

## MENTAL HEALTH AND SUBSTANCE ABUSE (RESIDENTIAL) SERVICES

### BACKGROUND

As a Ryan White Program (RWP) Part A recipient, the Division of HIV and STD Programs (DHSP) at the Los Angeles County (LAC) Department of Public Health receives grant funds from the Health Resources and Services Administration HIV/AIDS Bureau (HRSA-HAB) to increase access to core medical and related support services for people living with HIV (PLWH)<sup>1</sup>. The amount of the award is based on the number of PLWH residing in LAC. DHSP receives additional funding from HRSA-HAB to reduce disparities in health outcomes among persons of color living with HIV through the Minority AIDS Initiative (MAI) and discretionary funds from the LAC Department of Public Health (net county costs [NCC]). DHSP received a total of \$45.9 million from HRSA-HAB in fiscal year 2022 that included \$42.1 million for Part A and \$3.8 million for MAI.

HRSA-HAB and the Centers for Disease Control and Prevention (CDC) require that local HIV planning bodies develop integrated HIV prevention plans in collaboration with the health department to guide prevention and care efforts within the jurisdiction<sup>2</sup>. HIV surveillance and supplemental surveillance along with program service data and unmet need estimates are used to identify priority populations of focus. In LAC, the populations of focus overlap with priority populations identified in the local “Ending the HIV Epidemic” strategic plan and shown in bold<sup>3</sup>. These include:

- 1. Latino Cisgender Men Who Have Sex with Men (MSM)**
- 2. Black Cisgender MSM**
- 3. Cisgender Women of Color**
- 4. Transgender Persons**
- 5. Youth Aged 13-29**
6. PLWH ≥ Age 50
- 7. Persons Who Inject Drugs (PWID)**
8. Unhoused RWP Clients

Though not identified as priority populations in the integrated or Ending the HIV Epidemic (EHE) plans, we include RWP clients 50 years of age and older and those experiencing homelessness as an important subpopulation living with HIV with need for RWP services in LAC.

<sup>1</sup> Ryan White HIV/AIDS Programs Parts & Initiatives. (2022). In ryanwhite.hrsa.gov. Retrieved July 20, 2023 from <https://ryanwhite.hrsa.gov/about/parts-and-initiatives>

<sup>2</sup> Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.(2021). In ryanwhite.hrsa.gov. Retrieved July 20, 2023 from <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-dear-college-6-30-21.pdf>

<sup>3</sup> Ending the HIV Epidemic Plan for Los Angeles. (2021). In lacounty.hiv. Retrieved July 19, 2023, from <https://www.lacounty.hiv/wp-content/uploads/2021/04/EHE-Plan-Final-2021.pdf>

## Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

This report series summarizes utilization of medical and support services by RWP clients in Contract Year 32 (March 1, 2022-February 28, 2023) to inform the planning and allocation activities of the LAC Commission on HIV (COH). To inform focused discussion, we will present services in the following service clusters:

1. Ambulatory Outpatient Medical (AOM) and Medical Care Coordination (MCC) services
- 2. Mental Health and Substance Abuse (Residential) services**
3. Housing, Emergency Financial Assistance and Nutrition services
4. General and Specialty Oral Health services
5. Case Management (CM) Services: Benefits Specialty, Transitional CM- Jails, Home-Based CM and the Linkage and Re-Engagement (LRP)

The data presented is intended to provide priority highlights of who is accessing RWP services in LAC (demographic and socio-economic characteristics, priority populations), the types of services accessed, funding sources, and how these services are delivered (in-person or telehealth). The detailed source tables are included in the appendix for reference.

### Outcomes and Indicators

The following information will be used to describe service utilization and estimate expenditures. Each of the five service clusters will include:

- HIV Care Continuum Outcomes (engagement in care, retention in care (RiC) and viral suppression (VS) among priority populations:
  - Engagement in HIV care = $\leq$ 1 viral load or CD4 test in the contract year
  - Retention in HIV care = $\leq$ 2 viral load or CD4 tests at least 90 days apart in the contract year
  - Viral suppression =Most recent viral load test <200 copies/mL in the contract year
- RWP service utilization and expenditure indicators by service category:
  - Total service units=Number of service units paid for by DHSP in the reporting period. *Service units vary by service category and may include visits, hours, procedures, days, or sessions*
  - Service units per client=Total service units/Number of clients
  - Total Expenditure= Total dollar amount paid by DHSP in the reporting period
  - Expenditures per Client= Total Expenditure/Number of clients

