Ryan White Program Year 32
Care Utilization Data Summary

Part 1 - Ambulatory Outpatient Medical and Medical Care Coordination

Aug 15, 2023
COH Planning, Priorities, and Allocations Committee

Sona Oksuzyan, PhD, MD, MPH
Division of HIV and STD Programs

Ambulatory Outpatient Medical (AOM) and Medical Care Coordination (MCC) Service Cluster

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)[1]. 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[2]. 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[3]. 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.

[1] 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
[2] 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
[3] 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 to be presented will include:

- HIV Care Continuum Outcomes (engagement in care, Retention in Care (RiC) and viral suppression (VS) among EHE priority and RWP priority populations
- 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

WHAT DATA CAN AND CANNOT TELL US

This report will estimate for the current reporting year:

- How many unique RWP clients were served?
- What types of clients accessed RWP services?
  - How many clients?
  - Which clients are we serving?
  - Which services did they access?
- How did clients use services?
  - Which services did they use?
  - How were they utilized?
  - How much of the service did they receive?
  - Were there differences or disparities in how clients received services?
- Are we making progress toward targets for local and federal HIV care continuum (HCC) outcomes?
  - How are RWP clients doing compared to LAC overall?
  - How are clients doing within service categories?
  - Are there differences/disparities in outcomes?

What we cannot estimate using this report:

- What services clients need compared to what they receive (service gaps)
- Why the number of clients may change over time
- How many PLWH in LAC are uninsured
- Why there are disparities in utilization or outcomes
- Characteristics of or service use among PLWH outside of the RWP

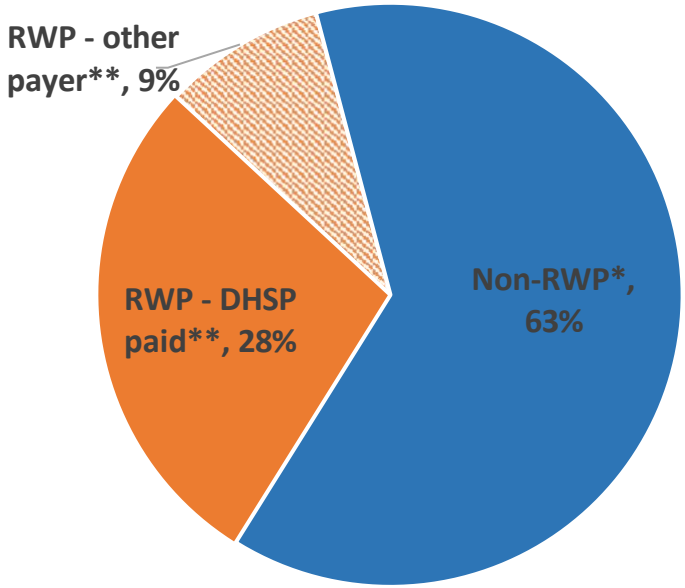
RYAN WHITE PROGRAM CLIENTS

Figure 1 below estimates RWP services use among people living with diagnosed HIV (PLWDH) in LAC in RWP Year 32 (March 1, 2022 - February 28, 2023).

- The orange section shows the percent of PLWDH who accessed RWP services that were paid for by DHSP RWP funds. This will be the population of focus for this report.
- The orange and white stripe section shows the percent of PLWDH who accessed RWP services that were ultimately paid for by another source such as Medi-Cal, Medi-Care, or other insurance
- The blue section shows the percent of PLWDH who did not use any RWP service. This means they receive medical care and other services through other systems of care.

In RWP Year 32, approximately 1 in 4 PLWDH received at least one RWP service paid by DHSP with RWP funds.

Figure 1. Use of RWP services among PLWDH in LAC (N=53,577), Year 32*



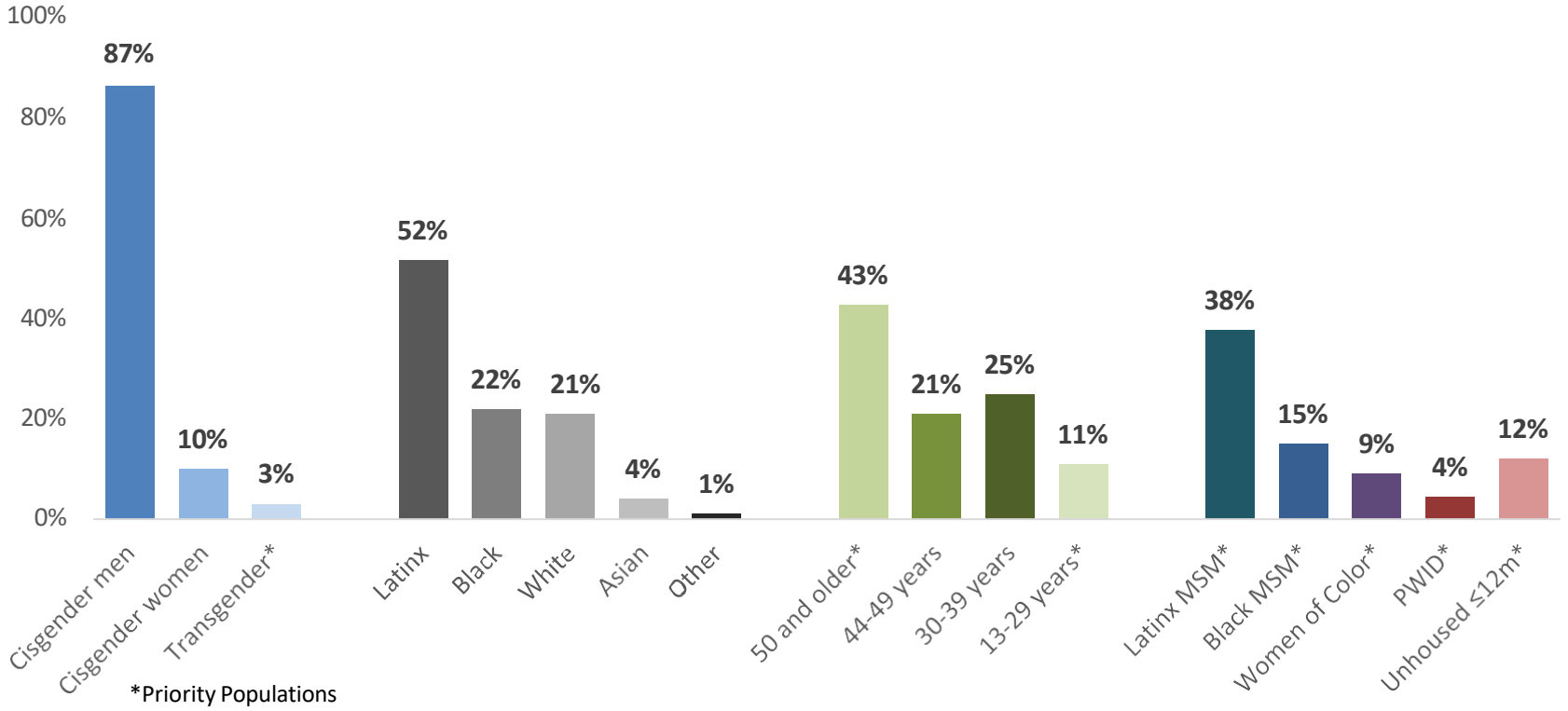
*LAC surveillance data for calendar year 2022 (Jan-Dec 2022)
**CaseWatch data for RWP year 32 (Mar 2022-Feb 2023)

Socio-Demographic Characteristics and Social Determinants of Health among RWP Clients

Of the 14,772 RWP clients **who** accessed RWP funded services in Year 32, 24% received at least one RWP-supported medical care visit in the reporting period.

