknown	6	1.6%	16	0.6%	8	0.6%	74	1.2%	12	2.1%	19	0.7%	11	0.8%	46	1.5%	16	2.0%
In Medical Care*	260	70.8%	2,078	81.0%	1,013	78.8%	4,846	80.7%	444	76.2%	2,217	79.1%	1,120	82.8%	2,246	72.7%	499	61.5%

Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Clients who received at least 1 medical visit within the year

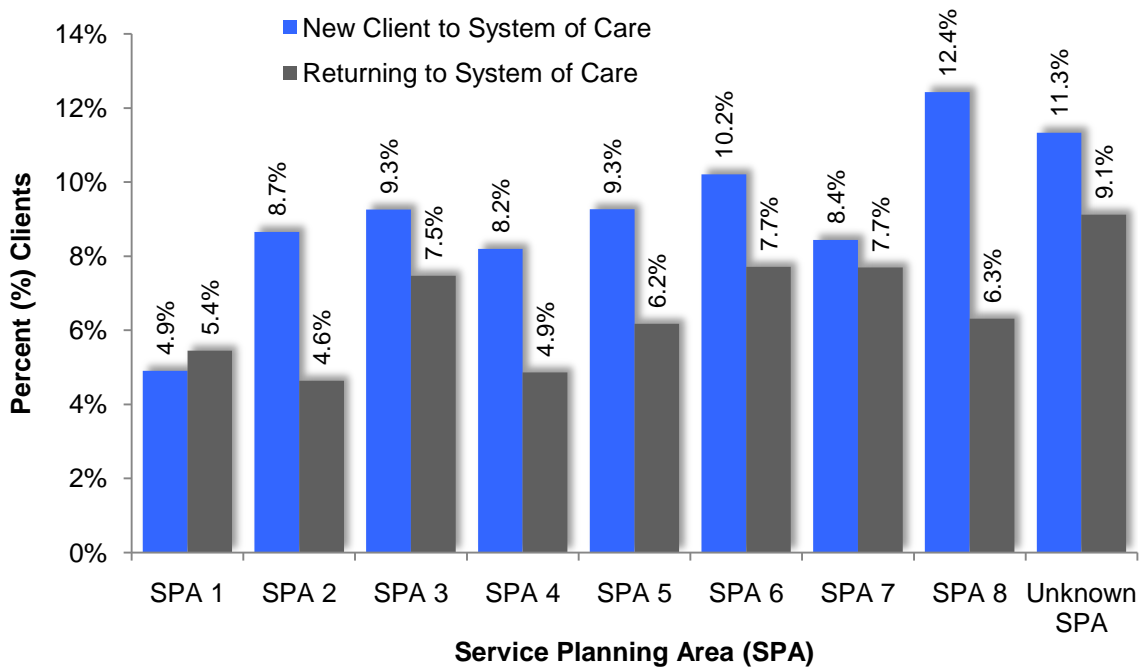
**Unknown SPA – includes clients with missing residence zip code

Figure 2.11. Homelessness by Residence SPA, FY 2008 (N=18,866)



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

Figure 2.12. New and Returning Clients to Ryan White System of Care by SPA of Residence, FY 2008 (N=18,866)



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

Patterns of Service Utilization

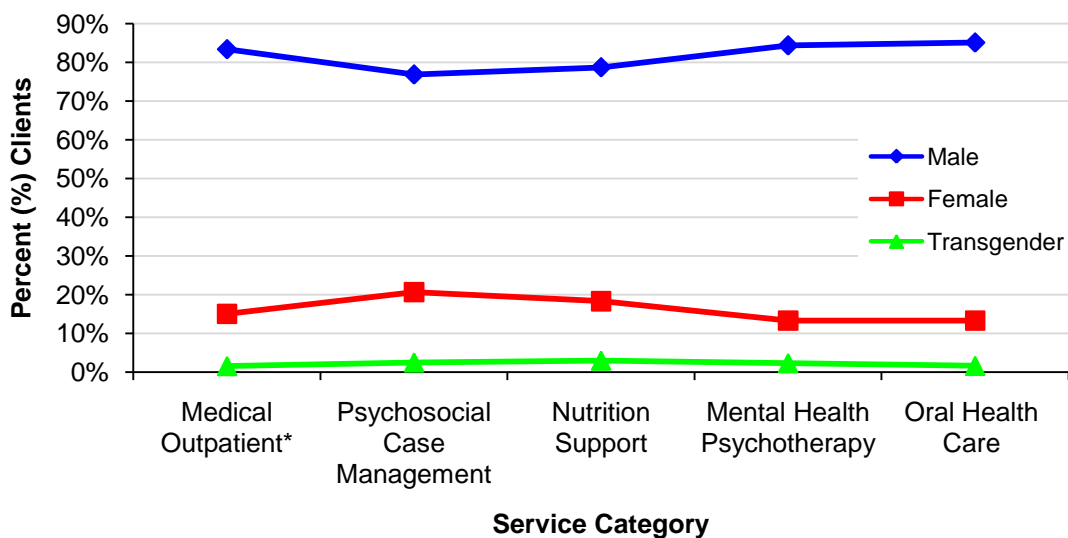
Table 2.2. Services Accessed by All Ryan White Clients, FY 2008

Type of Ryan White Service	N	%
All Clients	18,866	
Medical Outpatient*	14,723	78.0%
Psychosocial Case Management	4,485	23.8%
Nutrition Support	2,578	13.7%
Mental Health Psychotherapy	2,483	13.2%
Oral Health Care	2,278	12.1%
Treatment Adherence	1,885	10.0%
Mental Health Psychiatry	1,837	9.7%
Medical Case Management	1,590	8.4%
Medical Nutrition Therapy	1,539	8.2%
Peer Support	540	2.9%
Substance Abuse Services - Residential	422	2.2%
Residential Transitional Housing	397	2.1%
Home-based Case Management	328	1.7%
Substance Abuse Services - Outpatient	58	0.5%
Hospice Services & Skilled Nursing Services	8	0.0%

Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Received at least 1 medical visit within the year

Figure 2.13. Top Five Services Accessed by Gender, FY 2008



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*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 2008

