

HIV Care and Treatment Service Utilization

2009 Year End Report



Los Angeles County Department of Public Health

Jonathan E. Fielding, M.D., M.P.H., M.B.A.
Director of Public Health and Health Officer

Jonathan E. Freedman
Chief Deputy

Office of AIDS Programs and Policy

Mario J. Pérez, M.P.H.
Director

Michael Green, Ph.D., M.H.S.A.
Chief, Office of Planning

Carlos Vega-Matos, M.P.A.
Chief, Clinical Services Division

David Young
Chief, Financial Services Division

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Authors and Contributors

Juhua Wu, Care Grants and Planning Manager

Chi-Wai Au, HRSA Grants Analyst

Min Kim, Research Analyst

Jose Gomez, Data Management & Quality Assurance Manager

Jacqueline Rurangirwa, Epidemiologist

Khrystyne Fong, Fiscal Grants Manager

Angela Boger, Section Manager, Care Services

Terina Keresoma, Section Manager, Care Services

Contact Information

Office of AIDS Programs and Policy

600 South Commonwealth Ave., 10th Floor

Los Angeles, CA 90005

Phone (213) 351-8000

Office Hours: Monday – Friday, 8:00 a.m – 5:00 p.m.

Chapter 1. Introduction

Background

Los Angeles County has 24,845 people living with AIDS as of December 31, 2009¹. It is estimated that another 25,000 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) co-ordinates 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) 2009 (March 2009 – February 2010), OAPP received \$35,910,442 Part A funding from HRSA, of which \$30,523,875 was allocated for direct services. That same year, OAPP received \$2,829,687 in Minority AIDS Initiative (MAI) funding from HRSA in August 2009, and allocated \$2,546,719 for direct services. OAPP also receives from the California State Office of AIDS Ryan White Part B Consortium funds and other State funding. In FY 2009, the State funding came in the form of Part B (April – Jun, 2009) and funding from the State's Single Allocation Model (SAM) that funneled various State funding for HIV/AIDS services through OAPP. Total funding from the State for HIV care and treatment direct services for the 12 month FY 2009 contract period was \$9.1 million. 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 2009, 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 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 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

¹ Los Angeles County HIV Epidemiology Program HIV/AIDS Reporting System (eHARS) cases reported as of August 31, 2010

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

decisions. OAPP then implements Ryan White-funded services according to these funding allocations and guidance/expectations. MAI allocations are determined in a separate but similar process¹.

Services Funded for FY 2009

Table 1.1 below lists services fundable by HRSA, prioritized and allocated by COMMISSION, and services funded by OAPP in FY 2009. 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 COMMISSION, and services funded by OAPP in FY 2009.

HRSA Service Categories	Prioritized by COMMISSION	Allocated by COMMISSION 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 • ADAP Enrollment • Medical Specialty • Local Pharmacy Assistance • Oral Health Care • Mental Health, Psychiatry • Mental Health, Psychotherapy • Case Management, Medical • Early Intervention Services • Health Insurance Premium & Cost Sharing • Substance Abuse, Treatment • Treatment Education • Medical Nutrition Therapy • Skilled Nursing Facility • Home Health Care • Hospice • HIV Counseling and Testing in Care Settings • Case Management, Home-based 	<ul style="list-style-type: none"> • Medical Outpatient • Medical Specialty • Oral Health Care • Mental Health, Psychiatry • Mental Health, Psychotherapy • Case Management, Medical • Treatment Education* • Medical Nutrition Therapy* • Hospice and Skilled Nursing Services • Case Management, Home-based • Early Intervention Services 	

¹ For information on the COMMISSION's priorities and allocations for Ryan White Program for FY 2009, see the COMMISSION website at www.hivcommission-la.info.

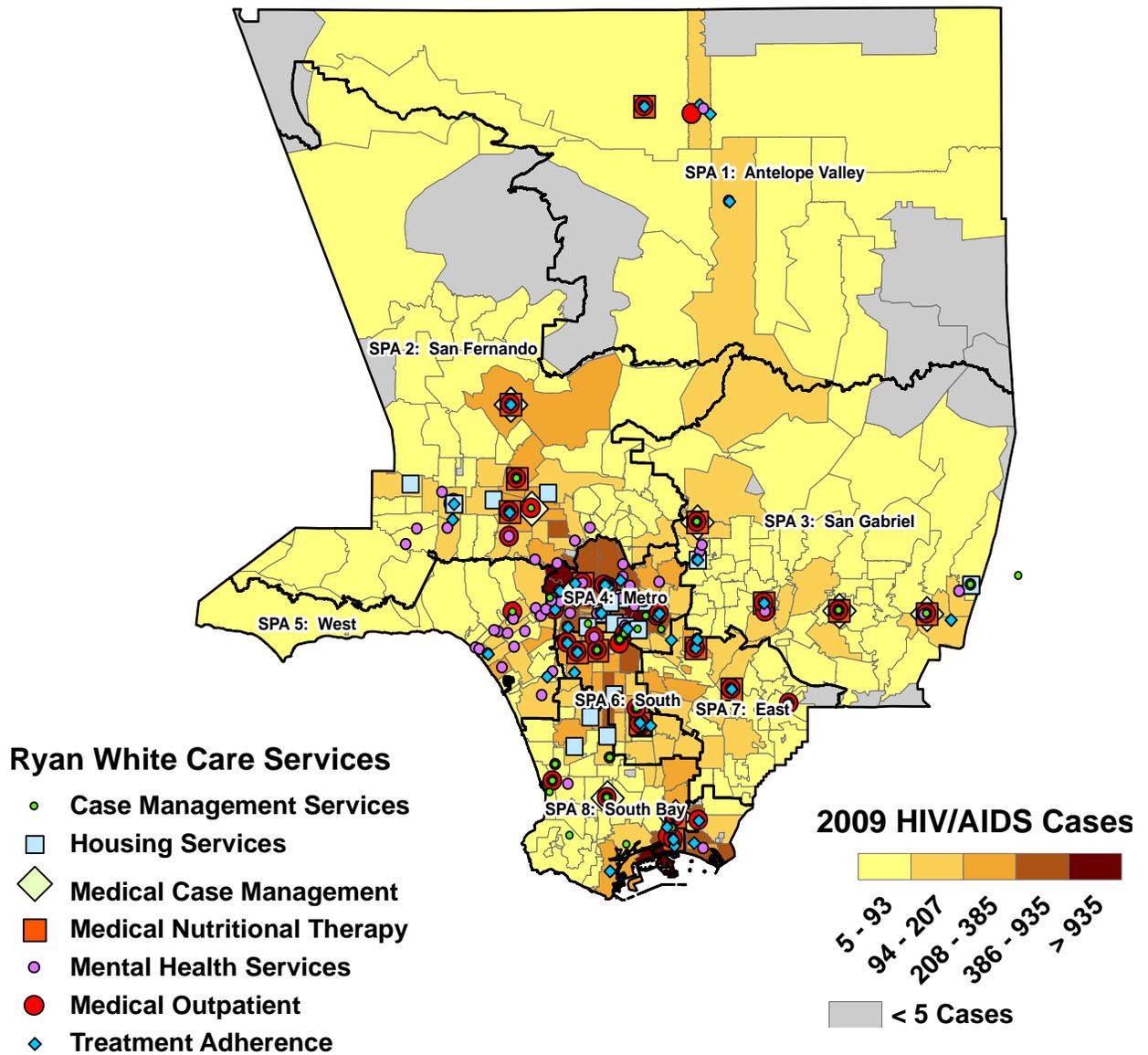
HRSA Service Categories	Prioritized by COMMISSION	Allocated by COMMISSION with RW Part A/B	Funded by OAPP
Support Services			
<ul style="list-style-type: none"> • Case Management (non-medical) • Child Care Services • Emergency Financial Assistance • Food Bank/Home-Delivered Meals • Health Education/Risk 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"> • Benefits Specialty • Substance Abuse, Residential • Case Management, Psychosocial • Residential, Transitional • Transportation • Residential, Permanent • Nutrition Support • Legal Services • Case Management, Transitional • Direct Emergency Financial Assistance • Case Management, Housing • Language Services • Child Care Services • Workforce Re-entry • Rehabilitation Services • Health Education/Risk Reduction • Outreach Services • Referral Services • Peer Support • Respite Care • Permanency Planning • Psychosocial Support 	<ul style="list-style-type: none"> • Benefits Specialty • Substance Abuse, Residential • Case Management, Psychosocial • Transportation • Nutrition Support • Case Management, Transitional 	<ul style="list-style-type: none"> • Substance Abuse, Residential • Case Management, Psychosocial • Medical Transportation • Nutrition Support • Case Management, Transitional • Legal Services* • Peer Support* • Language Services • Residential Services <p>*Indicates services that discontinued during FY 2009 in response to the State budget cuts.</p>

Table 1.2. Key Service Categories and Geographic Coverage, FY 2009

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 2009 (March 2009 - February 2010). **Note:** Blue indicates service offered in 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 Area (SPA) and Zip Code, 2009**



Data Source: *Casewatch FY 2009 (March 2009 - February 2010)
 ** eHARS as of 12/31/2009, HIV Epidemiology Program

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 2009 (March 2009 to February 2010). 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 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/SAM Care, Other, and a combined total; and 3) COMMISSION allocations for Ryan White Part A, Part B/SAM, and MAI—the percentages and their equivalent dollars based on actual awards for FY 2009. MAI, NCC, and other expenditures are included in "Other" with footnotes stating the funding source and year-end expenditures.

For both the utilization data and financial data, multiple time frames are included because of the varied funding cycle for each funding source. Service utilization data from Casewatch are extracted for March 1, 2009 – February 28, 2010. These include Part A, Part B, MAI, and some NCC-funded services. Data for State (including SAM Care) and County-funded services cover July 1, 2009 – June 30, 2010. Financial data for Part B are from April 1, 2008 to March 31, 2009; financial data for MAI are from August 1, 2009 to July 31, 2010.

Chapter 2. Client Summary

In FY 2009, 18,545 unduplicated clients receiving OAPP-funded HIV care and treatment services were reported in Casewatch, representing approximately 39% of the estimated number of people diagnosed with HIV/AIDS in Los Angeles County. Of those, 14,875 had at least one medical visit. During the same year, 1,779 new clients were enrolled in OAPP-funded system of HIV care and 1,124 clients returned to the system of care. Approximately 67% of new clients accessed OAPP-funded medical care in FY 2009 (Appendix A).

The following tables and graphs present demographic characteristics of clients served in FY 2009, 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 2009, 83.6% of OAPP-funded clients were male, 14.6% were female, and 1.8% were transgender. Latino/as accounted for 47.9% of all clients, while Whites represented 24.9%, African Americans 23.1%, and Asian/Pacific Islanders 3.2%.