In Year 32, the majority of RWP clients were Latinx or Black/African American (52% and 22%, respectively), cisgender male (87%), PLWH ≥ Age 50 (43%), living at or below the Federal Poverty Level (63%), MSM (71%) and residing in Hollywood-Wilshire Health District (19%). (Figure 2, Supplemental Table 1)

Figure 2. Demographic Characteristics and Priority Populations among RWP Clients in LAC, Year 32

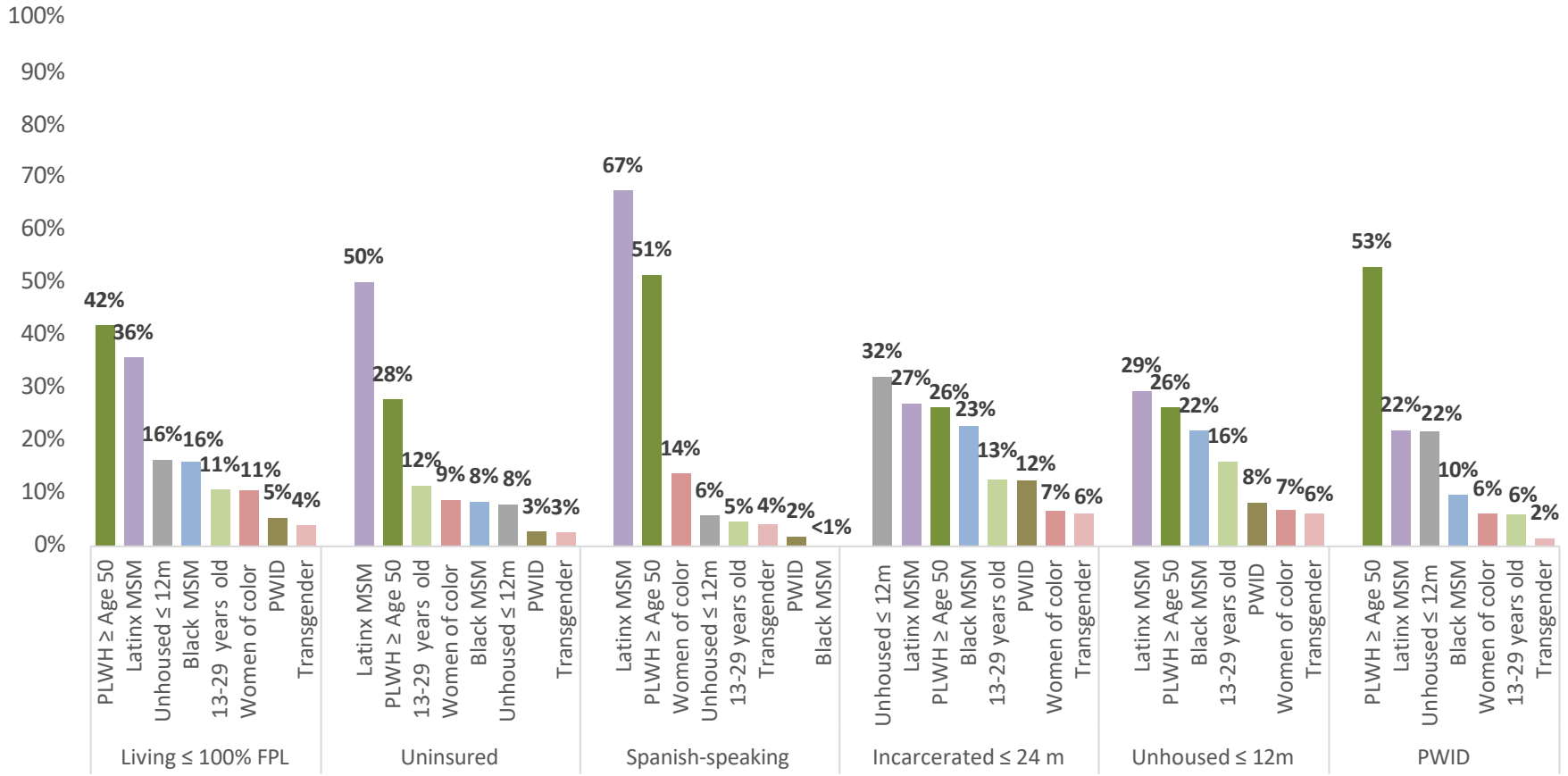


The demographic characteristics of RWP clients have remained stable over the past five RWP years *except for age*. The percent of clients aged 50 and older has increased overtime, reflecting the aging HIV epidemic locally and across the US. For more information about client characteristics over time, please refer to Supplemental Table 1.

Figure 3 presents key determinants of health by priority population:

- **Living at or below FPL**: highest among PLWH ≥ Age 50 (42%) followed by Latinx MSM (36%)
- **Uninsured**: highest among Latinx MSM (50%) followed by PLWH ≥ Age 50 (28%)
- **Primary Spanish-Speakers**: highest among Latinx MSM (67%) followed by PLWH ≥ Age 50 (51%)
- **Recent Incarceration**: highest among unhoused in past 12 m (325) followed by Latinx MSM (27%)
- **Unhoused in the Reporting Period**: highest among Latinx MSM (29%) followed by PLWH ≥ Age 50 (26%)
- **PWID**: highest among PLWH ≥ Age 50 (53%) followed by Latinx MSM and unhoused in past 12 m (22% each)

Figure 3. Social Determinants of Health by Priority Populations among RWP Clients in LAC, Year 32

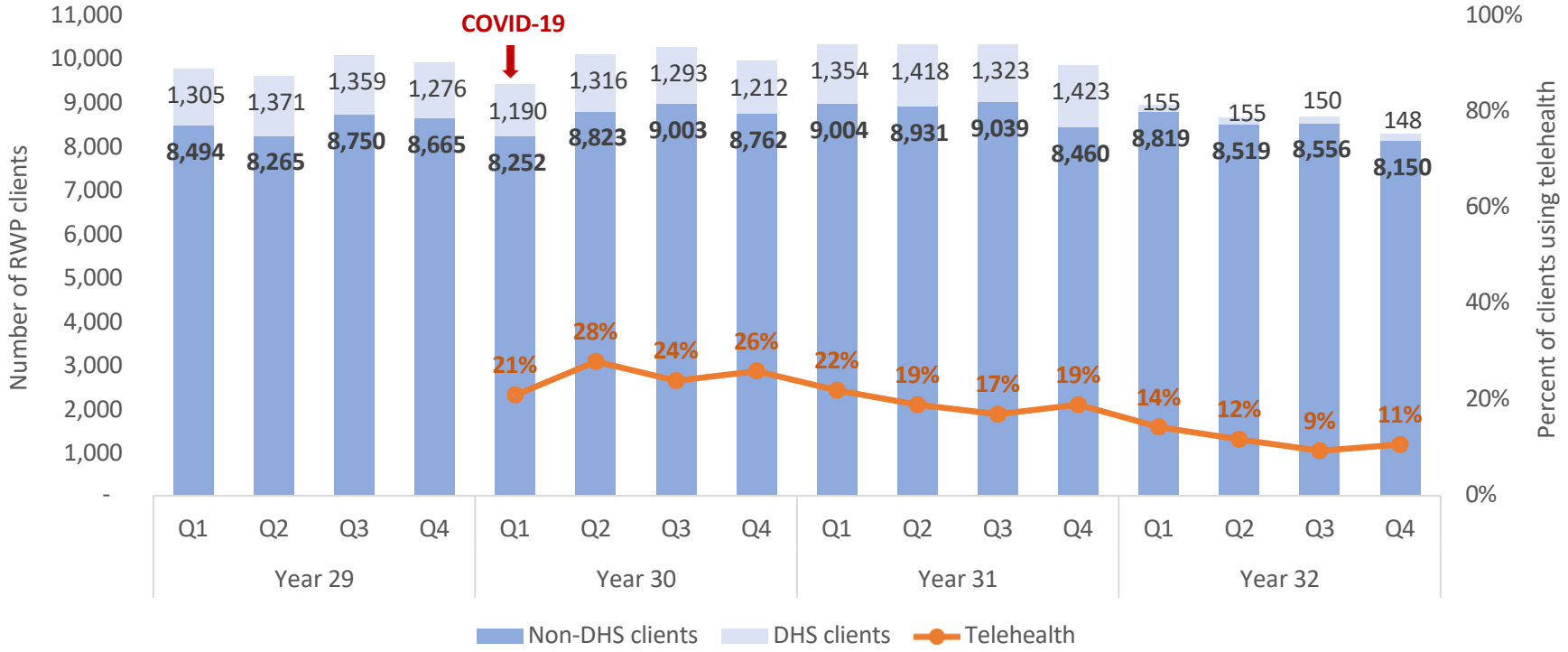


SERVICE UTILIZATION

Figure 4 below shows the number of RWP clients accessing services for RWP Years 29-32 (March 1, 2019 – February 28, 2023) by quarter to show the impact of the COVID-19 pandemic on utilization as well as the departure of the LAC Department of Health Services (DHS) from the RWP system in Year 32. Each bar represents the total number of clients by quarter. The light blue part of the bar shows the number of DHS clients. The darker blue part of the bar shows the number of all other (non-DHS) clients. We can see that the total number of clients decreased starting in quarter 1 of Year 32 however we can see the utilization of RWP by non-DHS clients has remained stable.

