



## PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE Virtual Meeting Tuesday, January 19, 2021 1:00PM-3:00PM (PST)

Agenda + Meeting Packet will be available on the Commission's website at:

http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee

**REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:** <u>https://tinyurl.com/y6uplyzi</u> \*Link is for non-Committee members only

### JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access code: 145 205 7630

### **PUBLIC COMMENTS**

Public Comments will open at the time referenced on the meeting agenda. For those who wish to provide <u>live</u> public comment, you may do so by joining the WebEx meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to <u>hivcomm@lachiv.org</u>. Please include the agenda item and meeting date in your correspondence. All correspondence and materials received shall become part of the official record.

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### AGENDA FOR THE VIRTUAL MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

### TUESDAY, JANUARY 19, 2021 1:00 PM - 3:00 PM

To Join by Computer: <u>https://tinyurl.com/y9jjpqh5</u> Password: Planning \*Link is for committee members only

To Join by Phone: 1-415-655-0001

| Planning, Priorities and Allocations Committee Members: |                          |   |                      |  |  |  |
|---|--------------------------|---|----------------------|--|--|--|
| Al Ballesteros,<br>Acting Co-Chair                      | Raquel Cataldo, Co-Chair | Luckie Alexander                                    | Everardo Alvizo, MSW |  |  |  |
| Frankie Darling Palacios                                | Kevin Donnelly           | Felipe Gonzalez                                     | Joseph Green         |  |  |  |
| Karl T. Halfman   | Damontae Hack            | Diamante Johnson<br>(Alt. Kayla Walker-<br>Heltzel) | William King, MD, JD |  |  |  |
| Miguel Martinez,<br>MPH, MSW                            | Anthony M. Mills, MD     | Derek Murray  | LaShonda Spencer, MD |  |  |  |
| Maribel Ulloa   | Guadalupe Velasquez      | DHSP Staff  |                      |  |  |  |
| QUORUM:   | 10                       |   |                      |  |  |  |

Access code: 145 205 7630

AGENDA POSTED January 15, 2021

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact Commission on HIV at (213) 738-2816 or via email at <u>hivcomm@lachiv.org</u>.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Comisión en HIV al (213) 738-2816 (teléfono), o por correo electrónico á <u>hivcomm@lachiv.org</u>, por lo menos 72 horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

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. Approval of Agenda
- 2. Approval of Meeting Minutes

#### **II. PUBLIC COMMENT**

**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**

4. 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

#### 5. <u>SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) HIV/STD RELATED</u> <u>PROGRAMS</u> 1:08 P.M. – 2:00 P.M.

- a. Needle Exchange
- b. Meth Taskforce
- c. Student Wellbeing Centers

#### IV. REPORTS

#### 6. EXECUTIVE DIRECTOR'S/STAFF REPORT

a. New Committee Members

2:00 P.M. – 2:10 P.M.

1:02 P.M. – 1:04 P.M. MOTION #1 MOTION #2

1:04 P.M – 1:06 P.M.

1:06 P.M. – 1:08 P.M.

| ommiss  | ion on HIV   Planning, Priorities and Allocations Agenda                | January 19, 2021                 |  |  |  |
|---|---|----------------------------------|--|--|--|
| 7.  | CO-CHAIR REPORT   | 2:10 P.M. – 2:20 P.M.            |  |  |  |
|   | a. Committee Co-Chair Nominations/Elections (Need 2                     | 2 <sup>na</sup> Co-chair)        |  |  |  |
| 8.  | DIVISION OF HIV AND STD PROGRAMS (DHSP) REPO                            | <u>DRT</u> 2:20 P.M. – 2:30 P.M. |  |  |  |
|   | a. Fiscal Update  |                                  |  |  |  |
|   | <ul> <li>b. Contracts and Procurement Update</li> </ul>                 |                                  |  |  |  |
|   | c. Actions Taken to Reduce Barriers to Emergency Finar                  | icial Assistance (EFA)           |  |  |  |
| 9.  | PREVENTION PLANNING WORGROUP UPDATE                                     | 2:30 P.M. – 2:45 P.M.            |  |  |  |
| 10.   | VI. DISCUSSION  | 2:45 P.M. – 2:55 P.M.            |  |  |  |
|   | a. Review and Select Paradigms and Operating Values                     | MOTION #3                        |  |  |  |
| 11.   | <u>VI. NEXT STEPS</u>   | 2:55 P.M. – 2:58 P.M.            |  |  |  |
|   | a. Task/Assignments Recap   |                                  |  |  |  |
|   | b. Agenda Development for the Next Meeting                              |                                  |  |  |  |
| 12.   | VII. ANNOUNCEMENTS  | 2:58 P.M. – 3:00 P.M.            |  |  |  |
|   | a. Opportunity for Members of the Public and the Commi<br>Announcements | ittee to Make                    |  |  |  |
| 13.   | VIII. ADJOURNMENT   | 3:00 P.M.                        |  |  |  |
|   | a. Adjournment for the Meeting of January 19, 2021.                     |                                  |  |  |  |
|   | PROPOSED MOTION(s)/ACTION(s):   |                                  |  |  |  |
| MOTION #1: Approve the Agenda Order, as presented or revised. |   |                                  |  |  |  |