Figure 2.2. Gender Distribution of All Ryan White Clients, FY 2009 (N=18,545)

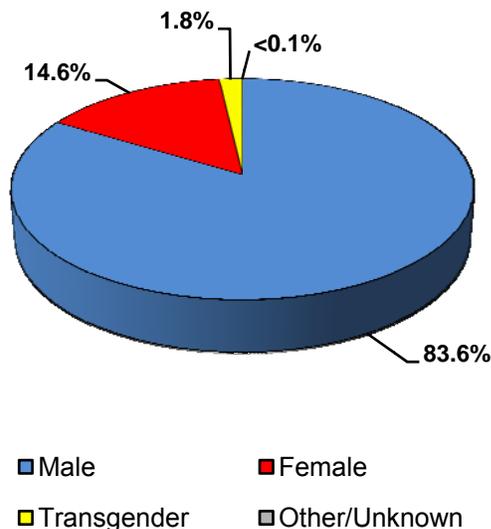
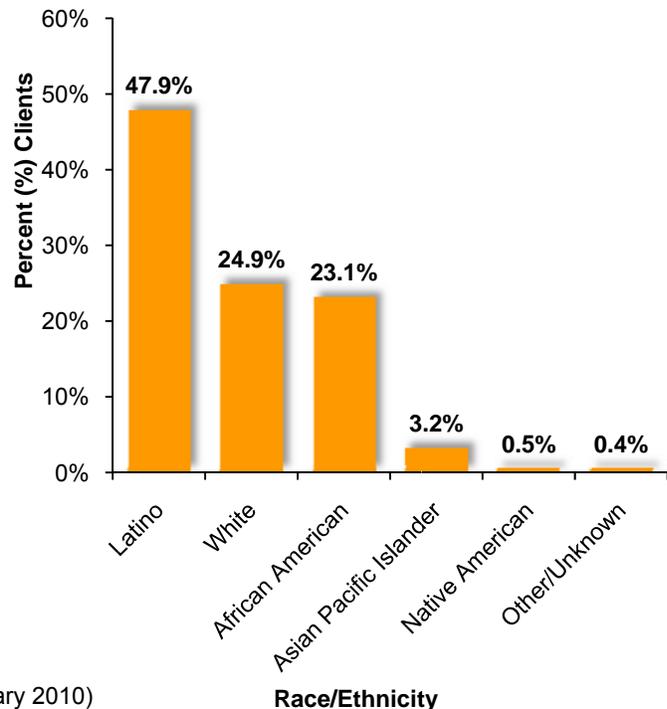


Figure 2.3. Race/Ethnicity of All Ryan White Clients, FY 2009 (N=18,545)



Data Source: Casewatch FY 2009 (March 2009 - February 2010)

Figure 2.4. Age Group Distribution of All Ryan White Clients, FY 2009 (N=18,545)

The age distribution of all clients closely mirrors that of the overall local HIV epidemic. The majority of clients (39.3%) were between ages 40-49, followed by 26.1% for clients 50 years and older, and 23.5% for clients between 30-39 years old.

Between 2007 and 2009, the proportion of clients 50 years and older increased by 1-2% each year, while the proportion of clients between 30-39 years decreased slightly each year.

Data Source: Casewatch FY 2009
March 2009 - February 2010)

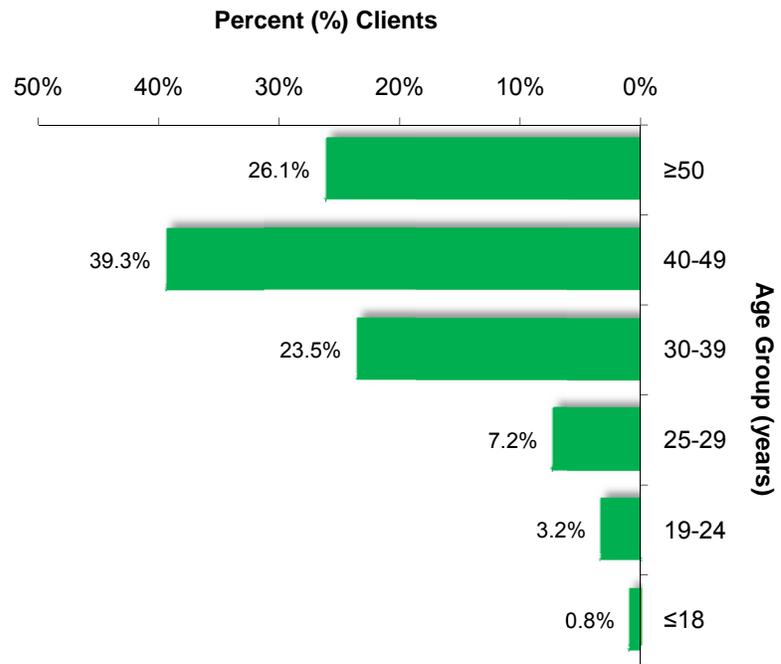
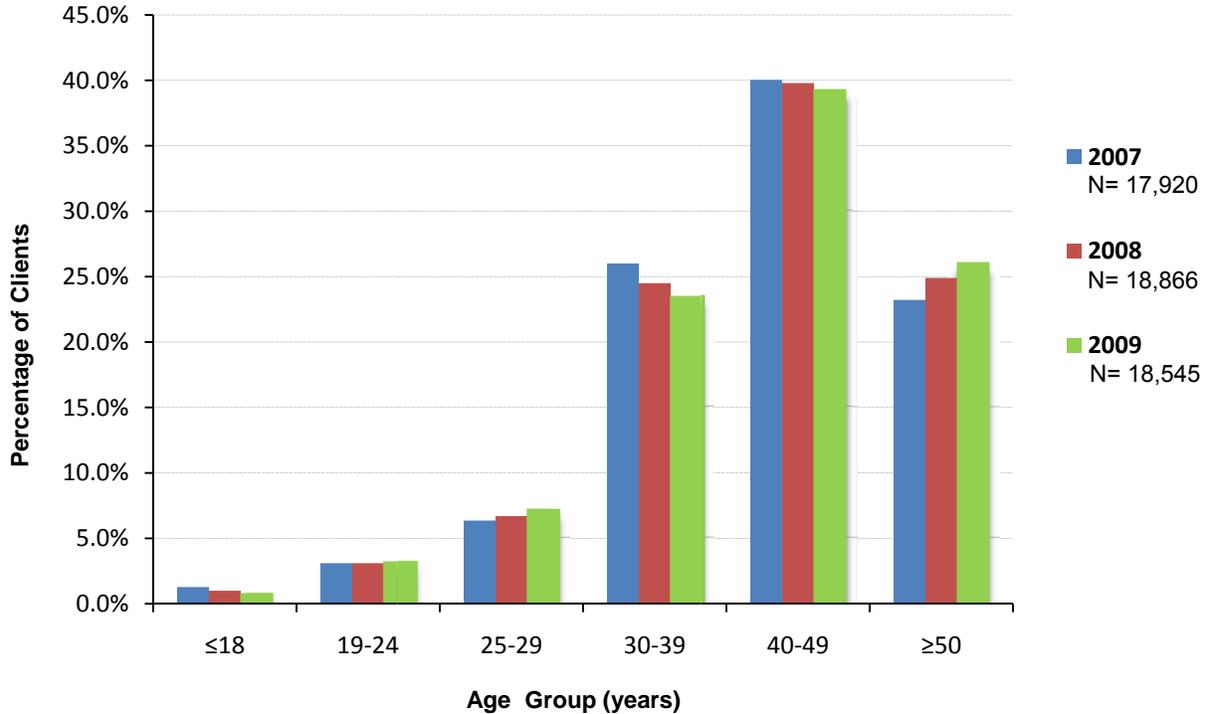


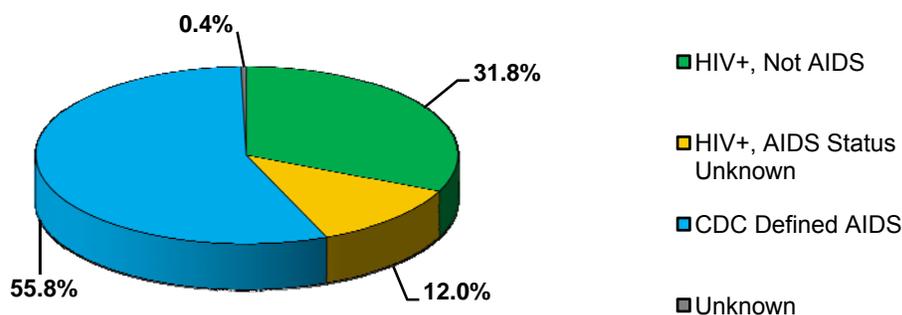
Figure 2.5. Age Group Distribution of All Ryan White Clients, FY 2007-2009



Data Source: Casewatch FY 2007, 2008 and 2009.

The majority (55.8%) of clients served during FY 2009 had CDC-defined AIDS.

Figure 2.6. HIV/AIDS Status of All Ryan White Clients, FY 2009 (N=18,545)

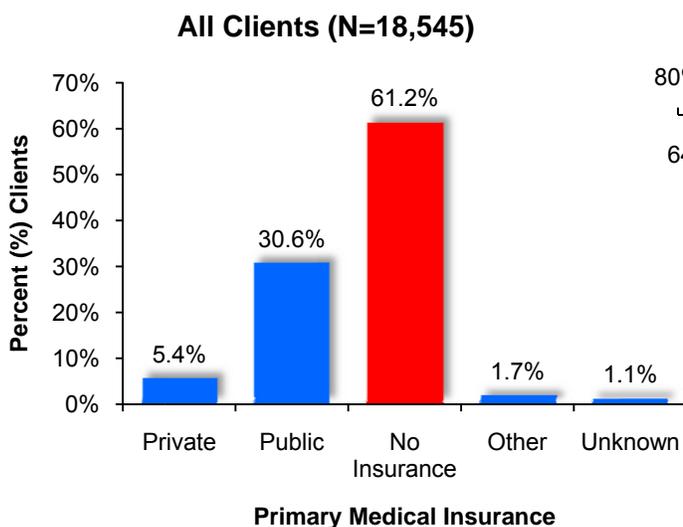


Data Source: Casewatch FY 2009 (March 2009 - February 2010)

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). Compared with FY 2007, the level of poverty and lack of health insurance was still higher in FY 2009, with 61.2% of clients with no form of health insurance, and 64.4% living at or below the FPL. 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 2.7. Primary Medical Insurance Status of All Ryan White Clients, FY 2009



Data Source: Casewatch FY 2009 (March 2009 - February 2010)

Figure 2.8. Distribution of All Ryan White Clients by Federal Poverty Level, FY 2009

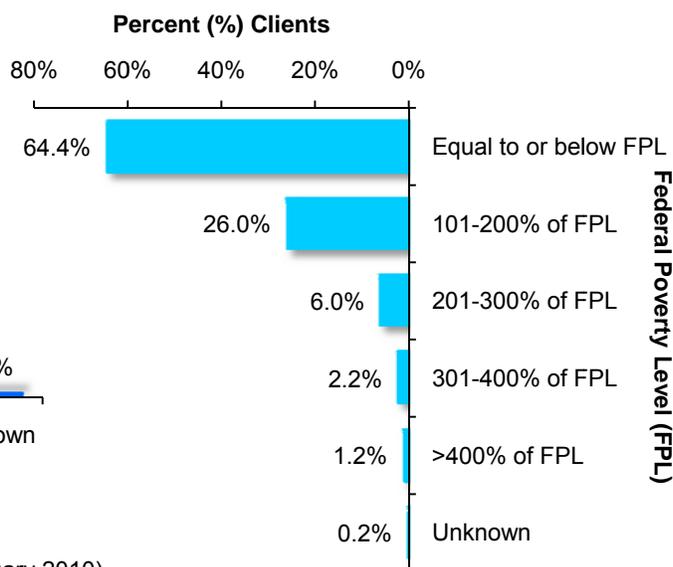
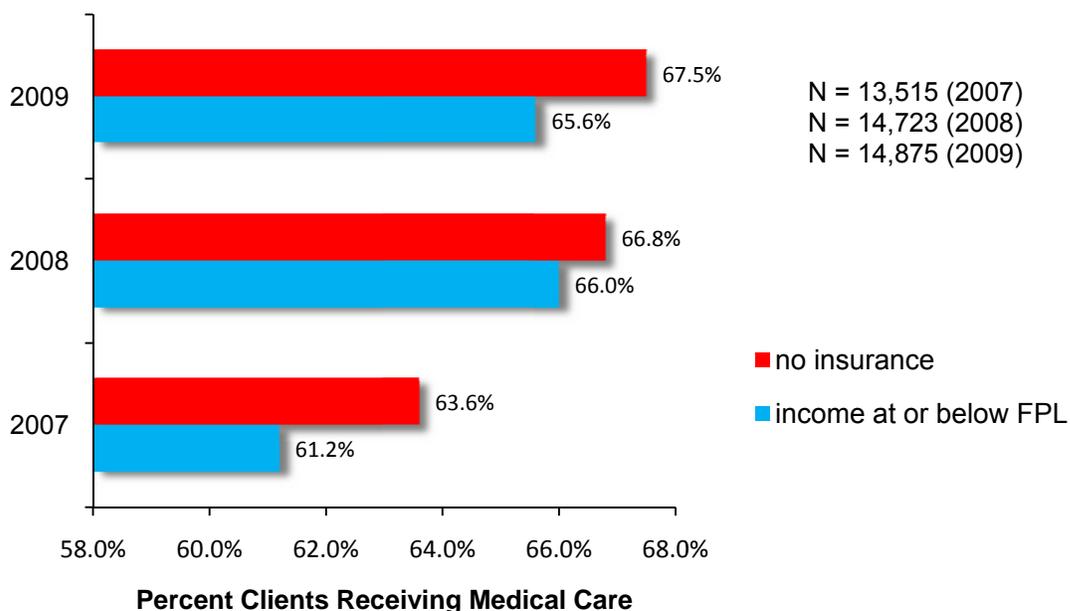


Figure 2.9. Proportion of Clients in Ryan White Medical Care Who Had No Health Insurance and Who Lived At or Below Federal Poverty Level, FY 2007 - 2009



Data Source: Casewatch FY 2007, 2008 and 2009.