### DATA SOURCES

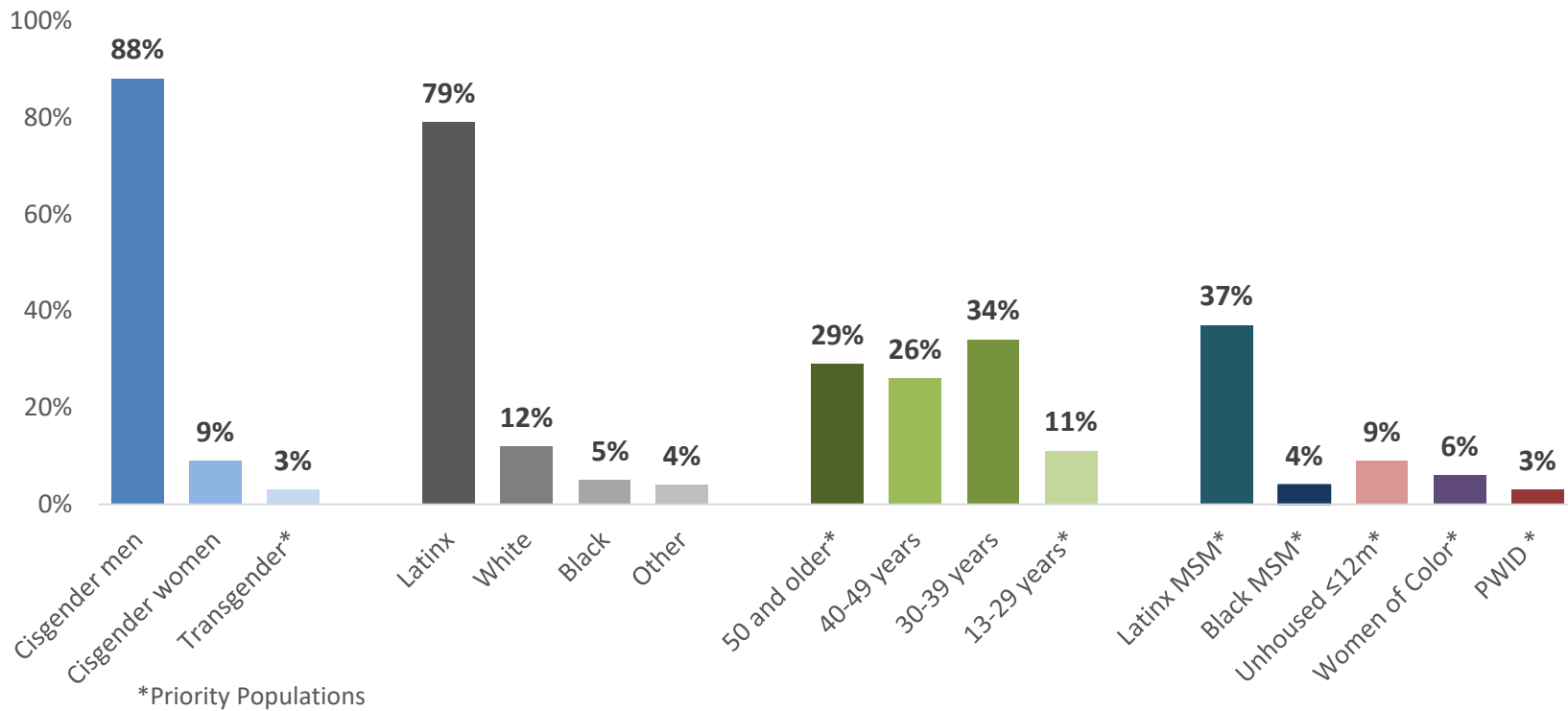
- HIV Casewatch (local RWP data reporting system)
  - Client characteristics and service utilization data reported by RWP contracted service agencies
  - Data are manually entered or submitted through electronic data transfer
- Linkage Re-engagement Program (ACCESS Database)
- eHARS (HIV surveillance data system)
- DHSP Expenditure Reports