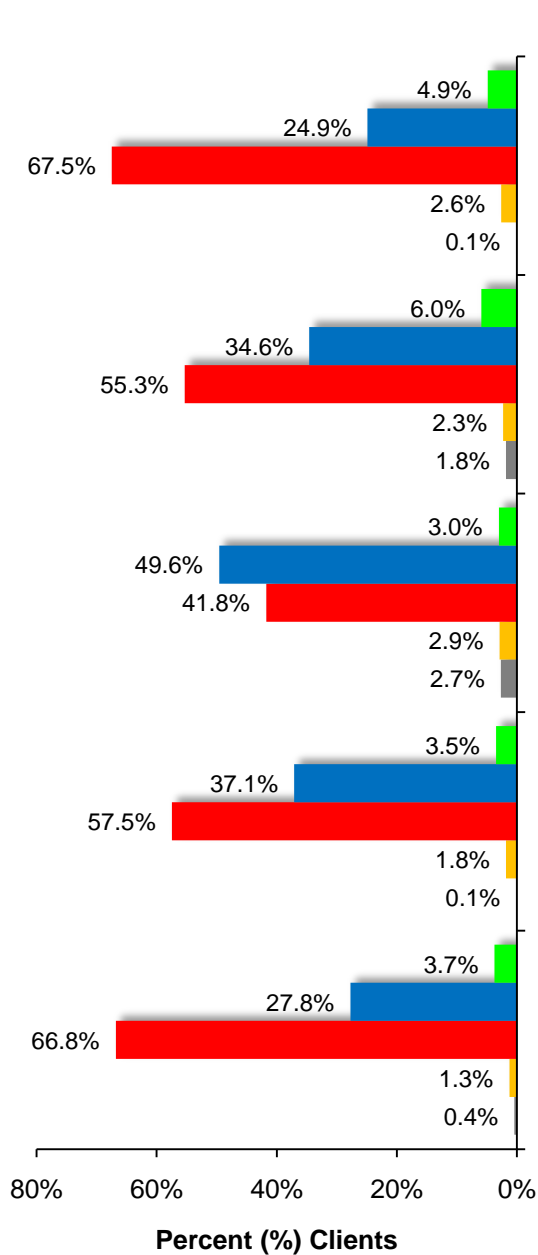
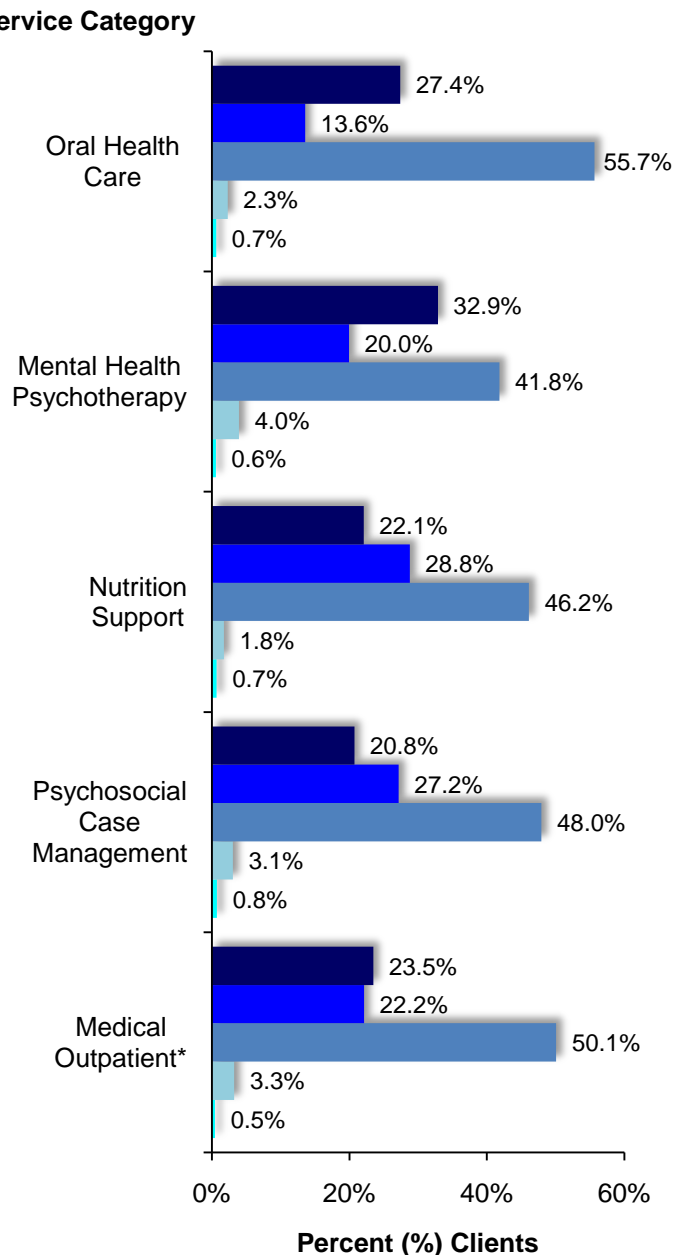


Figure 2.15. Top Five Services Accessed by Race/Ethnicity, FY 2008



■ Private
■ No Insurance
■ Unknown
■ Public
■ Other

■ White
■ Latino
■ Native American
■ African American
■ Asian Pacific Islander

Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*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 2008, OAPP funded the following core medical services for HIV/AIDS care and treatment:

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

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, taking medical history, 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.

COH Definition/Guidance: Medical Outpatient Service is 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 OAPP 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, taking medical history, 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, OAPP 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	Other*	Total
Contracts	\$19,297,249	\$0	\$0	\$19,297,249
Expenditures	\$18,594,843	\$0	\$29,581	\$18,624,424

*NCC expenditures - \$29,581

COH allocated 56% of Ryan White Part A and Part B service funds to Medical Outpatient services for FY 2008, which was an equivalent of \$18,253,435.

As with most other service categories, the Part A contracted amount for Medical Outpatient services exceeded the COH allocations. Historically providers spend less than their contracted amount; therefore, OAPP has increased contracted funds for some service categories and in some contracts to help ensure that overall Part A/Part B funds are fully expended each year. Although this practice is being eliminated, it will take a few years of adjustments in contracting and billing practices—for providers and OAPP—to prevent overall Part A/Part B underspending that can potentially jeopardize future funding.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
14,723	Encounters	91,113

Figure 3.1. Insurance Status of Clients Receiving Medical Outpatient Services, FY 2008

Medical Outpatient Services*
(N = 14,723)

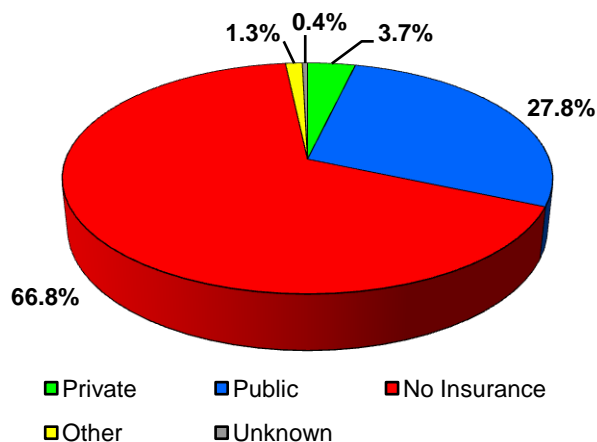
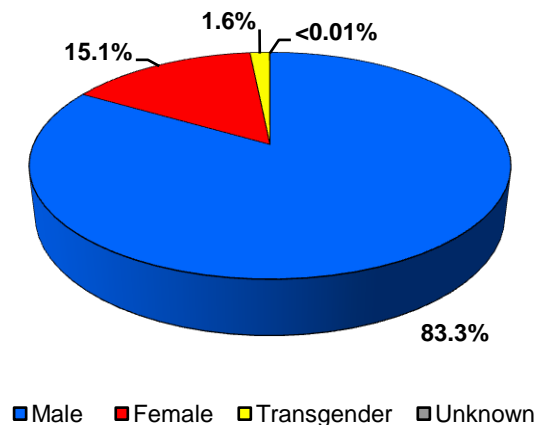


Figure 3.2. Gender Distribution of Clients Receiving Medical Outpatient Services, FY 2008



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Clients who received at least one medical visit within the year

Figure 3.3. Race/Ethnicity of Clients Receiving Medical Outpatient Services, FY 2008

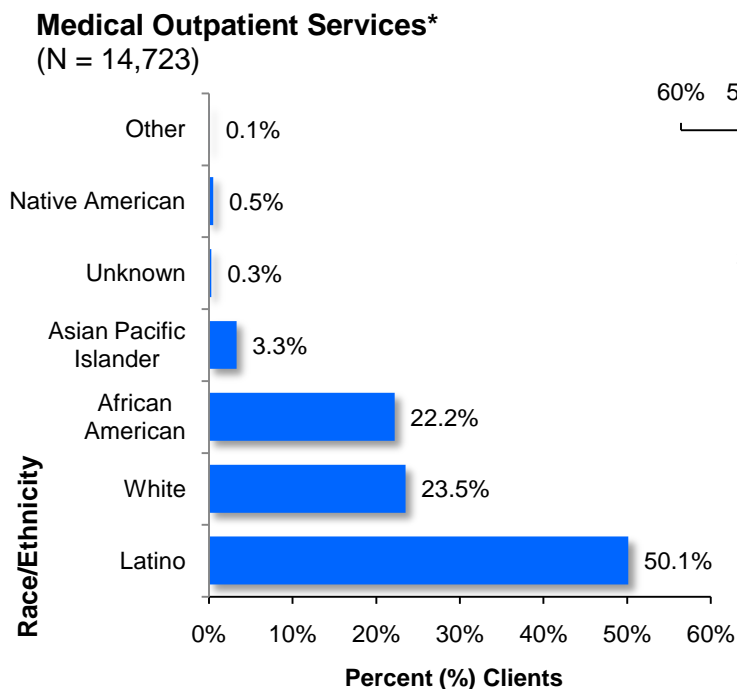
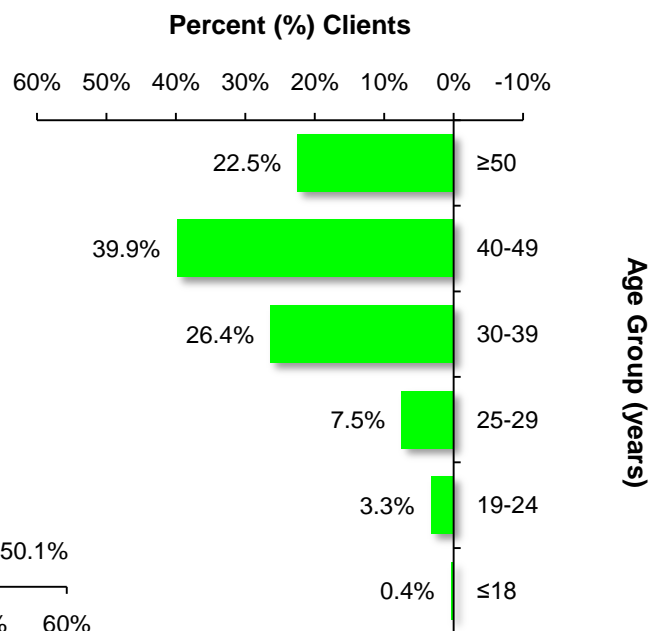


