LOS ANGELES COUNTY
COMMISSION ON HIV

VIRTUAL MEETING

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AGENDA FOR THE

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

MAIN (213) 738-2816 / FAX (213) 637-4748

EMAIL: hivcomm@lachiv.org WEBSITE: http://hiv.lacounty.gov

Tuesday, July 21, 2020|1:00 PM – 4:00 PM

Planning, Priorities and Allocations Committee Members:			
Al Ballesteros, Acting Co-Chair	Raquel Cataldo, Co-Chair	Frankie Darling Palacios	Karl T. Halfman
Diamante Johnson (Alt. Kayla Walker-Heltzel)	William King, MD, JD	Anthony M. Mills, MD	Derek Murray
LaShonda Spencer, MD	Maribel Ulloa	DHSP Staff	
QUORUM:	6		

AGENDA POSTED: July 17, 2020 *Second Co-Chair seat currently vacant.

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NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Committee leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order | Introductions | Statement – Conflict of Interest 1:00 P.M. – 1:02 P.M.

I. ADMINISTRATIVE MATTERS 1:02 P.M. – 1:04 P.M.

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 1:04 P.M. – 1:06 P.M.

3. Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.

III. COMMITTEE NEW BUSINESS 1:06 P.M. - 1:10 P.M.

Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda

IV. REPORTS 1:10 P.M. – 1:15 P.M.

4. **EXECUTIVE DIRECTOR'S/STAFF REPORT**

5. **CO-CHAIR REPORT** 1:15 P.M. – 1:30 P.M.

a. Committee Co-Chair Nominations (2nd Co-chair)
b. Assess Need for Additional Meeting

7. **DIVISION OF HIV AND STD PROGRAMS (DHSP)** 1:30 P.M. – 2:45 P.M.

a. Data Overview of HIV and COVID-19 Landscape
b. Program Year (PY) 29 Ryan White Service Utilization Data
c. COVID-19 DHSP Provider Survey

Break 2:45 P.M. – 2:55 P.M.

d. COVID-19 Community Survey 2:55 P.M. – 3:55 P.M.
e. PY 30 Ryan White Service Utilization Data

8. **VI. NEXT STEPS** 3:55 P.M. – 3:58 P.M.

a. Task/Assignments Recap
b. Agenda Development for the Next Meeting

10. **VII. ANNOUNCEMENTS** 3:58 P.M. – 4:00 P.M.

a. Opportunity for Members of the Public and the Committee to Make Announcements

11. **VIII. ADJOURNMENT** 4:00 P.M.

a . Adjournment for the Meeting of July 21, 2020.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	**Approve the Agenda Order, as presented or revised.**
MOTION #2:	**Approve Meeting Minutes as presented.**

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 • http://hiv.lacounty.gov ORG • *VIRTUAL WEBEX MEETING*

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES

June 16, 2020

PP&A MEMBERS PRESENT	MEMBERS ABSENT *(cont.)*	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, *Acting Co-Chair*	Mario Pérez, MPH	Kevin Donnelly	Cheryl Barrit, MPIA
Raquel Cataldo	Maribel Ulloa	Juanita Guandique	Carolyn Echols-Watson, MPA
Bridget Gordon	LaShonda Spencer, MD	Eduardo Martinez *(Alt.)*	Dawn McClendon
Karl Halfman, MS		Miguel Martinez, MPH, MSW	Jane Nachazel
Diamante Johnson *(F. to Walker)*	**PP&A MEMBERS ABSENT**	Katja Nelson, MPP	Sonja Wright, MS, Lac
William King, MD, JD	Frankie Darling Palacios	Julie Tolentino, MPH	
Abad Lopez	Raphael Peña/Thomas Green		**DHSP/DPH STAFF**
Anthony Mills, MD	Kayla Walker-Heltzel *(Alt. to Johnson)*		Michael Green, PhD, MHSA
Derek Murray			Pamela Ogata, MPH

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

CONTENTS OF COMMITTEE PACKET:

1) **Cover Page**: Planning, Priorities & Allocations Committee Virtual Meeting, *6/16/2020*
2) **Agenda**: Planning, Priorities & Allocations Committee Meeting Agenda, *12/17/2019*
3) **Minutes**: Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, *2/18/2020*
4) **Table**: Ending the HIV Epidemic (EtHE): A Plan for America - Funding and Resources, *Updated 3/2/2020*
5) **Table**: Year 1 HRSA Ending the HIV Epidemic (078) Work Plan, March 1, 2020 - February 28, 2021, *May 2020 Resubmission*
6) **Summary**: 2020 PP&A HIV Planning and Allocation Context Sheet, *6/16/2020*
7) **Table**: Ryan White Part A, MAI Year 29 and Part B Year 19 Expenditures by Service Categories and Other Fiscal Year 19/20 Funding Expenditures, *6/16/2020*
8) **Report**: HIV Surveillance Annual Report, 2019, *5/19/2020*
9) **PowerPoint**: COVID-19 Planning and Response Webinar Series, Maximizing Funding for Non-Congregate Shelter Opportunities: California's Project Room Key, *4/23/2020*
10) **Memorandum**: Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30, 31, 32; Proposed for Planning, Priorities and Allocations Committee Approval (Revised 1/27/2020 includes changes from 12/17/2020 and 2/18/2020 PP&A Meetings; *Motion #3 PP&A Committee Meeting 3/17/2020*
11) **Memorandum**: Program Directives for Maximizing Ryan White Part A and MAI Funds for Program Years 30, 31, 32; Proposed for Planning, Priorities and Allocations Committee Approval (Revised 1/27/2020 includes changes from 12/17/2020 and 2/18/2020 PP&A Meetings; *PP&A Committee Meeting 6/16/2020*

CALL TO ORDER - INTRODUCTIONS - CONFLICTS OF INTEREST: Mr. Ballesteros called the meeting to order at 1:00 pm.

I. ADMINISTRATIVE MATTERS

1. **APPROVAL OF AGENDA**
MOTION 1: Approve the Agenda Order, as presented **(*Passed by Consensus*)**.

2. **APPROVAL OF MEETING MINUTES**
MOTION 2: Approve the 2/18/2020 Planning, Priorities and Allocations (PP&A) Committee Meeting Minutes, as presented **(*Passed by Consensus*)**.

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**: There were no comments.

III. COMMITTEE NEW BUSINESS

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA**: There were no items.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**
   - Ms. Barrit thanked everyone for joining this meeting and exhibiting patience as we learn virtual meeting procedures.
   - While this is the first meeting since February 2020, it is also the time when PP&A would normally be reviewing allocations for the current Program Year (PY) and preparing for the next PY, in this case PY 31. Much of the agenda today is devoted to DHSP programmatic and fiscal updates to inform that discussion.
   - She thanked Ms. Ogata and all those who helped provide feedback on and disseminate the communitywide consumer survey that the Commission released about a month ago. Response was very good and will be presented at a later date.
   - Staff continues work with various Committees to move Work Plans forward. Standards and Best Practices (SBP) Committee work was reflected in the Emergency Financial Assistance (EFA) Standards of Care (SOC) presented to and approved at the 6/11/2020 Commission on HIV virtual meeting. Ms. Barrit will work with SBP Co-Chairs to transmit the SOC to DHSP.
   - PP&A had recommended prioritizing funding for EFA as well as for Child Care and Psychosocial Support Services. SBP continues work on the latter two, e.g., reaching out to subject matter experts. This process reflects SBP's response to PP&A.
   - On another matter, it was time to renew the Commission's Membership Slate. Operations Committee Co-Chairs, Ms. Wright, and Ms. McClendon were working diligently to renew the slate. The new slate was also anticipated to initiate the new and more structured mentorship process to better assist members in engaging with the Commission in its work.
   - ➲ Extend the 7/21/2020 PP&A meeting to 1:00 to 4:00 pm to deliberate on PY 30 re-allocations and PY 31 allocations. If possible, disseminate the DHSP provider and the Commission consumer surveys in advance for review.

6. **CO-CHAIR REPORT**
   a. **Committee Co-Chair Nominations/Elections**
      - Ms. Echols-Watson noted Ms. Cataldo was nominated and accepted on 2/18/2020. There were no other nominations.
      - Mr. Ballesteros said, while all Committees are substantial, PP&A offers the opportunity to weigh in on allocations. It receives input from DHSP, the community, stakeholders; weighs the data; and determines where Los Angeles County (LAC) investments should be made. PP&A can also generate directives to address needs of various subpopulations and communities. He felt he learned more as PP&A Co-Chair than anywhere else he has served on the Commission.
      - Mr. Ballesteros will continue to assist with Co-Chair duties, as needed, until two Co-Chairs are elected and acclimated.

      MOTION 2A: Elect Raquel Cataldo as Co-Chair, for Planning, Priorities & Allocations Committee **(*Passed by Consensus*)**.

   b. **Committee Application**
      (i) **Committee-only Membership Election (Miguel Martinez, MPH, MSW)**: Mr. Martinez was a previous PP&A Co-Chair. Though retired from the Commission, he has expressed interest in returning as a PP&A Committee-only Member.
      MOTION 3: Approve Committee-only Membership Application for Miguel Martinez, MPH, MSW, as presented **(*Passed by Consensus*)**.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP)

a. DHSP Update

- Ms. Ogata began the update with a review of the 2020 PP&A HIV Planning and Allocation Context Sheet. For perspective, the first known COVID-19 case in LAC was reported in January 2020. In February, LAC received the Health Resources and Services Administration (HRSA) EtHE grant (HRSA 078) of almost $3.1 million.
- The first COVID-19 death in LAC occurred on 3/10/2020. Approximately 40% of DHSP staff were re-assigned to COVID-19 responsibilities which included: work on the instant command center; interviews of COVID-19 positive cases; distribution of health ordinance letters. Agencies were also impacted in March. Some were able to quickly transition to telehealth services while others were unable to shift as quickly, but tried to keep their doors open in some form.
- On 4/10/2020, HRSA received notable Coronavirus Aid, Relief, and Economic Security (CARES) Act funding. It was distributed to all Ryan White Parts for prevention from and treatment of COVID-19 for PLWH. LAC received $1 million. On 4/23/2020, LAC received its HRSA Part A award of $44,339,717 which reflects an increase from last year.
- On 5/1/2020, Ms. Ogata submitted a new five-year grant application for approximately $3.5 million under the Centers for Disease Control and Prevention (CDC) EtHE implementation grant. This follows up on last year's CDC EtHE planning grant of approximately $430,000 for the five-year period. The new grant's term was expected to start on 8/1/2020. Potential activities were under review with a special effort to coordinate with other EtHE grants such as from the CDC.
- Also in May 2020, DHSP rolled out its COVID-19 provider survey. Wendy Garland, MPH was the lead in analyzing survey data. Ms. Ogata in conjunction with the Commission, as noted earlier, developed a consumer survey in English and Spanish. That was distributed by Survey Monkey from 5/20-5/31/2020 and received approximately 1,000 responses. Data from both surveys was being finalized for July Commission meeting presentation.
- By June 2020, some 80% of DHSP staff were re-assigned to COVID-19 activities with just some dozen staff left to conduct essential DHSP functions. Meanwhile, COVID-19 cases have risen to 73,000 and deaths to nearly 3,000.
- In light of the situation, Ms. Ogata suggested sharing experiences from the past six months that may impact planning.
- Mr. Murray reported contractors with the City of West Hollywood were being innovative, e.g., using telehealth.
- Dr. Mills reported his agency has re-assigned many staff to COVID-19 care and moved rapidly into mass testing with one drive-up site in West Hollywood and a second in South Los Angeles. The agency was administering both COVID-19 molecular and antibody tests. It also took advantage of interest in COVID-19 testing to offer what it calls a "viral testing panel" for HIV and Hepatitis C along with syphilis and Chlamydia bacterial infections for an STD assessment.
- About 75 people were tested on 6/15/2020 at the South Los Angeles site. Most were Latinos. Disturbingly, the incidence of positivity for the molecular test was about three times the announced LAC prevalence. Agency staff would be talking with DHSP staff later in the week and will note that concern.
- Miguel Martinez said the allocation process must address response to disparities in access to HIV services for the Black population. We would be tone-deaf if that is not front and center. COVID-19 is also a priority and overlapping concern.
- Ms. Ulloa reported the Housing Opportunities for Persons With AIDS (HOPWA) Program has recommended the City of Los Angeles allocate CARES Act funds towards rental assistance, and transportation to services and food banks.
- Dr. Spencer reported LAC clinics have reduced face-to-face visits in favor of telehealth, but she was uncertain whether reimbursement would differ. She felt clinics have shown over the past eight to ten weeks that, for the most part, good care can be delivered by phone. That also raises the question of how clinical space is being used because much more care can be delivered by telehealth than was anticipated in the past. Stable patients were often already only being seen every six months. Patients being seen more frequently, e.g., to stabilize medication, still were able to reduce face-to-face visits by half. In addition to space, it may be possible to reduce other resources as well, e.g., nurses.
- Their patients seem more comfortable during telehealth visits than during face-to-face ones. Telehealth visits tend to be longer with more activities related, more social work issues raised, and more lost to care patients re-engaging.
- COVID-19 testing in LAC clinics is limited. DHSP offers testing for Ryan White patients, but others lack that access.
- Mr. Ballesteros suggested DHSP and the PP&A Committee review some services which will be more difficult to provide under COVID-19 guidelines. For example, dental care will be much more expensive due to guidelines regarding, e.g., distancing and not using equipment that causes aerosolization. JWCH Institute, Inc. was having to schedule patients differently to meet distancing objectives, but that requires additional resources which should be addressed.
- Housing providers also have increased costs for distancing, more sanitation, and Personal Protective Equipment (PPE).
- Dr. King noted many physicians in private practice, as he is, had early concerns due to a lack PPE and its expense. Some PPE funds were available, but few physicians of color received any so many had to close their practices. Many

physicians able to do so transitioned to telehealth, but patients often lack smart phones and are relegated to phone calls which is not sustainable. PPO plans reimburse less for telehealth, but Dr. Green reported DHSP pays equally.

- Access to testing has often been poor in these communities until later in the course of the disease and demographic data on race was lacking so myths about risk had to be dispelled. Then, once people sought testing, it was often hard to access, e.g., many sites are only accessible by car. Private physicians received just ten swabs at a time so testing on site was problematic. If COVID-19 positive, patients may live together with multiple families so lack a place to isolate.
- Dr. Mills said many Federally Qualified Health Centers (FQHCs) received direct funding from HRSA to offset some costs noted by Dr. King, but general Part A recipients did not. That said, he asked how DHSP was allocating the $1 million in CARES Act funds received via HRSA. PPE is an urgent need as some offices lacking it are closed. Ms. Ogata replied DHSP planned to use some for client PPE and Nutritional Support while considering, e.g., input from the provider survey.
- Mr. Ballesteros noted JWCH Institute, Inc. an FQHC, used its $90,000 in CARES Act funds for PPE and telehealth.
- Ms. Gordon has noticed lax use of PPE in public, e.g., people enter a store wearing a mask and then pull it down. She did not know how to reinforce the need to wear PPE and use social distancing, but it is so important.
- Ms. Ogata reported results from the provider survey reflected, despite challenging times, providers were innovative in adapting with 100% of Ambulatory Outpatient Medical (AOM) providers that responded to the survey continuing to offer most of their services in some form, e.g., with telehealth and/or alternate scheduling. Almost all other service providers likewise were able to continue offering services. The most common telehealth method was by phone.
- New patient enrollment continues with 95% of AOM, 95% of Medical Care Coordination (MCC), and 100% of Mental Health providers responding to the survey enrolling new patients. Ms. Ogata noted many people have lost jobs due to the pandemic and, consequently, lost health care. Planning should consider increased demand for Ryan White services.
- DHSP has executed the following contracts: two of ten for STD screening, diagnosis, and treatment; nearly half for HIV testing; one for HIV social and sexual network testing; as well as HIV and syphilis testing. New transportation contracts were in effect 6/1/2020, but were still in negotiation. No sexual health express clinic contracts were executed as yet.
- Ms. Gordon expressed concern about Transitional Case Management (TCM) for jails. Ms. Ogata noted there were two TCM providers to assist people leaving the jails to engage in needed services. One of the providers was unable to provide services during the data collection period of a few weeks in May for the provider survey resulting in the 50% service continuation reported. Becca Cohen, MD, MPH will be the lead for jail services.
- Mr. Ballesteros expressed concern about getting new funding onto the street quickly. The Commission has committed to the community that these funds will be distributed in a timely manner. Dr. Green noted DHSP starts the contracting process, but the Contracts and Grants Division, Department of Public Health (DPH), completes the process. Like DHSP, most of their staff have been re-assigned to COVID-19 activities. Meanwhile, all of DHSP's solicitation team has been re-assigned. DHSP has requested release of some staff, but has no authority to return them to their regular duties.

➲ Ms. Ogata will advise DHSP on the need reported for PPE at private practice offices to inform CARES Act fund use. She will report back on gaps in availability of PPE next month.

➲ Ms. Ogata will invite Dr. Cohen to the next meeting to discuss services for the jails.

➲ Ms. Barrit will draft a letter to the Board of Supervisors (Board) with Commission Co-Chairs Ballesteros and Gordon calling on the Board to expedite the contracting process for the upcoming EtHE and new Ryan White funding including bypassing DPH Contracts and Grants, allowing for sole source as needed, and reflecting identified attention to disparities. The Commission Co-Chairs will follow-up with the Board Health Deputies.

V. DISCUSSION

8. PLANNING, PRIORITIES AND ALLOCATIONS

a. Ryan White (RW) Part A and Minority AIDS Initiative (MAI)

- Ms. Ogata noted YR 29 ended 2/29/2020. Expenditures were estimated as not all invoices have been submitted.
- AOM was allocated $9.8 million with invoices for $9.6. Oral Health was allocated $6.3 million with invoices for $5.6. Mental Health, and Home and Community-Based Services expenditures were close to allocations. MCC (Non-Medical Case Management) was fully expended between Part A (for Benefit Specialty) and Minority AIDS Initiative (MAI) (Transitional Case Management for Youth and Jails). Legal Services expenditures were close to allocations.
- Early Intervention Services (EIS) was allocated $500,000 for testing by DHSP Community Service Workers along with time for partner services. The latter, however, was moving into Outreach because Public Health Investigators do not do HIV testing. Consequently, EIS expenditures will decrease to $200,00 - $300,000 while Outreach increases.

- The Medical Nutritional Therapy contract ended and was rolled into AOM with no need identified. Nutritional Support and Home-Delivered Meals have higher expenditures than allocations as contracts were augmented to meet the need.
- Housing Services under Part A are for Residential Care Facilities for the Chronically Ill (RCFCI) and Transitional Residential Care Facilities (TRCF). Housing For Health (HFH) Housing Services are closing in on its $3 million allocations.
- Medical Transportation reflects some $645,000 in expenditures. Linguistic Services, however, needs a new contractor.
- The Commission approved PY 30 Priorities and Allocations developed by PP&A by percentages included authorization for DHSP to increase or decrease any service category allocation by 10% to account for unanticipated expenditures or underspending. However, a few adjustments exceed the 10% so it was deemed appropriate for PP&A review.
- Mr. Pérez reported most PY 29 invoices had been submitted so actuals should be available soon.
- The revised allocations are based on DHSP's best, but imperfect, projections from this first quarter of PY 30. Obviously, COVID-19 and Safer-At-Home orders have broad impacts including on the ability of providers to submit invoices in a timely manner. It will take longer, probably until Fall, to develop spending projections across service categories. Some services were significantly reduced starting in March 2020 and not all have returned to usual levels as yet.
- Procurement has been an issue for years. DHSP has proposed mechanisms to accelerate procurement in past years. The Commission did a good job raising the issue last year with Barbara Ferrer, PhD, MPH, MEd, Director, DPH. She replied that DPH was held to a larger countywide procurement approach so he appreciated the petition to LAC leaders. It was more daunting to get funds through the bureaucracy to the street with so many staff diverted to COVID-19 work.
- The Chief Executive Officer (CEO) has made one notable change. Since the Board was meeting every other week, it has given the CEO more leeway to expeditiously approve matters, e.g., if parts of LAC have resources that need to be used in a time limited fashion. He suggested testing that model. We can, e.g., note that sole source is sometimes the only way to ensure funds reach the streets in a timely manner to avoid returning them to the federal government. He felt it was always helpful for the Commission to voice its concerns to the Board.
- Mr. Pérez recognized there have been a number of implementation delays across the HIV and STD system. DHSP was doing its best with 20% of its staff to negotiate and execute contracts as quickly as possible. DHSP knows many of its providers were also doing their best to get new initiatives off the ground including the Vulnerable Population Initiatives which have faced many delays and some expanded testing services. He hears the concerns with delays.
- The jurisdiction will use most of the PY 29 MAI funds within PY 29 for the first time in many years. For some time now, while the previous year's carry over was spent down, most of the current MAI year was carried over. The maximum PY 29 carryover will be $750,000 and it may be as low as $250,000 or some 8% of the MAI award of over $3 million.
- For PY 30, the PY 29 MAI carry over will be expended quickly. It was expected that Housing, Food/Nutrition, and Mental Health will see increased demand. Telehealth was, in particular, increasing access for Mental Health services.
- ➲ Ms. Ogata will check the PY 30 application for the Child Care and Emergency Financial Assistance (EFA) allocations.

b. Directives Program Year (PY) 30, 31, 32

- Ms. Barrit called attention to the two iterations of the Directives in the packet. The first shows track changes from the last PP&A meeting on 2/18/2020 while the second iteration is clean. Input was received from the Black/African American Community Task Force, as noted.
- ➲ PP&A Committee members will review for consideration of any revisions and approval at the July 2020 meeting.

VI. NEXT STEPS

9. **TASK/ASSIGNMENTS RECAP**: There were no additional items.
10. **AGENDA DEVELOPMENT FOR NEXT MEETING**: There were no additional items.

VII. ANNOUNCEMENTS

11. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**: Mr. Ballesteros thanked Commission and DHSP staff for their continued support and additional work as Disaster Service Workers for the COVID-19 emergency.

VIII. ADJOURNMENT

12. **ADJOURNMENT**: The meeting adjourned at 2:55 pm.

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

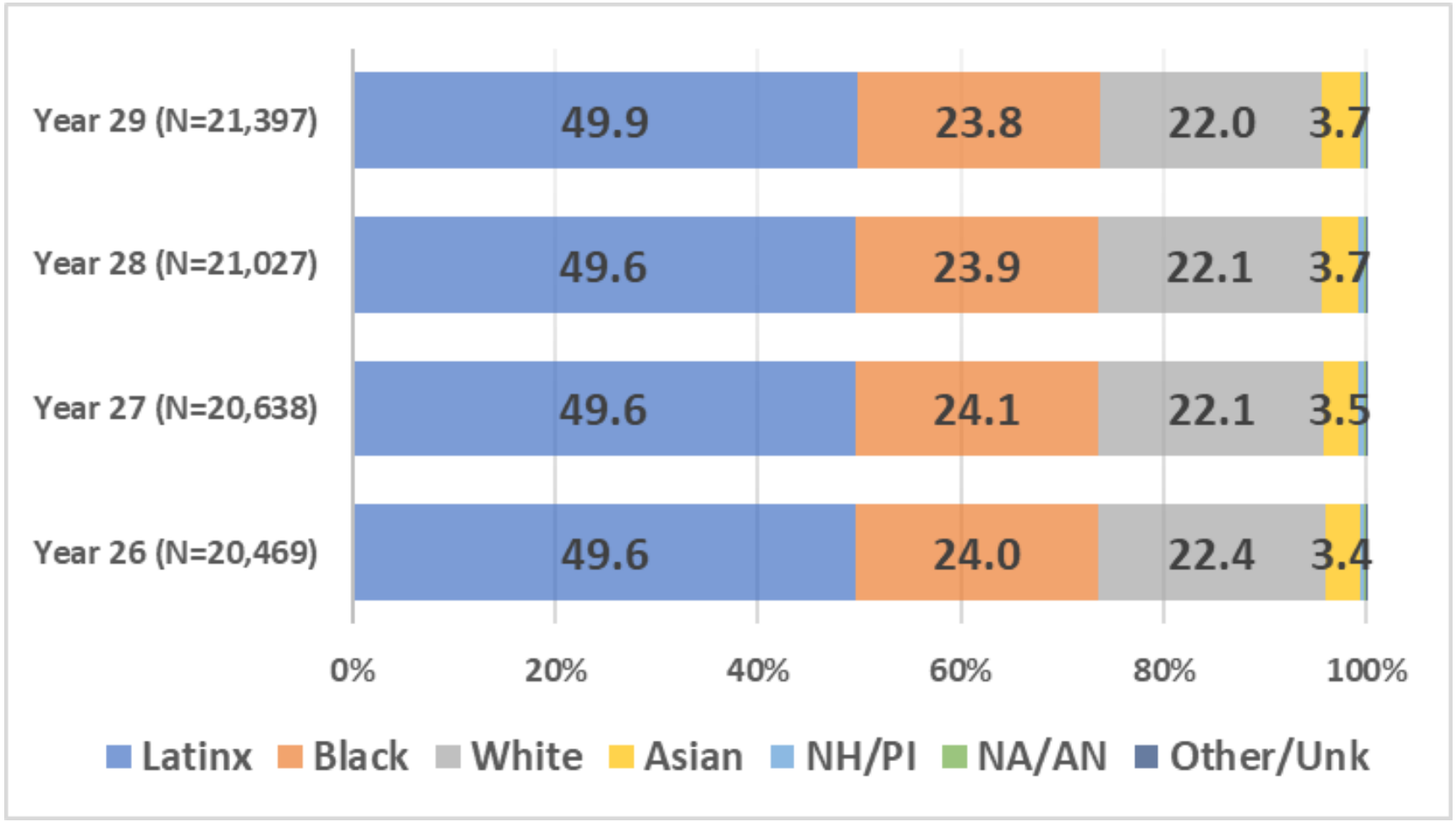
Year 29 Los Angeles County Ryan White Program (RWP) Population

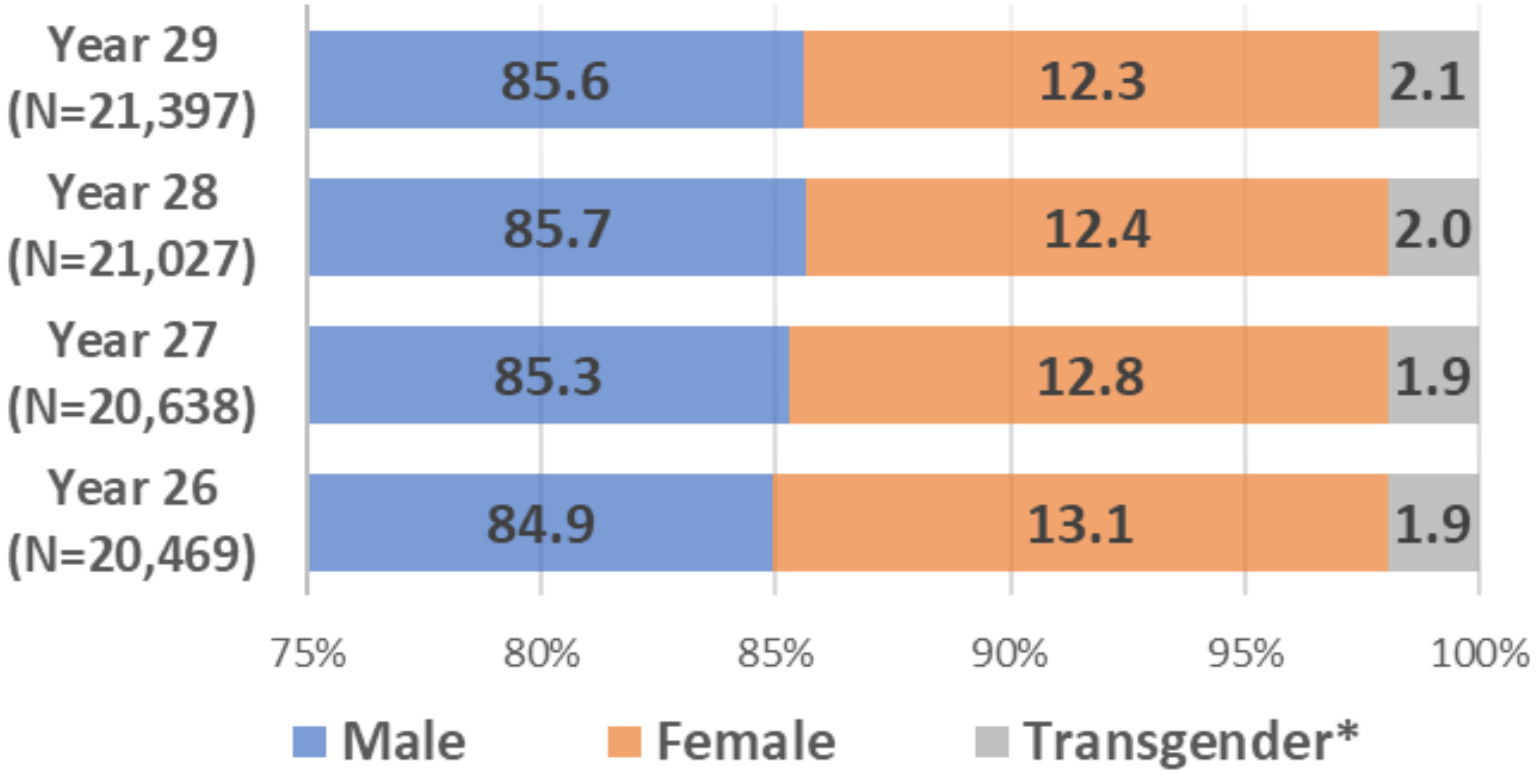
In Ryan White Year 29 (March 1, 2019 - February 28, 2020) approximately **21,397** unduplicated clients received at least one RWP core or support services.