**MENTAL HEALTH (MH) SERVICES**

**Population Served:**

- In Year 32, a total of 224 clients received MH services
- Most MH clients were cisgender men, Latinx, and aged 30-39 (Figure 1)
- Among the priority populations, the largest percent served were Latinx MSM

**Figure 1.** Key Characteristics of RWP Clients in Mental Health Services in LAC, Year 32



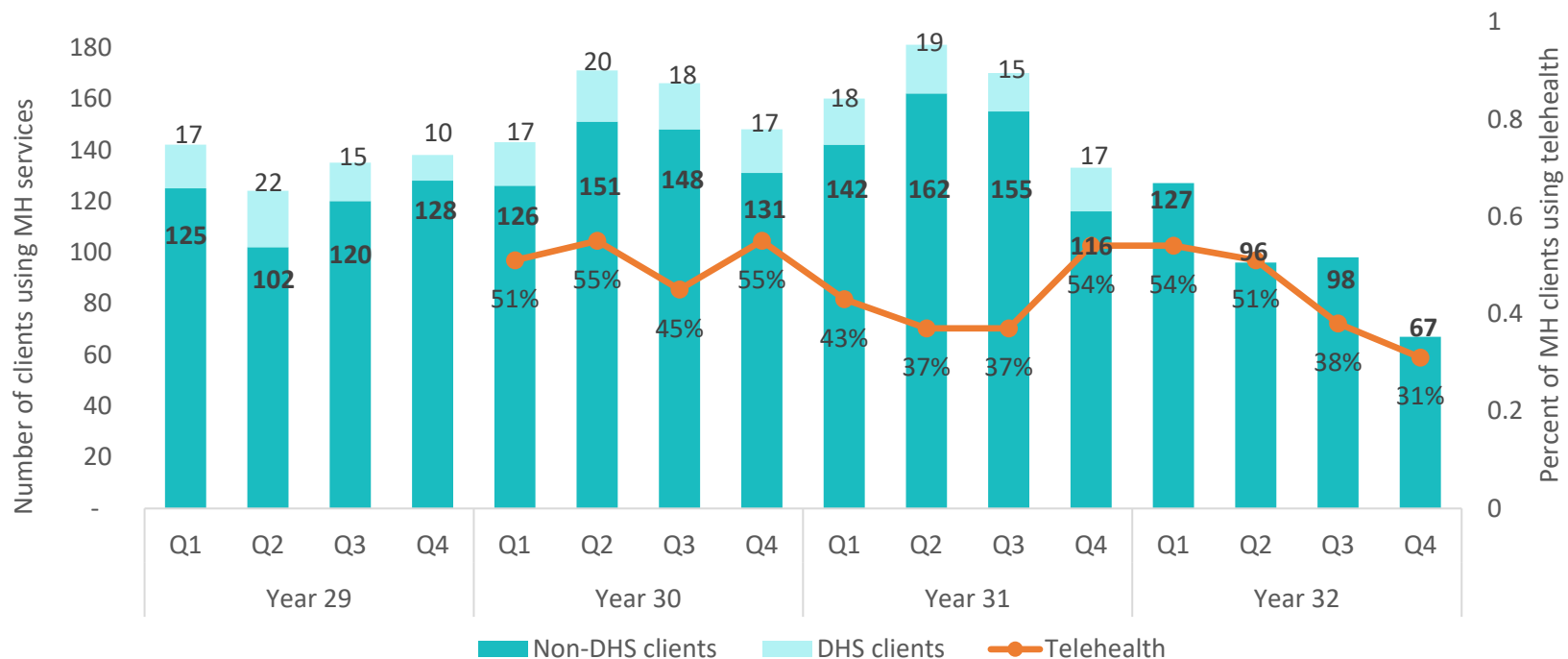
# Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

## Service Utilization and Expenditures

Figure 2 below shows the number of RWP clients accessing Mental Health (MH) services in Years 29-32 by quarter to show the impact of the COVID-19 pandemic on service utilization as well as the departure of the LAC Department of Health Services (DHS) from the RWP system in Year 32. The light turquoise part of the bar shows the number of DHS clients. The darker turquoise part of the bar shows the number of all other (non-DHS) clients. The total number of MH clients decreased in quarter 4 of Year 31 and has continued through Year 32. When looking at only non-DHS clients, we see a similar trend of decreasing utilization since the fourth quarter of Year 31.