### MOTION #2: Approve Meeting Minutes as presented.

|  | Approve Paradigms and Operating Values for the Priority Setting and Resource Allocation (PSRA) Process as presented or revised. |  |
|--|---|--|
|  | Resource Allocation (PSRA) Process as presented or revised.   |  |



COUNTY OF LOS ANGELES Public Health

## Wellbeing Center Program

Ellen Sanchez, M.Ed esanchez@ph.lacounty.gov



### **Wellbeing Center Program**

Youth need access to safe spaces, caring adults and supportive peers



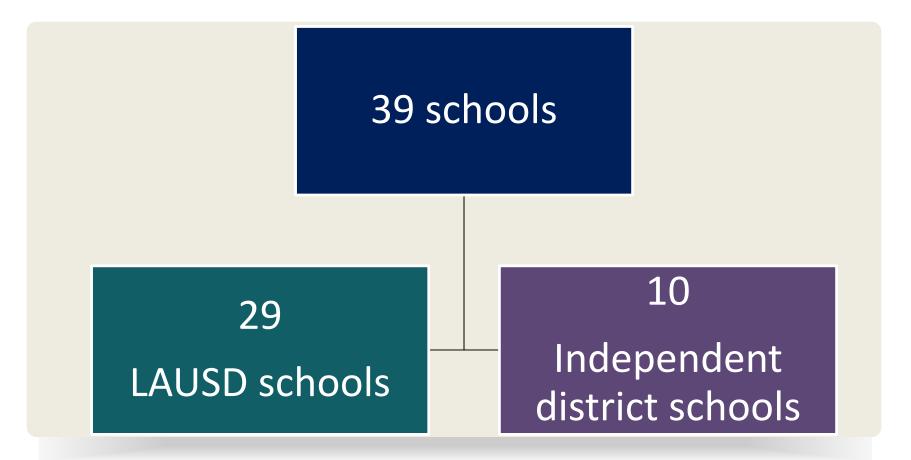


### **Wellbeing Center Program Partners**

- Planned Parenthood of Greater Los Angeles (PPLA)
- L.A. County Department of Mental Health (DMH)
- L.A. Unified School District (LAUSD)
- L.A. County Office of Education (LACOE)



### **Wellbeing Center Schools**





## **Wellbeing Center Staffing**

- Each school:
  - 1 Senior Health Educator
  - 2 Health Educators



### **Wellbeing Center Core Services**

- Health education in the Center and in the classroom
- Mental health support
- Substance use prevention
- Sexual health services
- Peer advocate training
- Parent education and support
- After hours call line for support and referrals



## **Planned Parenthood On-site Services**

- Education and confidential consultation
- Full range of sexual health services
- Well person exams
- Birth Control options
- STI testing and treatment
- HIV testing and referral



## **Wellbeing Center Virtual Services**

- Virtual student education sessions
- Call line for students
- Virtual Department of Mental Health sessions
- Virtual leadership opportunities for students
  - Public Health Task Force
  - Public Health Ambassadors
- Virtual and phone parent education
- Virtual trainings for parents
  - Public Health Ambassadors



