LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE MEETING/DATA SUMMMIT
JULY 20, 2021

PREPARATION MATERIALS COVER SHEET

Thank you for your commitment to the HIV movement and working together to end HIV for all communities in Los Angeles County. The Commission on HIV (COH) is the federally mandated local HIV planning council for Los Angeles County and one of its core responsibilities is to use data to help make informed decisions in prioritizing HIV care services and allocating federal dollars to those services.

This process is led by the Planning, Priorities and Allocations (PP&A) Committee. Each year, the PP&A Committee uses its July meeting to review Ryan White Care Program data to help make informed decisions. The August and September meetings are used to rank Ryan White service categories and allocate funding to services.

Sound preparation and strong consumer involvement in this process is important. The materials included in this "Preparation Packet" are intended to help participants come prepared to fully engage in the meeting.

Click here for examples of local Ryan White funded services in Los Angeles County.

What's in the Preparation Packet?

1. Data and Epidemiology 101 PowerPoint Slides
2. Using Data for Decision-Making PowerPoint Slides
3. Archived webinars from Planning Community HIV/AIDS Technical Assistance and Training
4. Ryan White Program Year (PY) 29 Data (runs from March 1, 2019-February 28, 2020) ** Please note that new data for Program Year 30 (March 1, 2020 – February 28, 2021) will be presented at the July 20, 2021 PP&A meeting. The PY 29 data is included in the "Preparation Packet" to familiarize you with the content and format of the data presentations you will hear at the meeting.**
    a. PY 29 Priority Populations and HIV Care Continuum Outcomes (table)
    b. PY 29 Service Utilization Data Summary (slides)
    c. PY Service Utilization Report Summary (report)
    d. PY 29 Service Usage by Priority Populations (table)

2019 HIV Data Summit

Co-Presented by

Los Angeles County Division of HIV and STD Program Staff

Commission on HIV

St. Anne's Maternity Home

July 23, 2019

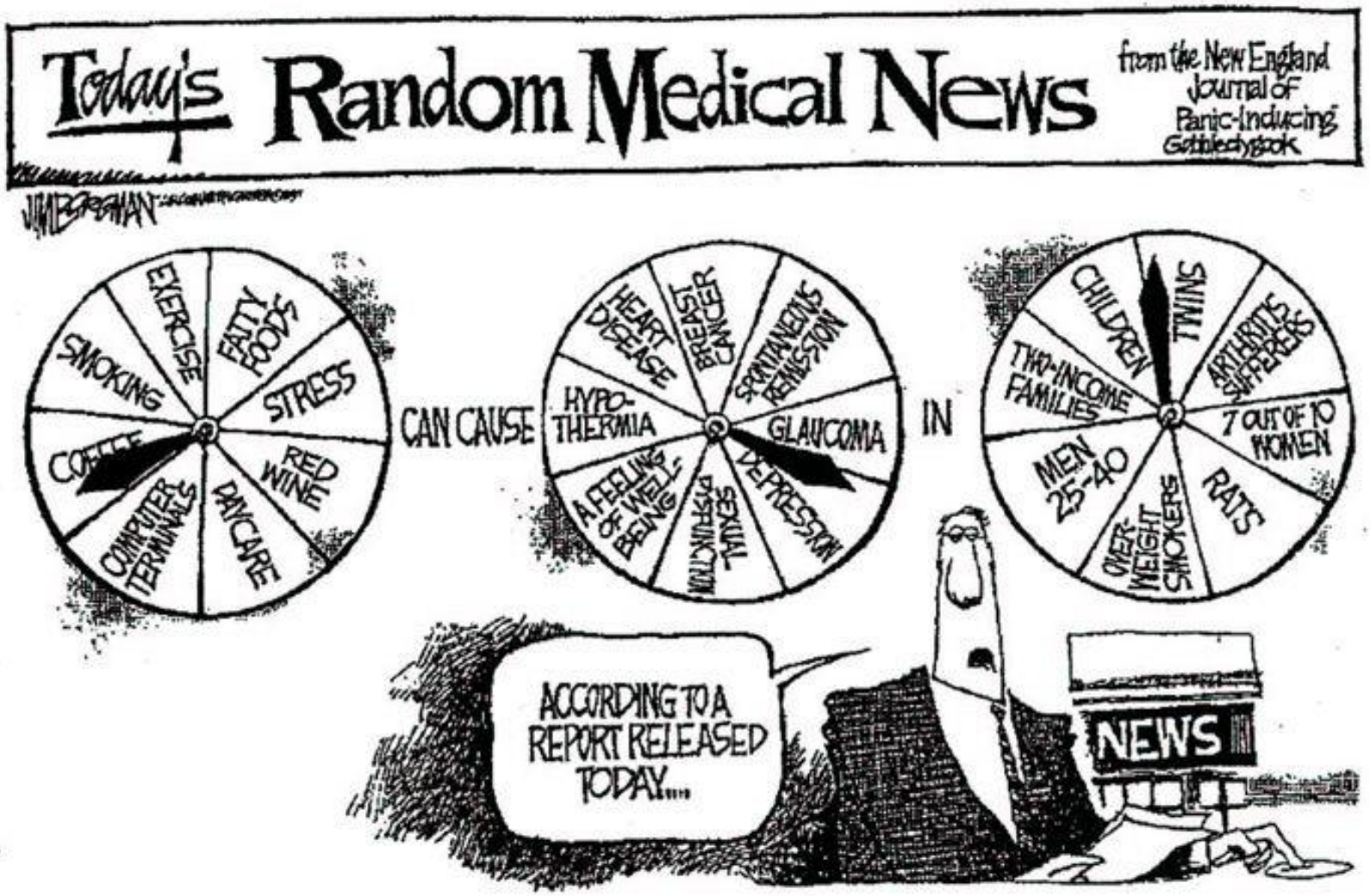
Meeting Agenda

- Welcome
- Epidemiology 101
- Data Sources
- Using Data for Decision Making
- Summary of RWP Utilization Data
- HIV Care Continuum Snapshot
- Unmet Need Measured by
- NHBS and MMP data
- Health District Snapshots
- Resource Inventory Review

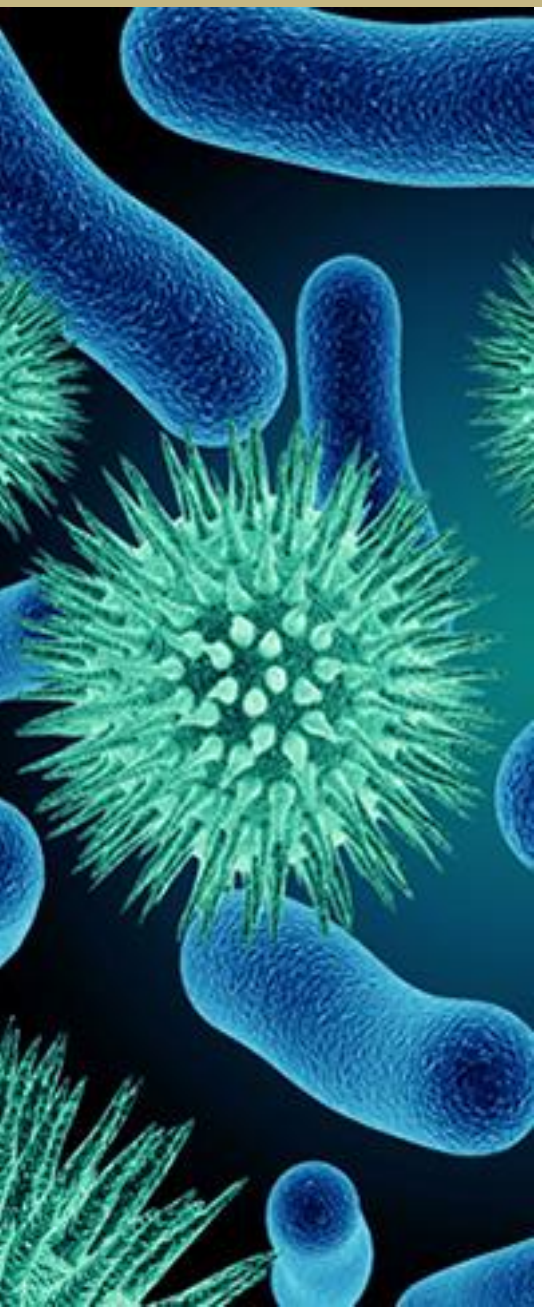
The ABCs of Epidemiology

Michael Green, Ph.D.
Chief of Planning, Development and Research
Division of HIV and STD Programs
Los Angeles County Department of Public Health

Pamela Ogata
Manager of Strategic Planning
Division of HIV and STD Programs
Los Angeles County Department of Public Health



One view of the value of epidemiology



What is Epidemiology?

The study of the distribution and determinants (causes) of disease in a specific population with the aim of promotion, protecting and restoring health in that population.

Primary focus of epidemiology is to figure out or determine the Person, Place, and Time for a specific disease by answering who, what, when, why, and how.

Terms used for one person

CASE:

An individual with HIV or Disease X.

OBSERVATION:

A single count or case.

Terms used for more than one person (cont.)

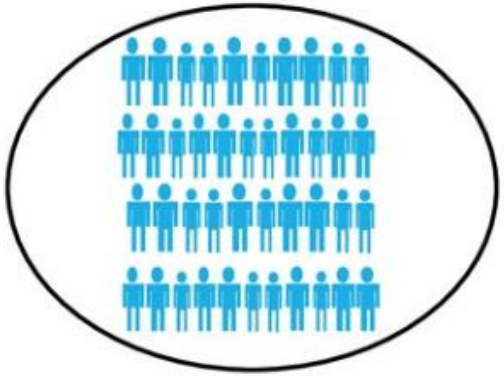
CLUSTER:

A number of cases closely grouped in time and place.

COHORT:

A group of people that have a common experience (e.g., same birth year)

Terms used for more than one person (cont.)



POPULATION:

Total number of people in an area.

SAMPLE:

A selected subset (part) of a population. A sample may be random or non-random and it may be representative or non-representative.

Terms related to measuring disease

SURVEILLANCE:

The systematic and ongoing collection and analysis of information about a disease within a population.

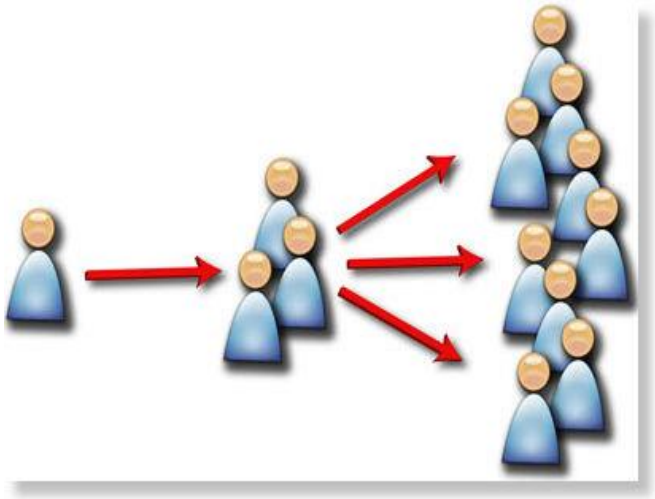
ACTIVE SURVEILLANCE:

Collecting information by contacting health care practitioners and reviewing medical records in hospital and clinics.

PASSIVE SURVEILLANCE:

Health care practitioners, hospitals, clinics and/or labs report cases.

Terms related to measuring disease (cont.)



EPIDEMIC:

An increase above the usual or expected occurrence of a disease within a population.

The most important use of epidemiology is to identify epidemics so that effective disease control measures may be put in place

FREQUENCY:

Total number of cases or individuals in the category of interest.

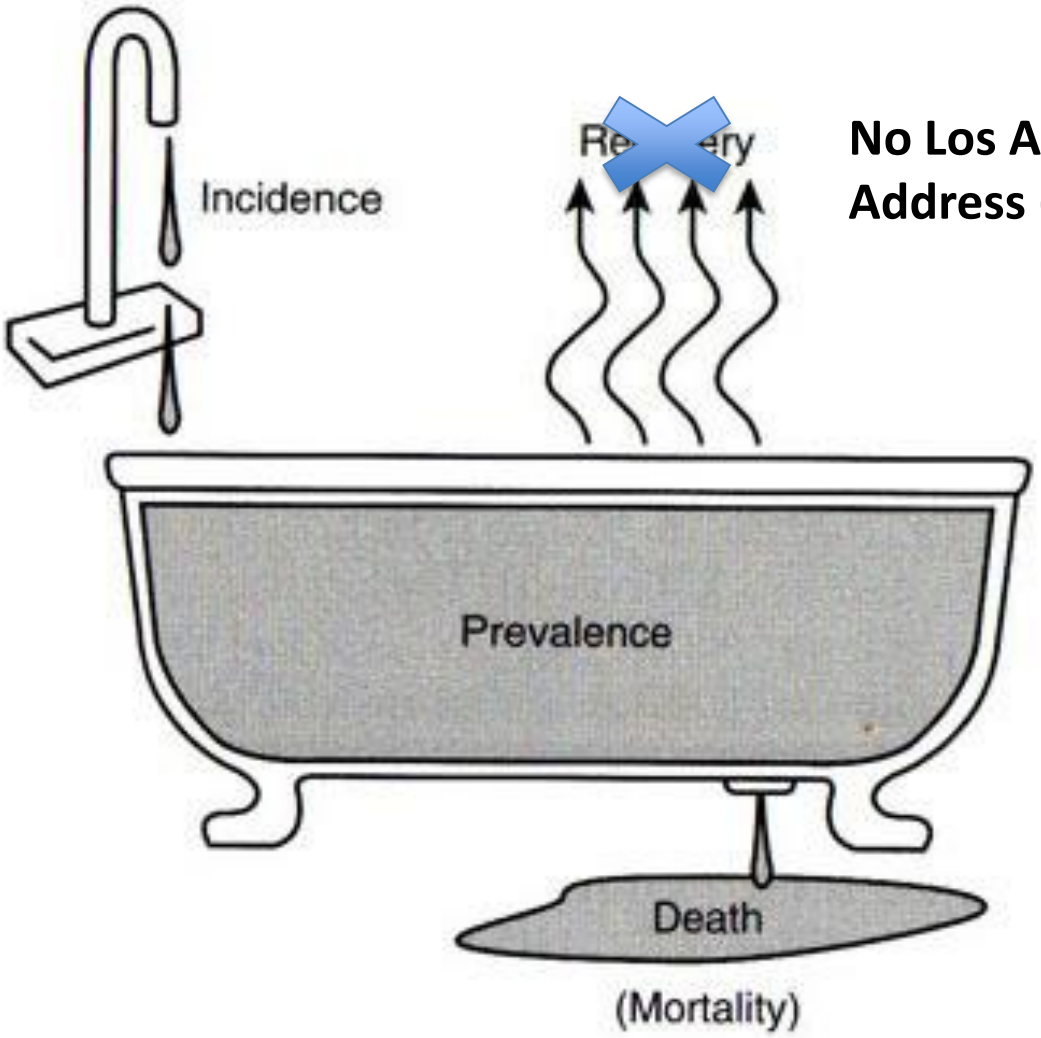


Figure 6-1 The epidemiologist's bathtub

No Los Angeles County Address (Moved)

Relationship between Incidence and Prevalence

Prevalence=Incidence x Duration

Would prevalence increase or decrease if incidence was stable (no change) but people lived 30 years longer than they do today?

