



## Ryan White Program Utilization Summary, Year 33: Core Services (March 1, 2023-February 2024)



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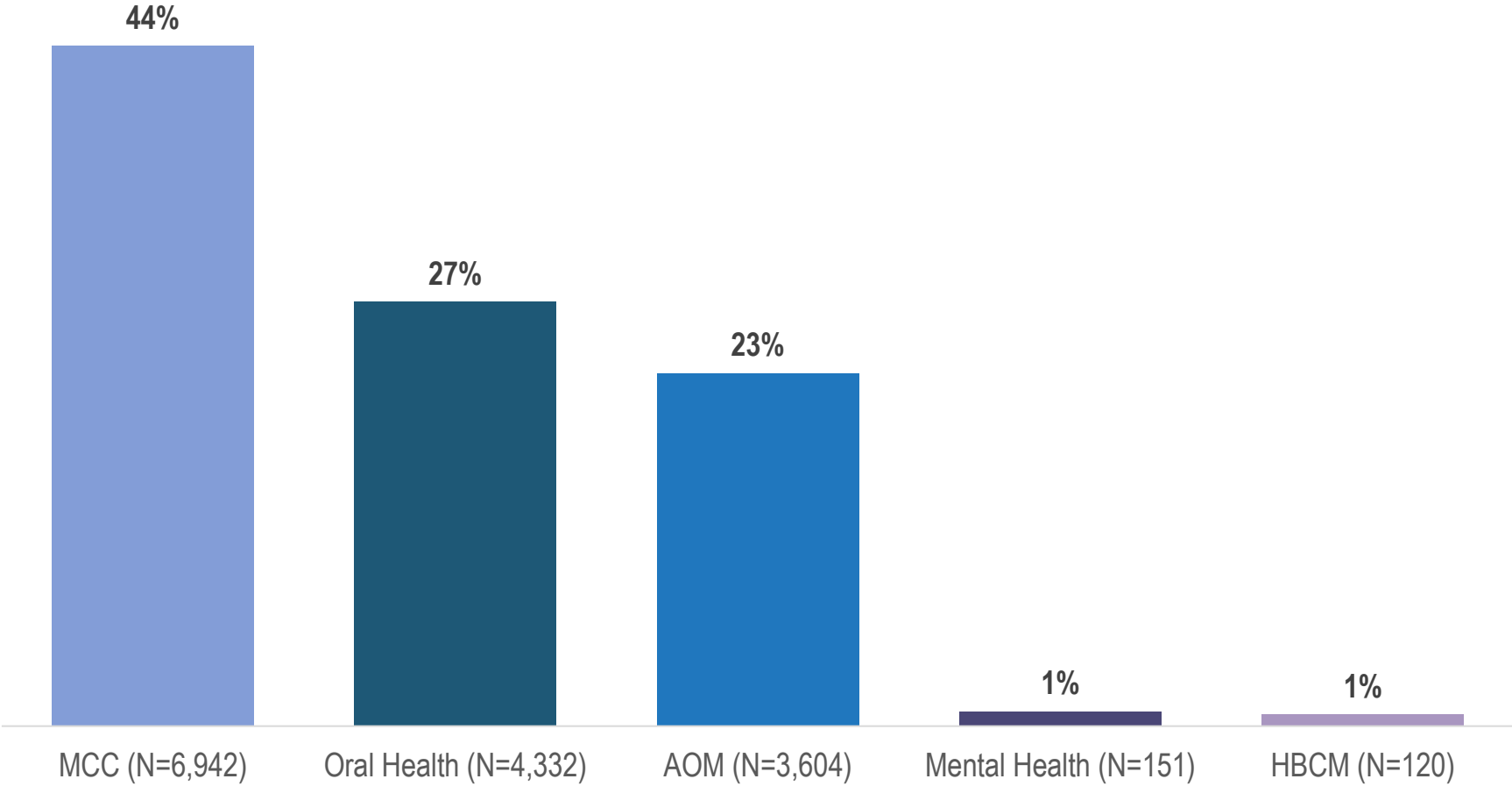
**April 15, 2025**

## RWP Core Services

- Ambulatory Medical Outpatient (AOM)
- Medical Care Coordination (MCC)
- Oral Health
- Home-Based Care Management (HBCM)
- Mental Health



# MCC, Oral Health, and AOM were the most highly used core services in Year 33.



# Ambulatory Medical Outpatient (AOM)

Provides primary medical care, HIV medication management, laboratory testing, counseling, nutrition education, case management, support groups, and access to specialized HIV treatment options at 18 contracted sites.

- A total of **3,604 unique clients** received AOM services (Year 32 at 3,478, Year 31 at 5,351)
- AOM clients represented almost a quarter (**23%**) of **RWP clients**



# Utilization of AOM clients, Year 33



Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
<b>AOM</b>	<b>3,604</b>	<b>Visits</b>	<b>9,733</b>	<b>3</b>	<b>\$7,479,143</b>	<b>\$2,075</b>
Medical Outpatient	3,604	Visits	9,733	3	\$4,510,048	\$1,251
Supplemental AOM Procedures	3,211	Procedures	64,156	20	\$2,526,186	\$787
Medical Subspecialty*					\$442,909	

## Funding Source:

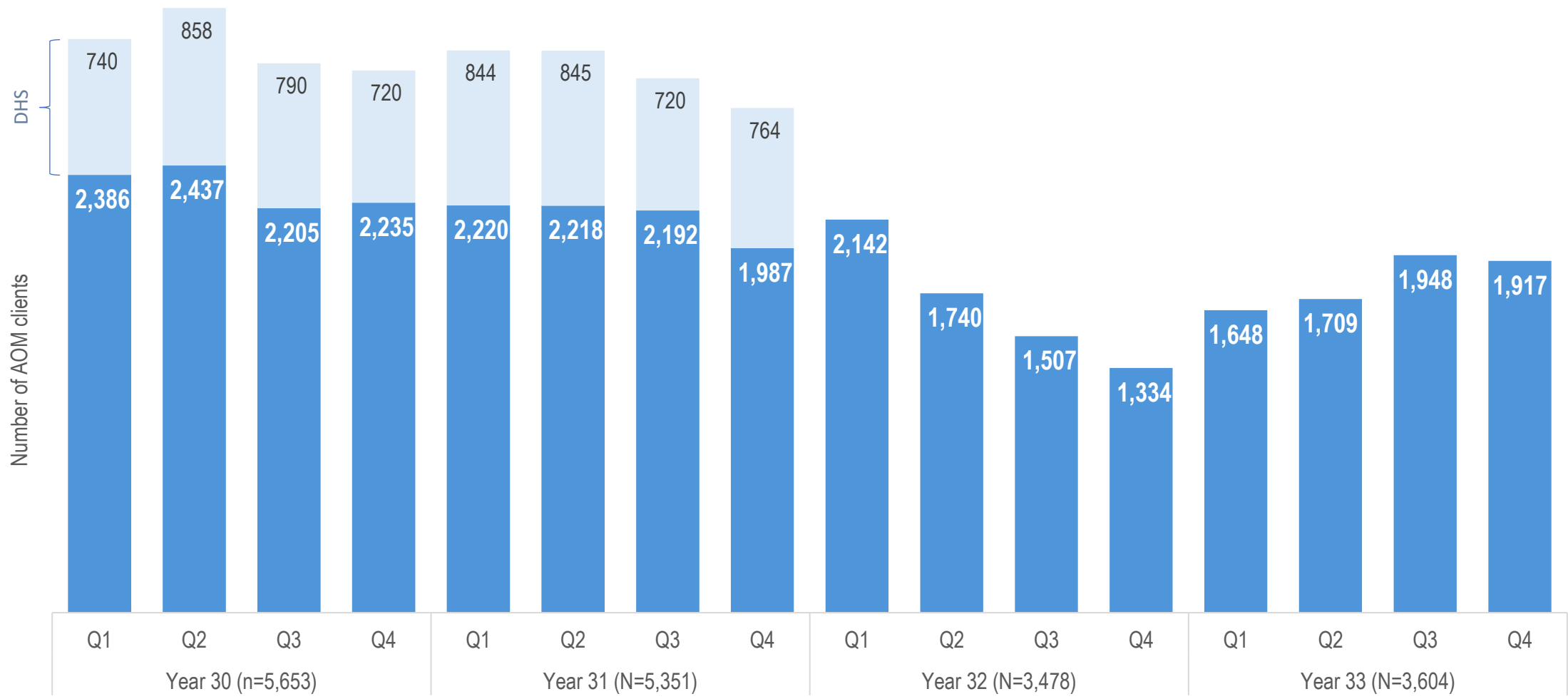
- Part A - \$6,564,101
- HIV NCC - \$915,042

\*No data in CaseWatch

# AOM utilization decreased over three years (Medi-Cal expansion) with the lowest in Year 32 but went slightly up in Year 33.

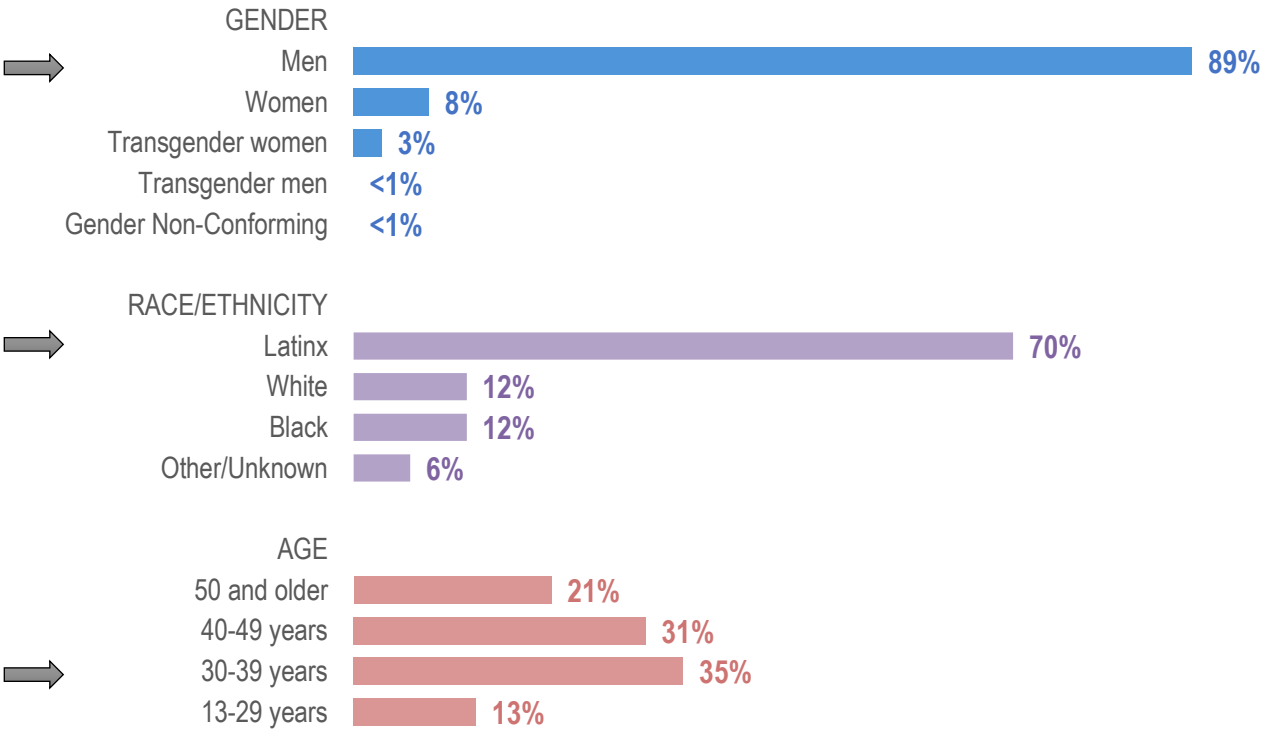


Quarterly AOM Utilization at Department of Health Services (DHS) and non-DHS Agencies, Years 30-33