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

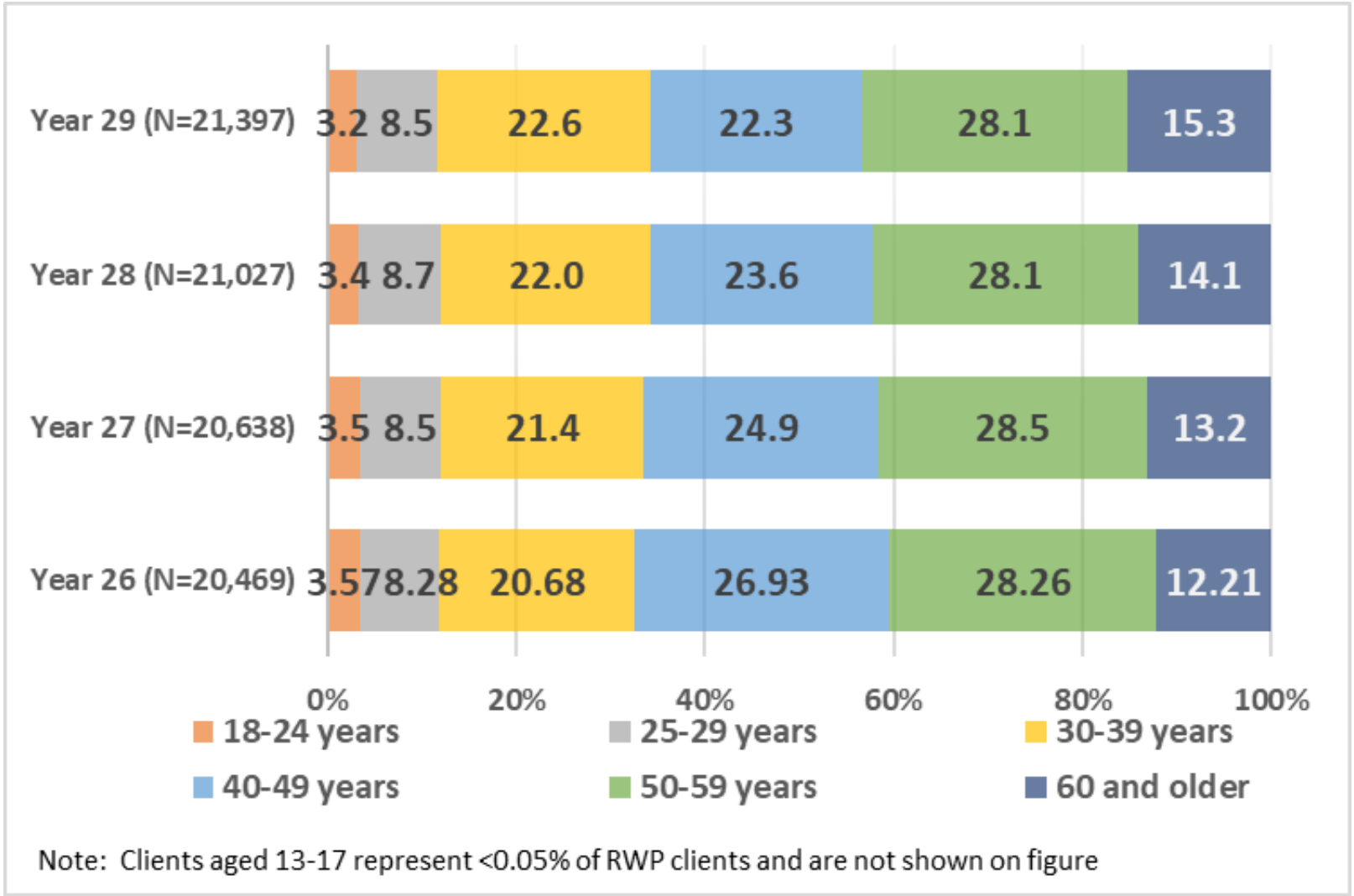




*Includes transwomen, transmen, other/gender not reported. In each year, transwomen represent ~95% of transgender RWP clients.

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



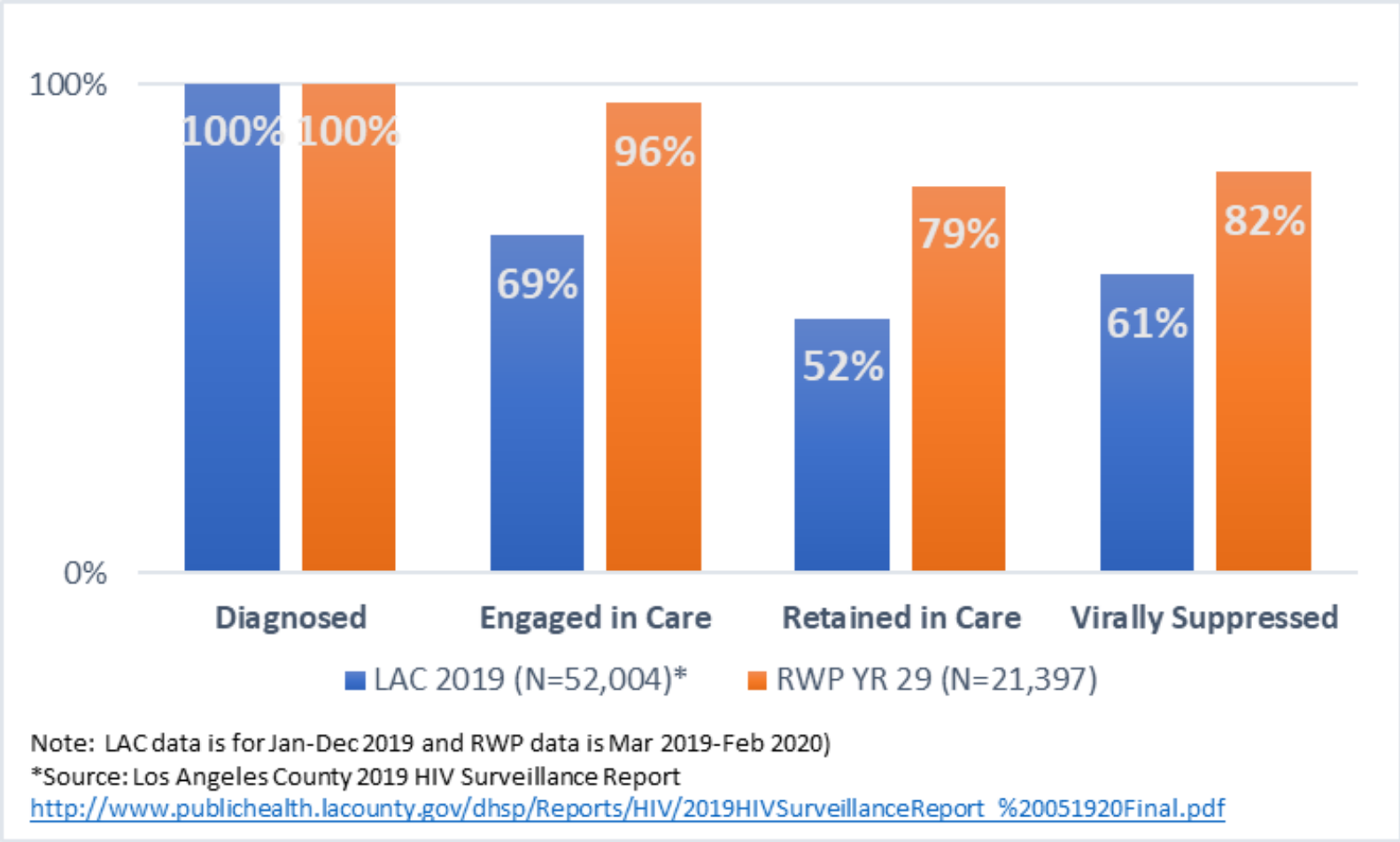
Note: Clients aged 13-17 represent <0.05% of RWP clients and are not shown on figure

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

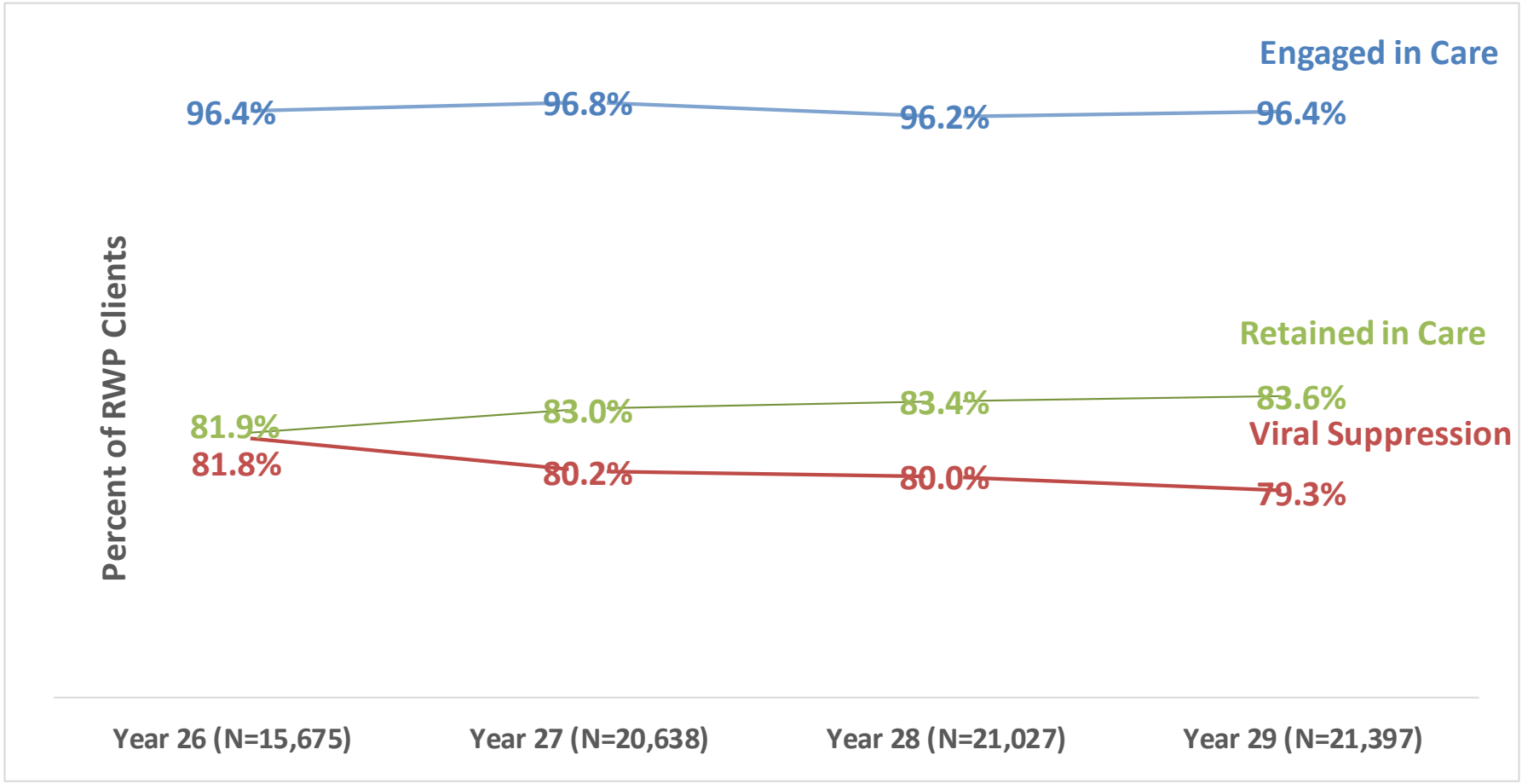


Note: LAC data is for Jan-Dec 2019 and RWP data is Mar 2019-Feb 2020)
*Source: Los Angeles County 2019 HIV Surveillance Report
http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019HIVSurveillanceReport_%20051920Final.pdf

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.)

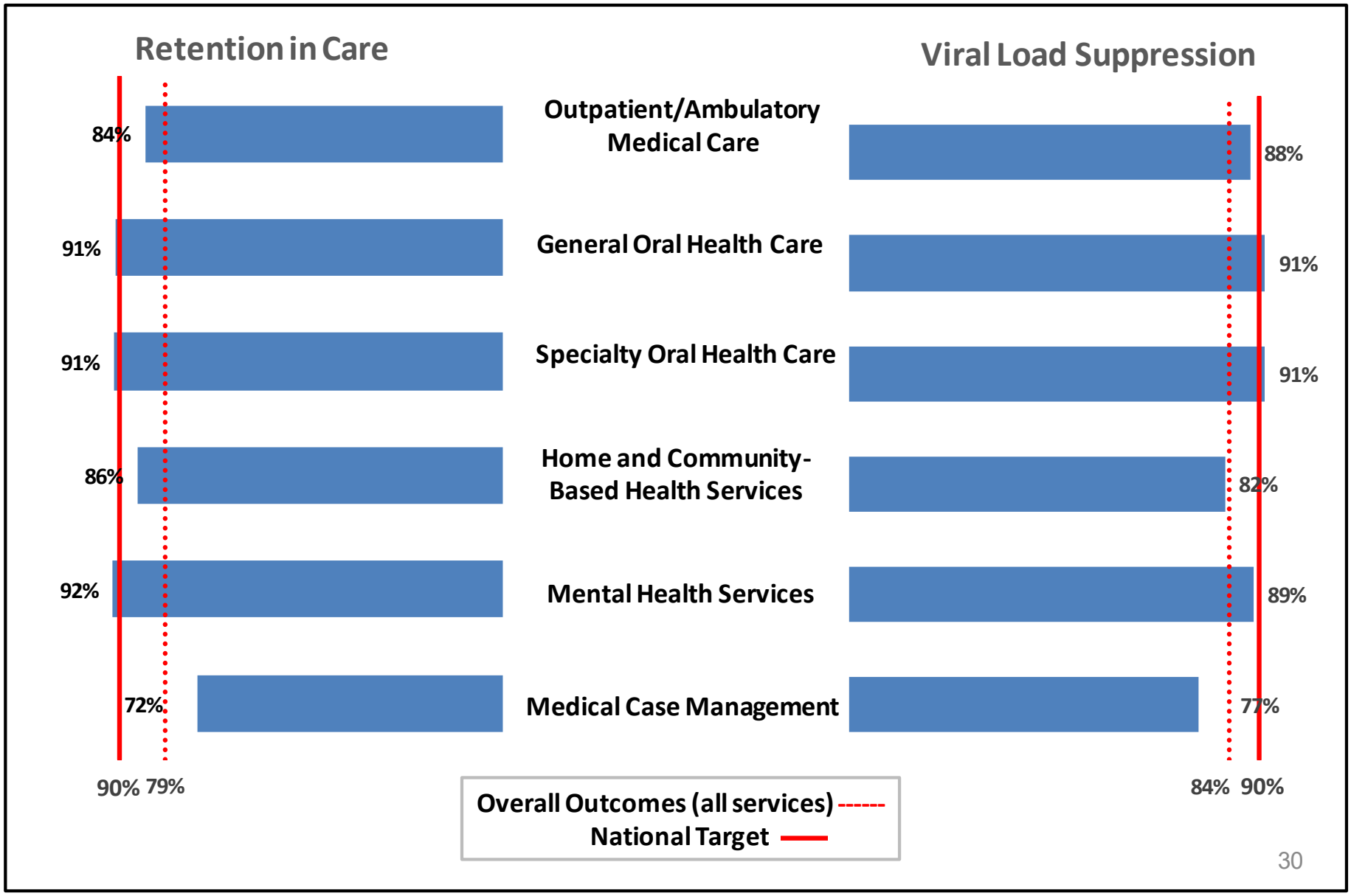
County of Los Angeles Public Health

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

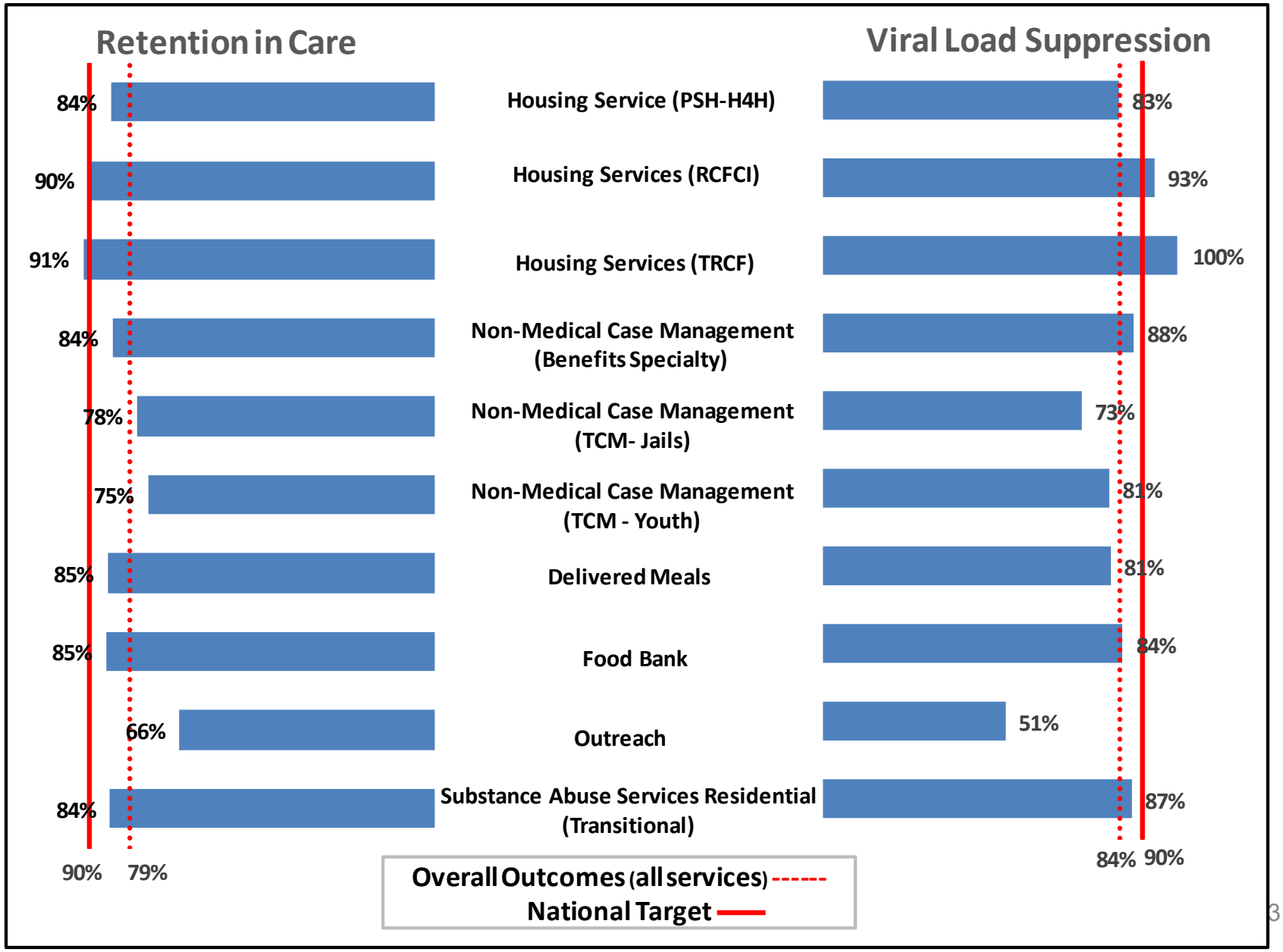
Service Category	Unique Clients Served	% of RWP Clients	Expenditure ($)	$ Invested per Client
Medical Transportation (Overall)	3,901 (Yr 28:)	18.2%	643,950	165
Taxi	1,054	4.9%	257,966	245
MTA	2,247	10.5%	385,954	-----
TAP	600	2.8%		

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

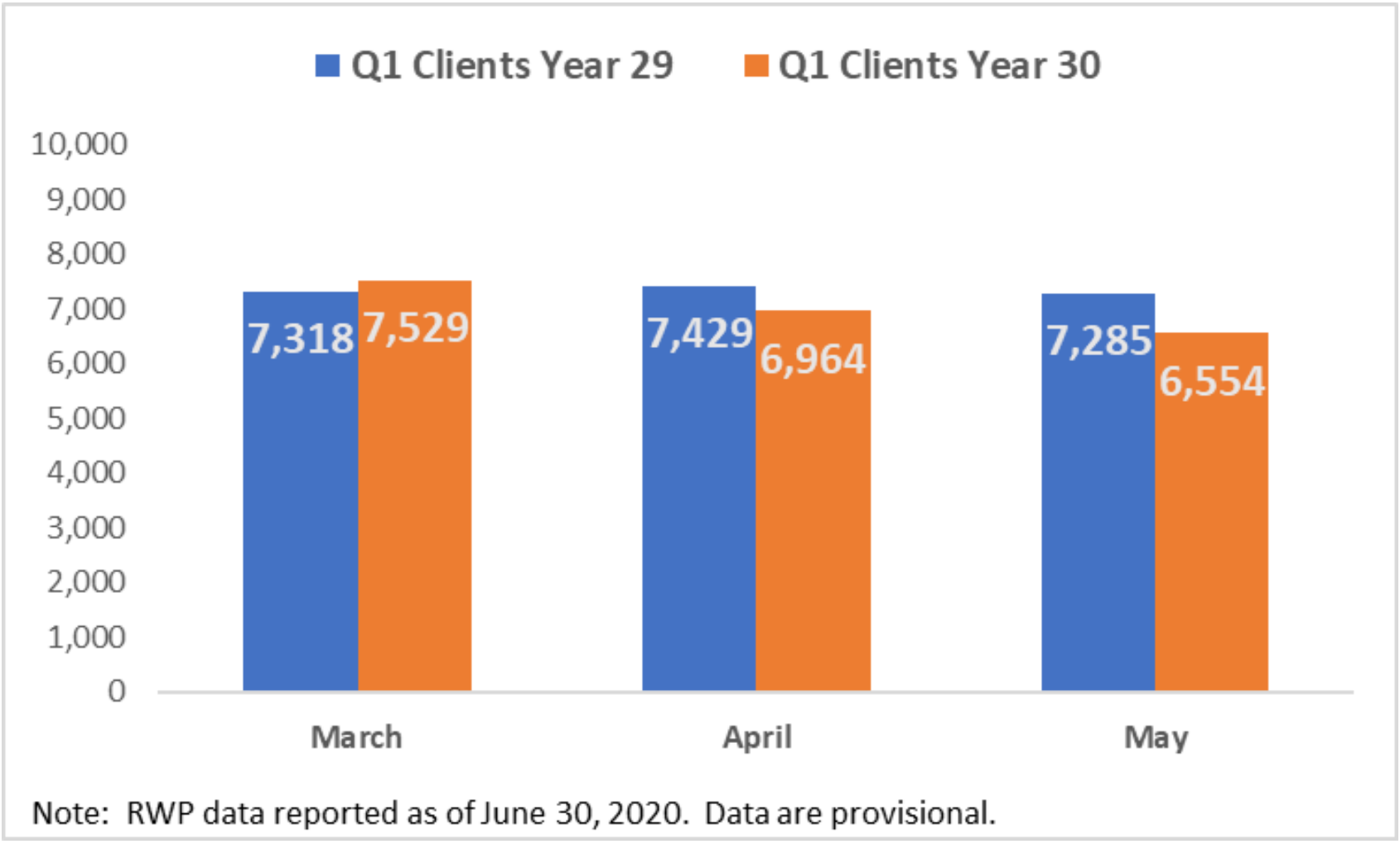
Table 2: Number of Clients Served and Service Utilization by Service Category Among HIV Positive* Ryan White

	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*

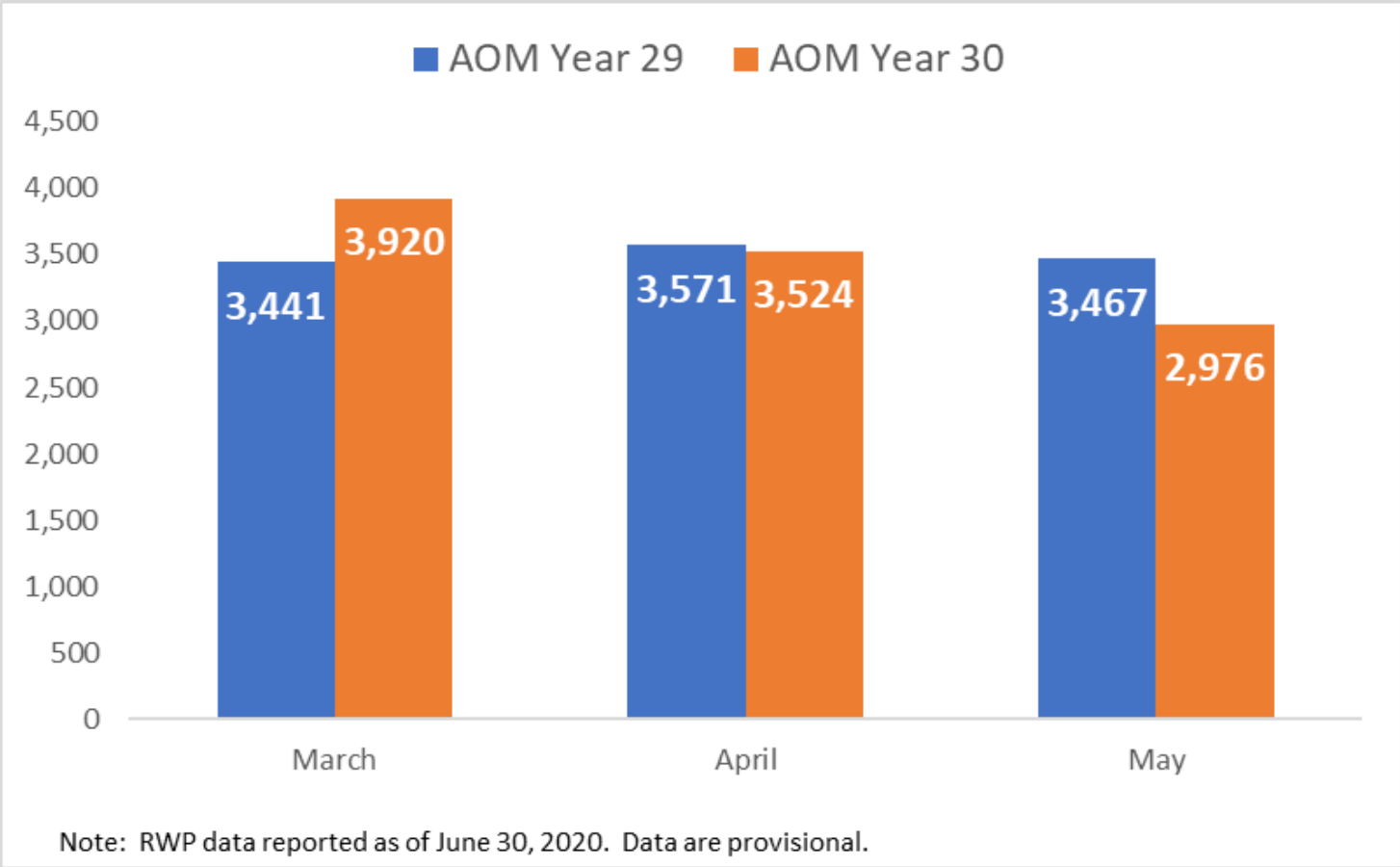
There is little change in the number and types of clients served from Q1 Year 29 to Q1 Year 30

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.

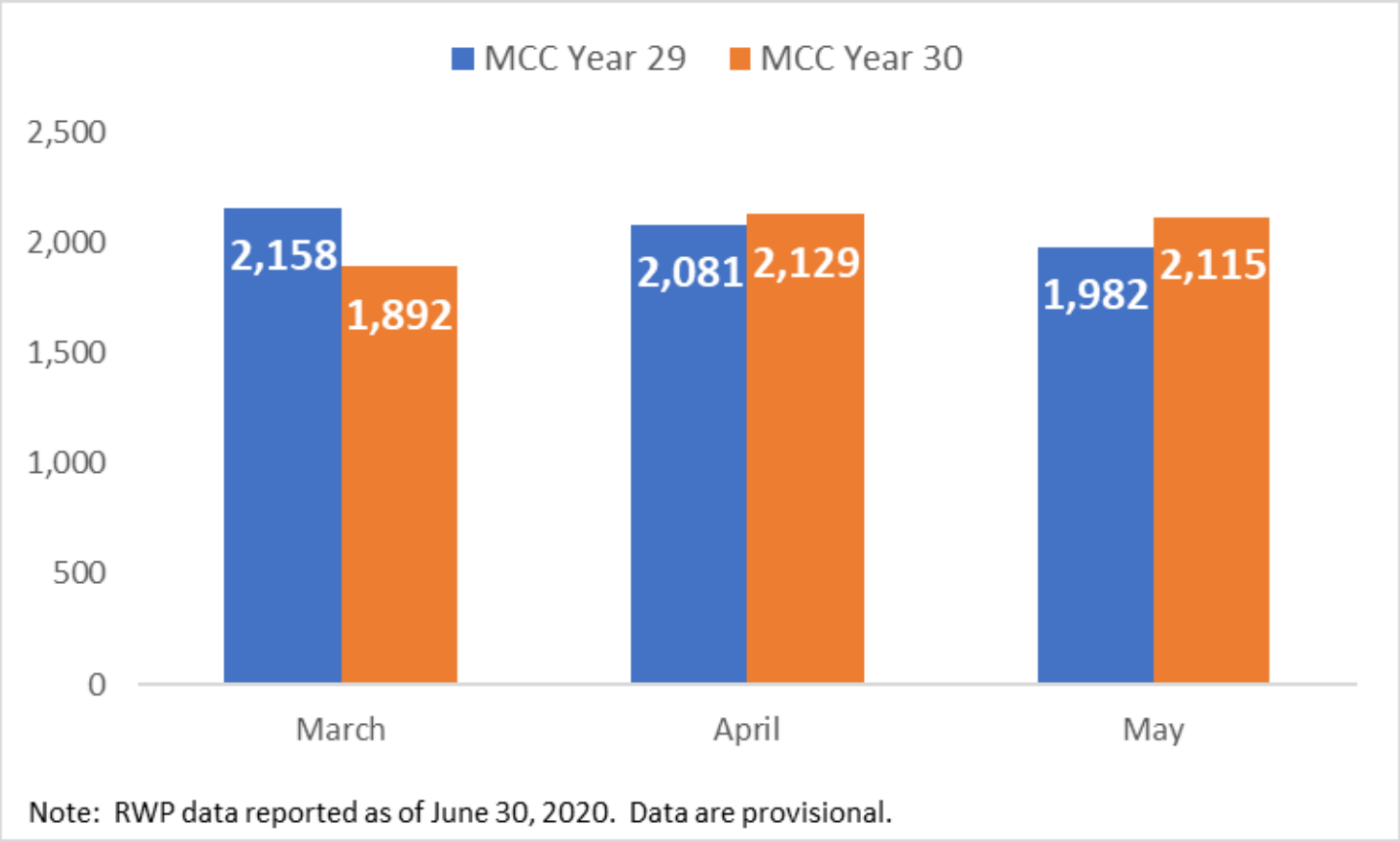


Note: RWP data reported as of June 30, 2020. Data are provisional.