## Thank you!





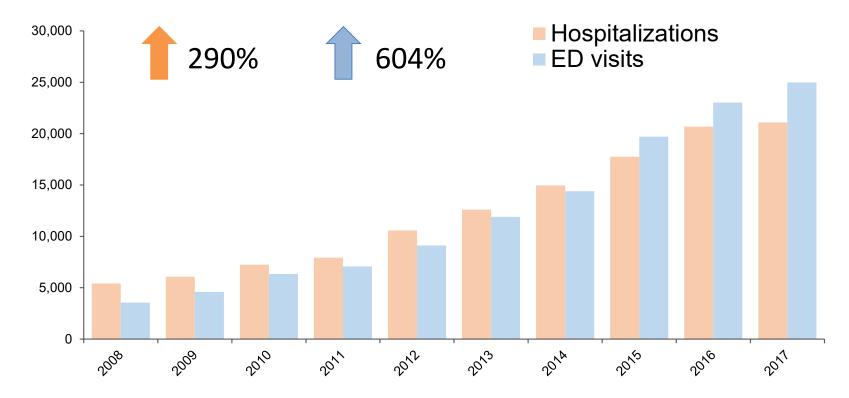
# Los Angeles County's Methamphetamine Task Force

# January 19, 2021

Rangell Oruga, MPH Health Program Analyst Substance Abuse Prevention & Control Prevention Services Community & Youth Engagement



## Meth-Related Hospitalizations and ED Visits in LAC Increased from 2008-2017

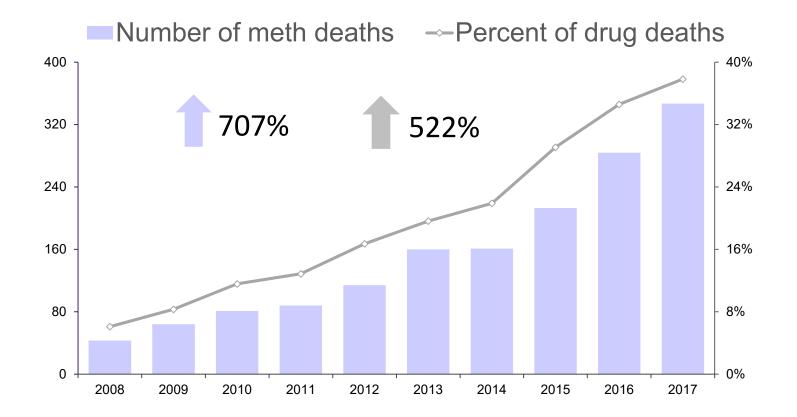


#### \*Meth-related ED visits and hospitalizations include any records listing meth dependence, abuse, use, and poisoning as a diagnosis or external-cause-of-injury.

Source: Office of Statewide Health Planning and Development (OSHPD). Inpatient and Emergency Department data. California Department of Public Health. Analysis by Health Outcomes and Data Analytics Unit, Substance Abuse Prevention and Control, Los Angeles County Dept of Public Health



## Meth-Related Deaths\* in LAC, 2008-2017



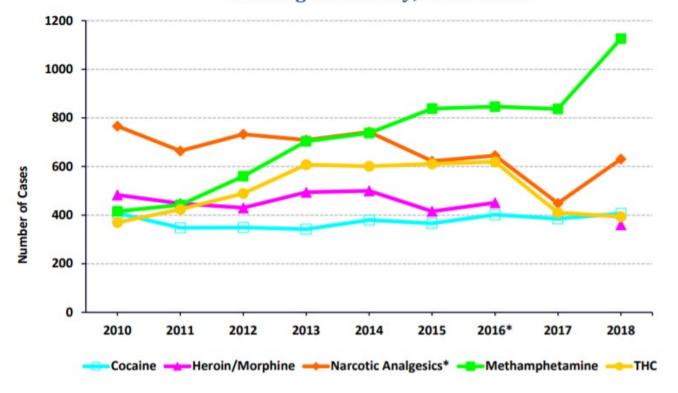
### \*Meth-overdose related deaths include all deaths that listed meth poisoning as a cause of death, and drug overdose as the underlying cause of death.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death Files, 1999-2017
<a href="http://wonder.cdc.gov/mcd-icd10.html">http://wonder.cdc.gov/mcd-icd10.html</a>. Data prepared by Health Outcomes and Data Analytics Unit, Substance Abuse Prevention and Control, Los Angeles
County Dept of Public Health
3