Answer: Prevalence would **increase**

What can we conclude about incidence if the prevalence of HIV in 2020 is the same as it was in 2013, and no PLWH died between 2013 and 2020 and no one moved out of Los Angeles County?

Answer: Incidence had to **decrease**

What are some things that can affect “Duration”?

Terms related to measuring disease (cont.)

#Diagnosed Cases ≠ Incidence ≠ #PLWH

Diagnosed Cases:

Number of cases reported to DHSP or State. This may contain duplicate reports or results that were previously reported.

Incidence:

Total number of new infections in a given period of time. These may be diagnosed or undiagnosed.

Number of People Living with HIV:

Total number of cases in a given period of time who have HIV and have a Los Angeles County address, and who are not deceased.

Quick Discussion A: Terms Related to Measuring Disease

1. Why is it important to use epidemiologic terms?
2. How can incorrect interpretation of epidemiologic terms (ie. Incidence vs. prevalence) impact the community?

Terms related to measuring disease (cont.)

RATIO:

The relationship between two groups or quantities.

Ex. There is a ratio of 1:3 women to men in this room

PROPORTION:

The part, portion or share of a whole or total group. Usually calculated as a percentage and it has a specific numerator and a denominator.

Ex. If there are 33 individuals in this room and 10 are women, what proportion are women?

$$\frac{10}{33} = 30.3\%$$

RATE (used to measure incidence):

The number of new cases of a disease that occur during a specified period of time in a population at risk for developing the disease. Usually calculated per 100,000:

$$\frac{\text{Number of new cases of disease during a specified period of time}}{\text{Number of persons who are at risk for the disease during that same period of time}} \times 100{,}000$$

- **Rates take the size of the population into account and are used in order to make comparisons**

Which racial/ethnic group has the highest Chlamydia rate in Los Angeles County, 2017?

Race/Ethnicity	Number	%	Rate
White	6,003	9	209
African American	8,234	13	946
Latino	18,073	28	361
Asian	1,799	3	122
Pacific Islander	116	0	468
American Indian/Alaskan Native	63	0	343
Other/Multi-race	17,447	27	-
Missing	12,356	19	-
Total	64,091	100	624

Data Source: 2017 Annual HIV/STD Surveillance Report

Terms related to measuring disease (cont.)

ASSOCIATION:

A relationship between two groups or measures that is proven by conducting statistical calculations. This association can be positive or negative.

Ex. Being male is associated with higher number of accidents.

CORRELATION:

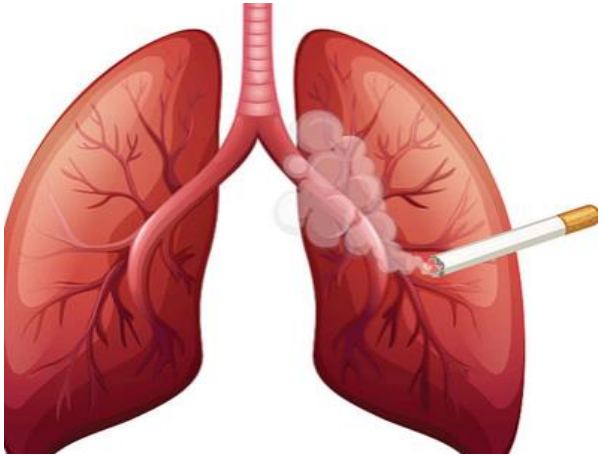
Another word for association.

Terms related to measuring disease (cont.)

CAUSATION:

A relationship that establishes that one thing causes another thing or disease. This must be proven by conducting statistical calculations and following the scientific methodology.

Ex. Smoking tobacco causes lung cancer.



Terms related to measuring disease (cont.)

RISK RATIO:

The comparison of the risk of some health-related event (disease/death) in two groups.

Ex. If 3 out of 10 women get Hep A and

8 out of 40 men get Hep A

What is the risk ratio of Hep A for women compared to men?

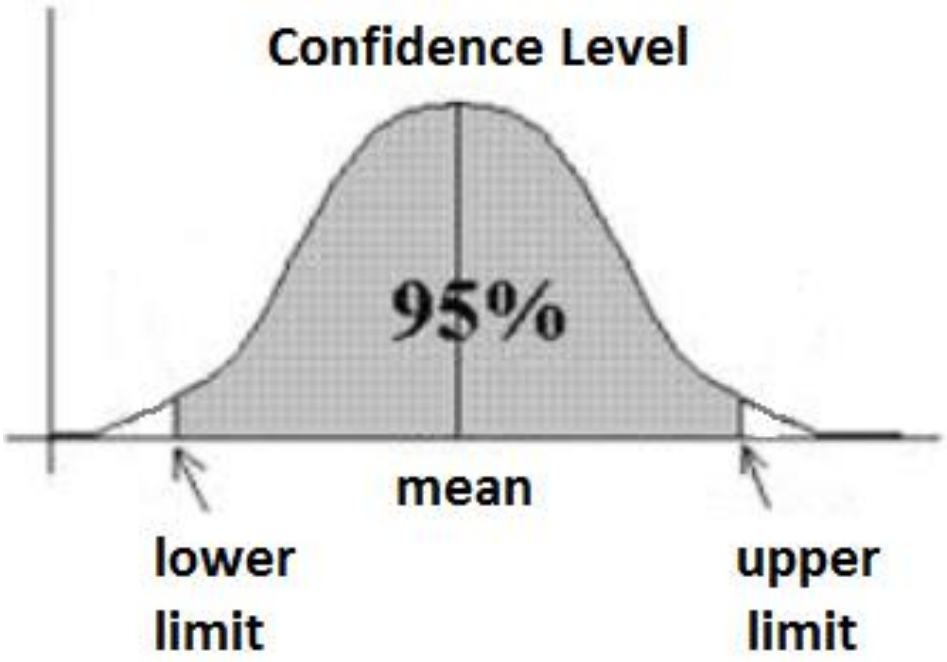
$$\frac{3 \div 10}{8 \div 40} = \frac{0.3}{0.2} = 1.5$$

Women have a 50% greater risk than men in getting Hep A.
The risk of getting Hep A is 1.5 times higher than the risk of getting Hep A in men.

Terms related to measuring disease (cont.)

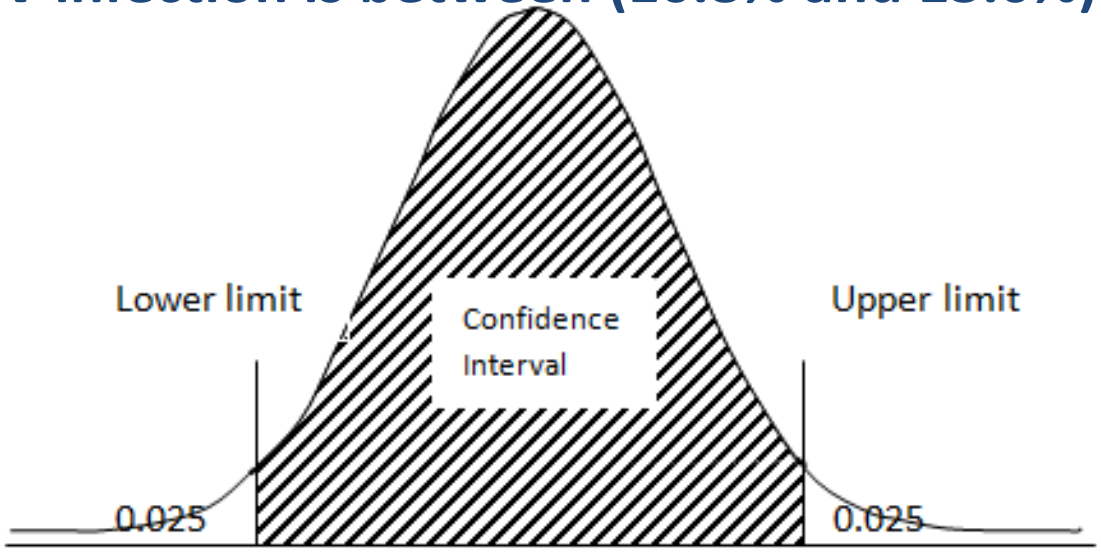
95% CONFIDENCE INTERVAL:

A lower and upper range of values for a measure/variable of interest which contains the true value of the variable 95% of the time.



Estimated number of undiagnosed MSM age 13 years or older in California (MMWR June 26, 2015 64(24; 657-662)

According to this report, CDC estimates that 12.2% of MSM age 13 years or older are unaware of their HIV infection. Because they used statistics to generate this number they provide a 95% Confidence Interval. CDC is certain that the true number of MSM age 13 years or older who are unaware of their HIV infection is between (10.8% and 13.6%) 95% of the time.



Quick Discussion B:
Terms Related to Measuring Disease

1. Why are rates sometimes reported instead of number of cases?

2. What might PC/PB do to improve understanding of terms related to measuring disease and data interpretation?

Question and Answer Session 1

Using Data for Decision Making

Michael Green, Ph.D.
Chief of Planning, Development and Research
Division of HIV and STD Programs
Los Angeles County Department of Public Health

Pamela Ogata
Manager of Strategic Planning
Division of HIV and STD Programs
Los Angeles County Department of Public Health

Commission on HIV 2019 Data Summit
St. Anne's Maternity Home
July 23, 2019

Presentation Overview

- Strategies for effectively using data in decision making
- Data needs in HIV and STD Planning
- Challenges and Barriers
- Triangulation
- Best Practices
- Question and Answer Session 3

"Get me everything on everybody"

Strategies for effectively using data in decision making

- Start by asking questions that you want to answer…then find the data that help answer the questions.

- Apply the appropriate data to answer the appropriate question.
  - Example: service utilization data can't tell you about quality of service.

- Prioritize your data needs. Don't try to do everything at once…start small.

Strategies for effectively using data in decision making (cont.)

- Know what you want/need to measure
  - Identify the variables that will lead to the answers
  - Verify that the variables being collected match the intended measure
  - Carefully define units of measurement
  - Standardize for comparison
- Prioritize your data needs. Don't try to do everything at once…start small.

Strategies for effectively using data in decision making (cont.)

- Don’t be afraid to use data that aren't perfect. Acknowledge the problems with the data and use what you can verify.
- Educate yourself and the members of the planning groups to understand data and how data can be presented and used in planning.
- Find the experts and solicit their assistance.
- Build relationships with other agencies and share!
- “Steal shamelessly and share seamlessly.”

Data Needs

- Priority setting (targeted/special populations)
- Resource allocation
- Gaps analyses/unmet need
- Comprehensive planning
- Evaluation of service effectiveness
- Administrative assessments
- Special studies and research
- Population analyses

Data Needs (cont.)

- Stakeholder accountability (federal/state/local)
- Contract monitoring/compliance
- Quality management/improvement
- Program evaluation
- Service procurement
- Grants (applications, conditions of award, progress reports)

Challenges and Barriers with Data Collection

- Quality and completeness of data
  - Data entry errors
  - Missing information
- Access to data
  - Population based data on co-morbidities, data from private insurers, Medi-Cal data, data from independent cities

Challenges and Barriers with Data Collection (cont.)

- Cost and staffing needed to collect, validate, and manage reliable data
  - Staff turnover (resources needed for ongoing training)
  - Data burden on providers, DHSP staff, and PC members

- Inconsistency of measures
  - Different measures or variables collected over time
  - Same measures or variables but different definitions

Challenges and Barriers with Data Analysis

- Specific knowledge and skills to do data analysis
  - Requires familiarity with program/services and biologic basis of disease
  - Knowledge of research methods and strong statistical skills
- Adequate number of staff to verify, validate, and clean/correct the data
- Difficult to extrapolate data from larger systems
- Outdated or erroneous data are barriers in data matching

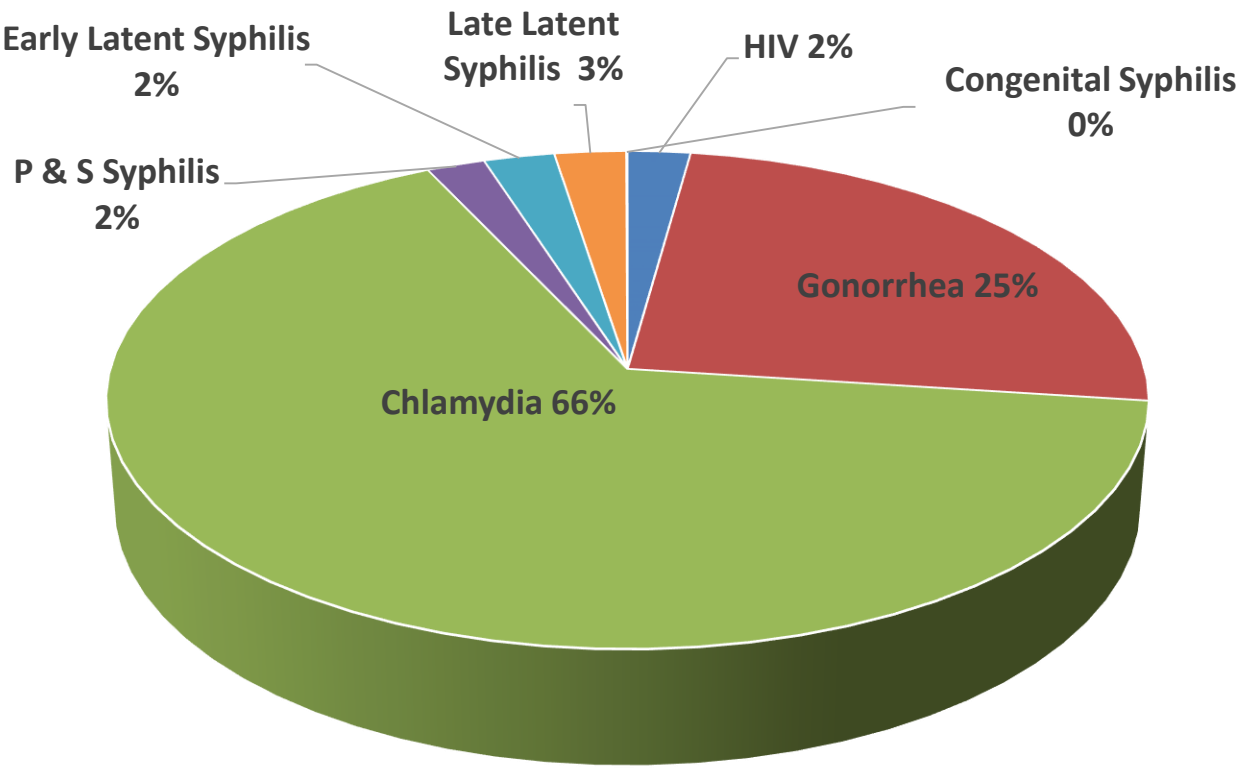
Challenges and Barriers with Data Interpretation

- Though choices; more data often can lead to more conflict and confusion when making priority decisions ("what are these data telling me?")
- Using the wrong data source (or forgetting to triangulate) to answer a question
- Putting individual motivations and bias aside
  - People have different motivations in using data (eg., cost effectiveness vs. needs data)
  - People approach data with different philosophies and interpretations
- Data intimidation