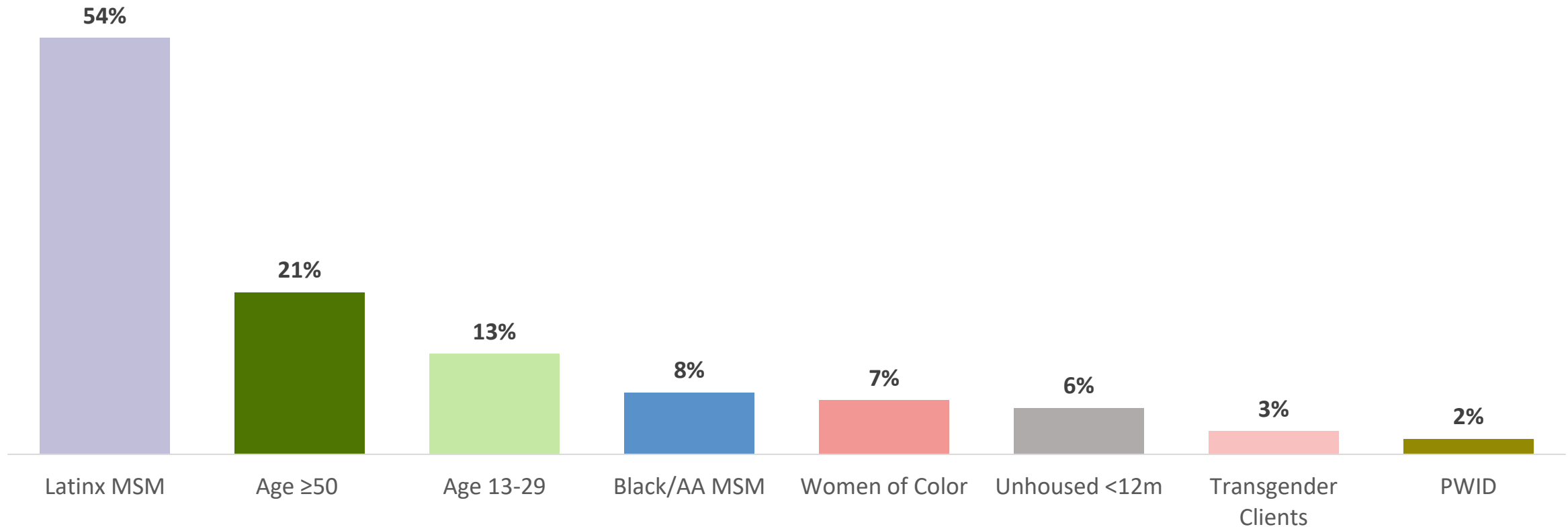
## AOM Client Demographics, Year 33 (N=3,604)



# AOM services are reaching clients in LAC priority populations\*, Year 33



- **Latinx MSM** clients represented the largest percentage of AOM clients
- Clients **age  $\geq 50$**  and **13-29 years** represented a third of AOM clients (34%)



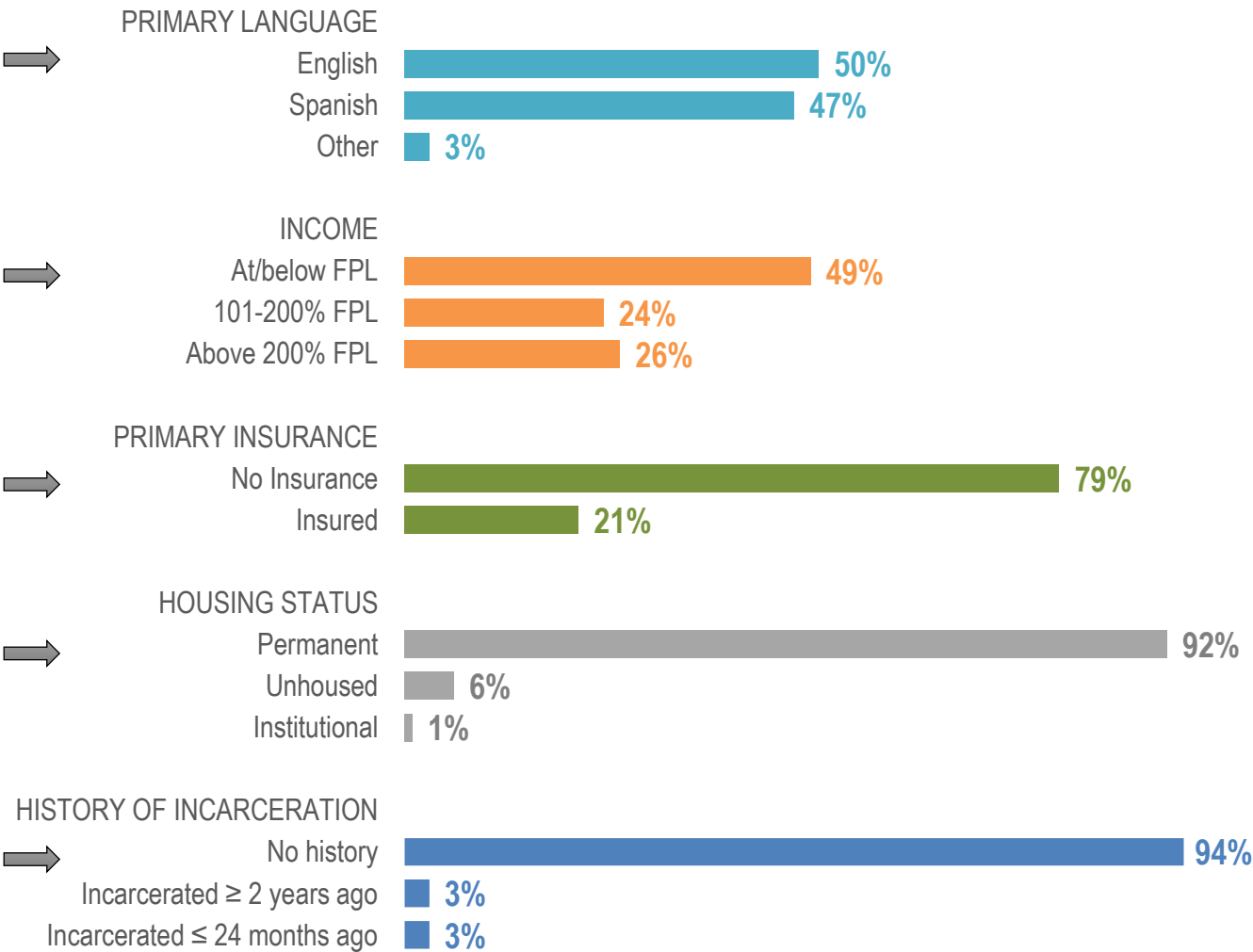
\*Priority population groups are not mutually exclusive, they overlap.



Half of AOM clients spoke English; half lived ≤ FPL; most had no insurance; most were permanently housed; most had no history of incarceration.



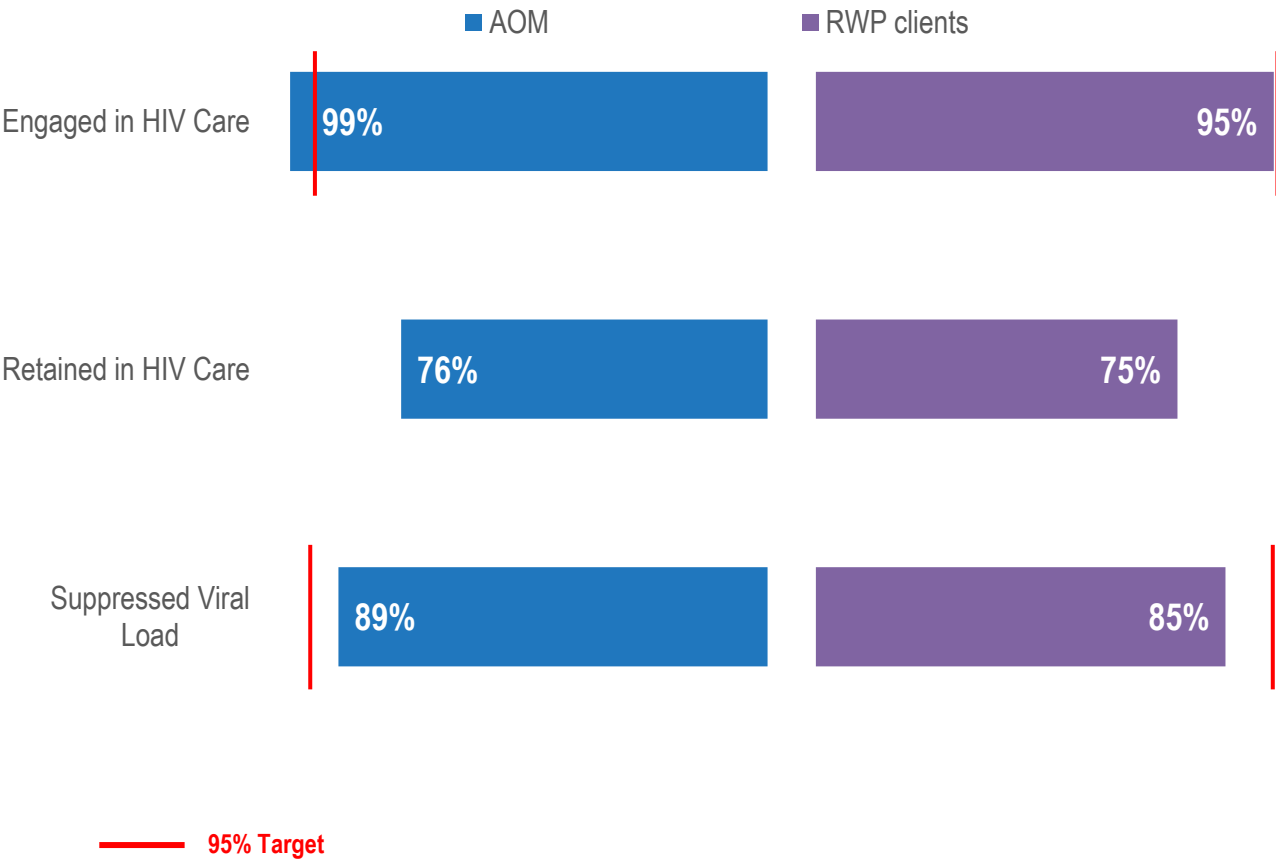
AOM Client Health Determinants, Year 33, N=3,604



# HIV Care Continuum in AOM clients, Year 33 (N=3,604)



- Engagement, retention in care, and viral load suppression percentages were higher for AOM clients compared to RWP clients overall, Year 33.
- AOM clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



Data source: HIV Casewatch as of 5/2/2024

# Medical Care Coordination (MCC)

An integrated service model to respond to patients' unmet medical and non-medical needs through coordinated case management activities to support continuous engagement in care and adherence to ART offered at 18 contracted sites.

A total of **6,942 unique clients** received MCC services, which is a decline from Year 31 at 8,244 and Year 32 at 7,036.

MCC clients represented **44% of RWP clients** in Year 33.



# Utilization of MCC clients, Year 33



Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures <u>per client</u>
MCC	6,942	Hours	97,771	14	\$10,687,814	\$1,540

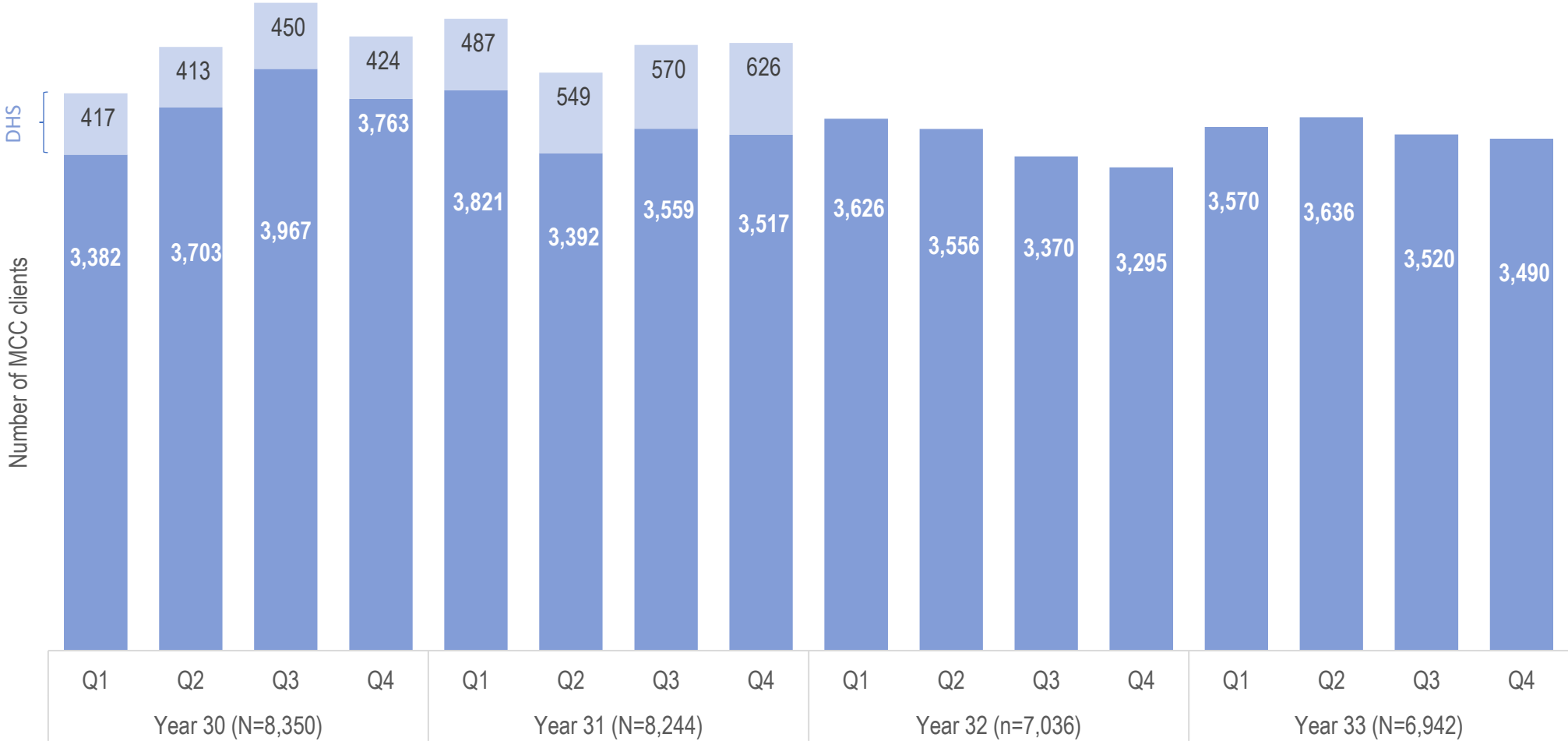
## Funding Source:

- *Part A - \$9,064,884*
- *HRSA EHE - \$722,354*
- *HIV NCC - \$900,576*

Number of clients declined over the four years from Year 30 to Year 33. However, MCC utilization continued to be stable over four years.

