

HIV Care and Treatment Service Utilization

2007 Year End Report

March 2009



Los Angeles County Department of Public Health

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Table of Contents

Table of Contents.....	i
Acknowledgements	iv
Contact Information.....	iv
Chapter 1. Introduction	1
Background.....	1
Ryan White Program Priorities and Allocations	1
Services Funded for FY 2007	2
Table 1.1: Services fundable by HRSA, prioritized and allocated by COH, and services funded by OAPP in FY 2007.....	2
Table 1.2. Key Service Categories and Geographic Coverage, FY 2007.....	3
Figure 1.1 Distribution Map of OAPP-funded HIV Care and Treatment Service Sites* and AIDS Cases** within Los Angeles County by Service Planning Areas (SPAs) Health District, 2008	4
A Few Words about Data.....	5
Chapter 2. Client Summary.....	6
Distribution of Clients by Gender, Race/Ethnicity, Age, and HIV Status.....	6
Figure 2.2. Gender Distribution of All Ryan White Clients, FY 2007 (N=17,920).....	6
Figure 2.3. Race/Ethnicity of All Ryan White Clients, FY 2007 (N=17,920).....	6
Figure 2.4. Age Group Distribution of All Ryan White Clients, FY 2007 (N=17,920).....	6
Figure 2.5. HIV/AIDS Status of All Ryan White Clients, FY 2007 (N=17,920).....	7
Distribution of Clients by Poverty Level and Medical Insurance Status	7
Figure 2.6. Primary Medical Insurance Status of All Ryan White Clients, FY 2007	7
Figure 2.7. Distribution of All Ryan White Clients by Federal Poverty Level, FY 2007	7
Clients with Special Needs: Homelessness, Incarceration, Mental Illness, and Substance Abuse	8
Figure 2.8. Gender Distribution of Homeless and Recently Incarcerated Clients, FY 2007	8
Figure 2.9. Distribution of Clients by Race/Ethnicity among Homeless, Recently-incarcerated, and All Clients, FY 2007.....	9
Figure 2.10. Distribution of Clients by Age among Homeless, Recently-incarcerated, and All Clients, FY 2007.....	9
Distribution of Clients by SPA.....	10
Table 2.1. Demographic Characteristics of All Clients by Service Planning Area (SPA), FY 2007	10
Figure 2.11. Homelessness by Residence SPA, FY 2007 (N=17,920).....	11
Figure 2.12. New Clients to System of Care by Residence SPA, FY 2007 (N=17,920).....	11
Figure 2.13. Client Type of Insurance by SPA of Residence, FY 2007 (N=17,920).....	11
Patterns of Service Utilization	12
Table 2.2. Services Accessed by All Clients, FY 2007.....	12
Figure 2.14. Top Seven Services Accessed by Gender, March 1, FY 2007	12

Figure 2.15. Top Seven Services Accessed by Type of Insurance, FY 2007	13
Figure 2.16. Top Seven Services Accessed by Race/Ethnicity, FY 2007	13

Chapter 3. Core Medical Services14

3.1 Medical Outpatient Services.....	14
Figure 3.1. Insurance Status of Clients Receiving Medical Outpatient Services, FY 2007	15
Figure 3.2. Gender Distribution of Clients Receiving Medical Outpatient Services, FY 2007	15
Figure 3.3. Race/Ethnicity of Clients Receiving Medical Outpatient Services, FY 2007	16
Figure 3.4. Age Group Distribution of Clients Receiving Medical Outpatient Services, FY 2007	16
3.2 Medical Specialty Services.....	16
3.3 Oral Health Care.....	17
Table 3.1. Demographic Characteristics of Clients Accessing Oral Health Care, FY 2007	18
3.4 Medical Nutrition Therapy.....	18
Table 3.2. Demographic Characteristics of Clients Receiving Medical Nutrition Therapy, FY 2007	19
3.5 Mental Health, Psychiatry.....	20
Table 3.3. Demographic Characteristics of Clients Receiving Mental Health, Psychiatry, FY 2007	21
3.6 Mental Health, Psychotherapy.....	21
Table 3.4. Demographic Characteristics of Clients Receiving Mental Health, Psychotherapy, FY 2007	23
3.7 Medical Case Management.....	23
Table 3.5. Demographic Characteristics of Clients Receiving Medical Case Management Services, FY 2007	25
3.8 Hospice and Skilled Nursing Services.....	25
3.9 Early Intervention Services.....	26
3.10 Treatment Education	27
Table 3.6. Demographic Characteristics of Clients Receiving Treatment Education Services, FY 2007	28
3.11 Substance Abuse, Treatment.....	29
3.12 AIDS Drug Assistance Program (ADAP) Enrollment.....	30

Chapter 4. Support Services31

4.1 Case Management, Psychosocial	31
Figure 4.1. Gender Distribution of Clients Receiving Psychosocial Case Management, FY 2007	32

Figure 4.2. Insurance Status of Clients Receiving Psychosocial Case Management, FY 2007	32
Figure 4.3. Race/Ethnicity of Clients Receiving Psychosocial Case Management, FY 2007	32
Figure 4.4. Age Group Distribution of Clients Receiving Psychosocial Case Management, Services, FY 2007	32
4.2 Substance Abuse, Residential.....	33
Table 4.1. Demographic Characteristics of Clients Receiving Substance Abuse Residential Services, FY 2007	34
4.3 Nutrition Support	34
Table 4.2. Demographic Characteristics of Clients Receiving Nutrition Support Services, FY 2007	36
4.4 Residential, Transitional	36
Table 4.3. Demographic Characteristics of Clients Receiving Residential, Transitional Services, FY 2007	38
4.5 Medical Transportation	38
4.6 Peer Support	39
Table 4.4. Demographic Characteristics of Clients Receiving Peer Support Services, FY 2007	40
4.7 Legal Services.....	41
4.1 Case Management, Home-Based	41
4.8 Language Services.....	42
Appendix A	44
Table A.1. Demographic Characteristics of All Clients & Clients in Medical Care, FY 2007	44

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

Chapter 1. Introduction

Background

Los Angeles County has 23,679 people living with AIDS as of December 31, 2008¹. It is estimated that more than 26,000 people are diagnosed with HIV (non-AIDS)². An additional 15,000 HIV cases are estimated to be undiagnosed, making the overall estimated number of people living with HIV and AIDS (PLWHA) to be approximately 65,000.

The Office of AIDS Programs and Policy (OAPP) coordinates the overall response to HIV/AIDS in Los Angeles County in collaboration with community-based organizations, governmental bodies, advocates and people living with HIV/AIDS. OAPP receives funding from the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), the State of California Office of AIDS and the Los Angeles County Department of Public Health. OAPP utilizes these fiscal resources to manage approximately 200 contracts within a network of nearly 100 community-based organizations and ten County departments in an effort to maximize access to services for people living with HIV/AIDS.

Ryan White Part A is the largest funding source for HIV care and treatment services. In Fiscal Year (FY) 2007 (March 2007 – February 2008), OAPP received \$32,734,999 Part A funding from HRSA, of which \$27,824,799 were allocated for direct services. That same year, Ryan White Minority AIDS Initiative (MAI) funding was separated from Part A because of the Ryan White Treatment Modernization Act reauthorized in December 2006. OAPP received \$2,528,561 MAI funding from HRSA in August 2007, and allocated \$2,402,381 for direct services. OAPP also receives from the California State Office of AIDS Ryan White Part B Consortium funds and other State funding. FY 2007 Part B funding to Los Angeles County was \$4,751,348, of which \$4,276,213 funded direct services. Additionally, OAPP uses County funds (Net County Cost or NCC) to support HIV care and treatment services.

This report presents an overview of the services funded and utilized during FY 2007, and descriptions of clients receiving these services.

Ryan White Program Priorities and Allocations

The Ryan White program requires that a local planning council determines service priorities and allocations. In Los Angeles County, this task is done by the Los Angeles County Commission on HIV (COH). COH determines priorities and allocations for Part A and Part B consortium funding in a five-month process, primarily at the Priorities and Planning (P&P) Committee meetings. It is done through decision-making in the following steps: 1) framework, paradigms, operating values and funding scenarios; 2) review of epidemiology profile; 3) presentation of needs assessment and service utilization data; 4) priority-setting; 5) resource allocations; 6) “how best to meet the need” and “other factors to be considered;” and 7) disposition of appeals,

¹ HIV Epidemiology Program, Los Angeles County Department of Public Health, HIV/AIDS Surveillance Summary, January 2009.

² Based on 1.1 ratio HIV (non AIDS) : AIDS cases.

if any. The Commission approves the final 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 process.

Services Funded for FY 2007

Table 1 below lists services fundable by HRSA, prioritized and allocated by COH, and services funded by OAPP in FY 2007. OAPP uses a geographic estimate of need (GEN) formula to govern the distribution of resources consistent with need of HIV service consumers. For the FY 2007 funding distribution, three indicators (AIDS incidence, AIDS prevalence and poverty prevalence) were used to estimate services needed within each of the Service Planning Areas (SPAs). Figure 1.1 illustrates the distribution of service sites and living AIDS cases by SPA. OAPP is refining the GEN formula to include more indicators to guide the allocation of funds to areas of greatest need.

Table 1.1: Services fundable by HRSA, prioritized and allocated by COH, and services funded by OAPP in FY 2007.

HRSA Service Categories	Prioritized by COH	Allocated by COH with RW Part A/B	Funded by OAPP
Core Medical Services			
<ul style="list-style-type: none"> • Outpatient/ambulatory medical care • AIDS Drug Assistance Program (ADAP) • AIDS Pharmaceutical Assistance • Oral Health Care • Early Intervention Services • Health Insurance Premium & Cost Sharing Assistance • Home Health Care • Home & Community-based Health Services • Hospice Services • Mental Health Services • Medical Nutrition Therapy • Medical Case Management (including Treatment Adherence) • Substance Abuse Services (Outpatient) 	<ul style="list-style-type: none"> • Medical Outpatient • Medical Specialty • Oral Health Care • Mental Health, Psychiatry • Treatment Education • Mental Health, Psychotherapy • Substance Abuse, Treatment • Medical Nutrition Therapy • Case Management, Medical • Hospice and Skilled Nursing Facility Services 	<ul style="list-style-type: none"> • Medical Outpatient • Medical Specialty • Oral Health Care • Mental Health, Psychiatry • Treatment Education • Mental Health, Psychotherapy • Medical Nutrition Therapy • Case Management, Medical 	<ul style="list-style-type: none"> • Medical Outpatient • Medical Specialty • Oral Health Care • Mental Health, Psychiatry • Treatment Education • Mental Health, Psychotherapy • Medical Nutrition Therapy • Case Management, Medical • Hospice and Skilled Nursing Services • Early Intervention • Substance Abuse, Treatment • ADAP Enrollment

HRSA Service Categories	Prioritized by COH	Allocated by COH 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"> • Residential, Transitional • Substance Abuse, Residential • Case Management, Psychosocial • Transportation • Nutrition Support • Benefits Specialty • Legal Services • Language Services • Peer Support • Child Care • Permanency Planning 	<ul style="list-style-type: none"> • Residential, Transitional • Substance Abuse, Residential • Case Management, Psychosocial • Transportation • Nutrition Support • Peer Support 	<ul style="list-style-type: none"> • Residential, Transitional • Substance Abuse, Residential • Case Management, Psychosocial • Transportation • Nutrition Support • Legal Services • Language Services • Peer Support • Home-based Case Management