The orange line shows the percent of RWP services that were utilized through telehealth modalities. Telehealth was a critical strategy to promote continuity of care for RWP clients during the COVID-19 pandemic. MCC, AOM, Non-Medical Case Management (NMCM), Mental Health (MH), and Home-Based Case Management (HBCM) continued to be offered to clients with a telehealth option through Year 32. About 25% of RWP clients received at least one of the RWP services via telehealth in Year 32 (43% in Year 31). RWP services with the highest usage of telehealth were MH (51%), MCC (35%), and AOM (23%). Supplemental Table 2 provides more detail about telehealth services.

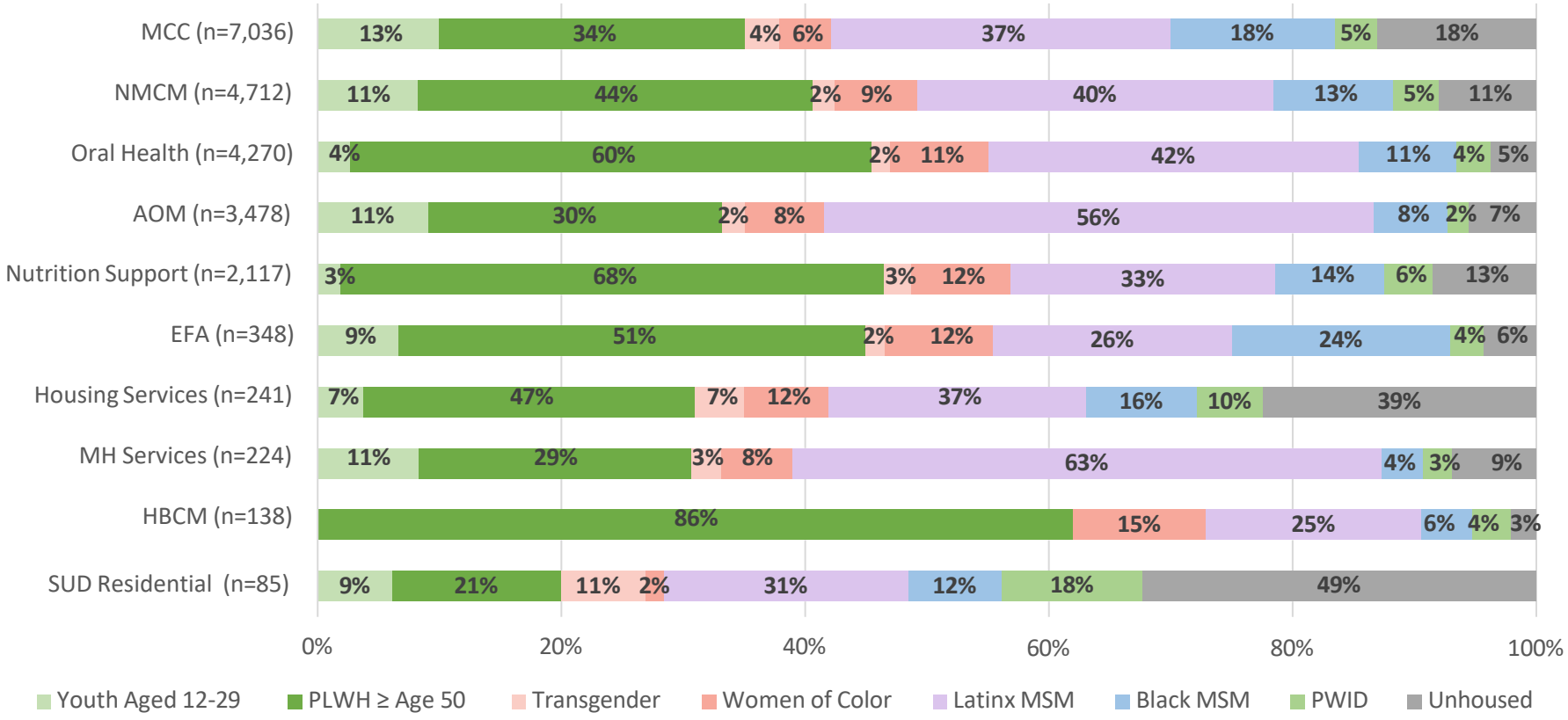
Figure 4. Service Usage and Telehealth Usage among RWP Clients, Years 29-32 by quarter



SERVICE UTILIZATION AMONG PRIORITY POPULATIONS

In Year 32, the MCC, Non-Medical Case Management (NMCM) and Oral Health services were used by the highest number of RWP clients. The figure below presents use of each service category by priority populations.

Figure 5. Utilization of RWP Services by Service Categories and by Priority Populations, LAC, Year 32

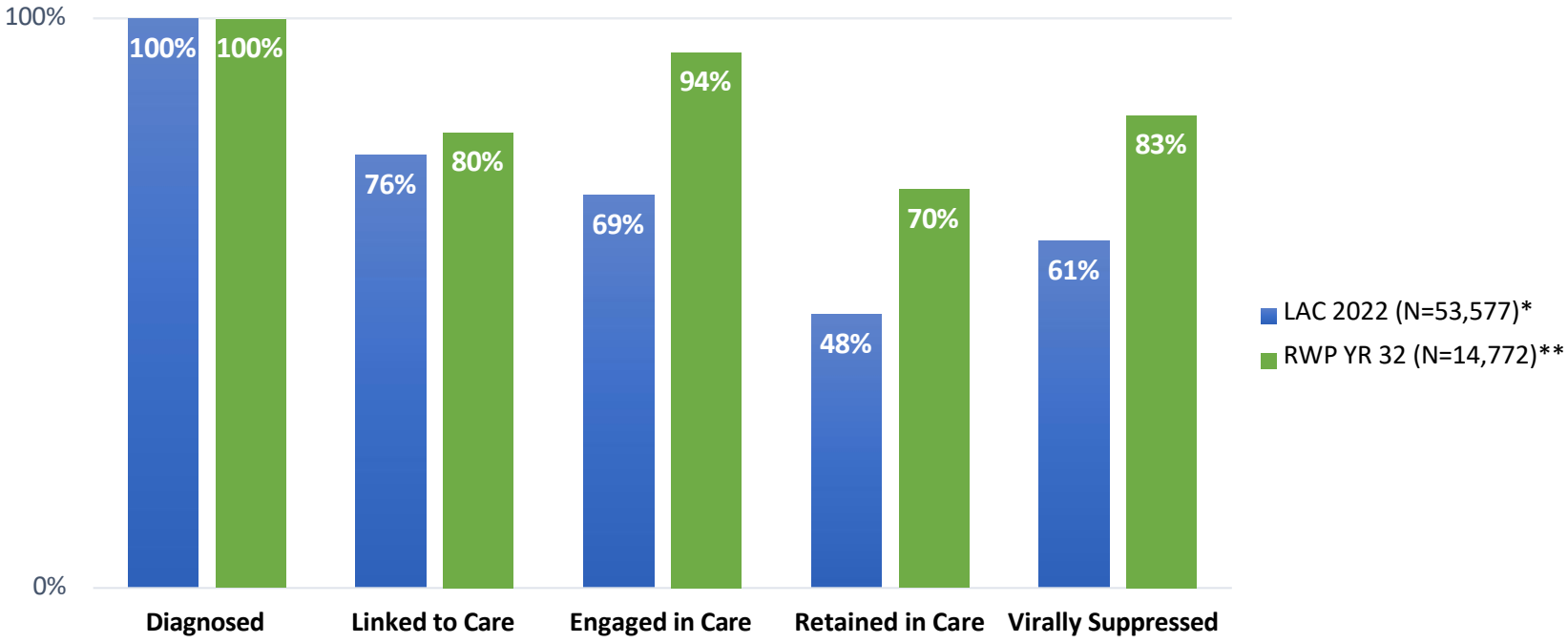


Among priority populations, the highest usage of all services was among Latinx MSM and/or PLWH ≥ Age 50, with the exception of Housing and SUD Residential services where the highest percentage of people utilizing these services was among unhoused people.

HIV CARE CONTINUUM FOR RWP CLIENTS

Figure 6 below shows Health Care Continuum (HCC) outcomes for RWP clients compared to all PLWH in LAC. Higher proportions of RWP clients were linked to care within 30 days of diagnoses, engaged in care, retained in care (RiC) and achieved viral suppression (VS) in RWP Year 32 compared to all PLWH in LAC. Of the 14,772 clients who received RWP services in Year 32, 94% were engaged in care, 70% were retained in care (RiC), and 83% achieved viral suppression (VS) in the past 12 months.