Figure 3.4. Age Group Distribution of Clients Receiving Medical Outpatient Services, FY 2008



Data Source: Casewatch FY 2008 (March 2008 - February 2009)
*Clients who received at least one medical visit within the year

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.

COH 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 OAPP Funds: A medical specialty network that includes 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. OAPP also funds a limited amount of fee-for-service reimbursement for medical specialty care based on medical specialty referrals.

Funding Sources: Ryan White Part A

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other	Total
Contracts	\$754,624	\$0	\$0	\$754,624
Expenditures	\$608,458	\$0	\$0	\$608,458

COH allocated 1.1% of Ryan White Part A and Part B service funds to Medical Specialty services for FY 2008, which was an equivalent of \$358,550. The expenditures exceeding the allocation level here were paid for following the Part A/B underspending allocation strategy adopted by the COH in order to fully maximize Ryan White funding. In other words, savings in certain Part A/Part B service categories offset the spending level for Medical Specialty.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
978	Initial and follow-up visits	2,865

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.

COH Definition/Guidance: Same as above.

What OAPP Funds: Oral health services provided under contract with OAPP include diagnostic, prophylactic, and therapeutic services rendered by dentists, dental hygienists, registered dental assistants, and other similar 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.

Funding Sources: Ryan White Part A, Minority AIDS Initiative

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total*
Contracts	\$1,399,710	\$0	\$1,568,789	\$3,058,499
Expenditures	\$751,896	\$0	\$1,513,262	\$2,265,158

*The total contract amount includes augmentations resulting from MAI Year 1 carryover funding of \$1,178,289. MAI expenditures - \$1,513,262 (include carryover funds from MAI Year 1).

COH allocated 3.7% of Ryan White Part A and Part B service funds (an equivalent of \$1,206,031) and 20% of MAI service funds (an equivalent of \$480,500) to Oral Health services for FY 2008, which came to a combined allocation of \$1,686,531 for this service category.

The time period for FY 2008 covered part of MAI Year 1 (March – July, 2008) and Year 2 (August 2008 – February 2009). The MAI expenditures included regular MAI Year 2 funds and carryover funds from Year 1. Since the carryover funding would be lost if unspent, OAPP shifted funds from Part A to MAI in order to maximize the use of MAI funds. The resulting Part A savings provided funding for other Part A/B service categories that had higher expenditures following the COH-approved underspending allocation strategy. This way, OAPP was able to maximize all Part A and Part B funding and prevent any federal dollars from being lost.

Table 3.1. Demographic Characteristics of Clients Accessing Oral Health Care, FY 2008

Demographic Characteristic	Oral Health Care (N=2,278)	
	N	%
Gender		
Male	1,938	85.1%
Female	303	13.3%
Transgender	37	1.6%
Race/Ethnicity		
White	625	27.4%
African American	310	13.6%
Latino	1,269	55.7%
Asian Pacific Islander	53	2.3%
Native American	15	0.7%
Unknown	≤5	–
Age Group (years)		
≤ 18	7	0.3%
19-24	52	2.3%
25-29	140	6.1%
30-39	555	24.4%
40-49	941	41.3%
≥ 50	583	25.6%
Primary Medical Insurance		
Private	111	4.9%
Public	567	24.9%
No Insurance	1,537	67.5%
Other	60	2.6%
Unknown	≤5	–
Receiving Ryan White Funded Medical Care*	1,722	75.6%
New Client to Service Category	896	39.3%
New Client to System of Care	116	5.1%
Returning Client to System of Care	41	1.8%

Data Source: Casewatch FY 2008 (March 2008 - February 2009). *Clients who received at least one medical visit within the year

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,278	Encounters	7,167

With a significant increase in Oral Health allocations, OAPP increased access points, added dental chairs, and covered costs for labs. From FY 2007 to FY 2008, clients accessing oral health care increased from 1,673 to 2,278, a 36% increase. However, African Americans still accounted for a smaller percentage compared to their proportion in overall clients or clients in most service categories.

3.4 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.

COH Definition/Guidance: Same as above.

What OAPP 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 nutrition supplements when appropriate; providing Nutrition and HIV trainings to clients and their providers; and distributing nutrition related educational materials to clients.

Funding Sources: Ryan White Part A

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other	Total
Contracts	\$187,139	\$0	\$0	\$187,139
Expenditures	\$176,029	\$0	\$0	\$176,029

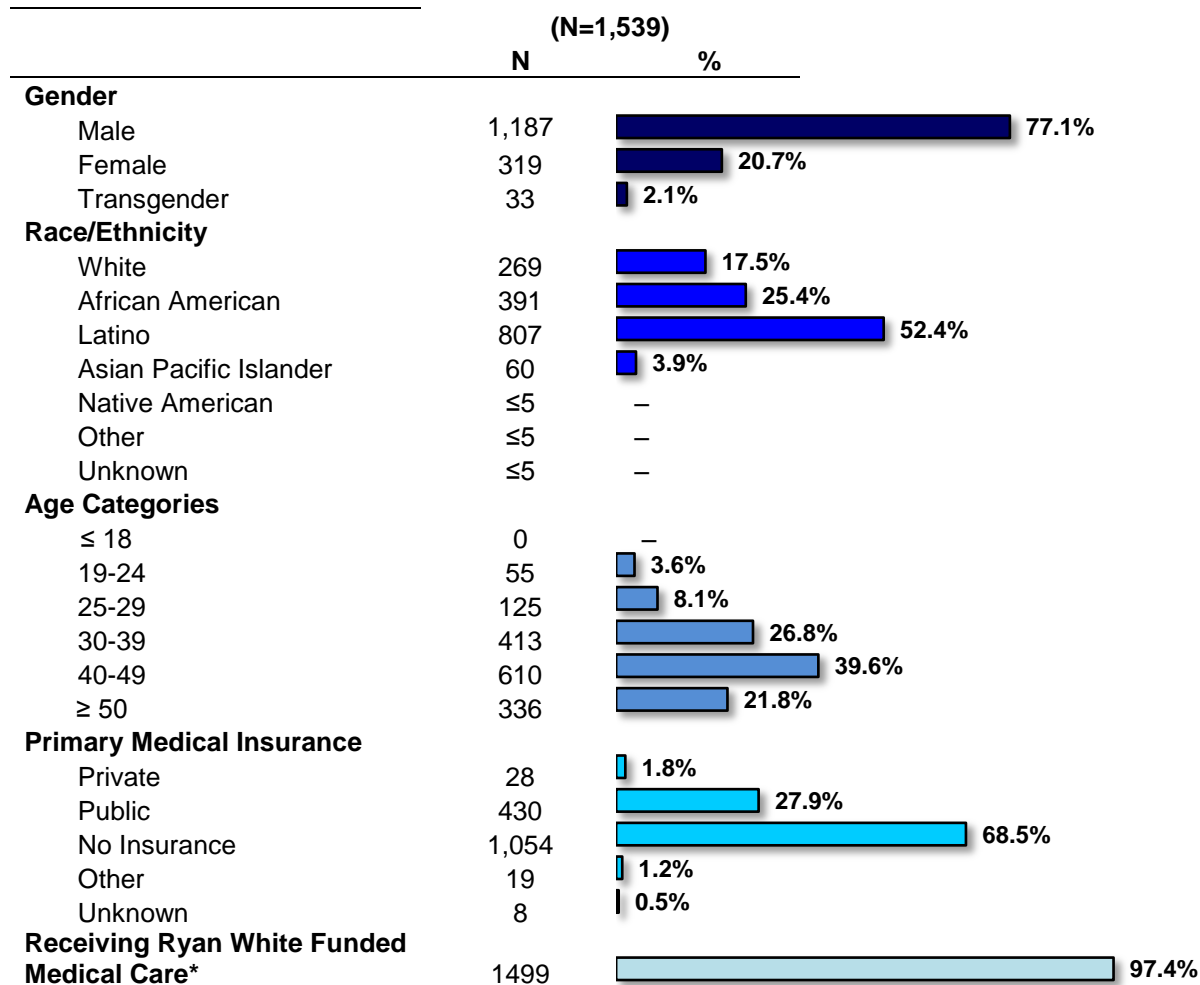
COH allocated 0.6% of Ryan White Part A and Part B service funds to Medical Nutrition Therapy for FY2008, an equivalent of \$195,573.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,539	Encounters	2,434