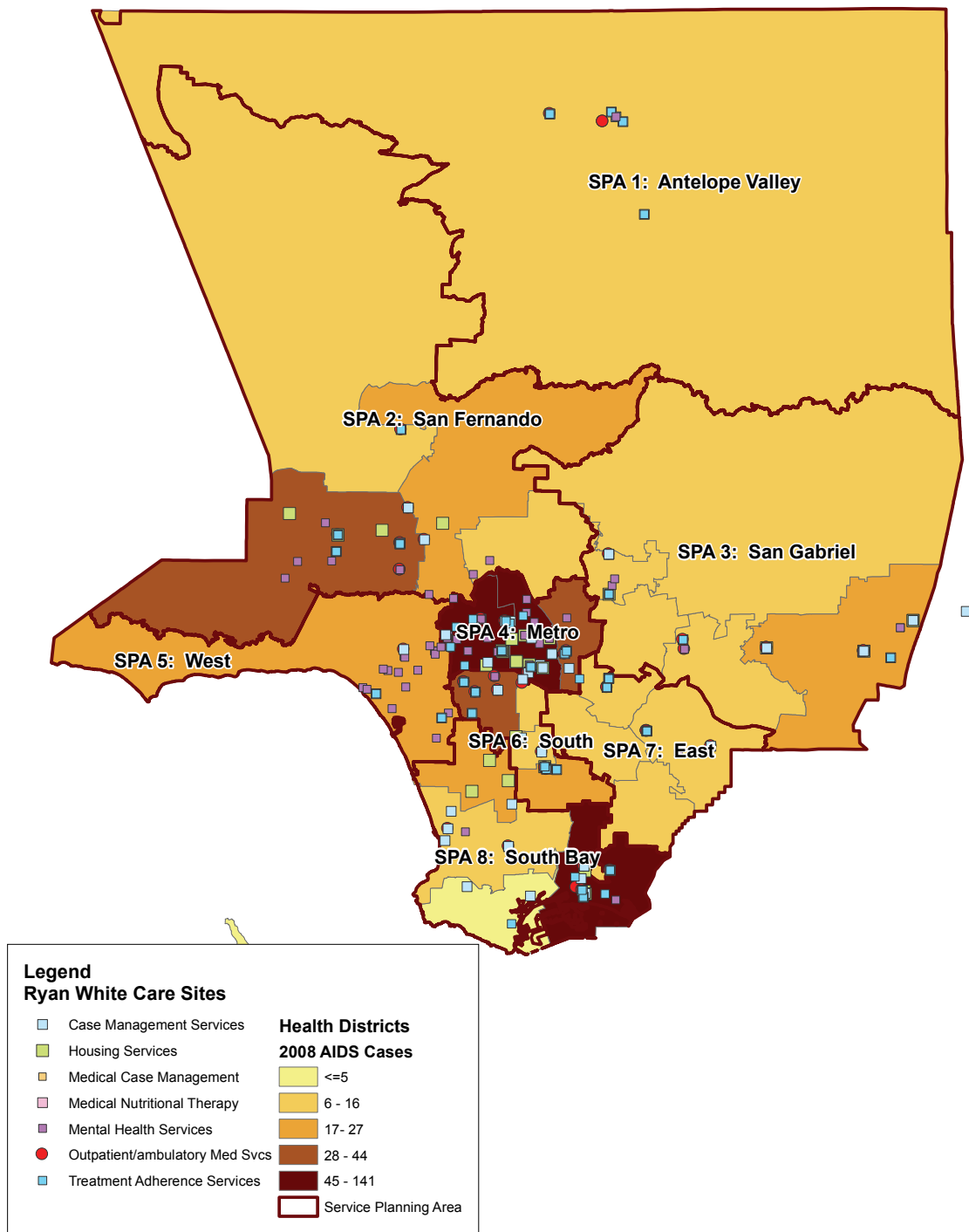
Table 1.2. Key Service Categories and Geographic Coverage, FY 2007

Service Categories	Coverage by Service Planning Area (SPA)							
	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Housing Services								
Medical Case Management								
Medical Nutritional								
Medical Outpatient								
Mental Health, Psychiatric								
Mental Health Psychotherapy								
Psychosocial Case Management								
Transitional Case Management								
Treatment Adherence								

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

Note: Blue square indicates service offered within the SPA

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



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

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

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

A Few Words about Data

This report represents service utilization among clients receiving OAPP-funded HIV care and treatment services in Los Angeles County during FY 2007 (March 2007 to February 2008). 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 February 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.

OAPP's Financial Services Division provided the allocations and expenditures data. Note that total allocation for each service category represents the total contract amount committed for that service. OAPP does not pre-set allocations for NCC. NCC funds are often used to back-fill the variances between Ryan White Part A/Part B allocations and actual contract amounts, a practice OAPP is in the process of eliminating. In the future, contract amounts will more closely mirror the allocations.

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, 2007 – February 29, 2008. These include Part A, Part B, MAI, and some NCC-funded services. Data for State and County funded services cover July 1, 2007 – June 30, 2008. Financial data for Part B are from April 1, 2007 to March 31, 2008; for MAI are from August 1, 2007 to July 31, 2008.

Chapter 2. Client Summary

In FY 2007, there were 17,920 unduplicated clients receiving OAPP-funded HIV care and treatment services reported in Casewatch, representing approximately 37% of the estimated number of people diagnosed with HIV/AIDS in Los Angeles County. Of those, 13,515 had at least one medical visit. During the same year, 2,341 new clients enrolled in OAPP-funded system of HIV care. Nearly half (47.8%) of these clients were newly enrolled in OAPP-funded medical care (Appendix A).

The following tables and graphs present demographic characteristics of these clients, 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 (Table A.1).

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

In FY 2007, 82.7% of OAPP-funded clients were male, 15.5% were female, and 1.8% were transgender. Latino/as accounted for 44.9% of all clients, while Whites represented 27.0%, African Americans 23.7%, and Asian Pacific Islanders 3.0%.

Figure 2.2. Gender Distribution of All Ryan White Clients, FY 2007 (N=17,920)

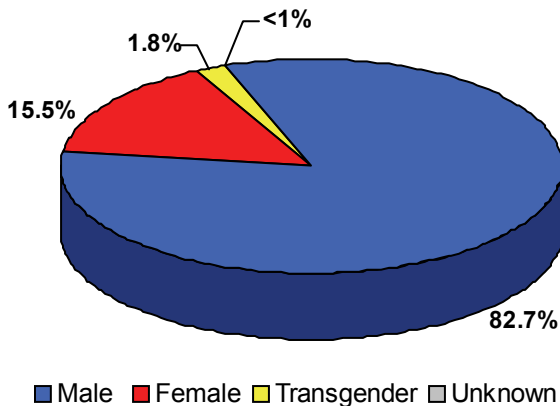
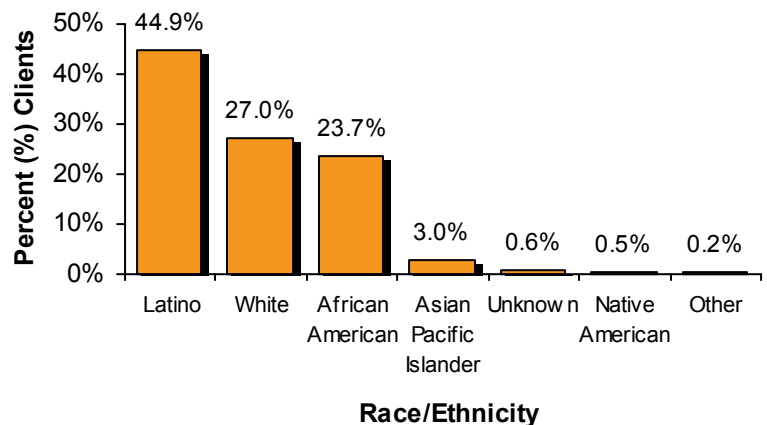


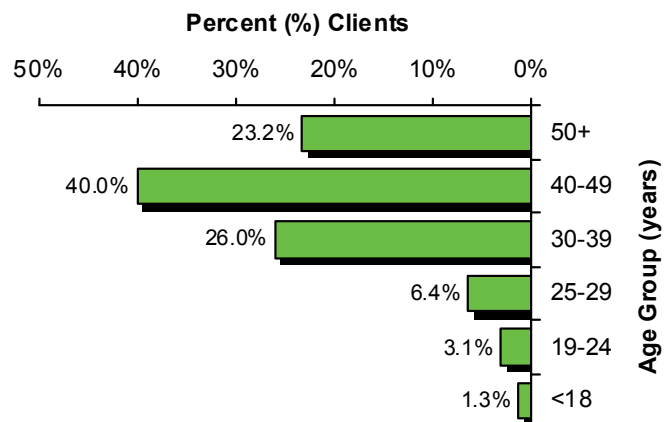
Figure 2.3. Race/Ethnicity of All Ryan White Clients, FY 2007 (N=17,920)



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

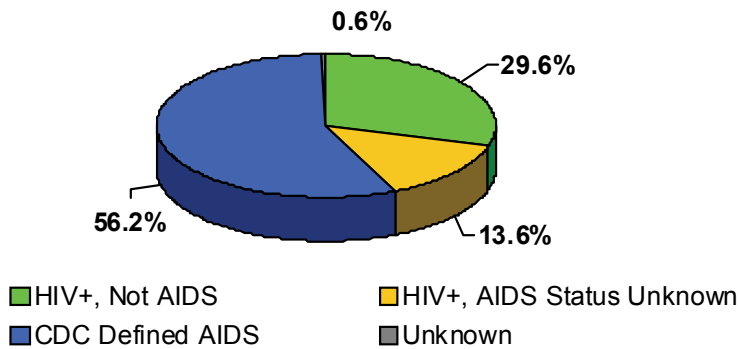
Figure 2.4. Age Group Distribution of All Ryan White Clients, FY 2007 (N=17,920)

The age distribution of all clients closely mirrors that of the overall local HIV epidemic. The majority of clients (40.0%) were between the ages 40-49, followed by 26.0% for clients 30-39 years old, and 23.2% for clients 50 years and older.



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

Figure 2.5. HIV/AIDS Status of All Ryan White Clients, FY 2007 (N=17,920)



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

The majority (56.2%) of clients served during FY 2007 had CDC-defined AIDS

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. Aimed to serve vulnerable and underserved PLWHA, Ryan White services engage a high proportion of clients who have no medical insurance and live below federal poverty level.