Figure 6: HIV Care Continuum Comparing People Living with Diagnosed HIV and Ryan White Program Clients in Year 32, Los Angeles County

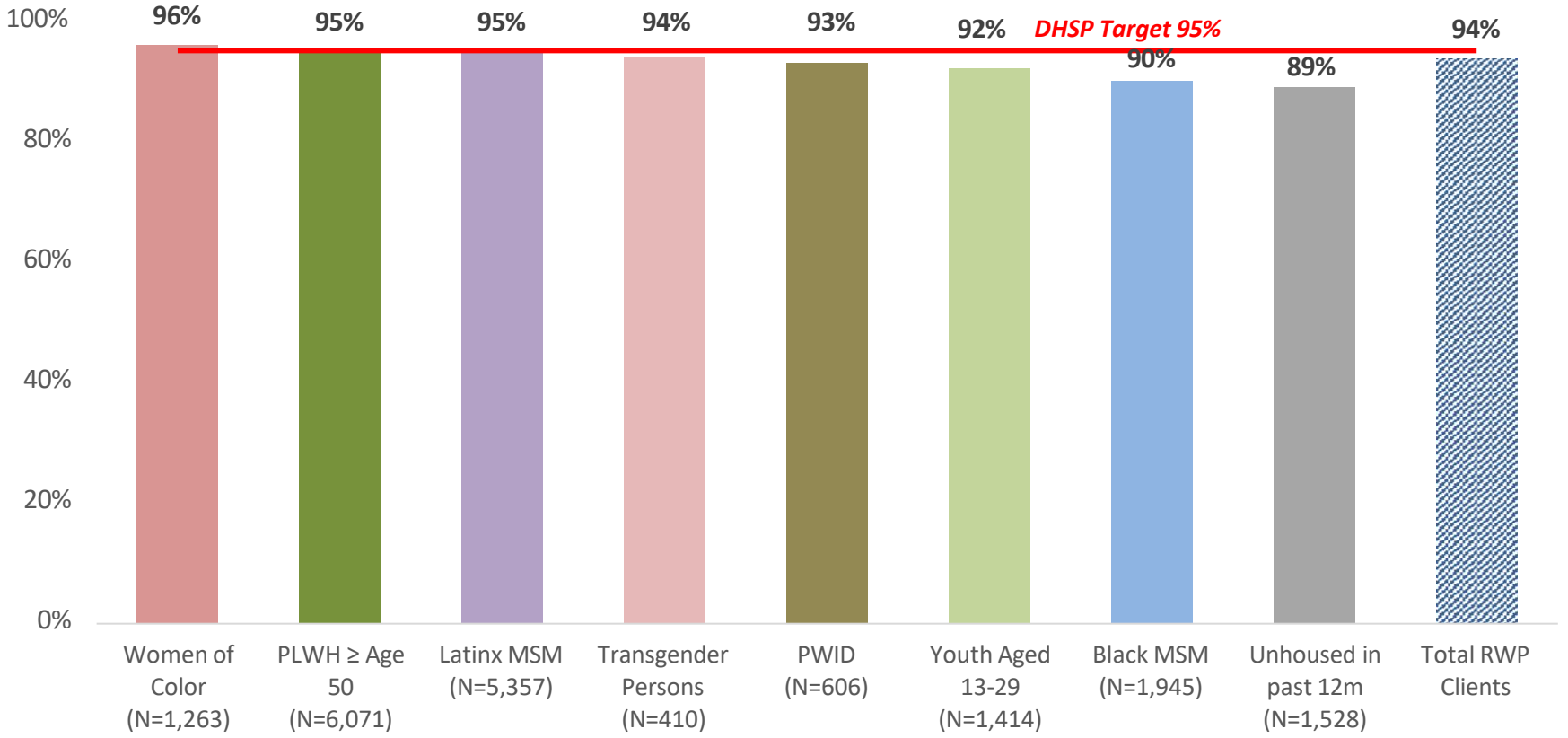


*LAC surveillance data for calendar year 2022 (Jan-Dec 2022)
**CaseWatch data for RWP year 32 (Mar 2022-Feb 2023)

- ***Engagement in HIV Care***

Figure 7 shows engagement in HIV care 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 among priority populations. Engagement in care for RWP clients was the highest among women of color (96%), following by PLWH ≥ 50 year of age and Latinx cisgender MSM (95% each). Engagement in care was lowest for Black cisgender MSM (90%) and unhoused in past 12 months (89%).

Figure 7: Engagement in HIV Care among Priority Populations Served by Ryan White Program in Year 32, Los Angeles County[1]

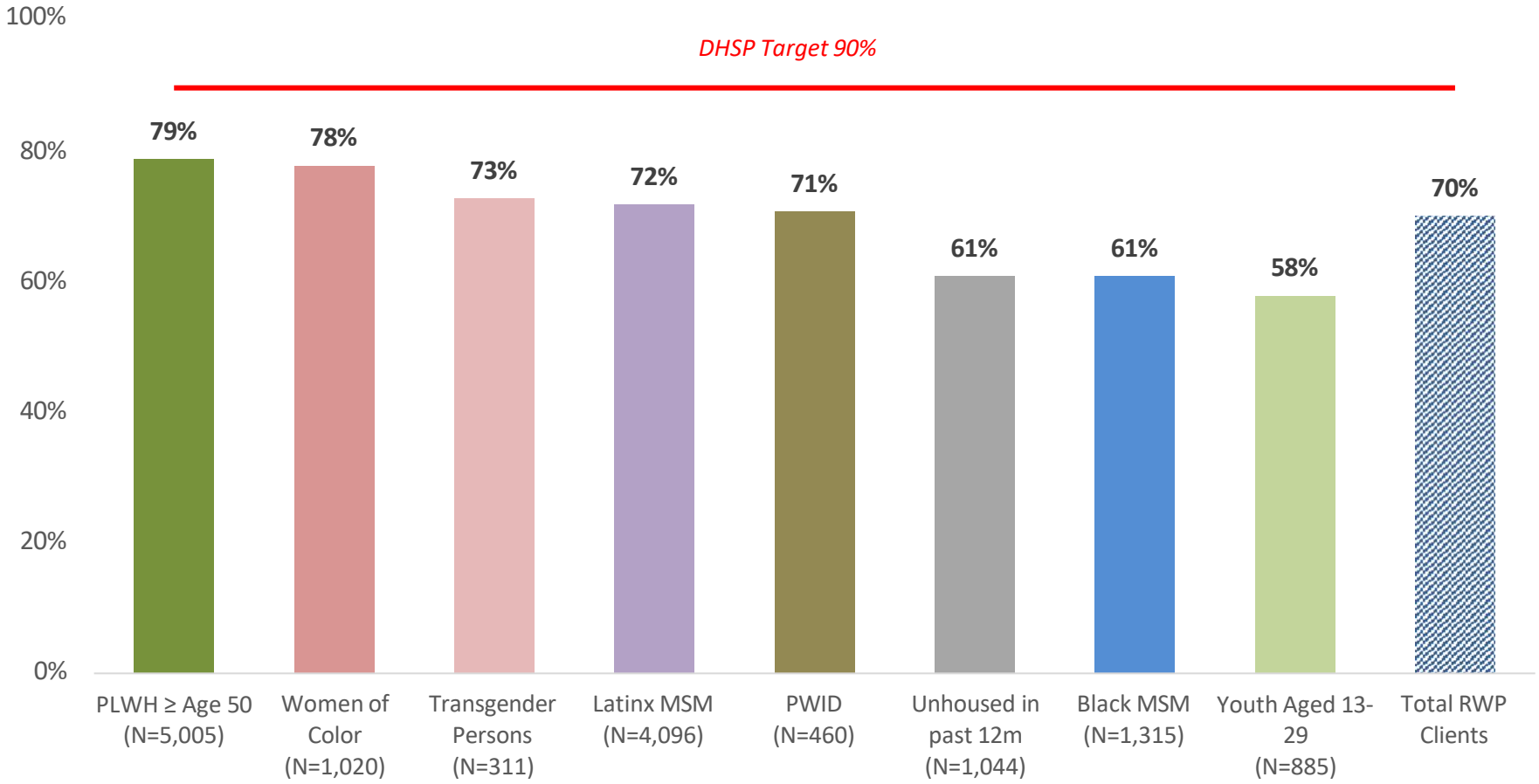


[1]CaseWatch Data for RWP year YR32 (from 03/01/2022 – 02/28/2023)

- ***Retention in Care***

Figure 8 shows retention in care (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) among priority populations. The percent of RWP clients retained in care was the highest for PLWH aged 50 and older (79%) and cisgender women of color (78%). Retention in care was lowest among youth aged 13-29 (58%).