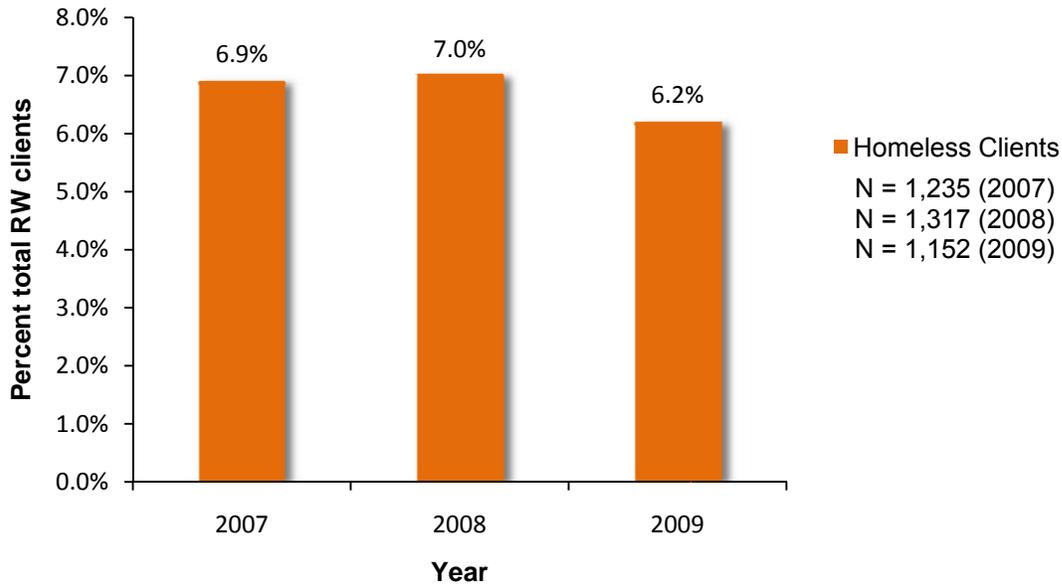
Clients with Special Needs: Homelessness, Incarceration, Mental Illness, and Substance Abuse

Many clients in the care system face additional challenges that could affect their care-seeking patterns. 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 6% of Ryan White clients in FY 2009 were homeless. In FY 2009, 10.3% of Ryan White clients received OAPP-funded psychiatric treatment while 12.6% of clients received psychotherapy services. Although less than 3% of all clients received OAPP-funded substance abuse services in FY 2009, the self-reported “current” risk behavior reported in Casewatch indicate 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 2009. Demographic information for clients in mental health and substance abuse treatment can be found in Chapters 3 and 4.

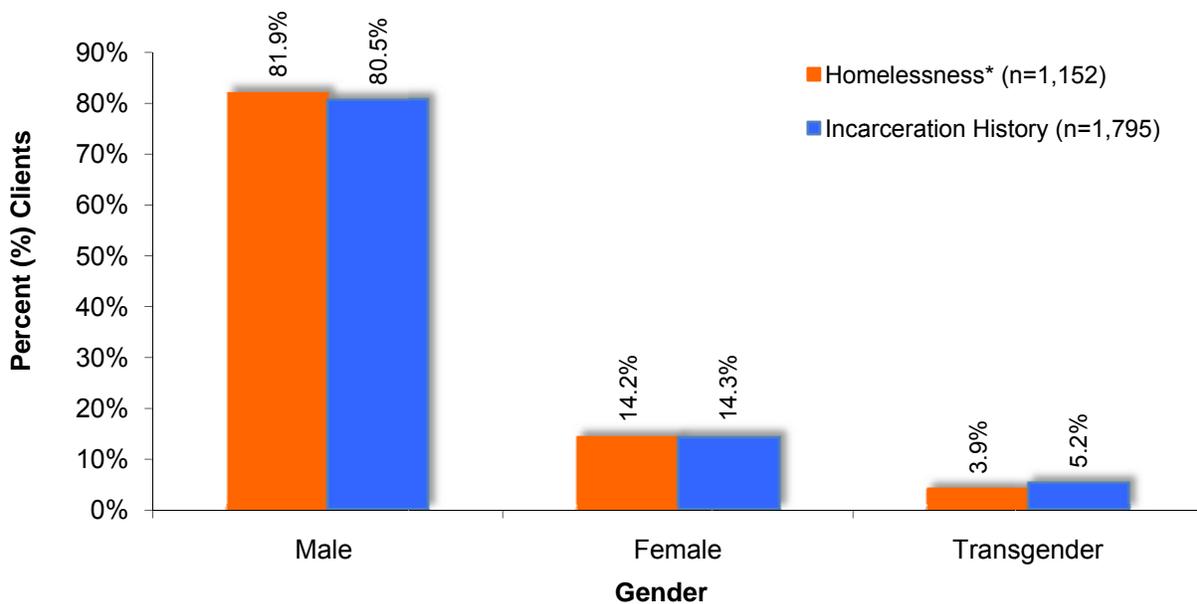
While the gender distributions of homeless clients and clients with recent incarceration history largely mirror that of the overall clients, the distribution of clients by age and race/ethnicity shows a very different picture. African Americans accounted for a much higher proportion of homeless and recently-incarcerated 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 overall clients.

Figure 2.10. Ryan White Clients Who Were Homeless, FY 2007-2009



Data Source: Casewatch FY 2007, 2008 and 2009.

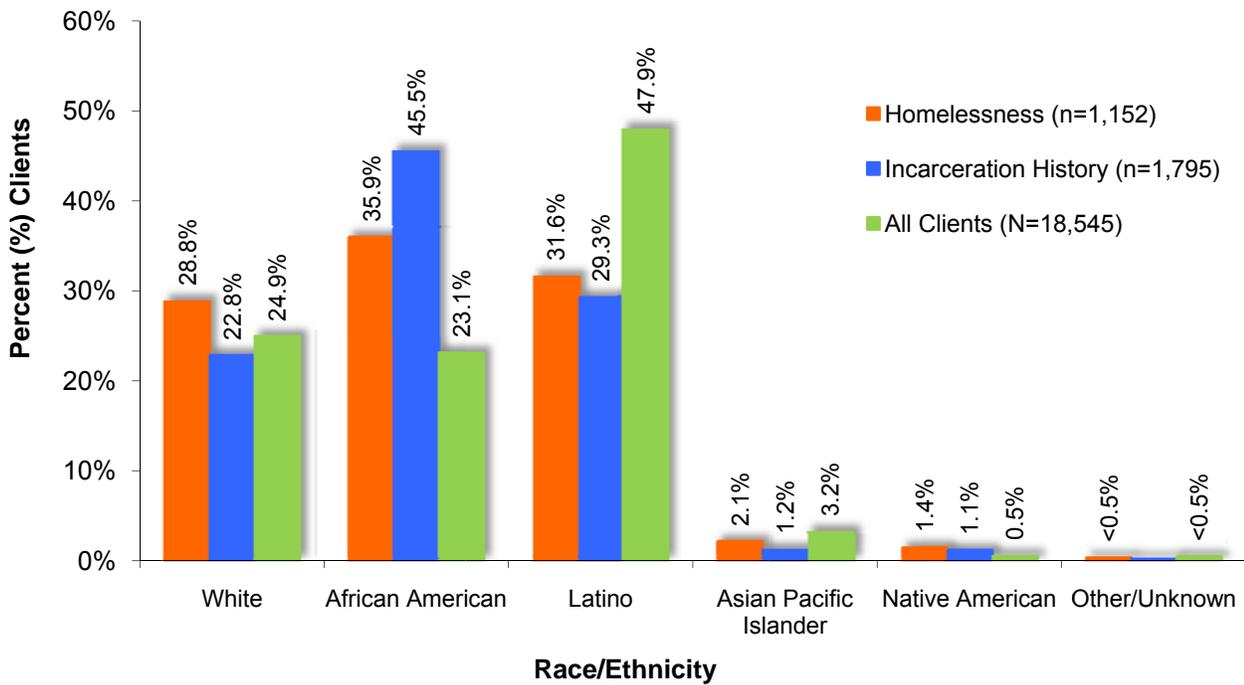
Figure 2.11. Gender Distribution of Homeless and Recently Incarcerated Clients, FY 2009



Data Source: Casewatch FY 2009 (March 2009 - February 2010)

Note: Incarceration history within the last 24 months

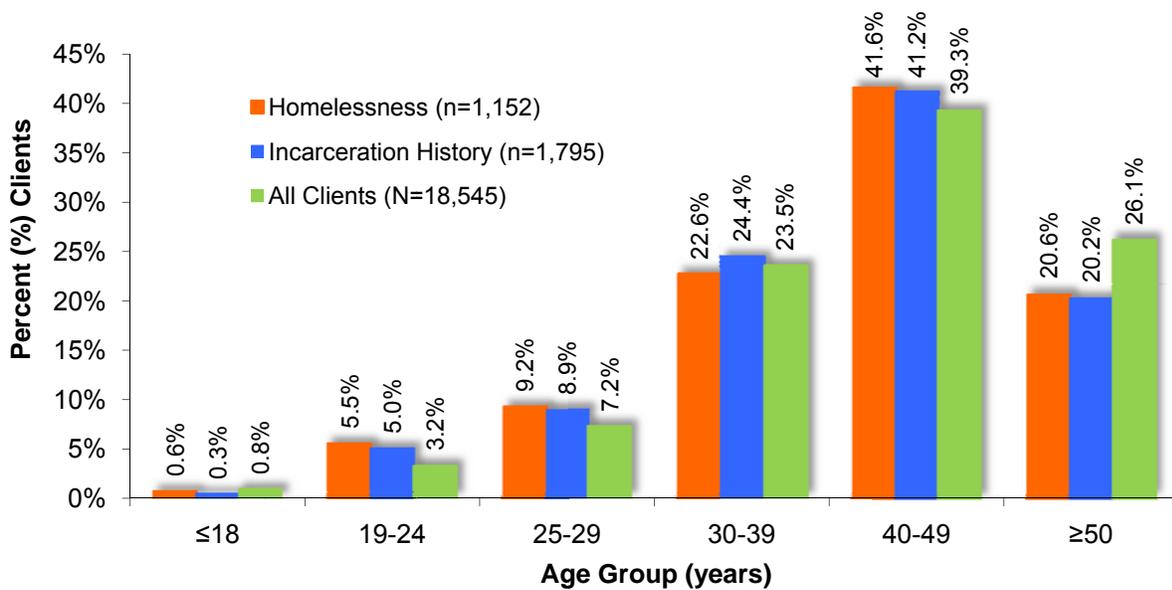
Figure 2.12. Distribution of Clients by Race/Ethnicity among Homeless, Recently-Incarcerated, and All Clients, FY 2009