Figure 2.6. Primary Medical Insurance Status of All Ryan White Clients, FY 2007

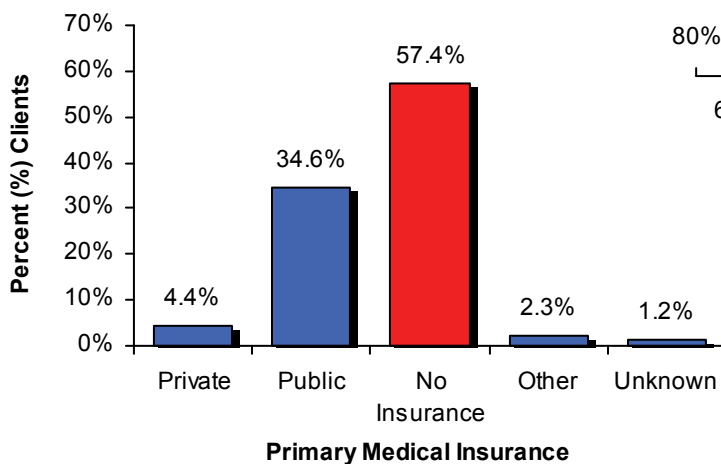
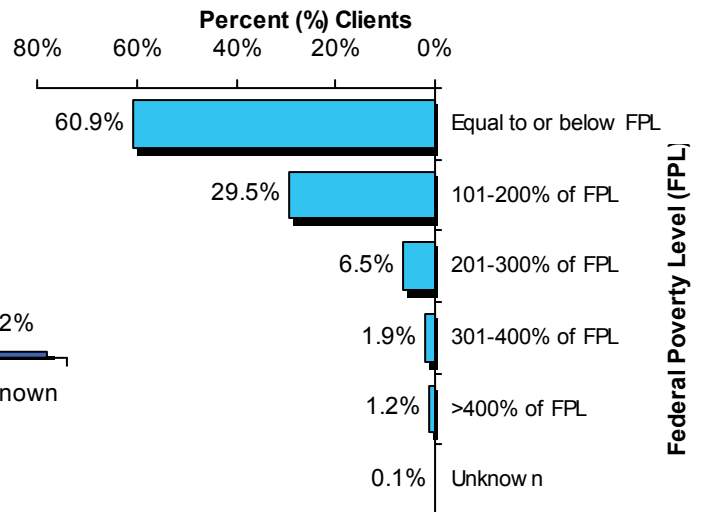


Figure 2.7. Distribution of All Ryan White Clients by Federal Poverty Level, FY 2007



All Clients (N=17,920)

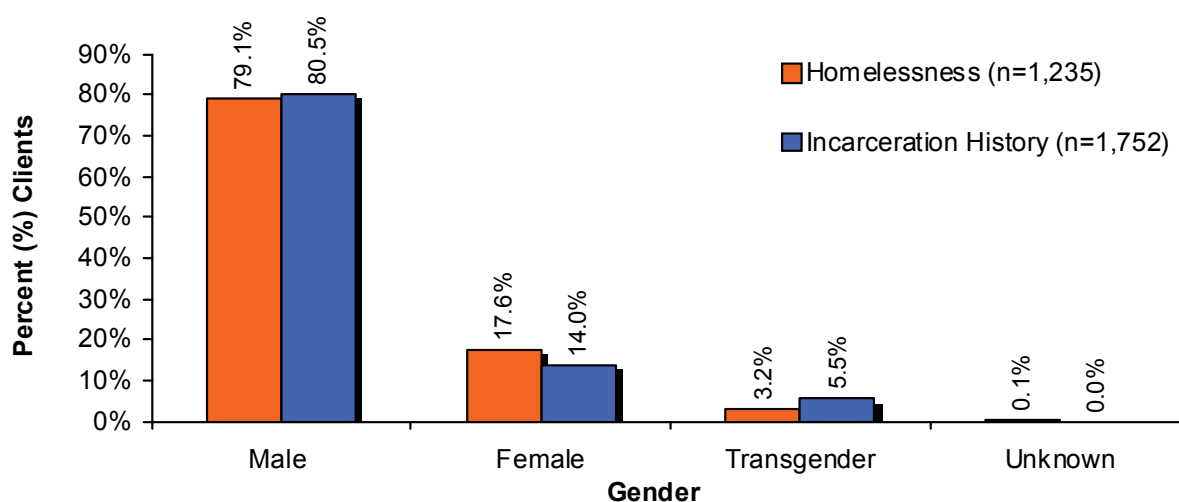
Data Source: Casewatch FY 2007 (March 2007 - February 2008)

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. Approximately 10% of Ryan White clients reported having been incarcerated in the last 24 months, and an additional 9% reported having been incarcerated over two years ago. Approximately 7% of Ryan White clients had non-permanent living arrangements during FY 2007, which include homeless, transient or transitional living situations. In FY 2007, 13.6% of OAPP-funded clients received psychiatric treatment while 15.3% of clients received psychotherapy services. Although only less than 4% of all clients received substance abuse services in FY 2007, the current risk factors reported in Casewatch indicated that the rate of substance use among OAPP clients was much higher.

The following graphs illustrate some characteristics of clients with recent incarceration history and those who were homeless in FY 2007. Demographic information for clients in mental health and substance abuse treatment can be found in chapters 3 and 4.

Figure 2.8. Gender Distribution of Homeless and Recently Incarcerated Clients, FY 2007

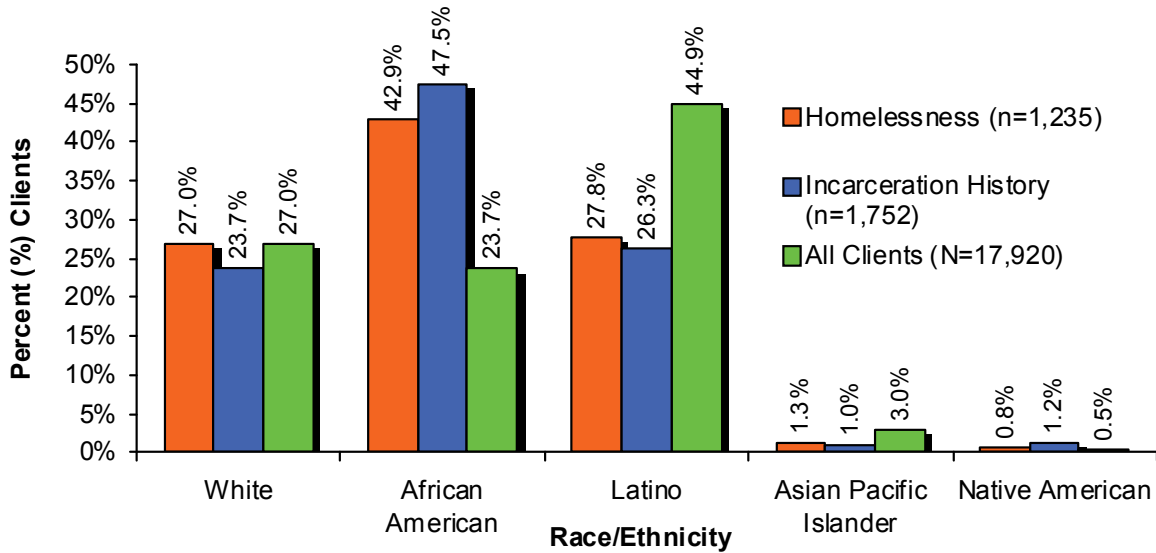


Data Source: Casewatch FY 2007 (March 2007 - February 2008)

Note: Incarceration history within the last 24 months

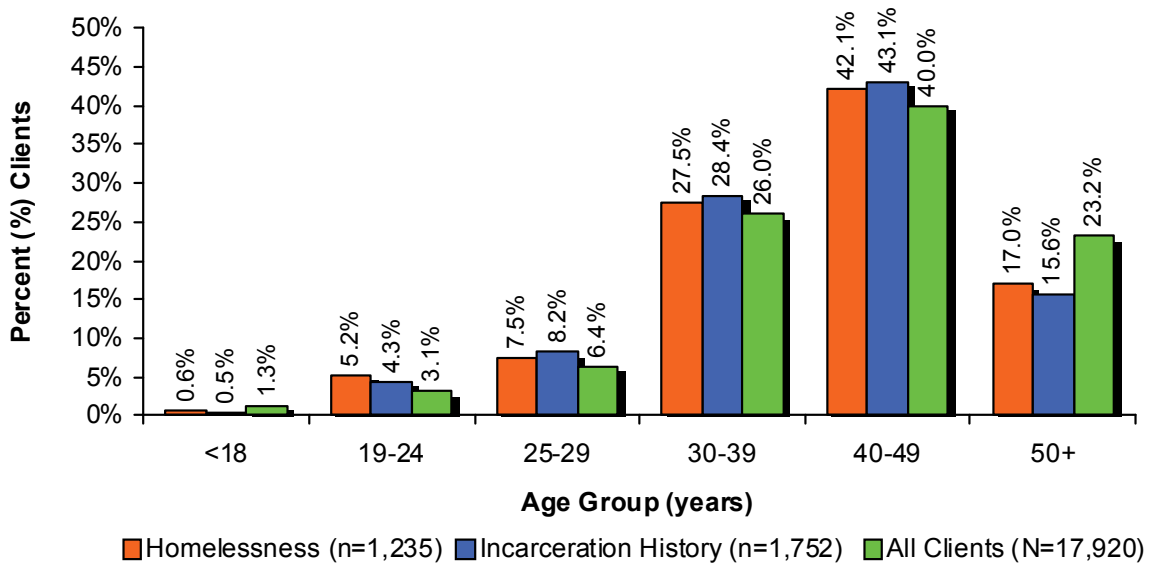
While the gender distributions of homeless clients and clients with recent incarceration history largely mirror that of the overall clients, the distribution of clients by age and race/ethnicity show very different pictures. African Americans accounted for a much higher proportion of homeless and recently-incarcerated clients than their proportion in overall clients. Young people under 30 years old represented a slightly higher proportion of homeless and recently-incarcerated clients than that of the overall clients.

Figure 2.9. Distribution of Clients by Race/Ethnicity among Homeless, Recently-incarcerated, and All Clients, FY 2007



Data Source: Casewatch FY 2007 (March 2007 - February 2008)
Note: Incarceration history within the last 24 months

Figure 2.10. Distribution of Clients by Age among Homeless, Recently-incarcerated, and All Clients, FY 2007



Data Source: Casewatch FY 2007 (March 2007 - February 2008)
Note: Incarceration history within the last 24 months

Distribution of Clients by SPA

Table 2.1. Demographic Characteristics of All Clients by Service Planning Area (SPA), FY 2007

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	352		2,509		1,067		5,771		579		2,554		1,191		2,991		906	
Male	233	66.2%	2,066	82.3%	856	80.2%	5,162	89.4%	508	87.7%	1,821	71.3%	953	80.0%	2,476	82.8%	738	81.5%
Female	115	32.7%	380	15.1%	204	19.1%	481	8.3%	65	11.2%	688	26.9%	232	19.5%	477	15.9%	139	15.3%
Transgender	4	1.1%	62	2.5%	7	0.7%	123	2.1%	6	1.0%	44	1.7%	6	0.5%	38	1.3%	29	3.2%
Unknown	0	-	1	0.0%	0	-	5	0.1%	0	-	1	0	-	0	-	0	-	0
Race																		
White	87	24.7%	819	32.6%	190	17.8%	1,962	34.0%	257	44.4%	141	5.5%	123	10.3%	979	32.7%	282	31.1%
Black	146	41.5%	342	13.6%	137	12.8%	979	17.0%	148	25.6%	1,377	53.9%	86	7.2%	737	24.6%	303	33.4%
Latino(a)	109	31.0%	1,217	48.5%	647	60.6%	2,589	44.9%	145	25.0%	1,003	39.3%	957	80.4%	1,104	36.9%	277	30.6%
Asian/PI	6	1.7%	83	3.3%	82	7.7%	181	3.1%	21	3.6%	17	0.7%	19	1.6%	108	3.6%	16	1.8%
AI/AN	4	1.1%	22	0.9%	3	0.3%	28	0.5%	2	0.3%	3	0.1%	2	0.2%	21	0.7%	11	1.2%
Mixed/Other	0	-	5	0.2%	2	0.2%	6	0.1%	0	-	1	0.0%	2	0.2%	12	0.4%	8	0.9%
Unknown	0	-	21	0.8%	6	0.6%	26	0.5%	6	1.0%	12	0.5%	2	0.2%	30	1.0%	9	1.0%
Age Group (years)																		
<18	12	3.4%	41	1.6%	13	1.2%	40	0.7%	7	1.2%	44	1.7%	20	1.7%	37	1.2%	14	1.5%
19-24	12	3.4%	70	2.8%	45	4.2%	145	2.5%	10	1.7%	117	4.6%	39	3.3%	85	2.8%	32	3.5%
25-29	17	4.8%	182	7.3%	72	6.7%	349	6.0%	29	5.0%	176	6.9%	103	8.6%	150	5.0%	61	6.7%
30-39	79	22.4%	700	27.9%	298	27.9%	1,524	26.4%	147	25.4%	645	25.3%	305	25.6%	730	24.4%	233	25.7%
40-49	144	40.9%	988	39.4%	408	38.2%	2,406	41.7%	227	39.2%	950	37.2%	462	38.8%	1,208	40.4%	383	42.3%
50+	88	25.0%	528	21.0%	231	21.6%	1,307	22.6%	159	27.5%	622	24.4%	262	22.0%	781	26.1%	183	20.2%
In Medical Care*	257	73.0%	1,901	75.8%	824	77.2%	4,494	77.9%	420	72.5%	1,983	77.6%	991	83.2%	2,112	70.6%	533	58.8%