The orange line shows the percent of MH clients who received at least one telehealth service. While the percent of clients using MH services via telehealth decreased in Year 32, it was critical to maintaining service continuing through the pandemic and continues to provide expanded service access. Within populations, Latinx clients (57%) and those  $\geq$  age 50 (68%) were those with the largest percent of clients using telehealth for MH.

**Figure 2.** Number of Department of Health Services (DHS) and Non-DHS MH Clients by Quarter in LAC, RWP Years 29-32



# Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

## Service Units and Expenditures

- Year 32 Funding Sources: **RWP Part A (100%)**
- Percentage of RWP Clients Accessing MH in Year 32: **1.5%**
- Unit of Service: **Sessions**

**Table 1.** Mental Health Service Utilization and Expenditures among RWP Clients in LAC, Year 32

Priority Populations	Unique Clients	% of Clients	Total sessions	% of sessions	Sessions per Client	Estimated Expenditures per Client	Estimated Expenditures by Subpopulation
<i>Total MH clients</i>	<b>224</b>	<b>100%</b>	<b>1,572</b>	<b>100%</b>	<b>7</b>	<b>\$965</b>	<b>\$216,060</b>
Latinx MSM	140	63%	961	61%	6.9	\$941	\$131,797
PLWH ≥ Age 50	65	<b>29%</b>	655	<b>42%</b>	<b>10.1</b>	<b>\$1,396</b>	\$90,745
Youth Age 13-29	24	11%	137	9%	5.7	\$810	\$19,445
Unhoused < 12 m	20	<b>9%</b>	226	<b>14%</b>	<b>11.3</b>	<b>\$1,512</b>	\$30,248
Women of Color	17	<b>8%</b>	50	<b>3%</b>	<b>2.9</b>	<b>\$381</b>	\$6,482
Black MSM	10	4%	64	4%	6.4	\$864	\$8,642
Transgender Persons	7	3%	39	2%	5.6	\$617	\$4,321
Persons who inject drugs (PWID)	7	3%	37	2%	5.3	\$617	\$4,321

### Table 1 Highlights

- *Population Served:* The largest number and percent of MH clients were Latinx MSM (63%).
- *Service Utilization:*
  - The majority MH sessions were attended by Latinx MSM (61%).
  - Utilization by sessions per client were highest among unhoused clients (11.3/client) and clients ≥ age 50 (10.1/client) compared to all MH clients and other subpopulations. While sessions per client were lowest among transgender clients and PWID, they also represented the smallest numbers of MH clients.
  - The percent of MH sessions was higher relative to their population size among clients ≥ age 50 (29% vs 42%) and unhoused in the past 12m people (9% vs 14%).
  - The percent of MH sessions among women of color (8% vs 3%) was lower relative to their population size however this is based on a small number of clients.
- *Expenditures:*
  - Expenditure per client were highest among clients ≥ age 50 and unhoused clients and the lowest among women of color.

HIV Care Continuum (HCC) Outcomes

Table 2 below shows HCC outcomes for RWP clients receiving MH services in Year 32. MH clients had better HCC outcomes compared to RWP clients who did not receive MH services.

**Table 2.** HIV Care Continuum Outcomes for RWP Clients That Used and Did Not Use MH Services in LAC, Year 32

HCC Measures	MH clients		Non-MH clients	
	N=224	%	N=14,548	%
<i>Engaged in HIV Care<sup>a</sup></i>	223	100%	13,623	94%
<i>Retained in HIV Care<sup>b</sup></i>	191	85%	10,190	70%
<i>Suppressed Viral Load at Recent Test<sup>c</sup></i>	203	91%	12,074	91%

<sup>a</sup>Defined as having ≥1 HIV laboratory test (viral load, CD4 or genotype test) reported in the 12 months before the end of the reporting period

<sup>b</sup>Defined as having ≥2 HIV laboratory tests (viral load, CD4 or genotype test) reported at >90 days apart in the 12 months before the end of the reporting period