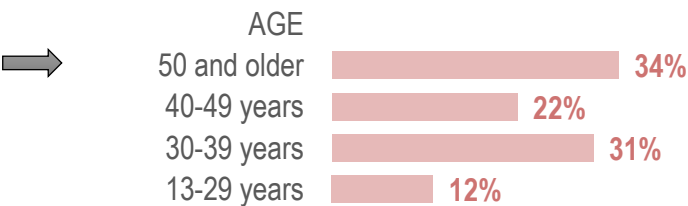
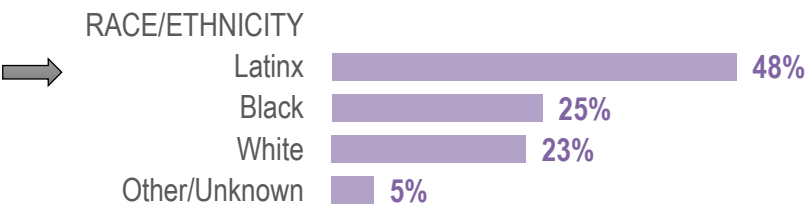
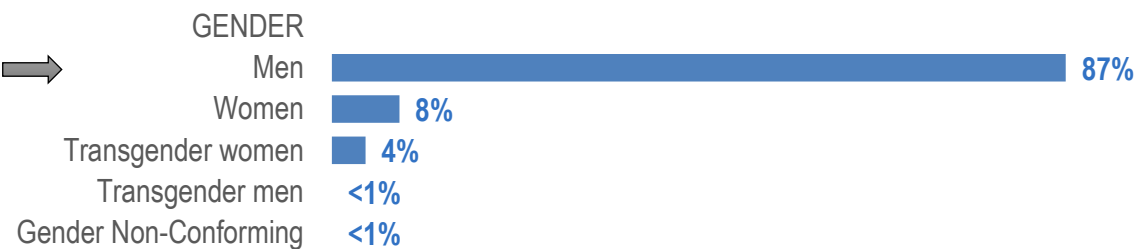


Quarterly MCC Utilization at DHS and non-DHS Agencies, Years 30-33





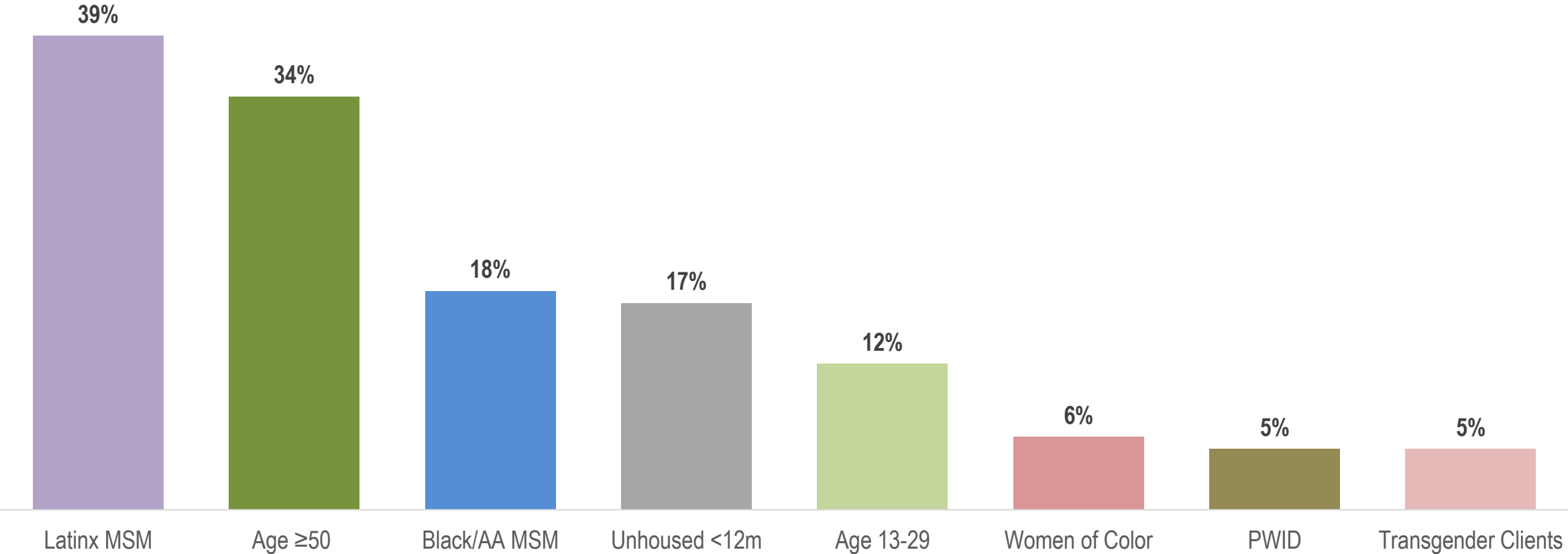
## MCC Client Demographics, Year 33 (N=6,942)



# LAC Priority Populations Accessing the MCC Services\*, Year 33



- **Latinx MSM** clients represented the largest percentage
- **Clients age  $\geq 50$**  represented one third of all MCC clients

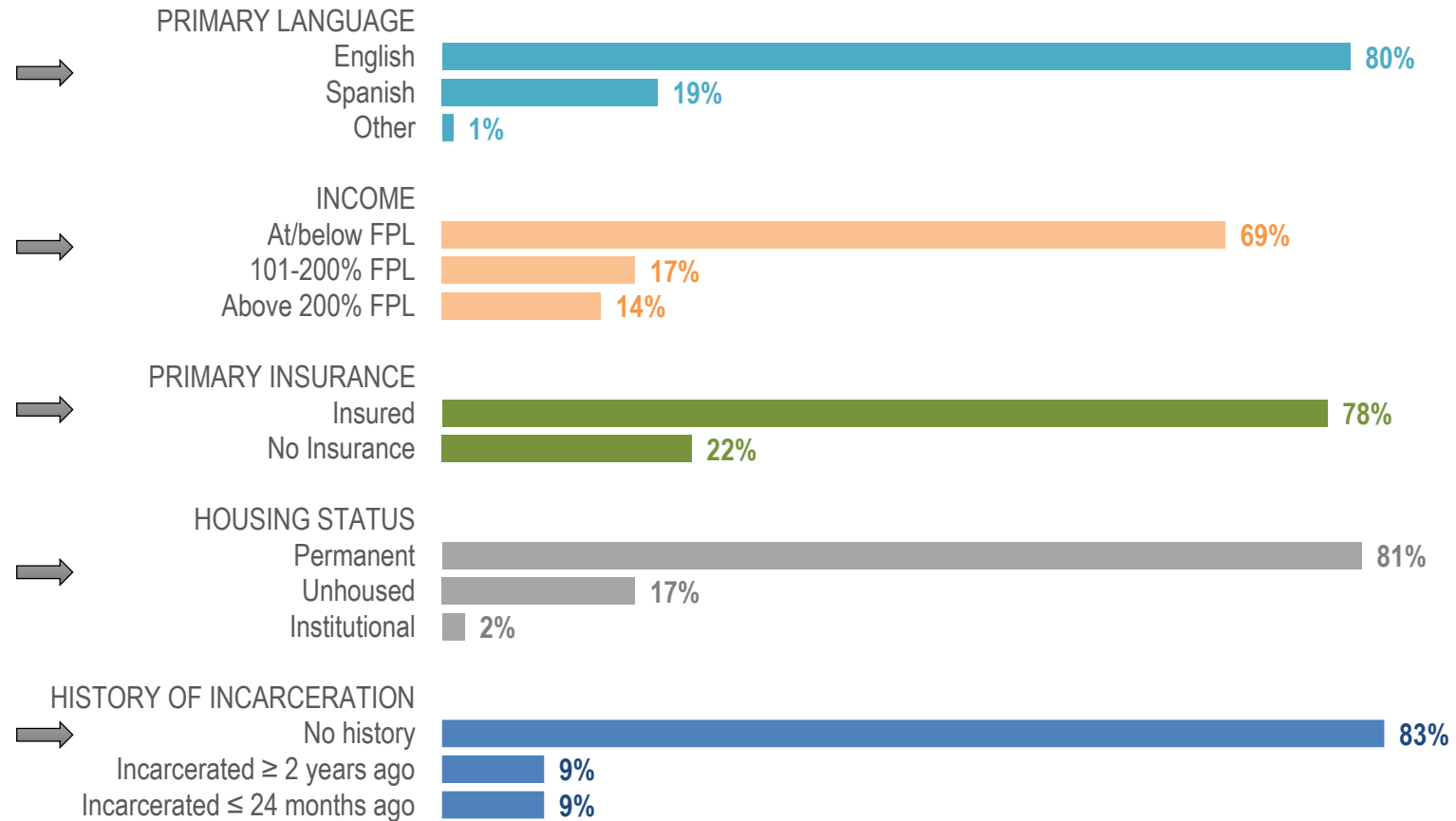


\*Priority population groups are not mutually exclusive, they overlap.

Most of MCC clients spoke English; most lived  $\leq$  FPL; most were insured; most were permanently housed; most had no history of incarceration.



MCC Client Health Determinants, Year 33, N=6,942

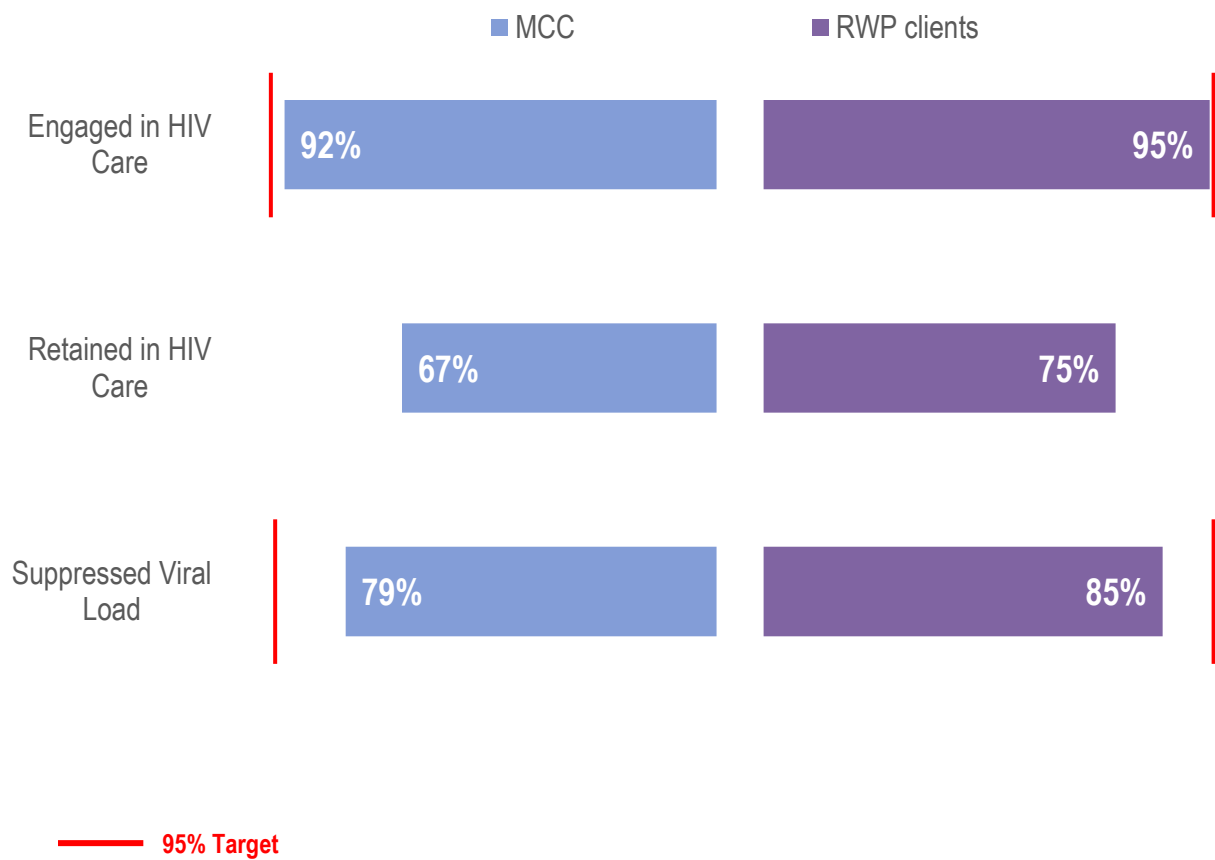




# HIV Care Continuum in MCC clients, Year 33, N=6,942



- Engagement, retention, and viral load suppression percentages were lower for MCC clients compared to RWP clients overall, Year 33.
- MCC clients did not meet the EHE targets.