Table 3.2. Demographic Characteristics of Clients Receiving Medical Nutrition Therapy, FY 2008

Demographic Characteristic Medical Nutritional Therapy



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Clients who received at least one medical visit within the year

3.5 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.

COH 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 OAPP 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

Table 3.3. Demographic Characteristics of Clients Receiving Mental Health, Psychiatry, FY 2008

Demographic Characteristic	Mental Health Psychiatry (N=1,837)	
	N	%
Gender		
Male	1,536	83.6%
Female	262	14.3%
Transgender	39	2.1%
Race/Ethnicity		
White	634	34.5%
African American	369	20.1%
Latino	741	40.3%
Asian Pacific Islander	69	3.8%
Native American	16	0.9%
Other	≤5	–
Unknown	6	0.3%
Age Categories		
≤ 18	≤5	–
19-24	45	2.4%
25-29	111	6.0%
30-39	421	22.9%
40-49	759	41.3%
≥ 50	498	27.1%
Primary Medical Insurance		
Private	29	1.6%
Public	722	39.3%
No Insurance	1,033	56.2%
Other	17	0.9%
Unknown	36	2.0%
Receiving Ryan White Funded Medical Care*		
	1,326	72.2%

Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Clients who received at least one medical visit within the year

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other	Total
Contracts	\$1,097,502	\$0	\$0	\$1,097,502
Expenditures	\$790,332	\$0	\$0	\$790,332

COH allocated 2.5% of Ryan White Part A and Part B service funds to Mental Health, Psychiatry services for FY 2008, which came to \$814,886. Historically there has been significant underspending in this category, primarily due to challenges in hiring or retaining qualified psychiatrists. This was partially remedied by successful recruitment of additional psychiatrists during FY 2008; however, the expenditures will not reflect the change until FY 2009.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,837	Encounters	7,286

3.6 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.)

COH 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 OAPP 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 supervision of licensed mental health professionals. Services include client intake; biopsychosocial 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

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other	Total
Contracts	\$2,076,592	\$0	\$0	\$2,076,592
Expenditures	\$1,876,306	\$0	\$0	\$1,876,306

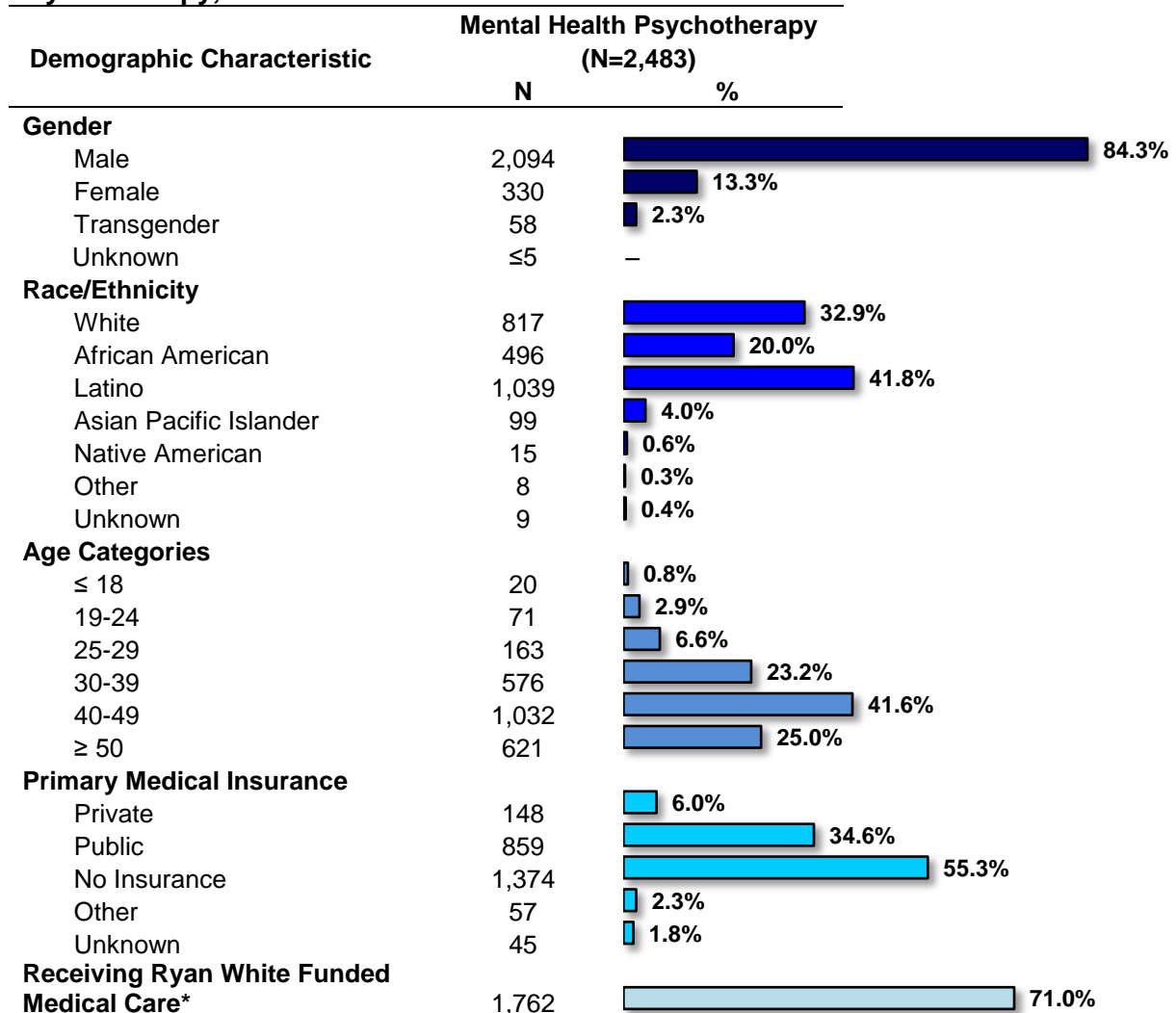
COH allocated 6.5% of Ryan White Part A and Part B service funds to Mental Health, Psychotherapy for FY 2008, an equivalent of \$2,118,702. Similar to Mental Health, Psychiatry, there has been underspending historically in Mental Health, Psychotherapy as well. Recruiting

qualified psychotherapists and clinical supervisors was a challenge that has been difficult to resolve due to a relatively small pool of qualified and interested professionals.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,483	Encounters	27,356

Table 3.4. Demographic Characteristics of Clients Receiving Mental Health, Psychotherapy, FY 2008



Data Source: Casewatch FY 2008 (March 2008 - February 2009).