Becoming an Informed Data User

- Deal with discomfort with numbers or *innumeracy* – it's more common than illiteracy
- Become familiar with frequently used reports and data formats – *like epi data and program utilization data*
- Learn to read bar graphs, pie charts, and other commonly used data charts

Reported STD and HIV/AIDS Cases LAC, 2016[1]



A total of 88,837 STD and HIV/AIDS cases were reported in LAC in 2016:

- **65.9% Chlamydia**
- **24.8% Gonorrhea**
- **7.0% Syphilis**
- **2% HIV/AIDS**

1. **2016 data are provisional due to reporting delay. Data exclude cases of Chlamydia, Gonorrhea, Syphilis, and PID in Long Beach and Pasadena.**
2. **PID includes Chlamydia, Non-Chlamydia, Gonococcal, and Non-Gonococcal.**

Source: Division of HIV and STD Programs

Chlamydia, Gonorrhea, P&S Syphilis, and HIV Rates[1] and Cases by Service Planning Area (SPA), LAC 2016[2]

County of Los Angeles Public Health

Service Planning Area (SPA)	Chlamydia Rate (n)[3]	Gonorrhea Rate (n)[3]	Early Syphilis Rate (n)[3]	HIV Rate (n)[4]
Antelope Valley (1)	570 (2,235)	154 (603)	14 (55)	10 (40)
San Fernando (2)	375 (8,387)	132 (2,956)	27 (594)	13 (282)
San Gabriel (3)	362 (6,467)	107 (1,918)	20 (366)	10 (171)
Metro (4)	727 (8,601)	496 (5,870)	109 (1,294)	48 (688)
West (5)	371 (2,463)	171 (1,133)	25 (168)	9 (62)
South (6)	888 (9,489)	361 (3,857)	50 (534)	32 (339)
East (7)	502 (6,593)	144 (1,887)	29 (387)	14 (180)
South Bay (8)	544 (8,603)	193 (3,054)	35 (554)	17 (271)
Unknown	---- (5,707)	---- (793)	---- (58)	---- (--)
LAC Total	572 (58,545)	216 (22,071)	39 (4,010)	19 (1,949)

1. Per 100,000 population.
2. STD data are for 2016 and are from STD Casewatch; HIV data are for 2013 and are from the I-HARS system; 2016 data are provisional due to reporting delay.
3. STD data exclude cases from the cities of Long Beach and Pasadena.
4. HIV data include cases from the cities of Long Beach and Pasadena.

Assessing and Interpreting Data

- Data and data reports vary in *quality* and in *value* for decision-making
- Poor data can lead to poor decisions
- Decision-makers need to be able to assess data and reports
- Some data may be very useful for particular kinds of decisions
- Data reports are likely to be most useful when they were developed to support specific decision-making

Assessing the Quality of Needs Assessment and Related Data

Consider:

- **Numbers:** number of people from whom data was obtained
- **Representativeness:** whether the people included are representative of the diverse Ryan White-eligible population
- **Sampling:** whether the sample was drawn from the entire population using random or other probability sampling so every person has an equal chance to be included

Assessing the Quality of Needs Assessment and Related Data (cont.)

- **Questions:** content, clarity, and appropriateness of questions asked in surveys or interviews or focus groups
- **Design:** appropriateness of the research methods used
- **Quality control:** extent to which interviewers were properly trained and supervised, data was reviewed, analysis was sound, etc.

Knowledgeable Data Users

- Ask about data sources and samples
- See if traditionally underserved populations were included
- Ask whether the sample includes people “not in care” (their perceived needs are likely to be very different from those of people in care)

Knowledgeable Data Users (cont.)

- Remember that numbers alone don't ensure representativeness
- Compare findings from different studies
- Ask why are the data presented in a certain format (bar graph vs. pie chart vs. line graph)
- Cautious of conclusions that go beyond the data

How to Use "Triangulation"

- **What is Triangulation?**
  - Comparing data from different studies or sources to see whether they report similar findings – and giving greater weight to findings reported from several different sources and studies
  - Comparing multiple data sets for a multi-sided assessment of a key measure or indicator

How to Use "Triangulation" (cont.)

- Identify an important report and its most relevant findings for your decision-making
- Check at least 2-3 other studies or data reports to see if they include similar results
- If so, use data with more confidence
- If not, review the sources and try to identify reasons for different findings – and "weight" the data differently

Best Practices

- Planning doesn't start with data, it starts with a good question.
  - Formulate your question or hypothesis
- Determine what study design or data sources can answer the question/hypothesis
  - Triangulate!
- Assess the data for limitations
  - Sample size, generalizability, excludes specific individuals

Best Practices (cont.)

- Interpret with caution
  - Watch out for assumptions
  - Carefully assess what information is provided
  - What can be inferred?
- Disseminate or share findings
  - Who is available to distill findings and create understandable and useful reports?
  - When/where can the reports be shared?
  - Less is better—simplify reports—use summaries, triangulation, and lots of charts and graphs.

Questions or Comments?

"Curiosity killed the cat" was not a statement from a researcher—don't be afraid to ask questions.

LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

Training Materials to Help Prepare for the Data Summit

The web links below contain training materials to help participants prepare for the July 20, 2021 PP&A meeting. These materials provide a good foundation for understanding terminologies related to HIV/STD epidemiological data.

Archived webinars from Planning Community HIV/AIDS Technical Assistance and Training:
https://targethiv.org/planning-chatt/webinar/using-data-decision-making-part-1
https://targethiv.org/planning-chatt/webinars/using-data-decision-making-part-2

Ryan White Program Clients Living with HIV YR29 (03/01/2019 - 02/29/2020), Los Angeles, California

Overlap across Ryan White Priority Populations in Year 29[a] (N = 21,397)

Count *% of row population*	**Youth Aged 18-29**	**MSM of Color[b]**	**Women**	**Transgender Persons[c]**	**50 Years and Older**	**African Americans**	**PWID**	**Current Homeless-ness**	**Recently Incarcerated (Past 12M)**
Youth Aged 18-29	*2,509*	1663 66.3%	213 8.5%	69 2.8%	-	774 30.9%	68 2.7%	396 15.8%	282 11.2%
MSM of Color[b]	1,663 14.8%	*11,251*	33 0.3%[d]	362 3.2%	3,926 34.9%	3,068 27.3%	343 3.1%	1,080 9.6%	849 7.6%
Women	213 8.1%	33 1.3%[d]	*2,628*	-	1,324 50.4%	927 35.3%	94 3.6%	264 10.1%	138 5.3%
Transgender Persons[c]	69 15.4%	362 81.0%	-	*447*	140 31.3%	126 28.2%	15 3.4%	104 23.3%	80 17.9%
50 Years and Older	-	3,926 42.3%	1,324 14.3%	140 1.5%	*9,272*	2,168 23.4%	560 6.0%	668 7.2%	521 5.6%
African Americans	774 15.2%	3,068 60.4%	927 18.2%	126 2.5%	2,168 42.7%	*5,083*	229 4.5%	802 15.8%	743 14.6%
PWID	68 6.6%	343 33.4%	94 9.2%	15 1.5%	560 54.5%	229 22.3%	*1,027*	207 20.2%	253 24.6%
Current Homelessness	396 17.9%	1,080 48.9%	264 12.0%	104 4.7%	668 30.2%	802 36.3%	207 9.4%	*2,210*	537 24.3%
Recently Incarcerated (Past 24M)	282 15.7%	849 47.4%	138 7.7%	80 4.5%	521 29.1%	743 41.4%	253 14.1%	537 30.0%	*1,793*

[a] Limited to membership in two priority populations; a client could be in more than two priority populations as population defintions are not mutually exclusive

[b] MSM defined as PLWH who were male sex at birth and who have sex with men as primary risk category

[c] Includes 433 transgender women, 10 transgender men and 4 other gender

[d] MSM of color reported includes all genders if MSM is the mode of transmission and race/ethnicity is not White

Estimated HIV Care Continuum Outcomes across Priority Populations (N = 21,397)

	Engaged in Care[e]		**Retained in Care[f]**		**Virally Suppressed[g]**	
Youth Aged 18-29	2,394	95.4%	1,724	68.7%	1,928	76.8%
MSM of Color[b]	10,835	96.3%	8,903	79.1%	9,362	83.2%
Women	2,572	97.9%	2,198	83.6%	2,257	85.9%
Transgender Persons[c]	427	95.5%	358	80.1%	349	78.1%
50 Years and Older	8,982	96.9%	7,844	84.6%	8,078	87.1%
African Americans	4,854	95.5%	3,838	75.5%	3,979	78.3%
PWID	987	96.1%	821	79.9%	807	78.6%
Current Homelessness	2,087	94.4%	1,591	72.0%	1,583	71.6%
Recently Incarcerated (Past 24M)	1,712	95.5%	1,347	75.1%	1,290	72.0%
Total Clients	20,629	96.4%	16,968	79.3%	17,881	83.6%

[e] Engagement in Care defined as 1 ≥ viral load, CD4 or genotype test reported in the 12 month period based on HIV laboratory data as of 05/12/2020

[f] Retention in care defined as 2 ≥ viral load, CD4 or genotype test reported >30 days apart in the 12 month period based on HIV laboratory data as of 05/12/2020

[g] Viral suppression defined as most recent viral load test <200 copies/mL in the 12 month period based on HIV laboratory data as of 05/12/2020

Data Source: HIV CaseWatch data as of 05/01/2020
Excludes Ryan White services not recorded in HIV CaseWatch
Subpopulations are not mutually exclusive

Ryan White Program Year 29
Care Utilization Data Summary

Wendy Garland, MPH
Angela Castillo, MA
Janet Cuanas, MPP
Division of HIV and STD Programs

July 21, 2020
COH Priorities, Planning and Allocations Committee

Presentation Overview:

- Ryan White (RW) care utilization data sources, interpretations and limitations
- Demographic and socio-economic characteristics of RW clients
- HIV Care Continuum outcomes for RW clients
- Overview of service utilization data by service category
- Q&A and Discussion

Where does the Utilization Report data come from?

DHSP subrecipients

- HIV Casewatch (DHSP local HIV data system)
- Electronic transfer of data files
- DHSP monthly report
- Data request

DHSP/DPH staff

- STD Casewatch (DHSP local STD data system)
- Linkage Re-engagement Program ACCESS Database
- eHARS (HIV surveillance data system)

Data Limitations

-Timeliness and completeness of data reporting

-Not representative of PLWH outside of the RWP

Data Interpretation

County of Los Angeles Public Health

Can Answer

- How many clients enrolled/used each service
- How many service units were provided
- What is the estimated number of unduplicated RW clients served each reporting year

Cannot Answer

- What services clients need
- Who needs each service
- Where there are service gaps
- Why # of clients changes from one year to next
- The estimated number of PLWH without insurance
- Which service category has the best outcomes

Changes to Utilization Report for Year 29

- In past years, data was limited to only those services paid for by DHSP
- To provide a more expansive understanding of RWP service utilization, this report now includes data all services that are eligible to be paid for by DHSP

Corresponding Handouts

- RWP Utilization Report Year 29 –
  - Supplemental Table 1
  - Supplemental Table 3
- RWP Monitoring Report Q1 Years 29-30
  - Client Characteristics – Table 1
  - Utilization –Table 2

County of Los Angeles Public Health

Demographic and Socio-Economic Characteristics of Ryan White Program Clients

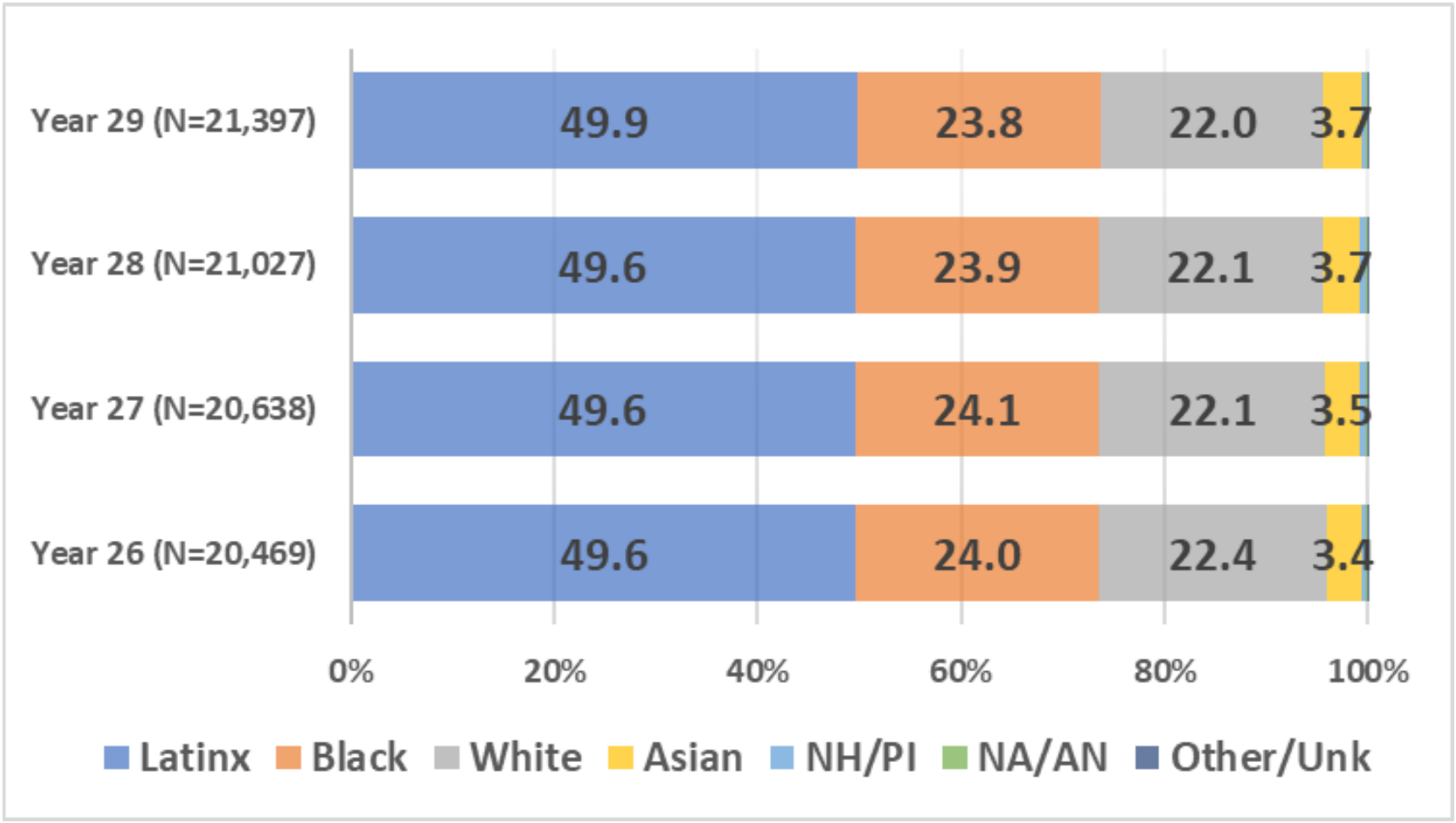
Year 29 Los Angeles County Ryan White Program (RWP) Population