Data source: HIV Casewatch as of 5/2/2024

## Oral Health Care (OH)

Provides routine, comprehensive oral health care, including prevention, treatment, counseling, and education at 12 contracted sites.

A total of **4,332 unique clients** received **Oral Health Care** services, which is a steady increase from Year 31 at 4,145 and Year 32 at 4,270.

- *General Oral Health* services were provided to **4,064** clients.
- *Specialty Oral Health* services were provided to **999** clients.

Oral Health Care clients represented **27%** of **RWP clients**.



# Utilization of Oral Health clients, Year 33



Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
Oral Health	4,332	Procedures	47,235	11	\$7,805,232	\$1,802
General	4,064	Procedures	42,309	10	\$5,752,477	\$1415 \$136 per procedure
Specialty	999	Procedures	4,926	5	\$2,052,755	\$2,055 \$417 per procedure

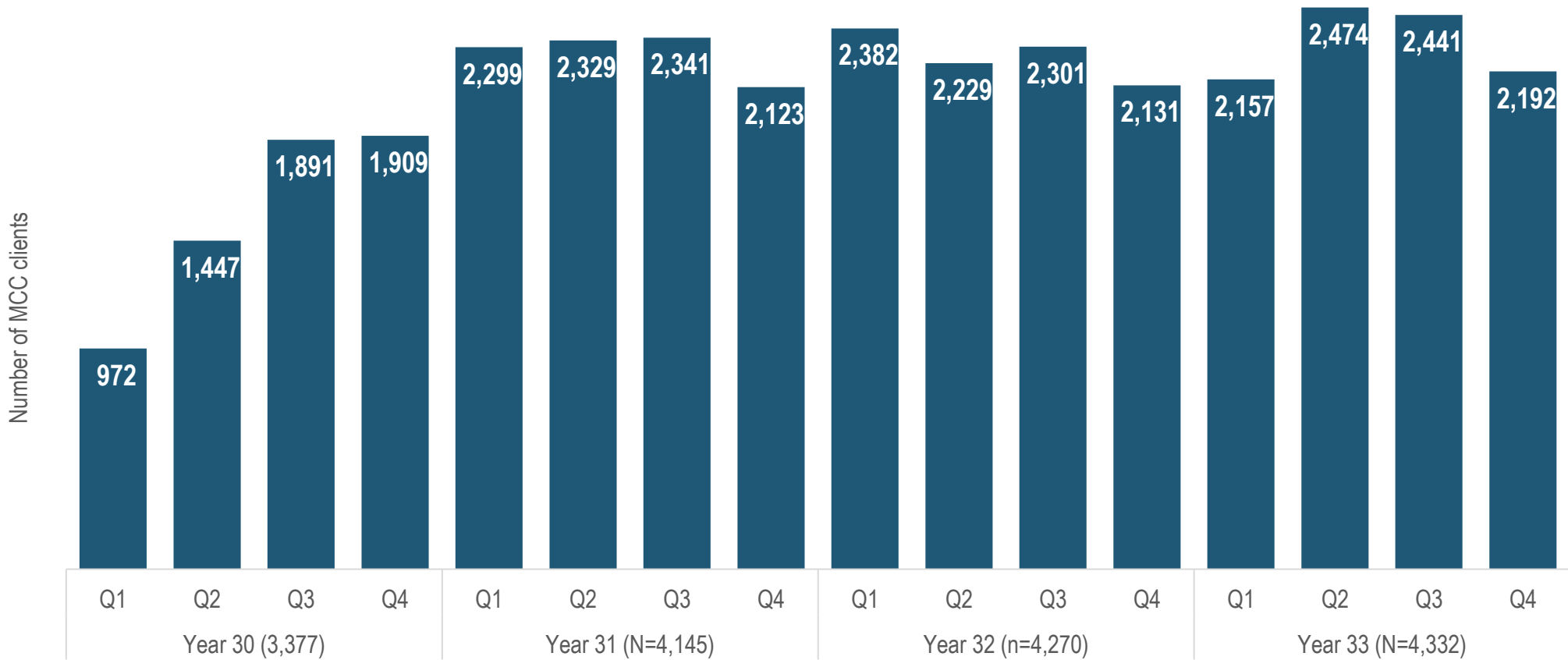
## Funding Source:

- Part A - \$7,188,736
- HIV NCC - \$616,496

After a drop in the number of Oral Health Care clients due to COVID-19 pandemic, utilization of OHC services gradually increased, reaching the highest numbers in Year 33, Q2 and Q3 in particular.

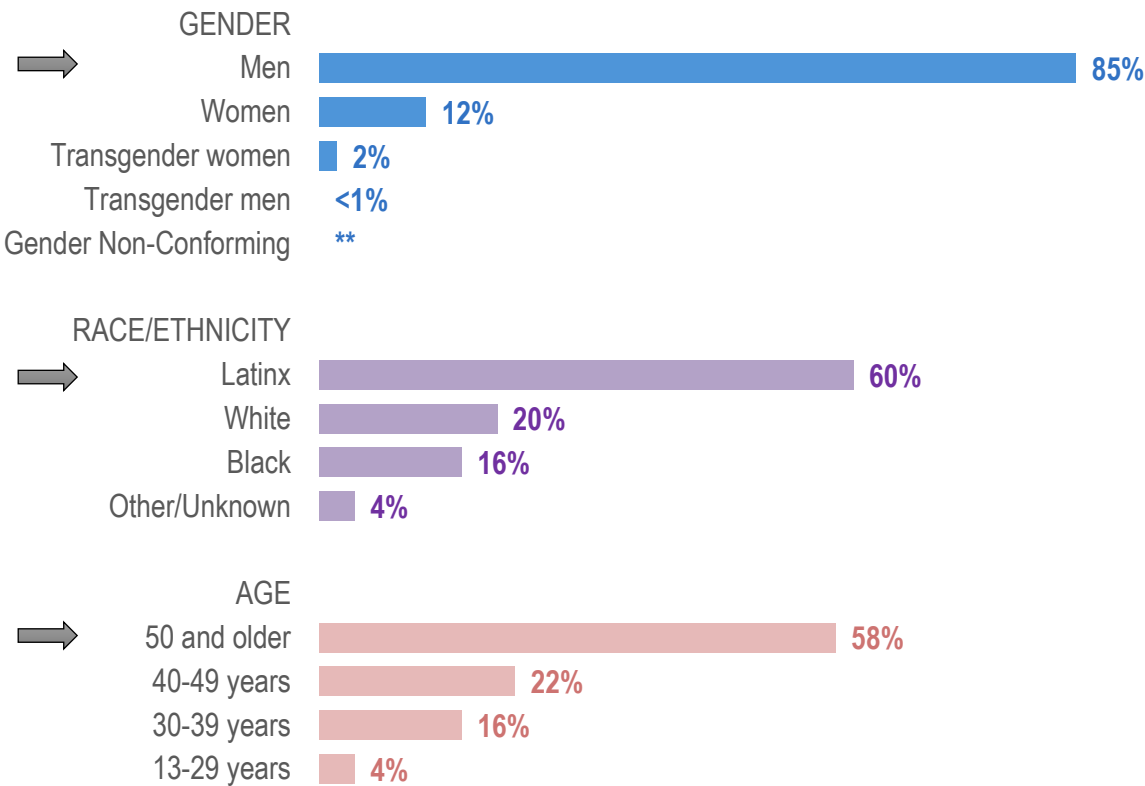


Quarterly Oral Health Care Utilization, Years 30-33





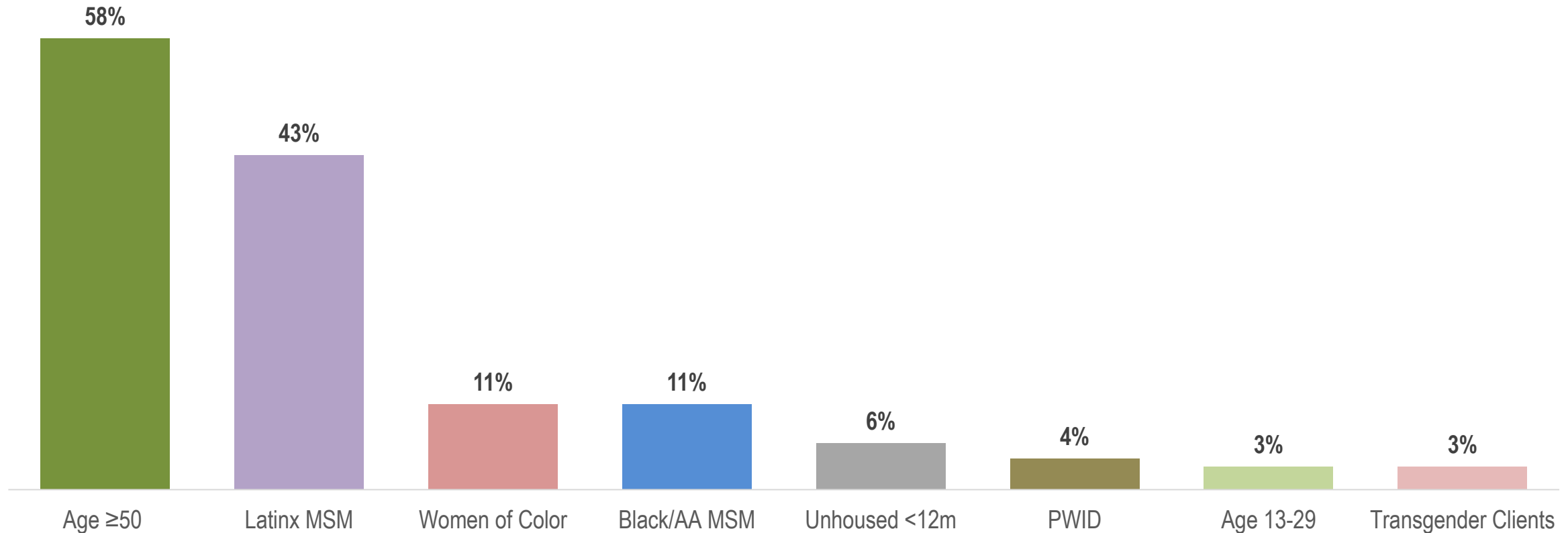
## Oral Health Client Demographics, Year 33 (N=4,332)



# LAC Priority Populations Accessing the Oral Health Services\*, Year 33



- **Clients aged  $\geq 50$**  represented the largest percentage of Oral Health clients
- **Latinx MSM clients** were the next highest served by Oral Health
- Percentages for General and Specialty Oral Care look similar

