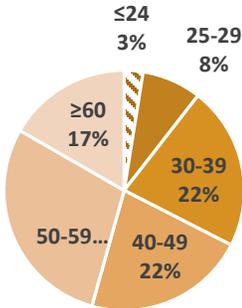


# Benefit Specialty Services (BSS)

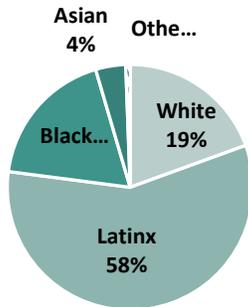
## Client Demographics

4,542 clients had at least one Benefits Specialty Services between March 1, 2020 - February 28, 2021 (RW Year 30)

Age Group (In Years)

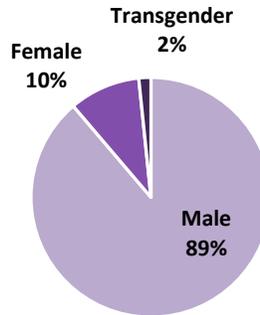


Race/Ethnicity



Other includes 13 Native Hawaiian/Pacific Islander and 13 Native Hawaiian/Alaskan Native

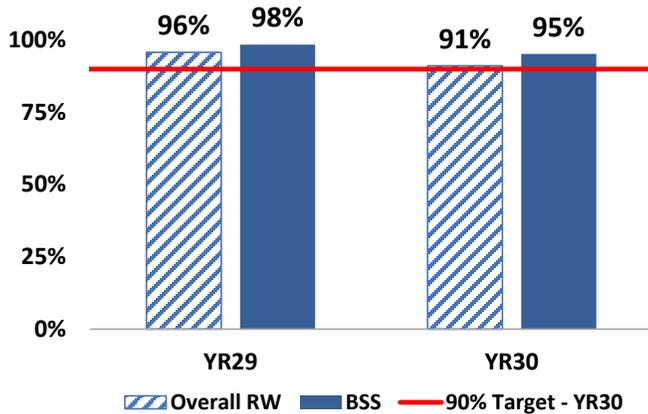
Gender



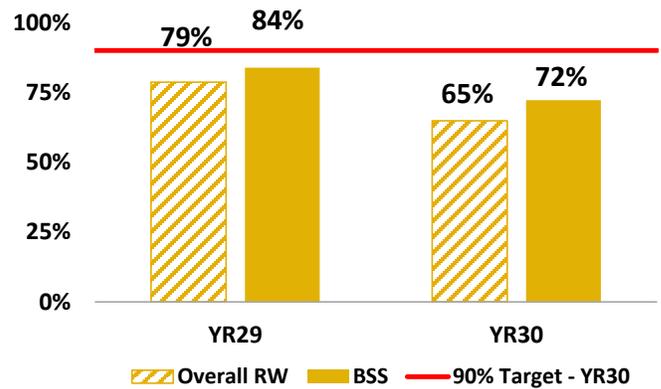
- 53% were living at or below the Federal Poverty Level (FPL)
- 6% experienced homelessness
- 5% were incarcerated within the past 24 months
- 75% were men who have sex with men
- 4% reported past injection drug

## Engagement & Retention

Engaged in Care

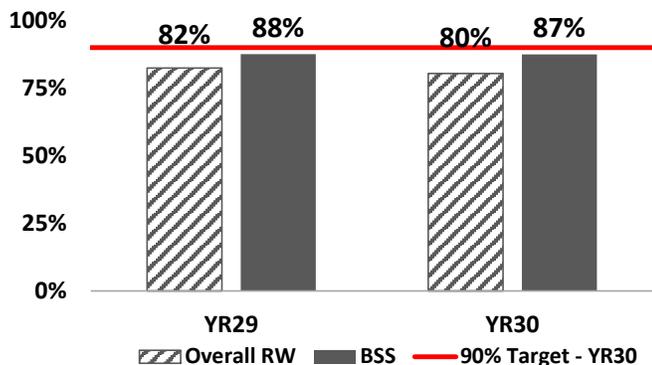


Retained In Care

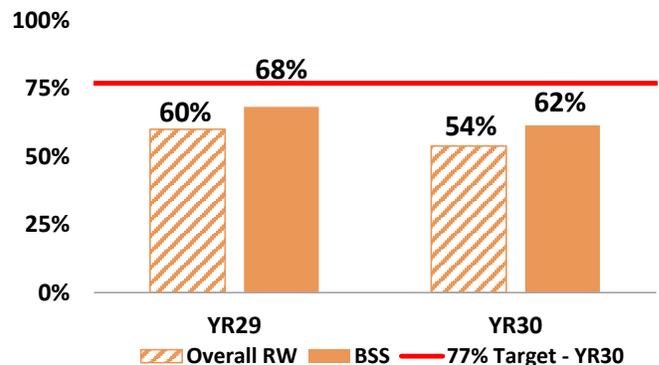


## Viral Suppression (VS)

Viral Suppression



Sustained Viral Suppression



## Clinical Quality Management Program Performance Measure Dashboard

# Benefit Specialty Services (BSS)

### About

The Clinical Quality Management (CQM) Program Performance Measure Dashboards are intended to inform DHSP's quality improvement (QI) efforts and to be used to determine the efficacy and progress of quality improvement activities. Our hope is that consumers of HIV services and our subrecipient network providing these services will also benefit from these Dashboards and be able to use them to guide improvement efforts as well.

### Benefit Specialty Services (BSS)

BSS facilitate a client's access to public/private health and disability benefits and programs. Benefits specialty services work to maximize public funding by helping clients identify all available health and disability benefits supported by funding streams other than the Ryan White Part A funds.

### Data Methodology

The Quality Improvement dashboards were developed with data reported in the HIV Casewatch system by Ryan White-funded agencies in Los Angeles County. This report reflects outcomes for clients who utilized Ryan White (RW) BSS services during the reporting period from March 1, 2020 to February 28, 2021. This service category was selected based on Health Resources and Services Administration (HRSA) criteria to monitor performance measures for services that are used by at least 16% of all RW clients.

In order to estimate outcomes, HIV laboratory data (viral load, CD4, and genotype tests) were obtained for RW clients from the Los Angeles County HIV Surveillance system. The HIV-related outcomes and their definitions are based on HRSA HIV/AIDS Bureau recommendations and the U.S. Department of Health and Human Services guidelines.

- Engagement in HIV Care:  $\geq 1$  viral load, CD4 or genotype test reported in the 12 months before the end of the reporting period.
- Retention in HIV Care:  $\geq 2$  viral load, CD4 or genotype tests reported at  $>90$  days apart in the 12 months before the end of the reporting period.
- Viral Suppression: viral load of  $<200$  copies/ml at most recent test reported in the 12 months before the end of the reporting period. Clients with missing viral load tests are considered to have unsuppressed viral load in the time period.
- Sustained Viral Suppression: of clients with at least two viral load tests, all viral load test results are  $<200$  copies/ml in the 12 months before the end of the reporting period. Clients with missing results or with less than two viral load tests are considered to have non-sustained viral suppression in the time period.

### Summary

- 4,542 clients, or 27%, of the 16,960 clients received RW funded BSS in RW YR 30.
- The percentage of Latinx clients receiving BSS was higher (58%) compared to the percentage of overall Latinx RW clients (53%).
- Engagement and suppression outcomes did not change substantially between YR29 and YR30 among BSS clients; retention and sustained viral suppression decreased.
- The proportion of BSS clients engaged and retained in care, virally suppressed and with sustained viral suppression was higher than the respective proportions of RW clients overall.