--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

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
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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
Primary Language								
English	14,522	71.0	14,622	70.9	15,033	71.5	15,258	71.3
Spanish	5,630	27.5	5,629	27.3	5,594	26.6	5,613	26.2
Other	251	1.2	288	1.4	95	1.4	300	1.4
Missing	66	0.3	99	0.5	105	0.5	226	1.1
Income at Enrollment by Federal Poverty Level (FPL)								
At/below FPL	13,396	65.5	13,622	66.0	13,721	65.3	13,337	62.3
101-200% FPL	4,519	22.1	4,491	21.8	4,615	22.0	4,676	21.9
201-500% FPL	2,471	12.1	2,455	11.9	2,619	12.5	3,114	14.6
Above 500% FPL	83	0.4	70	0.3	72	0.3	92	0.4
Missing [c]	0	-	0	-	0	-	180	0.8
Primary Insurance								
Private	1,859	9.1	1,800	8.7	2,011	9.6	2,262	10.6
Public	11,563	56.5	11,481	55.6	11,570	55.0	11,514	53.8
No Insurance	6,963	34.0	7,277	35.3	7,374	35.1	7,534	35.2
Other	84	0.4	80	0.4	72	0.3	87	0.4
Housing Status								
Permanent	17,660	86.3	17,653	85.5	17,759	84.5	17,895	83.6
Institutional	850	4.2	799	3.9	779	3.7	715	3.3
Homeless [d]	1,437	7.0	1,604	7.8	1,832	8.7	2,210	10.3
Unknown/Unreported	522	2.6	582	2.8	657	3.1	577	2.7
History of Incarceration								
No history	16,586	81.0	16,764	81.2	17,063	81.2	17,374	81.2
Incarcerated within the last 24 months	1,781	8.7	1,734	8.4	1,821	8.7	1,793	8.4
Incarcerated over 2 years ago	1,958	9.6	1,896	9.2	1,843	8.8	1,815	8.5
Missing	144	0.7	244	1.2	300	1.4	415	1.9
Transmission Category [e]								
MSM	13,520	66.1	13,720	66.5	14,207	67.6	14,432	67.5
Heterosexual	4,987	24.4	4,900	23.7	4,855	23.1	4,895	22.9
MSM-IDU	536	2.6	510	2.5	502	2.4	530	2.5
IDU	543	2.7	507	2.5	507	2.4	497	2.3
Other	351	1.7	314	1.5	277	1.3	275	1.3

Missing/No identified risk	532	2.6	687	3.3	679	3.2	768	3.6

Characteristic		YR 26		YR 27		YR 28		YR 29	
		N	%	N	%	N	%	N	%
Total Clients		20,469	100.00	20,638	100.0	21,027	100.0	21,397	100.0
Residence Service Planning Area	**Residence Health District**								
Antelope Valley (1)		291	1.4	284	1.4	407	1.9	460	2.1
	Antelope Valley (5)	291	1.4	284	1.4	407	1.9	460	2.1
San Fernando (2)		2,147	10.5	2,180	10.6	2,958	14.1	2,971	13.9
	East Valley (19)	684	3.3	669	3.2	935	4.4	925	4.3
	Glendale (27)	191	0.9	195	0.9	274	1.3	292	1.4
	San Fernando (62)	234	1.1	251	1.2	367	1.7	360	1.7
	West Valley (86)	1,039	5.1	1,065	5.2	1,382	6.6	1,394	6.5
San Gabriel (3)		1,097	5.4	1,165	5.6	1,563	7.4	1,565	7.3
	Alhambra (3)	159	0.8	175	0.8	242	1.2	255	1.2
	El Monte (23)	336	1.6	343	1.7	464	2.2	444	2.1
	Foothill (25)	154	0.8	152	0.7	199	0.9	212	1.0
	Pasadena (50)	159	0.8	171	0.8	207	1.0	200	0.9
	Pomona (54)	289	1.4	324	1.6	451	2.1	454	2.1
Metro (4)		5,070	24.8	5,118	24.8	6,899	32.8	6,824	31.9
	Central (9)	1,912	9.3	1,875	9.1	2,536	12.1	2,552	11.9
	Hollywood-Wilshire (34)	2,581	12.6	2,658	12.9	3,581	17.0	3,505	16.4
	Northeast (47)	577	2.8	585	2.8	782	3.7	767	3.6
West (5)		434	2.1	441	2.1	673	3.2	719	3.4
	West (84)	434	2.1	441	2.1	673	3.2	719	3.4
South (6)		2,185	10.7	2,117	10.3	3,119	14.8	3,115	14.6
	Compton (12)	341	1.7	330	1.6	484	2.3	455	2.1
	South (69)	422	2.1	402	1.9	591	2.8	611	2.9
	Southeast (72)	411	2.0	405	2.0	546	2.6	573	2.7
	Southwest (75)	1,011	4.9	980	4.7	1,498	7.1	1,476	6.9
East (7)		1,231	6.0	1,172	5.7	1,559	7.4	1,516	7.1
	Bellflower (6)	236	1.2	221	1.1	302	1.4	264	1.2
	East LA (16)	270	1.3	260	1.3	344	1.6	351	1.6
	San Antonio (58)	514	2.5	487	2.4	641	3.0	642	3.0
	Whittier (91)	211	1.0	204	1.0	272	1.3	259	1.2
South Bay (8)		2,265	11.1	2,145	10.4	2,673	12.7	2,615	12.2
	Harbor (31)	201	1.0	193	0.9	251	1.2	253	1.2
	Inglewood (37)	566	2.8	542	2.6	771	3.7	799	3.7
	Long Beach (40)	1,323	6.5	1,241	6.0	1,364	6.5	1,291	6.0
	Torrance (79)	175	0.9	169	0.8	287	1.4	272	1.3
Missing	*Missing*	5,748	28.1	6,016	29.2	1,176	5.6	1,612	7.5
MSM of Color (18-29 years old)[f,g]									
API		94	5.9	112	6.8	108	6.4	94	5.7
Black		586	36.8	570	34.5	599	35.36	585	35.3
Latino		904	56.7	964	58.4	981	57.91	973	58.7
Other (Non-white)		10	0.6	5	0.3	6	0.35	7	0.4
MSM of Color (30 years of age and older)[f,g]									
API		462	5.3	493	5.5	540	5.8	563	5.9
Black		2,241	25.5	2,315	25.8	2,433	26.09	2,481	25.9
Latino		6,060	68.9	6,139	68.3	6,312	67.68	6,501	67.8
Other (Non-white)		37	0.4	43	0.5	41	0.44	43	0.5
Received ≥1 RWP-Supported Medical Visit in the Reporting Year									
No		14,191	69.3	15,163	73.5	15,097	71.8	15,077	70.5
Yes		6,278	30.7	5,475	26.5	5,930	28.2	6,320	29.5

Characteristic	YR 26		YR 27		YR 28		YR 27	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*
Total Clients	20,469	100.0	20,638	100.0	21,027	100.0	21,397	100.0
Engaged in HIV Care in the Reporting Year[h]								
No	691	3.4	660	3.2	805	3.8	768	3.6
Yes	19,778	96.6	19,978	96.8	20,222	96.2	20,629	96.4
Retained in HIV Care in the Reporting Year[i]								
No	3,940	19.3	4,089	19.8	4,199	20.0	4,429	20.7
Yes	16,529	80.8	16,549	80.2	16,828	80.0	16,968	79.3
Suppressed Viral Load at Last Test in the Reporting Year[j]								
Not Suppressed	3,644	17.8	3,512	17.0	3,489	16.6	3,516	16.4
Suppressed	16,825	82.2	17,126	83.0	17,538	83.4	17,881	83.6
Number of RWP Services Utilized per Client in the Reporting Year, mean (range)	1.9 (1-10)		1.8 (1-12)		1.7 (1-10)		1.8 (1-10)	

Data source: HIV Casewatch, as of 7/26/18 for Year 26, 7/6/18 for Year 27, 4/2/19 for Year 28 and 5/5/2020 for Year 29. Surveillance data as of 9/10/18 for Year 26 and 27, 4/20/19 for Year 28 and 5/12/2020 for Year 29

*HIV Positive Clients excludes clients with a missing, unknown, or negative HIV/AIDS status

[a]Other/Unknown includes more than one race and unknown

[b]Transgender/Unknown includes Transgender: Female to Male, Transgender: Other, and Unknown.

[c]Clients missing income received Permanent Supportive Housing (Housing for Health) services

[d]Defined as having non-permanent living situations, including homeless, transient or transitional

[e]MSM is men who have sex with men; IDU is injection drug use; Other includes hemophaelia/coagulation disorder, perinatal, transfusion, and other

[f]Defined by MAI as male MSM of color either 18-29 years old or 30 years old and older. Reported counts include all genders who match the other criteria

[g]Percentages are based on the total for the characteristic

[h]Defined as having ≥1 HIV laboratory test (viral load, CD4 or genotype test) reported in the reporting year

[i]Defined as having ≥2 HIV laboratory tests (viral load, CD4 or genotype test) reported at >90 days apart in the 12 months before the reporting period end

[j]Suppression defined as viral load <200 copies/ml at most recent test reported in the period. Clients with no viral load test reported in the period are categorized as not suppressed

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*
Transitional Residential Care Facilities	*17*	0.2	20	0.3	19	0.3	21	0.2	*19*	*0.3*	*0.0*	*19*	*0.3*	*0.0*	*17*	*0.3*	*0.0*	*52*	*0.4*	*0.0*
Medical Case Management (Medical Care Coordination)	**2,158**	**29.5**	**2,081**	**28.0**	**1,982**	**27.2**	**7,356**	**54.7**	**1,892**	**25.1**	**9.5**	**2,129**	**30.6**	**25.4**	**2,115**	**32.3**	**22.6**	**3,773**	**29.0**	**23.7**
Medical Nutritional Therapy	**3**	**0.0**	**8**	**0.1**	**0**	**0.0**	**10**	**0.1**	**0**	-	-	**0**	-	-	**0**	-	-	**0**	-	-
Medical Outpatient	**3,441**	**47.0**	**3,571**	**48.1**	**3,467**	**47.6**	**8,458**	**62.9**	**3,920**	**52.1**	**16.1**	**3,524**	**50.6**	**44.1**	**2,976**	**45.4**	**55.1**	**8,408**	**64.6**	**41.0**
Mental Health Services	**174**	**2.4**	**173**	**2.3**	**195**	**2.7**	**323**	**2.4**	**109**	**1.4**	**9.2**	**116**	**1.7**	**56.0**	**132**	**2.0**	**51.5**	**199**	**1.5**	**43.7**
Non-Medical Case Management	**579**	**7.9**	**515**	**6.9**	**553**	**7.6**	**1,219**	**9.1**	**816**	**10.8**	**1.6**	**617**	**8.9**	**19.4**	**626**	**9.6**	**18.8**	**1,601**	**12.3**	**14.4**
Benefits Specialty	430	5.9	357	4.8	408	5.6	913	6.8	*657*	*8.7*	*2.0*	*514*	*7.4*	*23.3*	*546*	*8.3*	*21.6*	*1,368*	*10.5*	*16.9*
Transitional CM Incarcerated Program	146	2.0	155	2.1	139	1.9	303	2.3	*159*	*2.1*	*0.0*	*104*	*1.5*	*0.0*	*80*	*1.2*	*0.0*	*236*	*1.8*	*0.0*
Transitional CM Youth Program	3	0.0	4	0.1	7	0.1	10	0.1	**0**	-	-	**0**	-	-	**0**	-	-	**0**	-	-
Nutrition Support	**1,115**	**15.2**	**1,122**	**15.1**	**1,131**	**15.5**	**1,345**	**10.0**	**1,304**	**17.3**	**0.0**	**1,334**	**19.2**	**0.0**	**1,325**	**20.2**	**0.0**	**1,609**	**12.4**	**0.0**
Food Bank	821	11.2	830	11.2	844	11.6	1,052	7.8	*968*	*12.9*	*0.0*	*996*	*14.3*	*0.0*	*969*	*14.8*	*0.0*	*1,263*	*9.7*	*0.0*
Delivered Meals	378	5.2	381	5.1	374	5.1	407	3.0	*425*	*5.6*	*0.0*	*445*	*6.4*	*0.0*	*453*	*6.9*	*0.0*	*472*	*3.6*	*0.0*
Oral Health Care	**950**	**13.0**	**1,089**	**14.7**	**1,071**	**14.7**	**2,162**	**16.1**	**762**	**10.1**	**0.0**	**85**	**1.2**	**0.0**	**173**	**2.6**	**0.6**	**947**	**7.3**	**0.1**
General Oral Health	703	9.6	767	10.3	750	10.3	1,771	13.2	*520*	*6.9*	*0.0*	*51*	*0.7*	*0.0*	*116*	*1.8*	*0.9*	*674*	*5.2*	*0.1*
Specialty Oral Health	679	9.3	796	10.7	796	10.9	1,663	12.4	*521*	*6.9*	*0.0*	*67*	*1.0*	*0.0*	*133*	*2.0*	*0.8*	*665*	*5.1*	*0.2*
Outreach Services (Linkage and Re-Engagement Program)[e]	**37**	**0.5**	**36**	**0.5**	**39**	**0.5**	**56**	**0.4**	**10**	**0.1**	**10.0**	**5**	**0.1**	**20.0**	**4**	**0.1**	**0.0**	**11**	**0.1**	**9.1**
Substance Abuse services - Residential (Transitional)	**44**	**0.6**	**39**	**0.5**	**37**	**0.5**	**58**	**0.4**	**43**	**0.6**	0.0	**44**	**0.6**	**0.0**	**44**	**0.7**	**0.0**	**56**	**0.4**	**0.0**

Data source: HIV Casewatch, as of 5/5/2020 for Year 29, as of 7/1/2020 for Year 30

*HIV Positive Clients excludes clients with a missing, unknown, or negative HIV/AIDS status

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

[b]Permanent Supportive Housing (H4H) contract began Year 29

[e]Outreach services limited to what is reported in CaseWatch. Actual clients served are 598 in Year 29. Year 30 numbers are not yet available.

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**
Non-Medical Case Management	**6,466**	**31.6**	**5,644**	**27.3**	**3,482**	**16.6**	**4,688**	**21.9**
Benefits Specialty	*5,474*	*26.7*	*4,829*	*23.4*	*2,617*	*12.5*	*3,897*	*18.2*
Transitional CM Incarcerated Program	*851*	*4.2*	*786*	*3.8*	*813*	*3.9*	*805*	*3.8*
Linkage Case Management[b]	*152*	*0.7*	*6*	*0.0*	*0*	*-*	*0*	*0.0*
Transitional CM Youth Program	*124*	*0.6*	*125*	*0.6*	*115*	*0.6*	*67*	*0.3*
Nutrition Support	**1,917**	**9.4**	**1,852**	**9.0**	**1,801**	**8.6**	**2,012**	**9.4**
Food Bank	*1,696*	*8.3*	*1,606*	*7.8*	*1,481*	*7.0*	*1,637*	*7.7*
Delivered Meals	*343*	*1.7*	*396*	*1.9*	*476*	*2.3*	*554*	*2.6*
Oral Health Care	**4,154**	**20.3**	**3,998**	**19.4**	**4,082**	**19.4**	**4,448**	**20.8**
General Oral Health	*3,845*	*18.8*	*3,537*	*17.1*	*3,657*	*17.4*	*4,115*	*19.2*
Specialty Oral Health	*3,456*	*16.9*	*3,413*	*16.5*	*3,375*	*16.1*	*3,678*	*17.2*
Outreach Services (Linkage and Re-Engagement Program)[d]	**38**	**0.2**	**108**	**0.5**	**112**	**0.5**	**113**	**0.5**
Substance Abuse Services - Outpatient[b]	**31**	**0.2**	**24**	**0.1**	**5**	**0.0**	**0**	**-**
Substance Abuse services - Residential	**398**	**1.9**	**302**	**1.5**	**140**	**0.7**	**115**	**0.5**
Rehabilitation[b]	*254*	*1.2*	*163*	*0.8*	*36*	*0.2*	*0*	*-*
Detox[b]	*170*	*0.8*	*72*	*0.3*	*3*	*0.0*	*0*	*-*
Transitional	*130*	*0.6*	*144*	*0.7*	*105*	*0.5*	*155*	*0.5*

Data source: HIV Casewatch, as of 07/06/18 for Year 27, 04/02/19 for Year 28 and 05/05/2020 for Year 29

*HIV Positive Clients excludes clients with a missing, unknown, or negative HIV/AIDS status

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

[b]Permanent Supportive Housing (H4H) contract began Year 29; Linkage Case Management contract ended during Year 27; Substance Abuse Services - Outpatient contract ended after Year 28; Substance Abuse Service - Residential (Rehabilitation and Detox) ended after Year 28

[c]Language services not in Casewatch after Year 26

[d]Outreach services limited to what is reported in CaseWatch. Actual clients served are 392 in Year 26, 592 in Year 27, 712 in Year 28, and 598 in 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
Female	961	13	1,050	14	968	13	1,710	13	918	12	852	12	772	12	1,514	12
Transgender: Female to Male	3	0	2	0	4	0	4	0	5	0	4	0	4	0	5	0
Transgender: Male to Female	143	2	154	2	159	2	268	2	154	2	157	2	149	2	269	2
Transgender: Other	1	0	0	-	1	0	1	0	4	0	2	0	2	0	5	0
Unknown	1	0	1	0	0	-	1	0	3	0	2	0	6	0	6	0
Age Group at Midpoint of RW Year																
17 and younger	3	0	1	0	2	0	4	0	2	0	2	0	0	-	3	0
18-24 years	155	2	190	3	167	2	329	2	157	2	154	2	143	2	298	2
25-29 years	492	7	498	7	482	7	970	7	489	6	464	7	438	7	908	7
30-39 years	1,418	19	1,400	19	1,431	20	2,771	21	1,502	20	1,408	20	1,317	20	2,793	21
40-49 years	1,626	22	1,669	22	1,596	22	3,062	23	1,605	21	1,485	21	1,358	21	2,835	22
50-59 years	2,244	31	2,248	30	2,210	30	4,023	30	2,267	30	2,075	30	1,969	30	3,835	29
60 and older	1,380	19	1,423	19	1,397	19	2,287	17	1,507	20	1,376	20	1,329	20	2,336	18
Primary Language																
English	5,101	70	5,124	69	5,024	69	9,305	69	5,350	71	5,051	73	4,740	72	9,249	71
Spanish	2,094	29	2,173	29	2,135	29	3,893	29	2,050	27	1,792	26	1,701	26	3,535	27
Other	99	1	111	1	103	1	205	2	91	1	80	1	75	1	166	1
Missing	24	0	21	0	23	0	43	0	38	1	41	1	38	1	58	0

Data source: HIV Casewatch, as of 5/5/2020 - YR29 and 7/1/2020 - YR30, Surveillance as of 8/15/2019 - YR29 and 7/6/2020 - YR30

*HIV Positive Clients excludes clients with a missing, unknown, or negative HIV/AIDS status

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*	*%*
Income at Enrollment by Federal Poverty Level (FPL)																
At/below FPL	4,785	65	4,836	65	4,721	65	8,557	64	4,844	64	4,577	66	4,349	66	8,248	63
101-200% FPL	1,636	22	1,697	23	1,631	22	2,993	22	1,635	22	1,508	22	1,430	22	2,848	22
Above 200% FPL	897	12	896	12	933	13	1,896	14	1,014	13	846	12	740	11	1,857	14
Missing	0		0		0		0		36	0	33	0	35	1	55	0
Housing Status																
Permanent	6,196	85	6,273	84	6,163	85	11,515	86	6,316	84	5,830	84	5,490	84	11,043	85
Institutional	256	4	265	4	259	4	432	3	257	3	229	3	210	3	389	3
Homeless	749	10	769	10	744	10	1,246	9	842	11	781	11	738	11	1,318	10
Unknown/Unreported	117	2	122	2	119	2	253	2	114	2	124	2	116	2	258	2
History of Incarceration																
No history	5,967	82	6,002	81	5,964	82	11,095	83	6,055	80	5,607	81	5,324	81	10,649	82
Incarcerated within the last 24 months	595	8	614	8	578	8	1,044	8	614	8	572	8	509	8	1,009	8
Incarcerated over 2 years ago	706	10	755	10	684	9	1,185	9	793	11	714	10	648	10	1,221	9
Missing	50	1	58	1	59	1	122	1	67	1	71	1	73	1	129	1
Transmission Category[c]																
MSM	4,887	67	4,934	66	4,909	67	9,131	68	5,020	67	4,678	67	4,450	68	8,816	68
Hetero	1,727	24	1,797	24	1,711	23	3,124	23	1,732	23	1,587	23	1,470	22	2,951	23
MSM-IDU	202	3	171	2	154	2	307	2	210	3	179	3	162	2	328	3
IDU	194	3	201	3	171	2	298	2	190	3	175	3	149	2	279	2
Other	94	1	107	1	108	1	171	1	108	1	86	1	86	1	164	1
Missing/No identified risk	214	3	219	3	232	3	415	3	269	4	259	4	237	4	470	4
Received ≥1 RWP-Supported Medical Visit in the Month																
No	6,751	92	6,849	92	6,675	92	12,044	90	6,087	81	5,939	85	5,816	89	10,248	79
Yes	567	8	580	8	610	8	1,402	10	1,442	19	1,025	15	738	11	2,760	21

Data source: HIV Casewatch, as of 5/5/2020 - YR29 and 7/1/2020 - YR30, Surveillance as of 8/15/2019 - YR29 and 7/6/2020 - YR30

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	Mar		Apr		May				March		April		May			
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*

Number of RWP Services Utilized per Client by Month		Mar	Apr	May	YR 29 Total
	Mean	1.3	1.3	1.31	1.44
	Min	1	1	1	1
	Max	7	10	7	10

Mar	Apr	May	YR 30 Total
1.3	1.23	1.23	1.36
1	1	1	1
6	6	5	7

[a]Other includes Native Hawaiian/Pacific Islander, Native American/Alaska Native, more than one race, and unknown

[b]Defined as having non-permanent living situations, including homeless, transient, or transitional

[c]MSM is men who have sex with men; IDU is injection drug use; Unknown/Other includes hemophaelia/coagulation disorder, perinatal, transfusion, and other

[g]Includes clients receiving Permanent Supportive Housing (Housing 4 Health). These clients account for most of the missingness at 'Income at Enrollment by Federal Poverty Level (FPL)'

Data source: HIV Casewatch, as of 5/5/2020 - YR29 and 7/1/2020 - YR30, Surveillance as of 8/15/2019 - YR29 and 7/6/2020 - YR30

*HIV Positive Clients excludes clients with a missing, unknown, or negative HIV/AIDS status

Impact of COVID-19 on HIV/STD Prevention, Testing, Treatment and Care Services Delivery among DHSP Contracted Service Providers in Los Angeles County, May 2020

Wendy Garland, MPH
Los Angeles County Department of Public Health
Division of HIV and STD Program
Commission on HIV Planning, Priorities and Allocations Committee
July 21, 2020

Background

- Purpose: to assess the extent of COVID-19 impact on operations and service provision among contracted agencies

- Survey results will:
  - Provide context for provider capacity for service continuity during COVID-19
  - Inform the investment of new HRSA CARES Act and other funding to respond to service and resource needs created by COVID-19

Methods

- Data Collection: Online survey distributed via SoGo Survey May 7-18, 2020 to administrators at 60 contracted agencies
  - Fifty agencies (83%) responded to the survey
  - These agencies represent over 70 service sites across LAC

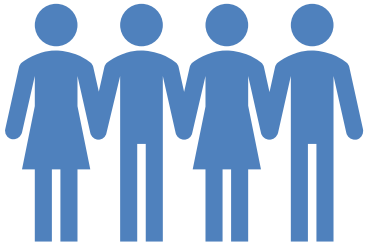
- Survey Questions:
  - Impact of COVID-19 on agency operations overall
  - Access and continuity of specific services in the context of COVID-19
  - Approximately one hour to complete

Service Categories Assessed

CORE MEDICAL	SUPPORT SERVICES	TESTING and PREVENTION
· Ambulatory Outpatient Medical (AOM) · Oral Health Services · Medical Care Coordination (MCC) · Mental Health Services · Home-Based Case Management (HBCM)	· Benefits Specialty Services (BSS) · Residential Services (RCFCI, TRCF, and Substance Abuse Transitional Housing) · Transitional Case Management (TCM) – Jails · Nutritional Support	· Biomedical Prevention (PrEP/PEP) · HIV Testing and STD Screening, Diagnosis and Treatment Services · Prevention Services (Vulnerable Populations and Health Education/Risk Reduction)

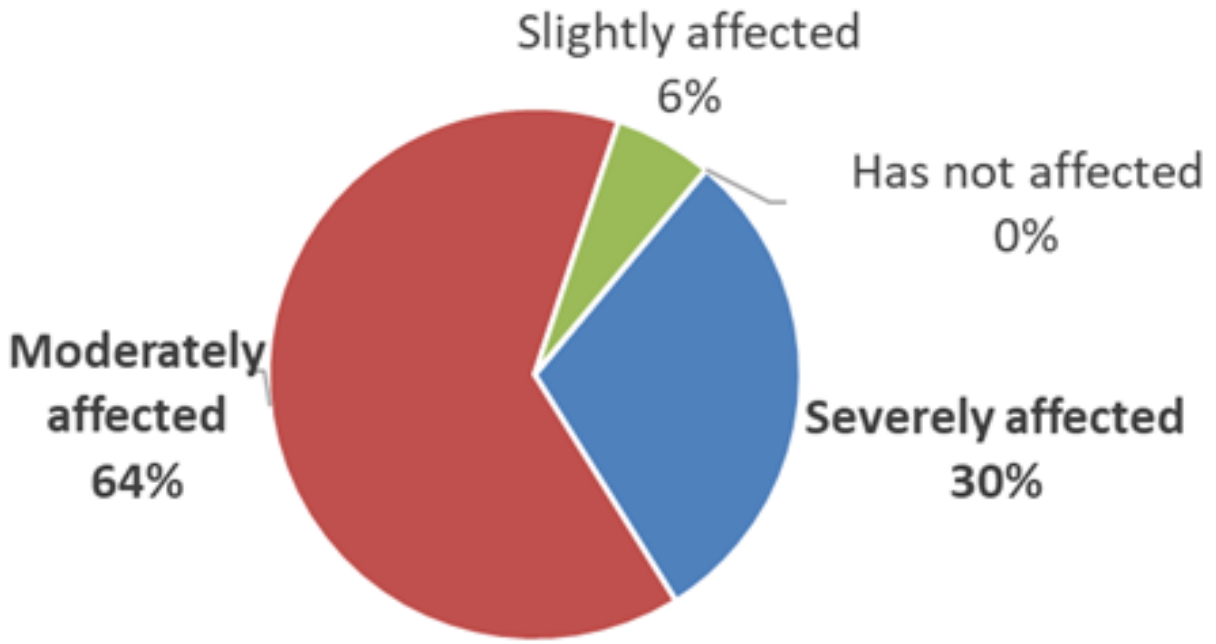
Interpretation of Findings

Findings reflect reported activities in May 2020 and may differ from current practices resulting from LAC Health Officer Orders.



Results presented represent the experience of the contracted agencies at the time of the survey and not of all agencies providing HIV and STD testing, treatment and prevention services in Los Angeles County.