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

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

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

Figure 2.11. Homelessness by Residence SPA, FY 2007 (N=17,920)

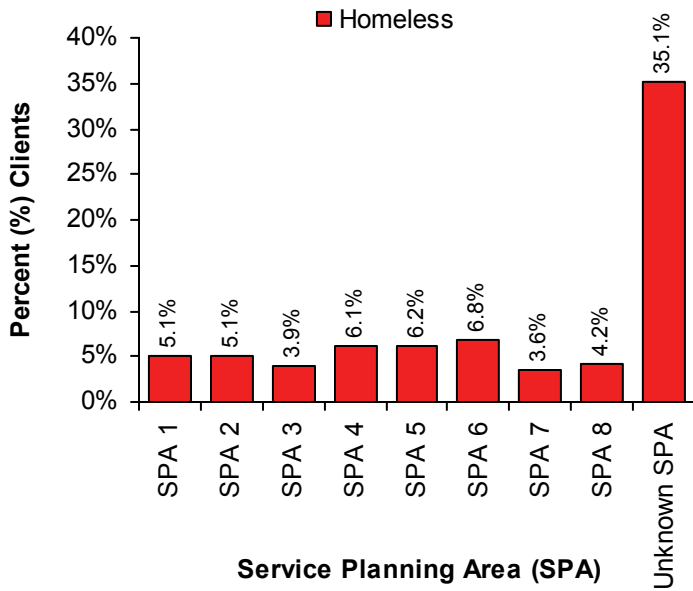
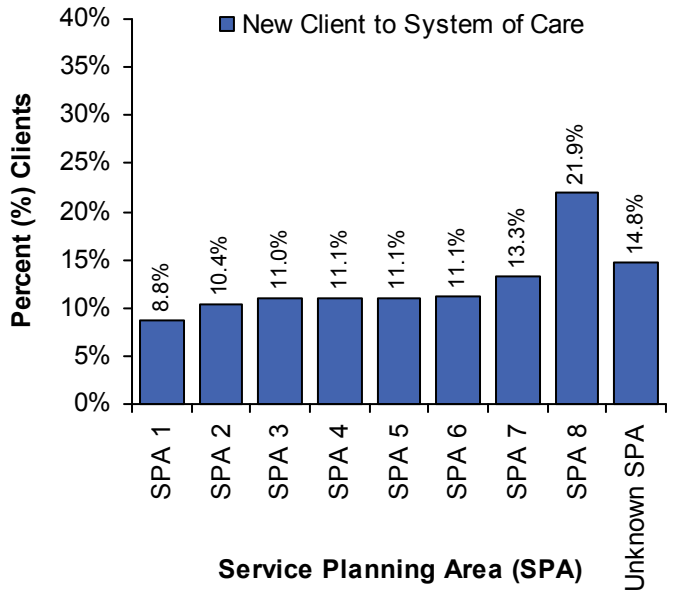
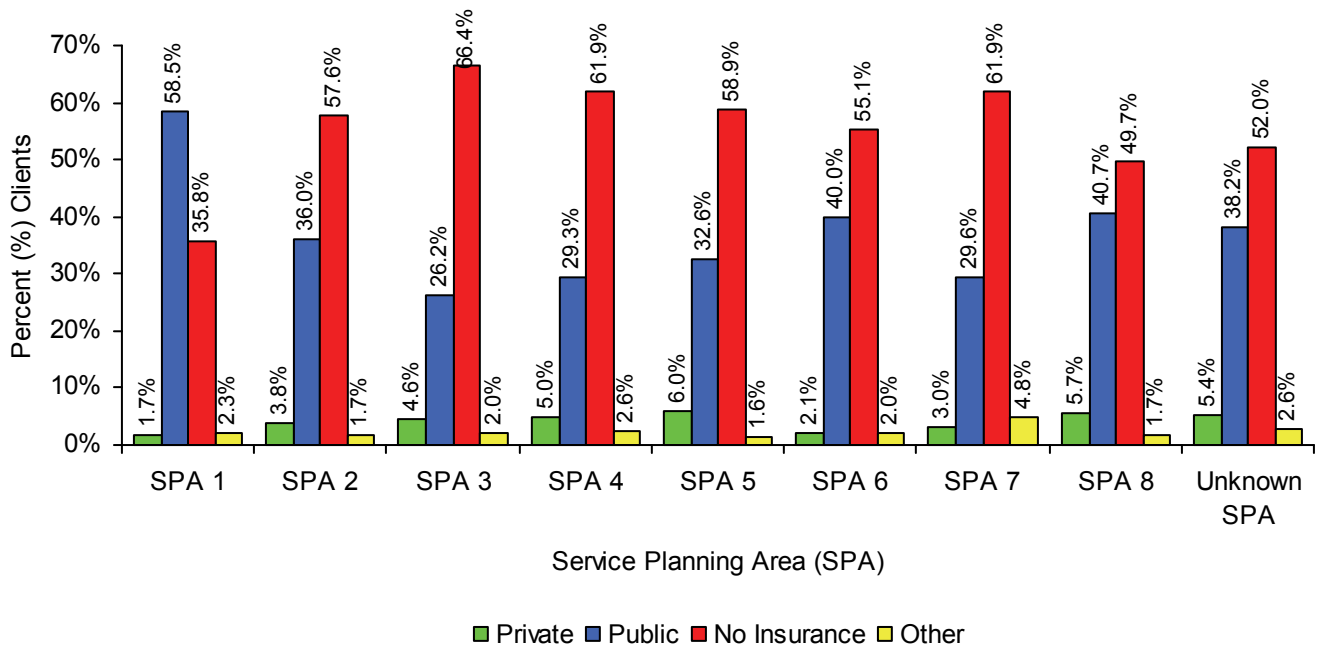


Figure 2.12. New Clients to System of Care by Residence SPA, FY 2007 (N=17,920)



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

Figure 2.13. Client Type of Insurance by SPA of Residence, FY 2007 (N=17,920)



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

Patterns of Service Utilization

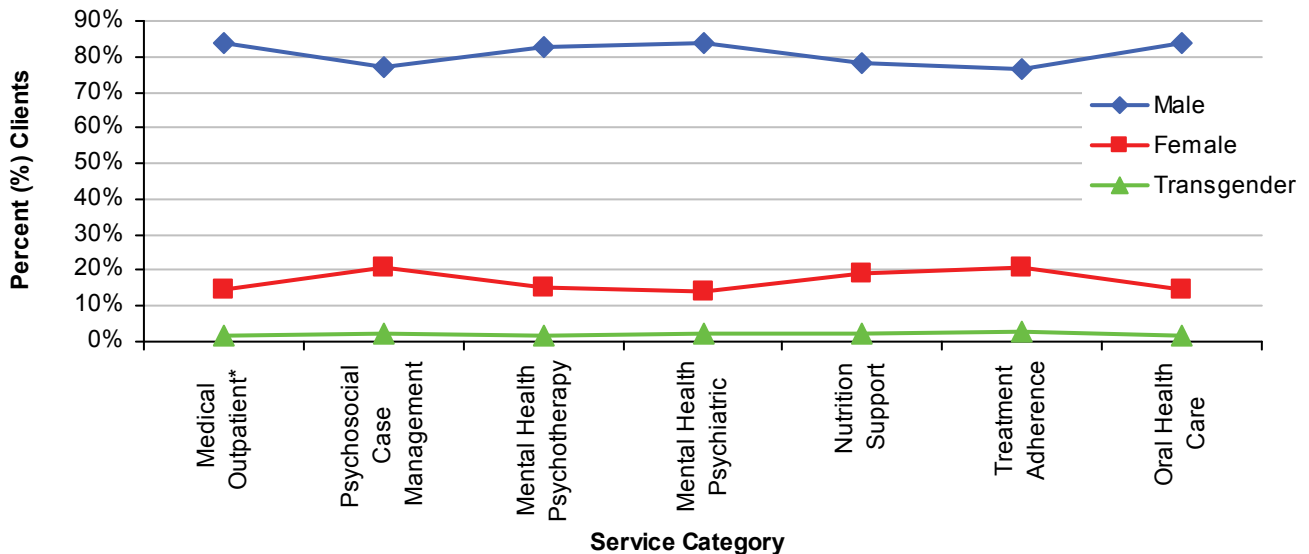
Table 2.2. Services Accessed by All Clients, FY 2007

Type of Ryan White Service [^]	N	% Clients
All Clients	17,920	100%
Medical Outpatient*	13,515	75.4%
Psychosocial Case Management	4,625	25.8%
Mental Health Psychotherapy	2,742	15.3%
Mental Health Psychiatric	2,444	13.6%
Nutrition Support	2,392	13.3%
Treatment Adherence/Education	1,915	10.7%
Oral Health Care	1,673	9.3%
Medical Case Management	1,646	9.2%
Medical Nutritional Therapy	1,413	7.9%
Peer Support	644	3.6%
Residential Transitional Housing	508	2.8%
Substance Abuse Services - Residential	443	2.5%
Substance Abuse Services - Outpatient	163	0.9%
Hospice Services & Skilled Nursing Services	10	0.1%

[^]This list includes only services routinely reported in Casewatch.