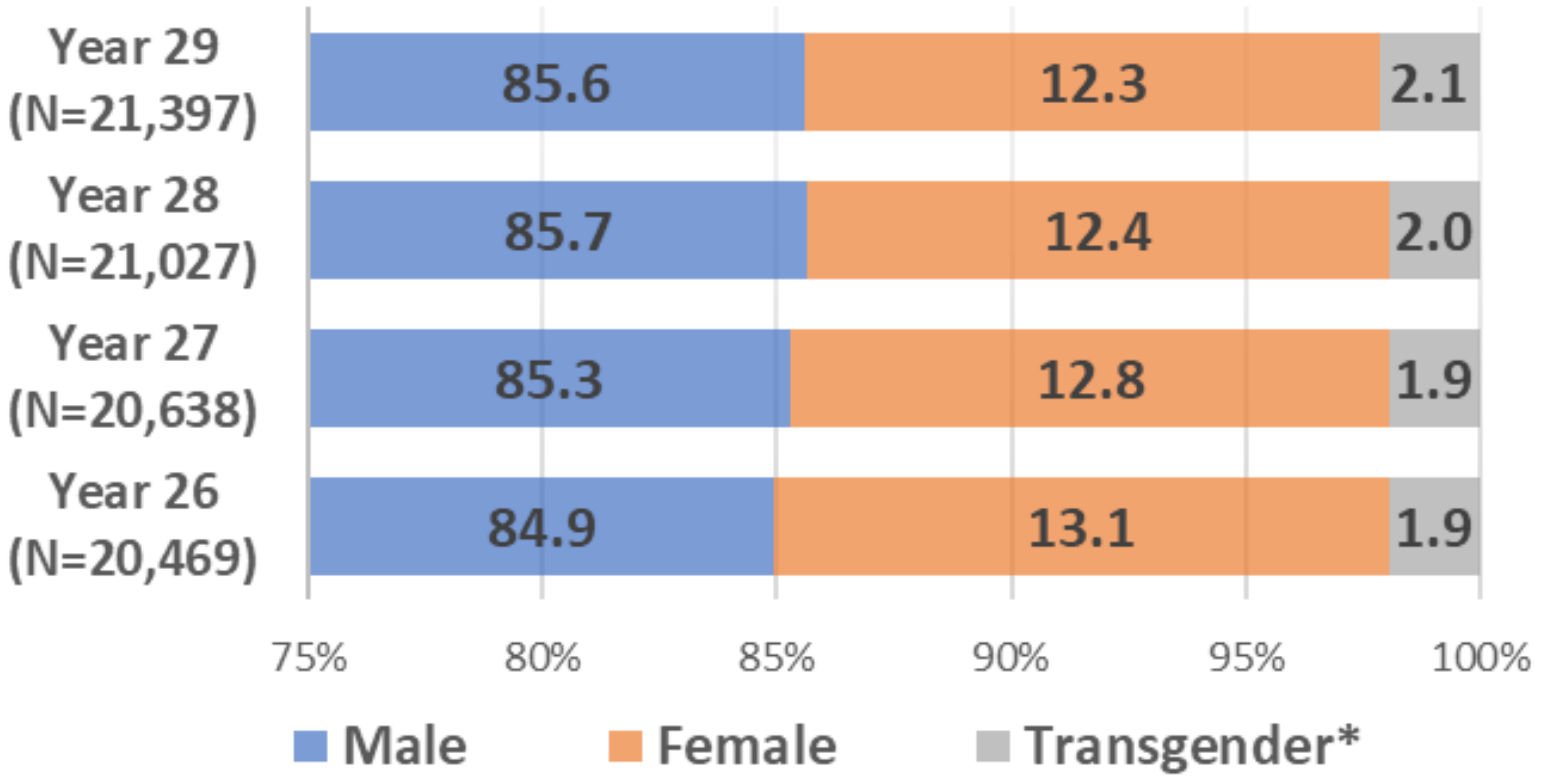
In Ryan White Year 29 (March 1, 2019 - February 28, 2020) approximately **21,397** unduplicated clients received at least one RWP core or support services.

Table 1. Sociodemographic and Clinical Characterisitics of HIV-Positive (Unduplicated) Clients Receiving Ryan White Services in Ryan White Years 26-29 (3/1/2016 - 2/29/2020), Los Angeles, California

Characteristic	YR 26		YR 27		YR 28		YR 29	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Total Clients	20,469	100.0	20,638	100.0	21,027	100.0	21,397	100.0
Race/Ethnicity								
White	4,580	22.4	4,552	22.1	4,644	22.1	4,696	22.0
Latino	10,150	49.59	10,234	49.6	10,419	49.6	10,680	49.9
Black	4,904	23.96	4,968	24.1	5,033	23.9	5,083	23.8
Asian	690	3.37	725	3.5	774	3.7	783	3.7
Native Hawaiian/Pacific Islander	78	0.38	89	0.4	87	0.4	82	0.4
Native American/Alaska Native	57	0.28	64	0.3	60	0.3	60	0.3
Other/Unknown [a]	10	0.05	6	0.0	10	0.1	13	0.1
Gender								
Male	17,384	84.9	17,602	85.3	18,010	85.7	18,316	85.6
Female	2,689	13.1	2,640	12.8	2,605	12.4	2,628	12.3
Transgender: Male to Female	388	1.9	390	1.9	403	1.9	433	2.0
Transgender/Unknown [b]	8	0.0	6	0.0	9	0.0	20	0.1
Age Group								
17 and younger	16	0.1	12	0.1	11	0.0	7	0.0
18-24 years	731	3.57	729	3.5	713	3.39	679	3.2
25-29 years	1,695	8.28	1,753	8.5	1,837	8.74	1,823	8.5
30-39 years	4,232	20.68	4,425	21.4	4,632	22.03	4,843	22.6
40-49 years	5,512	26.93	5,131	24.9	4,958	23.58	4,773	22.3
50-59 years	5,784	28.26	5,873	28.5	5,904	28.08	6,010	28.1
60 and older	2,499	12.21	2,715	13.2	2,972	14.1	3,252	15.3

The majority of RWP clients were Latinx with little change over time

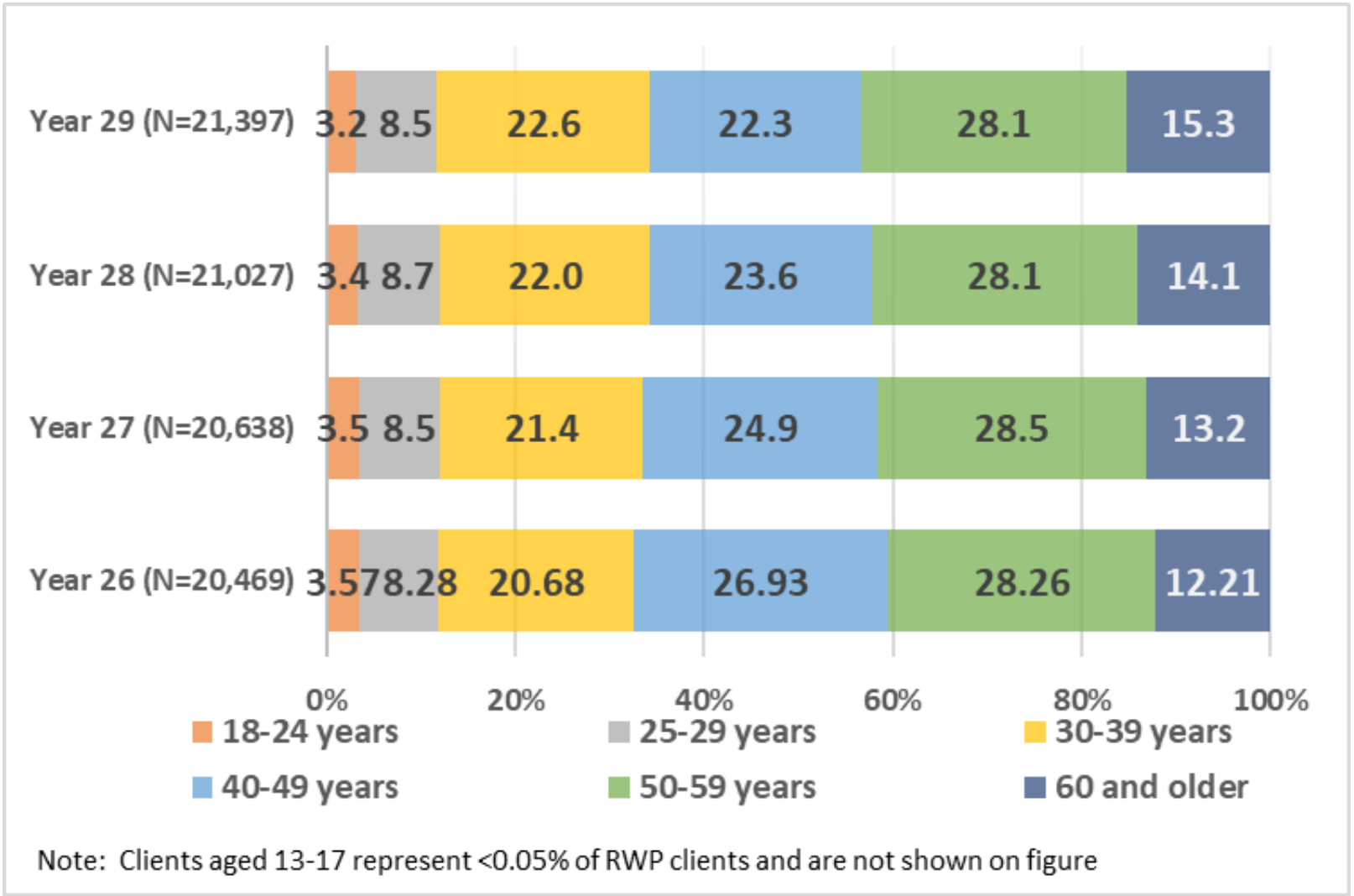




*Includes transwomen, transmen, other/gender not reported. In each year, transwomen represent ~95% of transgender RWP clients.

Majority of RWP clients were male with little change over time

From Year 26 to Year 29 the proportion of RWP clients aged 40-49 decreased while those 60 years and older increased

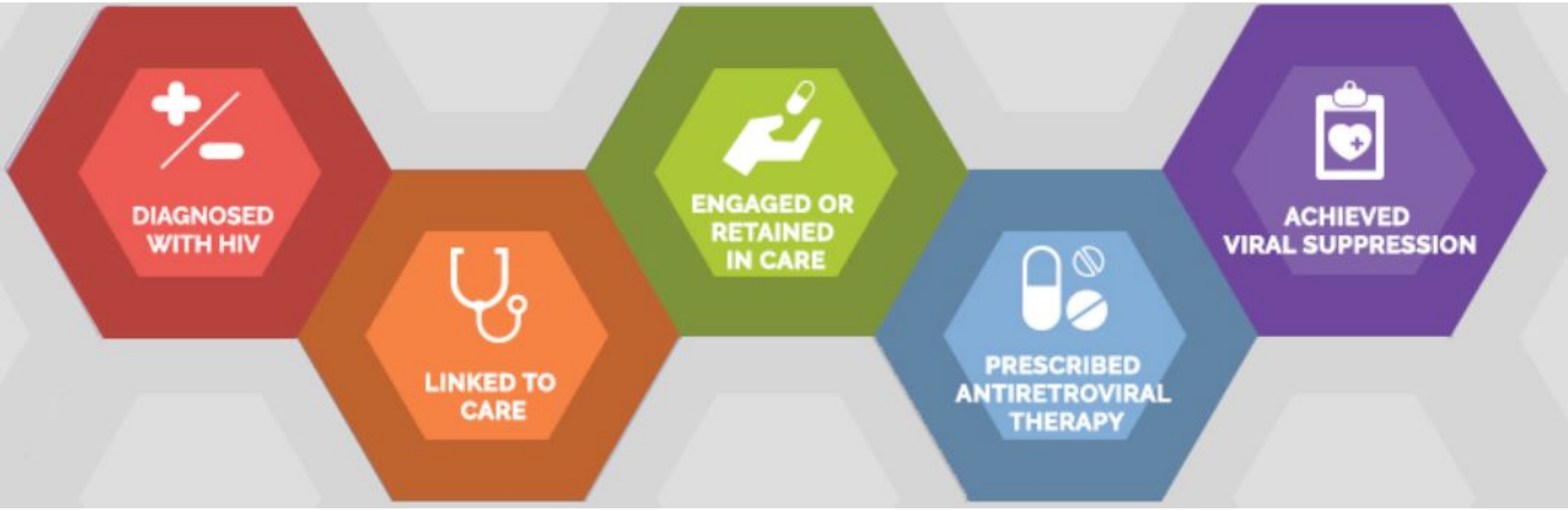


Note: Clients aged 13-17 represent <0.05% of RWP clients and are not shown on figure

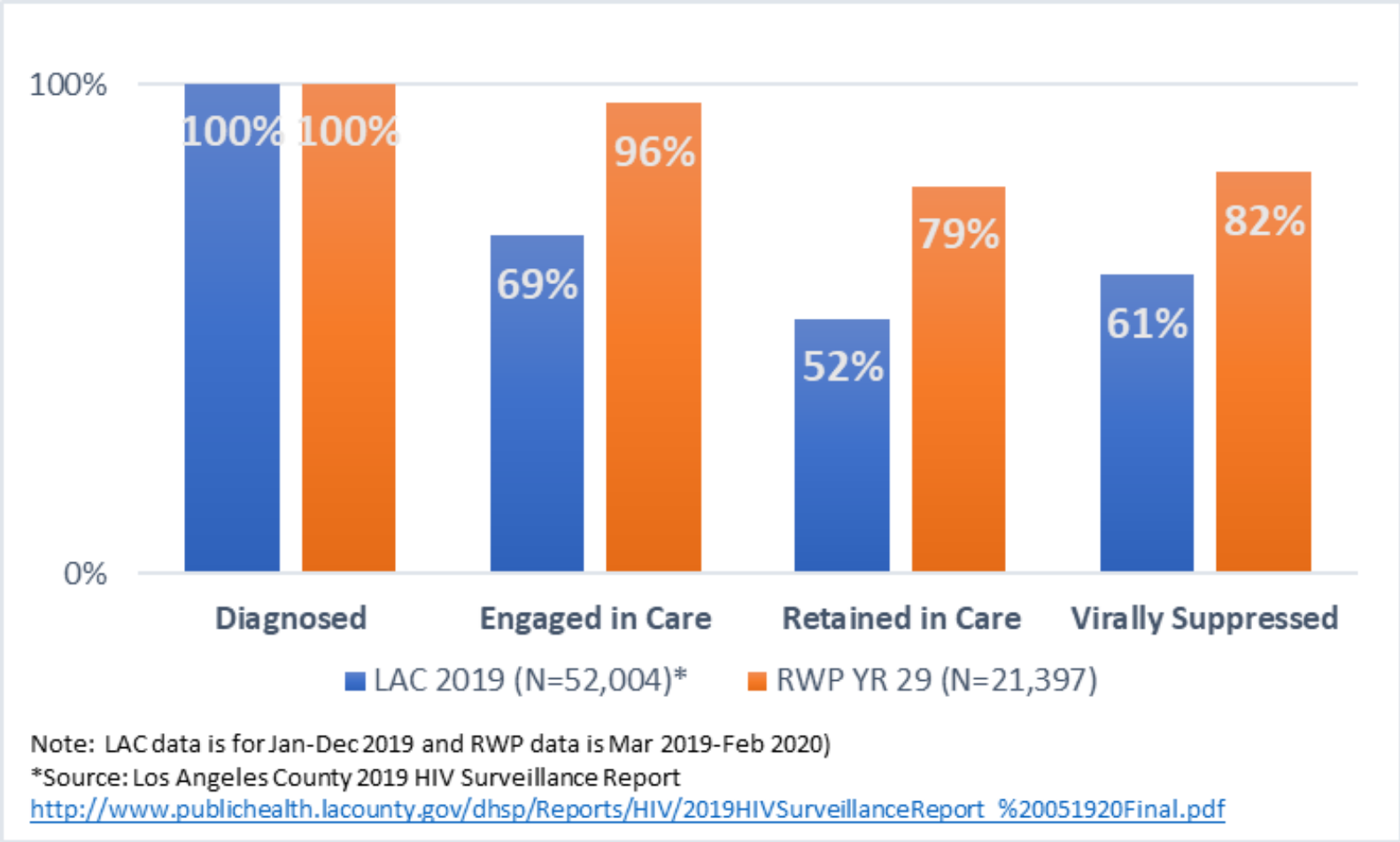
Homelessness has been increasing among RWP clients