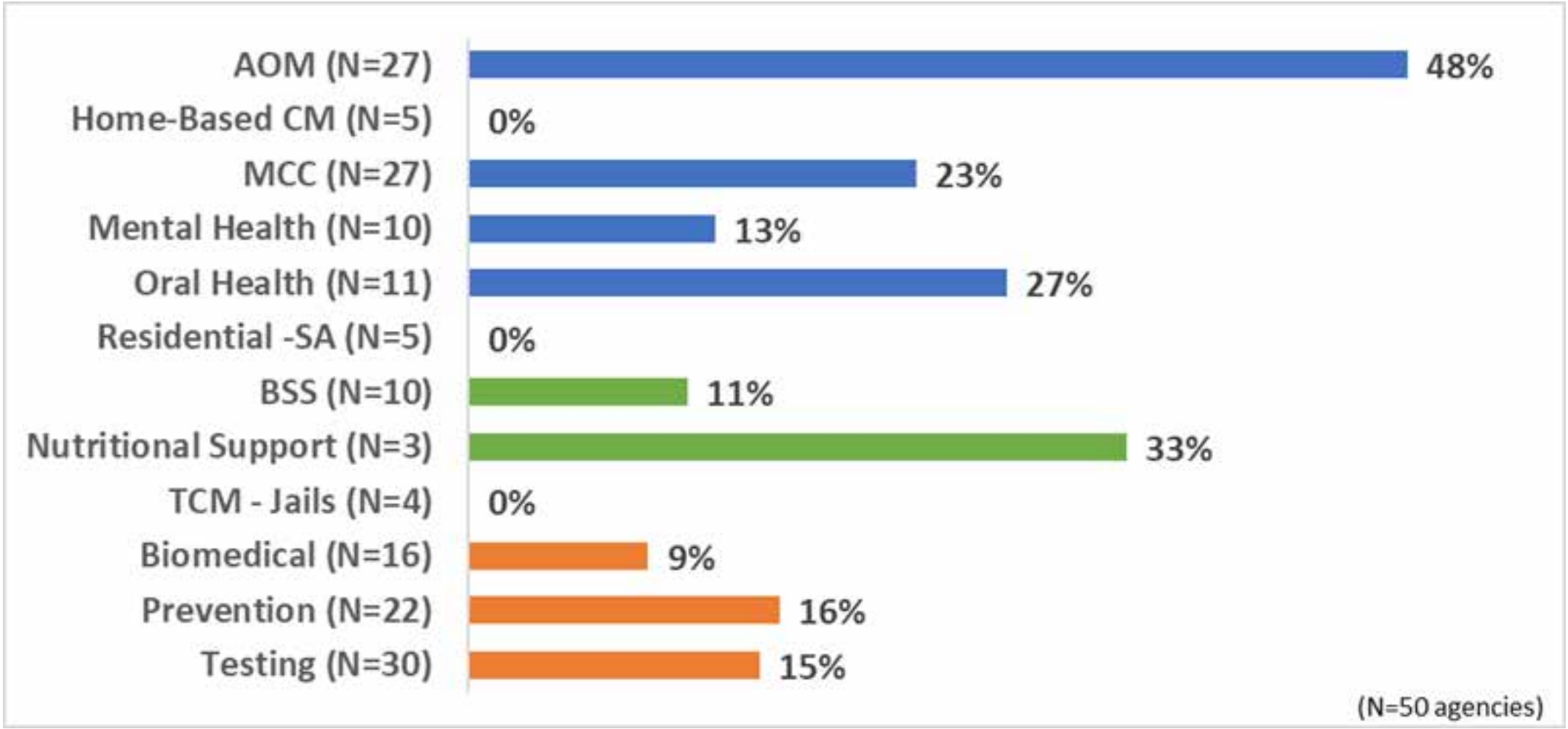
94% of agencies reported their operations were **moderately to severely impacted** by COVID-19.



- 54% agencies reported that at least some of their facilities had temporarily been closed
- One- quarter of agencies (n=12) had to lay off staff as a result of the COVID-19 pandemic.

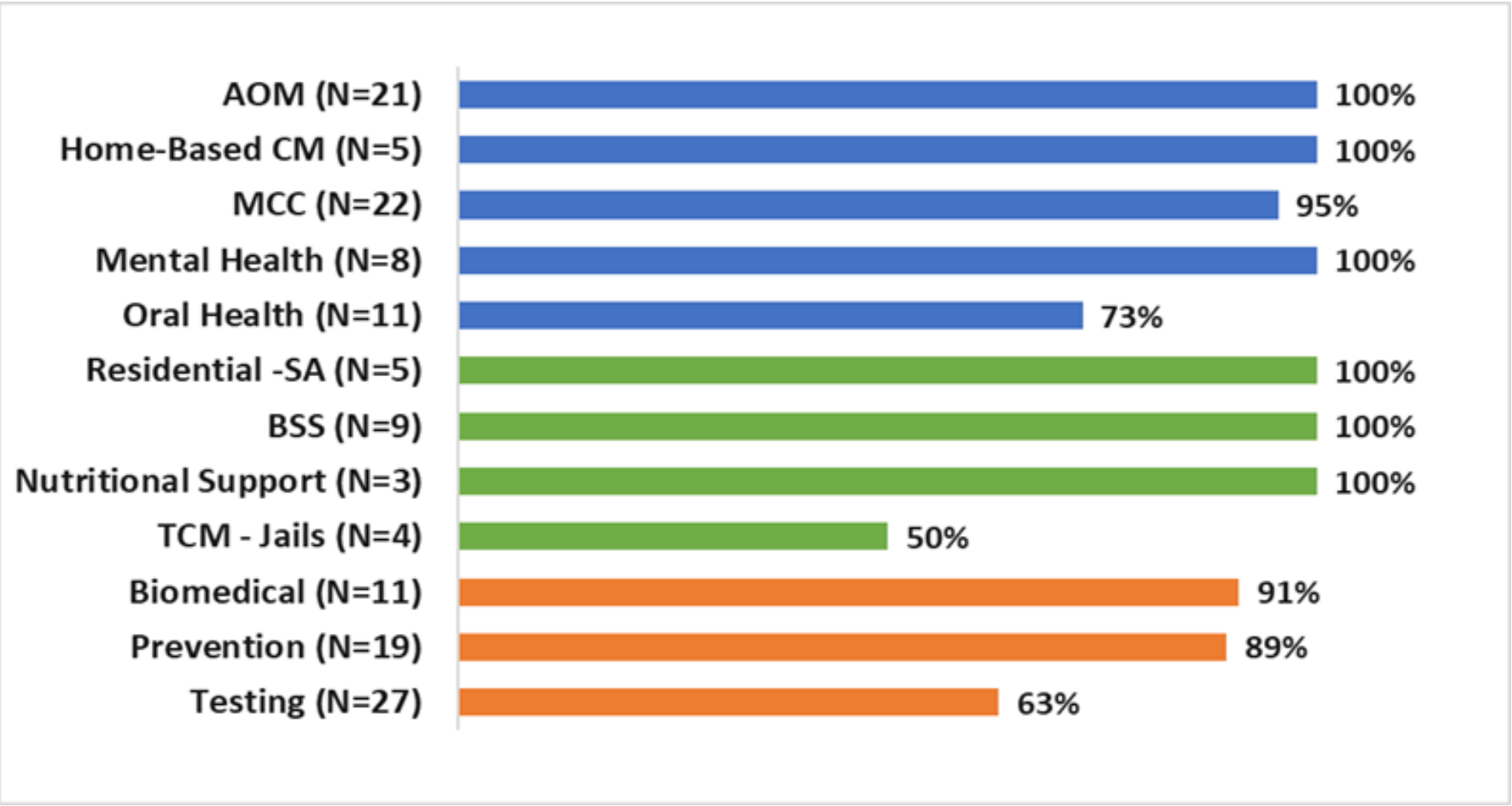
Staff Reassignments to COVID related work

AOM staff at nearly half of agencies were reassigned



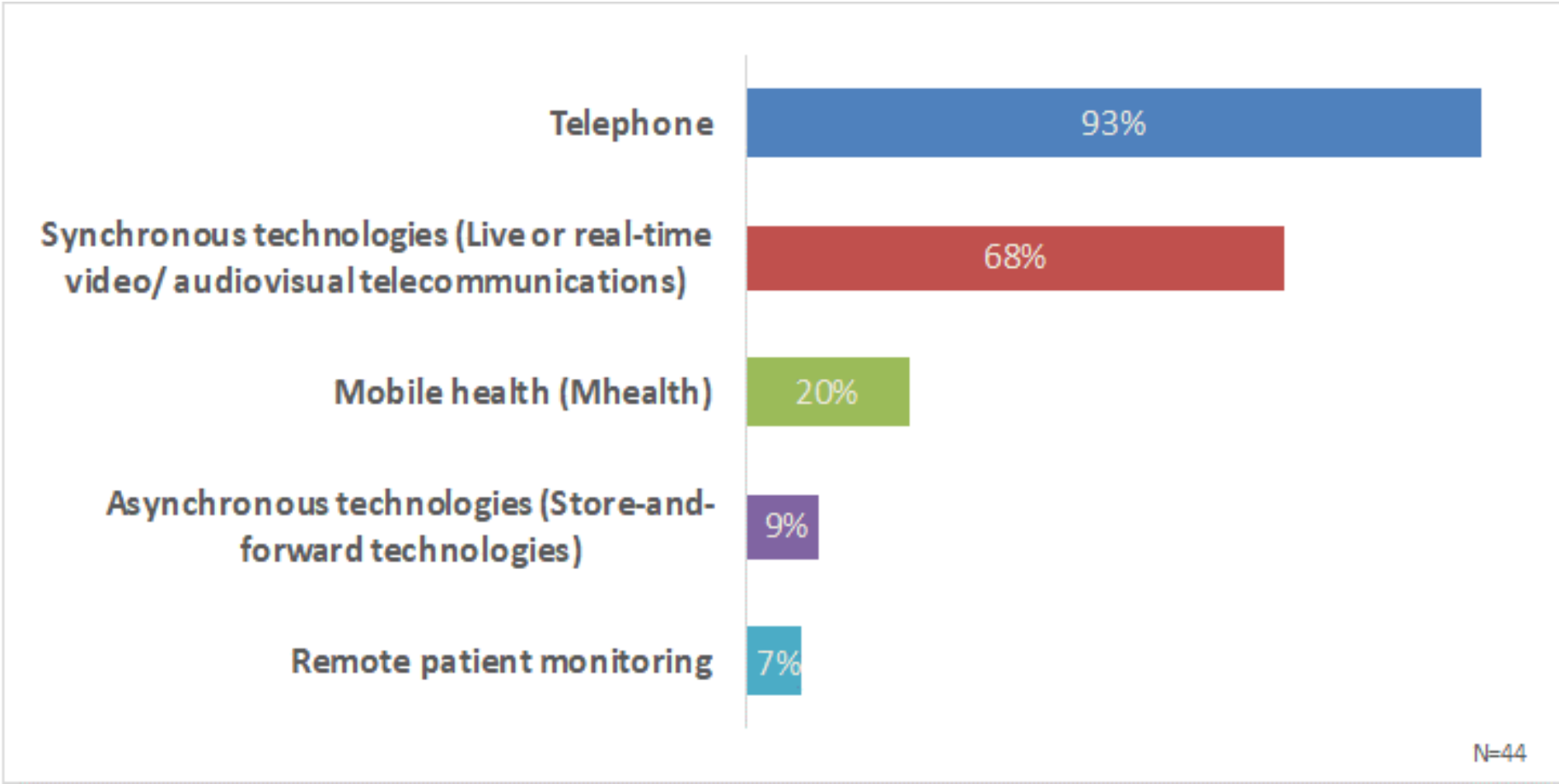
Agencies Continuing to Serve Clients for Contracted Services

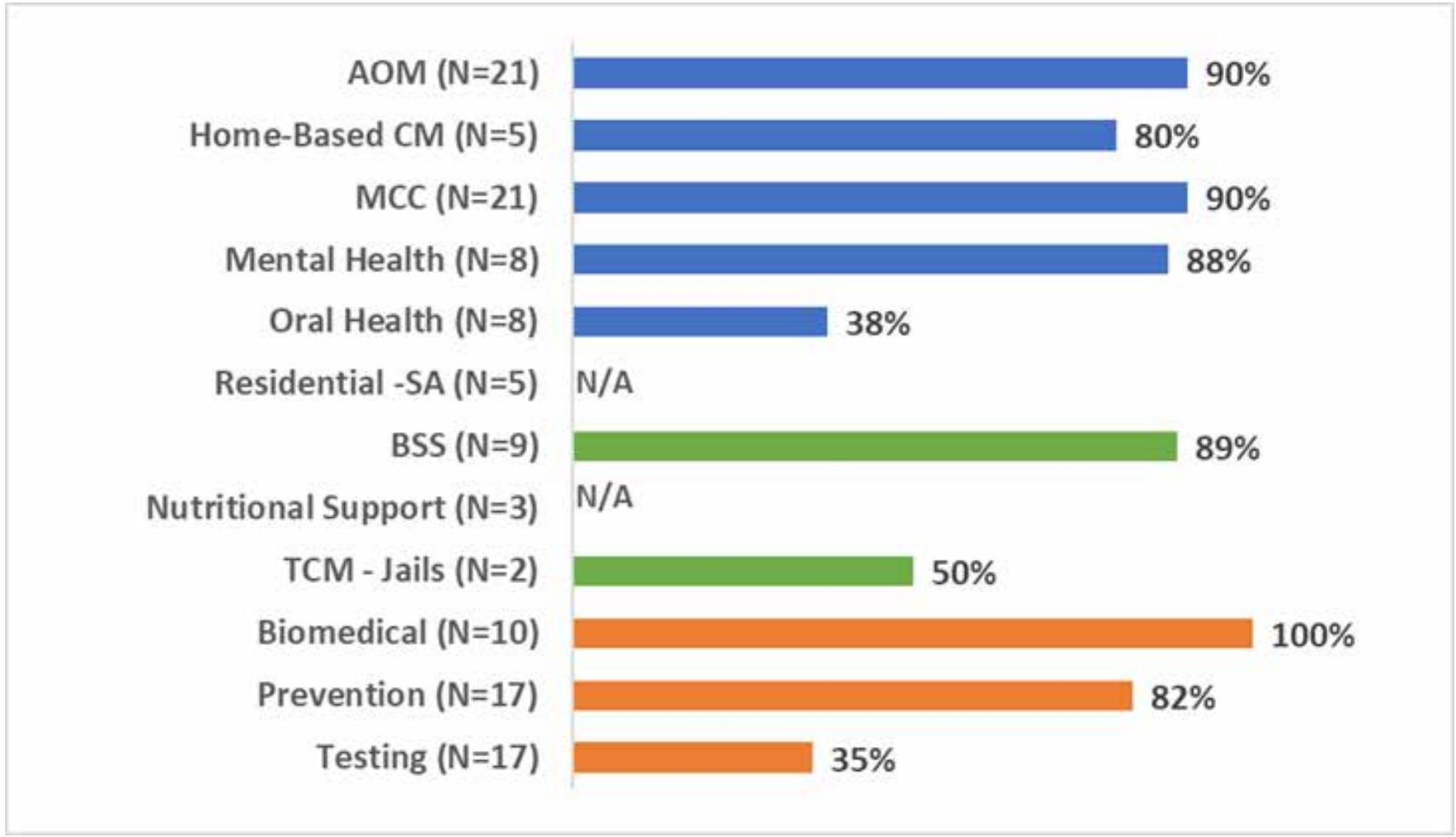
AOM, MCC less impacted; Oral Health, Testing more impacted



90% of agencies reported telehealth capacity during COVID-19

Telephone and synchronous technologies were the most commonly used telehealth modalities





Telehealth supports continuity of most **Core services** and **Prevention Services**

Testing services were least adaptable to telehealth

Barriers to Telehealth

- At the agency-level, lack of a robust telehealth infrastructure was a barrier to engaging clients through telehealth modalities

- Across multiple service categories, common client-level barriers to telehealth reported by agencies were
  - Limited access to privacy and/or a reliable device
  - Clients preferring telehealth to in-person services
  - Locating and engaging clients without phone or internet access

Impact of COVID-19 on Operating Costs

- Decrease in billable visits/hours reported by all fee-for-service contractors

- For all service categories, agencies reported increases in operating costs for purchase of PPE and other protective equipment (gloves, cleaning supplies)

- Across most service categories increased costs were reported for
  - Development of telehealth infrastructure
  - Implementation of physical distancing measures

- For Nutritional Support higher food and transportation costs along with fewer donations increased costs

CORE: Ambulatory Outpatient Medical Services (AOM) n=21

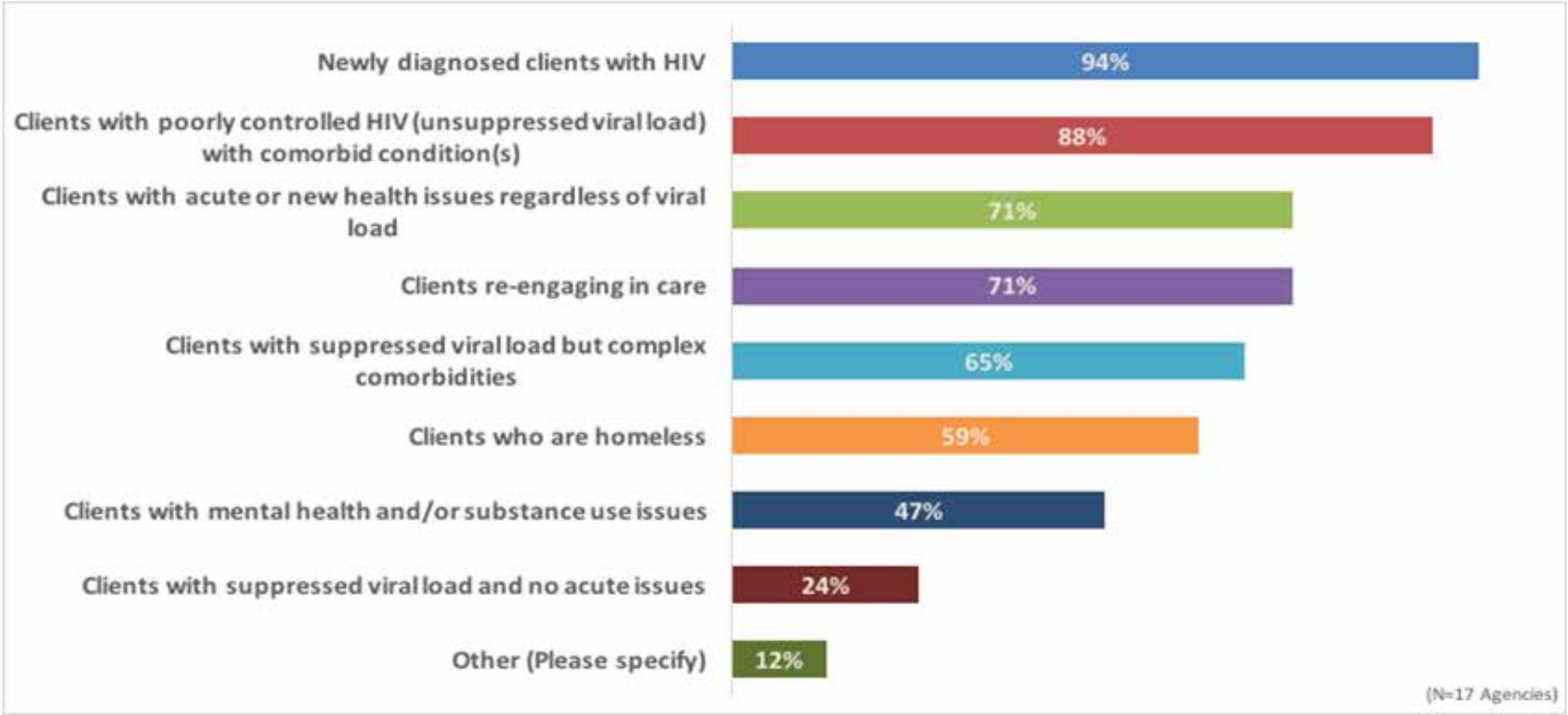
- All surveyed sites reported continuing to provide AOM services during COVID-19
  - 95% reporting providing viral load testing (20 of 21)

- 71% reported no changes to hours of operation for routine in-person visits (15 of 21)

- Sites reported implementing strategies to promote ART access and continuity
  - All sites were helping clients with prescription home delivery
  - Most sites reported extending ART and other medication refills (19 of 21)

Prioritizing AOM clients for in-person visits during COVID-19

- Most commonly prioritized were newly diagnosed and those with unsuppressed VL



CORE: Oral Health Services, n=11

- Three of the surveyed agencies reported being unable to provide any Oral Health services during COVID-19

- Nearly all agencies were prioritizing clients with emergency oral health needs for in-person visits

- Seven of the operating agencies reporting having telehealth capacity
  – Three agencies were providing oral health consultations via teleheal

CORE: Medical Care Coordination (MCC), n=27

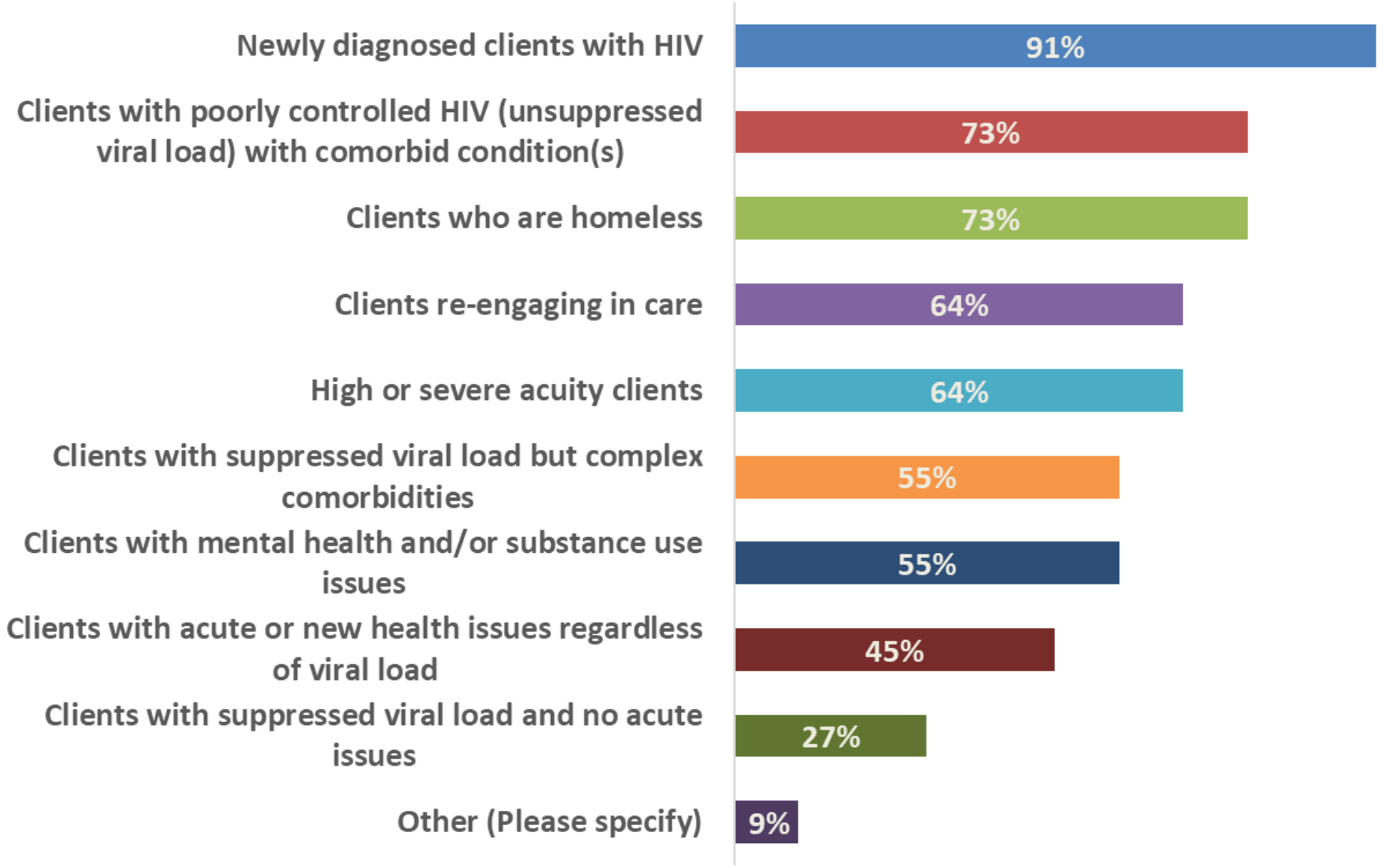
- 95% of surveyed sites reported continuing to provide MCC during COVID-19

- 71% reported no changes to hours of operation for routine in-person visits (15 of 21)

- Of the 20 agencies with telehealth capacity, 95% were providing MCC via telehealth
  - Most telehealth clients were those with VS and complex comorbidities and those experiencing MH/SA issues

Prioritizing MCC clients for in-person visits during COVID-19

- Most commonly prioritized were newly diagnosed and those with unsuppressed VL and or experiencing homelessness



(N=11)

CORE: Mental Health (MH) Services, n=8

- All of surveyed agencies reported continuing to provide MH services during COVID-19
  - Most agencies reported no changes to hours of operation for in-person visits (6 of 8)
  - All agencies reported providing MH services via telehealth

- Half of agencies were prioritizing those in crisis and/or experiencing substance use issues and homelessness

- 75% of agencies reported increased need for MH services among client during COVID-19

CORE: Home-Based Case Management (HBCM), n=5

- All of surveyed agencies reported continuing to provide HBCM services during COVID-19
- Most agencies reported changes to hours of operation for in-person services (3 of 5)
- Four agencies with telehealth capacity reported providing HBCM services via telehealth
  - Agencies reported that most telehealth clients were those with complex comorbidity (regardless of VL suppression) and those with acute or new health issues (75%)
- 2 of 5 agencies reported increased need for HBCM services among client during COVID-19

SUPPORT SERVICES: Benefits Specialty Services (BSS)

- All of surveyed agencies reported continuing to provide BSS services during COVID-19
- Over half of operating agencies reported changes to hours of operation for in-person services (5 of 9)
- Nearly all agencies were continuing to enroll new BSS clients (8 of 9)
  - All reported conducing eligibility screening over the phone
- All 8 agencies telehealth capacity reported providing BSS services via telehealth
  - Telehealth clients were mainly those with suppressed VL and no acute issues (88%) and those experiencing mental health and/or substance use issues (88%)

SUPPORT SERVICES: Residential Services, n=5

- All agencies reported continuing to provide Residential Services during COVID-19
- Most operating agencies reported no changes to hours of operation for in-person services (4 of 5)
  - One agency reported was only able to provide services via phone
- 3 of 5 agencies were continuing to enroll new Residential Services clients
- Only 1 of 5 agencies reported increased need for Residential Services during COVID-19
- All agencies estimated their current vacancy rate to be 25% or less

SUPPORT SERVICES: Transitional Case Management (TCM) – Jails, n=4

- Half of agencies reported continuing to provide TCM services during COVID-19 (2 of 4)
  - Operating agencies reported changes to hours and/or days of operation
  - 1 of 2 operating agencies was continuing to enroll new TCM clients
  - 1 of the 2 agencies reported telehealth capacity and currently providing services via telehealth
- Both operating agencies reported increases in the number of clients needing TCM services during COVID-19

SUPPORT SERVICES: Nutritional Support Services (NSS), n=3

- All agencies reported continuing to provide NSS during COVID-19
  - 2 for food pantry/bank and 1 for home-delivered meals
- No agencies reported changes to hours/days of operation for in-person services
  - Walk-in food pantry/bank services consistent with social distancing guidelines
- All agencies were continuing to enroll new clients for NSS
  - 2 reported conducting intakes and nutritional consults by phone
- All agencies reported increased need for NSS during COVID-19
  - Food bank/pantry: more bags of food per client
  - Delivered meals: more meals per client

TESTING AND PREVENTION: Biomedical (PrEP/PEP) n=11

- All but one agency reported continuing to provide Biomedical services during COVID-19
  - Most reported no changes to hours/days of operation for in-person services
  - All reporting providing services via telehealth
  - All agencies continued to enroll new clients

- Clients prioritized for in-person visits were mainly those with acute or new health issues

- All agencies reported helping clients with prescription home delivery
  - Most sites reported extending PrEP and other medication refills

TESTING AND PREVENTION: Testing Services, n=27

- 63% of surveyed agencies reported continuing to provide Testing Services during COVID-19 (17/27)
  - Half of operating agencies reported changes to hours/days of service for in-person services

- 13 of 17 agencies reported prioritizing clients for in-person services
  - Clients prioritized were mainly symptomatic STDs, new or acute health issues and homeless

- 16 of 17 agencies reported telehealth capacity however only 38% reported providing Prevention Services via telehealth (6 of 16)
  - Telehealth services included presumptive treatment for clients with symptomatic STDs and risk assessments

TESTING AND PREVENTION: Prevention Services, n=19

- 90% of surveyed agencies reported continuing to provide Prevention Services during COVID-19 (17 of 19)
- 88% operating agencies reported changes to hours/days of operation for in-person services (15 of 17)
  - 7 were unable to provide in-person services
  - 3 of 10 agencies with in-person services were prioritizing clients with acute or new health issues, requesting an HIV test and those experiencing homelessness

- 16 of the 17 agencies reported telehealth capacity and 6 were providing Prevention Services via telehealth that included
  - Linked referrals to HIV/STD testing and/or PrEP/PEP, individual assessments, group meetings and workshops/trainings

Summary

- Operations at all agencies, across service categories, have been impacted by COVID-19

- Service continuity most disrupted by COVID-19 include Oral Health, TCM-jails and Testing services

- Telehealth – particularly through telephone and video contact – has been critical for continued delivery of most contracted services however there have been increased costs to build up infrastructure

- Additional costs to agencies include those to keep both staff and clients safe and reduce COVID-19 transmission

Questions and Discussion

Thank you!