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

Figure 2.14. Top Seven Services Accessed by Gender, March 1, FY 2007



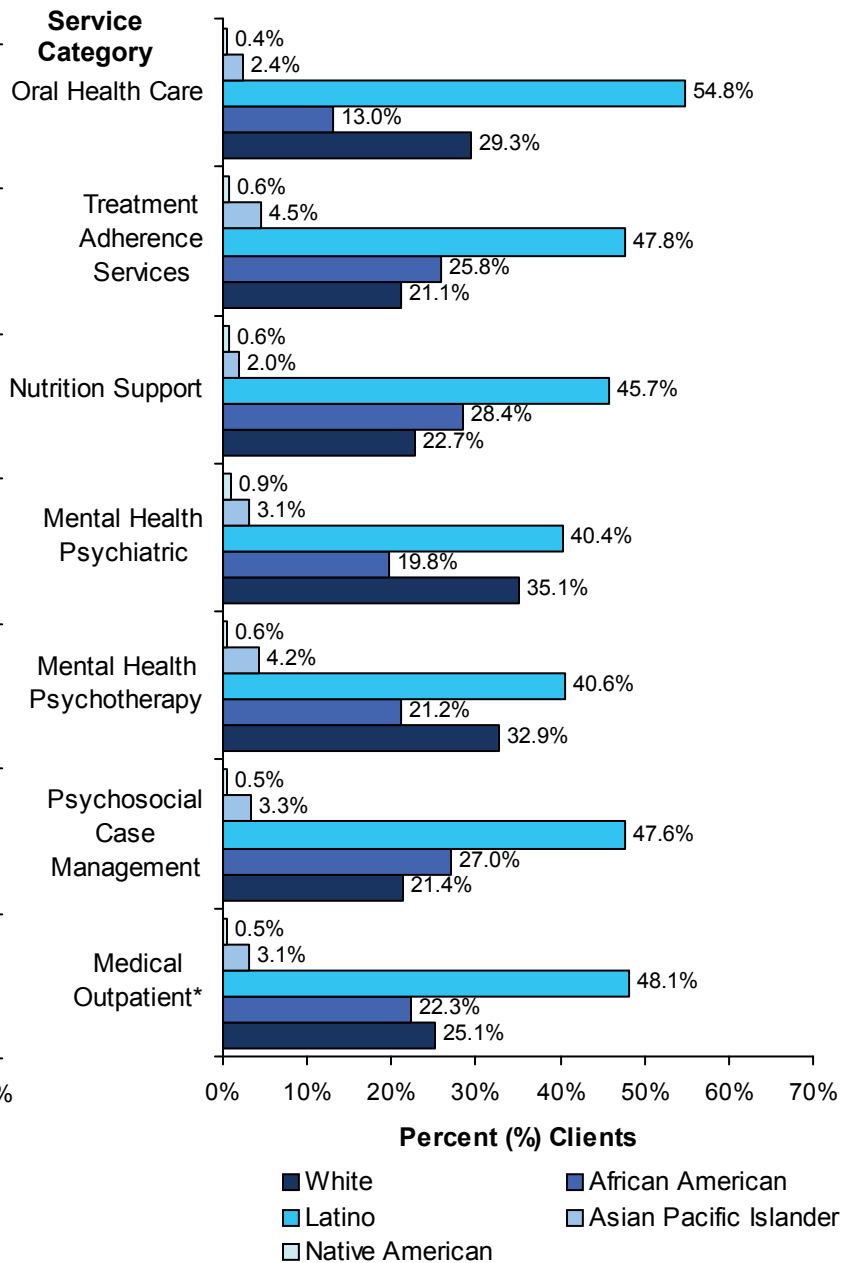
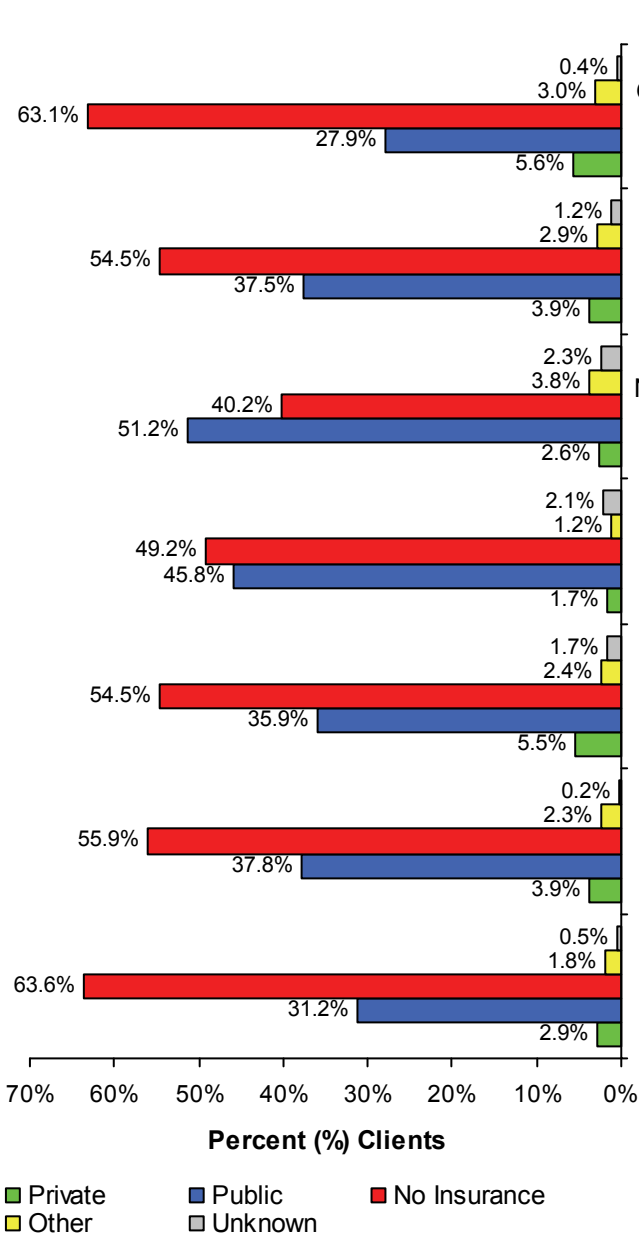
Data Source: Casewatch FY 2007 (March 2007 - February 2008)

*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 2.15. Top Seven Services Accessed by Type of Insurance, FY 2007

Figure 2.16. Top Seven Services Accessed by Race/Ethnicity, FY 2007



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

*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 2007, OAPP funded the following core medical services for HIV/AIDS care and treatment:

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

3.1 Medical Outpatient Services

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

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

What OAPP Funds: Medical Outpatient Services provide professional diagnostic, preventive and therapeutic medical services by licensed health care professionals with requisite training in HIV/AIDS including physicians, nurses, nurse practitioners and/or physician assistants. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, taking medical history, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, continuing care and management of chronic conditions, and referral to and provision of specialty care.

Funding Sources: Ryan White Part A, Net County Cost

Allocations and Expenditures:

	Part A	Part B	Other*	Total
Allocations	\$17,497,530	\$0	\$2,749,719	\$20,247,249
Expenditures	\$16,975,318	\$0	\$1,463,225	\$18,438,543

*NCC expenditures - \$1,463,225

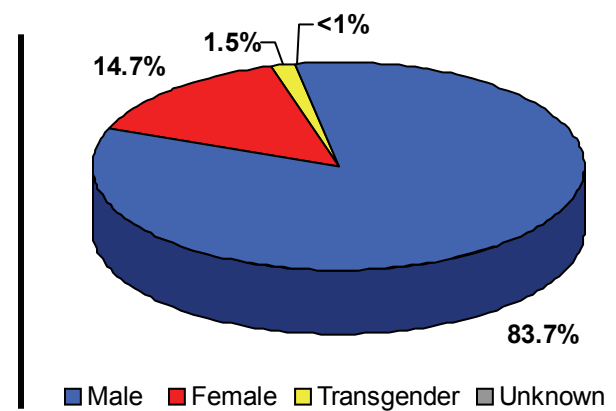
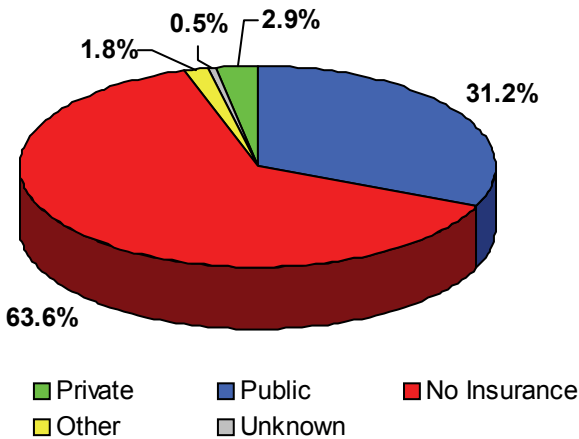
Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
13,515	Encounters	80,559

Figure 3.1. Insurance Status of Clients Receiving Medical Outpatient Services, FY 2007

Figure 3.2. Gender Distribution of Clients Receiving Medical Outpatient Services, FY 2007

Medical Outpatient Services*
(N = 13,515)



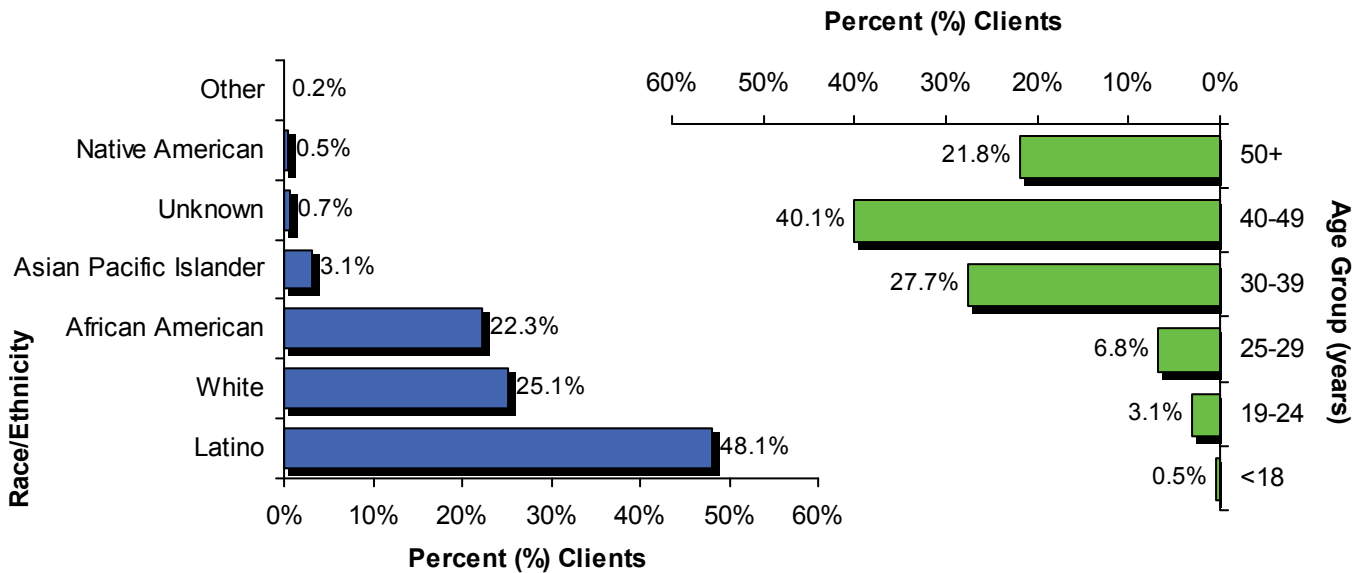
Data Source: Casewatch FY 2007 (March 2007 - February 2008)

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

Figure 3.3. Race/Ethnicity of Clients Receiving Medical Outpatient Services, FY 2007

Figure 3.4. Age Group Distribution of Clients Receiving Medical Outpatient Services, FY 2007

Medical Outpatient Services*
(N = 13,515)



Data Source: Casewatch FY 2007 (March 2007 - February 2008)
*Clients who received at least one medical visit within the year

3.2 Medical Specialty Services

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

COH Definition/Guidance: Medical Specialty services provide consultation, diagnosis and therapeutic services for medical complications beyond the scope of practice 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, Net County Cost

Allocations and Expenditures:

	Part A	Part B	Other	Total
Allocations	\$343,089	\$0	\$411,535	\$754,624
Expenditures	\$510,630	\$0	\$0	\$510,630

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
N/A	Initial and follow-up visits	3,237

3.3 Oral Health Care

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

COH Definition/Guidance: Same as above.