Figure 8: Retention in Care among Priority Populations Served by Ryan White Program in Year 32, Los Angeles County[1]

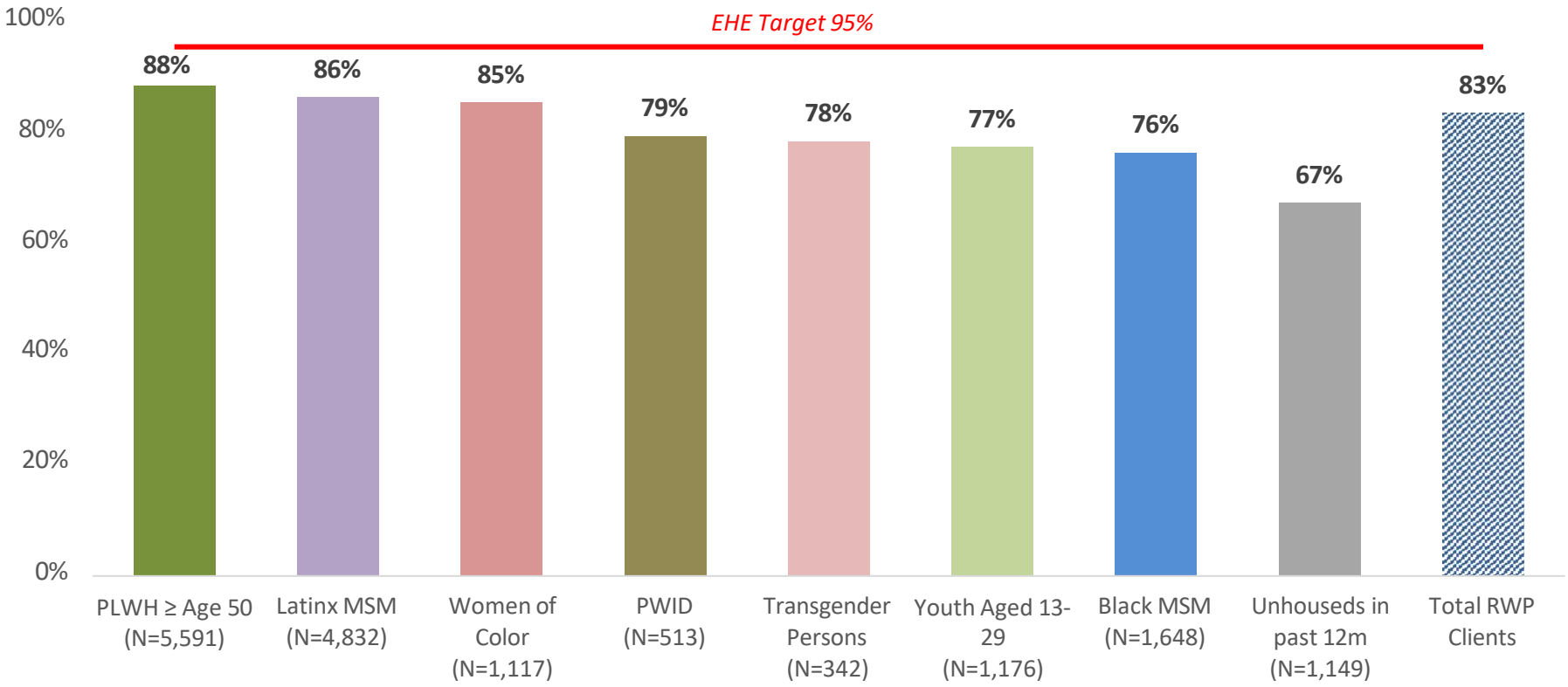


[1]CaseWatch Data for RWP year YR32 (from 03/01/2022 – 02/28/2023)

- ***Viral Suppression***

Figure 9 shows viral suppression (viral load <200 copies/ml at most recent test reported in the 12 months before the end of the reporting period) among priority populations. Among priority populations, the percent of RWP clients who were virally suppressed was the highest for clients aged 50 and older (88%), and the lowest for people who were experiencing homelessness in past 12 months (67%).

Figure 9: Viral Suppression among Priority Populations Served by Ryan White Program in Year 32, Los Angeles County[1]



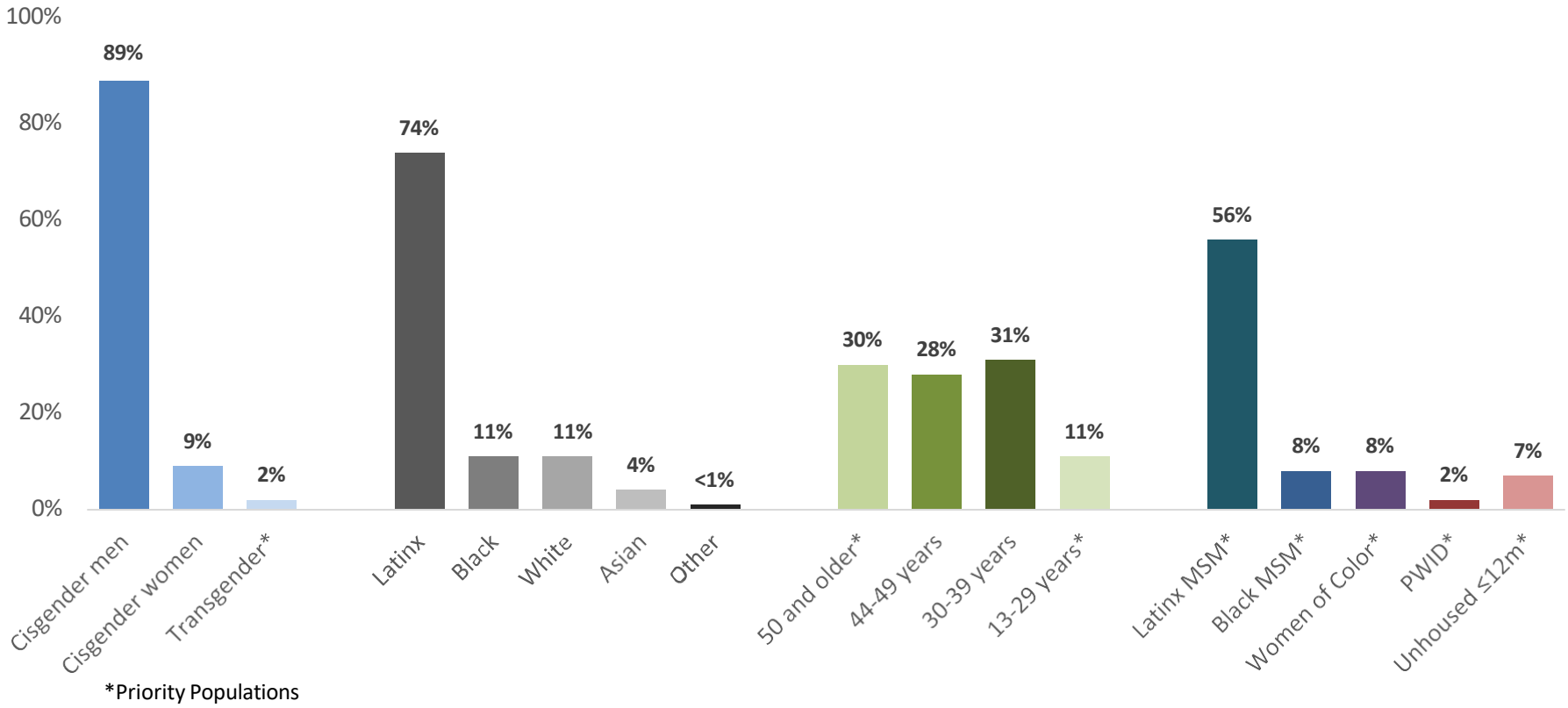
[1]CaseWatch Data for RWP year YR32 (from 03/01/2022 – 02/28/2023)

Please see the supplemental tables for details on changes in HCC outcomes over time.