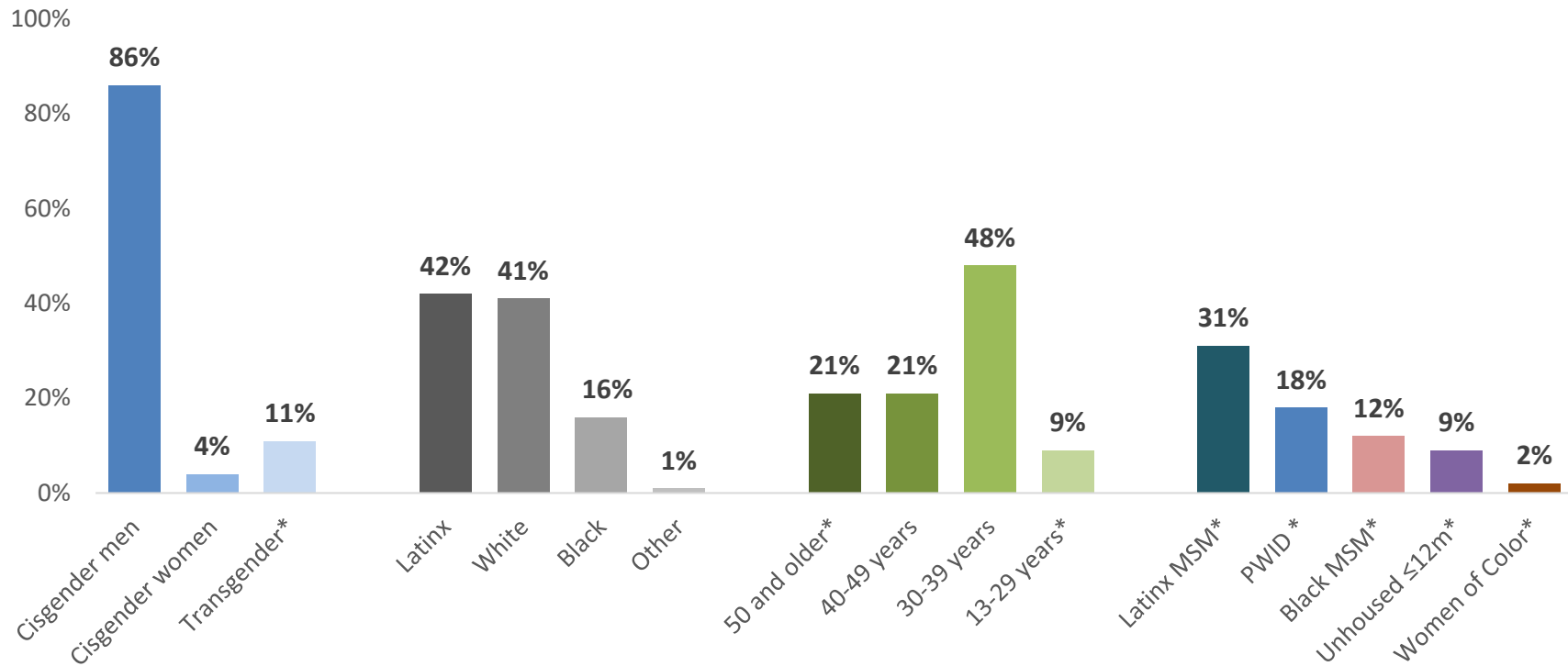
<sup>c</sup>Defined as viral load <200 copies/ml at most recent test reported in the 12 months before the end of the reporting period

**SUBSTANCE ABUSE RESIDENTIAL (SAR) SERVICES**

**Population Served:**

- In Year 32, a total of 85 clients received SAR services
- Most SAR clients were cisgender men, Latinx and Black, and were age 30-39 as shown in Figure 3.
- Latinx MSM represented the largest percent among priority populations. A larger percent of SAR clients was PWID (18%) compared to RWP clients overall (4%).

**Figure 3.** Demographic Characteristics and Priority Populations among SAR Clients in LAC, Year 32



\*Priority Populations

## Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

### Service Utilization and Expenditures:

Since Year 29, the number of clients accessing SAR services has decreased each year. This has progressed from 115 clients in Year 29 to 112 in Year 30, 90 in Year 31 and 85 in Year 32. All SAR services are delivered in-person, there are no telehealth modalities.

