



Ryan White Program Annual Utilization Report, Year 32

Case Management Service Cluster

Wendy Garland, MPH

January 23, 2024

Commission on HIV: Priorities, Planning and Allocation Committee



Overview

- DHSP receives annual Ryan White Program (RWP) funding from the Health Resources and Services Administration HIV/AIDS Bureau (HRSA-HAB) to increase access to core medical and support services for people living with HIV (PLWH)
- DHSP reports data on RWP utilization annually to the Commission on HIV (COH) to inform service planning and resource allocation activities
- Divided into service clusters to focus discussion





New Approach - Focused Discussion Prompts

What caught your attention?

What can the data tell us and not tell us?

What was successful?

What gaps do we see?

How can we best serve our clients?



Core Medical Services: Home-Based Case Management



Home-Based Case Management at-a-Glance

Goal

- To facilitate optimal health outcomes for functionally impaired PLWDH through home and/or community-based care, advocacy, liaison, and collaboration

Objectives

- Provide client-centered CM and social work, home health, and home care activities
- Improve the health status of clients
- Increase a client's sense of empowerment, self-advocacy and medical self management

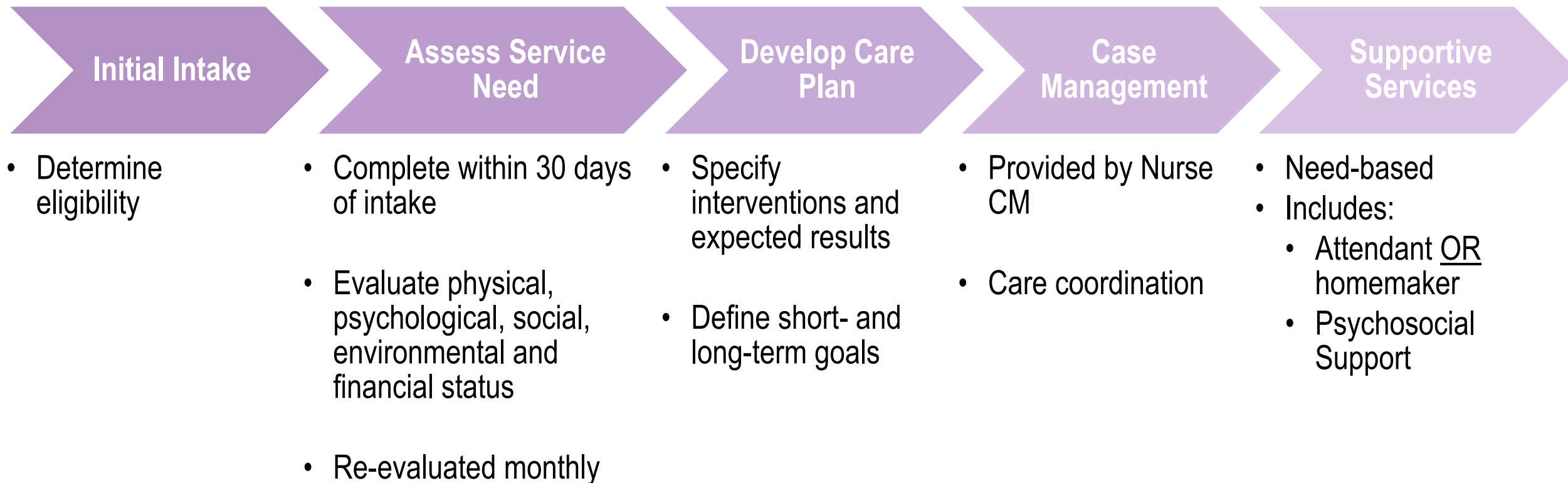
Population

- Uninsured or underinsured PLWDH living $\leq 500\%$ of FPL with documentation of impaired functional status

Staffing

- Registered Nurse Case Manager (licensed RN)
- Social Work Case Manager (Master's degree in accredited program)
- Attendant Care or Homemaker (through licensed subcontractor)

Key Program Activities for Home-Based Case Management



Funding Source and Annual Expenditures, Year 32

- Funding source: Part A
- Contract end: June 2024 – requires Board approval to extend
- Five agencies funded to deliver home-based services
 - Clinic average of 28 clients per year (ranging from 6 to 61 clients)
- Total estimated expenditures: \$2,758,499
 - Expenditures per client: \$19,989

RYAN WHITE CLIENTS (N=14,772)