AMBULATORY OUTPATIENT MEDICAL (AOM)

- ***Population Served:***
  - 3,478 clients received AOM services in Year 32.
  - Among those the highest percentages of clients receiving AOM services were among cisgender men, Latinx, aged 30-39 years old and PLWH ≥ Age 50, MSM, and residing in Hollywood-Wilshire HD.
  - By priority populations the highest percentage receiving AOM services was among Latinx MSM (56%) followed by clients aged 50 years and older (30%). (Figure 10)

Figure 10. Demographic Characteristics and Priority Populations among AOM Clients in LAC, Year 32

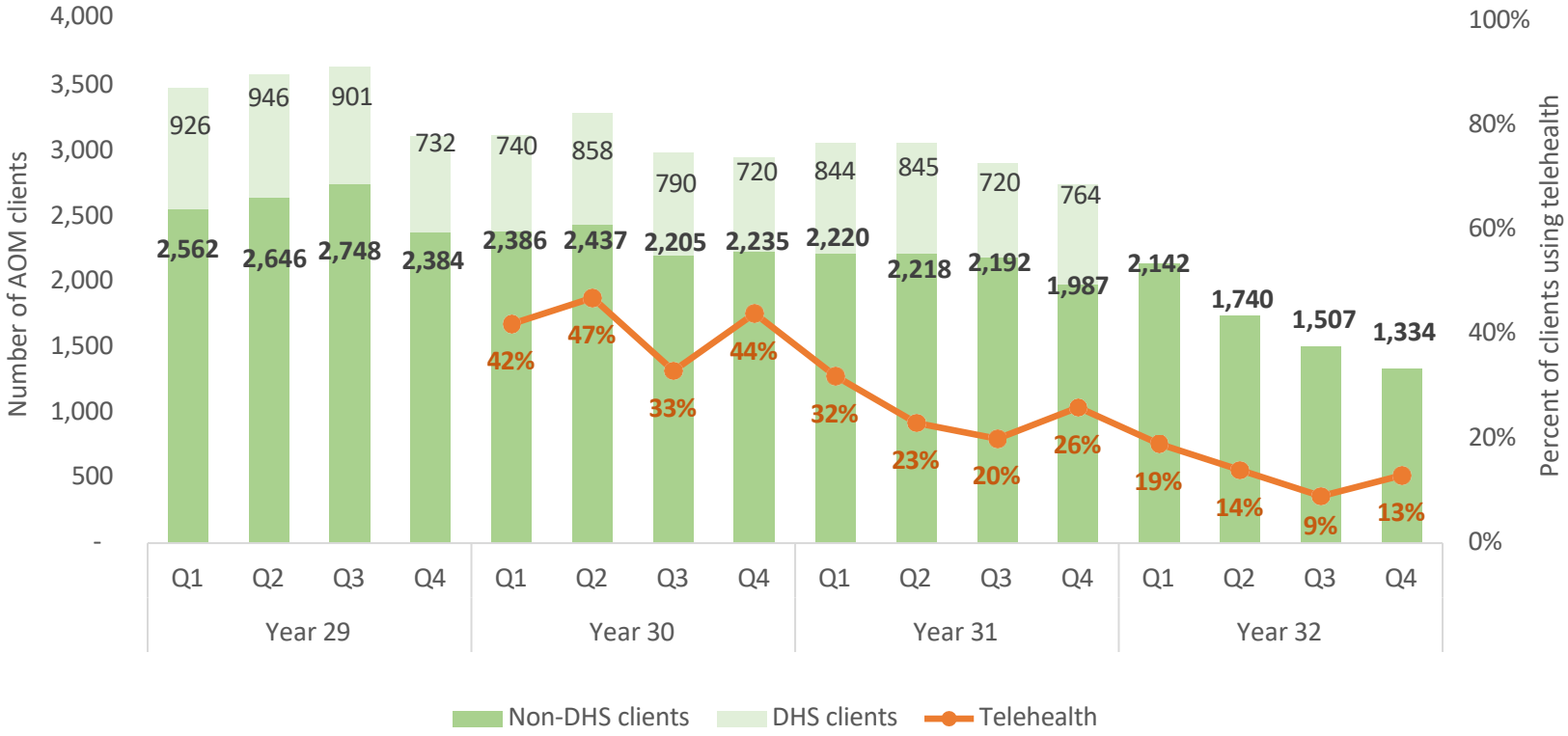


- ***Telehealth:***

Figure 11 below shows the number of RWP clients accessing AOM services in Years 29-32 by quarter to show the impact of the COVID-19 pandemic on AOM utilization as well as the departure of the LAC Department of Health Services (DHS) from the RWP system in Year 32. The light green part of the bar shows the number of DHS clients. The darker green part of the bar shows the number of all other (non-DHS) clients. The total number of AOM clients decreased starting in quarter 1 of Year 32; however, we can see the utilization of AOM services by non-DHS clients has decreased.

The orange line shows the percent of AOM services that were utilized through telehealth modalities. About 23% of AOM visits were offered via telehealth in Year 32. This is lower than telehealth percentage in Year 31 (39%), however it remains an important mode of healthcare for certain populations, including White (27%), non-binary/non-conforming gender identity (50%), incarcerated ever (37%), people experiencing homelessness (22%), PWID (32%), and residing in Hollywood-Wilshire HD (27%).

Figure 11. Number of Department of Health Services (DHS) and Non-DHS AOM Clients by Quarter in LAC, RWP Years 30-32



- ***Service Utilization and Expenditures:***
  - Year 32 Funding Sources: **RWP Part A (100%)**
  - Percentage of RWP Clients Accessing AOM in Year 32: **24%**
  - Unit of Service: **Visits**

Table 1. AOM Service Utilization and Expenditures among RWP Clients in LAC, Year 32

Priority Populations	Unique Clients	% of Clients	Total Visits	% of Visits	Visits per Client	Estimated Expenditures per Client	Estimated Expenditures by Subpopulation
Total AOM clients	*3,478*	*100%*	*8,891*	*100%*	*2.6*	*$1,692*	*$5,884,932 (Part A)*
Latinx MSM	1,961	**56%**	5,306	**60%**	**2.7**	**$1,791**	$3,511,936
PLWH ≥ Age 50	1,045	30%	2,622	29%	2.5	$1,661	$1,735,450
Youth Aged 12-29	397	11%	844	9%	2.1	$1,407	$558,627
Women of Color	282	8%	756	9%	**2.7**	**$1,774**	$500,381
Black MSM	263	8%	513	6%	2.0	$1,291	$339,544
Unhoused in past 12 m	241	7%	529	6%	2.2	$1,453	$350,135
Transgenders Persons	84	2%	202	2%	2.4	$1,592	$133,700
Persons who inject drugs (PWID)	75	2%	193	2%	2.6	**$1,703**	$127,743

Table 1 Highlights

- *Population Served:* Approximately two-thirds of clients accessing AOM services were MSM of color (64%): 56% Latinx MSM and 8% Black MSM.
- *Service Utilization:*
  - About two-thirds of the total AOM visits were attended by MSM of color (66%): 60% by Latinx MSM and 6% by Black MSM.
  - Visits per client were highest among Latinx MSM and women of color (2.7 visits per client each) and lowest among Black MSM (2.0 visits per client) compared to total AOM clients and other subpopulations.
  - The percent of AOM visits was higher relative to their population size among Latinx MSM and women of color represented (56% vs 60% and 8% vs 9%).
- *Expenditures:*
  - Latinx MSM, women of color, and PWID had higher expenditures per client than the average for all AOM clients ($1,692)
  - Compared to the percent out of total AOM clients, Latinx MSM, women of color, and PWID (1-2%) had disproportionally higher expenditures per client

- ***Health Care Continuum (HCC) Measures***

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

Table 2. HIV Care Continuum Outcomes for AOM Clients and non-AOM Clients in LAC, Year 32