		Year 26 N=20,469	Year 27 N=20,638	Year 28 N=21,027	Year 29 N=21,397
Socio-economic Characteristics	Living at/below 100% FPL	66%	66%	65%	62%
	Uninsured	34%	35%	35%	35%
	Spanish-speaking	28%	27%	27%	26%
	Incarcerated ≤2 years	9%	8%	9%	8%
	Experiencing homelessness	**7%**	**8%**	**9%**	**10%**
Residents of HD	Hollywood-Wilshire	13%	13%	17%	16%
	Central	9%	9%	12%	12%
	Southwest	5%	5%	7%	7%
Top 3 Services Utilized	Medical Case Management	23%	29%	35%	34%
	Medical Outpatient	75%	73%	69%	70%
	Non-Medical Case Management	32%	27%	17%	22%

HIV Care Continuum Outcomes



Approximately 41% of PLWH in LAC received RWP services in Year 29

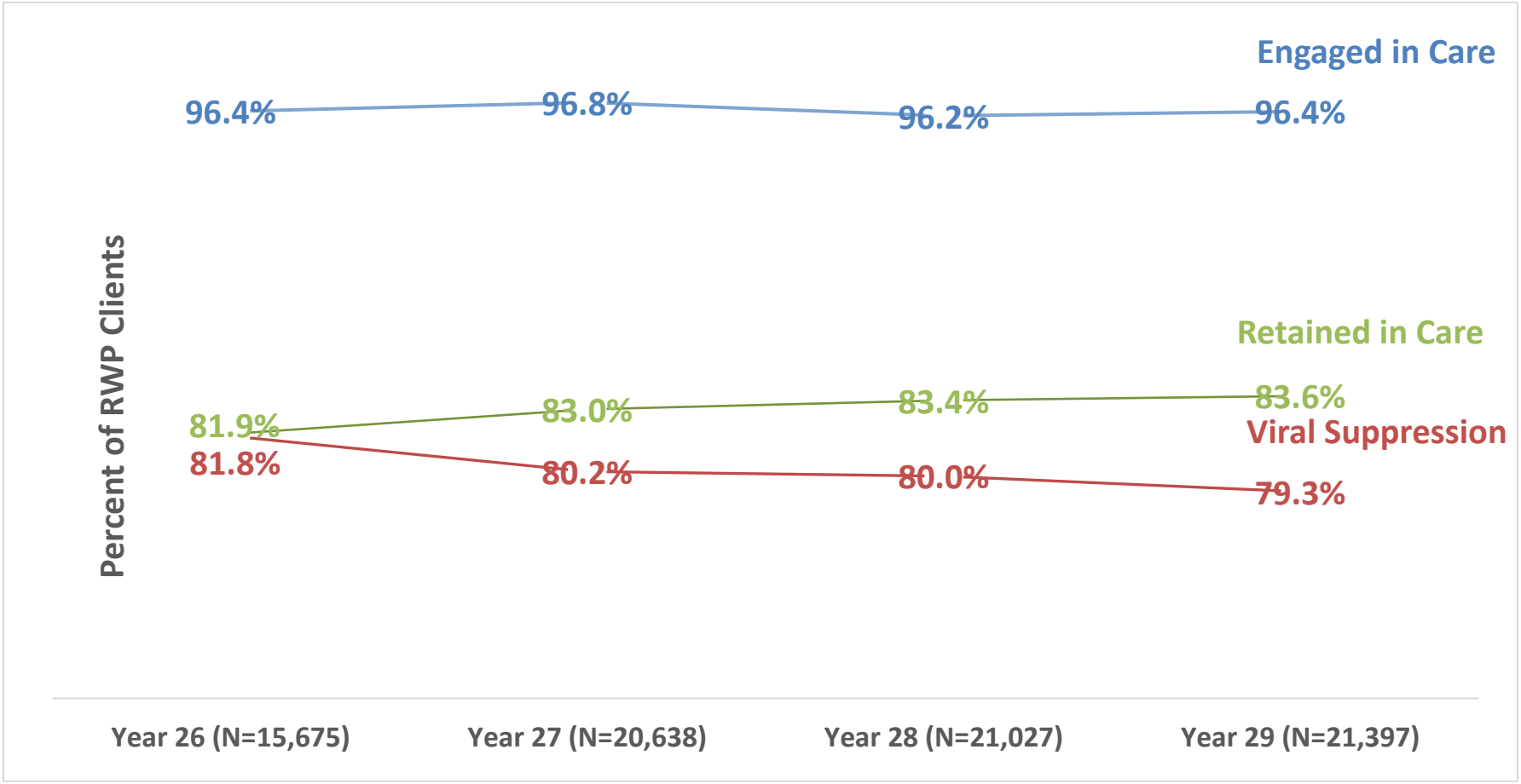


Note: LAC data is for Jan-Dec 2019 and RWP data is Mar 2019-Feb 2020)
*Source: Los Angeles County 2019 HIV Surveillance Report
http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019HIVSurveillanceReport_%20051920Final.pdf

Engagement, retention in care and viral suppression was higher among RWP clients compared to all PLWH in LAC

HIV Continuum Outcomes

Little change in care continuum outcomes for RWP clients from Years 26-29



Engaged in Care: % of clients with ≥1 HIV lab test (VL, CD4 or genotype reported in each RW year
Retained in Care: % of clients with ≥2 HIV lab tests ≥ 3 months apart reported in each RW year
Viral Suppression: % of clients with most recent VL test<=200 copies/ml reported in each RW year. Clients with no VL test are assumed to have unsuppressed VL.

Overview of RW Year 29 Utilization Data by Service Category

Year 29 RW Part A, Part B, and MAI Core and Support Services

County of Los Angeles Public Health

Core Services

(Top 5 by allocation)

1. Medical Case Management (MCC)
2. Outpatient/Ambulatory Health Services
3. Oral Health
4. Home and Community Based Case Management
5. Early Intervention Services

- Mental Health Services
- Medical Nutritional Therapy
- Substance Abuse Service Outpatient
- AIDS Drug Assistance Program (ADAP)
- AIDS Pharmaceutical Assistance (Local)
- Health Insurance Premium & Cost Sharing Assistance
- Home Health Care
- Hospice Services

Part A/MAI-funded in FY 2019

Support Services

(Top 5 by allocation)

1. Housing Services
2. Non-medical Case Management
3. Food Bank/Home Delivered Meals
4. Outreach Services (Linkage and Re-engagement Program, Partner Services)
5. Substance Abuse Residential

- Medical Transportation
- Professional Services/Legal
- Linguistic Services
- Child Care Services
- Emergency Financial Assistance
- Health Education/Risk Reduction
- Psychosocial Support Services
- Referral Services
- Rehabilitation
- Respite Care
- Treatment Adherence Counseling

Expenditure Data

- Expenditure reports for Year 29 have not yet been finalized
  - Year 29 Part A and MAI data are provisional based on the most current expenditure reports and may differ from the final reports

- Final expenditure reports expected by the end of August

Table 3: Number of Clients Served and Service Utilization by Service Category Among HIV Positive* Ryan White Program Clients in Ryan White Years 26-29 (03/01/2016 - 02/29/2020), Los Angeles, CA

	YR 26		YR 27		YR 28		YR 29	
Service Category	Unique Clients[a]	Percent of Clients by Service	Unique Clients[a]	Percent of Clients by Service	Unique Clients[a]	Percent of Clients by Service	Unique Clients[a]	Percent of Clients by Service
Total Unduplicated Clients	**20,469**	**100**	**20,638**	**100**	**21,027**	**100**	**21,397**	**100**
Home-Based Case Management	**357**	**1.7**	**305**	**1.5**	**297**	**1.4**	**302**	**1.4**
Housing Services	**138**	**0.7**	**137**	**0.7**	**132**	**0.6**	**227**	**1.1**
Permanent Supportive Housing (H4H)[b]	*0*	-	*0*	-	*0*	-	*108*	*0.5*
Residential Care Facilities for the Chronically Ill	*107*	*0.5*	*101*	*0.5*	*97*	*0.5*	*90*	*0.4*
Transitional Residential Care Facilities	*31*	*0.2*	*39*	*0.2*	*36*	*0.2*	*35*	*0.2*
Language Services[c]	**5**	**0.0**	**0**	-	**0**	-	**0**	-
Medical Case Management (Medical Care Coordination)	**4,705**	**23.0**	**5,972**	**28.9**	**7,326**	**34.8**	**7,356**	**34.4**
Medical Nutritional Therapy	**43**	**0.2**	**38**	**0.2**	**32**	**0.2**	**10**	**0.1**
Medical Outpatient	**15,411**	**75.3**	**15,146**	**73.4**	**14,567**	**69.3**	**15,013**	**70.2**
Mental Health Services	**874**	**4.3**	**827**	**4.0**	**835**	**4.0**	**682**	**3.2**

Core Services – Largest Year 29 Allocations

County of Los Angeles Public Health

Medical Case Management (Medical Care Coordination) - Array of services to facilitate and support access and adherence to HIV primary medical care and to enhance patients' capacity to manage their HIV disease

Service Category	Unique Clients Served	% of RWP Clients	Expenditure ($)	$ Invested per Client
Medical Case Management	7,356 (Yr 28: 7,326)	86.0%	10,965,202	1,491

Funding Sources: Part A, MAI, NCC

Outpatient/Ambulatory Health Services - Primary health care services

Service Category	Unique Clients Served	% of RWP Clients	Expenditure ($)	$ Invested per Client
Medical Outpatient	15,013 (Yr 28: 6,279)	87.5%	9,633,451	642

Funding Source: Part A

Core Services – Largest Year 29 Allocation (cont.)

County of Los Angeles Public Health

Oral Health Services - General and endodontic oral health services

Service Category	Unique Clients Served	% of RWP Clients	Expenditure ($)	$ Invested per Client
Oral Health (Overall)	**4,448 (Yr 28: 4,082)**	**20.8%**	**5,821,872**	**1,309**
General	4,115 (Yr 28: 3,657)	19.2%	5,294,795	1,287
Specialty	3,678 (Yr 28: 3,375)	17.2%	527,077	143

Funding Source: Part A

Core Services – Largest Year 29 Allocation (cont.)

County of Los Angeles Public Health

Home and Community Based Case Management - Skilled health services in the client's home

Service Category	Unique Clients Served	% of RWP Clients	Expenditure ($)	$ Invested per Client
Home and Community Based CM	302 (Yr 28: 297)	1.4%	2,581,793	8,549

Funding Sources: Part A

Early Intervention Services - Partner services (elicitation and notification) to screen/test, diagnose, and treat unaware cases of HIV

Service Category	Tests Administered	% of RWP Clients	Expenditure ($)	$ Invested per Test
Early Intervention Services	? (Yr 28: 37,279)	Data Not Available	1,088,678	?

Funding Sources: Part A, CDC, NCC

Support Services – Largest Year 29 Allocation

County of Los Angeles Public Health

Housing Services - Provide permanent supportive housing with case management, short-term transitional and residential care facilities and related support

Service Category	Unique Clients Served Yr 29 (Clients in Yr 28)	% of RWP Clients	Expenditure (Part A/MAI) ($)	$ Invested per Client
Housing (Overall)	**227 (Yr 28: 132)**	**1.1%**	**3,281,118**	**14,454**
Permanent Supportive Housing	108 (Yr 28: Data not available)	0.5%	2,238,934	20,731
Residential Care for the Chronically Ill	90 (Yr 28: 97)	0.4%	733,944	8,155
Transitional Residential Care Facilities	35 (Yr 28: 36)	0.2%	308,240	8,807

Funding Sources: Part A, MAI, Part B

Support Services – Largest Year 29 Allocation (cont.)

County of Los Angeles Public Health

Non-Medical Case Management - Assist with eligibility, linkage and engagement in HIV care and support services

Service Category	Unique Clients Served	% of RWP Clients	Expenditure (Part A/MAI) ($)	$ Invested per Client
Non-Medical CM (Overall)	**4,688 (Yr 28: 3,471)**	**21.9%**	**2,394,486**	**511**
Benefits Specialty	3,897 (Yr 28: 2,617)	18.2%	1,564,020	401
Transitional CM - Incarcerated Program	805 (Yr 28: 813)	3.8%	163,747	203
Transitional CM – Youth Program	67 (Yr 28: 115)	0.3%	666,661	9,950

Funding Sources: Part A, MAI

Support Services – Largest Year 29 Allocation (cont.)

County of Los Angeles Public Health

Outreach Services - Identify out-of-care clients, verify care status, contact, link to care, and provide intervention and referrals (Linkage and Re-engagement Program) and partner services

Service Category	Unique Clients Served	% of RWP Clients	Expenditure (Part A/MAI) ($)	$ Invested per Client
Outreach Services	**Data not available**	**3%**	**?**	**--**
Linkage and Re-engagement	688 (Yr 28: 712)	3%	1,193,879	1,735
Partner Services	Data not available (Yr. 28: not funded)	--		

Support Services – Largest Year 29 Allocation (cont.)

County of Los Angeles Public Health

Food Bank/Home Delivered Meals - Provide access to food and meals to promote retention in medical care

Service Category	Unique Clients Served	% of RWP Clients	Expenditure ($)	$ Invested per Client
Nutrition Support (Overall)	**2,012 (Yr 28: 1,801)**	**9.4% (Yr 28: 8.5%)**	**2,117,073**	**1,052**
Delivered Meals	554 (Yr 28: 476)	2.6%	849,453	1,533
Food Bank/ Groceries	1,637 (Yr 28: 1,481)	7.7%	1,267,620	774

Funding Sources: Part A

Support Services – Largest Year 29 Allocation (cont.)