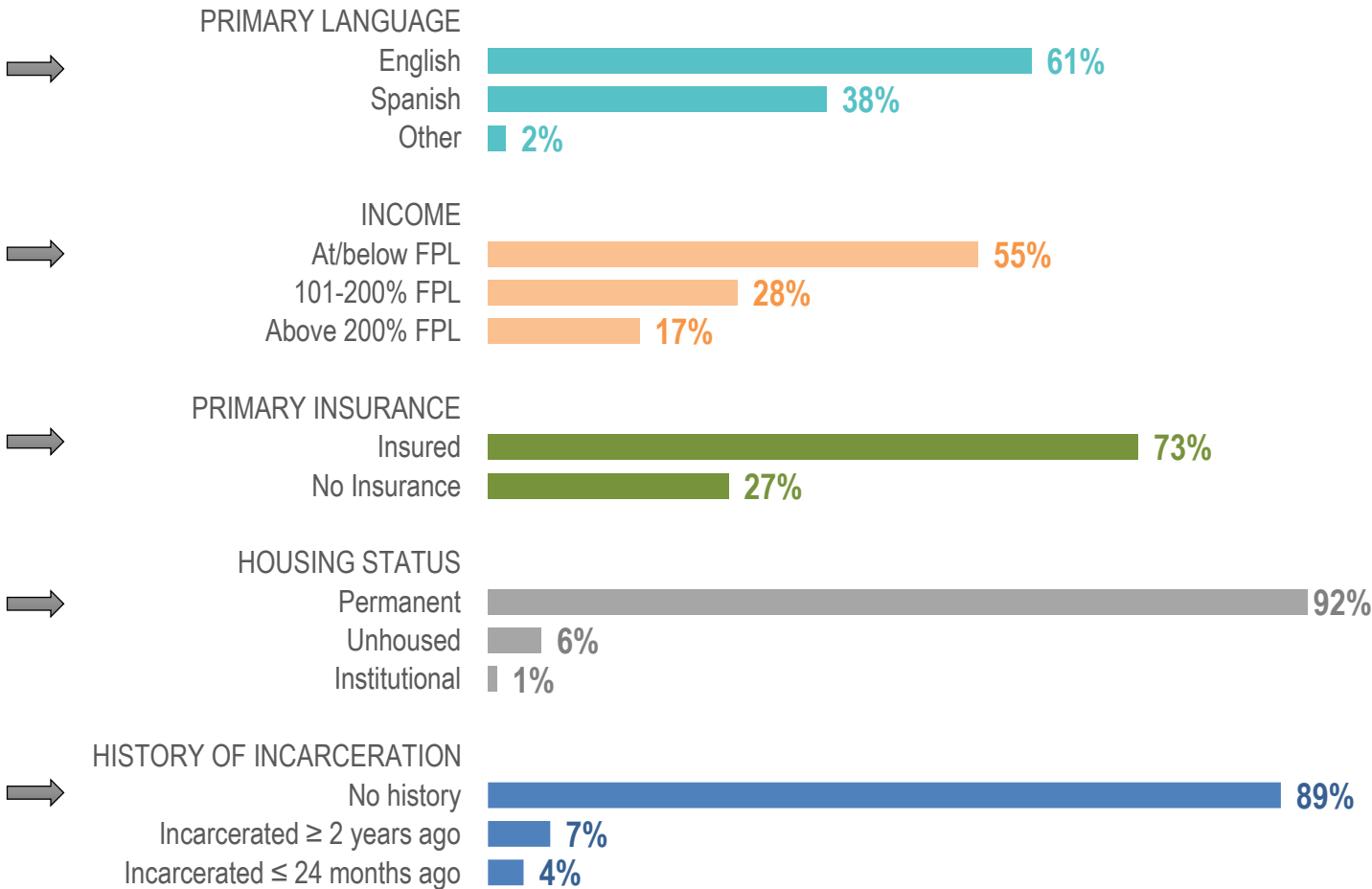


\*Priority population groups are not mutually exclusive, they overlap.

Most Oral Health Care clients were English-speakers; most lived ≤ FPL, most were insured; most were permanently housed; most had no history of incarceration.



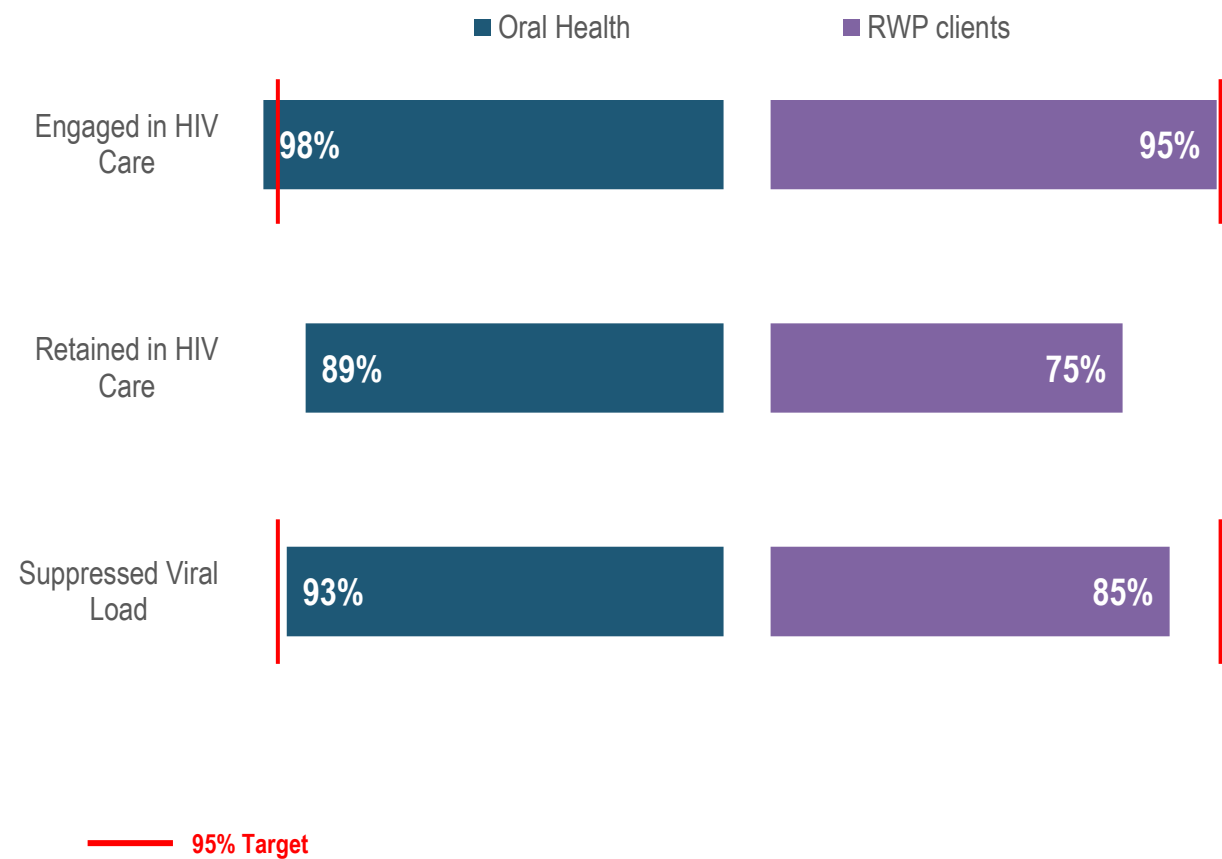
Oral Health Care Client Health Determinants, Year 33, N=4,332



# HIV Care Continuum in Oral Health clients, Year 33, N=4,332



- Engagement, retention, and viral load suppression percentages were higher for Oral Health clients compared to RWP clients overall, Year 33.
- Oral Health clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



Data source: HIV Casewatch as of 5/2/2024



# Home-Based Case Management (HBCM)

Provides client-centered case management and social work activities, focusing on care for PLWH who are functionally impaired and require intensive home and/or community-based care offered at 5 contracted sites.

A total of **120 unique clients** received **HBCM** services, a decline from Year 31 at 151 and Year 32 at 138.

- Attendant Care – 9 clients
- Case Management – 120 clients
- Equipment – 4 clients
- Homemaker services – 69 clients
- Nutrition services – 34 clients
- Psychotherapy – 36 clients

HBCM clients represented **<1% of RWP clients**.



# Utilization of HBCM clients, Year 33



- Homemaker subservice had the highest total units served and the highest units per client
- Case management had the highest total and per client expenditures

Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures per client
<b>HBCM</b>	<b>120</b>	<b>Various</b>	<b>43,840</b>	<b>365</b>	<b>\$2,866,908</b>	<b>\$23,891</b>
Attendant Care	9	Hours	3,305	367	\$92,976	\$10,331
Case Management	120	Hours	6,925	58	<b>\$1,620,056</b>	<b>\$13,500</b>
Durable Medical Equipment	4	Medical Equipment	7	2	\$546	\$137
Homemaker	69	Hours	<b>25,871</b>	<b>375</b>	\$813,621	\$11,792
Nutrition	34	Nutritional Supplements	6,811	200	\$9,451	\$278
Psychotherapy CM	36	Hours	920	26	\$97,251	\$2,701
Administrative costs*	120				\$233,007	\$1,942

## Funding Source:

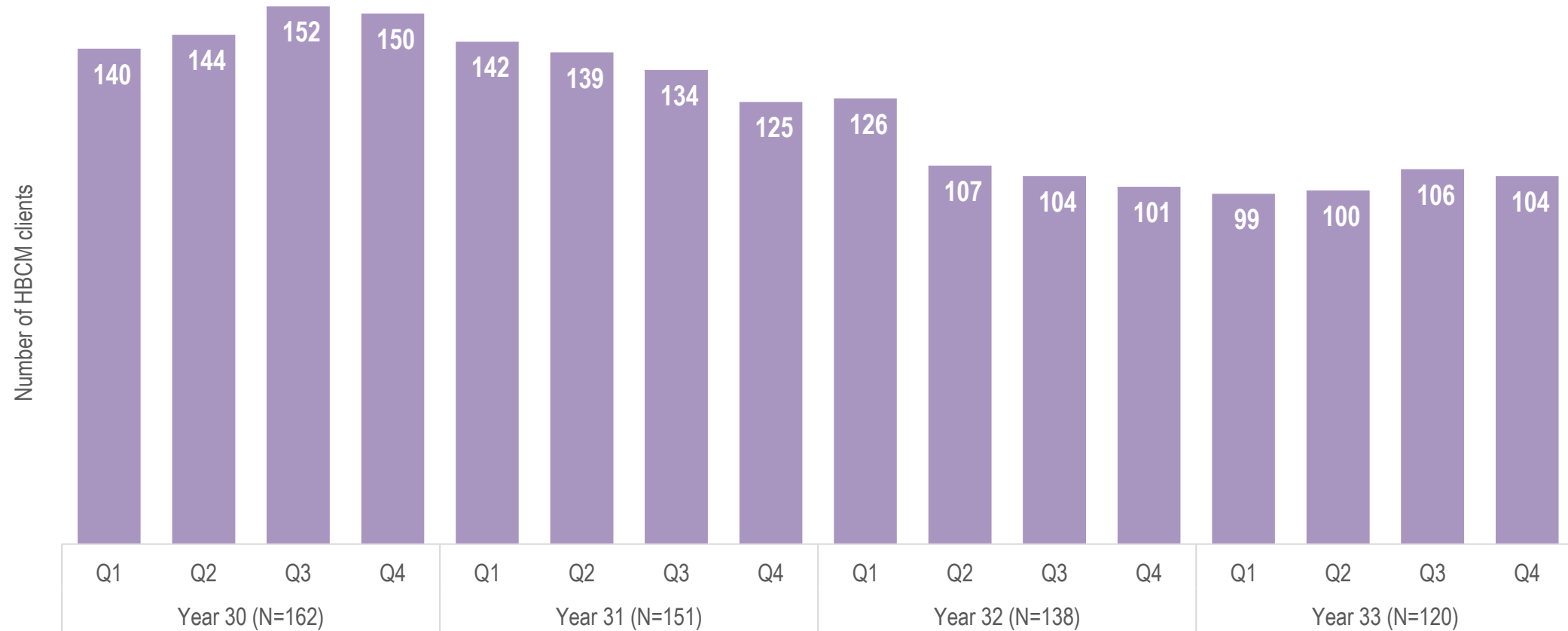
- Part A - \$2,614,732
- HIV NCC - \$252,176

\* No information in CaseWatch; we distributed Administrative costs to all HBCM clients