- Year 32 Funding Sources: **RWP Part B (100%)**
- Percentage of RWP Clients Accessing SAR in Year 32: **<1% (0.6%)**
- Unit of Service: **Days**

**Table 3.** SAR Service Utilization and Expenditures among RWP Clients in LAC, Year 32

Priority Populations	Unique Clients	% of Clients	Total Days	Percent of Days	Days per Client	Expenditures per Client	Estimated Expenditures by subpopulation
<b>Total SAR clients</b>	<b>85</b>	<b>100%</b>	<b>9,395</b>	<b>100%</b>	<b>110.5</b>	<b>\$7,722</b>	<b>\$656,363</b>
Unhoused < 12 m	42	49%	<b>4,597</b>	49%	109.5	\$7,647	\$321,160
Latinx MSM	26	31%	<b>2,651</b>	28%	102.0	\$7,123	\$185,207
PLWH ≥ Age 50	18	21%	1,948	21%	108.2	\$7,561	\$136,093
Persons who inject drugs (PWID)	15	18%	1,762	19%	<b>117.5</b>	<b>\$8,207</b>	\$123,099
Black MSM	10	<b>12%</b>	832	<b>9%</b>	83.2	\$5,813	\$58,126
Transgender Persons	9	<b>11%</b>	601	<b>6%</b>	66.8	\$4,665	\$41,988
Youth Age 13-29	8	9%	998	11%	<b>124.8</b>	<b>\$8,715</b>	\$69,723
Women of Color	<5	<b>2%</b>	29	<b>0.3%</b>	<b>14.5</b>	<b>\$1,013</b>	\$2,026

### Table 3 Highlights

- *Population Served:* Clients who were unhoused < 12 m (49%) made up nearly half of all SAR clients, followed by Latinx MSM (29%) in Year 32
- *Service Utilization:*
  - Days per client were the highest among youth aged 13-29 and PWID compared to total MH clients and other subpopulations. While days per client was lowest among women of color, this represented use by fewer than 5 clients.
  - The percent of SAR hours was lower relative to their population size among Black MSM, women of color and transgender people.
- *Expenditures:*
  - Youth aged 13-29 had the highest expenditures per client (\$8,715), followed by PWID (\$8,207).
  - Women of color had the lowest expenditures per client however, the number of clients is very small.



HIV Care Continuum (HCC) Outcomes

Table 4 below shows HCC outcomes for RWP clients receiving MCC services in Year 32. RWP clients receiving SAR services in Year 32 had better HCC outcomes compared to RWP clients who were not receiving in the SAR services.

**Table 4.** HIV Care Continuum Outcomes for RWP Clients That Used and Did Not Use SAR Services in LAC, Year 32

HCC Measures	SAR clients		Non-SAR clients	
	N=85	Percent	N=14,687	Percent
<i>Engaged in HIV Care<sup>a</sup></i>	84	99%	13,762	94%
<i>Retained in HIV Care<sup>b</sup></i>	72	85%	10,309	70%
<i>Suppressed Viral Load at Recent Test<sup>c</sup></i>	76	89%	12,201	83%

<sup>a</sup>Defined as having ≥1 HIV laboratory test (viral load, CD4 or genotype test) reported in the 12 months before the end of the reporting period

<sup>b</sup>Defined as having ≥2 HIV laboratory tests (viral load, CD4 or genotype test) reported at >90 days apart in the 12 months before the end of the reporting period

<sup>c</sup>Defined as viral load <200 copies/ml at most recent test reported in the 12 months before the end of the reporting period

## Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

### SUMMARY OF FINDINGS

Service use and expenditures vary by service category and by priority populations. This variation may be influenced by the priority population size, underlying characteristics within each priority and priority population such as health status, income, housing status or neighborhood of residence, service need or service access and others. The main findings are summarized in Table 5.