## Meth is Involved\* in More Deaths in LAC than Any Other Drug, 2010-2018

Number of Medical Examiner Toxicology Cases with Drugs Detected Los Angeles County, 2010–2018

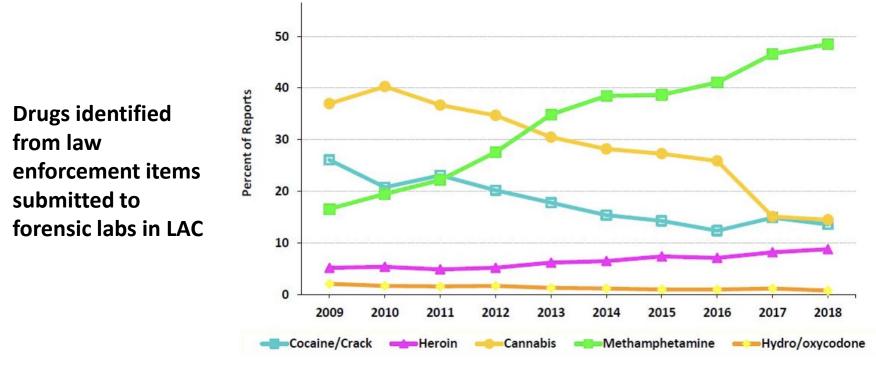


\*Data reflects cases for which toxicology tests were (+) for at least one tested substance (e.g., not necessarily drugrelated or drug-caused deaths). Each case may have more than one drug detected.



## **Availability – Law Enforcement Seizures**

- Since 2013, methamphetamine has been the most commonly identified drug from law enforcement seizures in Los Angeles County (LAC).
- In 2018, methamphetamine accounted for almost half (48.5%) of all reports of seized items according to the National Forensic Laboratory Information System (NFLIS).

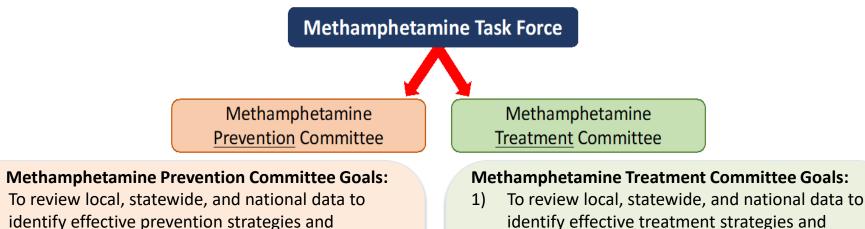


- 1. National Drug Early Warning System (NDEWS), 2018.
- 2. Los Angeles County Methamphetamine Dashboard. https://insight.livestories.com/s/v2/meth-availability/121156dc-631a-4e8d-8487-b38c597dbb5e (Accessed 06/22/20)



### **Methamphetamine Task Force**

- DPH-SAPC is convening a Meth Task Force to inform prevention and treatment strategies and address both the upstream and downstream drivers of meth use and abuse.
  - Comprised of SAPC leads, substance use prevention and treatment providers, health and mental health providers, homeless and housing providers, first responders, and other pertinent stakeholders.



interventions to reduce reported risk behaviors.

1)

- 2) To gather feedback from community members and stakeholders regarding action steps to address the impact of methamphetamine.
- 3) To implement effective methamphetamine prevention strategies informed by the data and feedback.

interventions for methamphetamine.
2) To gather feedback from pertinent stakeholders on how best to address the methamphetamine epidemic.

 To implement Contingency Management, Cognitive Behavioral Therapy, and effective treatment interventions targeting methamphetamine.



### **Meth Prevention Strategies**

### **Prevention: Focus on Education, Outreach, Community Action**

- Focus on power of social connection as an upstream preventative intervention for meth and other substances.
- Community-Based Prevention Interventions.
- Methamphetamine Awareness Campaigns
  - "Meth-Free LA County" Launched Spring 2020.
  - A follow-up meth campaign will be launched in 2021 and focus on more targeted populations.