# Utilization of HBCM services decreased over 4 years, reaching the lowest in Year 33.

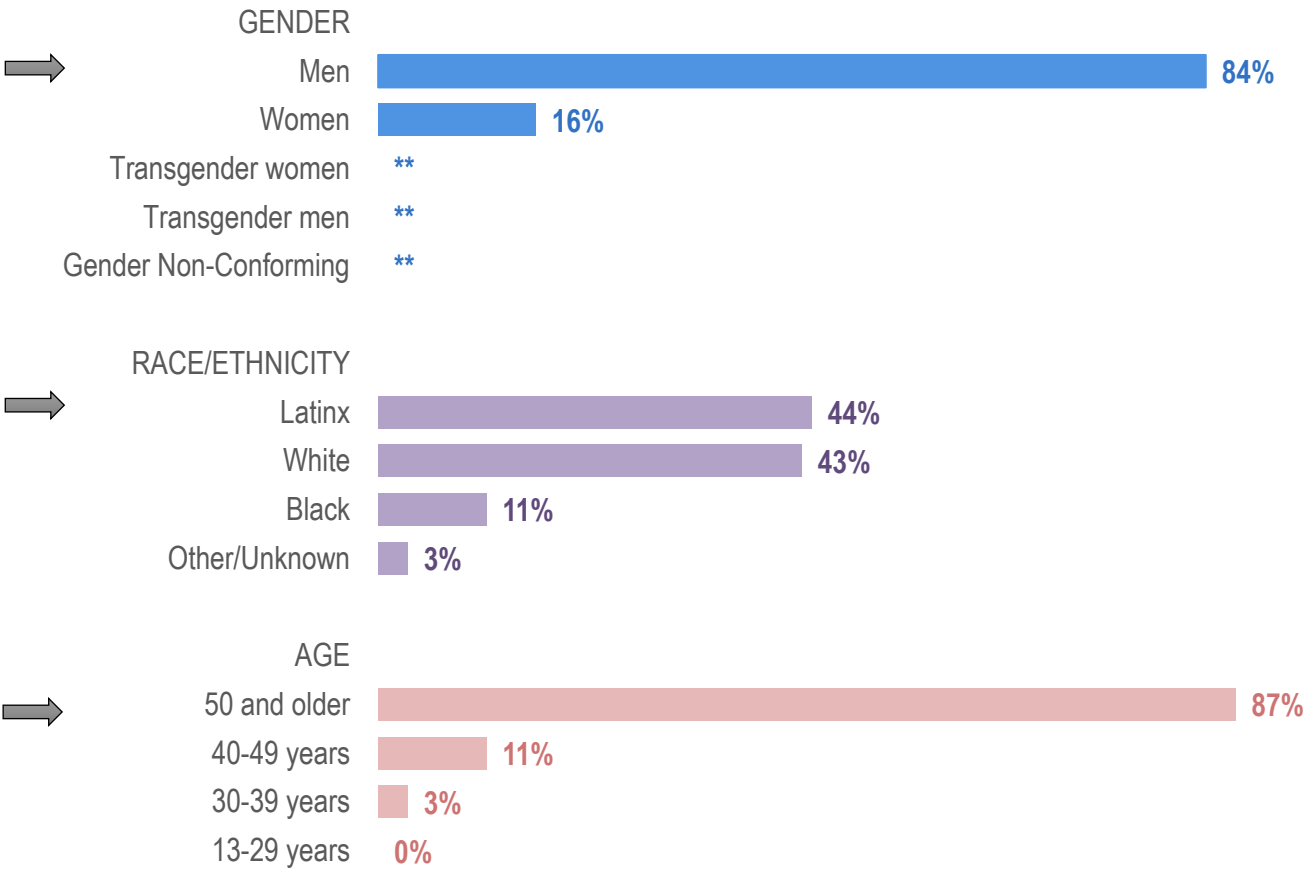


Quarterly HBCM Utilization, Years 30-33





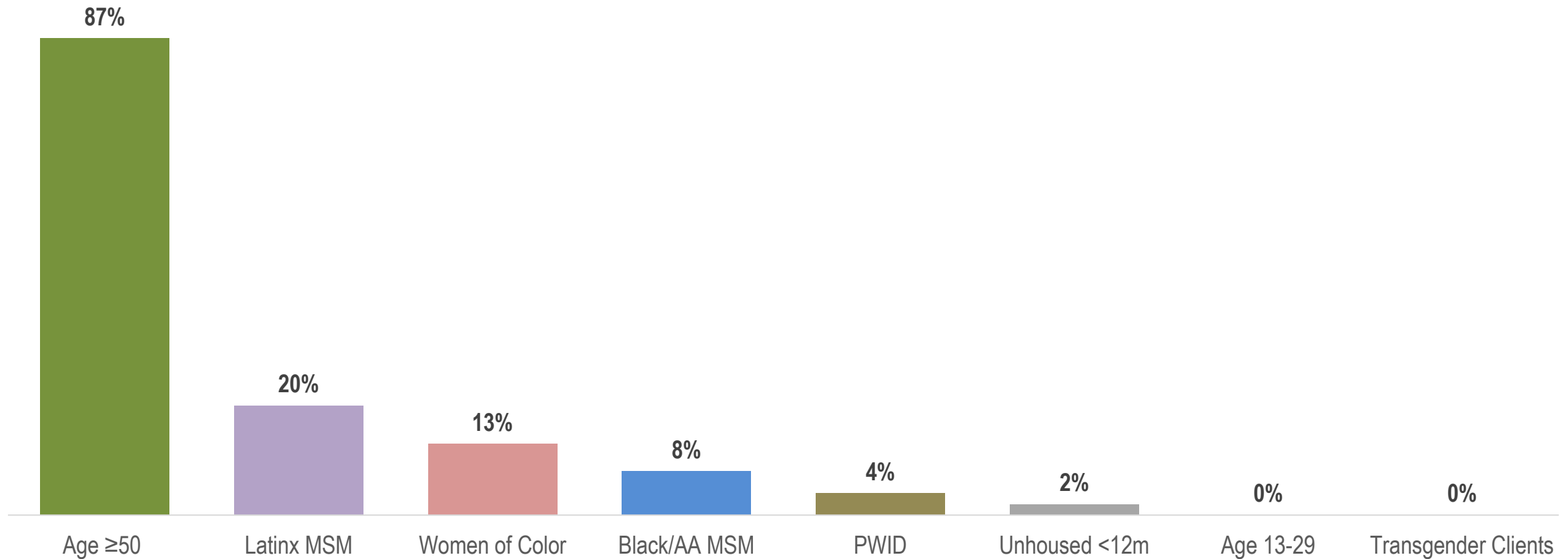
## HBCM Client Demographics, Year 33, N=120



# LAC Priority Populations Accessing HBCM Services\*, Year 33



- **Clients age  $\geq 50$**  represented the majority of HBCM clients
- **Latinx MSM clients** were the next highest served by HBCM

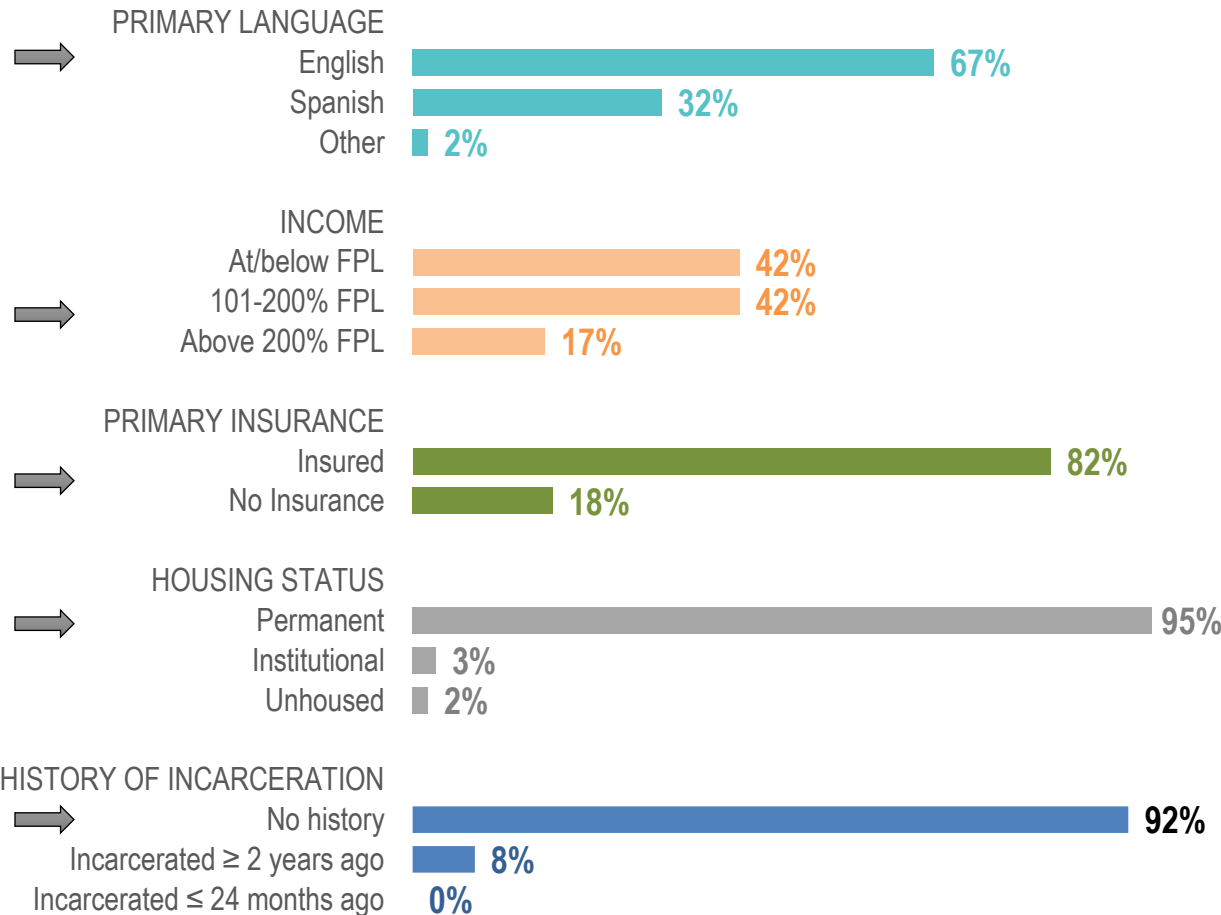


\*Priority population groups are not mutually exclusive, they overlap.

Most HBCM Client were English-speakers; most lived above FPL; most were insured; most had permanent housing; most had no history of incarceration.



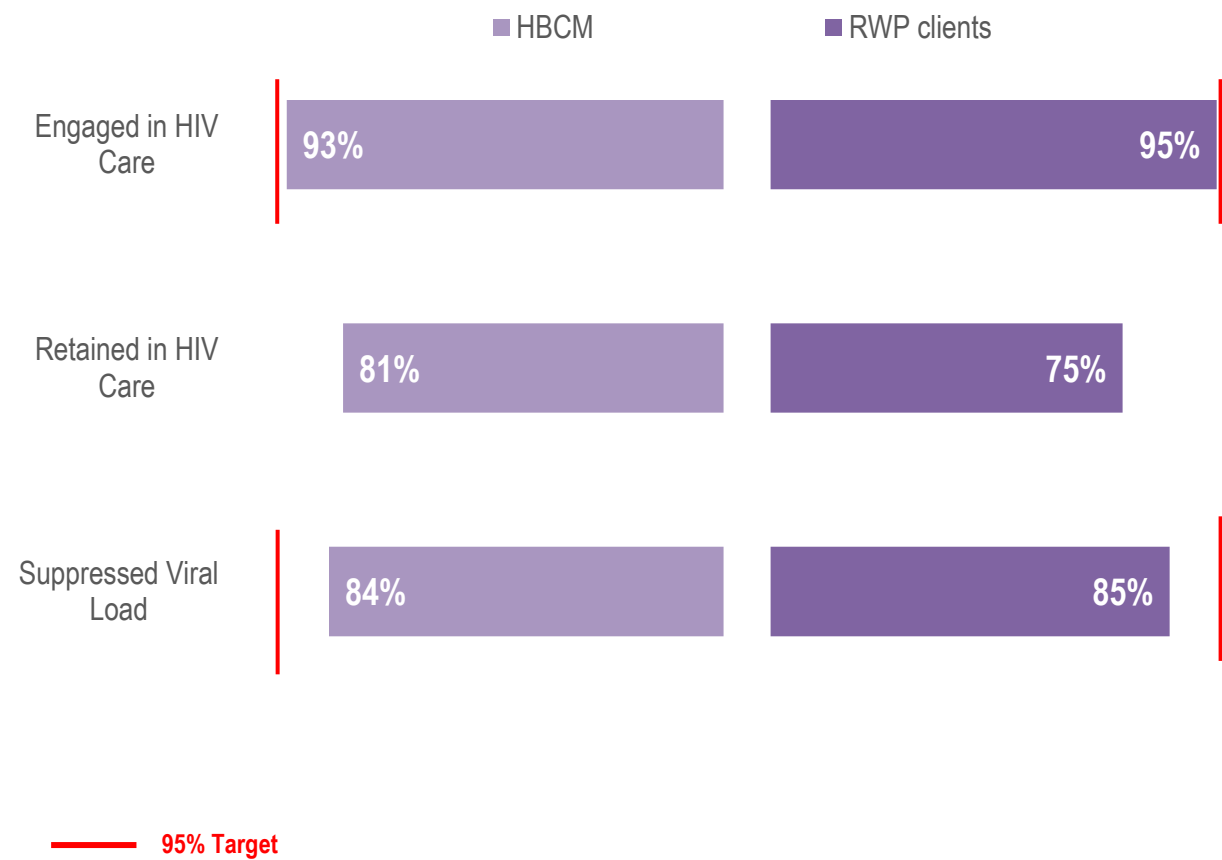
HBCM Client Health Determinants, Year 33, N=120



# HIV Care Continuum in HBCM clients, Year 33 (N=120)



- Engagement and viral load suppression percentages were lower for HBCM clients compared to RWP clients overall, Year 33.
- Retention in care was higher among HBCM clients than RWP clients overall in Year 33.
- HBCM clients did not meet the EHE targets for any of the HCC measures.