**Table 5.** Summary of Findings for RWP Service Utilization in LAC, Year 32

	<b>RWP</b>	<b>Mental Health</b>	<b>Substance Abuse Residential</b>
<b>Clients Characteristics</b>	<ul style="list-style-type: none"> <li>• Latinx and Black race/ethnicity</li> <li>• Cisgender male</li> <li>• PLWH ≥ age 50</li> <li>• MSM</li> </ul>	<ul style="list-style-type: none"> <li>• Latinx race/ethnicity</li> <li>• Cisgender male</li> <li>• PLWH age 30-39 and ≥ age 50</li> <li>• MSM</li> </ul>	<ul style="list-style-type: none"> <li>• Latinx race/ethnicity</li> <li>• Cisgender male</li> <li>• PLWH age 30-39</li> <li>• MSM</li> </ul>
<b>Utilization over time</b>	<ul style="list-style-type: none"> <li>• Total number of clients decreased in Year 32 due to exit of DHS from RWP.</li> <li>• From Year 29-32, however, number of clients at remaining agencies was steady.</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease in total clients due to DHS departure in Year 32 compared to Year 31</li> <li>• Decrease in clients at remaining agencies possibly due to Medi-Cal expansion, provider shortages or other reason - further analysis needed</li> </ul>	<ul style="list-style-type: none"> <li>• Steady decrease in number of clients since Year 29</li> </ul>
<b>Telehealth</b>	<ul style="list-style-type: none"> <li>• Approximately 1 in 4 clients received a service via telehealth in Year 32 – a decrease from 46% in Year 30.</li> </ul>	<ul style="list-style-type: none"> <li>• Nearly half of MH clients continued to access services via telehealth in Year 32</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
<b>Service Units per Client</b>	N/A (units vary)	<ul style="list-style-type: none"> <li>• Seven sessions per client</li> </ul>	111 days per client
<b>Total Expenditures</b>	\$45.9 million	<ul style="list-style-type: none"> <li>• Total \$216,060 (Part A)</li> <li>• \$965 per client</li> </ul>	<ul style="list-style-type: none"> <li>• \$656,363 (Part B)</li> <li>• \$7,722 per client</li> </ul>
<b>HCC outcomes</b>	<ul style="list-style-type: none"> <li>• Engagement in care was lowest among unhoused clients and Black MSM</li> <li>• RiC was lowest among youth aged 13-29, Black MSM and unhoused clients</li> <li>• VS was lowest among unhoused clients</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement and retention in care were higher among MH clients compared to clients not accessing MH services but no difference in VS</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement and retention in care and VS were higher among SAR clients compared to clients not accessing SAR</li> </ul>

## Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

	RWP	Mental Health	Substance Abuse Residential
<b>Latinx MSM</b>	<ul style="list-style-type: none"> <li>• Largest RWP population</li> <li>• About 25% of Latinx MSM received RWP services via telehealth</li> <li>• Largest percentage of uninsured clients</li> </ul>	<ul style="list-style-type: none"> <li>• Majority of MH clients (63%) and accounted for about 61% of services provided</li> <li>• Expenditure per clients were slightly lower than the average for all MH clients</li> </ul>	<ul style="list-style-type: none"> <li>• Represented 31% of clients and accounted for about 28% of services provided</li> <li>• The total days for SAR were the second highest among priority populations</li> <li>• Average number of days and expenditures per client were slightly lower than the average for all SAR clients</li> </ul>
<b>Black MSM</b>	<ul style="list-style-type: none"> <li>• About 4% of all RWP clients in</li> <li>• About 25% received RWP services via telehealth</li> <li>• Over 2/3 were living <math>\leq</math> FPL</li> </ul>	<ul style="list-style-type: none"> <li>• Represented a small number and percent of MH clients and services provided</li> <li>• Average number of sessions and expenditures were lower than respective average numbers for all MH clients</li> </ul>	<ul style="list-style-type: none"> <li>• Represented small number and percent of SAR services provided</li> <li>• Average number of days and expenditures were lower than respective average numbers for all SAR clients</li> <li>•</li> </ul>
<b>Youth 13-29 years old</b>	<ul style="list-style-type: none"> <li>• 12% of all RWP clients</li> <li>• A quarter of youth used RWP via telehealth</li> <li>• The lowest percentage of RiC among priority populations</li> </ul>	<ul style="list-style-type: none"> <li>• 11% of all MH clients but accounted for 9% of MH services</li> <li>• Lower per client sessions and expenditures than average for all MH clients</li> <li>• Reasons for low MH service utilization are unclear but may reflect poor service engagement, low service access, ineffective service provision, stigma or other client-provider or system-level determinants.</li> </ul>	<ul style="list-style-type: none"> <li>• Represented small number and percent of SAR services provided</li> <li>• Highest per client service days and expenditures among priority populations</li> <li>• Highest utilizers of SAR services as demonstrated by the average days per client.</li> </ul>
<b>PLWD <math>\geq</math> Age 50</b>	<ul style="list-style-type: none"> <li>• Over a third of all RWP clients</li> <li>• 22% received RWP services via telehealth</li> <li>• Second highest percentage of engagement in care among priority populations</li> </ul>	<ul style="list-style-type: none"> <li>• 68% received services via telehealth</li> <li>• 29% of all MH clients and accounted for 42% of MH services</li> <li>• Second highest utilizers of MH services as demonstrated by the percentage of total sessions as well</li> </ul>	<ul style="list-style-type: none"> <li>• 21% of all SAR clients and accounted for the same percentage of services provided</li> <li>• Number of service days provided and expenditures per client were slightly below the average for all SAR clients</li> </ul>

## Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

	<ul style="list-style-type: none"> <li>• The highest percentage of RiC and VS among priority populations</li> <li>• The highest percentage of people living ≤ FPL and PWID</li> <li>• Second highest percentage of uninsured, Spanish-speaking, and unhoused people</li> </ul>	<p>as sessions per client among priority populations</p> <ul style="list-style-type: none"> <li>• Second highest per client and overall expenditures among priority populations</li> </ul>	
<b>Women of Color</b>	<ul style="list-style-type: none"> <li>• 8% of RWP clients</li> <li>• About 20% received RWP services via telehealth</li> <li>• The highest percentage of engagement in HIV care among priority populations</li> <li>• Second highest percentage of RiC among priority populations</li> </ul>	<ul style="list-style-type: none"> <li>• Represented a small number and percent of MH clients and services provided</li> <li>• Lowest use of MH services as demonstrated by the number of sessions and expenditures per client among priority populations</li> </ul>	<ul style="list-style-type: none"> <li>• Represented small number and percent of SAR services provided</li> <li>• Lowest utilizers of SAR services as demonstrated by the number of sessions and expenditures per client among priority populations</li> </ul>
<b>Transgender clients</b>	<ul style="list-style-type: none"> <li>• 4% of all RWP clients</li> <li>• 20% received RWP services via telehealth</li> <li>• Highest percentage of unhoused people</li> <li>• Second highest percentage of people living ≤ FPL</li> </ul>	<ul style="list-style-type: none"> <li>• Represented a small number and percent of MH clients and services provided</li> <li>• Lower per client visits and expenditures than respective averages for all MH clients</li> </ul>	<ul style="list-style-type: none"> <li>• Represented small number and percent of SAR services provided</li> <li>• Average number of days and expenditures were considerably lower than respective average numbers for all SAR clients</li> <li>• Second lowest average of expenditures and days of SAR service per client among priority populations</li> </ul>
<b>Unhoused in past 12m</b>	<ul style="list-style-type: none"> <li>• 18% of all RWP clients</li> <li>• About 22% received RWP services via telehealth</li> <li>• The highest percent of people living ≤ FPL and PWID</li> </ul>	<ul style="list-style-type: none"> <li>• Second highest percent of MH clients who used services via telehealth (75%)</li> <li>• The highest average number of visits and expenditures among priority populations</li> <li>• High utilization of MH services by unhoused people may be reflective of complexity of social and behavioral needs in this subpopulation</li> </ul>	<ul style="list-style-type: none"> <li>• Half of SAR clients and accounted half of SAR days</li> <li>• High utilization of SAR services by unhoused people may be reflective of complexity of social and behavioral needs in this subpopulation.</li> </ul>

## Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

<b>PWID</b>	<ul style="list-style-type: none"> <li>• 5% of RWP clients</li> <li>• About 16% received RWP services via telehealth</li> <li>• Second highest percent of clients unhoused in past 12m</li> </ul>	<ul style="list-style-type: none"> <li>• Represented a small number and percent of MH clients and services provided</li> <li>• Lower per client sessions and expenditures than respective averages for all MH clients</li> </ul>	<ul style="list-style-type: none"> <li>• 18% of clients receiving SAR service and accounted for 19% of services provided</li> <li>• Average number of days and expenditures were considerably higher than respective average numbers for all SAR clients</li> <li>• High utilization of SAR services by PWID may reflect complex of social and behavioral needs in this subpopulation</li> </ul>
-------------	---	--	--