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

Funding Sources: Ryan White Part A, Minority AIDS Initiative

Allocations and Expenditures:

	Part A	Part B	Other*	Total
Allocations	\$1,154,026	\$0	\$480,500	\$1,634,526
Expenditures	\$1,111,433	\$0	\$163,011	\$1,274,444

*MAI expenditures - \$156,863; NCC expenditures - \$4,148 (NCC expenditures are for July 2007 only)

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,673	Encounters	5,504

Table 3.1. Demographic Characteristics of Clients Accessing Oral Health Care, FY 2007

Demographic Characteristic	Oral Health Care (N=1,673)	
	N	%
Gender		
Male	1,402	83.8%
Female	242	14.5%
Transgender	29	1.7%
Race/Ethnicity		
White	491	29.3%
African American	217	13.0%
Latino	917	54.8%
Asian Pacific Islander	40	2.4%
Native American	6	0.4%
Unknown	2	0.1%
Age Group (years)		
<18	5	0.3%
19-24	34	2.0%
25-29	107	6.4%
30-39	425	25.4%
40-49	667	39.9%
50+	435	26.0%
Primary Medical Insurance		
Private	93	5.6%
Public	467	27.9%
No Insurance	1,056	63.1%
Other	51	3.0%
Unknown	6	0.4%
Receiving Ryan White Funded Medical Care*	1,221	73.0%

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

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

3.4 Medical Nutrition Therapy

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

COH Definition/Guidance: Same as above.

What OAPP Funds: Medical nutrition therapy provides assessment, interventions and treatment by registered dietitians to maintain and optimize nutrition status and self-management skills to help treat HIV disease through evaluation of nutritional needs and nutrition care planning, nutrition counseling, therapy and education. Services also include distributing nutrition supplements when appropriate; providing Nutrition and HIV trainings to clients and their providers; and distributing nutrition related educational materials to clients.

Funding Sources: Ryan White Part A

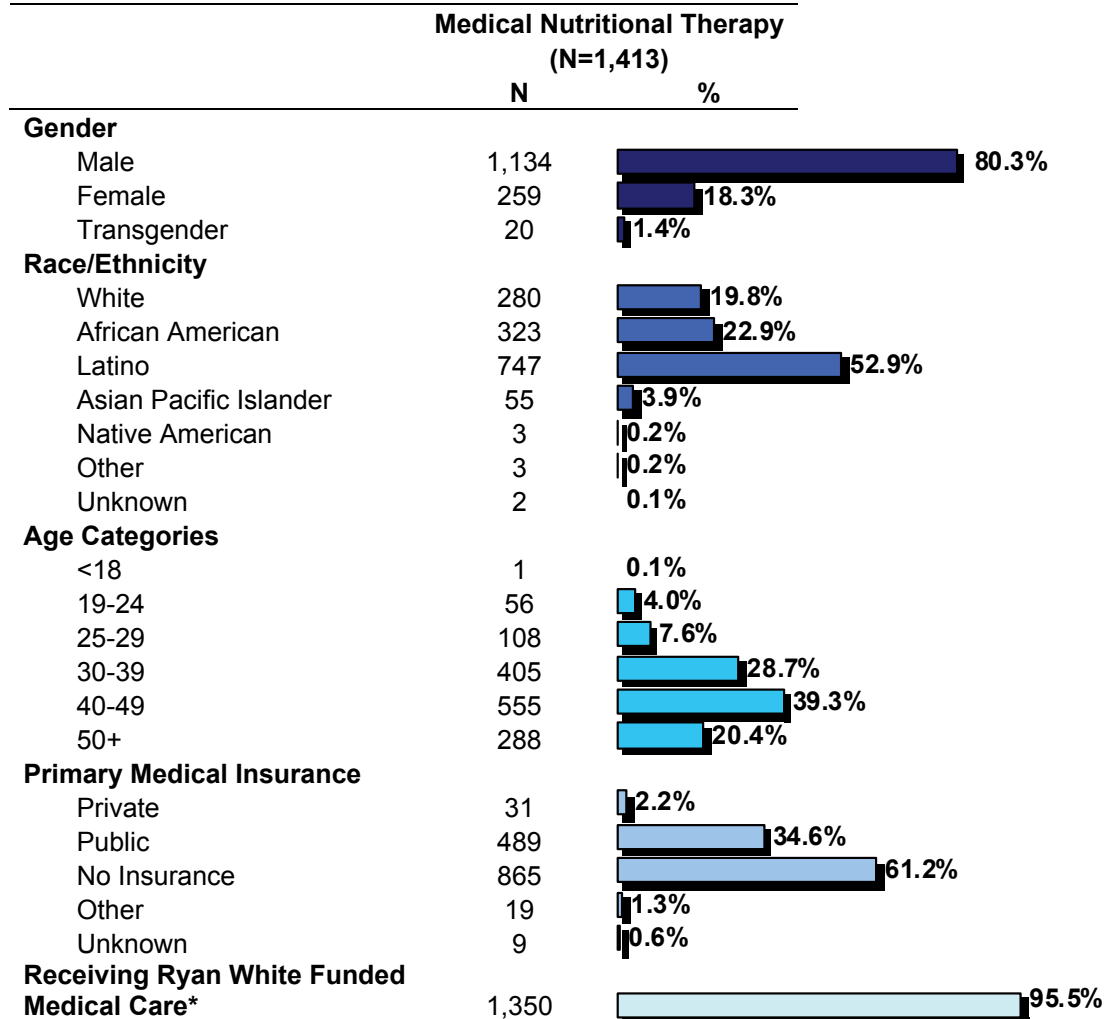
Allocations and Expenditures:

	Part A	Part B	Other	Total
Allocations	\$187,139	\$0	\$0	\$187,139
Expenditures	\$158,972	\$0	\$0	\$158,972

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,413	Encounters	2,273

Table 3.2. Demographic Characteristics of Clients Receiving Medical Nutrition Therapy, FY 2007



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

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

3.5 Mental Health, Psychiatry

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

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

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

Funding Sources: Ryan White Part A, Net County Cost

Allocations and Expenditures:

	Part A	Part B	Other	Total
Allocations	\$779,747	\$0	\$301,139	\$1,080,886
Expenditures	\$925,482	\$0	\$0	\$925,482

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,444	Encounters	8,941

Table 3.3. Demographic Characteristics of Clients Receiving Mental Health, Psychiatry, FY 2007

Mental Health Psychiatry (N=2,444)		
	N	%
Gender		
Male	2,051	83.9%
Female	343	14.0%
Transgender	49	2.0%
Unknown	1	0.04%
Race/Ethnicity		
White	859	35.1%
African American	484	19.8%
Latino	988	40.4%
Asian Pacific Islander	75	3.1%
Native American	22	0.9%
Other	4	0.2%
Unknown	12	0.5%
Age Categories		
<18	1	0.04%
19-24	56	2.3%
25-29	128	5.2%
30-39	610	25.0%
40-49	1,026	42.0%
50+	623	25.5%
Primary Medical Insurance		
Private	41	1.7%
Public	1,119	45.8%
No Insurance	1,203	49.2%
Other	30	1.2%
Unknown	51	2.1%
Receiving Ryan White Funded Medical Care*	1,760	72.0%

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

*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 in a broad Mental Health services category. (See HRSA definition of Mental Health services above.)

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

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

Funding Sources: Ryan White Part A, Net County Cost

Allocations and Expenditures:

	Part A	Part B	Other	Total
Allocations	\$2,027,343	\$0	\$155,020	\$2,182,363
Expenditures	\$1,994,894	\$0	\$0	\$1,994,894

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,742	Encounters	30,495

Table 3.4. Demographic Characteristics of Clients Receiving Mental Health, Psychotherapy, FY 2007

Mental Health Psychotherapy (N=2,742)		
	N	%
Gender		
Male	2,274	82.9%
Female	416	15.2%
Transgender	50	1.8%
Unknown	2	0.1%
Race/Ethnicity		
White	901	32.9%
African American	580	21.2%
Latino	1,113	40.6%
Asian Pacific Islander	114	4.2%
Native American	16	0.6%
Other	7	0.3%
Unknown	11	0.4%
Age Categories		
<18	18	0.7%
19-24	96	3.5%
25-29	184	6.7%
30-39	669	24.4%
40-49	1,181	43.1%
50+	594	21.7%
Primary Medical Insurance		
Private	152	5.5%
Public	984	35.9%
No Insurance	1,495	54.5%
Other	65	2.4%
Unknown	46	1.7%
Receiving Ryan White Funded Medical Care*		
	1,867	68.1%

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

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

3.7 Medical Case Management

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

efficacy of the plan, and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. 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 any other forms of communication.

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

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

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

Allocations and Expenditures:

	Part A	Part B	Other*	Total
Allocations	\$218,329	\$0	\$942,541	\$1,160,870
Expenditures	\$266,923	\$0	\$762,208	\$1,029,131

*MAI expenditures - \$762,208

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,646	Encounters	12,259

Table 3.5. Demographic Characteristics of Clients Receiving Medical Case Management Services, FY 2007

Medical Case Management (N=1,646)		
	N	%
Gender		
Male	1,371	83.3%
Female	258	15.7%
Transgender	14	0.9%
Unknown	3	0.2%
Race/Ethnicity		
White	155	9.4%
African American	265	16.1%
Latino	1,128	68.5%
Asian Pacific Islander	73	4.4%
Native American	9	0.5%
Unknown	16	1.0%
Age Categories		
<18	45	2.7%
19-24	47	2.9%
25-29	116	7.0%
30-39	549	33.4%
40-49	637	38.7%
50+	252	15.3%
Primary Medical Insurance		
Private	15	0.9%
Public	467	28.4%
No Insurance	1,137	69.1%
Other	25	1.5%
Unknown	2	0.1%
Receiving Ryan White Funded Medical Care*	1,567	95.2%

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

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

3.8 Hospice and Skilled Nursing Services

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

COH Definition/Guidance: For FY 2007, Hospice and Skilled Nursing Facility services were combined as one service category. 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 by 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

Allocations and Expenditures:

	Part A	Part B	Other	Total
Allocations	\$0	\$601,920	\$0	\$601,920
Expenditures	\$0	\$383,280	\$0	\$383,280

Service Utilization: Data are for July 2007 – June 2008.

Services	Total Clients Served	Service Units	Units of Service Provided
Hospice	10	Hospice days	77
Skilled Nursing		Skilled Nursing Days	1,438

3.9 Early Intervention Services

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

COH Definition/Guidance: Early Intervention Services include counseling individuals with respect to HIV/AIDS; testing (including test to confirm the presence of the disease, tests to diagnose extent of immune deficiency, tests to provide information on appropriate therapeutic

measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

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

Funding Sources: Minority AIDS Initiative; State

Allocations and Expenditures:

	Part A	Part B	Other*	Total
Allocations	\$0	\$0	\$2,954,524	\$2,954,524
Expenditures	\$0	\$0	2,233,481	2,233,481

*MAI Allocation - \$840,881; expenditures - \$341,980. State allocation - \$2,113,643; expenditures - \$1,891,501

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

Total Clients Served	Service Units	Units of Service Provided
179	Encounters	1,641