*Clients who received at least one medical visit within the year

3.7 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.

COH 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, liaison and collaboration.

What OAPP 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.

Funding Sources: Ryan White Part A, Minority AIDS Initiative

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total
Contracts	\$228,168	\$0	\$1,136,811	\$1,364,979
Expenditures	\$271,923	\$0	\$1,076,804	\$1,348,727

* MAI expenditures- \$1,076,804

COH allocated 0.7% of Ryan White Part A and Part B service funds (an equivalent of \$228,168) and 45% of MAI service funds (an equivalent of \$1,081,000) to Medical Case Management services for FY 2008, which came to a combined allocation of \$1,309,168 for this service category.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,590	Encounters	12,361

Table 3.5. Demographic Characteristics of Clients Receiving Medical Case Management Services, FY 2008

Demographic Characteristic	Medical Case Management (N=1,590)	
	N	%
Gender		
Male	1,463	92.0%
Female	123	7.7%
Transgender	≤5	–
Race/Ethnicity		
White	538	33.8%
African American	260	16.4%
Latino	662	41.6%
Asian Pacific Islander	79	5.0%
Native American	13	0.8%
Other	15	0.9%
Unknown	23	1.4%
Age Categories		
≤ 18	0	–
19-24	38	2.4%
25-29	107	6.7%
30-39	382	24.0%
40-49	665	41.8%
≥ 50	398	25.0%
Primary Medical Insurance		
Private	187	11.8%
Public	306	19.2%
No Insurance	1,072	67.4%
Other	10	0.6%
Unknown	15	0.9%
Receiving Ryan White Funded Medical Care*	1,388	87.3%
New Client to Service Category	604	38.0%
New Client to System of Care	113	7.1%
Returning Client to System of Care	116	7.3%

Data Source: Casewatch FY 2008 (March 2008 - February 2009).

*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 terminal clients. HRSA does not have a separate service definition for Skilled Nursing Services.

COH 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 people 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 service is 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 recreational.

What OAPP 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 OAPP 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	Other	Total
Contracts	\$0	\$601,920	\$0	\$601,920
Expenditures	\$0	\$601,920	\$0	\$601,920

COH allocated 1.0% of Ryan White Part A and Part B service funds (an equivalent of \$325,954) to Hospice and Skilled Nursing services for FY 2008.

Similar to Medical Specialty, expenditures for Hospice and Skilled Nursing exceeded the allocated amount. Part A/Part B savings in other service categories offset the expenditures for Hospice and Skilled Nursing—a process that maximized the use of Ryan White funding.

Service Utilization: Data are for July 2008 – June 2009.

Services	Total Clients Served	Service Units	Units of Service Provided
Hospice	1	Hospice days	184
Skilled Nursing	7	Skilled Nursing Days	1,542

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. Note: This is different from the Part C and Part D-funded EIS services.

COH 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 OAPP Funds: Early intervention services provided under contract with OAPP 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: Minority AIDS Initiative, State, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total
Contracts	\$0	\$0	\$3,136,615	\$3,136,615
Expenditures	\$0	\$0	\$2,733,124	\$2,733,124

* MAI expenditures - \$767,606; State expenditures - \$1,927,973; NCC expenditures - \$37,545

COH allocated no Ryan White Part A and Part B funds and 35% of MAI service funds (an equivalent of \$840,881) to Early Intervention services for FY 2008. The majority of support for Early Intervention went from the State directly to the service providers and passed through OAPP.

Service Utilization: Data below are for MAI services only. State-funded programs report data directly to the State.

Total Clients Served	Service Units	Units of Service Provided
584	Encounters	8,748

Table 3.6. Demographic Characteristics of Clients Receiving Early Intervention Services, FY 2008

Demographic Characteristic	Early Intervention (N=584)	
	N	%
WICY		
Women	69	11.8%
Infant	0	–
Children	0	–
Youth	39	6.7%
Race/Ethnicity		
African American	201	34.4%
Latino	247	42.3%
Other	136	23.3%
Clients New to System of Care	50	8.6%
Receiving Ryan White Funded Medical Care	421	72.1%
Post Incarcerated Clients	155	26.5%

Data Source: Casewatch FY 2008 (August 2008 - July 2009)

3.10 Treatment Education

HRSA Definition: As a core medical service, Treatment Adherence is included as part of HRSA’s definition for Medical Case Management.

COH Definition/Guidance: Treatment Education provides ongoing education and support to ensure compliance with a client’s prescribed treatment regimen and helps identify and overcome barriers to adherence. It includes up-to-date information about HIV disease and related illnesses, treatment options and available clinical trials for people living with HIV.

What OAPP Funds: Treatment education services provided under contract with OAPP include: one-on-one client education contacts; one-on-one client support encounters; group education sessions; public education forums; development of fact sheets or short articles about HIV treatment topics; and developing treatment education newsletters.

Funding Sources: Ryan White Part A

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other	Total
Contracts	\$1,451,895	\$0	\$0	\$1,451,895
Expenditures	\$1,307,365	\$0	\$0	\$1,307,365

COH allocated 3.3% of Ryan White Part A and Part B service funds (an equivalent of \$1,075,649) to Treatment Education services for FY 2008. Treatment Education expenditures exceeding the allocated amount was offset by savings in other Part A/Part B categories.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,885	Encounters	12,080

Table 3.7. Demographic Characteristics of Clients Receiving Treatment Education Services, FY 2008

Demographic Characteristic	Treatment Adherence Services (N=1,885)	
	N	%
Gender		
Male	1,450	76.2%
Female	390	20.7%
Transgender	45	3.0%
Unknown	≤5	–
Race/Ethnicity		
White	414	21.1%
African American	488	25.8%
Latino	876	47.8%
Asian Pacific Islander	87	4.5%
Native American	12	0.6%
Other	≤5	–
Unknown	6	0.1%
Age Categories		
≤ 18	32	1.8%
19-24	66	3.9%
25-29	133	8.4%
30-39	475	28.7%
40-49	737	37.8%
≥ 50	442	19.4%
Primary Medical Insurance		
Private	98	3.9%
Public	731	37.5%
No Insurance	1,008	54.5%
Other	44	2.9%
Unknown	≤5	–
Receiving Ryan White Funded Medical Care*		
	1,411	70.5%

Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Clients who received at least one medical visit within the year

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.

COH 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; learn to positively cope and live with HIV. Unlike the HRSA term and definition, Substance Abuse, Treatment, includes both outpatient and residential services.

What OAPP Funds: HIV substance abuse treatment services provided under contract with OAPP in FY 2008 include substance abuse day treatment and substance abuse residential detoxification according to the standards of care. However, residential detoxification 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 have been approved by OAPP.

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.

Funding Sources: State

Allocations, Contract Investment and Expenditures: Day treatment only

	Part A	Part B	Other*	Total
Contracts	\$0	\$0	\$95,968	\$95,968
Expenditures	\$0	\$0	\$72,049	\$72,049

*State expenditures - \$72,049

COH made no Ryan White Part A/Part B allocation to Substance Abuse, Outpatient services for FY 2008.

Service Utilization: Day treatment only, for the period from March 1, 2008 – February 28, 2009.

Total Clients Served	Service Units	Units of Service Provided
58	Treatment Days	2,243

3.12 AIDS Drug Assistance Program (ADAP) Enrollment

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

COH 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 OAPP Funds: Fee-for-service reimbursements for number of clients enrolled in the ADAP program.

Funding Sources: State

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total
Contracts	\$0	\$0	\$163,624	\$163,624
Expenditures	\$0	\$0	\$163,624	\$163,624

*State expenditures - \$163,624

COH allocated no Ryan White Part A/Part B funding to ADAP Enrollment for FY 2008.