Data source: HIV Casewatch as of 5/2/2024

## Mental Health (MH) Services

Provides mental health (MH) assessment, treatment planning and provision at 7 contracted sites.

A total of **151 unique clients** received **Mental Health** services, a decline from Year 31 at 331 and Year 32 at 224 .

MH service clients represented **<1% of RWP clients.**





# Utilization of Mental Health clients, Year 33



Service Category	Unique Clients Served	Service Unit(s)	Total Service Units	Units Per Client	Expenditures	Expenditures <u>per client</u>
Mental Health	151	Sessions	766	5	\$109,422	\$725

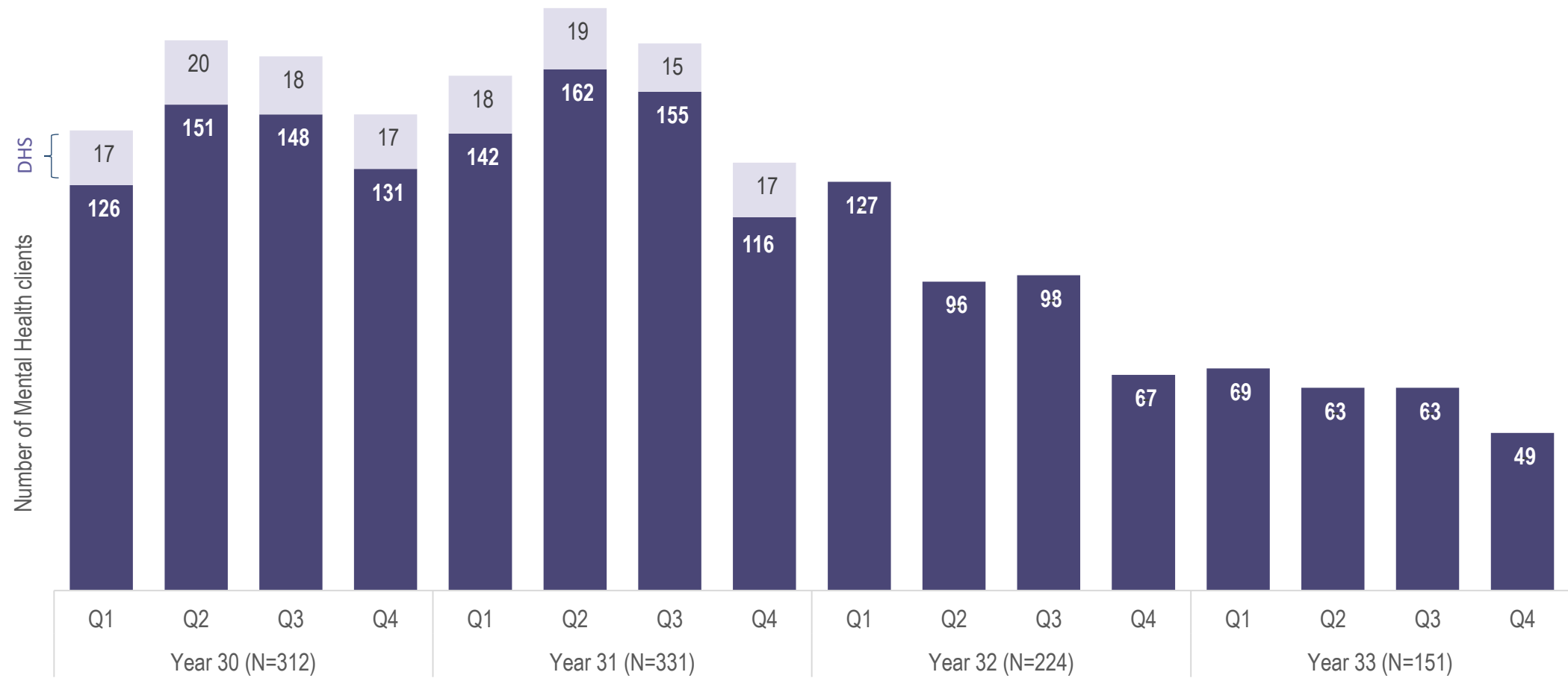
**Funding Source:**

- *Part A - \$109,422*

# Utilization of MH services decreased over 4 years, reaching the lowest in Year 33.

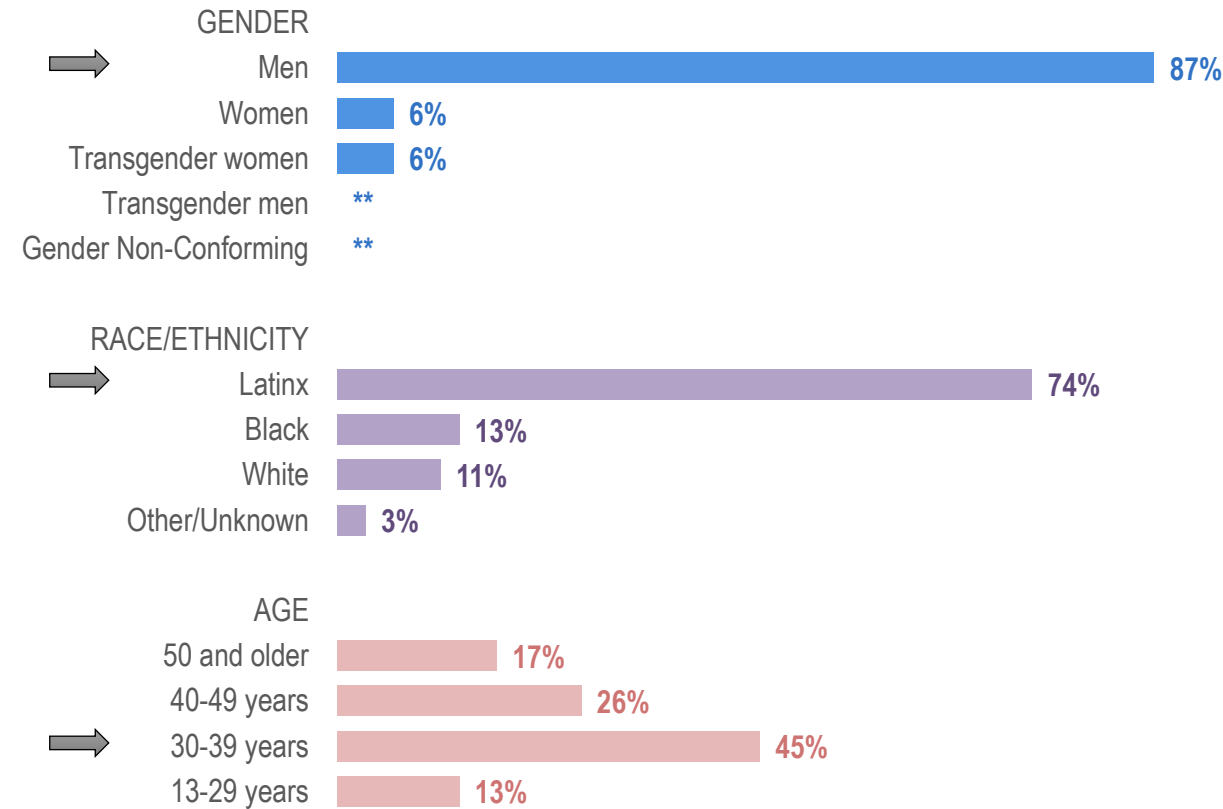


Quarterly MH Serices Utilization at DHS and non-DHS Agencies, Year 30-33





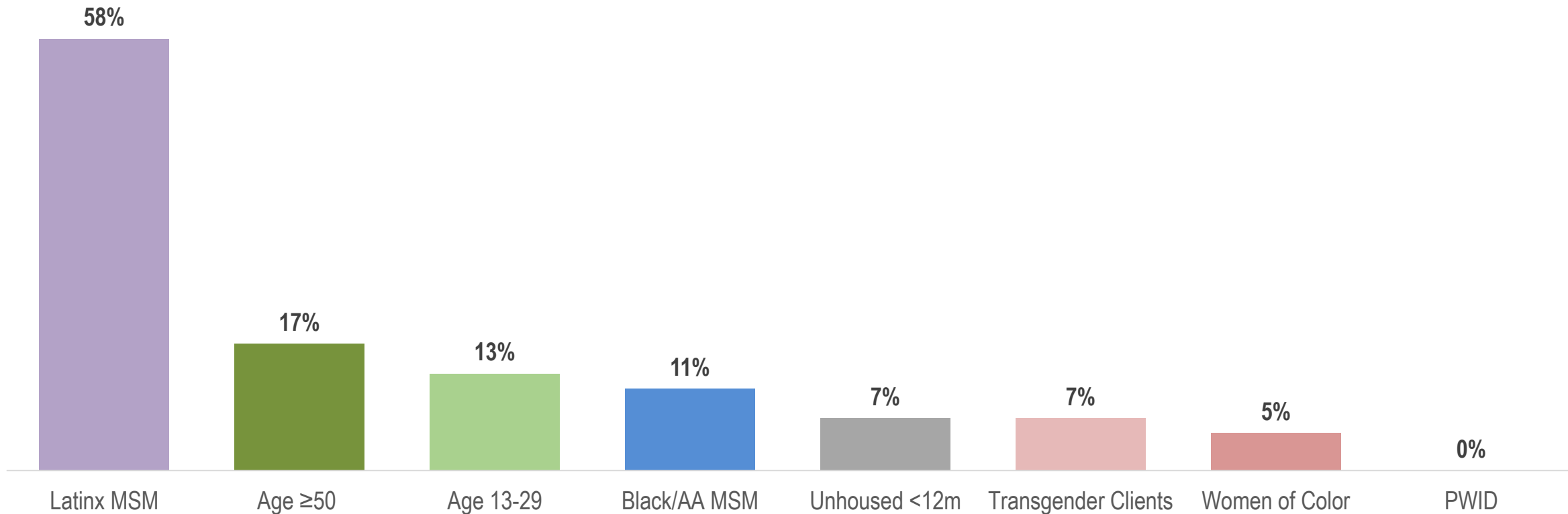
## Mental Health Client Demographics, Year 33, N=151



# LAC Priority Populations Accessing Mental Health Services\*, Year 33



- **Latinx MSM clients** represented the majority of Mental Health clients
- **Clients age  $\geq 50$**  were the next highest served by Mental Health