Wendy Garland, MPH
wgarland@ph.lacounty.gov

The ***COVID-19 Contracted Provider Survey Report*** can be accessed at:

LOS ANGELES COUNTY COMMISSION ON HIV

COUNTY OF LOS ANGELES Public Health
Division of HIV and STD Programs

COVID-19: Community Impact Snapshot

PAMELA OGATA

JULY 21, 2020

PLANNING, PRIORITIES & ALLOCATIONS MEETING

Overview

This presentation will provide results from two surveys developed to obtain information on

1. How COVID-19 is impacting Commissioners and Consumers

2. Service utilization and needs of people living with HIV during the COVID-19 epidemic in Los Angeles County

Purpose of this Presentation

The results from these surveys <u>can be used to:</u>

1. Document needs, challenges, and feelings that providers and PLWH had during the first few months of the epidemic
2. Help develop questions for planning, priorities, and allocations discussions
3. Provide insight on what services and programs may be needed in the future (2021-2023)

Limitations:

1. Survey results do not represent the experience of all HIV service providers or PLWH in Los Angeles County
2. Survey results represent experiences and feelings during a limited time period and may change as the epidemic continues

Survey #1: Commission Member Impact Survey

Methods

- Developed by staff with input from COH, Consumer Caucus, and Operations Co-Chairs
- Administered March 19-April 7
- Audience was Commissioners only
- N=21; 9 unaffiliated consumers
- $50 Target gift card incentive

Commission Member Impact Survey Results

Impact on Service Providers

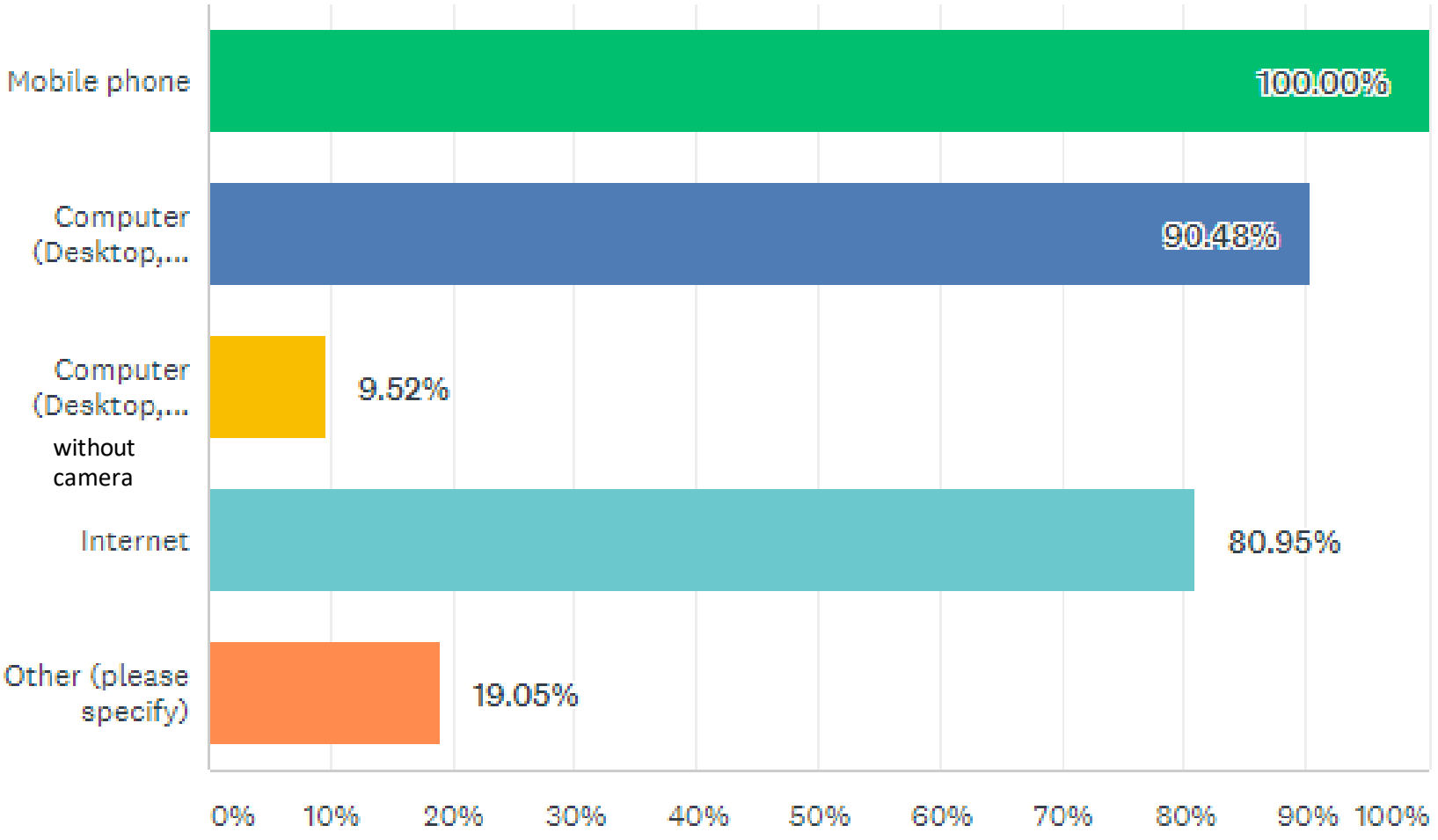
- Shifted most of the services to telehealth
- Some frontline staff reported family members losing jobs or placed on leave without pay/some are sole breadwinner for entire family
- Challenges of being supportive from a distance; providers are working longer, intense hours
- Lack of PPEs and surge capacity (resources and staffing)
- A few provider members noted being grateful to still be employed “for now”

Commission Member Impact Survey Results (cont.)

Impact on Consumers (People Living with HIV)

- Feelings of anxiety
- Isolation and stress of home schooling
- Complete loss of income for some
- Consumers and providers report increased demand for food, ride sharing transportation, financial assistance, mobile phones, mental health services, childcare, home delivered food and medicines
- Housing situation is even more unstable

Access to Technology



Other: landline


Q
A

Survey #2: Community COVID-19 Survey

Methods

- Spanish and English language surveys were developed by COH staff, Commission Co-Chairs, and DHSP staff
- Survey link was distributed through the Commission listserv and posted on Facebook and Twitter between May 20 and May 31, 2020.
- Respondents received a $25 Gift Card for completing the survey and providing their name and mailing address

Community COVID Survey

Respondents

- 274 Los Angeles County residents completed the survey
  - **198 are HIV positive** ← **Presentation on this subset**
    - 23 (12%) completed the Spanish language survey

Notes

- Results are preliminary
- Percentages may not add to 100% due to rounding

Demographic Characteristics

Gender: 75% Male

23% Female, <1% Non-Gender Conforming
<2% Transgender Female/Male-to-Female

Race/Ethnicity: 37% Latinx

30% White, 22% Black or African-American, 3% Asian or Asian American,
3% Other, 2% Multi-Racial, 1% American Indian or Alaskan Native,
2% Did not disclose

Age: 48% 55 yrs or older

0%	5%	11%	16%	21%	30%	18%
<18	18-24	25-34	35-44	45-54	55-64	65+

Demographic Characteristics (cont.)

Education: 64% attended college

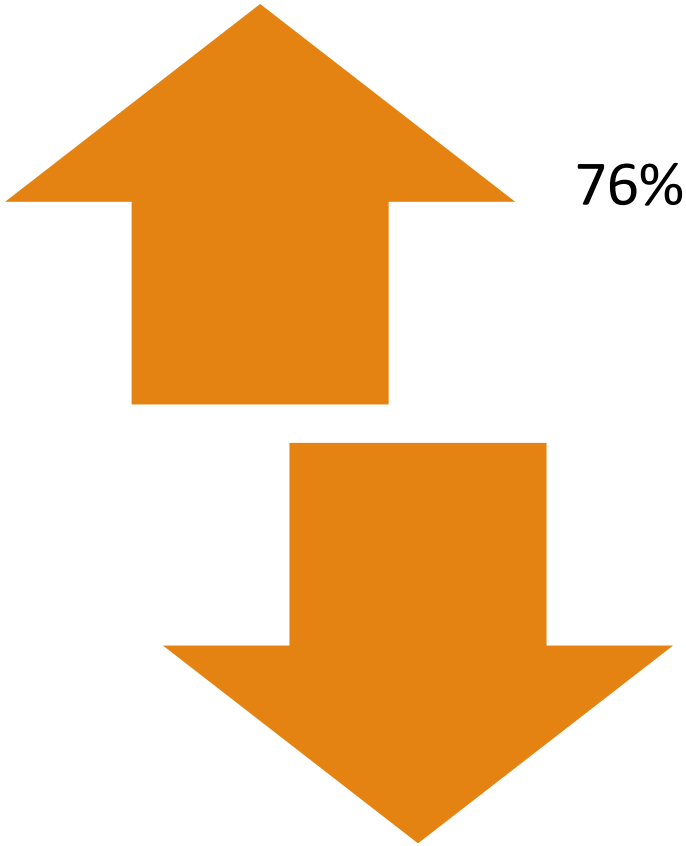
17% had a high school degree or equivalent and 15% had less than a high school degree, 3% other and 1% did not disclose

Income in past 12 months: 56% earned less than $25,000

Finances Pre-COVID-19 and Current Employment Situation

Income in Past 12 Months	Current Situation
56% <$25,000 12% $25,000-$34,999 12% $35,000-$54,999 4% $55,000-$64,999 8% $65,000 or more 9% Other or Did not disclose	13% Not working, laid off/furloughed due to COVID-19 12% Employed working less than 40 hours per week 24% Disabled, not able to work 11% Retired 1% Unemployed, looking for work 18% Unemployed, not looking for work 11% Employed working 40 hours or more

Financial Impact of COVID-19



76% Yes to A Lot

23% No or Not Really

How has COVID-19 impacted you financially?

- Things are more expensive
- Have to spend money on masks, disinfectants, etc.
- Laid off, can't pay rent or buy food or pay for car or pay bills
- About to lose business
- One or more household members losing their job or have a reduction in income
- Grocery store items cost more; food costs three times more than before
- Can't find a job

Impact of COVID-19 on Health Care Utilization

Average number of days respondent last "saw" a HIV doctor:
88 days Range (0-300 days)

60% reported that the COVID-19 epidemic <u>did not</u> impact their ability to get HIV care services or medication

- Appointments cancelled
- Services suspended until further notice (i.e. dental, vision, women's health, STD screening, blood pressure screening, colonoscopy)
- No in person visits
- Medication not available
- Can't get lab work done (VL, cholesterol screening)
- CDC said that people who have breathing problems should not wear a mask-stuck at home
- Had fever and providers would not let patient come to clinic
- Fearful of picking up meds, might get COVID-19

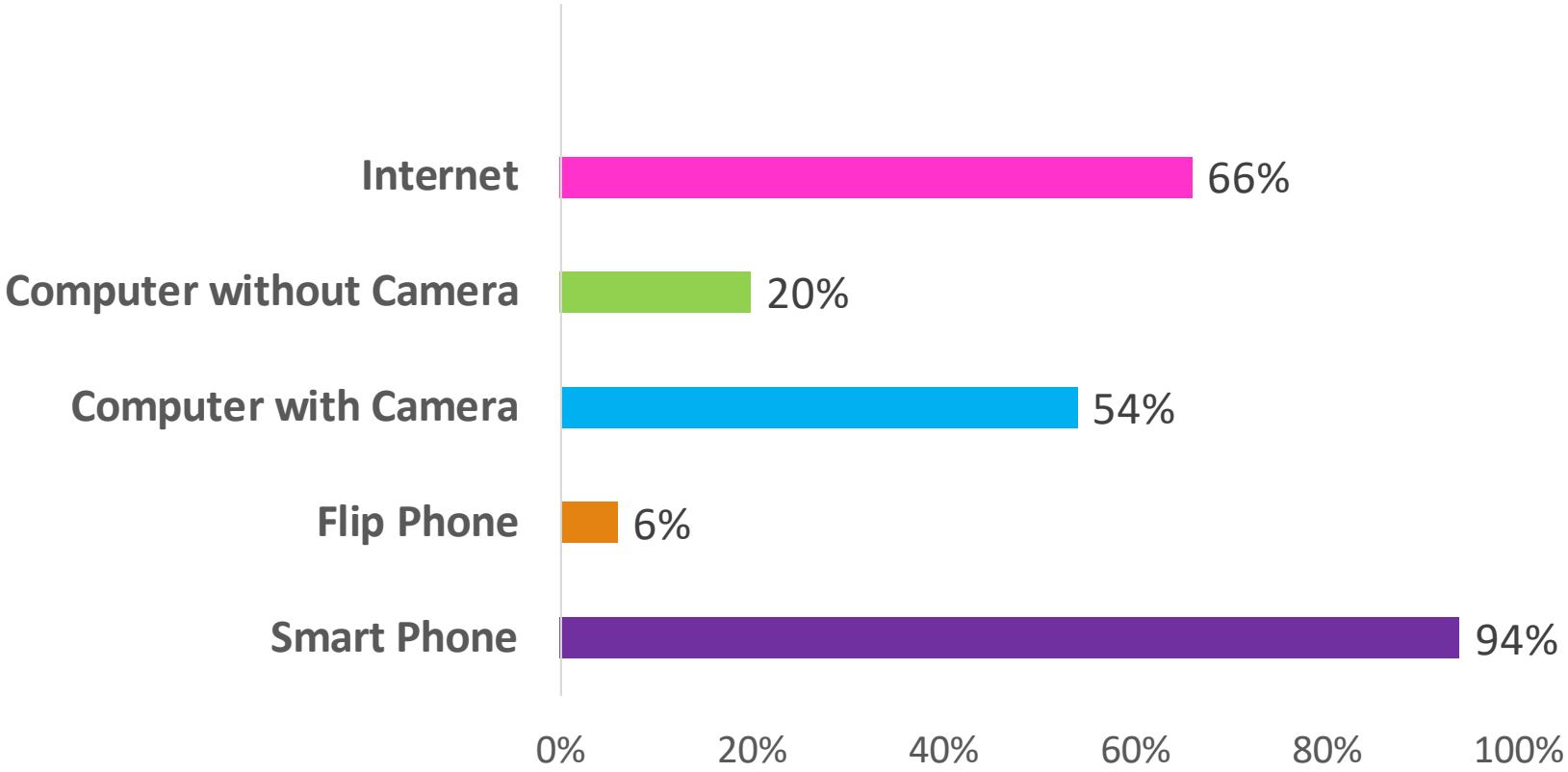
Health Care Utilization (Feb-May 2020)

Top 10 Services Used in Past 3 Months	Top 10 Services Not Used in Past 3 Months
1. HIV Medications	1. Substance Abuse Inpatient Care
2. Outpatient Medical	2. Syringe Exchange
3. Social Support	3. Substance Abuse Treatment
4. Non HIV Medications	4. PReP/PEP
5. Mental Health	5. Language Services
6. Peer Support	6. Harm Reduction
7. Health Insurance and Benefits	7. Legal
8. Case Management	8. Outreach
9. Referral	9. Transitional Case Management
10. Nutritional Support	10. Residential Care Facilities

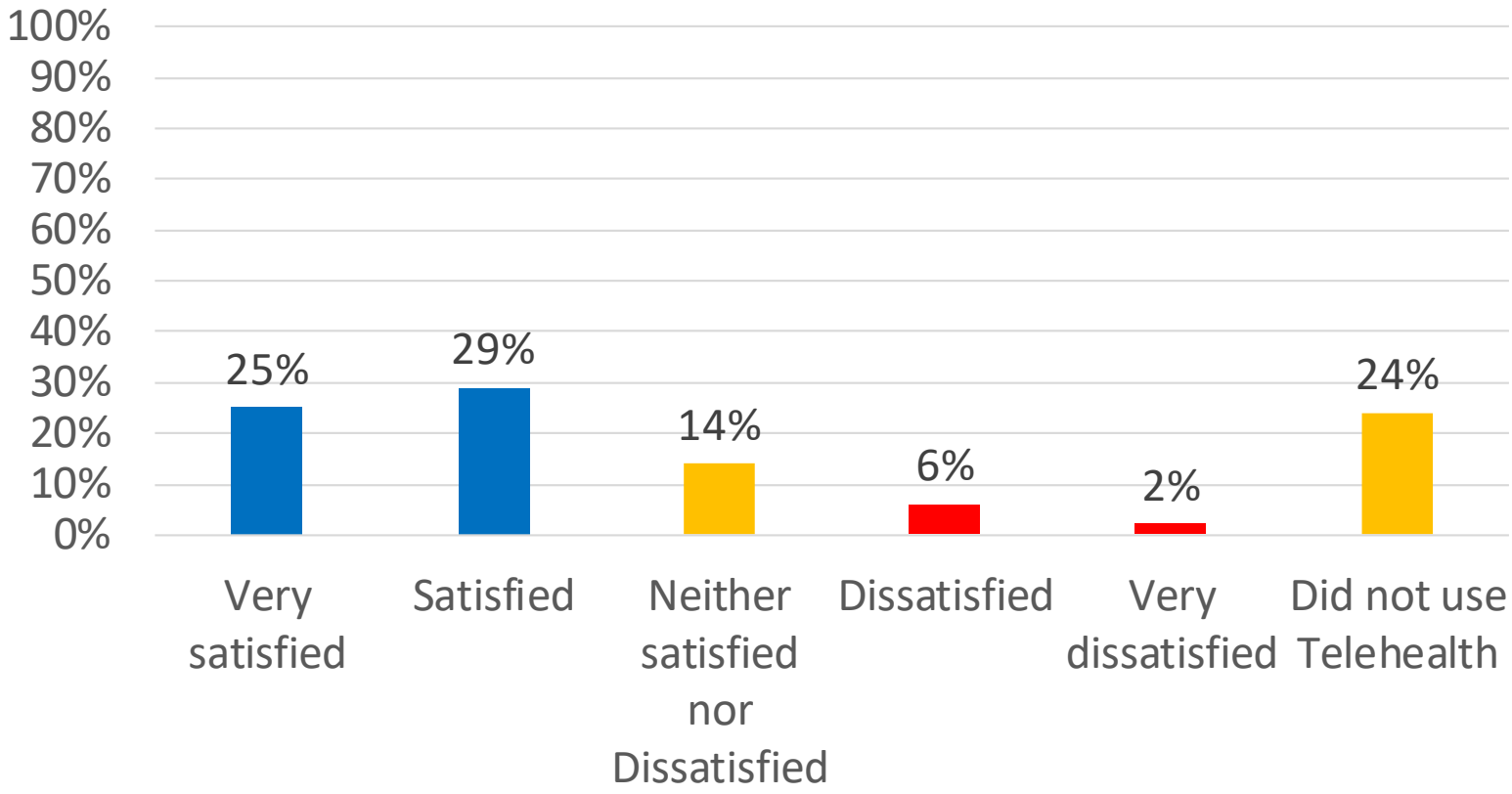
How Top 10 Services were Accessed (February-May 2020)

Service	In Person	Phone	Video/Computer
HIV Medications	48%	38%	8%
Outpatient Medical	31%	48%	12%
Social Support	12%	38%	19%
Non HIV Medications	30%	22%	7%
Mental Health	8%	33%	13%
Peer Health	10%	27%	18%
Health Insurance and Benefits	10%	27%	8%
Case Management	8%	33%	6%
Referral	7%	32%	9%
Nutritional Support	29%	13%	2%

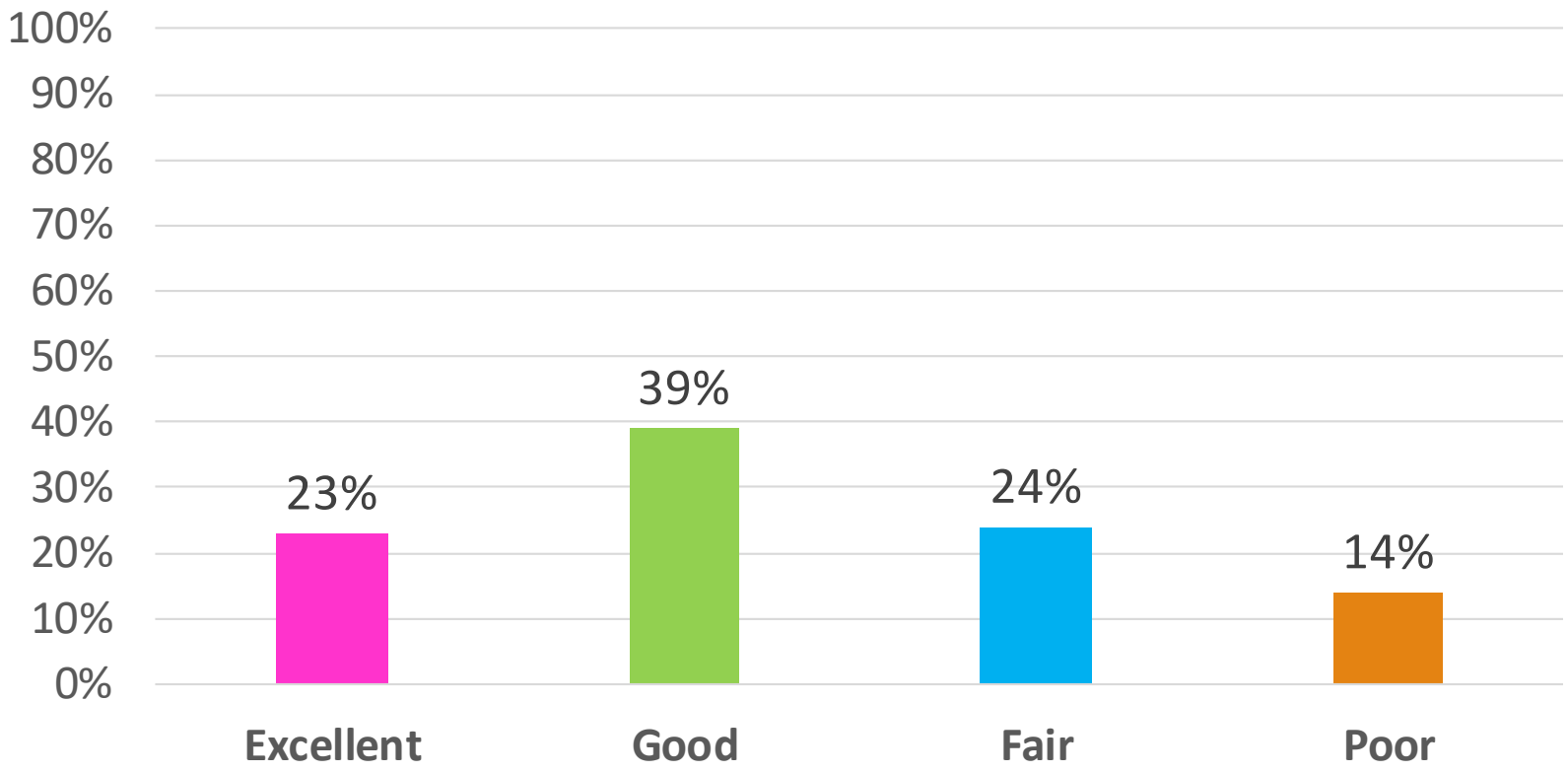
Access to Technology



Satisfaction using Telehealth Services



Comfort using Telehealth



Digital Divide?

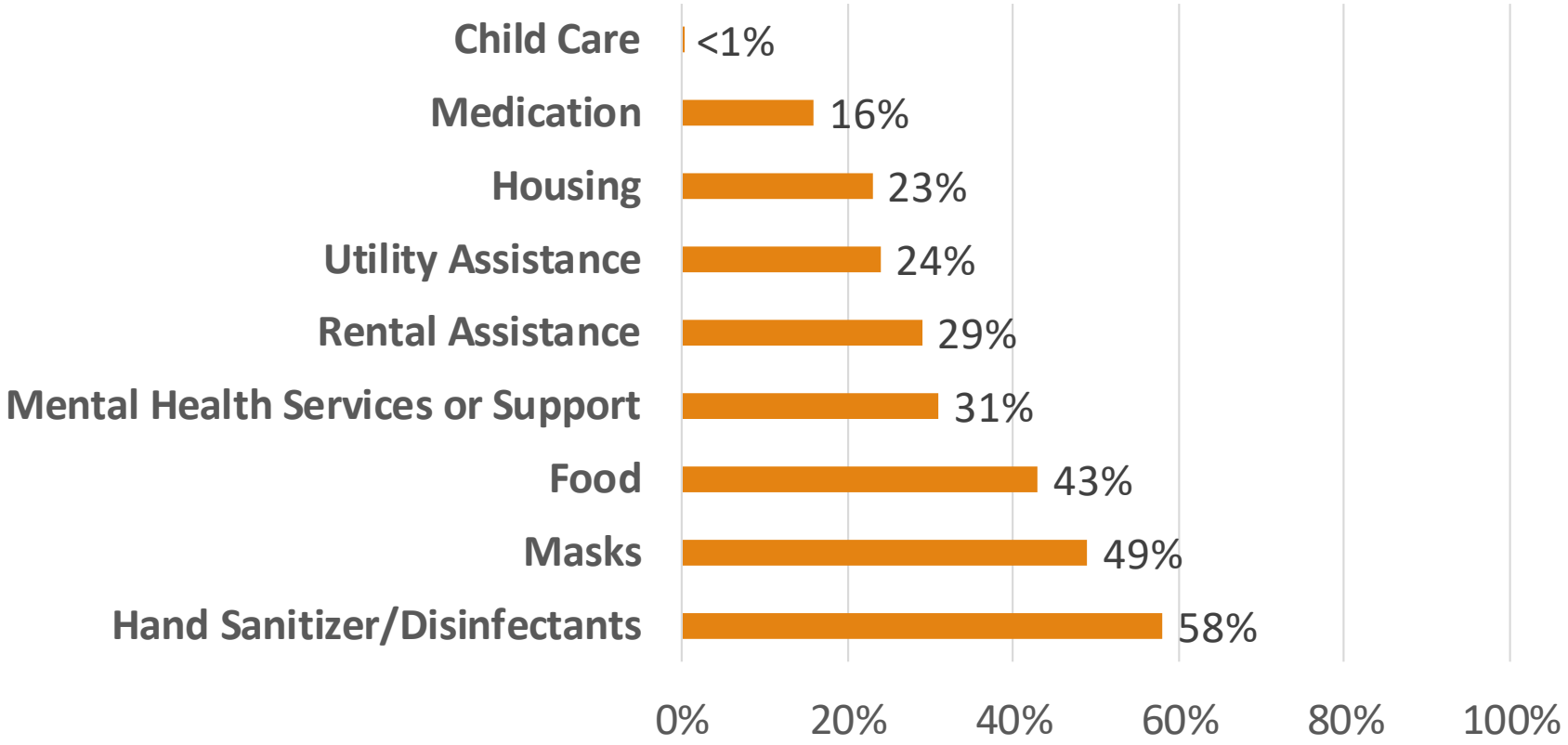
Less Comfortable with Telehealth

- Respondents who took Spanish Survey
- Latinx
- Unemployed & Looking for Work, Laid off/Furloughed due to COVID-19
- 25 yrs or older

More Comfortable with Telehealth

- Respondents who took English Survey
- Whites
- Employed less than 40 hours
- Youth

Critical Needs

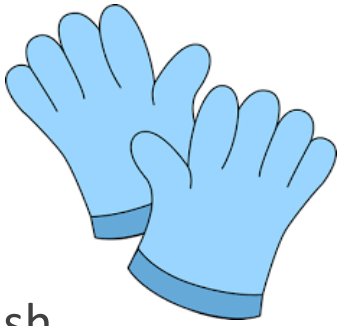


HIV-related Services Needed and Unable to Access

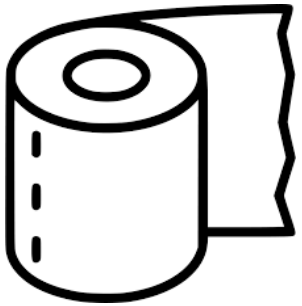
- Dental Care
- Labs and Blood Work
- STD Screening
- Mental Health Services
- Food Delivery, Food
- Housing/Rental Assistance
- Referral to Medical Specialists
- Support Group, Support
- In Home Help
- Physical Examination
- Social Workers, Case Manager

Other Needs

- Toilet Paper
- AA Meetings
- COVID-19 Testing
- Job, Employment Services
- Money
- “Truth not lies”
- Cleaning supplies
- Gloves
- Gas cards
- Assistance in Spanish



- Pet Care
- Water
- Moral support
- Better phone access to services
- Free PPE
- Transportation



Thoughts and Concerns

- Scared, anxious, depressed, a lot of emotions
- Ineffective government response. Too little, too late
- COVID-19 testing sites that don't require a car
- Fear of not being able to see family in other countries
- Feeling isolated
- Fear of getting COVID-19
- Don't know how to adjust
- Worried that unemployment benefits will not be sorted out. Difficult to get a hold of anyone.

Thoughts and Concerns (cont.)

- Will the COVID-19 epidemic change the resources currently available [for PLWH]
- Lack of money, not able to pay rent
- Need more information on HIV and COVID-19 studies
- Fear of getting infected and passing it to family members in household
- No one picks up the phone, only get recordings
- Information on TV and ads are confusing and provide mixed messages

Thoughts and Concerns (cont.)

- Is the COVID-19 test accurate
- Scared and alone
- Afraid to go out to buy food [because HIV positive]
- No food and supplies on the shelves
- “Will I live through this year?”

Social Distancing and Inter-personal Support and COVID-19

67% of respondents stated that social distancing requirements impacted their ability to connect with others or get peer support

3% of respondents tested positive for COVID-19 (self-report)

How can HRSA Part A or other grants address these needs and concerns?

August PP&A Discussion……..

Update on Services for Clients in the Los Angeles County Jail

Los Angeles County Commission on HIV
July 9, 2020

Dr. Rebecca Cohen
Associate Medical Director, DHSP
Magdalena Esquivel
Chief, Direct Community Services, DHSP

Background

- Cases as of July 7, 2020
  - 313 confirmed, active cases of COVID-19 inside the LAC jails
  - 2,909 incarcerated persons and 363 staff have tested positive since the start of the epidemic

- Most jail dorms under quarantine most of the time; creating significant challenges with patient access and release planning

- Decreased Jail Population
  - Total 17,000 --> 12,000; PLWH 300 --> 200

- ODR-led effort in April 20200 to release vulnerable populations
  - ~ 40 PLWH were released as part of this effort
  - All were offered transfer to interim housing; only a few accepted

Transitional Case Management Update

- As a COVID-19 risk mitigation strategy, LASD has decreased the level of non-LASD and non-CHS personnel entering jails
  - Only 2 TCMs approved to enter jail on regular basis

- DHSP developed a temporary TCM protocol (with partner input) and a stronger focus on post-release outreach

- DHSP is actively providing clinical guidance and oversight to jail partners; improved collaboration with and between PC Team, LRP staff, and HIV Fellow Programs has been noted.