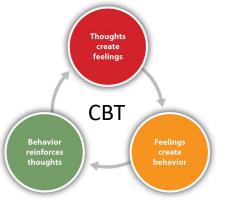




### **Meth Treatment Strategies**

# Behavioral strategies have demonstrated the greatest treatment benefit for methamphetamine use disorder thus far.

- **Contingency Management (CM):** Based on the operant conditioning principle that a behavior is more likely to be repeated when followed by positive consequences. Participants receive rewards such as privileges, points, or gift cards for achieving certain goals, such as specified periods of drug abstinence or negative urine toxicology screens.
- Cognitive Behavioral Therapy (CBT): Focuses on understanding the role of substance use in a person's life and fosters the development of coping skills to avoid addiction relapse.



Research is ongoing on identifying medications that can be helpful for meth use. Off-label medications for meth use/misuse currently include:

• Topiramate

- Mirtazapine
- Methylphenidate Buproprion







#### Ending the HIV Epidemic Awards (EHE) | Financial Resources Inventory (created 12/2/20; Updated 01/09/21)

| Division of HIV and STD Programs, Department of Public Health  |   |  |  |  |
|--|---|--|--|--|
| HRSA 20-078  | CDC 20-2010   |  |  |  |
| Award  \$3,083,808 Year 1 (carry over allowable)   | Award   \$3,360,658 Year 1  |  |  |  |
| Contract Term: March 1, 2020-February 28, 2025   | <b>Contract Term</b> : August 1, 2020-July 31, 2025   |  |  |  |
| <b>Purpose:</b> To link people with HIV who are either newly diagnosed, or are diagnosed but not currently in care, to essential HIV care and treatment and support services, as well as to provide workforce training and technical assistance. | <b>Purpose:</b> To implement comprehensive HIV programs, that complement programs, such as the Ryan White program and other HHS programs, designed to support ending the HIV epidemic in America by leveraging powerful data, tools and resources to reduce new HIV infections by 75% in 5 years. |  |  |  |

|  | HRSA Primary Care HIV Prevention (PCHP) Awards (1)      |   |              |  |
|--|---|---|--------------|--|
| ORGANIZATION NAME                      | ORGANIZATION NAME AWARD RYAN WHITE/DHSP FUNDED SERVICES |   |              |  |
|  | AMOUNT  |   | LOCATION (2) |  |
| AltaMed Health Services<br>Corporation | \$417,912   | Ambulatory Outpatient Medical (AOM)<br>Benefits Specialty<br>Case Management, Home-Based<br>HIV Testing Storefront<br>Biomedical HIV Prevention<br>Medical Care Coordination (MCC)<br>Mental Health<br>Oral Healthcare Services<br>Transitional Case Management<br>Promoting Healthcare Engagement Among Vulnerable Populations | Los Angeles  |  |
| APLA Health & Wellness                 | \$261,233   | Transportation Services<br>Benefits Specialty<br>Nutrition Support<br>HIV Testing Storefront<br>HIV Testing Social & Sexual Networks<br>STD Screening, Diagnosis and Treatment  |              |  |

| HRSA Primary Care HIV Prevention (PCHP) Awards (1) |           |  |              |
|--|-----------|--|--------------|
| ORGANIZATION NAME                                  | AWARD     | RYAN WHITE/DHSP FUNDED SERVICES  |              |
|  | AMOUNT    |  | LOCATION (2) |
|  |           | Sexual Health Express Clinics (SHEx-C)<br>Health Education/Risk Reduction<br>Health Education/Risk Reduction, Native American<br>Biomedical HIV Prevention<br>Oral Healthcare Services<br>Ambulatory Outpatient Medical (AOM)<br>Medical Care Coordination (MCC)<br>HIV and STD Prevention Services in Long Beach<br>Transportation Services |              |
| Bartz-Altadonna<br>Community Health<br>Center      | \$256,071 | NOT RYAN WHITE/DHSP FUNDED   | Lancaster    |
| Behavioral Health<br>Services Inc                  | \$252,468 | NOT RYAN WHITE/DHSP FUNDED   | Gardena      |
| Central City Community<br>Health Center Inc        | \$268,231 | STD Screening, Diagnosis and Treatment   | Rosemead     |
| T.H.E Clinic                                       | \$263,355 | Ambulatory Outpatient Medical (AOM)<br>Medical Care Coordination (MCC)<br>Transportation Services  | Los Angeles  |
| East Valley Community<br>Health Center, Inc.       | \$264,715 | Ambulatory Outpatient Medical (AOM)<br>Benefits Specialty<br>HIV Testing Storefront<br>Medical Care Coordination (MCC)<br>Oral Healthcare Services   | West Covina  |
| El Proyecto Del Barrio,<br>Inc                     | \$268,099 | Ambulatory Outpatient Medical (AOM)<br>HIV Testing Storefront<br>Medical Care Coordination (MCC)<br>Oral Healthcare Services   | Arleta       |