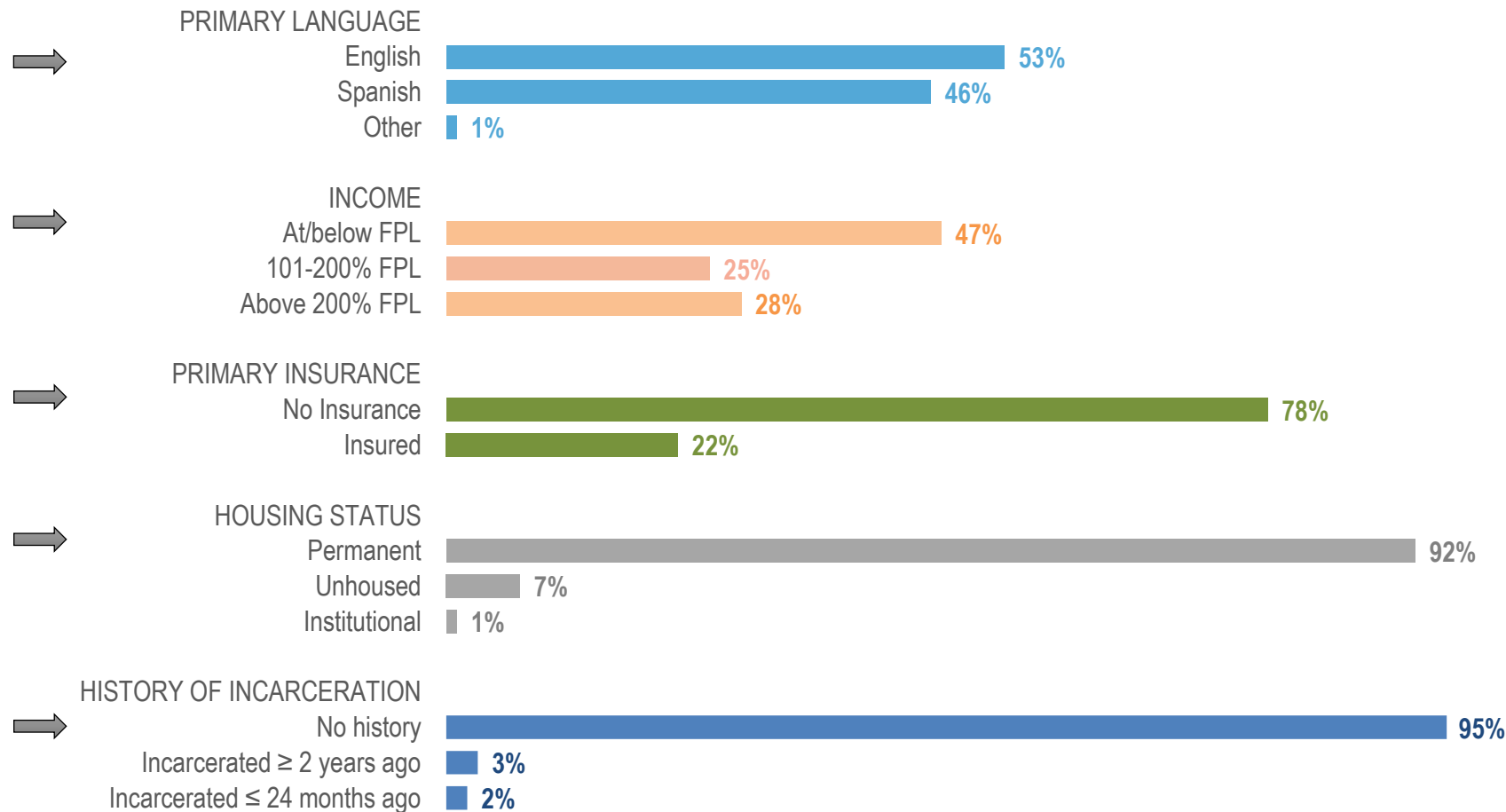


\*Priority population groups are not mutually exclusive, they overlap.

Most Mental Health clients were English speakers; most lived above FPL; most were uninsured; most were permanently housed; most had no history of incarceration.



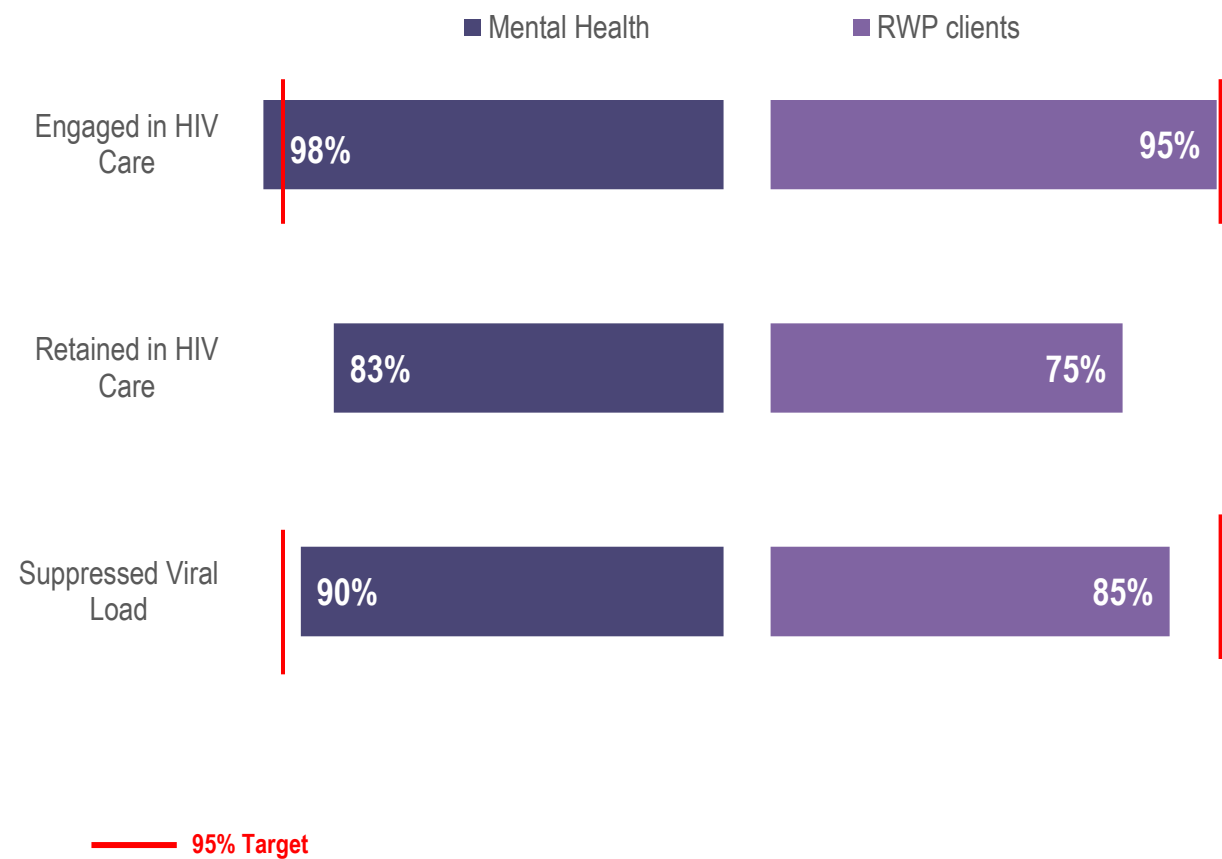
Mental Health Client Health Determinants, Year 33, N=151



# HIV Care Continuum in Mental Health clients, Year 33 (N=151)



- Engagement, retention, and viral load suppression percentages were higher for Mental Health clients compared to RWP clients overall, Year 33.
- Mental Health clients did not meet the EHE target of 95% for viral suppression. However, they met the local target of 95% for engagement in care.



Data source: HIV Casewatch as of 5/2/2024

# Expenditures for Core RWP Services

<b>AOM</b>	<b>\$7,479,143</b>
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<b>MCC</b>	<b>\$10,687,814</b>
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<b>Oral Health</b>	<b>\$7,805,232</b>
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<b>HBCM</b>	<b>\$2,866,908</b>
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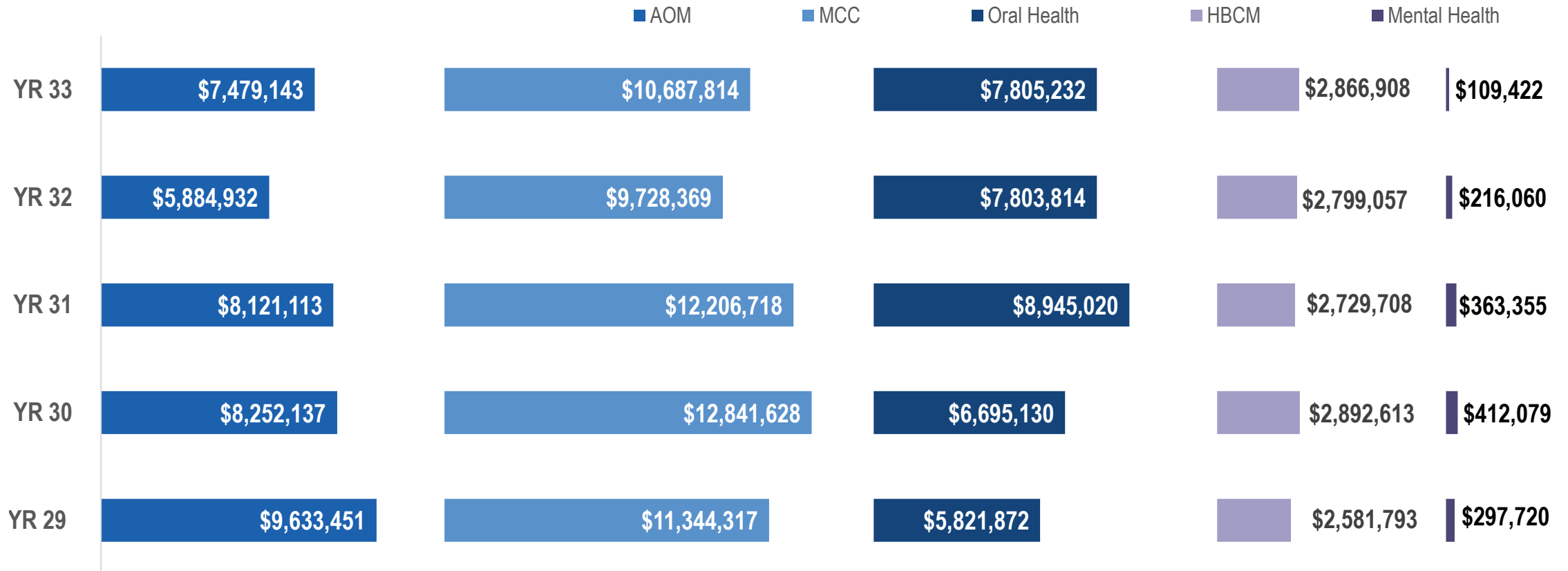
<b>Mental Health</b>	<b>\$109,422</b>
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# Expenditures by Core Service Category, Years 29-33



AOM, MCC and Mental Health services expenditures generally decreased since Year 29; MH funding was the lowest in Year 33. Expenditures for Oral Health Care services and HBCM gradually increased over five years since Year 29.





# Expenditures per Client for Support RWP Services, Year 33



- The **highest expenditures** per client were spent for **Housing**, followed by **LRP** services.
- The **lowest expenditures** per client were spent for **NMCM**, followed by **Nutrition** services.

Service Category	Number of clients	% of RWP clients	Expenditures	% of expenditures	Expenditures <u>per client</u>
<i>MCC</i>	6,942	44%	\$10,687,814	21%	\$1,540
<i>Oral Health</i>	4,332	27%	\$7,805,232	15%	\$1,802
<i>AOM</i>	3,604	23%	\$7,479,143	14%	\$2,075
<i>HBCM</i>	120	1%	\$2,866,908	6%	\$23,891
<i>Mental Health</i>	151	1%	\$109,422	<1%	\$725

# Key Takeaways



- **MCC** services were utilized by **the highest number of RWP clients in Year 33**. The number of clients dropped in Year 32 due to departure of DHS agencies from RWP. However, **MCC remains the most consistently utilized service** across years.
- Utilization of **HBCM** and **Mental Health** **decreased** over the course of the past three years starting from Year 31. **HBCM** services were utilized by **the lowest number of RWP clients**. Mental Health utilization decrease is likely due to lack of MH providers within RWP.
- Utilization of **AOM** **decreased** over the course of the past three years starting from Year 31; however, it increased slightly in Year 33. Decrease in Year 32 was largely due to departure of DHS agencies from RWP and partially due to expansion of Medi-Cal.
- Utilization of **Oral Health Care** **services increased** in the past three years after a drop in Year 30 due to COVID-19 pandemic.

# Key Takeaways – Priority Populations



- The RWP is reaching and serving LAC priority populations
- The top five RWP services utilized by priority populations were MCC, Oral Health, AOM, Benefit Specialty and Nutrition Support.
- Core services utilization among LAC priority population was consistent relative to their size (larger population — higher utilization):
  - Latinx MSM and people aged  $\geq 50$  and older were the highest utilizers of RWP Core services
    - RWP client aged 50 and older were the highest utilizers of Oral Health and HBCM services
    - Latinx MSM were the highest utilizers of AOM, MCC and MH services
  - Lowest utilization of RWP Core services was among transgender people, PWID and youth aged 13-29, the smallest priority populations.

# Key Takeaways - Expenditures



- **AOM, MCC and Mental Health** services expenditures **decreased** since Year 29
- Expenditures for **Oral Health Care** services and for **HBCM** gradually increased since Year 29 along with the number of clients served.
- **HBCM** had the **highest expenditures per client**, followed by **AOM** likely due to decreased number of clients but some increase in expenditures in the Year 33.
- **Mental Health** had the **lowest expenditures per client**, followed by **MCC** likely due to significant decrease in the number of clients served by MH services and some decrease in the number of MCC clients along with decreased expenditures.

- Present to SMT and COH on the second of two major service clusters
  - Support Services (EFA, Housing, NMCM, Nutrition Support, LRP, Substance Use Residential)
- Examine detailed utilization of RWP services within each LAC priority populations
- Examine RWP by priority population over time



## Questions/Discussion

Thank you!

- Acknowledgements
  - Monitoring and Evaluation – Wendy Garland, Siri Chirumamilla
  - Surveillance – Virginia Hu, Kathleen Poortinga
  - PDR – Victor Scott, Michael Green
  - CCS – Paulina Zamudio and the RWP program managers
  - RWP agencies and providers
  - RWP clients