- WPC and ODR still available to PLWH in the jails and TCMs continue to collaborate with those programs as well.

COVID-19 and Sexual Health

- We are still able to provide condoms via CHS staff
- LASD providing printed resources and education materials to persons leaving the jails
  - DHSP created “COVID-19 and Sex” handout that includes information specifically for PLWH
  - Handout offers LRP client line as a resource

DHSP Direct Community Services (DCS) Update

- Significant Level of DCS Staff Deployed to COVID-19 ICS
- Limited Direct Services:
  - Linkage & Re-engagement Program
    - Re-entry linkage and consultation
  - Partner Services
    - Remote follow-up & Correctional Health consultation
  - HIV/STD Screening
    - No direct testing
    - Ongoing Correctional Health testing
    - Ongoing provision of condoms via CHS staff

COVID-19 DHSP CONTRACTED AGENCY SURVEY

INTRODUCTION

In early May 2020, the Los Angeles County Department of Public Health's (DPH) Division of HIV and STD Programs (DHSP) distributed an online survey to service agencies contracted to provide HIV and STD testing, prevention and or/treatment services. The survey assessed the impact of the COVID-19 pandemic on agency operations and service provision, including adoption and use of telehealth modalities, and COVID-19 testing services. The results of the survey will be used to inform the investment of new HRSA CARES Act COVID-19, Ryan White Program and other funding in order to support our contracted agencies meet the new service delivery demands and needs created by COVID-19.

METHODS

Sample

A link to an online survey was distributed via email to 64 DHSP contracted HIV/STD service agencies and was accessible for completion from May 7, 2020 through May 18, 2020. Agency administrators were asked to complete one survey per site. Fifty-four of the contracted agencies responded to the survey.[1] Of these, four respondents were excluded from the final sample because they were duplicates or not providing direct services. **The final sample of 50 agencies participating in the survey represents over 70 HIV and STD prevention, testing and treatment sites in Los Angeles County.** Given the rapidity of the changes tied to Los Angeles County Health Officer Orders, please note that the findings presented here reflect reported activity in May 2020 and may differ from current practices.

Survey

The survey consisted of nine general questions about the impact of COVID-19 on agency operations and telehealth and COVID-19 testing capacities that all agencies were asked followed by 12 sections with service-specific questions directed to those agencies contracted to provide for service that included:

1. Ambulatory Outpatient Medical (AOM)
2. Oral Health Services
3. Medical Care Coordination (MCC)
4. Mental Health Services
5. Benefits Specialty Services (BSS)
6. Home-Based Case Management (HBCM)
7. Biomedical Prevention (PrEP/PEP)
8. Residential Services (RCFCI, TRCF, and Substance Abuse Transitional Housing)
9. Transitional Case Management (TCM) – Jails
10. Nutritional Support
11. HIV Testing and STD Screening, Diagnosis and Treatment Services
12. Prevention Services (Vulnerable Populations and Health Education/Risk Reduction)

[1]See the appendix of this report for details on survey response by agency.

The service-specific sections assessed service access and continuity including provision of services via telehealth as appropriate. Based on metrics from the online survey platform, the survey took approximately one hour to complete.

RESULTS

The results presented represent the experience of the contracted agencies at the time of the survey and not of all agencies providing HIV and STD testing, treatment and prevention services in Los Angeles County.

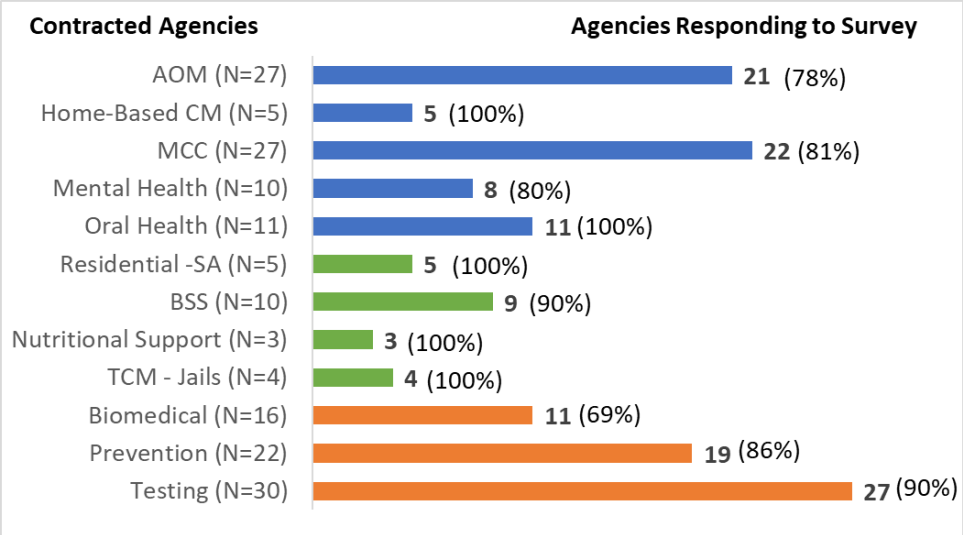
Scope of Services

A total of 50 of the contracted agencies participated in the survey. Each agency provides at least one contracted service. The number of contracted services varies by agency (see appendix for more detail).

Figure 1 below along the left shows the number of agencies contracted to provide each service and along the right is the number and proportion of agencies that responded to the survey among those contracted for each type of service. **Core Ryan White Services** are represented by the blue bars, **Ryan White Support Services** are represented by the green bars and **Testing and Prevention services** are represented by the orange bars.

Please note that the number of agencies responding to each question may vary based on skip patterns and is identified by the "N" for that service category. For example, 16 Biomedical prevention providers responded to the questions tied to Figures 3, but only 11 Biomedical prevention providers responded to the question tied to Figure 4 as this reflects the number of agencies continuing to provide services. The "N" for each service category represent the number of agencies responding to the survey question and not the total number of agencies funded by DHSP for that service category.

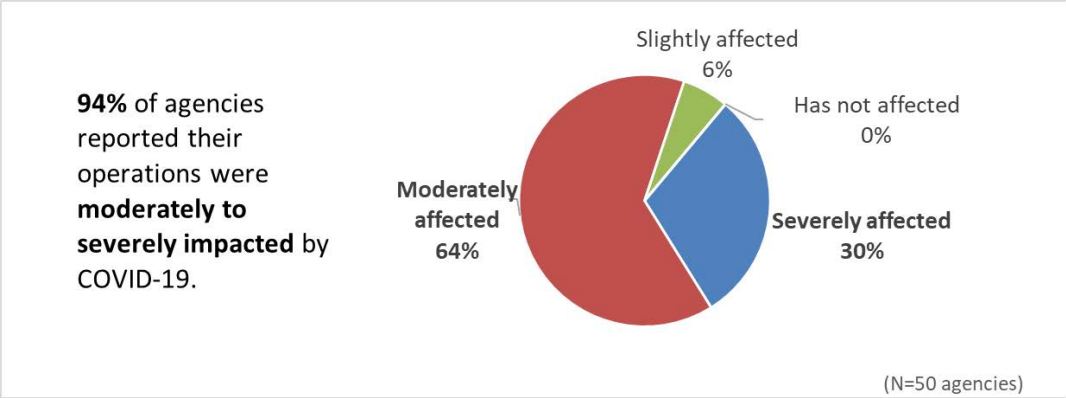
Figure 1: Number and Percent of Contracted Agencies Participating in the Survey by Service Category, May 2020



Impact of COVID-19 on Agency Operations

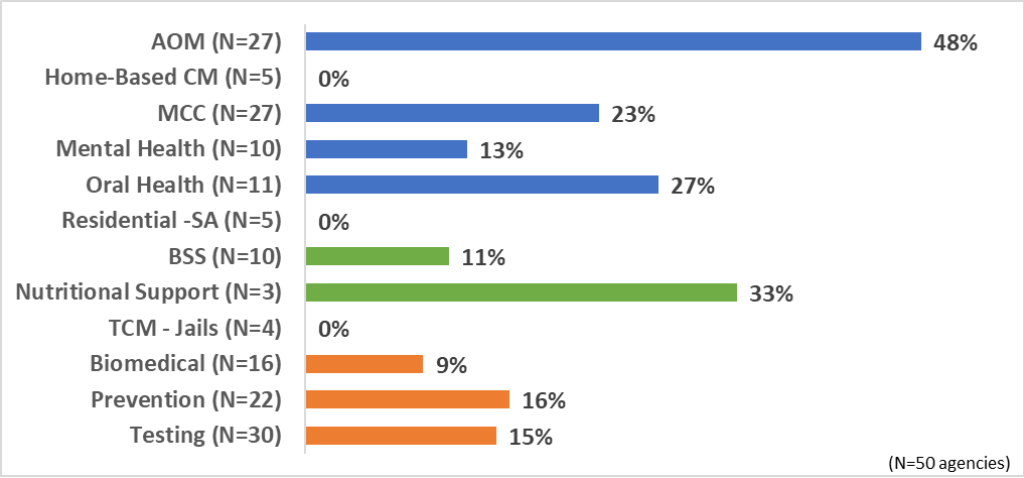
Of the 50 responding agencies, **47 (94%) reported their operations had been moderately or severely affected by COVID-19** (Figure 2). Over half of the agencies (27/50) reported that at least some of their facilities had temporarily been closed and a quarter (12/50) had to lay off staff as a result of the COVID-19 pandemic.

Figure 2: Impact of COVID-19 on Agency Operations among Survey Respondents, May 2020



Three-quarters of services (9/12) were impacted by full and partial reassignment of staff to COVID-19 activities. AOM was the service category most impacted by COVID-reassignments with nearly half of staff being reassigned at least part time.

Figure 3: Percent of Staff Reassigned to COVID-19 by Service Category among Survey Respondents, May 2020



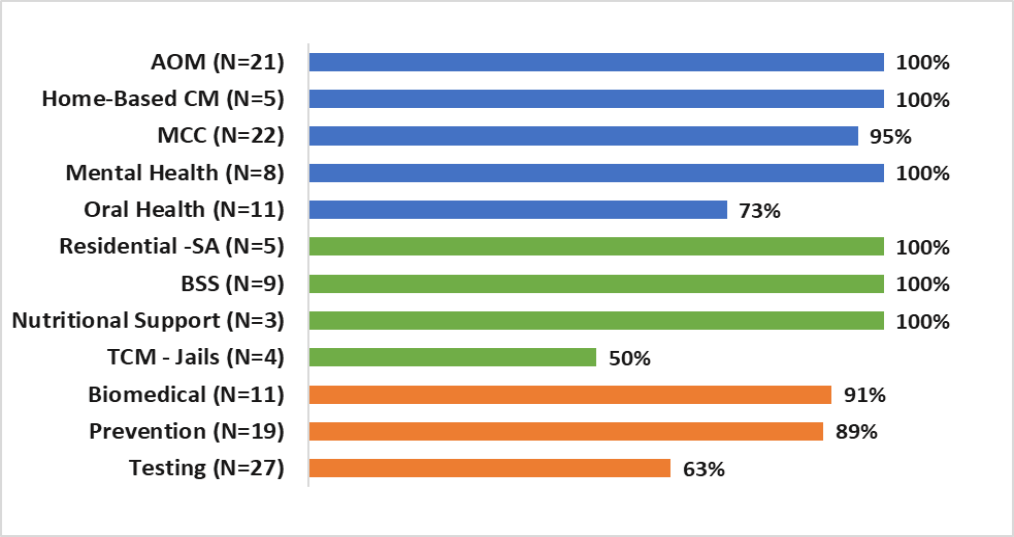
Response to COVID

Service Access and Continuity

Only half of the 12 service categories assessed through the survey continue to be provided at all contracted sites as a result of COVID-19 (Figure 4).

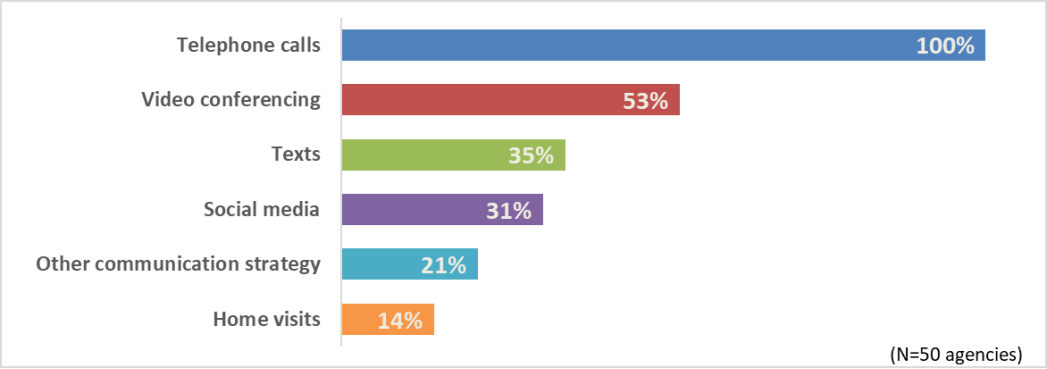
- Core Ryan White Services (blue bars): Three of five services, **AOM, Home-Based CM and Mental Health, continue to be provided to clients by agencies participating in the survey.**
- Ryan White Support Services (green bars): Three of four services, **Residential SA, BSS and Nutritional Support, continue to be provided to clients by all agencies.**
- Testing and Prevention Services (orange bars): While not serving clients at all Biomedical and Behavioral prevention and testing agency sites, **prevention services continued to be provided by over 90% of agencies.**
- **The number of HIV and STD testing service agencies continuing to serve clients decreased by 37% from 27 to 17 due to COVID-19.**

Figure 4: Impact of COVID-19 on Agency Service Capacity by Service Category among Survey Respondents, May 2020



- **Agencies reported using multiple communication strategies to stay in contact with their clients during the COVID-19 pandemic** that include telephone (92%), video conferencing (78%), texting (74%), email (74%) and social media (67%).
- Less commonly reported communication strategies were home visits (22%) and other communication strategies (21%) that included electronic medical record patient portals and limited social distancing outreach.
- **When asked to rank the top three communication strategies used, all agencies ranked telephone number one (100%)** followed by video conference (56%), texts (36%), social media (35%), other communication strategies (24%) and home visits (14%).

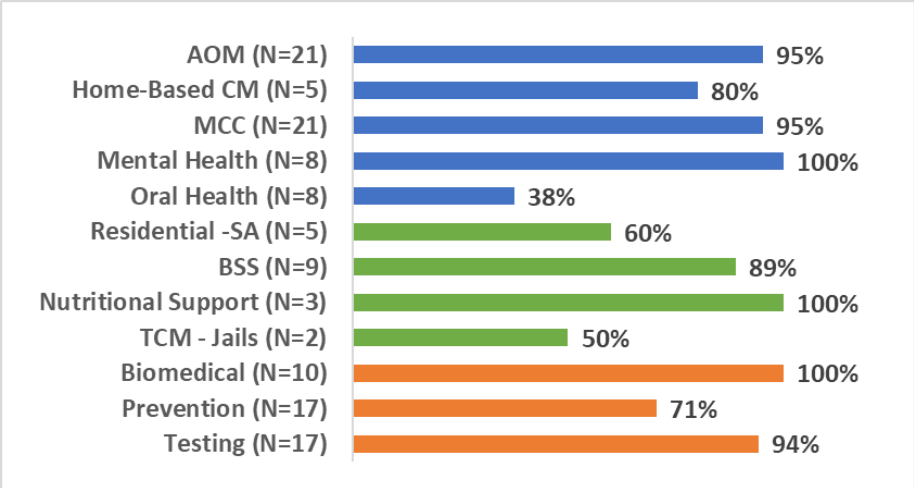
Figure 5: Top Three Communication Strategies Used by Agencies to Communicate with Clients, May 2020



The proportion of agencies enrolling new clients of those continuing to provide services during COVID-19 among survey respondents is presented in Figure 6.

- **Oral health, TCM-Jails and Residential Substance Abuse services had the fewest agencies enrolling new clients.** This may be due to challenges in serving clients during COVID-19 with limited opportunities for telehealth among these service categories.

Figure 6: Percent of Agencies Enrolling New Clients by Service Category, May 2020

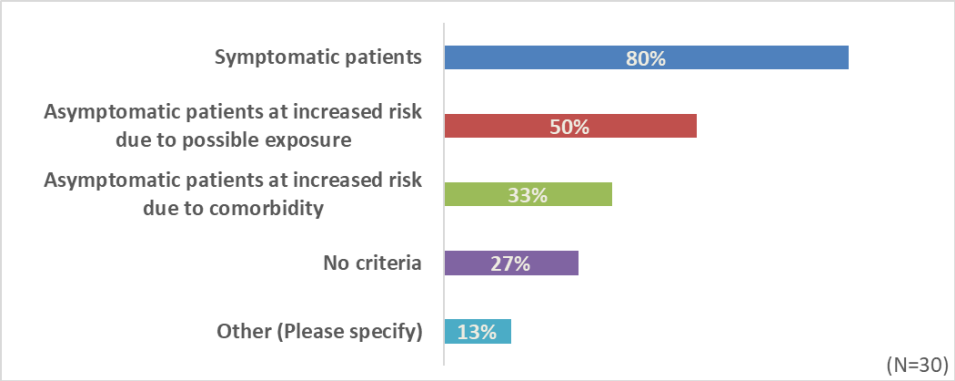


COVID-19 Testing

Thirty of the 50 agencies surveyed (60%) reported ability to test clients for COVID-19.

- Among the 30 conducting COVID-19 tests, having symptoms of COVID-19 was the main criteria for testing reported by 24 agencies (80%).
    - Other testing criteria included referrals, inpatient admissions and by appointment.
- Of the 20 agencies NOT currently providing COVID-19 testing, nine (45%) reported they plan to develop testing capacity.

Figure 7: COVID-19 Testing Criteria among Surveyed Agencies, May 2020



Among the 30 agencies contracted to provide Core Ryan White services participating in the survey, 23 (77%) reported capacity to offer COVID-19 testing. Of these 23 agencies with capacity, 20 (87%) reported they were currently offering COVID-19 testing to their Ryan White clients.

- Among the three 3 agencies not currently offering COVID-19 testing to Ryan White clients, one reported planning to do so in the future.

Telehealth Capacity

Forty-nine of the 50 agencies surveyed responded to questions related to telehealth capacity. For the purposes of the survey, telehealth was defined as communication between the agency and the client via telephone or a video communication platform such as Zoom or Skype.

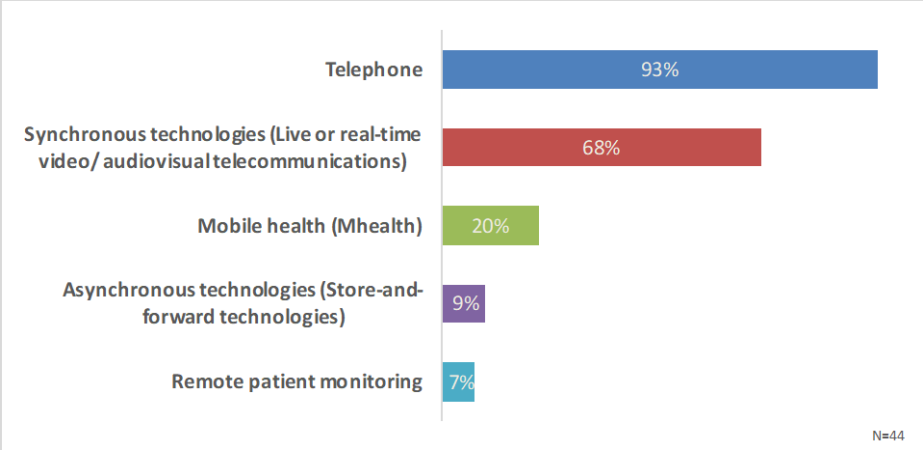
Figure 8: Definitions of Telehealth Modalities

- *Telephone*
- *Synchronous technologies*: live or real-time video that includes two-way interaction between a person (patient, caregiver or provider) and a provider using audiovisual communications technologies)
- *Mobile Health or mHealth*: provision of health care services and personal health data via mobile devices
- *Asynchronous technologies*: Store-and-forward technologies that support provider activities outside of a real-time or live interaction including electronic transmission of medical information (i.e., digital images, documents, and pre-recorded videos) through secure email communication
- *Remote patient monitoring*: Use of digital technologies to collect medical and other health data from individuals in one location and electronically transmit that information securely to healthcare providers

Ninety percent of agencies (44/49) reported ability to provide services via telehealth/telemedicine during the COVID-19 pandemic.

- Only one of the five agencies that reported no current telehealth capacity had plans to develop this capacity and requested assistance to do so.
- Telephone was the most commonly used telehealth modality reported by 93% of agencies (with telehealth capacity (41/44) followed by 68% of agencies reporting use of synchronous technologies (30/44).
- Less commonly used telehealth modalities reported by agencies were 20% (9/44) mobile health technologies (9/44), asynchronous technologies (4/44) and remote patient monitoring (3/44).

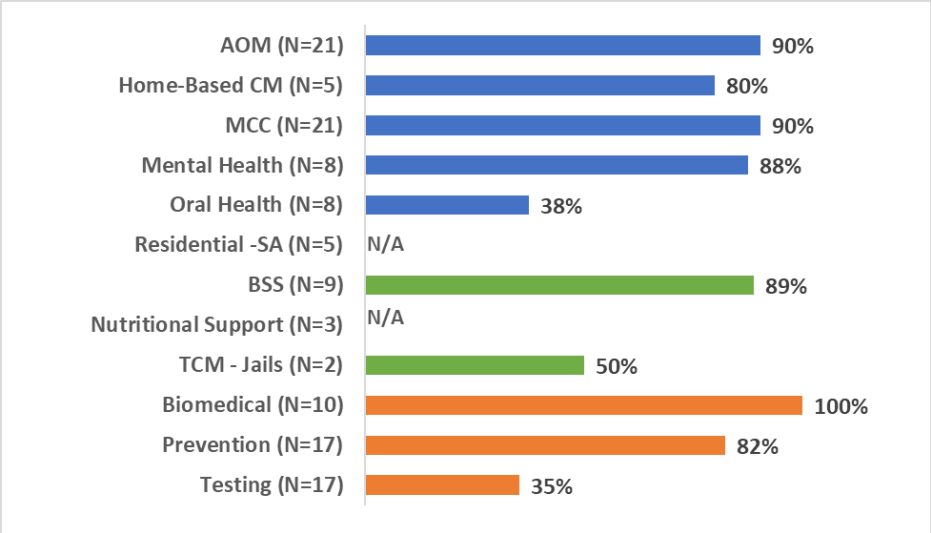
Figure 9: Telehealth Modalities in Use by Agencies, May 2020



Delivery of services via telehealth was assessed among agencies continuing to serve clients during COVID-19 that reported having telehealth capacity. The proportion of agencies providing telehealth services by each service category is presented below. Residential Substance Abuse and Nutritional Support services are not provided via telehealth.

- **Most Core Ryan White services continue to be delivered to clients using telehealth modalities** (shown in blue bars). While Oral Health services had the lowest proportion of agencies providing telehealth services, it is not feasible to provide the majority of these services via telehealth.
- Among Ryan White Support services (shown in green bars), half of the agencies providing TCM-jails were able to provide these services via telehealth.
- For Testing and Prevention Services, approximately one-third of Testing agencies have provided services via telehealth while all agencies contracted for Biomedical prevention services have provided telehealth services.

Figure 10: Proportion of Agencies with Telehealth Capacity Providing Services via Telehealth, May 2020



CORE RYAN WHITE SERVICES

Ambulatory Outpatient Medical Services

Twenty agencies are contracted to provide Ambulatory Outpatient Medical (AOM) services with one agency, the Department of Health Services, represent eight individual clinics for a combined total of 27 AOM clinical service sites. **Of these, 78% of the agencies/sites (21/27) responded to the survey**.

- **All 21 surveyed agencies/sites reported they were continuing to provide AOM services during COVID-19.**

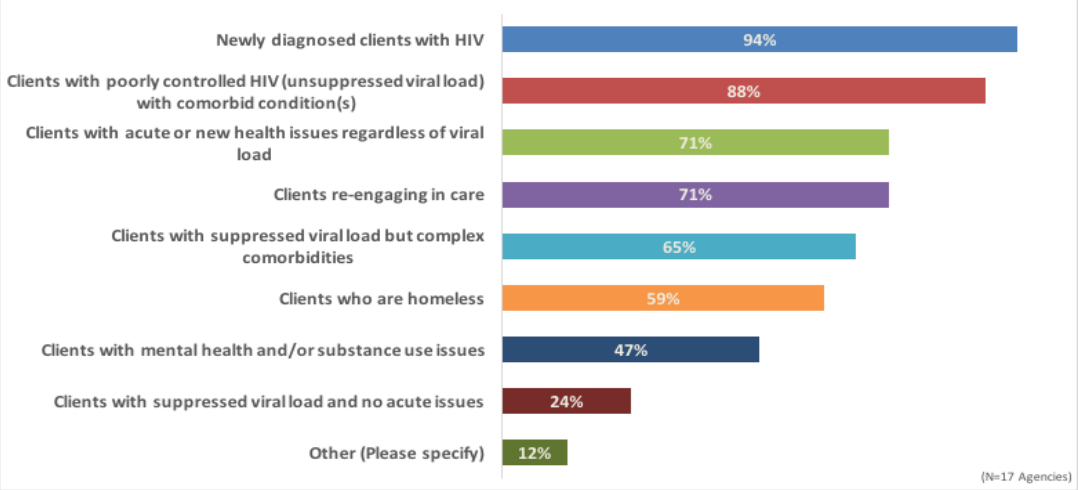
Access to In-Person Services

- While **15 out of 21 agencies/sites (71%) reported no change in clinic hours of operation for routine in-person visits**, 10% (2/21) reported they were unable to provide in-person services and 20% (4/21) reported changes in either hours or days of operation.

- **Ninety-five percent of AOM agencies/sites (20/21) reported currently enrolling new clients.**
    - Ten of the 20 agencies/sites reported conducting eligibility and screening for new clients by phone.
    - Eleven of the 20 agencies/sites that reported continuing to conduct in-person enrollment that included the use of social distancing practices, CDC screening practices and/or PPE for clients and staff.

- **Eighty percent of surveyed AOM agencies/sites (17/21) reported prioritizing clients for in-person visits**
    - Clients prioritized for in-person visits are presented below and primarily included newly diagnosed clients (94%) and those with poorly controlled HIV (unsuppressed viral load) with comorbid conditions (88%).
    - Other reasons why clients were prioritized for in-person visits included patient preference, physician preference, and lack of access to a private location and/or device.

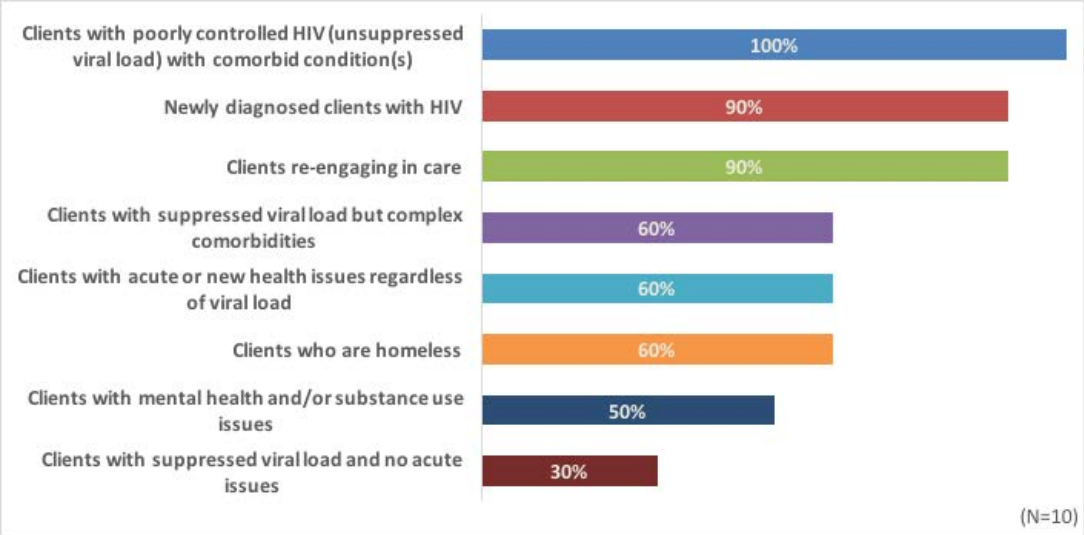
Figure 11: Clients Prioritized by Agencies/Sites for In-Person AOM Services, May 2020



Ninety-five percent of agencies/sites (20/21) continue to provide viral load testing

- Of these, half (10/20) are prioritizing clients for viral load testing during COVID-19.
    - As shown below, **clients with unsuppressed viral load and comorbid conditions were prioritized for viral load testing across all agencies (100%)** and newly diagnosed clients and those re-engaging in care were prioritized at 9/10 agencies.