Service Utilization:

Services	Total Clients Served
New enrollment	1,862
Re-certification	14,001

Chapter 4. Support Services

In FY 2008, OAPP 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. Peer Support
7. Legal Services
8. Case Management, Home-based
9. Language Services

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.

COH 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 OAPP Funds: Case Management, Psychosocial services provided under contract with OAPP 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. Included in this category in FY 2008 was transitional case management designed to assist individuals newly released from jails to access or re-connect to care.

Funding Sources: Ryan White Part B, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total
Contracts	\$0	\$3,805,268	\$0	\$3,805,268
Expenditures	\$0	\$2,981,115	\$569,985	\$3,551,100

*NCC expenditures - \$569,985

COH allocated 9.8% of Ryan White Part A and Part B service funds to Psychosocial Case Management for FY 2008, an equivalent of \$3,194,351.

Both the contracted amount and expenditures for Case Management, Psychosocial, exceeded the COH allocation. Although NCC was not planned as a funding source for this service category, it was used to pay for partial expenditures in order to help balance the overall Part A/Part B expenditures.

Table 4.1. Demographic Characteristics of Clients Receiving Psychosocial Case Management Services, FY 2008

Demographic Characteristics	Psychosocial Case Management (N=4,485)	
	N	%
Gender		
Male	3,445	76.8%
Female	927	20.7%
Transgender	113	2.5%
Race/Ethnicity		
White	931	20.8%
African American	1,221	27.2%
Latino	2,151	48.0%
Asian Pacific Islander	139	3.1%
Native American	34	0.8%
Other	≤5	–
Unknown	≤5	–
Age Categories		
≤18	116	2.6%
19-24	211	4.7%
25-29	361	8.0%
30-39	1,150	25.6%
40-49	1,728	38.5%
≥50	919	20.5%
Primary Medical Insurance		
Private	156	3.5%
Public	1,664	37.1%
No Insurance	2,578	57.5%
Other	82	1.8%
Unknown	≤5	–
Receiving Ryan White Funded Medical Care*	3,084	68.8%

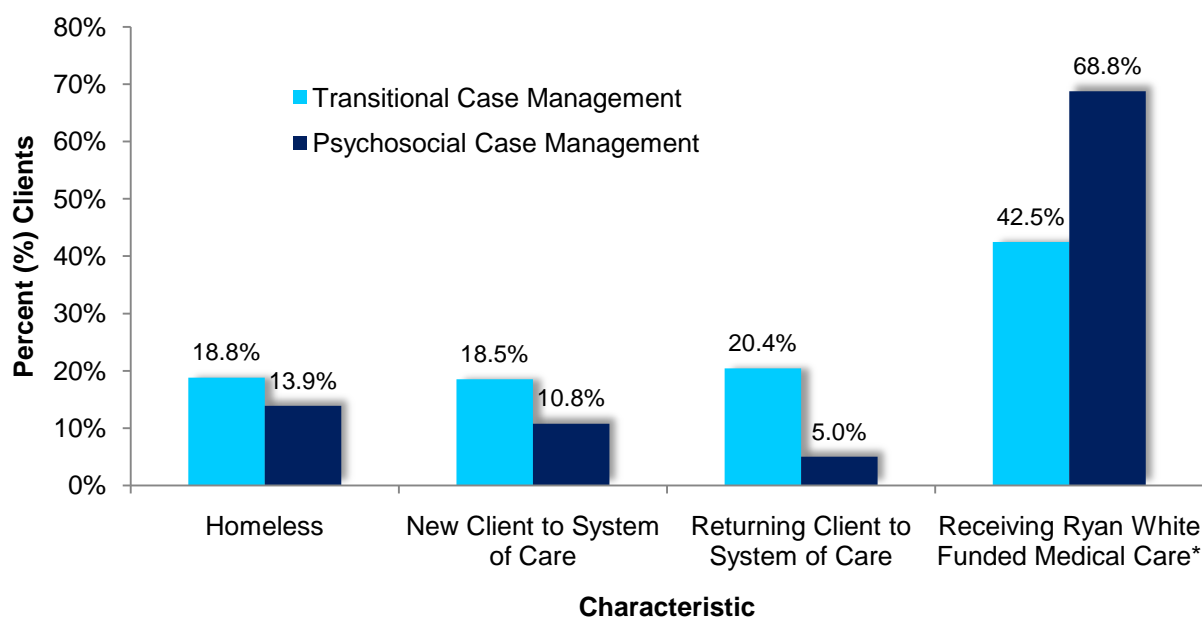
Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Clients who received at least one medical visit within the year

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
4,485	Encounters	72,204

Figure 4.1. Comparison of Characteristics of Clients in Transitional Case Management and Psychosocial Case Management



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).

COH Definition/Guidance: Substance Abuse, Residential, includes residential rehabilitation and transitional housing services that assist clients to 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 OAPP Funds: Substance abuse residential services provided under contract with OAPP 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, and Net County Cost

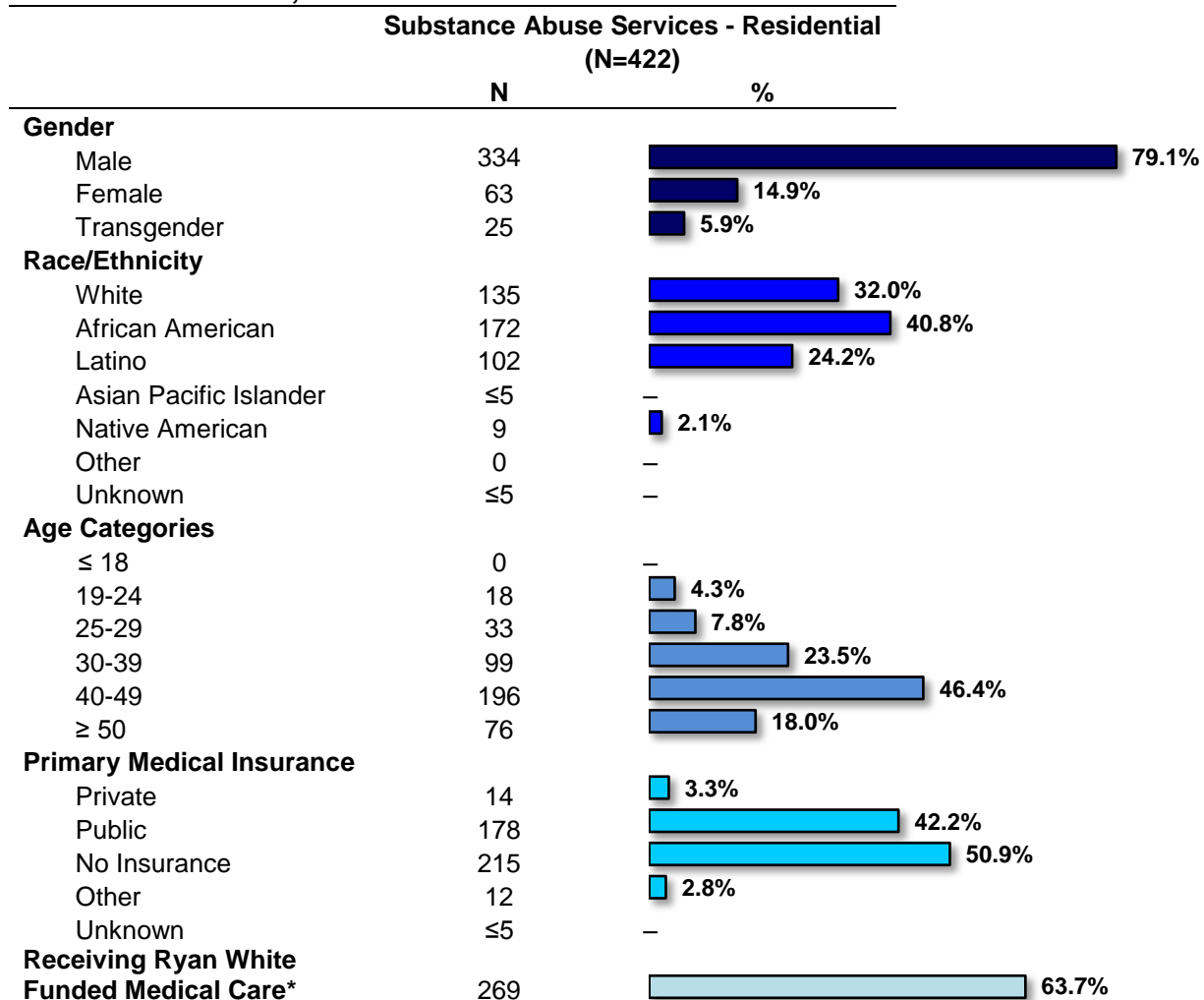
Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total
Contracts	\$1,750,791	\$319,955	\$421,189	\$2,491,935
Expenditures	\$1,501,968	\$278,694	\$288,260	\$2,068,922

*State expenditures - \$288,260 (through ADPA CSAT set-aside)

COH allocated 6.5% of Ryan White Part A and Part B service funds (an equivalent of \$2,118,702) to Substance Abuse, Residential services for FY 2008.