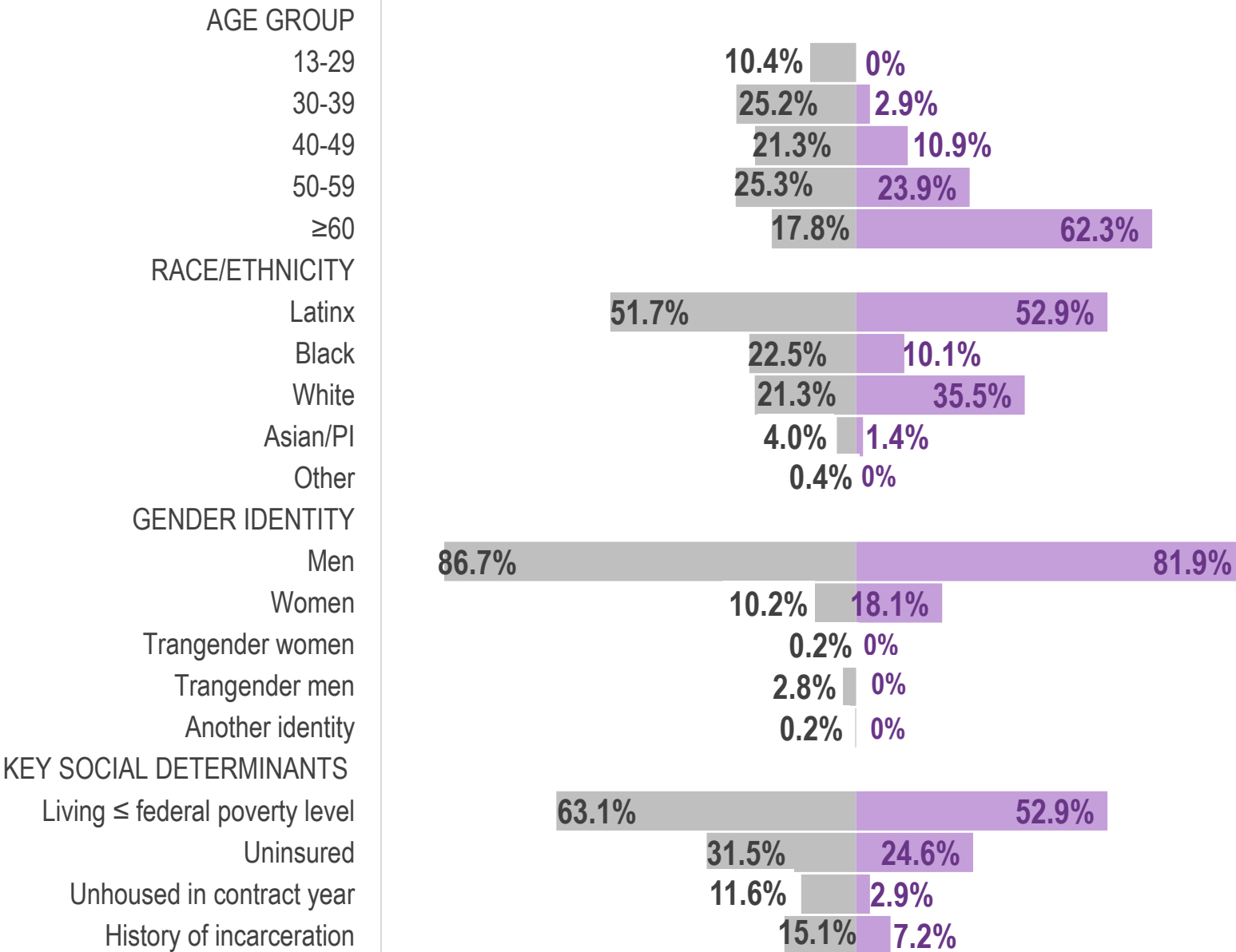
HOME-BASED CM CLIENTS (N=138)



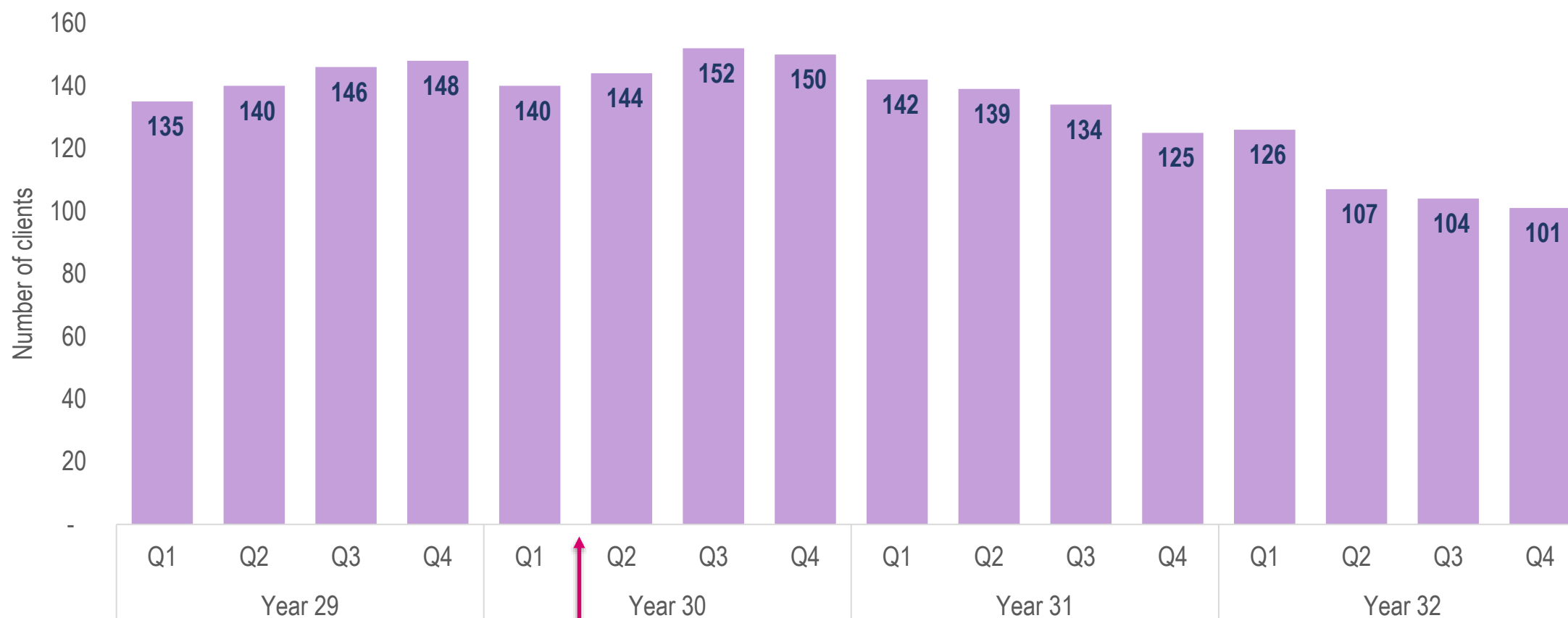
Fewer than 1% of RWP clients accessed HBCM.