Figure 12: Clients Prioritized by Agencies/Sites for Viral Load Testing among Surveyed Agencies, May 2020

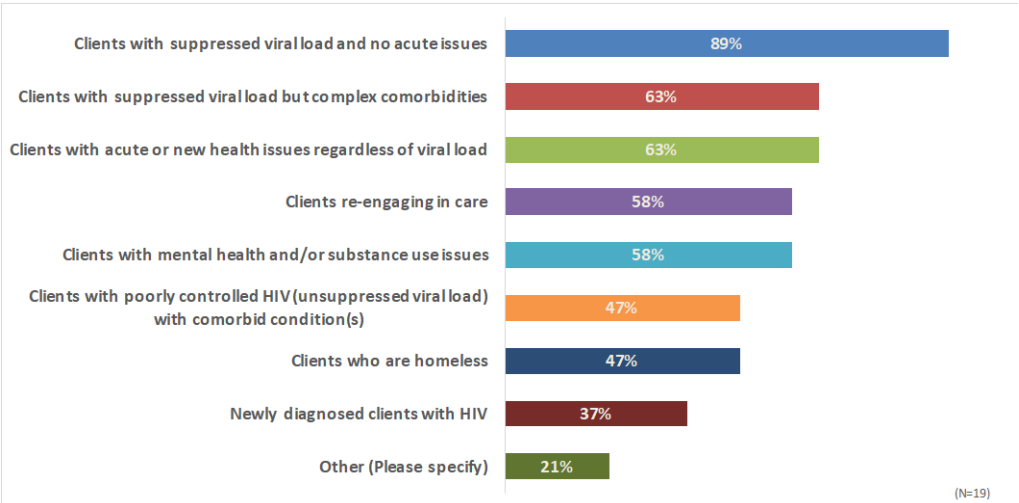


AOM Service Access via Telehealth

- **Nineteen of the 21 agencies/sites (95%) reported providing AOM services via telehealth modalities following COVID-19** and 14 out of 19 agencies estimated that over half of their AOM clients were receiving services via telehealth.

- Most agencies/sites (17/19) providing AOM services via telehealth, reported primarily serving clients who were virally suppressed with no acute issue. Additional types of AOM clients receiving services via telehealth are presented below.
    - Other types of clients included those with access to privacy, access to a reliable device, and those preferring telehealth to in-person services

Figure 13: Types of Clients Receiving AOM Services via Telehealth, May 2020



Antiretroviral Therapy Access and Continuity

All surveyed AOM agencies/sites (21/21) reported helping clients with prescription home delivery to ensure continued access to their HIV and other medications. Nearly all agencies (19/21) also reported extending ART and other medication refills during COVID-19.

Impact of COVID-19 on AOM Operations

Over half of surveyed AOM agencies/sites (11/21) reported decreases in the number of billable medical visits since the start of the COVID-19 pandemic. Six agencies/sites reported that billable medical visits decreased by ≤25%, four agencies/sites reported they decreased between 26%-50% and only one reported a decrease of 51%-75%.

Of the 21 surveyed AOM agencies/sites, 18 reported increases in operating costs as a result of COVID-19 primarily due to purchase of personal protective equipment (PPE; 15/21) and telehealth infrastructure (7/21).

Two agencies/sites reported costs related to physical distancing measures (plexiglass barriers, seating for staff, and spacing out appointments) and COVID-19 symptom screening prior to entry.

Fourteen of the 21 surveyed AOM agencies/sites (66%) reported barriers to providing AOM services during COVID-19. Examples of barriers included difficulty locating and engaging clients without phone or internet access, particularly for homeless clients, as well as those who are uninsured. Several reported clients were scared or reluctant to come to the agency during COVID-19. One agency/site reported that their clients seemed more compliant with telehealth visits.

Oral Health Services

Of the 12 agencies contracted to provide Oral Health services, **11 (92%) responded to the survey.**

- Three of the 11 contracted agencies **(27%) reported they were no longer providing Oral Health services at the time of the survey as a result of COVID-19**.

Access to In-Person Services

- **Six of eight operating agencies (8%) reported changes in hours of operation for routine in-person oral health visits,** 50% (4/8) reported changes in either hours and/or days of operation and 25% (2/8) reported they were unable to provide in-person services.

- **Only three of eight surveyed Oral Health agencies (38%) reported currently enrolling new clients**.
    - The process for enrolling new clients included conducting eligibility and screening by phone.

- **88% of agencies** (7/8) reported **prioritizing clients with emergency oral health needs** for in-person visits.

Oral Health Service Access via Telehealth

Seven of the eight surveyed agencies that continue to provide Oral Health services reported having telehealth capacity.

- Of these seven agencies, however, **only three (43%) agencies reported providing Oral Health consultations via telehealth** to clients who included those with:
  - Newly diagnosed with HIV
  - Poorly controlled HIV (unsuppressed viral load) with comorbid conditions
  - Emergency oral health needs

Impact of COVID-19 on Oral Health Operations

Three agencies reported billable services decreased 76%-100%, 3 reported they decreased between 51%-75%, and two reported they decreased between 26%-50%.

Of the eight operating agencies, **5 (63%) reported increases in operating costs as a result of COVID-19** primarily due to PPE (5/8) and telehealth infrastructure (2/8).

Seven of the eight agencies (88%) reported barriers to providing Oral Health during COVID-19. Examples of barriers included staff working offsite, clients' concerns about coming to the agency, and being unable to provide services in a way that is safe for both client and staff.

Medical Care Coordination (MCC)

Twenty agencies are contracted to provide Medical Care Coordination (MCC) services with one agency, the Department of Health Services, representing eight individual clinics for a combined total of 27 MCC service sites. **Of these, 81% of the agencies/sites (22/27) responded to the survey**.

- **Ninety-five percent (21/22) of agencies/sites reported continuing to provide MCC services during COVID-19.**

Access to In-Person Services

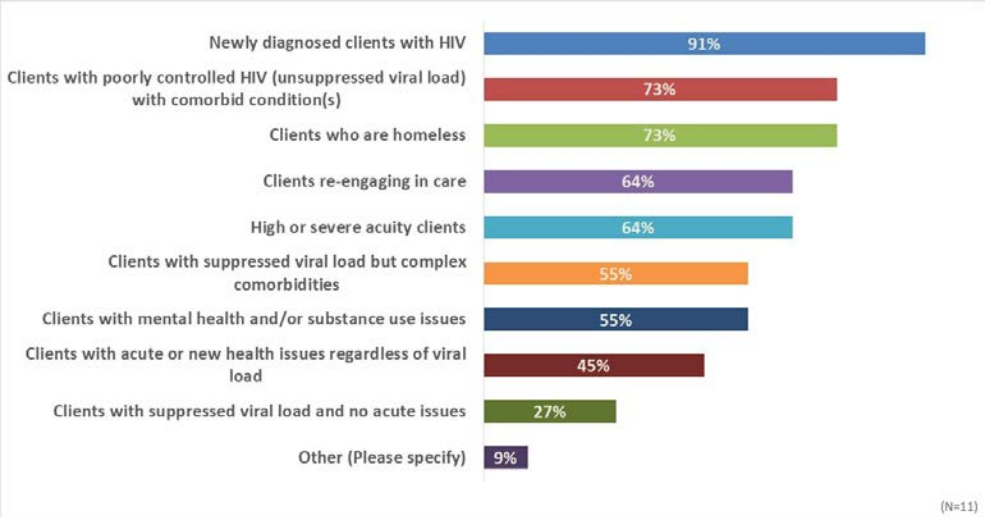
- While 71% of operating agencies/sites surveyed (15/21) reported no change in clinic hours of operation for routine in-person visits, 4/21 (23%) reported they were unable to provide in-person services and 2/21 (10%) reported changes in either hours or days of operation.

- **Ninety-five percent of operating agencies (20/21) reported continuing to enroll new MCC clients**
  - The process for enrolling new clients included conducting eligibility and screening by phone (11/21), and in-person enrollment for persons newly diagnosed with HIV (2/21).

- **Over half of operating agencies (11/21) reported prioritizing clients for in-person MCC services** that primarily included newly diagnosed clients (91%) and clients who were homeless (73%).

- Other reasons why clients were prioritized for in-person services were if they were experiencing pain or infection.

Figure 14: Clients Prioritized by Agencies for In-Person MCC Services, May 2020

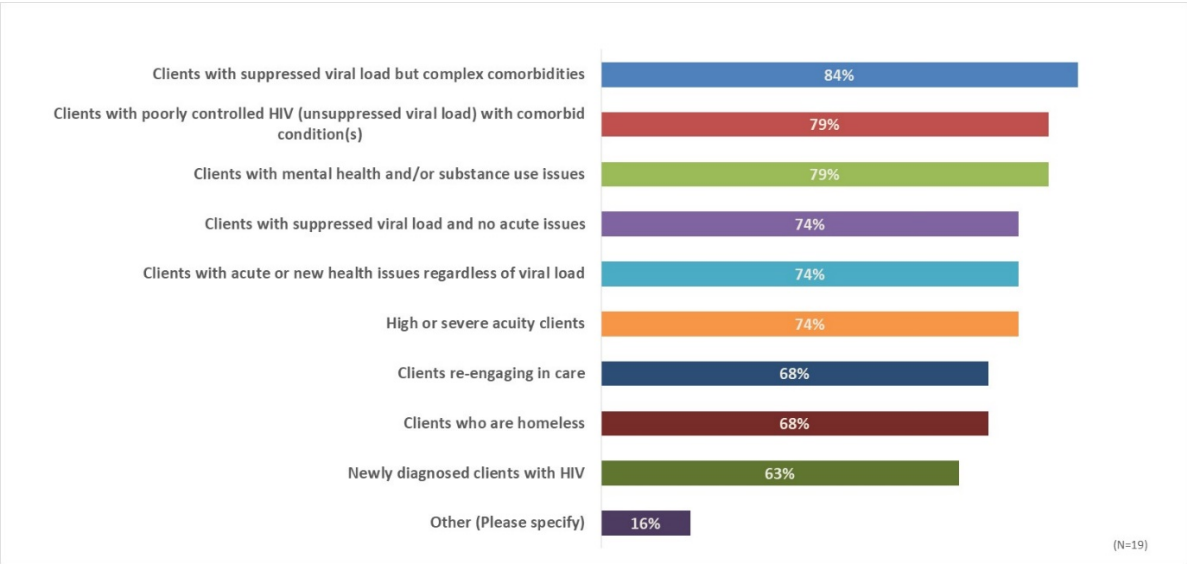


MCC Service Access via Telehealth

Of the 21 surveyed operating agencies providing MCC services, 20 agencies (90%) reported having telehealth capacity.

- **Ninety-five percent operating agencies with telehealth capacity (19/20) reported providing MCC services via telehealth modalities following COVID-19.**
- Fourteen of the 19 agencies providing MCC services estimated over half of their MCC clients were receiving telehealth services.
- **At 84% (16/19) of the agencies providing MCC services, clients who were virally suppressed with complex comorbidities and those with mental health and/or substance use issues received MCC services via telehealth.**
    - Other types of clients served included those with access to privacy, access to a reliable device, and those preferring telehealth to in-person services.

Figure 15: Types of Clients Receiving MCC Services via Telehealth, May 2020



Telehealth services are provided by MCC teams based at the agency (13/19 or 68%) and/or while working remotely (12/19 or 63%).

- Of the 12 agencies providing MCC services remotely, nearly half (5) reported that 76%-100% of their MCC teams were teleworking
    - 83% of agencies(10/12) reported the Patient Care Manager teleworking
    - 75% of agencies (9/12) reported the Patient Care Manager and the Case Worker teleworking
    - 67% (8/12) of agencies reported the Patient Retention Specialist teleworking

Impact of COVID-19 on MCC Operations

Of the 21 agencies, 14 reported increases in operating costs as a result of COVID-19 primarily due to PPE (12/14) and telehealth infrastructure (6/14).

Thirteen of the 21 agencies (62%) reported barriers to providing MCC services during COVID-19.
Examples of barriers included:

- Difficulty locating and engaging clients without phone or internet access
- Clients being scared or reluctant to come to the agency during COVID-19

One agency reported that their clients seem better engaged in services through telehealth modalities.

Mental Health Services

Of the nine agencies contracted to provide Mental Health (MH) services, **eight (89%) responded to the survey.**

- **All eight agencies reported they were continuing to provide MH Services during COVID-19.**

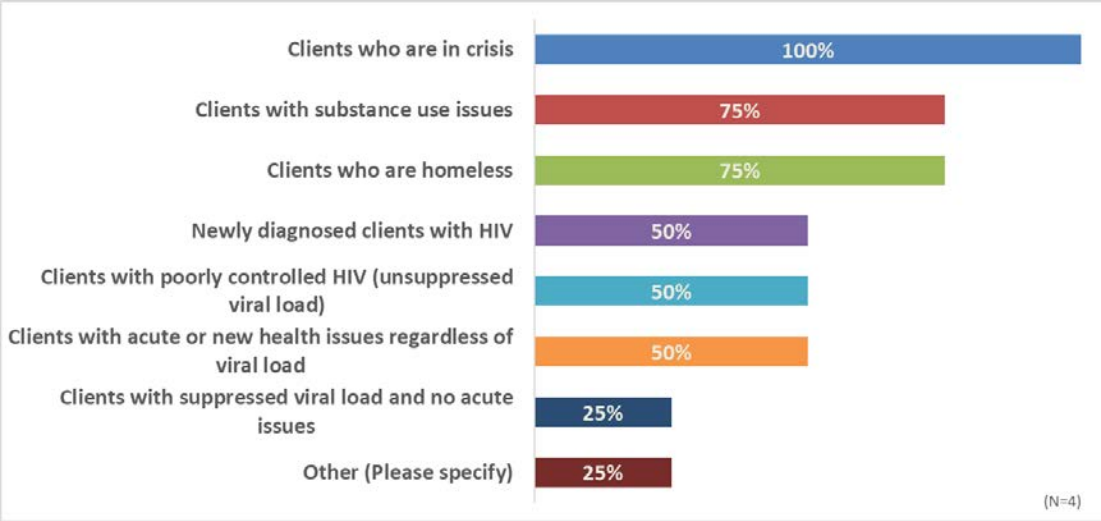
Access to In-Person Mental Health Services

- While 75% of agencies (6/8) reported no change in clinic hours of operation for routine in-person visits, one reported they were currently unable to provide in-person services and one reported change in hours and/or days of operation

- **All eight agencies reported continuing to enroll new Mental Health Services clients**
    - Five of the eight agencies reported conducting eligibility and screening by phone to enroll new clients by phone

- **Half of operating agencies (4/8) reported prioritizing clients for in-person MH Services**
    - **Across all agencies this included clients in crisis (100%)** followed by those with substance use issues (75%) and clients experiencing homelessness (75%)
    - Other reasons reported why clients were prioritized for in-person services included client choice and if they were experiencing anxiety, stress and/or domestic violence

Figure 16: Clients Prioritized by Agencies for In-Person MH Services, May 2020

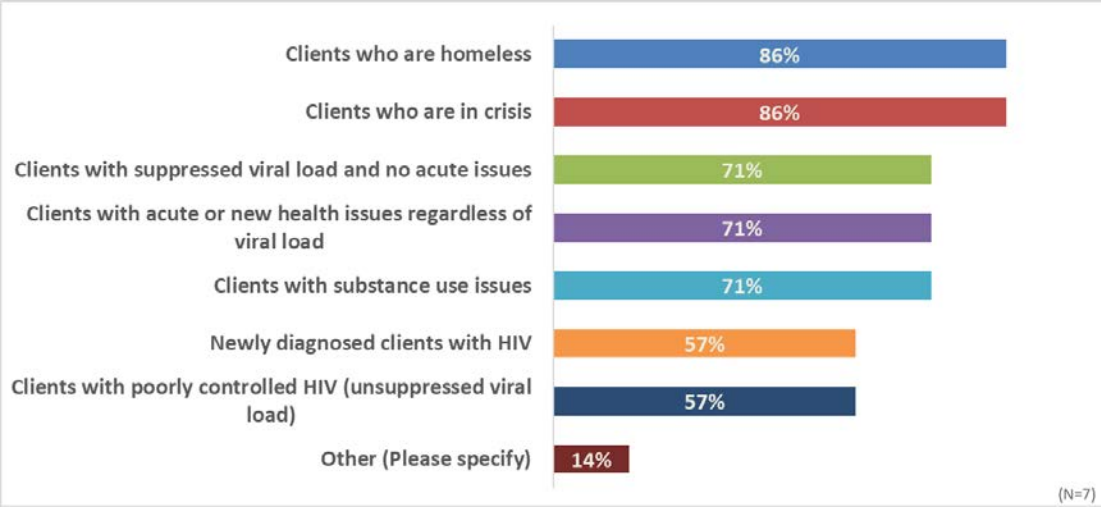


Mental Health Services Access via Telehealth

Seven of the eight agencies providing MH Services reported having telehealth capacity and **all seven with capacity reported currently providing MH Services via telehealth modalities during COVID-19**.

- **Most agencies (6/7) reported primarily providing telehealth MH Services to clients experiencing homelessness (86%) and those in crisis (86%)** as shown below
- Other reasons for receipt of services via telehealth was that this is the only service modality currently being offered at this agency (1/7)

Figure 17: Types of Clients Receiving MH Services via Telehealth, May 2020



Eighty-eight percent of the agencies (7/8) reported their MH Services staff were teleworking during COVID-19

- More than half of teleworking agencies (5/7) reported that 50% or more of their MH Services staff were teleworking

Service Need During COVID-19

Seventy-five percent of agencies (6/8) reported increased need for MH Services among their clients for MH Services during COVID-19

- Five agencies reported serving more clients
- Two agencies reported providing more hours of service per client
- One agency reported an increase in new clients seeking MH services
- One agency specifically reported the type of services needs that included stress, domestic violence and substance use relapse

To help address increased MH services need, **agencies were asked whether their clients would benefit from access to mindfulness or stress management apps** such as Headspace or Calm.

- **All MH service agencies agreed that their clients would benefit** from access to these resources

Impact of COVID-19 on MH Services Operations

Of the eight agencies, six reported increases in operating costs as a result of COVID-19 primarily due to PPE (5/6), telehealth infrastructure (3/6) and social distancing configuration of clinical space (1/6).

Five of the eight agencies (63%) reported barriers to providing MH Services during COVID-19. Examples of barriers included difficulty engaging clients without phone or internet access, clients are scared or reluctant to come to the agency during COVID-19 and that is hard for clients to not be seen in-person. One agency requested more flexible funding options during COVID-19.

Home-Based Case Management (HBCM)

All five agencies contracted to provide Home-Based Case Management (HBCM) services (100%) responded to the survey.

- **All five agencies reported they were continuing to provide HBCM services during COVID-19**

Access to In-Person HBCM Services

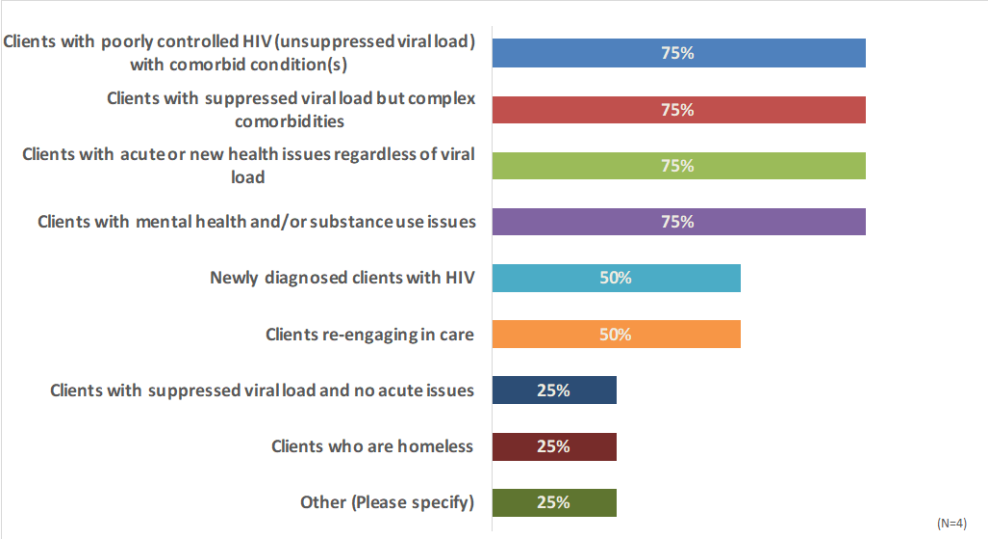
- While 40% of agencies (2/5) reported no change in hours of operation for in-person HBCM services during COVID-19, **40% (2/5) reported they were unable to provide in-person services** and 20% (1/5) reported changes in hours and days of operation
- **Four out of five agencies reported continuing to enroll new HBCM services clients**
    - All four agencies reported conducting eligibility and enrollment of new clients by phone

HBCM Access via Telehealth

Four of the five agencies providing HBCM reported having telehealth capacity.

- **All four agencies with telehealth capacity reported providing HBCM services via telehealth** modalities during COVID-19
- **Most agencies reported primarily providing HBCM via telehealth to clients with complex comorbidity with and without viral load suppressed and those with acute or new health issues (75%)** as shown below.
- Other reasons for receipt of services via telehealth was that this is the only service modality currently being offered at this agency (1/4)

Figure 18: Types of Clients Receiving HBCM Services via Telehealth, May 2020



Four of the five of the agencies reported their HBCM staff were teleworking during COVID-19.

- HBCM Services staff were spending 50% or more of their time working remotely

HBCM Service Need During COVID-19

Two out of five agencies reported an increase in the number of existing HBCM clients in need of services during COVID-19.

- No increases were reported in the number of new clients

Impact of COVID-19 on HBCM Operations

Of the five agencies, two reported increases in operating costs as a result of COVID-19 primarily due to PPE (2/2) and telehealth infrastructure (1/2).

Two of the five agencies reported barriers to providing HBCM during COVID-19. Examples of barriers included the risk of COVID-19 exposure to both clients and staff during home visits and difficulty finding homemakers willing to go to into clients' homes.

Ryan White Support Services

Benefits Specialty Services (BSS)

Of the ten agencies contracted to provide Benefits Specialty Services (BSS), **nine (90%) responded to the survey.**

- **All nine agencies reported they were continuing to provide BSS during COVID-19**

Access to In-Person BSS

- While 56% of agencies (5/9) reported no change in clinic hours of operation for in-person services, three reported they were currently unable to provide in-person services and one reported hours and days of operation had changed

- **Eighty-nine percent of agencies (8/9) reported continuing to enroll new BSS clients**
    - All eight agencies reported conducting eligibility and screening by phone to enroll new clients

BSS Access via Telehealth

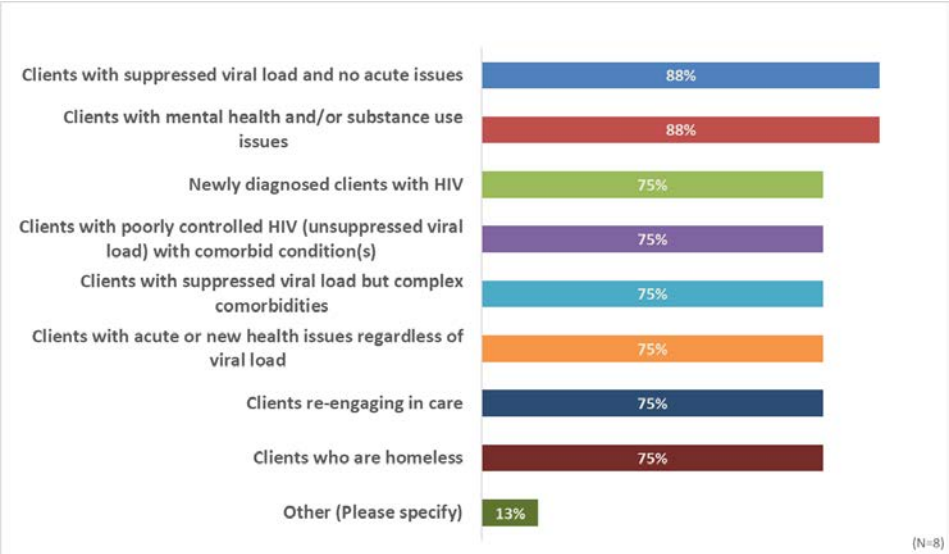
Eight of the nine of the agencies providing BSS that were surveyed reported having telehealth capacity.

- **All eight operating agencies reported providing BSS via telehealth** modalities following COVID-19

- **Most agencies reported primarily providing telehealth BSS to clients with suppressed viral load and no acute issues (88%) and those experiencing mental health and/or substance use issues (88%)** as shown below

    - Under "Other" one agency reported that all clients were receiving services via telehealth

Figure 19: Types of Clients Receiving BSS via Telehealth among Surveyed Agencies, May 2020



Over half of agencies (5/9) reported their BSS staff were teleworking during COVID-19.

- BSS staff were spending 75% or more of their time working remotely

Impact of COVID-19 on BSS Operations

Of the nine agencies, **five (56%) reported increases in operating costs as a result of COVID-19** primarily due to PPE (4/5) and telehealth infrastructure (2/5).

Three of the nine agencies reported barriers to providing BSS during COVID-19. Examples of barriers included decreases in total visits and service hours and requiring hard copies of documents from clients to be mailed or scanned. One agency requested more flexible funding options during COVID-19.

Residential Care Facility for the Chronically Ill (RCFCI), Transitional Residential Care Facility (TRCF) and Substance Abuse Transitional Housing Services —Combined as Residential Services

All five agencies contracted to provide Residential Services (100%) responded to the survey.

- **All five agencies reported they were continuing to provide Residential Services during COVID-19**

Access to In-Person Residential Services

- While 80% of agencies (4/5) reported no change in clinic hours of operation for in-person services, one agency reported they were currently only able to provide services by phone

- **Three of the five agencies (60%) reported continuing to enroll new Residential Services clients**
    - All three agencies reported using COVID-19 screening and physical distancing practices when seeing clients and one reported conducting eligibility screening by phone to enroll new clients

Service Need During COVID-19

Only one agency reported increased need for Residential Services among their clients for during COVID-19

All five Residential Services agencies estimated their current vacancy rate to be 25% or less.

- Most agencies (3/5) reported that this vacancy rate was similar to that before COVID-19 while two of the five agencies reported their vacancy rate has increased during COVID-19

Impact of COVID-19 on Residential Services Operations

All five agencies reported increases in operating costs as a result of COVID-19 primarily due to PPE and other protective equipment such as gloves and cleaning supplies (5/5) and food costs (2/5).

Two of the five agencies reported barriers to providing Residential Services during COVID-19. Examples of barriers included difficulty engaging clients without phone or internet access in substance use treatment programs being delivered via telehealth and current staff vacancies.

Transitional Case Management (TCM) – Jails

Four of the five agencies contracted to provide Transitional Case Management (TCM) in the jails responded to the survey.

- **Two of the four agencies that responded reported they were continuing to provide TCM during COVID-19**

Access to In-Person TCM Services

- Both operating agencies reported changes in hours and/or days of operation during COVID-19
- **Only one of the two operating agencies reported continuing to enroll new TCM clients** during COVID-19

TCM Access via Telehealth

One of the two of the agencies providing TCM reported having telehealth capacity and currently providing services via telehealth modalities.

Telehealth services are being provided by staff based at the agency and also by staff who are teleworking.

- Approximately half of the TCM staff were teleworking between 25% to 50% of the time

TCM Need During COVID-19

Both operating agencies reported an increase in the number of clients needing TCM services during COVID-19

- One agency reported providing more hours of service per client

Impact of COVID-19 on TCM Operations

One of the two operating agencies reported increases in operating costs as a result of COVID-19 due to PPE.

Neither of the two operating agencies reported barriers to providing TCM Services during COVID-19.

Nutritional Support Services

All three of the agencies contracted to provide Nutritional Support services responded to the survey.

- **All three agencies reported they were continuing to provide Nutritional Support services during COVID-19**
    - Two agencies were contracted for food pantry/foodbank services and one was contracted for home-delivered meals

Access to In-Person Nutritional Support Services

- None of the agencies reported any change in hours of operation for in-person visits during COVID-19

- **All agencies reported they were continuing to enroll new clients for Nutritional Support services during COVID-19**
    - Two of the three agencies reported conducting intakes and nutritional consults for new clients by phone

- The agencies contracted for food pantry/food bank services were providing services on a walk-in basis consistent with social distancing guidelines

Need for Nutritional Support Services During COVID-19

All three agencies reported increases in the number of clients needing Nutritional Support services during COVID-19.

- Food pantry/food bank service providers reported providing more bags of food per client
- The agency providing home-delivered meals reported delivering more meals per client

Impact of COVID-19 on Nutritional Support Operations

All three agencies reported increases in operating costs as a result of COVID-19 due to PPE, higher food and transportation costs, and few food donations.

Only one of the three agencies reported barriers to providing Nutritional Support Services during COVID-19 that included transportation issues and client fears about leaving the house.

HIV/STD PREVENTION SERVICES

Biomedical Prevention (PrEP/PEP)

Of the 16 agencies contracted to provide Biomedical Prevention services, **11 agencies (69%) responded to the survey**.

- **Ten of the 11 agencies reported they were continuing to provide Biomedical Prevention services COVID-19**

Access to In-Person Biomedical Prevention Services

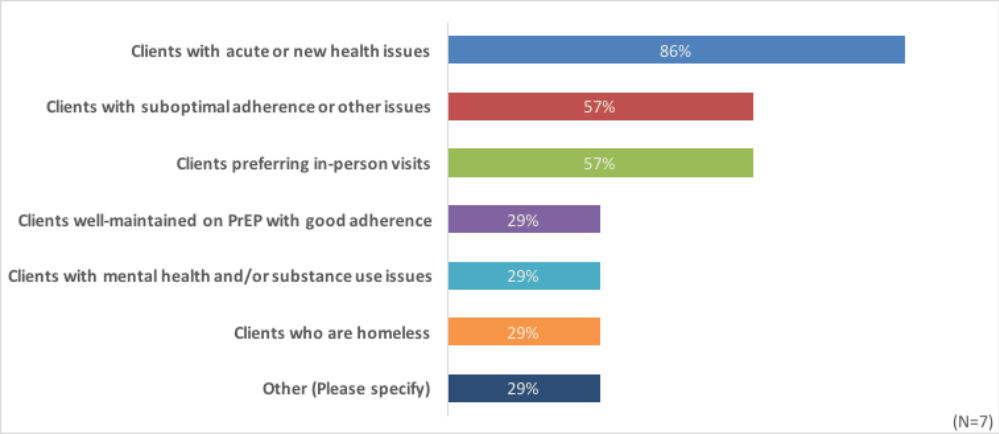
- While 60% of agencies (6/10) reported no change in clinic hours of operation for routine in-person services, 20% (2/10) reported they were unable to provide in-person services and 20% (2/10) reported changes in hours and/or days of operation

- **All 10 operating agencies reported continuing to enroll new clients for Biomedical Prevention services during COVID-19.**
    - Six of the 10 agencies reported enrolling new clients by phone.