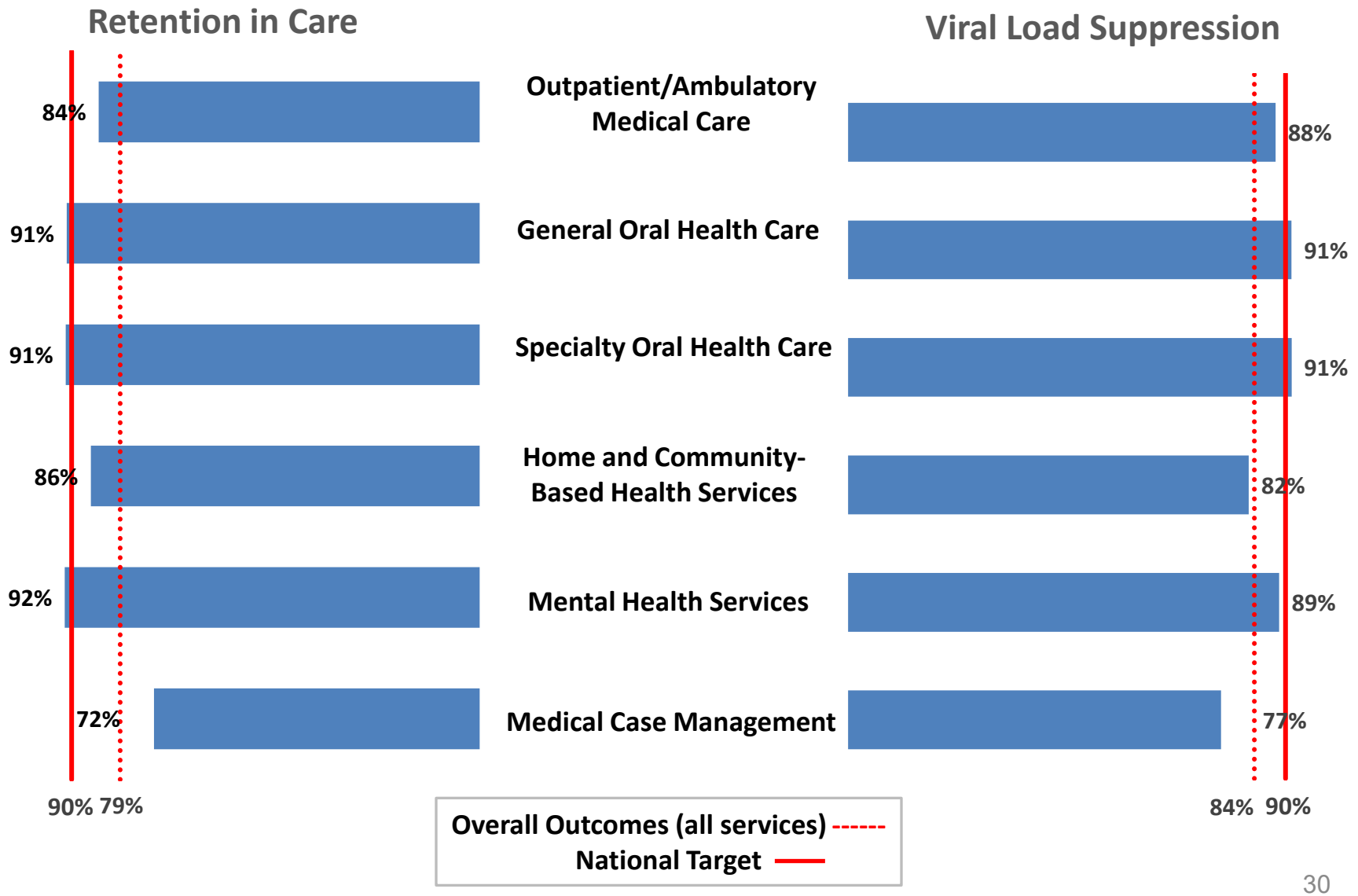
County of Los Angeles Public Health

Medical Transportation - Private and public transportation to and from medical appointments

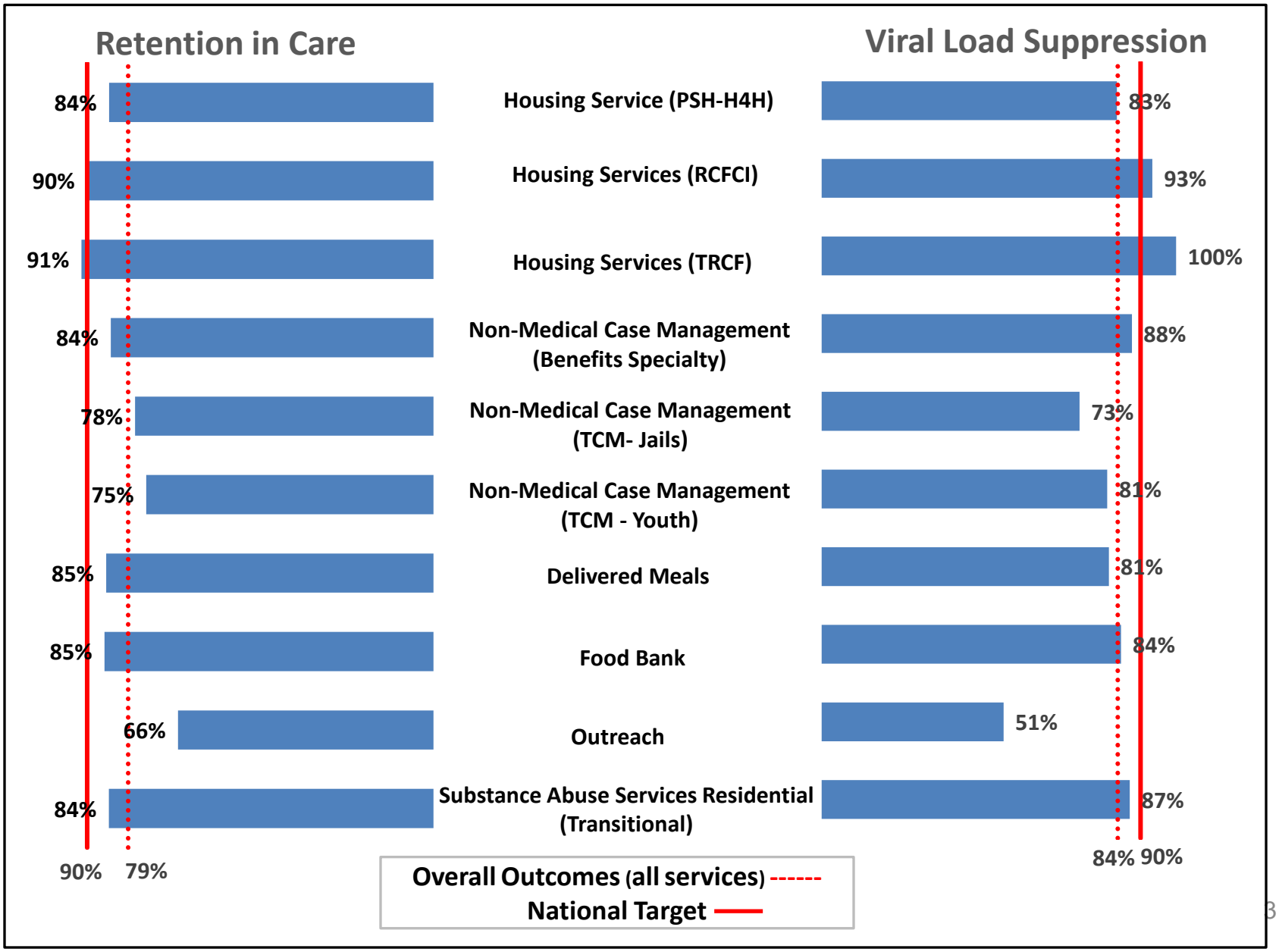
Service Category	Unique Clients Served	% of RWP Clients	Expenditure ($)	$ Invested per Client
Medical Transportation (Overall)	3,901 (Yr 28:)	18.2%	643,950	165
Taxi	1,054	4.9%	257,966	245
MTA	2,247	10.5%	385,954	-----
TAP	600	2.8%		

Funding Sources: Part A

Care Continuum Core Services – Year 29



Care Continuum Support Services Year 29



Preliminary Utilization Data for Year 30 Compared to Year 29

Impact of COVID-19 on RWP Service Utilization

- A monthly report is being developed to monitor the impact of COVID-19 on RWP services
  - Compares Year 30 YTD data with Year 29 data from same time period
  - Tracks changes in who is accessing services and which services are being utilized
  - Captures Year 30 services delivered via telehealth

- As of June 30, a total of 13,008 clients received RWP services in Q1 Year 30 compared to 13,446 in Q1 Year 29

Table 1. Sociodemographic and Clinical Characterisitics of HIV-Positive (Unduplicated) Clients Receiving Ryan White Services by Month in Ryan White Years 29 and 30 (3/1/2019 - 5/31/2019 and 3/1/2020 - 5/31/2020)[g]

Characteristic	Q1 Mar-May YR29						Q1 YR29 Total		Q1 Mar-May YR30						Q1 YR30 Total	
	Mar		Apr		May				March		April		May			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Total Clients	7,318	100	7,429	100	7,285	100	13,446	100	7,529	100	6,964	100	6,554	100	13,008	100
Race/Ethnicity																
White	1,579	22	1,601	22	1,589	22	2,920	22	1,611	21	1,510	22	1,473	22	2,760	21
Latino	3,722	51	3,790	51	3,725	51	6,891	51	3,796	50	3,530	51	3,255	50	6,629	51
Black	1,730	24	1,740	23	1,687	23	3,054	23	1,812	24	1,651	24	1,567	24	3,072	24
Asian	232	3	245	3	239	3	495	4	250	3	225	3	206	3	455	4
Other/Unknown	55	1	53	1	45	1	86	1	60	1	48	1	53	1	92	1
Gender																
Male	6,209	85	6,222	84	6,153	84	11,462	85	6,445	86	5,947	85	5,621	86	11,209	86

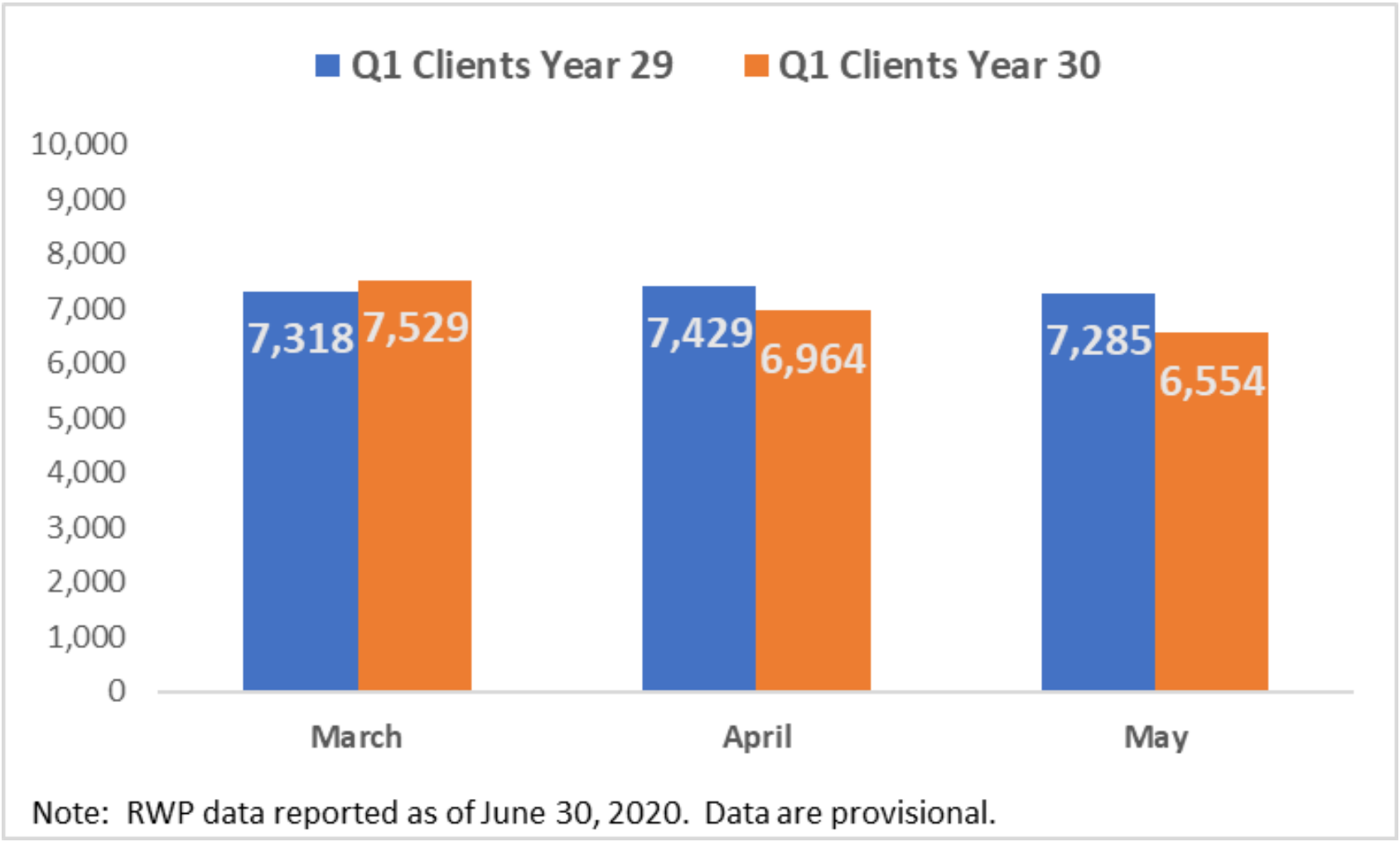
Table 2: Number of Clients Served and Service Utilization by Service Category Among HIV Positive* Ryan White

	Q1 YR29								Q1 YR30									
	March		April		May		Q1 YR29 Cumulative		March			April			May			Q1 YR30 Cumulative		
Service Category	Unique Clients[a]	Percent of All Clients by Service	Unique Clients[a]	Percent of All Clients by Service	Unique Clients[a]	Percent of All Clients by Service	Unique Clients[a]	Percent of All Clients by Service	Unique Clients[a]	Percent of All Clients by Service	Percent Received Telehealth Services	Unique Clients[a]	Percent of All Clients by Service	Percent Received Telehealth Services	Unique Clients[a]	Percent of All Clients by Service	Percent Received Telehealth Services	Unique Clients[a]	Percent of All Clients by Service	Percent Received Telehealth Services
Total Unduplicated Clients	7,318	100	7,429	100	7,285	100	13,446	100	7,529	100		6,964	100		6,554	100		13,008	100	
Home-Based Case Management	230	3.1	225	3.0	228	3.1	247	1.8	258	3.4	6.6	255	3.7	10.2	241	3.7	8.7	270	2.1	12.6
Housing Services	79	1.1	81	1.1	80	1.1	89	0.7	86	1.1	0.0	81	1.2	0.0	77	1.2	0.0	87	0.7	0.0
Permanent Supportive Housing (H4H)[b]	*0*	-	*0*	-	*0*	-	*0*	-	*16*	*0.2*	*0.0*	*16*	*0.2*	*0.0*	*16*	*0.2*	*0.0*	*64*	*0.5*	*0.0*
Residential Care Facilities for the Chronically Ill	*62*	*0.8*	*61*	*0.8*	*62*	*0.9*	*70*	*0.5*	*51*	*0.7*	*0.0*	*46*	*0.7*	*0.0*	*44*	*0.7*	*0.0*	*16*	*0.1*	*0.0*