Data Source: Casewatch FY 2009 (March 2009 - February 2010)

Note: Incarceration history within the last 24 months

Figure 2.13. Distribution of Clients by Age among Homeless, Recently-Incarcerated, and All Clients, FY 2009



Data Source: Casewatch FY 2009 (March 2009 - February 2010)

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 2009

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	412		2,541		1,262		6,074		606		2,804		1,363		2,893		590	
Gender																		
Male	281	68.2%	2,085	82.1%	1,048	83.0%	5,472	90.1%	540	89.1%	2,031	72.4%	1,117	82.0%	2,433	84.1%	498	84.4%
Female	128	31.1%	393	15.5%	205	16.2%	470	7.7%	63	10.4%	731	26.1%	230	16.9%	415	14.3%	66	11.2%
Transgender	3	0.7%	62	2.4%	9	0.7%	131	2.2%	3	0.5%	41	1.5%	16	1.2%	45	1.6%	26	4.4%
Unknown	0	–	≤5	–	0	–	≤5	–	0	–	≤5	–	0	–	0	–	0	–
Race																		
White	97	23.5%	731	28.8%	207	16.4%	1,947	32.1%	281	46.4%	159	5.7%	147	10.8%	849	29.4%	200	33.9%
Black	162	39.3%	388	15.3%	142	11.3%	962	15.8%	131	21.6%	1,453	51.8%	84	6.2%	779	26.9%	190	32.2%
Latino(a)	142	34.5%	1,303	51.3%	794	62.9%	2,916	48.0%	168	27.7%	1,166	41.6%	1,101	80.8%	1,114	38.5%	173	29.3%
Asian/PI	7	1.7%	94	3.7%	112	8.9%	198	3.3%	19	3.1%	16	0.6%	28	2.1%	107	3.7%	13	2.2%
AI/AN	≤5	–	13	0.5%	≤5	–	34	0.6%	≤5	–	≤5	–	≤5	–	17	0.6%	7	1.2%
Other/Unknown	0	–	12	0.5%	≤5	–	17	0.3%	≤5	–	6	0.2%	≤5	–	27	0.9%	7	1.2%
Age Group (years)																		
≤18	9	2.2%	30	1.2%	9	0.7%	27	0.4%	≤5	–	33	1.2%	14	1.0%	18	0.6%	≤5	–
19-24	15	3.6%	62	2.4%	45	3.6%	145	2.4%	14	2.3%	130	4.6%	50	3.7%	105	3.6%	22	3.7%
25-29	28	6.8%	217	8.5%	96	7.6%	387	6.4%	45	7.4%	224	8.0%	122	9.0%	168	5.8%	41	7.0%
30-39	81	19.7%	600	23.6%	308	24.4%	1,480	24.4%	132	21.8%	659	23.5%	331	24.3%	626	21.6%	135	22.9%
40-49	164	39.8%	987	38.8%	483	38.3%	2,471	40.7%	240	39.6%	1,015	36.2%	528	38.7%	1,153	39.9%	243	41.2%
≥50	115	27.9%	645	25.4%	321	25.4%	1,564	25.8%	173	28.6%	743	26.5%	318	23.3%	823	28.5%	144	24.4%
Primary Medical Insurance																		
Private	16	3.9%	100	3.9%	59	4.7%	332	5.5%	56	9.2%	71	2.5%	64	4.7%	270	9.3%	38	6.4%
Public	225	54.6%	808	31.8%	281	22.3%	1,586	26.1%	159	26.2%	1,032	36.8%	358	26.3%	1,002	34.6%	216	36.6%
No Insurance	160	38.8%	1,577	62.1%	893	70.8%	3,982	65.6%	369	60.9%	1,624	57.9%	900	66.0%	1,529	52.9%	317	53.7%
Other	10	2.4%	37	1.5%	22	1.7%	103	1.7%	9	1.5%	59	2.1%	31	2.3%	44	1.5%	7	1.2%
Unknown	≤5	–	19	0.8%	7	0.6%	71	1.2%	13	2.2%	18	0.6%	10	0.7%	48	1.7%	12	2.0%
In Medical Care*	355	86.2%	2,067	81.4%	1,024	81.1%	4,928	81.1%	440	72.6%	2,267	80.9%	1,115	81.8%	2,305	79.7%	374	63.4%

Data Source: Casewatch FY 2009 (March 2009 - February 2010)

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

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

Patterns of Service Utilization

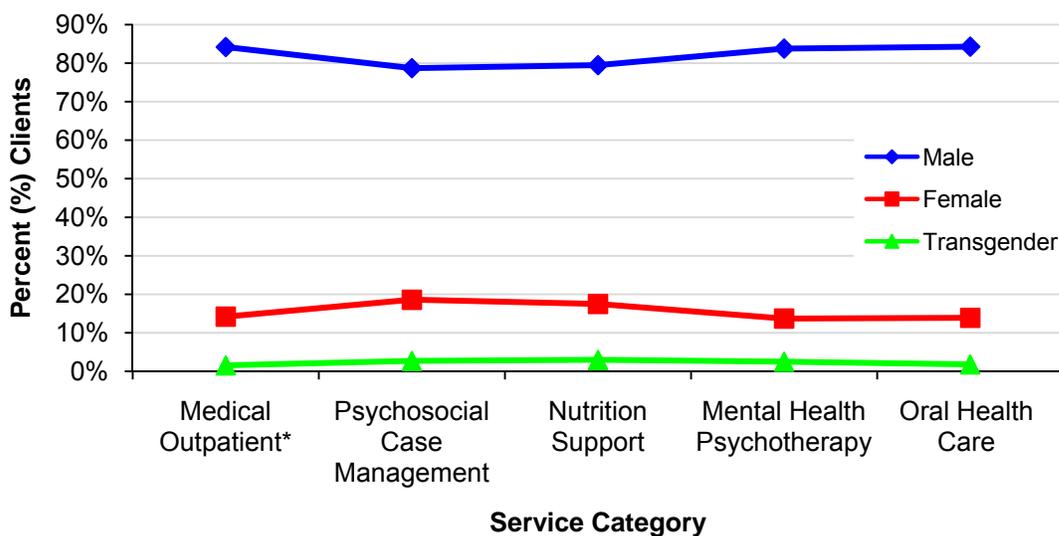
Table 2.2. Services Accessed by All Ryan White Clients, FY 2009

Type of Ryan White Services	N	%
All Clients	18,545	100.0
Medical Outpatient*	14,875	80.2
Psychosocial Case Management	4,180	22.5
Oral Health Care	2,967	16.0
Nutrition Support	2,576	13.9
Mental Health Psychotherapy	2,345	12.6
Medical Case Management	2,093	11.3
Mental Health Psychiatry	1,917	10.3
Substance Abuse Services - Residential	428	2.3
Home-based Case Management	387	2.1
Residential Services	381	2.1
Substance Abuse Services - Outpatient	52	0.3
Hospice Services & Skilled Nursing Services	5	<0.1

Data Source: Casewatch FY 2009 (March 2009 - February 2010)

*Received at least 1 medical visit within the year

Figure 2.13. Top Five Services Accessed by Gender, FY 2009



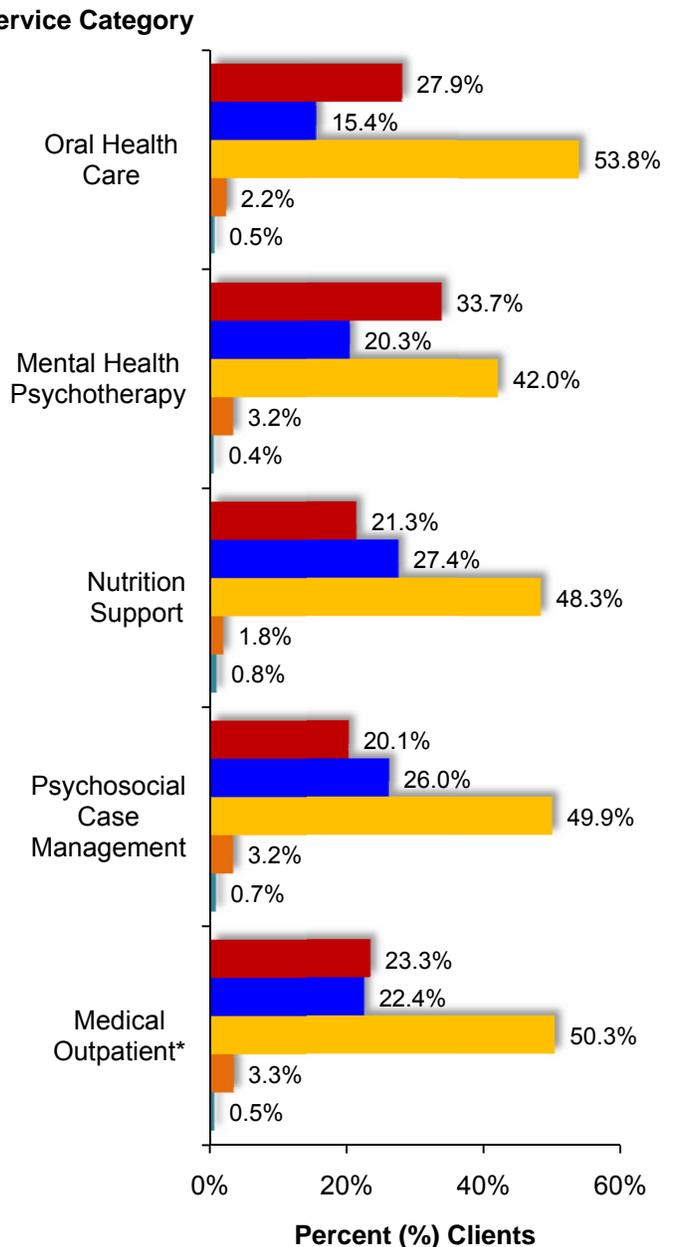
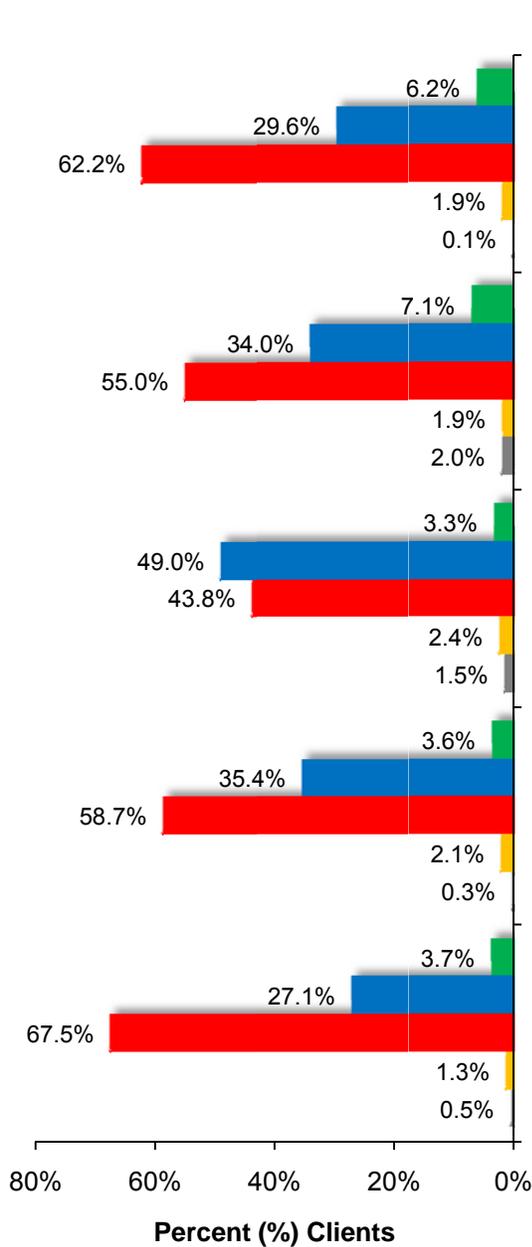
Data Source: Casewatch FY 2009 (March 2009 - February 2010)

*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 2009

Figure 2.15. Top Five Services Accessed by Race/Ethnicity, FY 2009



■ Private
■ No Insurance
■ Unknown
■ Public
■ Other

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

Data Source: Casewatch FY 2009 (March 2009 - February 2010)

*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 2009, 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
13. Case Management, Home-based

FY 2009 was a challenging year for the provision of HIV services. Los Angeles County lost nearly \$12 million in State funds for HIV services during this year. As a result, OAPP proposed a series of reductions and service realignments to ensure that the most essential services were preserved under the current budget landscape. Treatment Education and Medical Nutrition Therapy were discontinued as stand-alone service categories and delivered as part of HIV primary care as needed. The Commission on HIV (COMMISSION), having approved the FY 2009 Part A/B allocations long before the State budget cuts, voted to revise the allocations and support OAPP's funding reduction plan. However, these revisions were not converted to allocation percentages. The allocation information contained in this section therefore is described in terms of the COMMISSION original allocations and the dollar amounts of its subsequent revision.