Most HBCM clients were ≥ age 60, Latinx and men in Year 32.

Compared to Ryan White clients overall, a larger percent of HBCM clients were older and women.



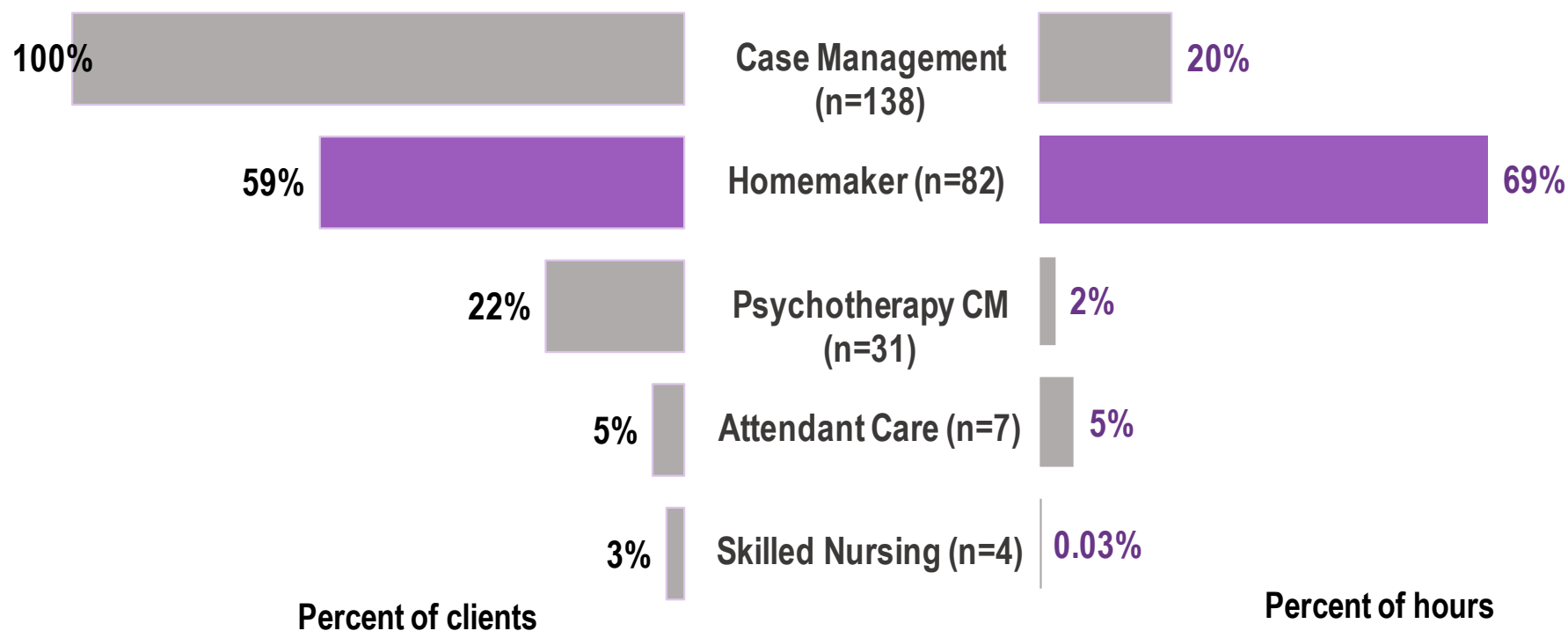
Quarterly utilization decreased in Year 32 as service delivery was limited by HBCM staff vacancies.



COVID-19 stay-at-home orders



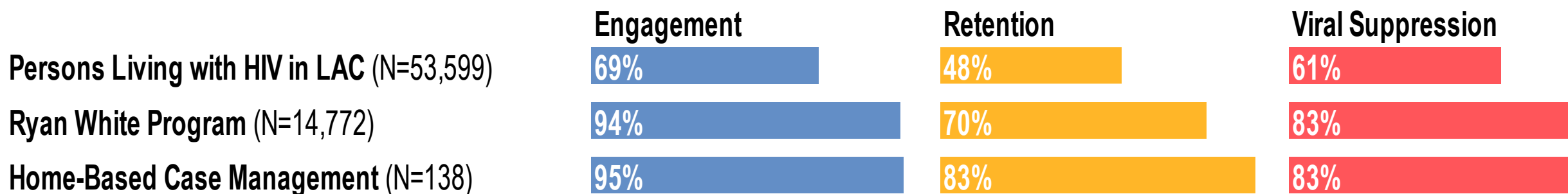
- All clients received Nursing Case Management and over half received Homemaker services.
- Homemaker services represented the largest percent of service hours suggesting the intensity of these services when needed.
- While not shown, 37 clients received nutritional supplements and <5 durable medical equipment.



In 2022, HIV care outcomes were higher among RWP clients compared to PLWH in LAC.

Clients in HBCM had higher rates of engagement and retention in care compared to LAC or RWP.

There was no difference viral suppression among HBCM clients compared to RWP.



Focused Discussion Prompts

What caught your attention?

- Large percent of clients age are ≥ 50 but small number of RWP served
- Per client expenditure –one of the more expensive service categories
- Surprising or expected data or details?

What does the data tell us and not tell us?

- Large percent of clients are ≥ 50
- Low utilization intensive services – Attendant Care and Skilled Nursing
- What are some explanations for what the data reveal?

What is successful?

- All clients are receiving Nursing Case Management

What gaps do we see?

- Low utilization despite large aging population
- Staffing/workforce capacity
- Key issues for RWP?