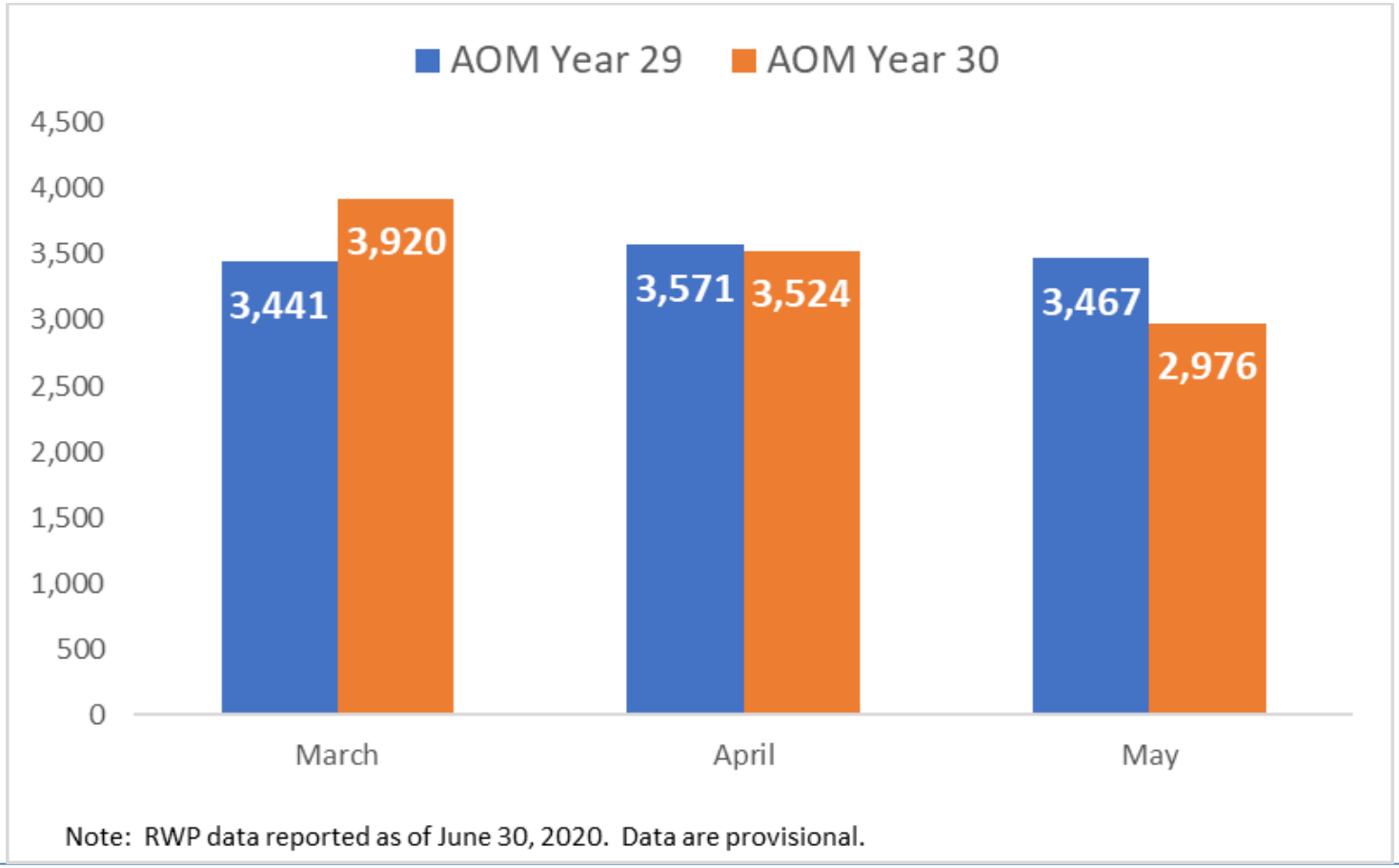
There is little change in the number and types of clients served from Q1 Year 29 to Q1 Year 30

Client Characteristic	Q1 Year 29 (N=13,446)	Q1 Year 30 (N=13,008)
Latinx	51%	51%
Black	24%	24%
Female	13%	12%
Transgenders persons	2%	2%
18-29 years old	9%	9%
Living at/below FPL	64%	63%
Experiencing homelessness	9%	10%
Incarcerated past 2 years	8%	8%

Fewer RWP clients accessed services in April and May of Year 30 compared to Year 29



Note: RWP data reported as of June 30, 2020. Data are provisional.

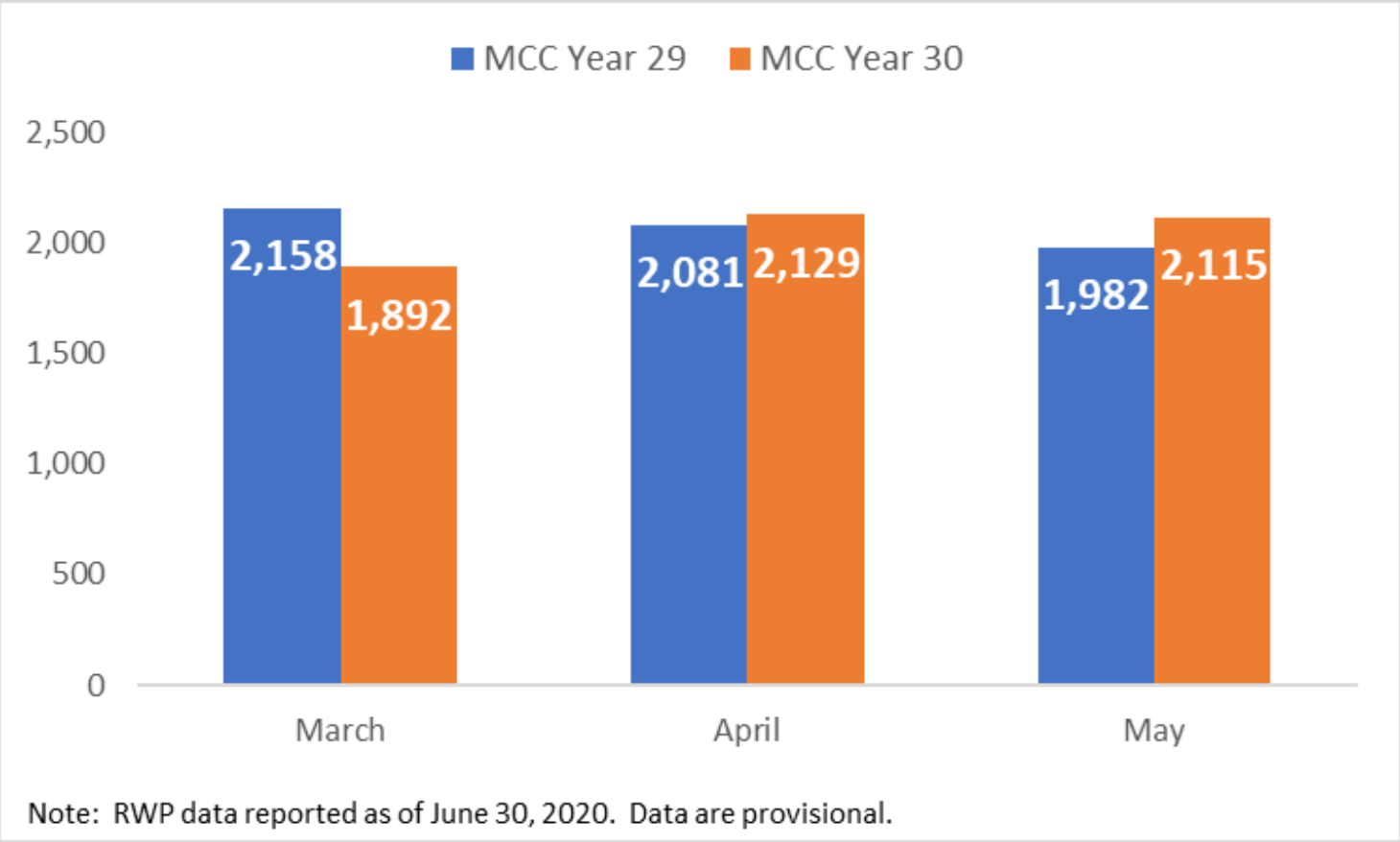


Note: RWP data reported as of June 30, 2020. Data are provisional.

--Fewer clients received AOM in May of Year 30 compared to the same period in Year 29

--Nearly the same number of clients accessed AOM service in Q1 Year 30 compared to Q1 Year 29 (8,404 clients vs 8,458)

--41% of AOM clients in Q1 received services via telehealth



Note: RWP data reported as of June 30, 2020. Data are provisional.

--More clients received MCC services in April and May of Year 30 compared to the same period in Year 29

--In Year 29 Q1, however, 7,356 clients accessed MCC compared to 3,773 clients in Year 30

--29% of MCC clients in Q1 received services via telehealth

Summary

- RWP Clients
  - Growing number of clients aged 60 and older, experiencing homelessness and residing in Hollywood-Wilshire and Southwest HDs
  - Further analysis needed to explore disparities in service access during COVID pandemic
- Utilization
  - More clients using Oral Health, Nutrition Support, Housing Services, and Benefits Specialty in Year 30 vs Year 29
  - Data may be too provision to make recommendations during Year 30 but will continue to be monitored

Questions and Discussion

This document summarizes the presentation made to the Los Angeles County Commission on HIV Priorities, Planning and Allocations Committee, July 21, 2020. The presentation highlighted key findings from supplemental data tables shared with attendees "RWP Utilization Report Year 29 – Supplemental Table 1" and "RWP Utilization Report Year 29 – Supplemental Table 3."

Data Sources, Interpretation and Limitations

The utilization report combines external service data reported by DHSP Ryan White Program (RWP) subrecipients (HIV Casewatch and monthly reports) and internal service data collected by DHSP for direct services (Linkage and Re-engagement program [LRP], Partner Services). HIV surveillance data is also used to estimate HIV care continuum (HCC) outcomes (engagement in care, retention in care and viral suppression). In addition, expenditure reports are used to determine how efficiently funding is used and to identify funding source (Part A, B or C, CDC, MAI or net county costs [NCC]).

In previous years, the service data was limited to only those services paid for by DHSP. To provide a more expansive understanding of RWP service utilization and impact on providers and agencies, this report now includes data for all services that were eligible to be paid for by DHSP regardless final payment determination.

These data can be used to describe the number and characteristics of clients who accessed RWP services in the reporting year, type(s) of services used, and units of service used. Using laboratory tests (viral load, CD4 and genotype tests) reported HIV surveillance data, they can also be used to estimate **engagement in care** (one or more laboratory test in the past 12 months), **retention in care** (two or more laboratory tests at least 90 days apart in the past 12 months), and **viral suppression** (most recent viral load test in the past 12 months is less than 200 copies/mL) for RWP clients. Each of these indicators can be compared with data from previous years to identify any changes in utilization patterns (which clients, how many clients, which services, and how many service units) and HCC outcomes.

These data cannot describe what services clients need, if clients are unable to get needed services (service gaps), or why the number of clients may change from year-to-year. In addition, the HCC outcomes may not be directly attributed to the RWP service but rather serve to describe the health status of the client accessing that service.

Some important limitations to these data are that they may not be representative of PLWH outside of the RWP and that reporting delays and/or incomplete reporting may impact the timeliness or quality of the data. In addition, expenditure reports for Year 29 are provisional and are expected to be finalized by the end of August 2020.

Socio-demographic Characteristics of RW Clients

Approximately **21,397 unduplicated clients received at least one RWP core or support service** Ryan White Year 29 (March 1, 2019 - February 28, 2020). Of these, **97% were engaged in medical care** and 31% received at least one RWP-supported medical care visit in the reporting period. The number of clients served in Year 29 increased 5% from 20,469 in Year 26.

The supplemental "RWP Utilization Report Year 29 – Supplemental Table 1" presents RWP clients by race/ethnicity, gender, age group, primary language, income, insurance, housing status, incarceration history, HIV transmission category, health district of residence and HIV care continuum outcomes.

In Year 29, the majority of RWP clients were Latinx (50%) and Black (24%), male (86%) and aged 40-59 (50%). Sixty-two percent of clients (62%) were living at or below the federal poverty level (FPL), 35% were uninsured, 26% were primarily Spanish-speaking, 10% were experiencing homelessness and 8% were recently incarcerated. The top three HD of residence were Hollywood-Wilshire (16%), Central (12%) and Southwest (7%).

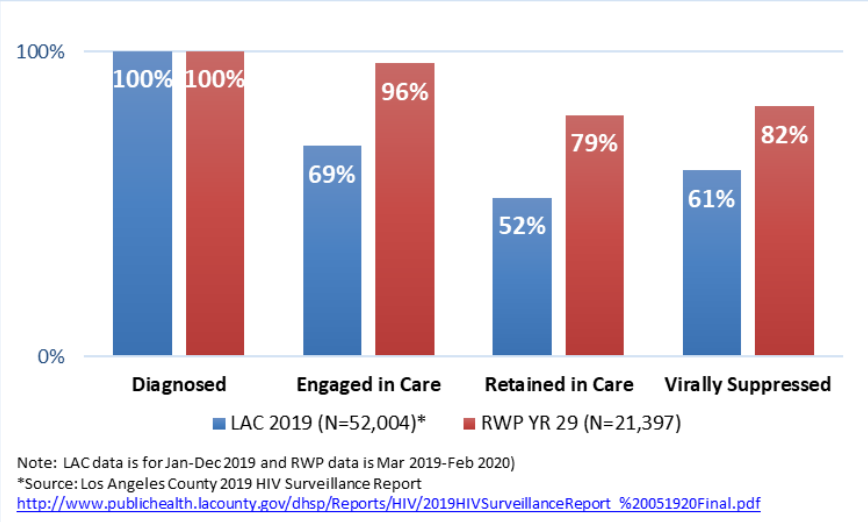
From Year 26 to Year 29, the proportion of RWP clients aged 40-49 decreased from 27% to 22% while those aged 60 and older increased from 12% to 15%. The proportion of clients experiencing homelessness increased from 7% in Year 26 to 10% in Year 29. Little change was observed from Year 26 through Year 29 in the proportion of clients by race/ethnicity, gender, income, uninsured status, language, incarceration history.

HIV Care Continuum for RW Clients

In Year 29, 96% of the 21,397 RWP clients were engaged in care and 84% were retained in care in the past 12 months, and 79% achieved viral suppression. From Year 26 to Year 29, the proportion of RWP clients engaged in care has remained high at 96%. **While the proportion of RWP clients retained in care increased slightly (82% to 84%) from Year 26 to Year 29, the proportion of RWP clients achieving viral load suppression decreased slightly from 82% to 79%.**

RWP clients represent approximately 40% of the 52,004 PLWH in LAC in 2019. **Compared to all PLWH in LAC, higher proportions of RWP clients were engaged in care, retained in care and achieved viral suppression.**

Figure 1: HIV Care Continuum Comparing People Living with Diagnosed HIV (2019) and Ryan White Program Clients (Year 29), Los Angeles County



Note: LAC data is for Jan-Dec 2019 and RWP data is Mar 2019-Feb 2020)
*Source: Los Angeles County 2019 HIV Surveillance Report
http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019HIVSurveillanceReport_%20051920Final.pdf

RWP Service Utilization by Service Category

The majority utilized Ambulatory Outpatient Medical services (AOM; 70%), followed by Medical Case Management (called Medical Care Coordination [MCC] in LAC; 34%), and non-Medical Case Management

(NMCM; 22%) . From Year 26 to 29, decreases in utilization were observed for AOM from 75% to 70% and NMCM from 32% to 22%. Utilization of MCC increased from 23% to 34% from Year 26 to 29.