|  | AWARD     | ps://bphc.hrsa.gov/program-opportunities/primary-care-hiv-prevention/eligible-hi<br>RYAN WHITE/DHSP FUNDED SERVICES  | earth-centers |
|--|-----------|--|---------------|
|  | AMOUNT    |  | LOCATION (2)  |
| JWCH Institute, Inc                    | \$289,548 | HIV Testing Storefront<br>HIV Testing & Syphilis Screening, Diagnosis,<br>& inked Referral for Treatment Services in Commercial Sex Venues (CSV)<br>STD Screening, Diagnosis and Treatment<br>Health Education/Risk Reduction<br>Mental Health<br>Oral Healthcare Services<br>Transitional Case Management<br>Ambulatory Outpatient Medical (AOM)<br>Benefits Specialty<br>Biomedical HIV Prevention<br>Medical Care Coordination (MCC)<br>Transportation Services | Commerce      |
| Los Angeles LGBT Center                | \$278,196 | Ambulatory Outpatient Medical (AOM)<br>HIV Testing Storefront<br>HIV Testing Social & Sexual Networks<br>STD Screening, Diagnosis and Treatment<br>Health Education/Risk Reduction<br>Biomedical HIV Prevention<br>Medical Care Coordination (MCC)<br>Promoting Healthcare Engagement Among Vulnerable Populations<br>Transportation Services  | Los Angeles   |
| Northeast Valley Health<br>Corporation | \$329,066 | Ambulatory Outpatient Medical (AOM)<br>Benefits Specialty<br>Medical Care Coordination (MCC)<br>Oral Healthcare Services<br>Mental Health<br>Biomedical HIV Prevention<br>STD Screening, Diagnosis and Treatment<br>Transportation Services  | San Fernando  |

| St. John's Well Child and<br>Family Center, Inc | \$305,039 | Ambulatory Outpatient Medical (AOM)<br>Oral Healthcare Services<br>Medical Care Coordination (MCC)<br>Mental Health<br>HIV Testing Social & Sexual Networks<br>Transportation Services | Los Angeles |  |
|---|-----------|--|-------------|--|
|---|-----------|--|-------------|--|

| HRSA Primary Care HIV Prevention (PCHP) Awards (1) |           |  |              |
|--|-----------|--|--------------|
| ORGANIZATION NAME                                  | AWARD     | RYAN WHITE/DHSP FUNDED SERVICES  |              |
|  | AMOUNT    |  | LOCATION (2) |
| Valley Community<br>Healthcare                     | \$274,893 | NOT RYAN WHITE/DHSP FUNDED   | N. Hollywood |
| Venice Family Clinic                               | \$264,541 | Ambulatory Outpatient Medical (AOM)<br>Benefits Specialty<br>HIV Testing Storefront<br>Medical Care Coordination (MCC)<br>Mental Health  | Venice       |
| Watts Healthcare<br>Corporation                    | \$270,534 | Transportation Services<br>Ambulatory Outpatient Medical (AOM)<br>Medical Care Coordination (MCC)<br>Oral Healthcare Services<br>Biomedical HIV Prevention<br>STD Screening, Diagnosis and Treatment | Los Angeles  |

Footnote:

(1) HRSA EHE Primary Care HIV Prevention (PCHP) Awards: Purpose- to expand HIV prevention services that decrease the risk of HIV

transmission in geographic locations identified by Ending the HIV Epidemic: A Plan for America, focusing on supporting access to and use of pre-exposure prophylaxis (PrEP). HRSA identified eligible health centers based on service delivery site location, and either existing Ryan White HIV/AIDS Program (RWHAP) funding or proximity to a RWHAP-funded organization. Award recipients will achieve the following objectives: **Outreach:** Engage new and existing patients in HIV prevention services, identifying those at risk for HIV using validated screening tools; **HIV Testing:** Increase the number of new and existing patients tested for HIV; **PrEP Prescriptions:** For persons who test negative, provide HIV prevention education, and prescribe and support the use of clinically indicated PrEP; **Linkage to Treatment:** For persons who test positive, link them to HIV treatment; **Partnerships:** Establish new and/or enhance existing partnerships with health departments, and community and faith-based organizations to support identification of at-risk individuals, testing, linkage to treatment, and other activities that will help achieve the PCHP purpose and objectives; **Personnel:** Within eight months of award, add at least 0.5 FTE personnel whowill identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP.