During the dramatic cuts, the State Office of AIDS (OA) changed its allocation strategy to a "single allocation model" (SAM). This method directed State OA funding to counties through local health departments such as Los Angeles County Department of Public Health. In FY 2009, some of the Early Intervention and Home-based Case Management services that had been directly funded by OA in the past became funded through OAPP.

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 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, 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, 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

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts				\$20,557,172
Expenditures	\$19,499,734	0	0	\$19,499,734

COMMISSION originally allocated 58% of Ryan White Part A and Part B service funds to Medical Outpatient services for FY 2009. The subsequent allocation revision in response to the State budget reduction resulted in an allocation of \$20,883,442 for this service category, including support for the therapeutic monitoring program (TMP).

Service Utilization:

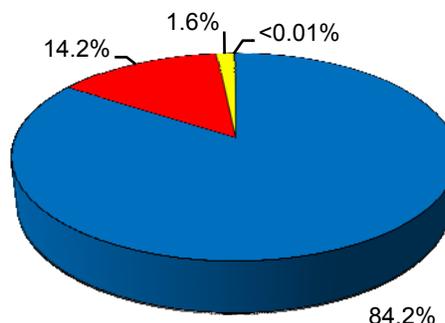
Total Clients Served	Service Units	Units of Service Provided
14,875	Encounters	95,599

Figure 3.1. Gender Distribution of Clients Receiving Medical Outpatient Services, FY 2009

Medical Outpatient Services*
(N = 14,875)

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

Data Source: Casewatch FY 2009
(March 2009 - February 2010)



■ Male ■ Female ■ Transgender ■ Unknown

Figure 3.2. Race/Ethnicity of Clients Receiving Medical Outpatient Services, FY 2009

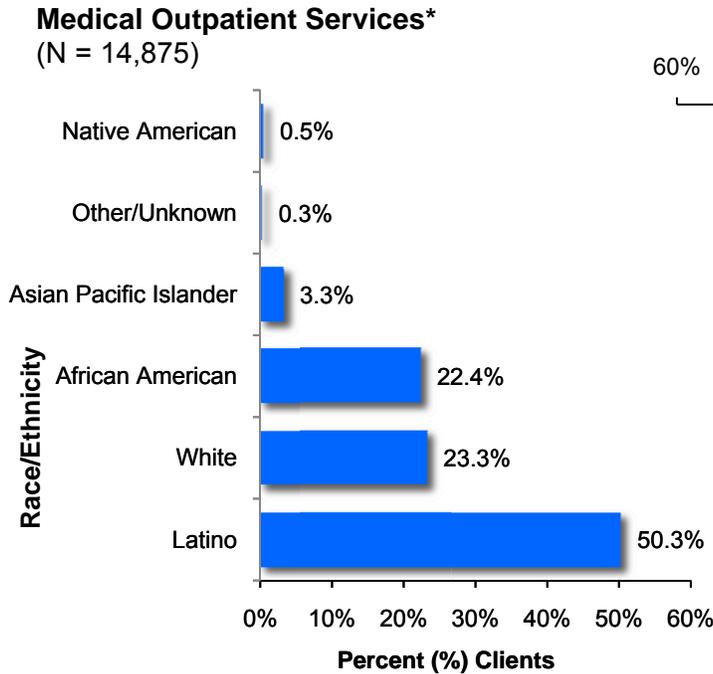
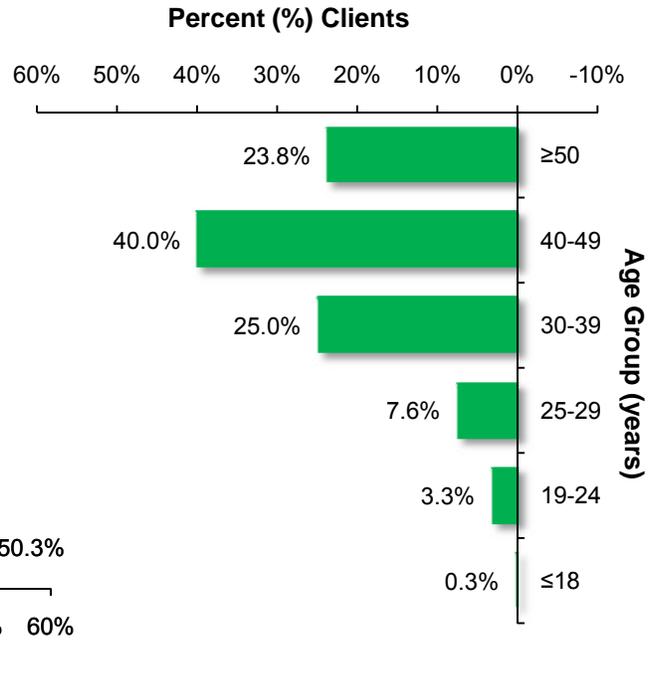


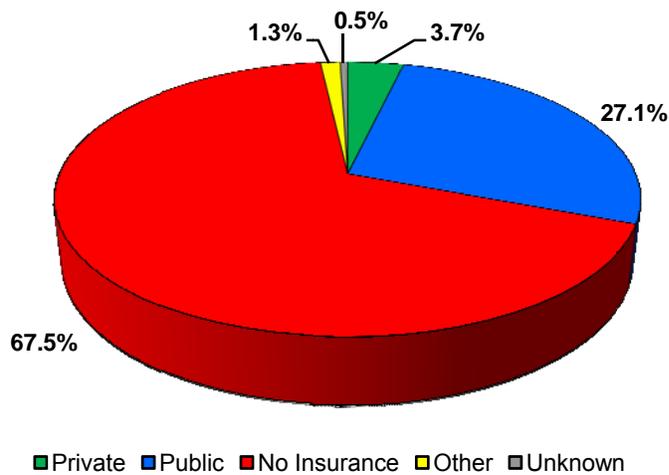
Figure 3.3. Age Group Distribution of Clients Receiving Medical Outpatient Services, FY 2009



Data Source: Casewatch FY 2009 (March 2009 - February 2010).
*Clients who received at least one medical visit within the year

Figure 3.4. Insurance Status of Clients Receiving Medical Outpatient Services, FY 2009

Medical Outpatient Services*
(N = 14,875)



Data Source: Casewatch FY 2009 (March 2009 - February 2010)
*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.

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 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/SAM Care	Other	Total
Contracts				\$755,864
Expenditures	\$665,982	0	0	\$665,982

COMMISSION originally allocated 1.5% of Ryan White Part A and Part B service funds to Medical Specialty services for FY 2009. The subsequent allocation revision in response to the State budget reduction resulted in an allocation of \$744,600 for this service category.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,154	Initial and follow-up visits	2,728

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 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 similarly trained professional practitioners. Services also include obtaining a comprehensive medical history and consulting primary medical providers as necessary; providing medication appropriate to oral health care services, including all currently approved drugs for HIV-related oral manifestations; providing or referring patients, as needed, to health specialists including, but not limited to, periodontists, endodontists, oral surgeons, oral pathologists and oral medicine practitioners, and patient education.

Table 3.1. Demographic Characteristics of Clients Receiving Oral Health Care, FY 2009

Demographic Characteristic	Oral Health Care (N=2,967)	
	N	%
Gender		
Male	2,501	84.3%
Female	412	13.9%
Transgender	54	1.8%
Race/Ethnicity		
White	829	29.9%
African American	457	15.4%
Latino	1,596	53.8%
Asian Pacific Islander	66	2.2%
Native American	15	0.5%
Other/Unknown	4	0.1%
Age Group (years)		
≤ 18	1	0.0%
19-24	42	1.4%
25-29	173	5.8%
30-39	641	21.6%
40-49	1,193	40.2%
≥ 50	917	30.9%
Primary Medical Insurance		
Private	185	6.2%
Public	878	29.6%
No Insurance	1,845	62.2%
Other	56	1.9%
Unknown	3	0.1%
Receiving Ryan White Funded Medical Care*	2,397	80.8%
New Client to System of Care	748	25.2%
Returning Client to System of Care	58	2.0%

Data Source: Casewatch FY 2009 (March 2009 - February 2010)

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

Funding Sources: Ryan White Part A, Minority AIDS Initiative

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total*
Contracts				\$2,029,250
Expenditures	\$782,564	0	\$728,175	\$1,510,739

*Includes MAI Year 3 expenditures (\$504,163) and expenditures from MAI Year 2 carryover funds (\$224,012).

COMMISSION allocated 3.7% of Ryan White Part A and Part B service funds (an equivalent of \$1,209,423) and 20% of MAI service funds (an equivalent of \$509,344) to Oral Health services for FY 2009. The combined allocation was \$1,718,767 for this service category.

The time period for FY 2009 covered part of MAI Year 2 (March – July, 2009) and Year 3 (August 2009 – February 2010). MAI funding supports a significant amount of oral health services. During MAI Year 1 (August -2007 – July 2008), due to the new MAI cycle and the delayed grant award from HRSA, over \$1 million of MAI funds from three service categories were carried forward to Year 2 and reinvested in Oral Health services. This additional investment in Oral Health services resulted in \$224,012 savings from Year 2 which was carried over to Year 3.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,967	Encounters	10,713

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 2009, clients accessing oral health care increased from 1,673 to 2,967, a 77% increase. While African Americans comprise 23% of Ryan White clients, only 15% of oral health clients were African-American..

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.

COMMISSION 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 nutritional supplements when appropriate; providing Nutrition and HIV trainings to clients and their providers; and distributing nutrition related educational materials to clients. This service was discontinued as of October 2009 due to State funding reductions.