The supplemental "RWP Utilization Report Year 29 – Supplemental Table 3" presents the number of unique clients utilizing each service category and the proportion of the overall unduplicated clients they represent for Years 26-29. Highlights from this table are presented below with the estimated expenditure data.

The **top five core RWP services in order of Year 29 funding allocation are listed below**. For each service category the number of clients utilizing the service, the proportion of total RWP clients they represent, the estimated expenditure amount, the amount invested per client and funding sources are presented.

MCC was utilized by 7,356 clients in Year 29 representing 34% of all RWP clients. The total estimated expenditures were $10,965,202 at an investment of $1,491 per client. Funding sources are Part A, MAI and NCC.

AOM was utilized by 15,013 clients in Year 29 representing 70% of all RWP clients. The total estimated expenditures were $9,633,451 at an investment of $642 per client. Funding source is Part A.

Oral Health (General and Specialty) was utilized by 4,448 clients in Year 29 representing 21% of all RWP clients. The total estimated expenditures were $5,821,872 at an investment of $1,309 per client. Funding source is Part A.

- General Oral Health was utilized by 4,115 clients in Year 29 representing 19% of all RWP clients. The estimated expenditures were $5,294,795 at an investment of $1,287 per client.
- Specialty Oral Health was utilized by 3,678 clients in Year 29 representing 17% of all RWP clients. The total estimated expenditures were $527,077 at an investment of $143 per client.

Home-Based Case Management (HBCM) was utilized by 302 clients served in Year 29 representing 1.4% of all RWP clients. The total estimated expenditures were $2,581,739 at an investment of $8,549 per client. Funding source is Part A.

Early Intervention Services (EIS) utilization is reported as tests administered rather than clients served. While EIS utilization data are not yet available for Year 29, a total of 37,279 tests were administered in Year 28. The total estimated expenditures were $1,088,678 and approximately $1,491 per client. Funding sources are Part A, CDC, NCC.

The top five RWP support services in order of Year 29 funding allocation are listed below. For each service category the number of clients utilizing the service, the proportion of total RWP clients they represent, the estimated expenditure amount, the amount invested per client and funding sources are presented.

Housing (all categories): Utilized by 227 clients in Year 29 representing 1% of all RWP clients. The total estimated expenditures were $6,995,894 at an investment of $30,819 per client. Funding sources are Part A, MAI, Part B.

- Permanent Supportive Housing was utilized by 108 clients in Year 29 representing 0.5% of all RWP clients. No data is available from the previous year as this is a new service category. The estimated expenditures were $2,238,934 at an investment of $20,731 per client.

- Residential Care for the Chronically Ill (RCFCI) was utilized by 90 clients in Year 29 representing 0.4% of all RWP clients and consistent with Year 28 numbers. The total estimated expenditures were $3,306,120 at an investment of $36,735 per client.
- Transitional Residential Care Facility (TRCF) was utilized by 35 clients in Year 29 representing 0.2% of all RWP clients and consistent with Year 28 numbers. The total estimated expenditures were $1,450,840 at an investment of $41,452 per client.

NMCM (all categories): Utilized by 4,688 clients in Year 29 representing 22% of all RWP clients. The total estimated expenditures were $2,394,486 at an investment of $511 per client. Funding sources are Part A and MAI.

- Benefits Specialty was utilized by 3,897 clients in Year 29 representing 18% of all RWP clients. The number of clients served increased 49% from 2,617 in Year 28. The estimated expenditures were $1,564,020 at an investment of $401 per client.
- Transitional Case Management (TCM) – Incarcerated Program was utilized by 805 clients in Year 29 representing 4% of all RWP clients. The total estimated expenditures were $163,474 at an investment of $203 per client.
- TCM – Youth Program was utilized by 67 clients in Year 29 representing 0.3% of all RWP clients. The number of clients decreased 42% from 115 in Year 28. The total estimated expenditures were $666,661 at an investment of $9,950 per client.

Outreach Services (all categories): Year 29 utilization and expenditure data is not available for all categories.

- Linkage and Re-engagement Program (LRP) was utilized by 688 clients in Year 29 representing 3% of all RWP clients. Number of clients has decreased 4% from 712 in Year 28. The number of clients served increased 49% from 2,617 in Year 28. The estimated expenditures were $1,564,020 at an investment of $401 per client.
- Partner Services: Year 29 utilization and expenditure data is not currently available. Not funded in Year 28.

Nutrition Support (all categories) was utilized by 2,012 clients in Year 29 representing 9% of all RWP clients. The total estimated expenditures were $2,117,073 at an investment of $1,052 per client. Funding source is Part A.

- Delivered Meals were utilized by 554 clients in Year 29 representing 3% of all RWP clients. The number of clients served increased 16% from 476 in Year 28. The estimated expenditures were $849,453 at an investment of $1,533 per client.
- Food Bank/Groceries were utilized by 1,637 clients in Year 29 representing 8% of all RWP clients. The number of clients served increased 11% from 1,481 in Year 28. The estimated expenditures were $849,453 at an investment of $1,533 per client.

Medical Transportation (all categories): Utilized by 3,901 clients in Year 29 representing 18% of all RWP clients. Year 28 utilization data is not currently available. The total estimated expenditures were $643,950 at an investment of $165 per client. Funding source is Part A.

- Taxi was utilized by 1,054 clients in Year 29 representing 5% of all RWP clients. The estimated expenditures were $257,966 at an investment of $245 per client.
- MTA/TAP: In Year 29, MTA was utilized by 2,247 clients representing 11% of all RWP clients and TAP was utilized by 600 clients representing 3% of all RWP clients. The estimated expenditures were reported together totaling $385,954. Investment per client cannot be calculated because clients may use both MTA and TAP.

Summary

In Year 29, approximately **21,397 clients** received at least one RWP service. The number of clients served in Year 29 increased 5% from 20,469 in Year 26.

While the sociodemographic characteristics of RWP clients have remained relatively stable from Year 26 to Year 29, **increasing numbers of clients are aged 60 and older, experiencing homelessness and residing in the Hollywood-Wilshire and Southwest HDs**.

RWP clients represent approximately 40% of the 52,004 PLWH in LAC in 2019. Compared to all PLWH in LAC, higher proportions of RWP clients were engaged in care (69% vs 96%), retained in care (52% vs 79%) and were virally suppressed (61% vs 82%). **From Year 26 to Year 29, engagement in care has been stable, retention in care increased by 2% and viral suppression decreased by 4%. Improvements in care continuum outcomes are needed to meet the 90% targets established in the recently launched "Ending the HIV Epidemic" (EHE) initiative.**

The top three utilized services were AOM (70%), MCC (34%), and NMCM (22%). From Year 26 to 29, there were decreases in utilization of AOM (by 7%) and NMCM (by 31%) and an increase in MCC utilization of 48%. Compared to the previous year, the number of clients using Oral Health, Nutrition Support, Housing Services and Benefits Specialty increased in Year 29.

Among services with estimated expenditure data for Year 29, the five reporting the largest expenditures were MCC, AOM, Oral Health, Housing, NMCM and HBCM. The services reporting the highest investment per client were Housing ($14,454), HBCM ($8,549), Outreach Services- LRP ($1,735), MCC ($1,491) and Oral Health ($1,309).

These data suggest that the allocations made based on the Year 28 data are still appropriate, however additional resources may be needed to support the growing number of RWP aged 60 and older and to address homelessness among RWP clients. In addition, innovative service models and community engagement supported by the EHE initiative are needed to update and supplement the RWP service portfolio. Finally, evaluation of preliminary Year 30 data will be critical to monitor the impact of COVID-19 on access to and utilization of services by RWP clients and to support their health and wellbeing.

Acknowledgements

This report was prepared by Angela Castillo, Janet Cuanas, Wendy Garland and Sona Oksuzyan and reviewed by Michael Green and Mario Perez of the Division of HIV and STD Programs, Los Angeles County Department of Public Health.

Ryan White Program Clients
YR29 (03/01/2019 - 02/29/2020), Los Angeles, California

Utilization by Service Category among Ryan White Priority Populations in Year 29 (N=21,397)

Service Category	**Youth 29 and Under**		**MSM of Color[c]**		**Women**		**Transgender Persons[c]**		**50 Years and Older**		**African Americans**		**PWID**		**Current Homelessness**		**Recently Incarcerated (past 24M)**		**Total Clients**	
Total Unduplicated Clients[a]	*2,509*	*100.0%*	*11,251*	*100.0%*	*2,628*	*100.0%*	*447*	*100.0%*	*9,272*	*100.0%*	*5,083*	*100.0%*	*1,027*	*100.0%*	*2,210*	*100.0%*	*1,793*	*100.0%*	*21,397*	*100.0%*
Home-Based CM	**2**	**0.1%**	**99**	**0.9%**	**63**	**2.4%**	**1**	**0.2%**	**256**	**2.8%**	**54**	**1.1%**	**13**	**1.3%**	**7**	**0.3%**	**4**	**0.2%**	**302**	**1.4%**
Housing Services	**29**	**1.2%**	**78**	**0.7%**	**45**	**1.7%**	**13**	**2.9%**	**98**	**1.1%**	**72**	**1.4%**	**14**	**1.3%**	**166**	**7.5%**	**6**	**0.3%**	**227**	**1.1%**
Permanent Supportive Housing (H4H)	*13*	*0.5%*	*28*	*0.2%*	*12*	*0.5%*	*7*	*1.6%*	*41*	*0.4%*	*39*	*0.8%*	*6*	*0.6%*	*108*	*4.9%*	*-*	*0.0%*	*108*	*0.5%*
Residential Care Facilities for the Chronically Ill	*8*	*0.3%*	*26*	*0.2%*	*32*	*1.2%*	*3*	*0.7%*	*48*	*0.5%*	*23*	*0.5%*	*6*	*1.3%*	*34*	*1.5%*	*4*	*0.2%*	*90*	*0.4%*
Transitional Residential Care Facilities	*8*	*0.3%*	*28*	*0.2%*	*1*	*0.0%*	*3*	*0.7%*	*13*	*0.1%*	*10*	*0.2%*	*2*	*1.3%*	*25*	*1.1%*	*2*	*0.1%*	*35*	*0.2%*
Medical CM (Medical Care Coordination)	**1,201**	**47.9%**	**4,181**	**37.2%**	**674**	**25.6%**	**221**	**49.4%**	**2,473**	**26.7%**	**1,876**	**36.9%**	**366**	**1.3%**	**1,218**	**55.1%**	**797**	**44.5%**	**7,356**	**34.4%**
Medical Nutritional Therapy	**-**	**0.0%**	**2**	**0.0%**	**3**	**0.1%**	**-**	**0.0%**	**6**	**0.1%**	**6**	**0.1%**	**1**	**1.3%**	**2**	**0.1%**	**4**	**0.2%**	**10**	**0.0%**
Medical Outpatient	**1,593**	**63.5%**	**8,117**	**72.1%**	**2,073**	**78.9%**	**264**	**59.1%**	**6,467**	**69.7%**	**3,291**	**64.7%**	**645**	**1.3%**	**1,249**	**56.5%**	**978**	**54.5%**	**15,013**	**70.2%**
Mental Health Services	**68**	**2.7%**	**353**	**3.1%**	**124**	**4.7%**	**21**	**4.7%**	**302**	**3.3%**	**109**	**2.1%**	**40**	**1.3%**	**83**	**3.8%**	**55**	**3.1%**	**682**	**3.2%**
Non-Medical CM	**649**	**25.9%**	**2,654**	**23.6%**	**455**	**17.3%**	**95**	**21.3%**	**1,901**	**20.5%**	**978**	**19.2%**	**282**	**1.3%**	**528**	**23.9%**	**712**	**39.7%**	**4,688**	**21.9%**
Benefits Specialty	*426*	*17.0%*	*2,301*	*20.5%*	*406*	*15.4%*	*74*	*16.6%*	*1,759*	*19.0%*	*595*	*11.7%*	*179*	*1.3%*	*332*	*15.0%*	*241*	*13.4%*	*3,897*	*18.2%*
Transitional CM Incarcerated	*186*	*7.4%*	*342*	*3.0%*	*46*	*1.8%*	*22*	*4.9%*	*160*	*1.7%*	*396*	*7.8%*	*115*	*1.3%*	*215*	*9.7%*	*511*	*28.5%*	*805*	*3.8%*
Transitional CM Youth	*67*	*2.7%*	*57*	*0.5%*	*4*	*0.2%*	*1*	*0.2%*	*-*	*0.0%*	*4*	*0.1%*	*1*	*1.3%*	*8*	*0.4%*	*6*	*0.3%*	*67*	*0.3%*
Nutrition Support	**62**	**2.5%**	**1,001**	**8.9%**	**269**	**10.2%**	**56**	**12.5%**	**1,382**	**14.9%**	**597**	**11.7%**	**144**	**1.3%**	**237**	**10.7%**	**119**	**6.6%**	**2,012**	**9.4%**
Delivered Meals	11	*0.4%*	240	*2.1%*	70	2.7%	15	3.4%	434	4.7%	178	3.5%	43	1.3%	39	1.8%	28	1.6%	554	2.6%
Food Bank	55	*2.2%*	840	*7.5%*	229	8.7%	44	9.8%	1,099	11.9%	480	9.4%	118	1.3%	209	9.5%	100	5.6%	1,637	7.7%
Oral Health Care	**220**	**8.8%**	**2,416**	**21.5%**	**560**	**21.3%**	**98**	**21.9%**	**2,371**	**25.6%**	**687**	**13.5%**	**162**	**1.3%**	**279**	**12.6%**	**205**	**11.4%**	**4,448**	**20.8%**
Outreach Services	**26**	**1.0%**	**40**	**0.4%**	**33**	**1.3%**	**3**	**0.7%**	**21**	**0.2%**	**34**	**0.7%**	**5**	**1.3%**	**31**	**1.4%**	**27**	**1.5%**	**113**	**0.5%**
Substance Abuse - Residential	**19**	**0.8%**	**63**	**0.6%**	**4**	**0.2%**	**3**	**0.7%**	**35**	**0.4%**	**48**	**0.9%**	**23**	**1.3%**	**59**	**2.7%**	**40**	**2.2%**	**115**	**0.5%**

[a] The sum of clients served for all categories exceeds total number of RWP clients as clients may receive more than one service

[b] MSM defined as PLWH who were male sex at birth and who have sex with men as primary risk category

[c] Includes 433 transgender women, 10 transgender men and 4 other gender

Data Source: HIV CaseWatch data as of 05/01/2020
Excludes Ryan White services not recorded in HIV CaseWatch
Subpopulations are not mutually exclusive