What actions are needed?

- What steps can PP&A take?
- Do you need more information?



Support Services: Benefits Specialty and Transitional Case Management for Incarcerated Populations



Benefits Specialty Services at-a-Glance

Goal

- To address gaps in access to public benefits and programs outside of the Ryan White Program (RWP) services network among clients in LAC.

Objectives

- Assist PLWDH with entry in and movement through service systems outside RWP
- Educate clients about public and private benefits
- Ensure clients are receiving the benefits and entitlements for which they are eligible.

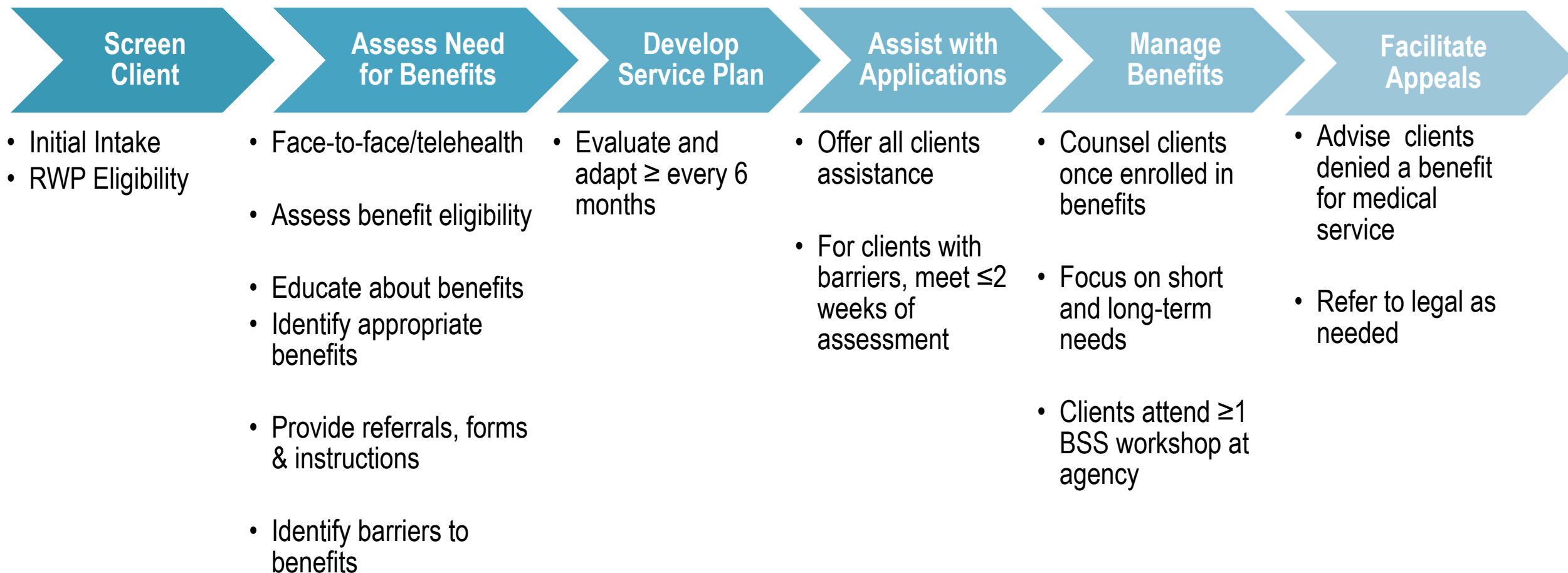
Population

- Uninsured or underinsured PWLDH with income \leq 500% FPL

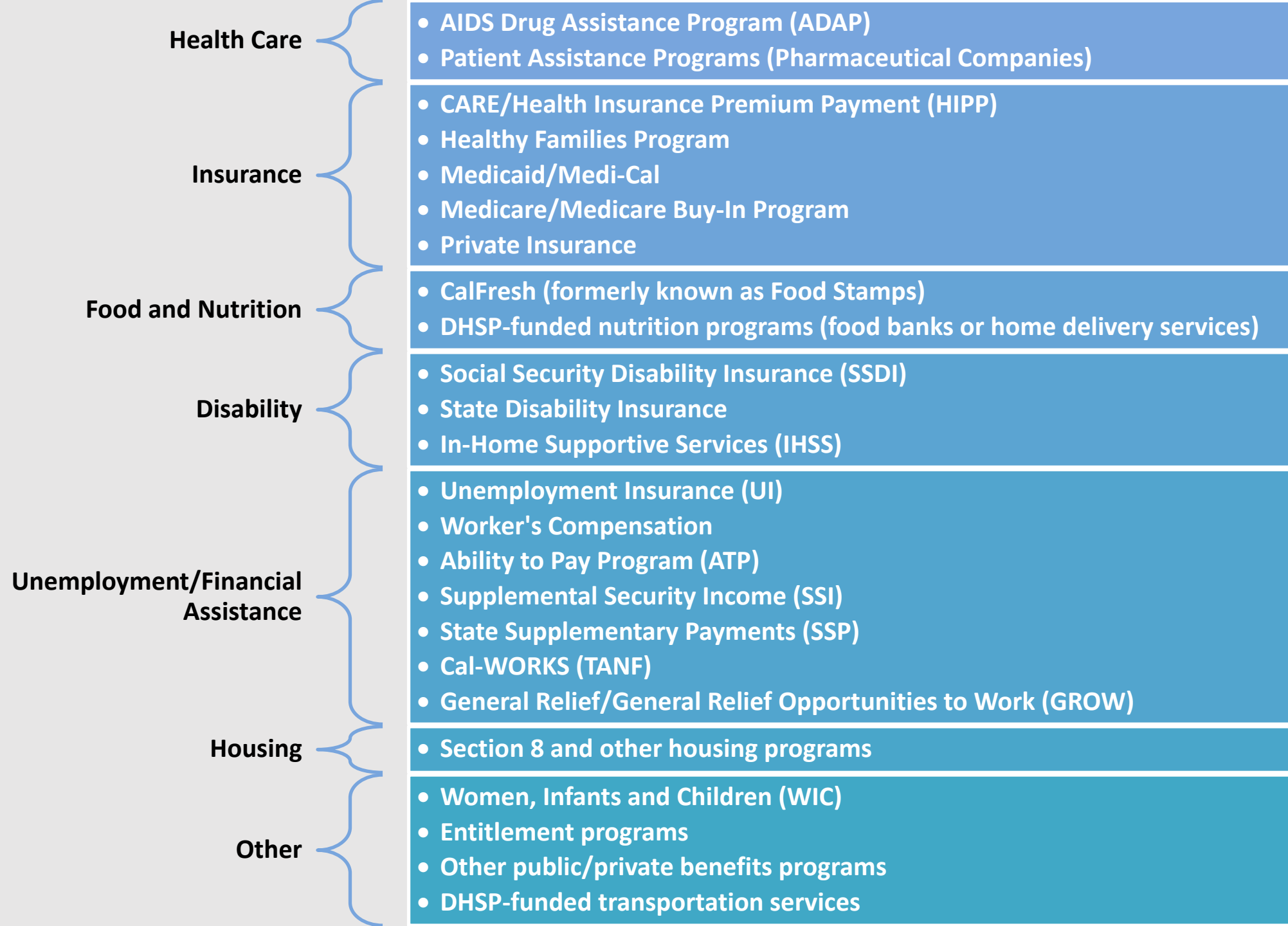
Staffing

- Certified benefits specialists (completed within 6 months of hire)