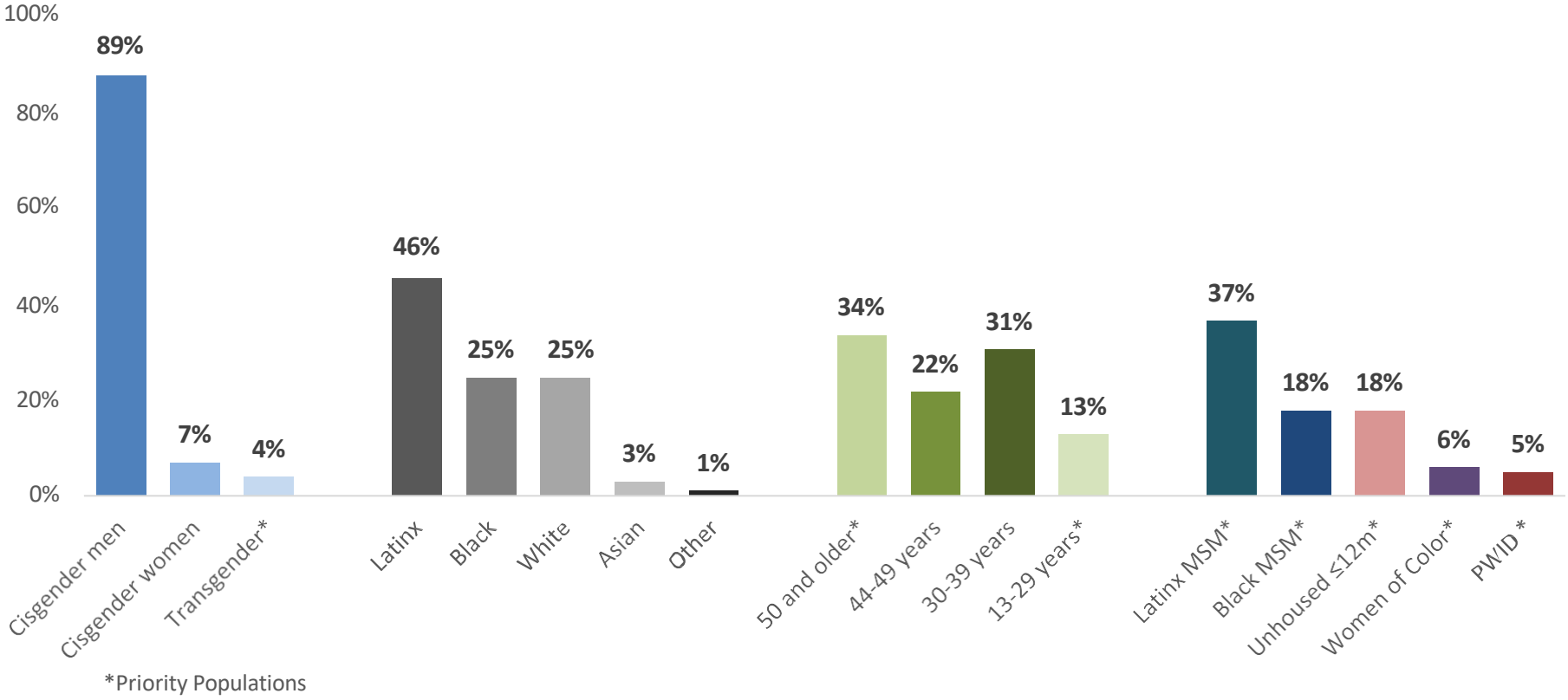
HCC Measures	AOM clients		Non-AOM clients	
	N	Percent	N	Percent
Engaged in HIV Care [a]	3,421	98%	10,425	92%
Retained in HIV Care[b]	2,586	74%	7,795	69%
Suppressed Viral Load at Recent Test[c]	2,164	89%	9,170	81%

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

MEDICAL CARE COORDINATION (MCC)

- ***Population Served:***
  - 7,036 clients received MCC services in Year 32.
  - Among those the highest percentages of clients receiving MCC services were among cisgender men, Latinx, aged 50 and older, MSM, and residing in Hollywood-Wilshire HD.
  - By priority populations the highest percentage receiving MCC services was among Latinx MSM (37%) and PLWH ≥ Age 50 (34%). (Figure 12)

Figure 12. Demographic Characteristics and Priority Populations among MCC Clients in LAC, Year 32

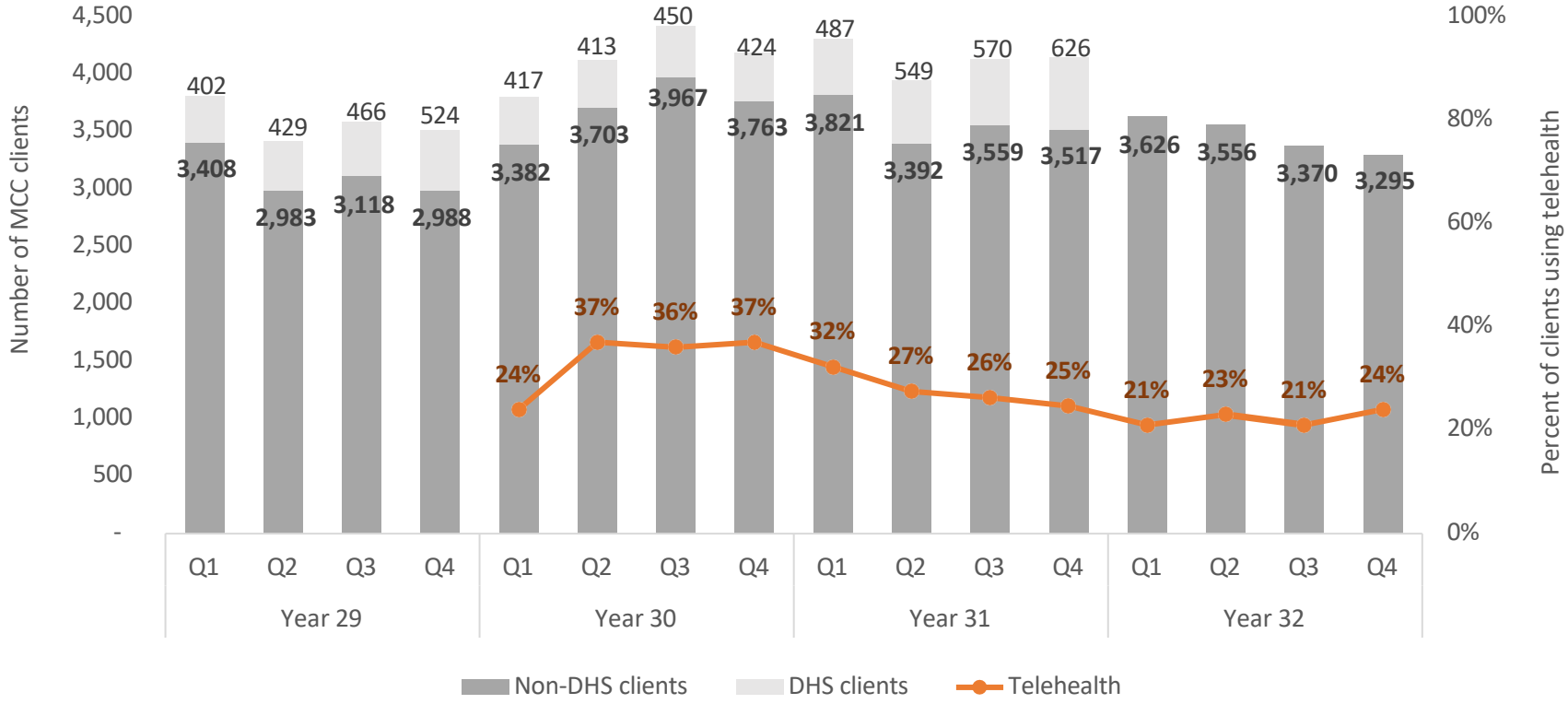


- ***Telehealth:***

Figure 12 below shows the number of RWP clients accessing MCC services in Years 29-32 by quarter to show the impact of the COVID-19 pandemic on MCC utilization as well as the departure of the LAC Department of Health Services (DHS) from the RWP system in Year 32. The light grey part of the bar shows the number of DHS clients. The darker grey part of the bar shows the number of all other (non-DHS) clients. The total number of MCC clients decreased starting in quarter 1 of Year 32; however, we can see the utilization of MCC services by non-DHS clients has remained stable.

The orange line shows the percent of MCC services that were utilized through telehealth modalities. About 35% of MCC visits were offered via telehealth in Year 32. Although it is lower than the telehealth percentage in Year 31 (46%), it remains an important mode of healthcare for certain populations, such as Latinx (37%), transgender (48%), incarcerated over 2 years ago (38%), and unhoused in past 12 m (38%), PWID (74%), and residing in Hollywood-Wilshire HD (34%).