3.10 Treatment Education

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

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

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

Funding Sources: Ryan White Part A, Net County Cost

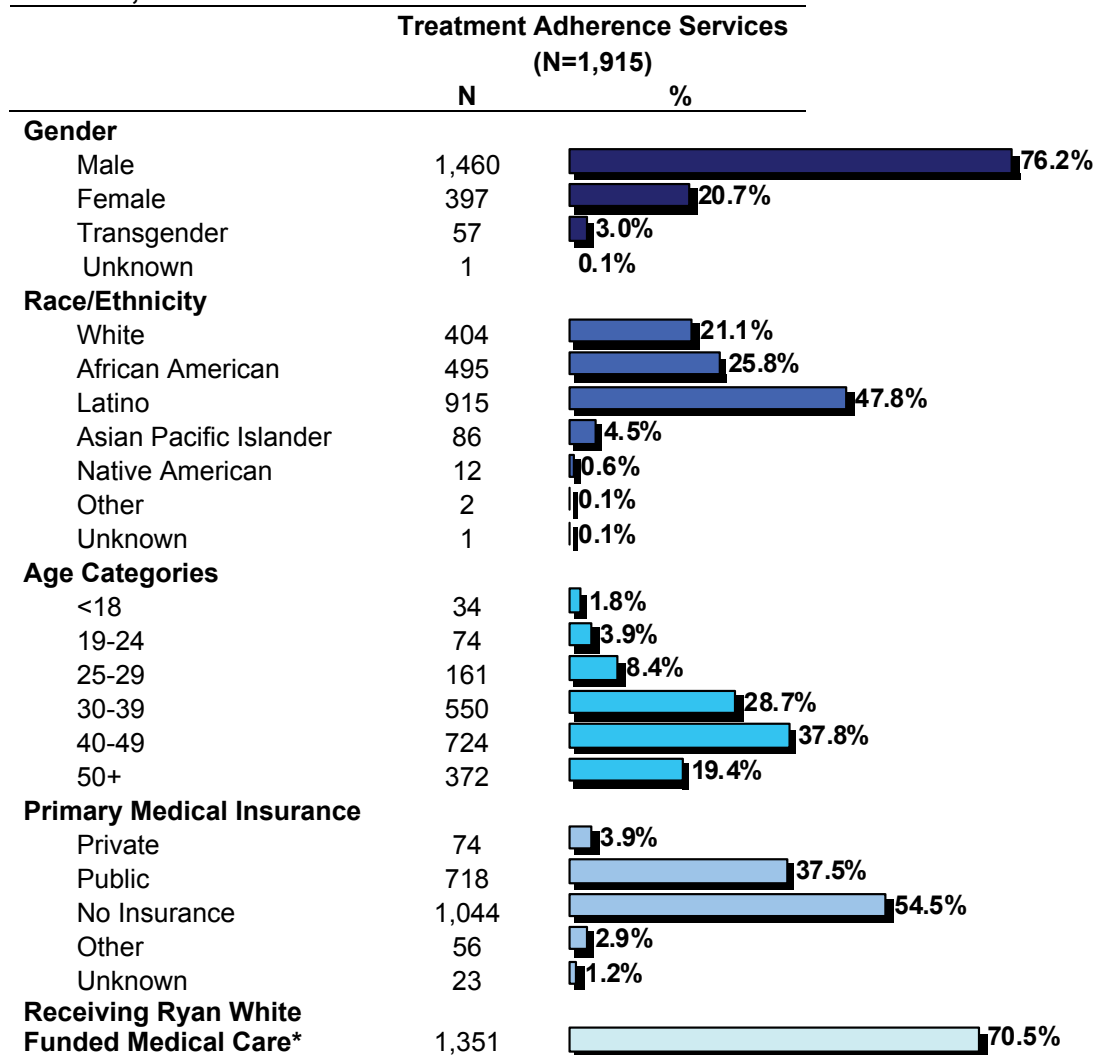
Allocations and Expenditures:

	Part A	Part B	Other	Total
Allocations	\$1,185,216	\$0	\$266,679	\$1,451,895
Expenditures	\$1,280,374	\$0	\$0	\$1,280,374

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
1,915	Encounters	13,507

Table 3.6. Demographic Characteristics of Clients Receiving Treatment Education Services, FY 2007



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

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

3.11 Substance Abuse, Treatment

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

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

What OAPP Funds: HIV substance abuse treatment services provided under contract with OAPP in FY 2007 include substance abuse day treatment and substance abuse residential detoxification according to the standards of care. However, residential detoxification services are reported under substance abuse residential due to the differences between the standards of care and HRSA service definitions.

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

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

Funding Sources: State

Allocations and Expenditures: Day treatment only

	Part A	Part B	Other*	Total
Allocations	\$0	\$0	\$96,502	\$96,502
Expenditures	\$0	\$0	\$86,607	\$86,607

*State expenditures - \$86,607

Service Utilization: Day treatment only, for the period from March 1, 2007 – February 29, 2008.

Total Clients Served	Service Units	Units of Service Provided
82	Treatment Days	2,877

3.12 AIDS Drug Assistance Program (ADAP) Enrollment

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

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

	Part A	Part B	Other	Total
Allocations	\$0	\$0	\$282,492	\$282,492
Expenditures	\$0	\$0	\$156,530	\$156,530

Service Utilization:

Services	Total Clients Served
New enrollment	1,794
Re-certification	12,222

Chapter 4. Support Services

In FY 2007, OAPP funded the following list of support services for HIV/AIDS care and treatment:

1. Case Management, Psychosocial
2. Substance Abuse, Residential
3. Nutrition Support
4. Residential, Transitional
5. Medical Transportation
6. Peer Support
7. Legal Services
8. Case Management, Home-based
9. Language Services

4.1 Case Management, Psychosocial

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

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

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

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

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

Allocations and Expenditures:

	Part A	Part B	Other*	Total
Allocations	\$3,415	\$3,362,394	\$703,229	\$4,069,038
Expenditures	\$497,772	\$3,507,971	\$50,254	\$4,055,997

*NCC expenditures - \$50,254

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
4,625	Encounters	73,083

Figure 4.1. Gender Distribution of Clients Receiving Psychosocial Case Management, FY 2007

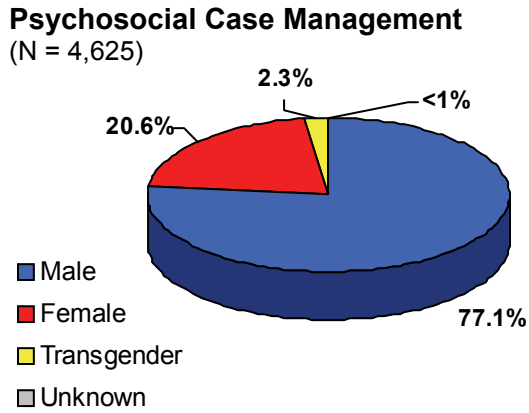


Figure 4.2. Insurance Status of Clients Receiving Psychosocial Case Management, FY 2007

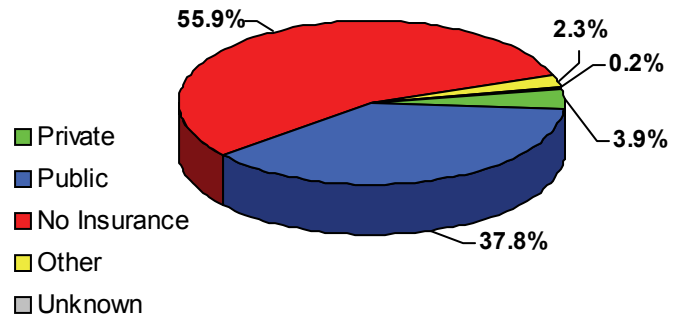


Figure 4.3. Race/Ethnicity of Clients Receiving Psychosocial Case Management, FY 2007

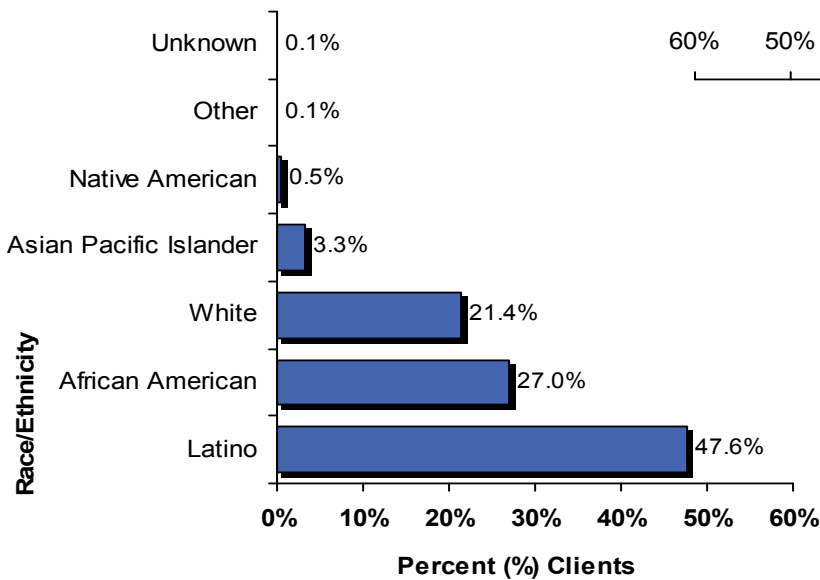
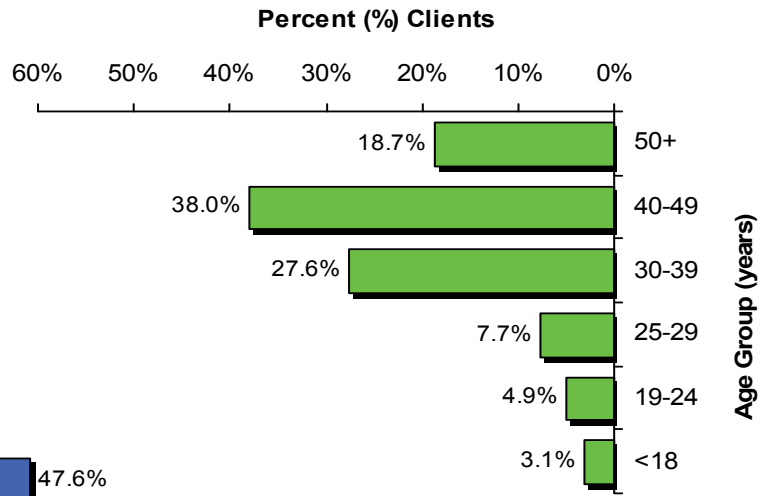


Figure 4.4. Age Group Distribution of Clients Receiving Psychosocial Case Management, Services, FY 2007



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

Of all clients in psychosocial case management, 3,050 (65.9%) received Ryan White funded medical outpatient services in FY 2007

4.2 Substance Abuse, Residential

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

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

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

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

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

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

Allocations and Expenditures:

	Part A	Part B	Other	Total
Allocations	\$2,027,343	\$0	\$464,480	\$2,491,823
Expenditures	\$1,859,195	\$0	\$276,945	\$2,136,140

*State expenditures - \$276,945 (through ADPA CSAT set-aside)

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
443	Residential Days	26,820

Table 4.1. Demographic Characteristics of Clients Receiving Substance Abuse Residential Services, FY 2007

Substance Abuse services -Residential (N=443)		
	N	%
Gender		
Male	361	81.5%
Female	59	13.3%
Transgender	23	5.2%
Race/Ethnicity		
White	139	31.4%
African American	171	38.6%
Latino	117	26.4%
Asian Pacific Islander	6	1.4%
Native American	9	2.0%
Other	1	0.2%
Age Categories		
<18	0	—
19-24	21	4.7%
25-29	35	7.9%
30-39	138	31.2%
40-49	205	46.3%
50+	44	9.9%
Primary Medical Insurance		
Private	6	1.4%
Public	163	36.8%
No Insurance	262	59.1%
Other	11	2.5%
Unknown	1	0.2%
Receiving Ryan White Funded Medical Care*	257	58.0%

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

*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 item. This service includes vouchers to purchase food.