Key Steps to Connect Clients to Needed Benefits

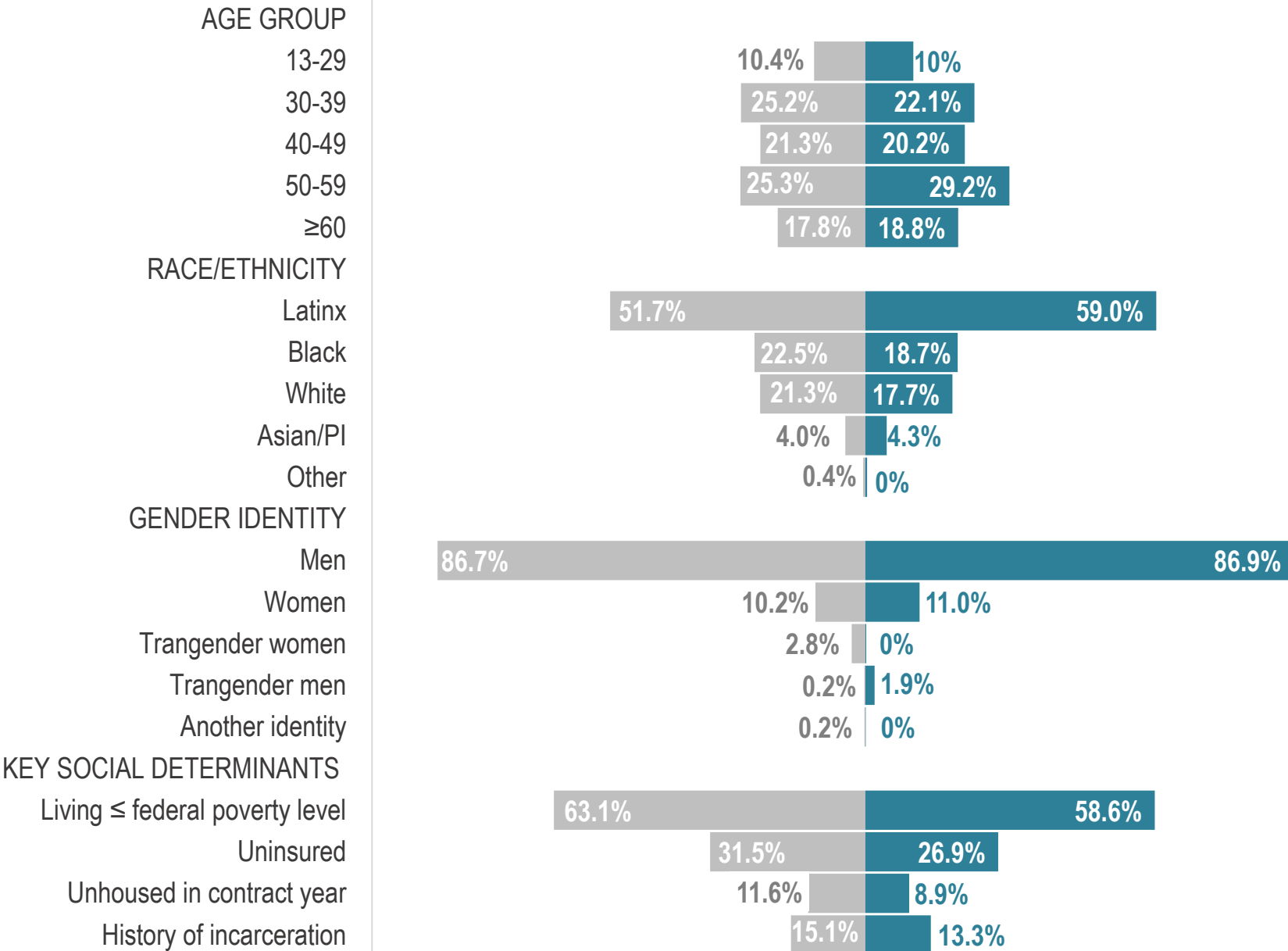


Types of Benefits and Entitlements



BSS Funding and Expenditures, Year 32

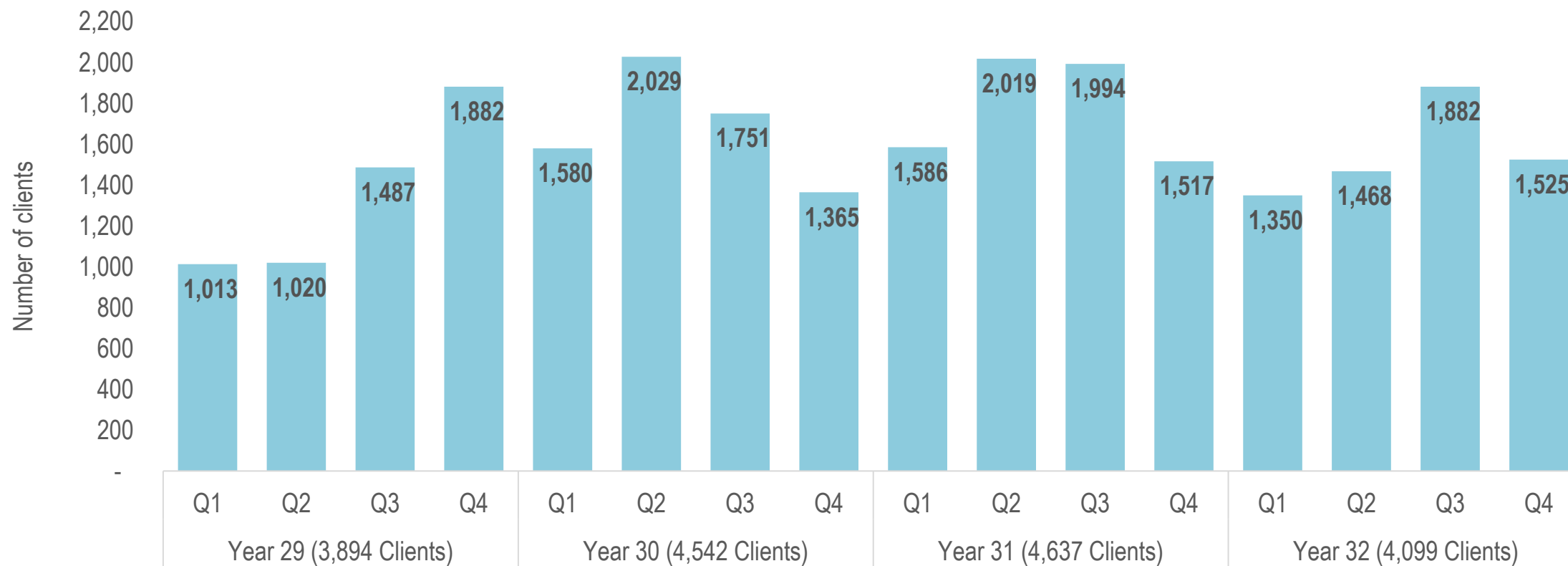
- Funding source: Part A
- Contract end: February 2024 with authority to extend 12 months
- Agencies funded: 11 agencies
 - Clinic average of 302 clients per year (range 40-1,702 clients)
- Total estimated expenditures: \$1,413,243
 - Estimated expenditure per client: \$345



Most **BSS clients** were ≥ age 50, Latinx and men in Year 32.

Compared to Ryan White clients, a smaller percent of **BSS clients** were living ≤ FPL and uninsured.

Fewer clients used BSS in Year 32 compared to Years 30 and 31.



COVID-19 stay-at-home orders

- 20,139 service hours were provided to 4,099 clients resulting in **5 hours per client** in Year 32.