Table 3.2. Demographic Characteristics of Clients Receiving Medical Nutrition Therapy, FY 2009

Demographic Characteristic	Medical Nutritional Therapy (N=1,618)	
	N	%
Gender		
Male	1,319	81.5%
Female	264	16.3%
Transgender	35	22.0%
Race/Ethnicity		
White	369	22.8%
African American	366	22.6%
Latino	815	50.4%
Asian Pacific Islander	60	3.7%
Native American	6	0.4%
Other/Unknown	2	0.1%
Age Categories		
≤ 18	0	0.0%
19-24	46	2.8%
25-29	116	7.2%
30-39	379	23.4%
40-49	658	40.7%
≥ 50	419	25.9%
Primary Medical Insurance		
Private	83	5.1%
Public	556	34.4%
No Insurance	952	58.8%
Other	19	1.2%
Unknown	8	0.5%
Receiving Ryan White Funded Medical Care*	1,591	98.3%

Data Source: Casewatch FY 2009 (March 2009 – October 2009)

*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				\$186,828
Expenditures	\$145,801	0	0	\$145,801

COMMISSION initially allocated 1.0% of Ryan White Part A and Part B service funds to Medical Nutrition Therapy for FY 2009, an equivalent of \$326,871. With the State funding cuts, the COMMISSION supported the discontinuation of the service. The contracts were terminated in October 2009.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,618	Encounters	2,176

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.

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 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

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts				\$1,047,281
Expenditures	\$938,954	0	0	\$938,954

COMMISSION allocated 2.5% (\$1,040,680) of Ryan White Part A and Part B/SAM Care service funds to Mental Health, Psychiatry services for FY 2009. This allocation remained unchanged with the State budget cuts.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,917	Encounters	8,308

Table 3.3. Demographic Characteristics of Clients Receiving Mental Health, Psychiatry, FY 2009

Demographic Characteristic	Mental Health Psychiatry (N=1,917)	
	N	%
Gender		
Male	1,593	81.3%
Female	290	15.1%
Transgender	34	1.8%
Race/Ethnicity		
White	652	34.0%
African American	421	22.0%
Latino	768	40.1%
Asian Pacific Islander	61	3.2%
Native American	11	0.6%
Other/Unknown	4	0.2%
Age Categories		
≤ 18	2	0.1%
19-24	41	2.1%
25-29	116	6.1%
30-39	406	21.2%
40-49	827	43.1%
≥ 50	525	27.4%
Primary Medical Insurance		
Private	45	2.4%
Public	753	39.3%
No Insurance	1,067	55.7%
Other	21	1.1%
Unknown	34	1.6%
Receiving Ryan White Funded Medical Care*		
	1,618	84.4%

Data Source: Casewatch FY 2009 (March 2009 - February 2010)

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

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.)

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 OAPP Funds: Mental health, psychotherapy services provide comprehensive mental health assessments, treatment plans, and psychotherapy by licensed mental health professionals or graduate students training under the supervision of licensed mental health

professionals. Services include client intake; bio-psychosocial assessment; treatment planning; treatment provision in individual, family, conjoint or group modalities; drop-in psychotherapy groups; and crisis intervention.

Table 3.4. Demographic Characteristics of Clients Receiving Mental Health, Psychotherapy, FY 2009

Demographic Characteristic	Mental Health Psychotherapy (N=2,345)	
	N	%
Gender		
Male	1,965	83.8%
Female	322	13.7%
Transgender	58	2.5%
Race/Ethnicity		
White	789	33.7%
African American	475	20.3%
Latino	984	42.0%
Asian Pacific Islander	76	3.2%
Native American	10	0.4%
Other/Unknown	11	0.5%
Age Categories		
≤ 18	16	0.7%
19-24	64	2.7%
25-29	163	7.0%
30-39	494	21.1%
40-49	979	41.8%
≥ 50	629	26.8%
Primary Medical Insurance		
Private	166	7.1%
Public	798	34.0%
No Insurance	1,290	55.0%
Other	44	1.9%
Unknown	47	2.0%
Receiving Ryan White Funded Medical Care*	1,747	74.5%

Data Source: Casewatch FY 2009 (March 2009 - February 2010) *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				\$2,094,662
Expenditures	\$1,957,250	0	0	\$1,957,250

COMMISSION allocated 6.5% of Ryan White Part A and Part B/SAM Care service funds to Mental Health, Psychotherapy for FY 2009, an equivalent of \$2,094,662. This allocation remained unchanged with the State budget cuts. Recruiting qualified psychotherapists and

clinical supervisors continued to be 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
2,345	Encounters	30,418

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.

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

What 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/SAM Care	Other*	Total
Contracts				\$1,571,308
Expenditures	\$323,300	0	\$1,038,975	\$1,362,275

* MAI expenditures - \$1,038,975

COMMISSION allocated 1.5% of Ryan White Part A and Part B/SAM Care service funds (an equivalent of \$490,307) and 45% of MAI service funds (an equivalent of \$1,081,000) to Medical Case Management services for FY 2009, which came to a combined allocation of \$1,571,307

for this service category. This allocation was unchanged following the State budget cuts.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,093	Encounters	11,559

Table 3.5. Demographic Characteristics of Clients Receiving Medical Case Management Services, FY 2009

Demographic Characteristic	Medical Case Management (N=2,093)	
	N	%
Gender		
Male	1,725	82.4%
Female	333	15.9%
Transgender	35	1.7%
Race/Ethnicity		
White	154	7.4%
African American	444	21.2%
Latino	1,402	67.0%
Asian Pacific Islander	86	4.1%
Native American	6	0.3%
Other/Unknown	1	0.1%
Age Categories		
≤ 18	0	0.0%
19-24	40	1.9%
25-29	170	8.1%
30-39	583	27.9%
40-49	848	40.5%
≥ 50	452	21.6%
Primary Medical Insurance		
Private	21	1.0%
Public	512	24.5%
No Insurance	1,526	72.9%
Other	28	1.3%
Unknown	6	0.3%
Receiving Ryan White Funded Medical Care*	2,029	96.9%
New Client to System of Care	402	19.2%
Returning Client to System of Care	52	2.5%

Data Source: Casewatch FY 2009 (March 2009 - February 2010)

*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.

COMMISSION Definition/Guidance: Hospice is the provision of palliative services to help patients approach death with dignity and in relative comfort, in a supportive atmosphere surrounded by family members and significant others. Hospice services must be flexible enough to accommodate a client's changing needs and staff must be appropriately trained, licensed or certified in order to provide those services. Hospice services will be provided to 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/SAM Care	Other*	Total
Contracts				\$653,742
Expenditures	0	\$128,520	\$86,400	\$214,920

*NCC expenditures - \$86,400

COMMISSION allocated 2.0% of Ryan White Part A and Part B/SAM Care service funds (an equivalent of \$694,168) to Hospice and Skilled Nursing services for FY 2009.

The service has been under-utilized despite anecdotal information on client needs. OAPP worked with the single contractor to correct performance to no avail and eventually terminated the contract in 2010. OAPP is in the process of revamping the service category and identifying new service provider(s).

Service Utilization: Data are for July 2009 – June 2010.

Services	Total Clients Served	Service Units	Units of Service Provided
Hospice	1	Hospice and Skilled Nursing Days	360
Skilled Nursing	3		

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.

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 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

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				\$1,885,939
Expenditures	0	\$938,181	\$733,796	\$1,671,977

* MAI expenditures - \$733,796.

COMMISSION 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 2009. Prior to June 2009, the majority of support for Early Intervention went from the State directly to the service providers and passed through OAPP. With the new SAM funding model, all previously State-funded EIP (overall funding was reduced as a result of State budget reduction) became contracted by OAPP.

Service Utilization: Data below are for MAI services only. State-funded programs reported data directly to the State prior to June 2009. OAPP began training the State-funded EIP providers to report data in Casewatch during the second half of 2009. Therefore these data are not available for this report. Data below are only partial data.

Total Clients Served	Service Units	Units of Service Provided
430	EIP Visits	2,571

Table 3.6. Demographic Characteristics of Clients Receiving MAI-funded Early Intervention Services, FY 2009

Demographic Characteristic	Early Intervention (N=430)	
	N	%
WICY		
Women	19	4.4%
Infant	0	–
Children	0	–
Youth	35	8.1%
Race/Ethnicity		
African American	186	43.3%
Latino	224	52.1%
Other	2	0.5%
Receiving Ryan White Funded Medical Care	238	55.3%
Post Incarcerated Clients	174	40.5%

Data Source: Casewatch FY 2009 (July 2009 - June 2010)

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.

COMMISSION 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:

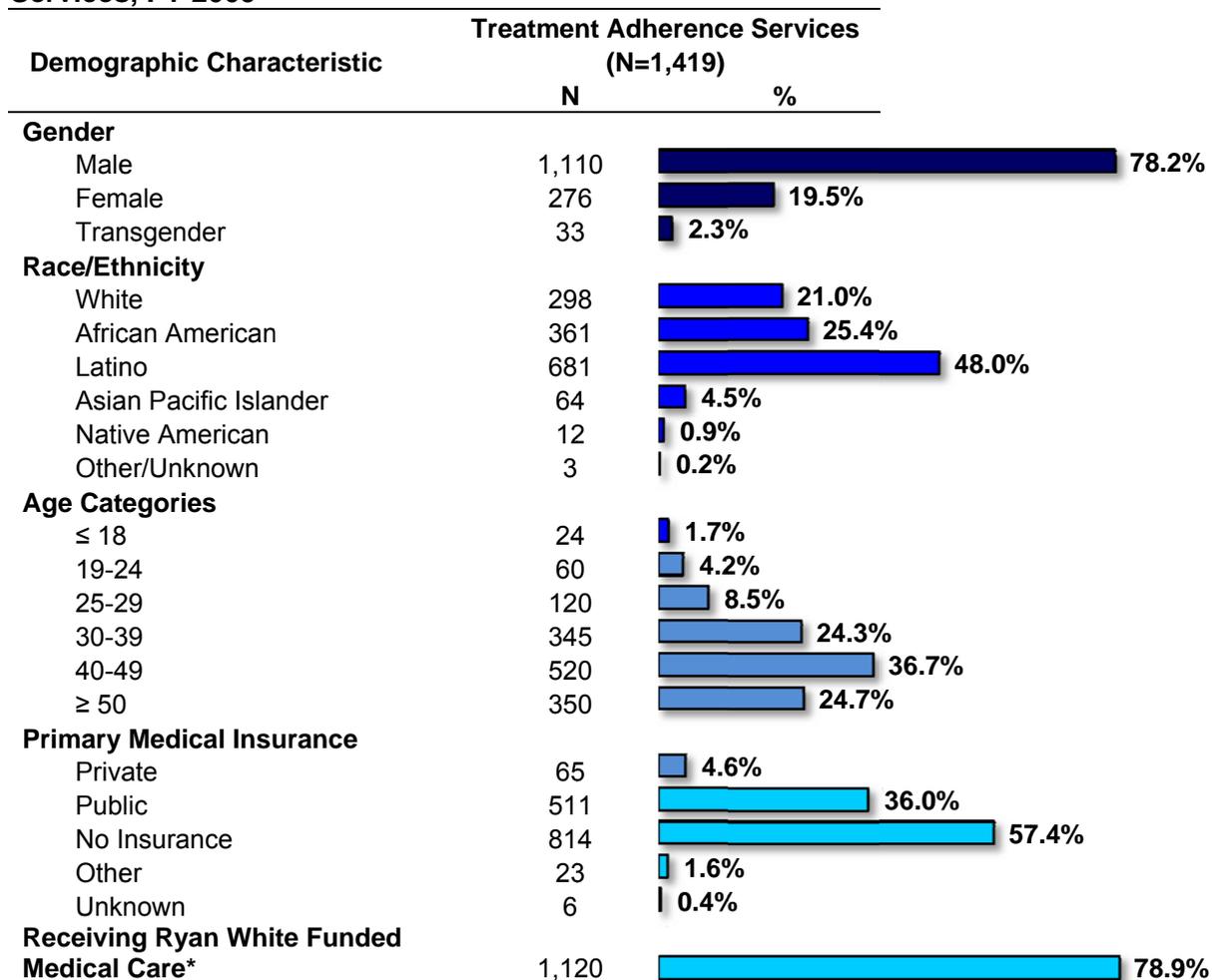
	Part A	Part B/SAM Care	Other	Total
Contracts				\$944,838
Expenditures	\$928,420	0	0	\$928,420

COMMISSION initially allocated 3.3% of Ryan White Part A and Part B service funds to Treatment Education services for FY 2009. With the State budget reduction, COMMISSION supported the termination of the service, making the subsequent revised allocation to be \$1,078,675. The contracts were terminated as of October 2009. OAPP is incorporating treatment adherence activities into medical outpatient contracts to ensure proper medication utilization.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,419	Encounters	8,375

Table 3.7. Demographic Characteristics of Clients Receiving Treatment Education Services, FY 2009



Data Source: Casewatch FY 2009 (March 2009 – October 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.