COH Definition/Guidance: Nutrition Support includes the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. 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, Net County Cost

Allocations and Expenditures:

	Part A	Part B	Other	Total
Allocations	\$343,089	\$0	\$248,526	\$591,615
Expenditures	\$585,345	\$0	\$0	\$585,345

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
2,392	Bagged groceries; home delivered meals	33,973

Table 4.2. Demographic Characteristics of Clients Receiving Nutrition Support Services, FY 2007

	Nutrition Support (N=2,392)	
	N	%
Gender		
Male	1,876	78.4%
Female	459	19.2%
Transgender	55	2.3%
Unknown	2	0.1%
Race/Ethnicity		
White	543	22.7%
African American	680	28.4%
Latino	1,094	45.7%
Asian Pacific Islander	48	2.0%
Native American	15	0.6%
Other	4	0.2%
Unknown	8	0.3%
Age Categories		
<18	30	1.3%
19-24	40	1.7%
25-29	84	3.5%
30-39	488	20.4%
40-49	1,037	43.4%
50+	713	29.8%
Primary Medical Insurance		
Private	61	2.6%
Public	1,225	51.2%
No Insurance	962	40.2%
Other	90	3.8%
Unknown	54	2.3%
Receiving Ryan White Funded Medical Care*		
	1,501	62.8%

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

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

4.4 Residential, Transitional

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

COH Definition/Guidance: Residential, Transitional is the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or

maintain medical care. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services. Includes emergency shelter, transitional housing, Adult Residential Facility and Residential Care Facility for the Chronically Ill.

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

Unlicensed Services:

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

Licensed Services:

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

Funding Sources: Ryan White Part A, Net County Cost

Allocations and Expenditures:

	Part A	Part B	Other*	Total
Allocations	\$1,465,925	\$0	\$4,878,703	\$6,344,628
Expenditures	\$1,367,157	\$0	\$3,231,554	\$4,598,711

*NCC expenditures - \$3,231,554

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
508	Residential days	52,965

Table 4.3. Demographic Characteristics of Clients Receiving Residential, Transitional Services, FY 2007

	Residential Transitional Housing (N=508)	
	N	%
Gender		
Male	400	78.7%
Female	93	18.3%
Transgender	15	3.0%
Race/Ethnicity		
White	112	22.0%
African American	204	40.2%
Latino	181	35.6%
Asian Pacific Islander	5	1.0%
Native American	5	1.0%
Unknown	1	0.2%
Age Categories		
<18	6	1.2%
19-24	15	3.0%
25-29	30	5.9%
30-39	110	21.7%
40-49	238	46.9%
50+	109	21.5%
Primary Medical Insurance		
Private	7	1.4%
Public	237	46.7%
No Insurance	246	48.4%
Other	16	3.1%
Unknown	2	0.4%
Receiving Ryan White Funded Medical Care*	286	56.3%

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

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

4.5 Medical Transportation

HRSA Definition: Medical Transportation Services include conveyance services provided, directly or through vouchers, to a client so that he or she may access health care services. This service definition does not preclude grantees from providing transportation for clients who need assistance to get to a support service appointment¹.

COH Definition/Guidance: Medical Transportation includes conveyance services provided, directly or through voucher, to a client so that he or she may access health care services, including taxi vouchers, bus passes and bus tokens. HIV transportation services are provided to medically indigent clients living with HIV and their immediate families for the purpose of

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

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

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

Funding Sources: Ryan White Part A, Net County Cost

Allocations and Expenditures:

	Part A	Part B	Other*	Total
Allocations	\$592,608	\$0	\$384,967	\$977,575
Expenditures	\$609,077	\$0	\$368,498	\$977,575

*NCC expenditures - \$368,498

Service Utilization:

Services	Total Clients Served	Service Unit	Service Units Provided
Taxi service	N/A	Taxi rides	11,629
Bus passes	N/A	Number of passes	47,167
MetroLink	N/A	Train rides	468
Disabled ID cards	N/A	Number of ID cards	958

4.6 Peer Support

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

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

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

Funding Sources: Ryan White Part B, Net County Cost

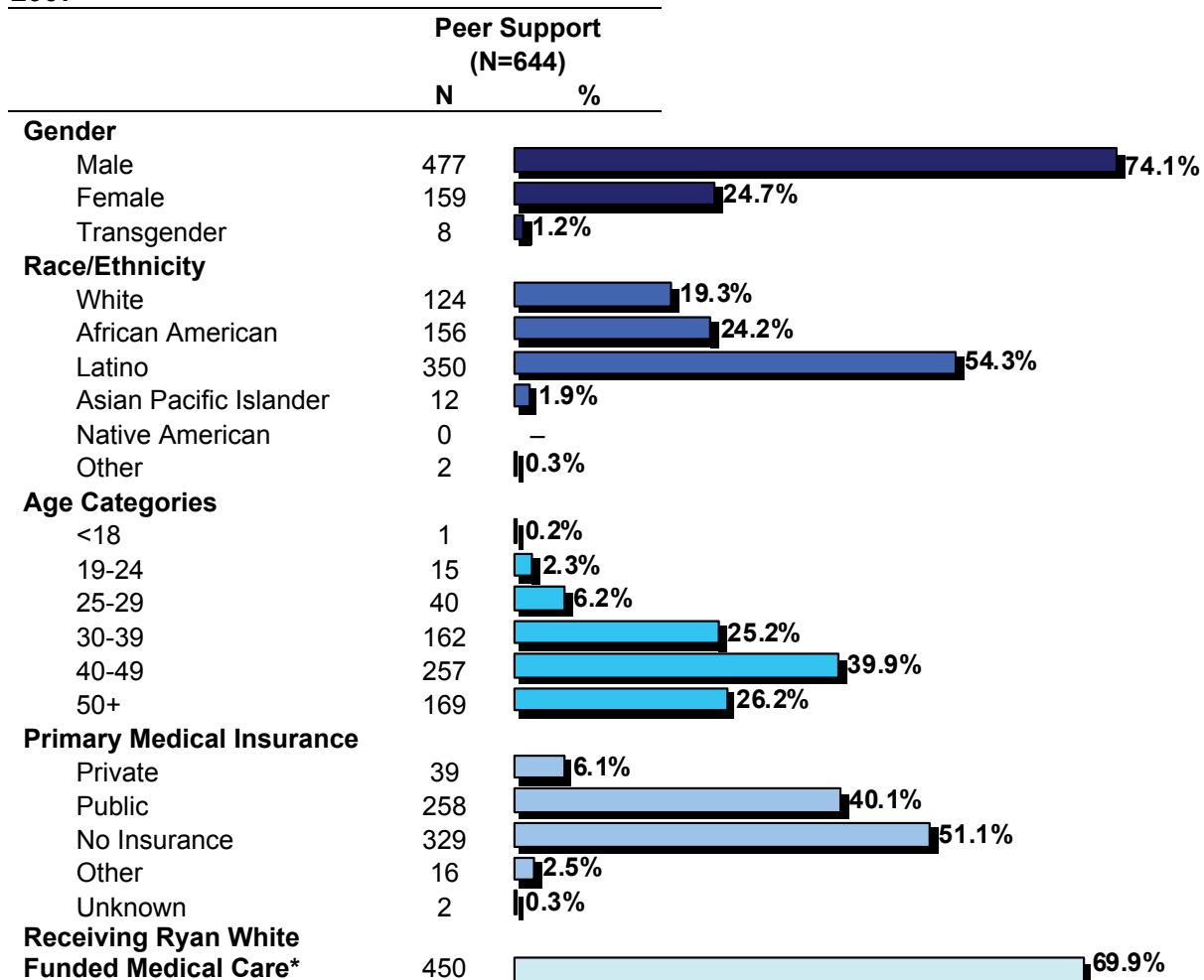
Allocations and Expenditures:

	Part A	Part B	Other	Total
Allocations	\$0	\$311,899	\$91,021	\$402,920
Expenditures	\$0	\$384,962	\$0	\$384,962

Service Utilization:

Total Clients Served	Service Units	Units of Service Provided
644	Encounters	5,601

Table 4.4. Demographic Characteristics of Clients Receiving Peer Support Services, FY 2007



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

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

4.7 Legal Services

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

COH Definition/Guidance: Same as above.

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

Funding Sources: Net County Cost

Allocations and Expenditures:

	Part A	Part B	Other*	Total
Allocations	\$0	\$0	\$305,124	\$305,124
Expenditures	\$0	\$0	\$184,282	\$184,282

*NCC expenditures - \$184,282

Service Utilization:

Services	Total Clients Served	Service Units Provided (Hours)
HIV Discrimination	194	919.9
Immigration	396	1163.2
Public Benefits	145	1576.6
Testamentary (<i>pro bono</i>)	175	301.6
Outreach	214	318.5

4.1 Case Management, Home-Based

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

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

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

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

Funding Sources: Net County Cost

Allocations and Expenditures:

	Part A	Part B	Other	Total
Allocations	\$0	\$0	\$2,105,367	\$2,105,367
Expenditures	\$0	\$0	\$1,890,299	\$1,890,299

Service Utilization:

Services	Total Clients Served	Service Unit Definition	Service Units Provided
Attendant care	407	Attendant care hours	22,438
Homemaker services		Homemaker hours	30,536

4.8 Language Services

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

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

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

Funding Sources: Net County Cost

Allocations and Expenditures:

	Part A	Part B	Other*	Total
Allocations	\$0	\$0	\$232,694	\$232,694
Expenditures	\$0	\$0	\$227,393	\$227,393

*NCC expenditures - \$227,393

Service Utilization:

Services	Clients Served	Service Units	Service Units Provided
Sign language interpretation	18	Interpretation Hours	306
Interpreter training	N/A	Interpreters trained	56
Interpreter re-certification	N/A	Re-certification trainings	24
Translation services	N/A	Translated words	85,129

Appendix A

Table A.1. Demographic Characteristics of All Clients & Clients in Medical Care, FY 2007

Demographic Characteristics	All Clients N=17,920)		Clients in Medical Care* (N=13,515)	
	N	%	N	%
Gender				
Male	14,813	82.7%	11,314	83.7%
Female	2,781	15.5%	1,991	14.7%
Transgender	319	1.8%	204	1.5%
Unknown	7	0.04%	6	0.04%
Race/Ethnicity				
White	4,840	27.0%	3,397	25.1%
African American	4,255	23.7%	3,016	22.3%
Latino	8,048	44.9%	6,500	48.1%
Asian Pacific Islander	533	3.0%	418	3.1%
Native American	96	0.5%	61	0.5%
Other	36	0.2%	29	0.2%
Unknown	112	0.6%	94	0.7%
Age Group (years)				
<18	228	1.3%	62	0.5%
19-24	555	3.1%	424	3.1%
25-29	1,139	6.4%	924	6.8%
30-39	4,661	26.0%	3,743	27.7%
40-49	7,176	40.0%	5,418	40.1%
50+	4,161	23.2%	2,944	21.8%
HIV/AIDS Status				
HIV+, Not AIDS	5,308	29.6%	4,107	30.4%
HIV+, AIDS Status Unknown	2,436	13.6%	1,649	12.2%
CDC Defined AIDS	10,067	56.2%	7,743	57.3%
Unknown	109	0.6%	16	0.1%
Primary Medical Insurance				
Private	784	4.4%	398	2.9%
Public	6,202	34.6%	4,219	31.2%
No Insurance	10,295	57.4%	8,589	63.6%
Other	416	2.3%	241	1.8%
Unknown	223	1.2%	68	0.5%
Federal Poverty Level (FPL)				
Equal to or below FPL	10,917	60.9%	8,275	61.2%
101-200% of FPL	5,278	29.5%	3,892	28.8%
201-300% of FPL	1,158	6.5%	909	6.7%
301-400% of FPL	335	1.9%	274	2.0%
>400% of FPL	217	1.2%	156	1.2%
Unknown	15	0.1%	9	0.1%
Incarceration History in the last 24 Months	1,752	9.8%	1,028	7.6%
Homeless	1,235	6.9%	767	5.7%
New Client to System of Care	2,341	13.1%	1,119	8.3%

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

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