- Most clients received **Benefits Screening** however it only accounted for 21% of hours.
- **Benefits Management** made up the largest percent of hours provided.
- Fewer than 5 clients received Appeals Facilitation.

Percent of Clients

78%



Benefits Screening

Percent of Hours

21%



38%



Benefits Management

29%



37%



Benefits Assessment

10%



36%



Application Assistance

14%



29%



Benefits Enrollment

6%



19%



Transportation Assist.

20%



0%

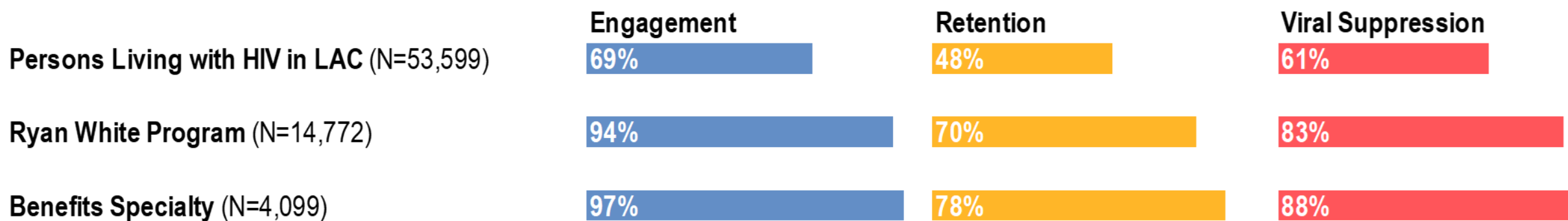
Appeals Facilitation

0.0%



In 2022, HIV care outcomes were higher among RWP clients compared to PLWH in LAC.

Engagement, retention and viral suppression were highest among Benefits Specialty clients.



Focused Discussion Prompts

What caught your attention?