Table 4.2. Demographic Characteristics of Clients Receiving Substance Abuse Residential Services, FY 2008



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Clients who received at least one medical visit within the year

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
422	Residential Days	28,598

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 includes vouchers to purchase food.

COH Definition/Guidance: Nutrition Support includes 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. Nutrition Support also includes vouchers to purchase food.

What OAPP Funds: Nutrition support services provided under contract with OAPP include home delivered meals and food banks/pantry services. Home delivered meals are provided for clients experiencing physical or emotional difficulties related to HIV/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.

Funding Sources: Ryan White Part A

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other	Total
Contracts	\$591,615	\$0	\$0	\$591,615
Expenditures	\$575,553	\$0	\$0	\$575,553

COH allocated 1.1% of Ryan White Part A and Part B service funds to Nutrition Support for FY 2008, an equivalent of \$358,550. Part A/Part B 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
2,233	Bagged groceries	18,132
345	Home delivered meals	82,113

Table 4.3. Demographic Characteristics of Clients Receiving Nutrition Support Services, FY 2008

	Nutrition Support (N=2,578)	
	N	%
Gender		
Male	2,028	78.7%
Female	472	18.3%
Transgender	77	3.0%
Unknown	≤5	–
Race/Ethnicity		
White	570	22.1%
African American	743	28.8%
Latino	1,190	46.2%
Asian Pacific Islander	46	1.8%
Native American	19	0.7%
Other	≤5	–
Unknown	8	0.3%
Age Categories		
≤ 18	33	1.3%
19-24	34	1.3%
25-29	93	3.6%
30-39	490	19.0%
40-49	1,093	42.4%
≥ 50	835	32.4%
Primary Medical Insurance		
Private	78	3.0%
Public	1,279	49.6%
No Insurance	1,077	41.8%
Other	75	2.9%
Unknown	69	2.7%
Receiving Ryan White Funded Medical Care*		
	1,617	62.7%

Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Clients who received at least one medical visit within the year

4.4 Residential, Transitional

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.

COH 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. Includes emergency shelter, transitional housing, Adult Residential Facility and Residential Care Facility for the Chronically Ill.

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

Unlicensed Services:

- *Emergency Housing Programs:* Temporary housing for homeless persons living with HIV disease who require immediate living quarters.
- *Transitional Housing Programs:* Interim housing for homeless persons living with HIV. The purpose of this service is to facilitate movement towards more traditional and permanent housing through needs assessment, counseling, case management, and other support services.

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: Ryan White Part A, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total
Contracts	\$1,529,107	\$0	\$4,868,185	\$6,397,292
Expenditures	\$1,154,173	\$0	\$4,655,113	\$5,809,286

*NCC expenditures - \$4,655,113

COH allocated 3.7% of Ryan White Part A and Part B service funds to Residential, Transitional services for FY 2008, which was an equivalent of \$1,206,031. The majority of this service was funded by NCC.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
397	Residential days	7,761

Table 4.4. Demographic Characteristics of Clients Receiving Residential, Transitional Services, FY 2008

	Residential Transitional Housing (N=397)	
	N	%
Gender		
Male	307	77.3%
Female	77	19.4%
Transgender	13	3.3%
Race/Ethnicity		
White	61	15.4%
African American	171	43.1%
Latino	159	40.1%
Asian Pacific Islander	≤5	–
Native American	≤5	–
Unknown	≤5	–
Age Categories		
≤ 18	6	1.5%
19-24	9	2.3%
25-29	20	5.0%
30-39	88	22.2%
40-49	170	42.8%
≥ 50	104	26.2%
Primary Medical Insurance		
Private	8	2.0%
Public	171	43.1%
No Insurance	202	50.9%
Other	16	4.0%
Unknown	0	–
Receiving Ryan White Funded Medical Care*	255	64.2%

Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*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 appointment¹.

COH Definition/Guidance: Medical Transportation includes conveyance services provided, directly or through voucher, to a client so that he or she 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

¹ In FY 2007, HRSA restricted medical transportation services to support clients' access to core medical services. HRSA issued a clarification in FY 2008 to allow medical transportation to facilitate access to support services as well.

providing transportation to medical and social services appointments. Transportation services will not be provided for recreational and/or entertainment purposes.

What OAPP 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	Other	Total
Contracts	\$963,046	\$0	\$0	\$963,046
Expenditures	\$717,945	\$0	\$0	\$717,945

COH allocated 1.9% of Ryan White Part A and Part B service funds to Medical Transportation services for FY 2008, which was an equivalent of \$619,313. Expenditures exceeding the allocation were offset by savings from other service categories.

Service Utilization:

Services	Total Clients Served	Service Unit	Service Units Provided
Taxi service	302	Taxi rides	7265
Bus passes	3,020	Number of passes	36,239
MetroLink	29	Train rides	349
Disabled ID cards	903	Number of ID cards	903

4.6 Peer Support

HRSA Definition: Psychosocial Support Services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. This category includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements. HRSA does not have a separate category called “Peer Support.”

COH Definition/Guidance: Peer Support improves access to and retention in primary health care and support services for hard-to-reach persons living with HIV through the utilization of specially trained peers. COH has a separate “Psychosocial Support” service category.

What OAPP Funds: HIV peer support services provided under contract with OAPP include: individual-level peer-based orientation sessions; individual-level peer-based support sessions; interactive educational/informational group sessions; newsletters.

Funding Sources: Ryan White Part B, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total
Contracts	\$0	\$384,965	\$0	\$384,965
Expenditures	\$0	\$322,794	\$38,928	\$361,722