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

Substance abuse day treatment services are non-residential therapeutic services that provide a minimum of five hours of planned activities per day. Programs are designed to be more intensive than outpatient visits, but less extensive than 24 hour residential services. At minimum, services (including individual and group sessions and structured therapeutic activities) should be offered at least five hours per day, five days per week. The length of stay in HIV substance abuse day treatment services is not to exceed 90 days. Extensions can be made if the client meets continuing stay criteria in accordance with the American Society of Addiction Medicine (ASAM) and OAPP approves the extensions.

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

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

3.12 AIDS Drug Assistance Program (ADAP) Enrollment

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

COMMISSION Definition/Guidance: ADAP Enrollment assists clients with enrolling in the State-administered program authorized under Part B of the Ryan White Program. ADAP

provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medi-Cal, or Medicare. Enrollment coordinators supervise ADAP services at individual sites.

What 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/SAM Care	Other	Total
Contracts				\$257,797
Expenditures	0	\$123,171	0	\$123,171

COMMISSION allocated no Ryan White Part A/Part B funding to ADAP Enrollment for FY 2009.

Service Utilization:

Services	Total Clients Served
New enrollment	1,901
Re-certification	14,650

Data Source: Ramsell Monthly Data Report (March 2009 – February 2010)

3.13 Case Management, Home-Based

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

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

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

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

Funding Sources: State; Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care*	Other**	Total
Contracts				\$3,105,367
Expenditures	0	\$3,392,959	\$254	\$3,393,213

*Part B expenditures - \$496,564; SAM Care expenditures - \$2,896,395.

**NCC expenditures - \$254.

Case Management, Home-based, services in Los Angeles County were primarily supported through funding from the State Office of AIDS (OA) directly to community agencies. OAPP provided additional support to some of these agencies using NCC funds. This funding picture changed dramatically as a result of the State budget shortfall in FY 2009, when State OA implemented SAM and directed all funding for Los Angeles County through OAPP. This has resulted in significant decreases in overall funding for case management, home-based services.

COMMISSION initially allocated 1% Ryan White Part A/Part B funds to Case Management, Home-Based services for FY 2009. After the State budget cuts, however, the service is largely supported by SAM Care funds.

Service Utilization:

Services	Total Clients Served	Service Unit Definition	Service Units Provided
Attendant care	71	Attendant care hours	7,782
Homemaker services	220	Homemaker hours	25,867

Chapter 4. Support Services

In FY 2009, 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. Language Services
9. Case Management, Transitional

4.1 Case Management, Psychosocial

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

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

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

What 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 2009 was benefits specialty training.

Funding Sources: Ryan White Part A, Part B/SAM Care

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts				\$3,295,538
Expenditures	\$2,134,410	\$1,207,058	0	\$3,341,468

The FY 2009 COMMISSION Ryan White Part A and Part B allocation included 6% for Psychosocial Case Management and 2% for Benefits Specialty service. For grant reporting purposes, Benefits Specialty will be reported under Case Management, Non-Medical.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
4,180	Encounters	65,782

Table 4.1. Demographic Characteristics of Clients Receiving Psychosocial Case Management Services, FY 2009

Demographic Characteristics	Psychosocial Case Management (N=4,180)	
	N	%
Gender		
Male	3,290	78.7%
Female	777	18.6%
Transgender	113	2.7%
Race/Ethnicity		
White	840	20.1%
African American	1,085	26.0%
Latino	2,085	50.0%
Asian Pacific Islander	135	3.2%
Native American	35	0.7%
Other/Unknown	5	0.1%
Age Categories		
≤18	83	2.0%
19-24	187	4.5%
25-29	325	7.8%
30-39	981	23.5%
40-49	1,615	38.6%
≥50	989	23.7%
Primary Medical Insurance		
Private	150	3.6%
Public	1,478	35.4%
No Insurance	2,454	58.7%
Other	86	2.1%
Unknown	12	0.3%
Receiving Ryan White Funded Medical Care*	3,032	72.5%

Data Source: Casewatch FY 2009 (March 2009 - February 2010)

*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 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

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				\$2,661,819
Expenditures	\$1,930,778	\$321,147	\$237,518	\$2,489,443

*State CSAT/CSAP expenditures - \$237,518

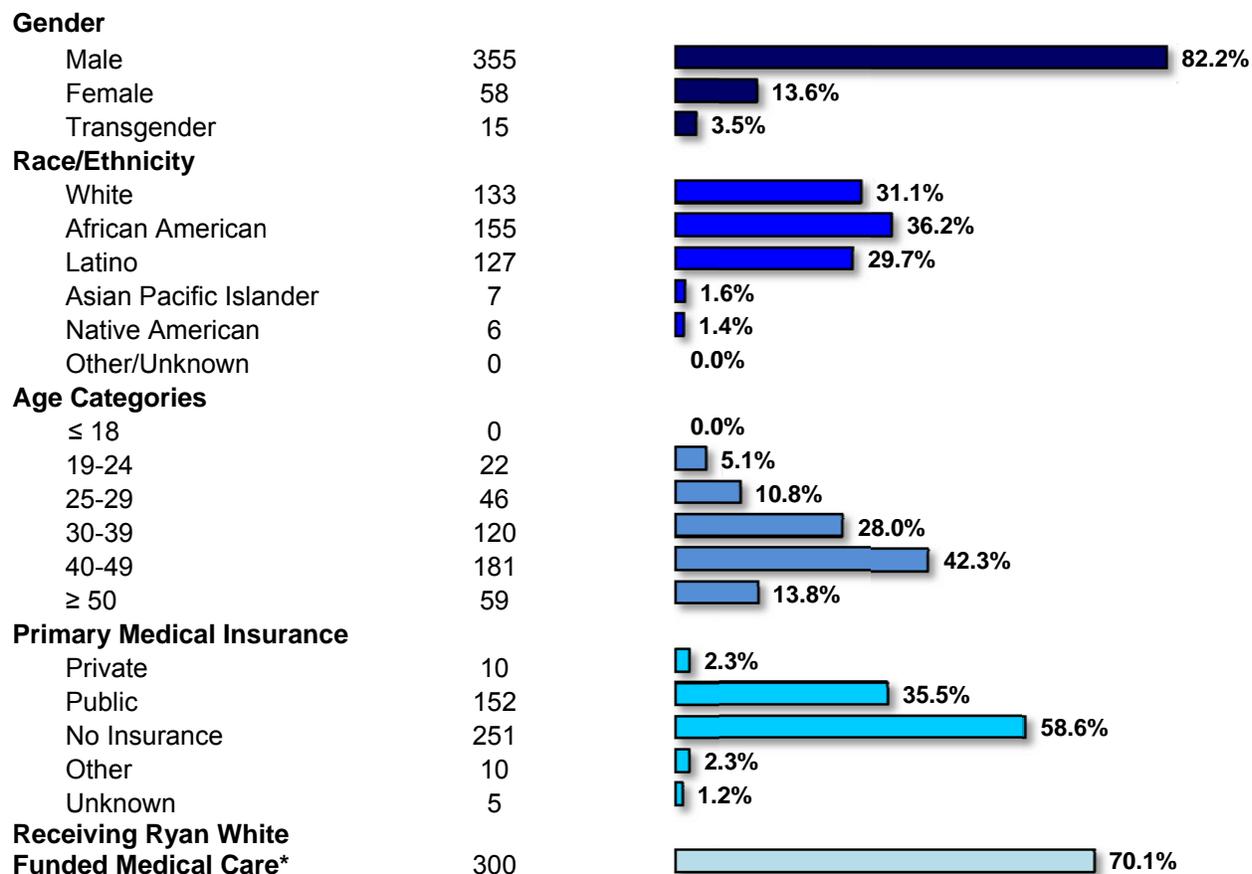
COMMISSION allocated 6.5% of Ryan White Part A and Part B service funds to Substance Abuse, Residential services for FY 2009. The subsequent allocation changes that COMMISSION approved in response to the State Budget cuts came to \$2,026,028.

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

Total Clients Served	Service Units	Units of Service Provided
428	Residential Days	28,051
52 (Day Treatment Clients)	Treatment Days	2,572

Table 4.2. Demographic Characteristics of Clients Receiving Substance Abuse Residential Services, FY 2009

Substance Abuse Services - Residential (N=428)	
N	%



Data Source: Casewatch FY 2009 (March 2009 - February 2010)

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

4.3 Nutrition Support

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

COMMISSION 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/SAM Care	Other	Total
Contracts				\$591,615
Expenditures	\$583,682	0	0	\$583,682

COMMISSION allocated 1.1% of Ryan White Part A and Part B service funds to Nutrition Support for FY 2009, an equivalent of \$359,558. Part A savings in other service categories offset Nutrition Support expenditures that exceeded the allocated amount.

Table 4.3. Demographic Characteristics of Clients Receiving Nutrition Support Services, FY 2009

	Nutrition Support (N=2,576)	
	N	%
Gender		
Male	2,047	79.5%
Female	451	17.5%
Transgender	77	3.0%
Other/Unknown	1	0.0%
Race/Ethnicity		
White	548	21.3%
African American	706	27.4%
Latino	1,245	48.3%
Asian Pacific Islander	45	1.8%
Native American	20	0.8%
Other/Unknown	12	0.5%
Age Categories		
≤ 18	30	1.2%
19-24	34	1.3%
25-29	96	3.7%
30-39	451	17.5%
40-49	1,077	41.8%
≥ 50	888	34.5%
Primary Medical Insurance		
Private	85	3.3%
Public	1,263	49.0%
No Insurance	1,127	43.8%
Other	62	2.4%
Unknown	39	1.5%
Receiving Ryan White Funded Medical Care*	1,831	71.1%

Data Source: Casewatch FY 2009 (March 2009 - February 2010)

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

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,272	Bagged groceries	18,132
319	Home delivered meals	81,248

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

What 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: SAM Care, Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				\$6,397,292