- BSS clients had higher rates for all HIV care outcomes compared to LAC or RWP
- Surprising or expected data or details?

What does the data tell us and not tell us?

- Why utilization decreased in Year 32.
- What are some explanations for what the data reveal?

What was successful?

- Most BSS clients are getting screened for benefits, fewer were uninsured or low-income.

What gaps do we see?

- How do we better reach uninsured and low-income clients for BSS?
- Key issues for RWP?

How can we best serve our clients?

- What steps can PP&A take?
- Do you need more information?

Transitional Case Management at-a-Glance

Goal

- To improve HIV health outcomes among justice-involved PLWH by supporting post-release linkage and engagement in HIV care

Objectives

- Identify and address barriers to care
- Assist with health and social service systems navigation
- Provide health education and risk reduction counseling
- Refer and link to culturally competent HIV medical providers
- Support reentry through community or jail-based resources

Population

- PLWDH incarcerated at Twin Towers, Men's Central Jail or the Century Regional Detention facility

Staffing

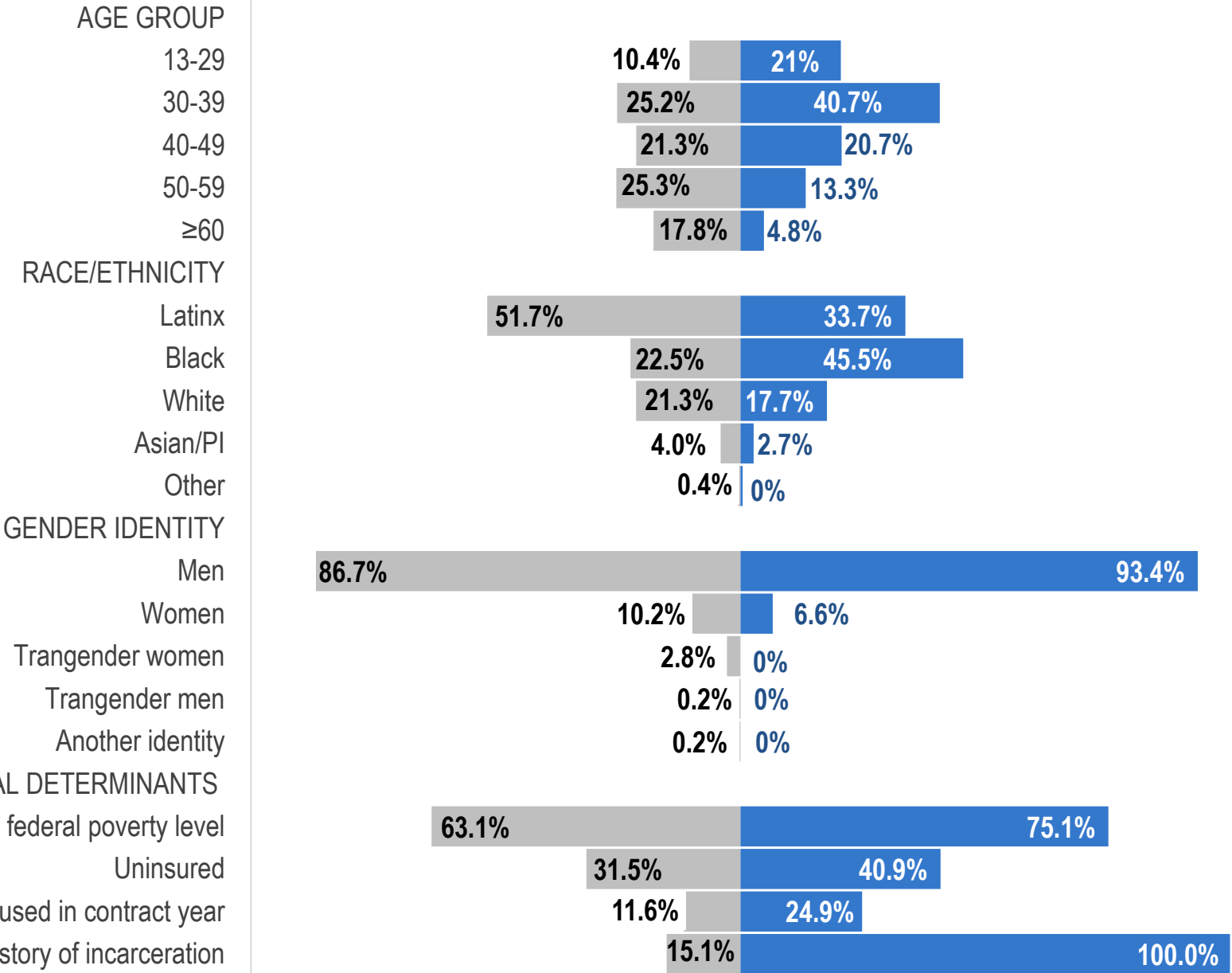
- Nurse
- Case Manager

Funding

- Minority AIDS Initiative (MAI)

TCM -Jails Funding and Expenditures, Year 32

- Funding source: Minority AIDS Initiative (MAI)
- Contract period: Sunset September 2023
 - Services to be transferred the Office of Diversion and Re-entry at DHS
- Agencies funded: 5 agencies
 - Clinic average of 174 clients per year (range 16-260 clients)
- Total estimated expenditures: \$523,926
 - Expenditure per client: \$784



Most TCM clients were age 30-39, Black, and men in Year 32.

Compared to Ryan White clients overall, a larger percent of TCM clients were living ≤ FPL, uninsured and recently unhoused.