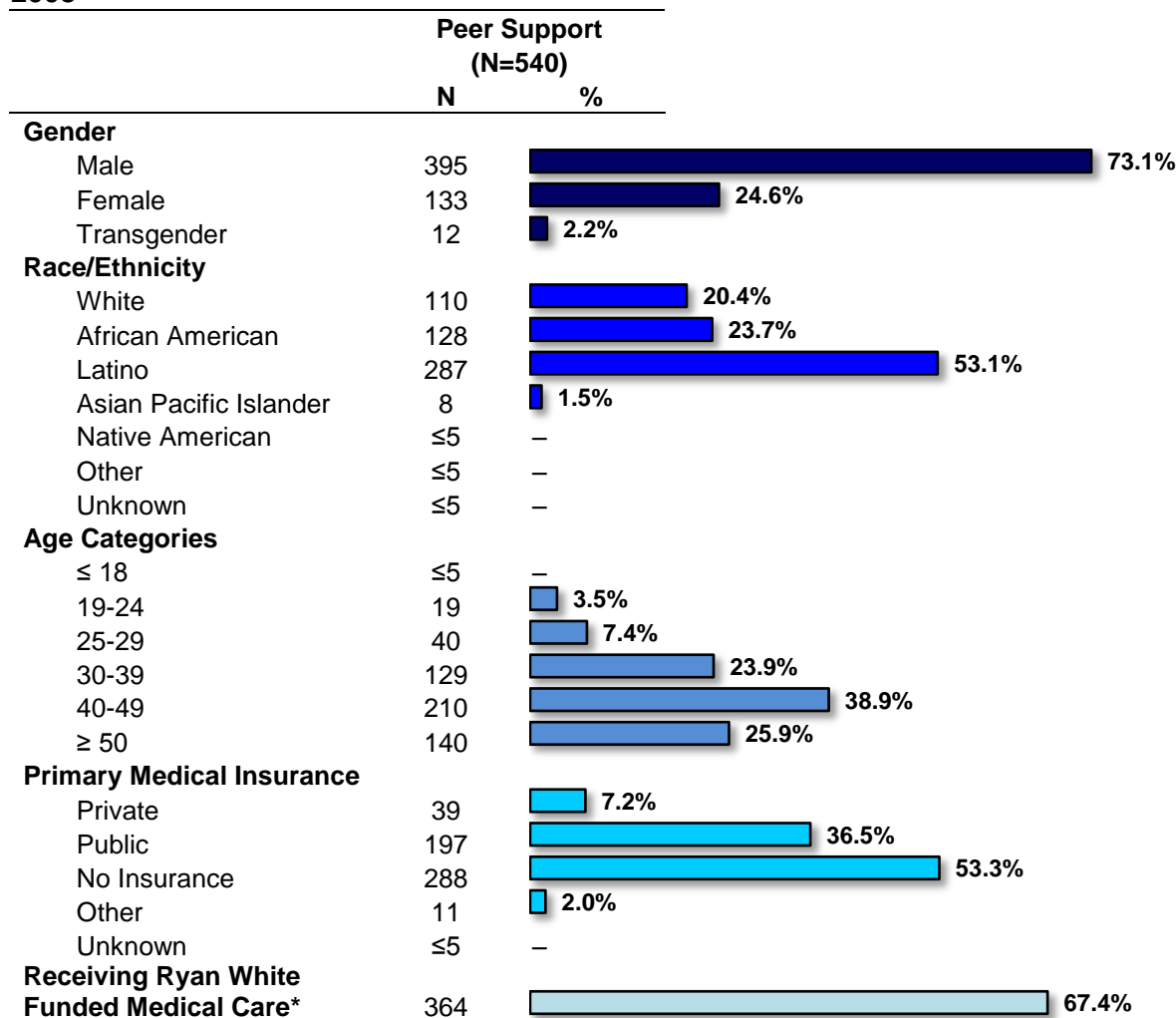
*NCC expenditures=\$38,928

COH allocated 1.0% of Ryan White Part A and Part B service funds (an equivalent of \$325,954) to Peer Support services for FY 2008.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
540	Encounters	5,205

Table 4.5. Demographic Characteristics of Clients Receiving Peer Support Services, FY 2008



Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Clients who received at least one medical visit within the year

4.7 Legal Services

HRSA Definition: Legal Services are the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

COH Definition/Guidance: Same as above.

What OAPP Funds: HIV legal services provided under contract with OAPP include: centralized bilingual (Spanish/English) intake; outreach services; legal check-ups; public benefits assistance services that ensure a client's access to and maintenance of primary health care, benefits and other services; HIV discrimination services that also address such issues as breaches of privacy and confidentiality, testing and reasonable accommodations; and immigration services that include assistance with accessing and maintaining medical care and other supportive services. HIV legal services do not include guardianship or adoption of children after the death of their legal caregiver, criminal defense, discrimination or class action litigation unrelated to Ryan White Program services.

Funding Sources: Ryan White Part A, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total
Contracts	\$162,977	\$0	\$207,456	\$370,433
Expenditures	\$162,977	\$0	\$207,456	\$370,433

*NCC expenditures - \$207,456

COH allocated 0.5% of Ryan White Part A and Part B service funds (an equivalent of \$162,977) to Legal services for FY 2008.

Service Utilization:

Services	Total Clients Served	Service Units Provided (Hours)
HIV Discrimination	86	1,090
Immigration	387	1,589
Public Benefits	145	719
Testamentary (<i>pro bono</i>)	113	234
Outreach	173	185

4.8 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 diagnostics 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.

COH 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, liaison and collaboration.

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

Funding Sources: Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total
Contracts	\$0	\$0	\$2,105,367	\$2,105,367
Expenditures	\$0	\$0	\$1,492,719	\$1,492,719

*NCC expenditures - \$1,492,719

COH allocated no Ryan White Part A/Part B funds to Case Management, Home-Based services for FY 2008.

Service Utilization:

Services	Total Clients Served	Service Unit Definition	Service Units Provided
Attendant care	126	Attendant care hours	21,105
Homemaker services	202	Homemaker hours	24,524

4.9 Language Services

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

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

Funding Sources: Ryan White Part A, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B	Other*	Total
Contracts	\$32,595	\$0	\$200,099	\$232,694
Expenditures	\$24,318	\$0	\$171,571	\$195,889

*NCC expenditures - \$171,571

COH allocated 0.1% of Ryan White Part A and Part B service funds (an equivalent of \$32,595) to Language services for FY 2008.

Service Utilization:

Services	Clients Served	Service Units	Service Units Provided
Sign language interpretation	50	Interpretation Hours	275
Interpreter training	29	Interpreters trained	29
Interpreter re-certification	29	Re-certification trainings	29
Translation services	13	Translated words	84,619

Appendix A

Table A.1. Demographic Characteristics of All Ryan White Clients and Clients in Medical Care, FY 2008

Demographic Characteristics	All Clients (N=18,866)		Clients in Ryan White Funded-Medical Care* (N=14,723)	
	N	%	N	%
Gender				
Male	15,626	82.8%	12,271	83.3%
Female	2,908	15.4%	2,216	15.1%
Transgender	326	1.7%	231	1.6%
Unknown	6	<0.1%	≤5	–
Race/Ethnicity				
White	4,768	25.3%	3,461	23.5%
African American	4,389	23.3%	3,262	22.2%
Latino	8,882	47.1%	7,379	50.1%
Asian Pacific Islander	610	3.2%	483	3.3%
Native American	98	0.5%	70	0.5%
Other	34	0.2%	19	0.1%
Unknown	85	0.5%	49	0.3%
Age Categories				
≤18	188	1.0%	61	0.4%
19-24	588	3.1%	489	3.3%
25-29	1,264	6.7%	1,102	7.5%
30-39	4,625	24.5%	3,892	26.4%
40-49	7,512	39.8%	5,869	39.9%
≥50	4,689	24.9%	3,310	22.5%
HIV/AIDS Status				
HIV+, Not AIDS	5,610	29.7%	4,535	30.8%
HIV+, AIDS Status Unknown	2,569	13.6%	1,818	12.3%
CDC Defined AIDS	10,629	56.3%	8,369	56.8%
Unknown	58	0.3%	≤5	–
Primary Medical Insurance				
Private	954	5.1%	550	3.7%
Public	5,994	31.8%	4,086	27.8%
No Insurance	11,364	60.2%	9,837	66.8%
Other	346	1.8%	187	1.3%
Unknown	208	1.1%	63	0.4%
Federal Poverty Level (FPL)				
Equal to or below FPL	12,314	65.3%	9,715	66.0%
101-200% of FPL	4,846	25.7%	3,649	24.8%
201-300% of FPL	1,109	5.9%	878	6.0%
301-400% of FPL	358	1.9%	302	2.1%
>400% of FPL	207	1.1%	157	1.1%
Unknown	32	0.2%	22	0.1%
Homeless	1,317	7.0%	929	6.3%

Demographic Characteristics	All Clients (N=18,866)		Clients in Ryan White Funded-Medical Care* (N=14,723)	
	N	%	N	%
Incarceration History in the last 24 Months	1,801	9.5%	1,194	8.1%
New Client to System of Care	1,781	9.4%	1,184	8.0%
Returning Client to System of Care	1,152	6.1%	765	5.2%

Data Source: Casewatch FY 2008 (March 2008 - February 2009)

*Received at least 1 medical visit within the year