Figure 12. Telehealth Usage among MCC Clients, Years 30-32 by Quarter, LA County



- ***Service Utilization and Expenditures:***
  - Year 32 Funding Sources: **RWP Part A (92%), MAI (8%)**
  - Percentage of RWP Clients Accessing MCC in Year 32: **48%**
  - Unit of Service: **Hours**

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

Priority Populations	Unique Clients	% of Clients	Total Hours	Hours per Client	Percent of Hours	Expenditures per Client	Estimated Expenditures by subpopulation
Total MCC clients	***7,036***	***100%***	***91,401***	***13.0***	***100%***	***$1,375***	***$8,918,584 (Part A), $752,548 (MAI)***
Latinx MSM	2,628	37%	33,835	12.9	37%	$1,361	$3,577,401
PLWH ≥ Age 50	2,369	34%	33,470	14.1	37%	$1,494	$3,538,809
Black MSM	1,276	18%	14,957	11.7	16%	$1,239	$1,581,415
Unhoused in past 12 m	1,234	**18%**	22,235	18.0	**24%**	**$1,905**	$2,350,924
Youth (29 years and younger)	942	13%	12,122	12.9	13%	$1,361	$1,281,668
Women of Color	403	6%	7,498	**18.6**	8%	**$1,967**	$792,769
Persons who inject drugs (PWID)	330	5%	6,674	**20.2**	7%	**$2,138**	$705,647
Transgender Persons	265	4%	4,131	15.6	5%	$1,648	$436,774

Table 3 Highlights

- *Population Served:* Over half of clients using MCC services in Year 30 were MSM of color - 37% were Latinx MSM and 18% were Black MSM.
- *Service Utilization:*
  - Over half of the total MCC hours were used by MSM of color (53%): 37% by Latinx MSM and 16% by Black MSM.
  - Hours per client were highest among PWID (20.2 hours per client) and women of color (18.6 hours per client), and the lowest among Black MSM (11.7 hours per client) compared to total MCC clients and other subpopulations.
  - Unhoused MCC clients representing 18% of all MCC clients used the higher number of MCC hours per client (24%).
  - The percent of MCC hours was higher relative to their population size among women of color, transgender, PLWH ≥ Age 50, and PWID
  - The percent of MCC hours was lower relative to their population size among Black MSM
- *Expenditures:*
  - PWID had the highest expenditures per client ($2,138), followed by women of color ($1,967) and unhoused ($1,905)
  - PWID, women of color, unhoused, transgender, PLWH ≥ Age 50 had higher expenditures per client than the average for all MCC clients
  - Compared to the population size, unhoused people, PLWH ≥ Age 50, women of color and PWID had disproportionally higher expenditures per client

- ***Health Care Continuum (HCC) Measures***

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

Table 4. Health Care Continuum among MCC Clients and non-MCC Clients in LAC, Year 32

HCC Measures	MCC clients		Non-MCC clients	
	N	Percent	N	Percent
Engaged in HIV Care[a]	6,395	91%	7,451	96%
Retained in HIV Care[b]	4,380	62%	6,001	78%
Suppressed Viral Load at Recent Test [c]	6,836	77%	5,441	88%

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

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. Main findings for service utilization are presented below in Table 5.

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

	RWP	AOM	MCC
Primary Populations Served	• Latinx and Black • Cisgender male • PLWH ≥ Age 50 • MSM	• Latinx • Cisgender male • PLWH aged 30-39 and ≥ Age 50 • MSM	• Latinx • Cisgender male • PLWH ≥ Age 50 • MSM
Utilization over time	• Decreased over time by 6% from Year 28 and 13% from Year 31 due to exit of DHS from RWP	• 35% lower number of RWP clients in Year 32 compared to Year 31 due to DHS exit from RWP	• 15% decrease in the number of MCC clients in Year 32 compared to Year 31, due to DHS exit from RWP
Telehealth	• Telehealth usage decreased to 25% compared to Year 31 (43%). The highest telehealth usage among: - Latinx - Non-binary and transgender clients - PWID - Unhoused	• 23% of AOM services provided via telehealth. The highest telehealth usage among: - Non-binary clients - Unhoused - PWID	• About 35% of MCC services were provided via telehealth in Year 32. The highest telehealth usage among: - Transgender people - Women of Color - Unhoused - PWID
HCC outcomes	• The lowest percentage of engagement in care was among unhoused people and Black MSM • The lowest percentage of RWP clients RiC was among youth aged 13-29, Black MSM and unhoused • The lowest percentage of VS was among unhoused	• AOM clients had higher engagement and RiC and VS compared to non-AOM clients	• MCC clients had lower engagement, RiC and VS compared to non-MCC clients
Service Units per Client	N/A (units vary)	3 visits per client	13 hours per client
Expenditures	$45.9 million: $42.1 million - Part A $3.8 million - MAI	Total $5,884,932 (Part A) $1,692 per client	$8,918,584 (Part A), $752,548 (MAI) $1,375 per client

Latinx MSM	• The largest populations receiving RWP services • About 25% of Latinx MSM received RWP services via telehealth • The 3rd highest percentage of engagement in HIV care • The 2nd highest percentage of VS • The highest percentage of Spanish-speakers • The highest percentage of uninsured	• Represented over a half of all AOM clients (56%) and accounted for about 60% percentage of services provided • Among priority populations average numbers of visits and expenditures were higher than respective average numbers for all AOM clients • The highest per client visits and expenditures among priority populations	• 37% MCC clients and accounted for the same percentage of services provided • Average number of visits and expenditures were slightly lower than respective average numbers for all MCC clients
Black MSM	• About 4% of all RWP clients in • About 25% received RWP services via telehealth • Over 2/3 were living ≤ FPL	• 8% of all AOM clients and accounted for about 6% percentage of services provided • Average number of visits and expenditures were lower than respective average numbers for all AOM clients • The lowest per client visits and expenditures among priority populations • Reasons for slightly low AOM 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.	• 18% of all MCC clients and accounted for about 16% of services provided • Average number of visits and expenditures were lower than respective average numbers for all MCC clients • The lowest per client visits and expenditures among priority populations • Reasons for slightly low MCC 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.
Youth 13-29 years old	• 12% of all RWP clients • A quarter of youth used RWP via telehealth • The 3rd highest percentage of uninsured among priority populations • The lowest percentage of RiC among priority populations	• 11% of all AOM clients but accounted for 9% of AOM services • Lower per client service units (visits) and expenditures than average for all AOM clients • Reasons for low AOM service utilization are unclear but may reflect	• 13% of all MCC clients and accounted for the same percentage of service hours provided • Lower per client service hours and expenditures than the average for all MCC clients

		poor service engagement, low service access, ineffective service provision, stigma or other client-provider or system-level determinants.	• One of the lowest utilizers of MCC services as demonstrated by the percentage of total visits they received and average hours per client.
PLWD ≥ Age 50	• Over a third of all RWP clients • 22% received RWP services via telehealth • The 2nd highest percentage of engagement in care among priority populations • The highest percentage of RiC and VS among priority populations • The highest percentage of people living ≤ FPL and PWID • The 2nd highest percentage of uninsured, Spanish-speaking, and unhoused people	• 30% of all AOM clients and accounted for 29% of AOM services • One of the highest utilizers of AOM services as demonstrated by the percentage of total visit. • Moderately lower per client service units (visits) and expenditures than respective average for all AOM clients	• 34% of all MCC clients and accounted for 37% of services provided • One of the highest utilizers of MCC services as demonstrated by the percentage of total hours they received and average hours per client • Expenditures per client were above the average for all MCC clients
Women of Color	• 8% of RWP clients • About 20% received RWP services via telehealth • The highest percentage of engagement in HIV care among priority populations • The 2nd highest percentage of RiC among priority populations	• 8% of all AOM clients and accounted for 9% of services provided • The second highest utilizers of AOM services as demonstrated by the number of visits per client. • The second highest per client expenditures for AOM services among priority populations	• 6% of all MCC clients and accounted for 8% of services provided • The highest utilizers of MCC services as demonstrated by the number of hours per client • The 2nd highest per client expenditures for MCC services among priority populations
Transgender clients	• 4% of all RWP clients • 20% received RWP services via telehealth • The highest percentage of unhoused people • The 2nd highest percentage of people living ≤ FPL	• 2% of all AOM clients and accounted for the same percentage of services provided • Lower per client visits and expenditures than respective averages for all AOM clients	• 4% of MCC clients and accounted for 5% of services provided • Average number of service hours and expenditures were considerably higher than respective average numbers for all MCC clients

		• Reasons for slightly low AOM 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.	
Unhoused in past 12m	• 18% of all RWP clients • About 22% received RWP services via telehealth • The highest percent of people living ≤ FPL and PWID	• 7% of clients receiving AOM service and 6% percentage of services provided • Average number of visits and expenditures were lower than respective average numbers for all AOM clients	• 18% of clients receiving MCC service and accounted for 24% percentage of services provided • Average number of visits and expenditures were considerably higher than respective average numbers for all MCC clients • High utilization of MCC services by unhoused people may be reflective of complexity of social and behavioral issues in this subpopulation.
PWID	• 5% of RWP clients • About 16% received RWP services via telehealth • The 2nd highest percentage of unhoused in past 12 m	• 2% of clients receiving AOM service and accounted for the same percentage of services provided • Average number of visits and expenditures were higher than respective average numbers for all AOM clients • The 2nd highest number of per client AOM visits among priority populations • The 3rd highest per client expenditures for AOM services among priority populations	• 5% of clients receiving MCC service and accounted for 7% of services provided • Average number of visits and expenditures were considerably higher than respective average numbers for all MCC clients • The highest number of per client hours of MCC service among priority populations • The highest per client expenditures for MCC services among priority populations