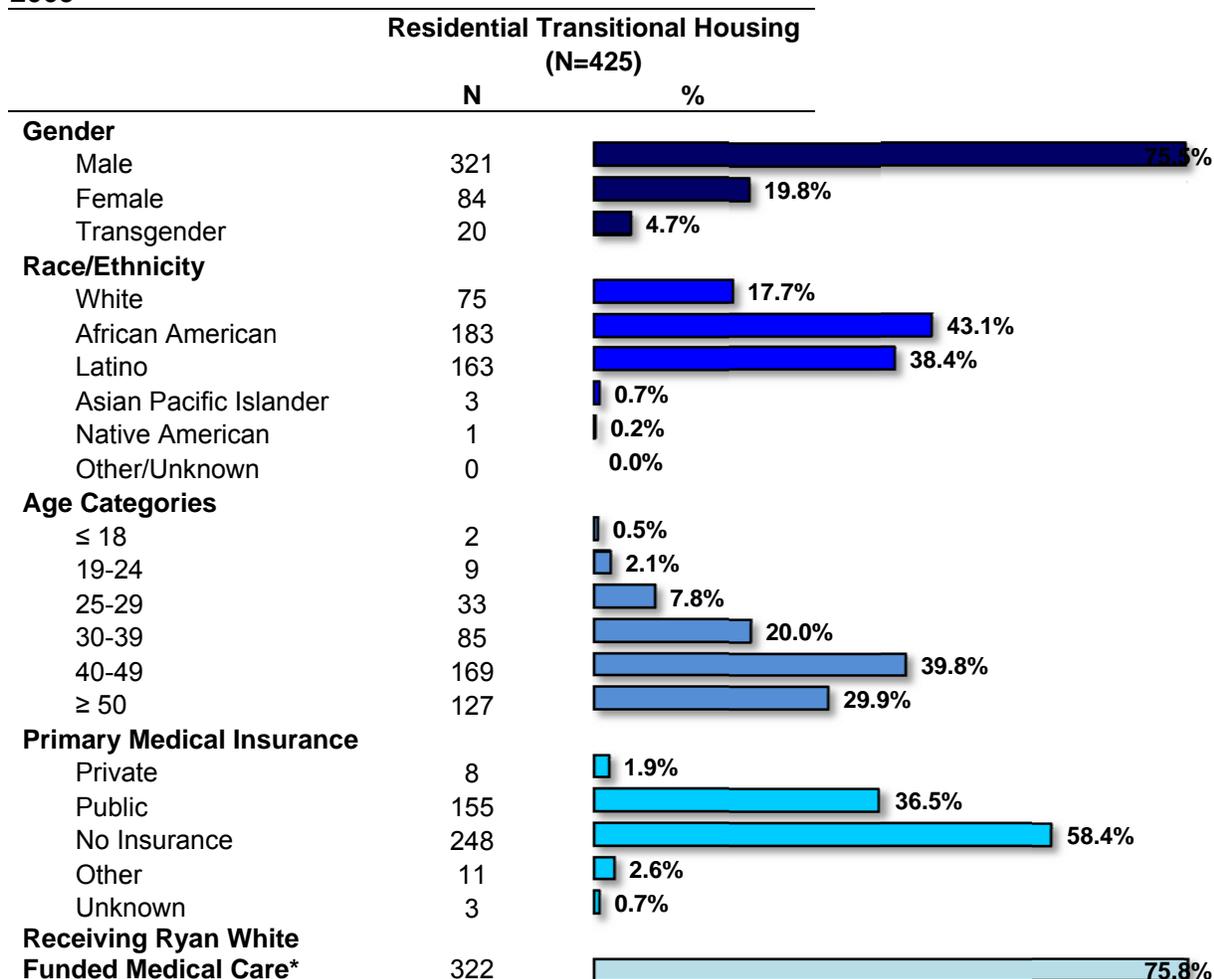
Expenditures	0	\$4,310,268	\$3,371,674	\$7,681,942
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*NCC expenditures - \$3,371,674.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided	
		425	Residential days
		Emergency Housing	3,214
		Adult Residential Facility	7,856
		Residential Care Facilities for the Chronically III (RCFCI)	33,020

Table 4.4. Demographic Characteristics of Clients Receiving Residential Services, FY 2009



Data Source: Casewatch FY 2009 (March 2009 - February 2010)

*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.

COMMISSION 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 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/SAM Care	Other	Total
Contracts				\$763,046
Expenditures	\$633,001	\$0	\$0	\$633,001

COMMISSION allocated 1.9% of Ryan White Part A and Part B/SAM Care service funds to Medical Transportation services for FY 2009, which was an equivalent of \$619,313.

Service Utilization:

Services	Total Clients Served	Service Unit	Service Units Provided
Taxi service	408	Taxi rides	4,911
Bus passes	2,743	Number of passes	39,503
MetroLink	14	Train rides	1,690
Disabled ID cards	293	Number of ID cards	351

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

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.

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.”

COMMISSION 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.

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.

Table 4.5. Demographic Characteristics of Clients Receiving Peer Support Services, FY 2009

	Peer Support (N=418)	
	N	%
Gender		
Male	306	73.2%
Female	101	24.2%
Transgender	11	2.6%
Race/Ethnicity		
White	97	23.2%
African American	101	24.2%
Latino	205	49.0%
Asian Pacific Islander	9	2.2%
Native American	5	1.2%
Other/Unknown	1	0.2%
Age Categories		
≤ 18	1	0.2%
19-24	13	3.1%
25-29	38	9.1%
30-39	94	22.5%
40-49	158	37.8%
≥ 50	114	27.3%
Primary Medical Insurance		
Private	34	8.1%
Public	158	37.8%
No Insurance	211	50.5%
Other	10	2.4%
Unknown	5	1.2%
Receiving Ryan White Funded Medical Care*	295	70.6%

Data Source: Casewatch FY 2009 (March 2009 – October 2009)

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

Funding Sources: Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
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Contracts				\$229,856
Expenditures	0	0	\$142,133	\$142,133

*NCC expenditures - \$142,133

COMMISSION allocated no Ryan White Part A and Part B service funds to Peer Support services for FY 2009. As a result of State budget reduction, this service was terminated in October 2009.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
418	Encounters	2,607

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 caregiver.

COMMISSION 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: Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				\$370,433
Expenditures	0	0	\$274,505	\$274,505

*NCC expenditures - \$274,505

COMMISSION allocated no Ryan White Part A and Part B service funds to Legal services for FY 2009. With the State budget cuts, this service was terminated as of February 2010.

Service Utilization:

Services	Total Clients Served	Service Units Provided (Hours)
HIV Discrimination	34	565
Immigration	171	677
Public Benefits	68	810
Testamentary (<i>pro bono</i>)	3	3
Outreach	0	0

4.8 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 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: Net County Cost

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other*	Total
Contracts				\$232,694
Expenditures	0	0	\$223,983	\$223,983

*NCC expenditures - \$223,983

COMMISSION allocated no Ryan White Part A and Part B service funds to Language services for FY 2009.

Service Utilization:

Services	Clients Served	Service Units	Service Units Provided
Sign language interpretation	13	Interpretation Hours	198
Interpreter training	5	Interpreters trained	30
Interpreter re-certification	4	Re-certification trainings	412
Translation services	4	Translated words	102,666

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

Funding Sources: Ryan White Part B/SAM Care

Allocations, Contract Investment and Expenditures:

	Part A	Part B/SAM Care	Other	Total
Contracts				\$500,264
Expenditures	0	\$486,878	0	\$486,878

COMMISSION initially allocated 1.5% of Ryan White Part A and Part B service funds to Case Management, Transitional, for FY 2009. The subsequent revised allocation in response to the State budget cuts came to an equivalent of \$477,804 for this service category.

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
583	Encounters	5,105

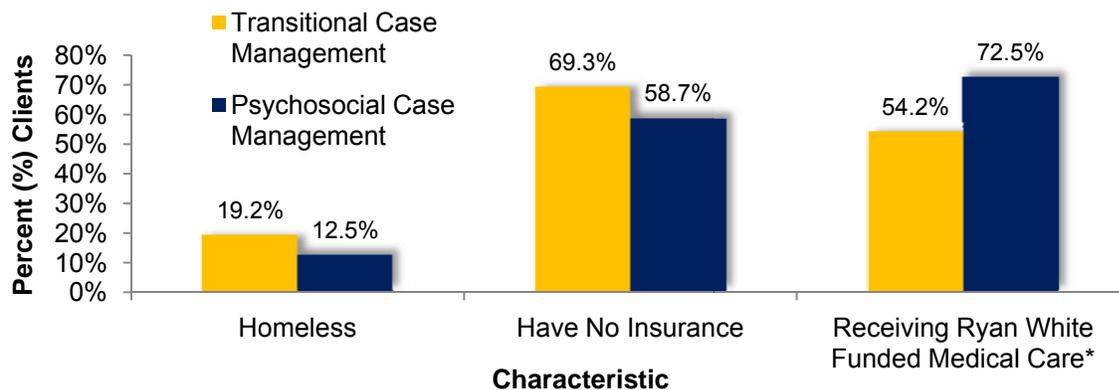
Table 4.1. Demographic Characteristics of Clients Receiving Transitional Case Management Services, FY 2009

Demographic Characteristics	Transitional Case Management (N=583)	
	N	%
Gender		
Male	462	79.3%
Female	86	14.8%
Transgender	35	6.0%
Race/Ethnicity		
White	107	18.4%
African American	334	57.3%
Latino	133	22.8%
Asian Pacific Islander	5	3.2%
Native American	4	0.7%
Other/Unknown	5	0.0%
Age Categories		
≤18	9	1.5%
19-24	98	16.8%
25-29	57	9.8%
30-39	116	19.9%
40-49	200	34.3%
≥50	103	17.7%
Primary Medical Insurance		
Private	6	1.0%
Public	163	28.0%
No Insurance	404	69.3%
Other	9	1.5%
Unknown	1	0.2%
Receiving Ryan White Funded Medical Care*	316	54.2%

Data Source: Casewatch FY 2009 (March 2009 - February 2010)

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

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



Data Source: Casewatch FY 2009 (March 2009 - February 2010)

Appendix A

Table A.1. Demographic Characteristics of All Ryan White Clients and Clients in Medical Care, FY 2009

Characteristic	All RW Clients		RW Clients in Medical Care	
	N = 18,545		N = 14,875	
	n	%	n	%
New Client	1,779	9.6	1,198	8.1
Returning Client	1,124	6.1	744	5.0
Gender				
Male	15,505	83.6	12,525	84.2
Female	2,701	14.6	2,105	14.2
Transgender	336	1.8	243	1.6
Other/Unknown	3	0.0	2	0.0
Race/Ethnicity				
African-American	4,291	23.1	3,326	22.4
Asian/Pacific-Islander	594	3.2	492	3.3
Latino/Hispanic	8,877	47.9	7,483	50.3
White/Caucasian	4,618	24.9	3,464	23.3
Native American/Alaskan Native	90	0.5	67	0.5
Other/Unknown	75	0.4	43	0.3
Age				
0-18	147	0.8	45	0.3
19-24	588	3.2	484	3.3
25-29	1,328	7.2	1,135	7.6
30-39	4,352	23.5	3,724	25.0
40-49	7,284	39.3	5,951	40.0
50+	4,846	26.1	3,536	23.8
HIV/AIDS Status				
CDC Defined AIDS	10,343	55.8	8,329	56.0
HIV+, Not AIDS	5,905	31.8	4,866	32.7
HIV+, AIDS Status Unknown	2,227	12.0	1,679	11.3
Unknown	70	0.4	1	0.0
Primary Insurance				
Private	1,006	5.4	549	3.7
Public	5,667	30.6	4,031	27.1
No Insurance	11,351	61.2	10,034	67.5
Other	322	1.7	187	1.3
Unknown	199	1.1	74	0.5

	All RW Clients		RW Clients in Medical Care	
Income Level				
≤ Federal Poverty Level	11,945	64.4	9,752	65.6
101-200% of FPL	4,824	26.0	3,740	25.1
201-300% of FPL	1,106	6.0	868	5.8
301-400% of FPL	414	2.2	322	2.2
> 400% FPL	223	1.2	169	1.1
Unknown	33	0.2	24	0.2
Living Situation				
Permanent	15,829	85.4	12,982	87.3
Homeless/Transitional	1,152	6.2	856	5.8
Institution (residential/health care/correctional)	976	5.3	616	4.1
Other	302	1.6	225	1.5
Unknown	286	1.5	196	1.3
Incarceration History				
Incarcerated ≤ 24 mo.	1,795	9.7	1,280	8.6
Incarcerated > 2 yrs.	1,854	10.0	1,376	9.3
Never Incarcerated	14,856	80.1	12,217	82.1
Unknown	40	0.2	2	0.0

Data Source: Casewatch FY 2009 (March 2009 - February 2010)