- **Seventy percent of operating agencies (7/10) reported prioritizing clients for in-person Biomedical Prevention services**
    - **For most agencies this included clients with acute or new health issues**

    - Other reasons reported why clients were prioritized for in-person services was if they were requesting an HIV test

Figure 20: Clients Prioritized for In-Person Biomedical Prevention Services, May 2020

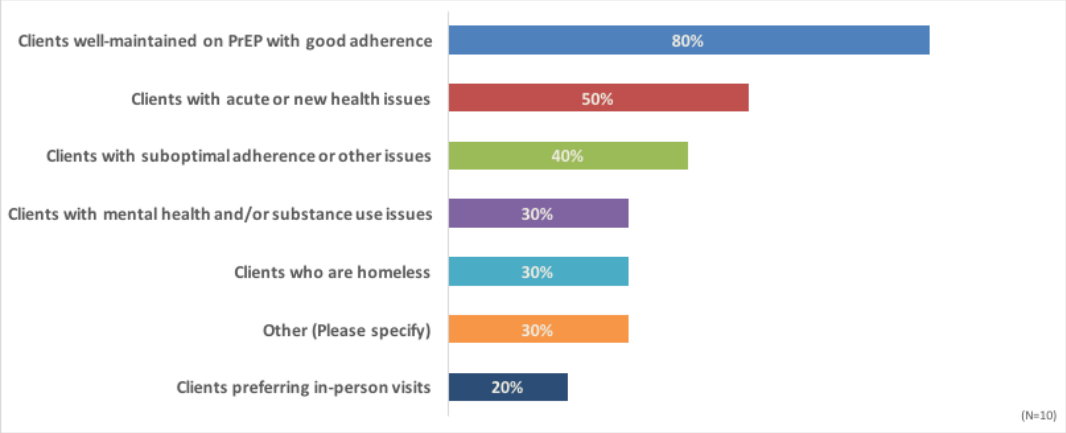


Telehealth Capacity and Services

All 10 of the operating agencies that continue to provide Biomedical Prevention services reported having telehealth capacity and **all ten reported currently providing Biomedical Prevention services via telehealth during COVID-19**.

- The type of clients receiving telehealth Biomedical Prevention services are shown below and primarily include those well-maintained on PrEP with good adherence (80%)
    - Other types of clients included those with no need for laboratory testing and those preferring telehealth to in-person services

Figure 21: Types of Clients Receiving Biomedical Prevention Services via Telehealth, May 2020



Telehealth services are being provided by staff based at the agency (80%) and by staff who are teleworking remotely (60%).

- Approximately half of the Biomedical Prevention staff were teleworking between 26% to 50% of the time

Prophylactic Therapy Access and Continuity

All agencies (10/10) reported helping clients with prescription home delivery to ensure continued access to PrEP and other medications. Nearly all agencies (9/10) also reported extending PrEP and other medication refills during COVID-19.

Home HIV Test Kits

Only one of the 10 operating Biomedical Prevention services agencies had access to HIV home test kits and only **one agency reported it was currently offering clients HIV home test kits**.

- **All of the nine agencies without access to HIV home test kits would like offer kits to their clients**

Impact of COVID-19 on Testing Services Operation

Among operating agencies, **90% (9/10) reported decreases in billable Biomedical Prevention services** since the start of the COVID-19 pandemic.

- **Six agencies (6/10) reported billable services decreased between 26%-50%**, two reported decreases of ≤25% and one reported a decrease between 51%-75%

Of the 10 operating agencies, **eight (80%) reported increases in operating costs as a result of COVID-19** primarily due to PPE (6/8) and telehealth infrastructure (3/8).

Six of the 10 agencies (60%) reported barriers to providing Biomedical Prevention services during COVID-19. Examples of barriers included deferral of prevention services by clients, fears about coming to the agency, and unreliable access to phone and/or internet for telehealth services.

HIV Testing and STD Screening, Diagnosis and Treatment Services (Testing Services)

Of the 30 agencies contracted to provide HIV/STD Screening, Diagnosis and Treatment Services (Testing Services), **27 agencies (90%) responded to the survey**.

- This included 23 agencies specifically contracted for Testing Services together with those agencies providing testing services under the Vulnerable Populations contract (In the Meantime Men's Group and Men's Health Foundation) and under the DHSP-Supported Long Beach HIV/STD Testing RFP (Dignity Health and The One in Long Beach)

- Of the 27 agencies contracted for Testing Services, **10 (37%) agencies reported they were no longer providing Testing Services at the time of the survey as a result of COVID-19**

Access to In-Person Testing Services

Nearly half of the agencies (8/17) continuing to provide Testing Services reported changes to their schedule of operations since COVID-19.

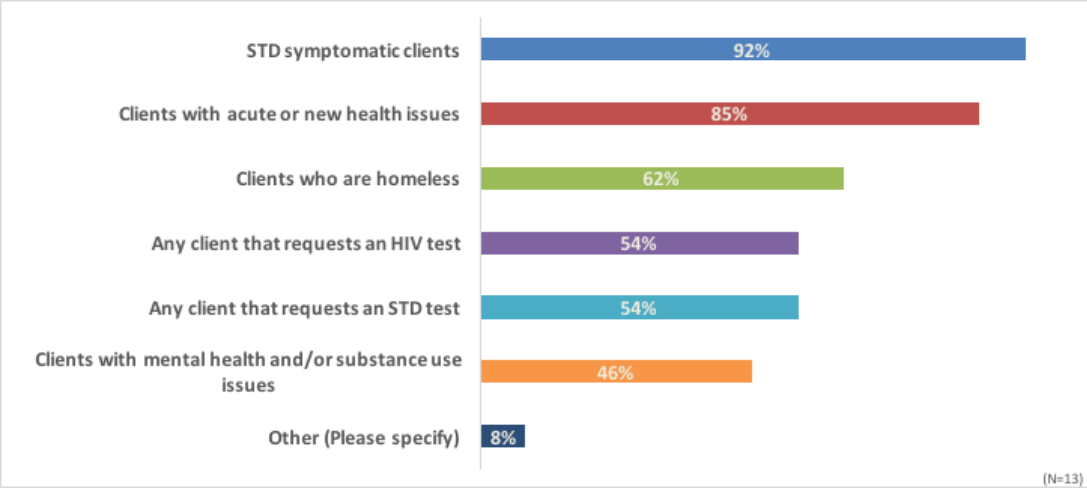
- Seven agencies **reported changes to days and/or hours operations for in-person services since COVID-19**

- One agency reported it was not currently able to provide in-person services

Over three- quarters of agencies (13/17) reported prioritizing clients for in-person Testing Services who primarily included STD symptomatic patients (92%), clients with new or acute health issues (85%) and homeless clients (62%).

- Other clients prioritized for in-person services were those seeking a confirmatory HIV test and PrEP or PEP services

Figure 22: Clients Prioritized for In-Person Testing Services, May 2020



Telehealth Capacity and Services

- Sixteen of the 17 of the agencies that continue to provide Testing Services reported having telehealth capacity. Of these sixteen however, **only 6 (38%) agencies reported providing Testing Services via telehealth** that include:
    - Presumptive treatment of STD symptomatic clients at all 6 agencies
    - Risk assessment provided at 5 of 6 agencies

Home HIV Test Kits

Only four of the 17 (24%) operating Testing Services agencies had access to HIV home test kits and only **two agencies (12%) reported they were currently offering clients HIV home test kits**.

- Nearly all agencies (12/13) without access to HIV home test kits would like to offer kits to their clients

Impact of COVID-19 on Testing Services Operation

Among operating agencies, **71% (12/17) reported decreases in billable Testing Services** since the start of the COVID-19 pandemic.

- **Six agencies (6/12) reported billable services decreased 76%-100%**, 5 reported they decreased between 26%-50% and one reported a decrease of ≤25%

Of the 17 operating agencies, **11 (65%) reported increases in operating costs as a result of COVID-19** primarily due to PPE (11/17) and telehealth infrastructure (2/17).

Seven of the 17 agencies (41%) reported barriers to providing Testing Services during COVID-19. Examples of barriers included low numbers of people coming in for testing services, some due to fears about coming to the agency, and providing services in a way that is safe for both clients and staff.

Prevention Services (Vulnerable Populations and Health Education/Risk Reduction)

- Of the 22 agencies contracted to provide Prevention Services, **19 (86%) responded to the survey. Seventeen of the 19 agencies (89%) reported they were continuing to provide Prevention Services during COVID-19**

Access to In-Person Prevention Services

- **Fifteen of the 17 agencies (88%) reported changes to hours of operation for routine in-person services as a result of COVID-19**:
    - Forty-one percent (6/17) reported they were unable to provide in-person services
    - Forty-seven percent (8/17) reported changes in hours and/or days of operation

- **Seventy-one percent of operating agencies (12/17) reported continuing to enroll new clients for Prevention Services during COVID-19**
    - Ten of the 17 agencies reported enrolling new clients by phone

- Among the 10 agencies providing in-person services, three reported prioritizing clients for in-person Prevention Services
    - **Across the three agencies, clients with acute or new health issues, requesting an HIV test or experiencing homelessness were prioritized for in-person services**

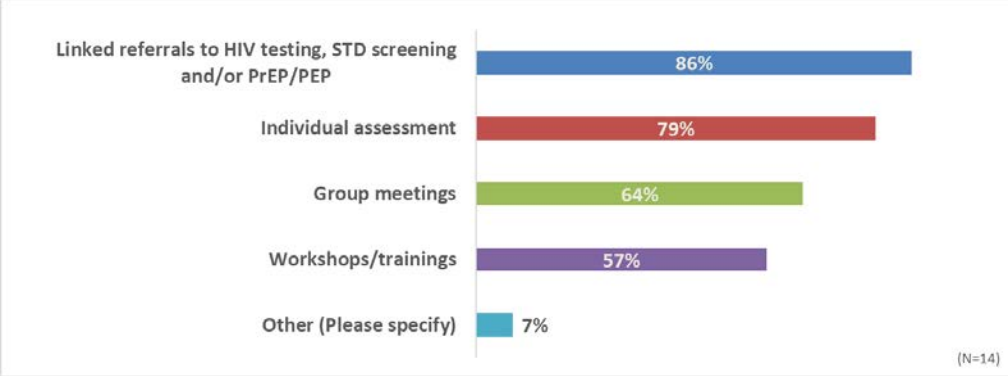
Telehealth Capacity and Services

Ninety-four percent of the agencies (16/17) continuing to provide Prevention Services during COVID-19 reported having telehealth capacity. Of these sixteen, **14 agencies (88%) reported providing Prevention Services via telehealth during COVID-19**.

- As shown below, the main type of service being delivered by agencies via telehealth was linked referrals to HIV testing, STD screening and/or PrEP and PEP services

- Other types of services included referrals for COVID-19 testing

Figure 23: Types of Prevention Services Being Delivered via Telehealth, May 2020



Thirteen of the 17 agencies (76%) reported their staff were teleworking during COVID-19.

- Most agencies (10/13) reported at least 50% of staff time was spent teleworking

Home HIV Test Kits

Only one of the 17 (6%) operating Prevention Services agencies had access to HIV home test kits and **none of the agencies reported they were currently offering clients HIV home test kits.**

- **Approximately 70% of all agencies (11/16) without access to HIV home test kits would like offer kits to their clients**

Impact of COVID-19 on Prevention Services Operation

Of the 17 operating agencies, **13 (76%) reported increases in operating costs as a result of COVID-19** primarily due to PPE (11/13) and telehealth infrastructure (7/13).

Eleven of the 17 agencies (65%) reported barriers to providing Prevention Services during COVID-19. Examples of barriers included difficulty reaching clients who are homeless, client fears about coming to the agency, and unreliable access to phone and/or internet for telehealth services. One agency also mentioned staff well-being and mental health during COVID-19.

APPENDIX: AGENCY RESPONSE BY CONTRACTED SERVICE CATEGORY

Agency contracted for service category=YES
Non-response to survey=YELLOW HIGHLIGHT
Agency survey response to non-contracted service (excluded from report) =NO

Agency Name	AOM	Oral Health	MCC	Mental Health	BSS	HBCM	Residential - SA	TCM-Jails	Nutrition Support	Biomed Prev (PrEP/ PEP)	HIV/STD Testing	Beh Prev
African-American AIDS Policy and Training Institute (d.b.a. Black AIDS Institute)											YES	NO
AIDS Healthcare Foundation	YES	YES	YES	YES	YES						YES	
Alliance for Housing and Healing							YES					
AltaMed Health Services Corporation	YES	YES	YES	YES	YES	YES				YES	YES	YES
APLA Health & Wellness	YES	YES	YES		YES	YES			YES	YES	YES	YES
Asian American Drug Abuse Program												YES
Being Alive: People with AIDS Coalition												YES
Bienestar Human Services, Inc.				NO					YES		YES	YES
Center for Health Justice, Inc.					NO			YES				YES
Central City Community Health Center										YES	YES	
Charles R. Drew University of Medicine & Science											YES	
Children's Hospital of Los Angeles	YES		YES							YES	YES	YES
City of Long Beach, Dept HHS	YES		YES		YES					YES	YES	YES
City of Pasadena Public Health Department			NO	NO							YES	
Community Health Alliance of Pasadena											YES	
Dignity Health (dba St. Mary Medical Center)	YES	YES	YES		YES	YES				YES	YES	
East Los Angeles Women's Center												YES
East Valley Community Health Center, Inc.	YES	YES	YES		YES						YES	
El Centro del Pueblo												YES
El Proyecto del Barrio, Inc.	YES	YES	YES								YES	
Friends Research Institute, Inc.											YES	YES
Greater Los Angeles Agency on Deafness, Inc.												YES
In The Meantime Men's Group											YES	YES
JWCH Institute, Inc.	YES	YES	YES	YES	YES			YES	NO	YES	YES	YES
Los Angeles Centers for Drug and Alcohol Abuse											YES	YES
LAC Department of Health Services, Housing for Health												

Agency Name	AOM	Oral Health	MCC	Mental Health	BSS	HBCM	Residential - SA	TCM-Jails	Nutrition Support	Biomed Prev (PrEP/ PEP)	HIV/STD Testing	Beh Prev
LAC Department of Health Services												
--Harbor/UCLA	YES		YES									
--High Desert Health Systems	YES		YES									
--Hubert Humphrey Comprehensive Health Center	YES		YES									
--LAC & USC Rand Schrader Clinic	YES		YES	NO								
--LAC & USC Maternal, Child and Adolescent Clinic	YES		YES									
--Long Beach Comprehensive Health Center	YES		YES									
--Martin Luther King Jr. Outpatient Center	YES		YES							NO	NO	
--Olive View-UCLA Medical Center	YES		YES	NO						NO	NO	
LAC Department of Mental Health				YES								
LAC-USC Healthcare Network				YES								
Los Angeles LGBT Center	YES		YES	NO	NO	NO	NO	NO	NO	YES	YES	YES
Men's Health Foundation	YES		YES							YES	YES	YES
Mi0rity AIDS Project					YES	YES		YES			YES	YES
0rtheast Valley Health Corporation	YES	YES	YES	YES	YES					YES	YES	
Project Angel Food									YES			
Project New Hope							YES					
REACH LA											YES	NO
Safe Refuge							YES					
Special Services for Groups				YES							YES	
St. John's Well Child and Family Center	YES	YES	YES	YES							YES	
T.H.E. Clinic, Inc.	YES		YES							YES		
Tarzana Treatment Centers, Inc.	YES		YES	YES	YES	YES	YES	YES		YES	YES	YES
The Center Long Beach (One in Long Beach, Inc.)				NO							YES	
The Los Angeles Free Clinic (dba Saban Community Clinic)	YES		YES									
The Regents of California, University of Los Angeles (UCLA)	YES		YES									
The Salvation Army				NO			YES					
The Wall Las Memorias, Inc.											YES	NO
University of Southern California		YES	NO	NO								
Valley Community Healthcare										YES		
Venice Family Clinic	YES		YES	YES	YES					YES	YES	YES
Via Community Health Center, Inc.		NO								YES		
Watts Healthcare Corporation	YES	YES	YES							YES	YES	
Westside Family Health Center												YES
Final Sample	**21**	**11**	**22**	**8**	**9**	**5**	**5**	**4**	**3**	**11**	**27**	**19**
Total Contracted	27	11	27	10	10	5	5	4	3	16	30	22

LOS ANGELES COUNTY
COMMISSION ON HIV

VIRTUAL MEETING—CONSUMER CAUCUS

Preparing Consumers for the Ryan White Priority Setting and Resource Allocations (PSRA) Process

Thursday, July 9, 2020 | 3:00pm to 5:00pm
MEETING SUMMARY

In attendance:

Felipe Gonzalez (Co-Chair)	**Carlos Moreno (Co-Chair)**	
Octavio Vallejo	Thomas Green	Alex
Lee Kochems	Bridget Gordon	Edd Cockrell
Alasdair Burton	Katja Nelson	Cheryl Barrit (COH)
Ana Cacao	Shellye Jones	Dawn Mc Clendon (COH)
Juan Preciado	Joseph Green	Jane Nachazel (COH)
Jayshawnda Arrington	Kevin Donnelly	

I. Welcome & Introductions (Co-Chairs)

Carlos Moreno and Felipe Gonzalez called the meeting to order and expressed their thanks and gratitude to all those who were able to join. Introductions were made to include each attendee sharing whether this meeting was their first attended.

II. PSRA Refresher Training

- Cheryl Barrit, Executive Director, led the group through a refresher training of the Commission's priority setting and resource allocation process (PSRA); see PowerPoint slides.
- The Caucus was invited and strongly encouraged to participate in the PSRA process at the upcoming July 21, 2020 and August 18, 2020 Planning, Priority & Allocation (PP&A) Committee virtual meeting at 1-4pm to have a voice on how Ryan White Program funding ($45 million) for HIV services is spent.

III. What types of data to expect during PSRA

- Data such as prior years expenditures, HIV service utilization data and data compiled by the COVID Provider and Community Member needs assessments surveys and other needs assessments will be reviewed to assist in the PSRA process.

IV. Discussion on how to engage consumers in the PSRA discussions

- The Caucus discussed challenges in engaging consumers in PSRA discussions and what strategies can be implemented to increase consumer engagement. It was noted that there is a clear lack of consumer engagement in these discussions. Challenges included:
    - lack of access to or adequate technology to participate in a virtual setting
    - having to maintain physical and mental health during these times of COVID is overwhelming and exhausting resulting in a lack of interest to participate in meetings, even virtually
    - consumers are not aware of meetings

  Strategies to foster engagement included:
    - Incentivize consumer engagement, i.e. gift cards
    - Increase outreach via social media, providers, peer-to-peer efforts
    - Develop more community-friendly outreach materials
    - Continue virtual meeting format to increase attendance and participation at meetings from consumers who lack transportation
- In soliciting feedback on suggestions on how the $45 million in RWP Part A services should be spent, discussion ensued with the following responses:
    - Assess what was done previously to determine what is needed
    - Due to a universal shift to virtual platforms, consumers are not equipped with sufficient technology, i.e. laptops, tablets, smart phones
    - Affordable and family housing
    - Tutors for school aged kids
    - Respite care for single parents
    - Support for women who have disabled children and even disabled adult children who they are still caring for and need help with on a regular basis,
    - Access to services and supplies not covered by insurance, Medi-Cal, or ADAP, that would improve quality of life, including supplies now related to COVID, access to tests, masks, dental, etc.
    - Wellness support for ALL - gyms, acupuncture, emergency financial assistance, mental health, support for homeless families, substance use/abuse for women and families and transportation.
    - Home health support for those who need just a little bit more help to get linked to care.
    - As a result of COVID, much of agency funding has shifted to other priority services and programs thus creating a lack in continuity of Support Services such as those that fund case managers. Case managers are essential for clients' continuity and retention in care and clients who have developed longstanding connections with their case managers are impacted when those relationships are severed as a result of funding shifts, resulting in a compromise to their overall care and mental health
    - Prioritize and allocate funding to transportation, substance abuse, outpatient medical, Medical Care Coordination (MCC) and housing

- More outreach and resource sharing; knowledge of services and programs in the community are just as important as the services themselves
- Reduce program/service requirements, paperwork, forms as they are barriers to care, i.e. Commission member application
- Less bureaucracy and more compassion
- Allow for direct emergency cash payments to PLWH to secure hotels/motels if homeless, to pay utility bills and to purchase medications
- Establish women-centered clinics and/or a clinic for "all people"
- Purchase vehicles, i.e. buses, to transport consumers to and from their appointments
- Provide more mental health services
- Prioritize Core Medical Services: ADAP, healthcare and housing
- Prioritize Support Services: Psychosocial support services; clients are feeling disconnected as a result of COVID isolation
- Although not categorized as "essential", dental and eye care services are just as important and should be considered essential.
- More attention and services should be provided to address co-morbidities.
- Specialty and holistic services should be included as part of RWP service categories in order for PLWH to live a health life.
- Rather than ask consumers what services are needed, to instead ask: (1) What services are needed to live a healthy life; (2) Are the core services helping you to stay healthy; and (3) what are the reasons you are not receiving these services?

V. Next Steps and Adjourn

- Next virtual meeting: Thursday, August 20, 2020; time to be determined
  **Commission meeting moved to August 20, 2020*
- Recruit more individuals to attend the meetings.
- Reminder to attend the July 21 and August 18 PP&A Committee meetings and participate in the PSRA process.

Quick Reference Handout 5.1: Quick Guide to RWHAP Part A-Fundable Service Categories

Introduction

The chart below provides brief summary explanations of the 28 service categories that can be funded through Part A of the Ryan White HIV/AIDS Program (RWHAP). They are designed to provide an understanding of the kinds of services supported through RWHAP Part A, but are not intended to provide formal definitions.

The service categories are arranged into two groups, RWHAP Core Medical Services and RWHAP Support Services, and are listed alphabetically within those groups:

- The 13 RWHAP Core Medical Services are specified in the legislation [§2604(c)(3)(A-M)].
- The 15 Support Services were approved by the Secretary of Health and Human Services, and are defined as "needed for individuals with HIV/AIDS to achieve their medical outcomes (such as respite care for persons caring for individuals with HIV/AIDS, outreach services, medical transportation, linguistic services, and referrals for health care and support services)." "Medical outcomes" are "those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS" [§2604(d)(1-2)].

The brief descriptions below are based on HRSA/HAB Policy Clarification Notice (PCN) 16-02 (Revised 10/22/18),[1] supplemented by clarifications in the related Frequently Asked Questions (FAQs) document.[2]

RWHAP Core Medical Services (13)

SERVICE CATEGORY	EXPLANATION
1. **AIDS Drug Assistance Program (ADAP) Treatments**	Provides HIV-related medications to low-income clients living with HIV; can also provide access to medications by using program funds to purchase health insurance coverage and through medication cost sharing; administered by the state through RWHAP Part B, but Part A program can contribute funds
2. **AIDS Pharmaceutical Assistance [Local Pharmaceutical Assistance Program] (LPAP)**	Serves as supplemental local source of medication assistance that can be used when ADAP has a restricted formulary, a waiting list, or restricted financial eligibility criteria

SERVICE CATEGORY	EXPLANATION
3. Early Intervention Services	• Includes a combination of services designed to identify individuals with HIV and help them access services • Can serve newly diagnosed as well as PLWH who know their status but are not in care • Is the only RWHAP service category that can pay for HIV testing
4. Health Insurance Premium & Cost Sharing Assistance for Low-Income Individuals	Provides financial assistance to enable PLWH to maintain health insurance or standalone dental insurance by paying their premiums or other cost-sharing expenses, including co-pays, deductibles, and funds to contribute to a client's Medicare Part D true out-of-pocket costs (TrOOP)
5. Home & Community-Based Health Services	Provides services in the home or in community settings based on a medical care team's written plan of care; services may include mental health, developmental, and rehabilitation services; day treatment or partial hospitalization; durable medical equipment; and/or home health aide and personal care services in the home
6. Home Health Care	Supports medical-related services provided in the home by licensed medical professionals, such as administration of prescribed treatments, preventive and specialty care, and routine diagnostic testing
7. Hospice Services	Provides end-of-life services to clients in the terminal stage of HIV-related illness, at home or in a residential facility
8. Medical Case Management, including Treatment Adherence Services	Provides client-centered activities designed to improve health outcomes, such as assessment of service needs, development and updating of an individualized care plan, coordinated access to medical care and support services, continuous client monitoring, treatment adherence counseling, and sometimes assistance in accessing public and private benefits for which the client may be eligible
9. Medical Nutrition Therapy	Provides nutritional assessment and screening, evaluation, education and/or counseling, and food and/or nutritional supplements, all based on a medical provider's referral and on a nutritional plan developed by a registered dietitian or other licensed nutrition professional
10. Mental Health Services	Provides psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling in an individual or group setting by a licensed mental health professional (usually a psychiatrist, psychologist, or licensed clinical social worker)

SERVICE CATEGORY	EXPLANATION
11. Oral Health Care	Supports outpatient diagnostic, preventive, and therapeutic oral health services by dental health care professionals based on an oral health treatment plan
12. Outpatient/ Ambulatory Health Services (OAHS)	Supports diagnostic and therapeutic services, such as primary care, diagnostic testing including laboratory testing, treatment adherence, and specialty services provided directly to a client by a licensed healthcare provider in an outpatient medical setting
13. Substance Abuse Outpatient Care	• Provides outpatient services for the treatment of drug or alcohol use disorders, including both drug-free treatment and counseling and medication-assisted therapy • Includes harm reduction; can include syringe access services that meet current appropriations law and applicable HHS-, HRSA-, and HAB-specific guidance; does not include purchase of syringes

RWHAP Support Services (15)

SERVICE CATEGORY	EXPLANATION
1. Child Care Services	• Pays for intermittent services for children living in the household of clients with HIV so they can attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions • Can be provided by a licensed or registered child care provider or informal child care provided by a neighbor, family member, or other person
2. Emergency Financial Assistance (EFA)	Provides limited one-time or short-term payments to assist RWHAP clients with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an ADAP or LPAP, or another RWHAP-allowable cost
3. Food Bank/ Home-Delivered Meals	• Provides food items, hot meals, or a voucher program to purchase food • Can be used for essential non-food items limited to personal hygiene products and household cleaning supplies, plus water filtration/purification systems in communities with water safety issues
4. Health Education & Risk Reduction (HERR)	• Provides education to PLWH about HIV transmission and how to reduce risk, and information about services to improve their health status • Includes treatment adherence services provided as a stand-alone activity
5. Housing Services	• Provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care • May include core medical or support services • Also includes housing referral services, including assessment, search, placement, and housing advocacy services, and related fees
6. Linguistic Services	Provides oral interpretation and written translation services by qualified providers when necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services

SERVICE CATEGORY	EXPLANATION
7. Medical Transportation	Provides nonemergency transportation services so clients can access or be retained in core medical and support services; can use various methods, including contracts with transportation providers, non-cash mileage reimbursement, purchase or lease of organizational vehicles for client transportation, voucher or token systems, and organization and use of volunteer drivers
8. Non-Medical Case Management Services	• Supports client-centered activities focused on improving access to and retention in needed core medical and support services • Provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and other needed services, and sometimes help in accessing public and private programs for which clients may be eligible, based on activities such as an initial assessment of service needs, development and regular re-evaluation of an individualized care plan, client monitoring, and timely and coordinated access to medically appropriate levels of health and support services and continuity of care
9. Other Professional Services [Includes Legal Services and Permanency Planning]	Supports professional and consultant services, including legal services, permanency planning, and income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits
10. Outreach Services	Identifies PLWH who either do not know their HIV status or know their status but are not currently in care, and carries out activities to link or re-engage PLWH who know their status into RWHAP services, including provision of information about health care coverage options
11. Psychosocial Support Services	• Provides group or individual support and counseling services to assist clients to address behavioral and physical health concerns, including support groups, nutrition counseling provided by a non-registered dietitian, and other types of counseling • Does not require that services be provided by a licensed mental health professional

SERVICE CATEGORY	EXPLANATION
12. Referral for Healthcare and Supportive Services	Supports referral of clients to needed core medical or support services in person or through telephone, written, or other types of communication; may also include referrals to assist clients in obtaining access to public or private benefit programs for which they may be eligible
13. Rehabilitation Services	Provides HIV-related therapies, including physical, occupational, speech, and vocational therapy, intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis
14. Respite Care	Provides periodic non-medical care for clients in community or home-based settings, designed to provide care for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV
15. Substance Abuse Services (Residential)	• Provides services for the treatment of drug or alcohol use disorders in a residential setting, including screening, assessment, diagnosis, and treatment, based on a written referral from the clinical provider as part of a RWHAP-funded substance abuse disorder treatment program • Includes detoxification if offered in a separate licensed residential setting

Note: Direct cash payments to clients or primary caregivers are not permitted under any RWHAP Part A service category.

References

1 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18). Available at: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

2 Frequently Asked Questions for Policy Clarification Notice 16-02. Available at: https://hab.hrsa.gov/sites/default/files/hab/Global/faq_service_definitions_pcn_final.pdf