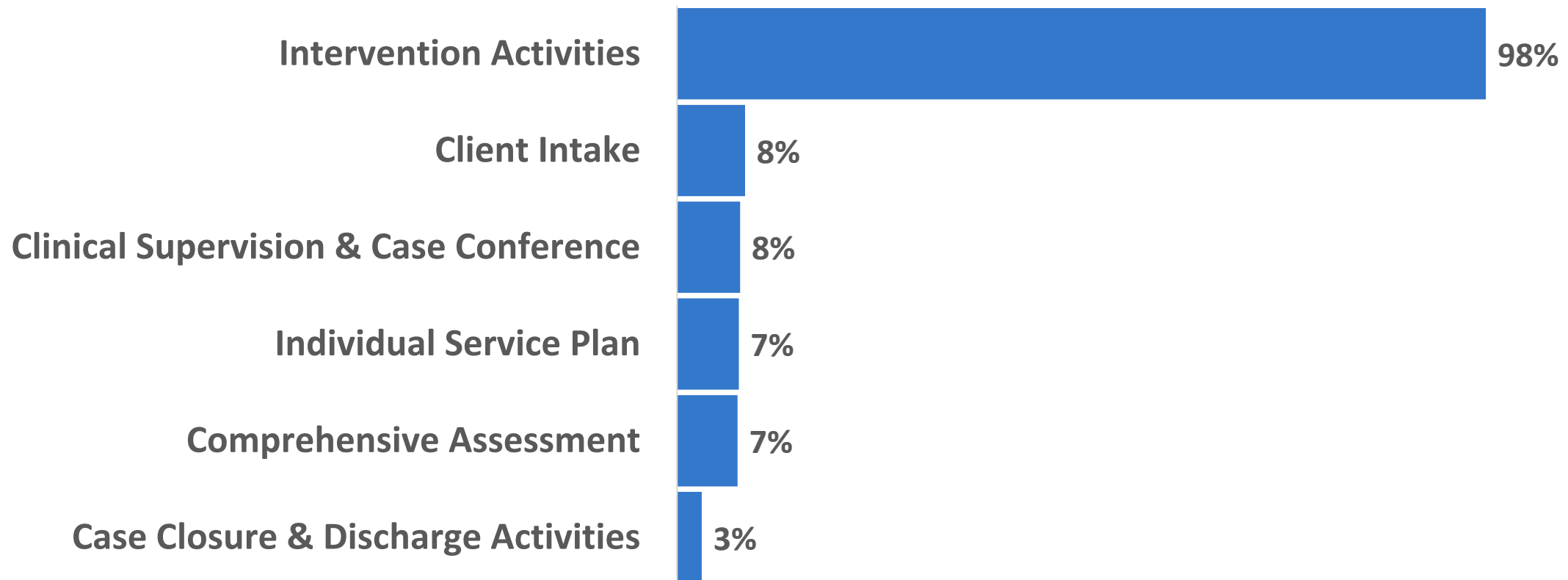
TCM utilization was significantly impacted during and after COVID-19 due to limited jail access for TCM staff.



COVID-19 stay-at-home orders

Nearly all TCM clients received Intervention Activities.

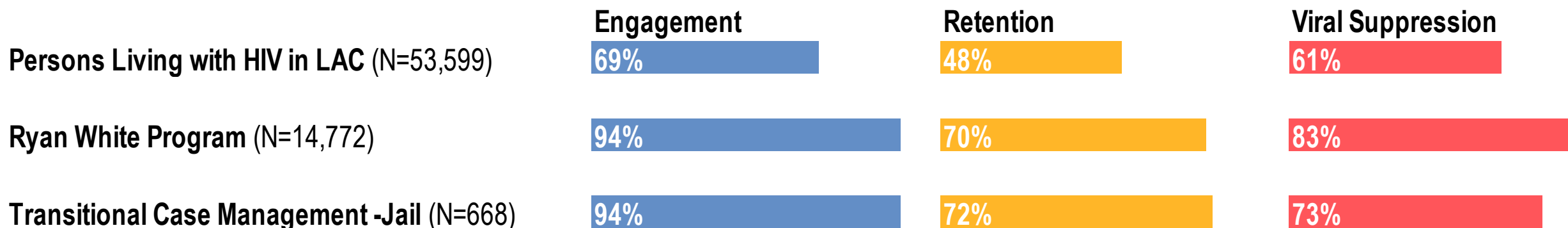
The low percent of client receiving other services was likely due to limited access to the jails by contracted agencies following COVID-19.



In 2022, HIV care outcomes were higher among RWP clients compared to PLWH in LAC.

Retention in care was highest among TCM clients.

Viral suppression was lower among TCM clients compared to RWP but still higher than LAC.



Focused Discussion Prompts

What caught your attention?

- Through TCM we are reaching low-income clients who are uninsured and recently unhoused
- Surprising or expected data or details?
- Patterns or trends?

What does the data tell us and not tell us?

- Fewer clients received TCM and service delivery was limited in the past few years.

What was successful?

- Despite challenges to access the jails, TCM staff still provided services
- TCM services will be incorporated into the jails health system

What gaps do we see?

- Few women or trans/non-binary-identified clients served
- Lower viral suppression among TCM vs RWP
- Key issues for RWP?

How can we best serve our clients?

- DHSP to continue to work with jails to provide post-release services
- What steps can PP&A take?
- Do you need more information?



Next Steps?



Acknowledgements

- Many thanks to the contracted agencies that reported this data and provide these services to Los Angeles County residents living with HIV.
- This presentation reflects the work of many DHSP staff who manage the contracts for these services. Special thanks to Janet Cuanas, MPP and Sona Oksuzyan, PhD, who prepared the data represented here.



Thank you!

Please direct additional questions to Sona Oksuzyan - soksuzyan@ph.lacounty.gov