(2) Organization may have additional locations.

| Fiscal Year 2021 Ending the HIV Epidemic – Primary Care HIV Prevention Funding Opportunity Number:<br>HRSA-21-092<br>List of Eligible Health Centers in Los Angeles County |  |                    |  |  |
|--|--|--------------------|--|--|
| Health Center Operational Grant<br>Number  | Eligible Health Center                           | City               | Subprogram<br>Distribution:<br>Community Health<br>Centers |  |
| H80CS28982   | AAA Comprehensive<br>Healthcare, Inc.            | North<br>Hollywood | \$275,000  |  |
| H80CS12851   | All For Health Health<br>For All                 | Glendale           | \$275,000  |  |
| H80CS26612   | All-Inclusive<br>Community Health<br>Center      | Burbank            | \$275,000  |  |
| H80CS00374   | Arroyo Vista Family<br>Health Foundation         | Los Angeles        | \$275,000  |  |
| H80CS00787   | Asian Pacific Health<br>Care Venture, Inc.       | Los Angeles        | \$275,000  |  |
| H80CS26616   | Benevolence<br>Industries, Inc.                  | Los Angeles        | \$275,000  |  |
| H80CS28984   | Center for Family<br>Health & Education,<br>Inc. | Panorama City      | \$275,000  |  |
| H80CS28985   | Central Neighborhood<br>Health Foundation        | Los Angeles        | \$275,000  |  |
| H80CS08735   | Chinatown Service<br>Center                      | Los Angeles        | \$275,000  |  |
| H80CS00844   | Clinica Msr. Oscar A.<br>Romero                  | Los Angeles        | \$275,000  |  |
| H80CS04220   | Community Health<br>Alliance of Pasadena         | Pasadena           | \$260,755  |  |

| H80CS28986 | Community Medical<br>Wellness Centers<br>USA                        | Long Beach   | \$275,000 |
|------------|---|--------------|-----------|
| H80CS28987 | Complete Care<br>Community Health<br>Center, Inc.                   | Los Angeles  | \$275,000 |
| H80CS10607 | Comprehensive<br>Community Health<br>Centers, Inc.                  | Glendale     | \$275,000 |
| H80CS12858 | Family Health Care<br>Centers of Greater Los<br>Angeles, Inc.       | Bell Gardens | \$275,000 |
| H80CS28366 | Harbor Community<br>Clinic  | San Pedro    | \$275,000 |
| H80CS33794 | Health Access for All,<br>Inc.                                      | Los Angeles  | \$275,000 |
| H80CS26618 | Herald Christian<br>Health Center                                   | San Gabriel  | \$275,000 |
| H80CS26619 | Kedren Community<br>Health Center, Inc.                             | Los Angeles  | \$275,000 |
| H80CS26620 | Korean Health,<br>Education,<br>Information, and<br>Research Center | Los Angeles  | \$275,000 |
| H80CS06674 | Los Angeles Christian<br>Health Centers                             | Los Angeles  | \$0       |
| H80CS08241 | Mission City<br>Community Network,<br>Inc.                          | North Hills  | \$275,000 |
| H80CS12869 | Northeast Community<br>Clinic, Inc.                                 | Alhambra     | \$275,000 |
| H80CS04223 | Pediatric & Family<br>Medical Center                                | Los Angeles  | \$275,000 |

| H80CS26624 | Pomona Community<br>Health Center                               | Pomona       | \$275,000 |
|------------|---|--------------|-----------|
| H80CS00871 | QueensCare Health<br>Centers                                    | Los Angeles  | \$275,000 |
| H80CS28994 | San Fernando<br>Community Hospital                              | San Fernando | \$261,250 |
| H80CS00877 | South Bay Family<br>Health Care Center,<br>Inc.                 | Torrance     | \$275,000 |
| H80CS00265 | South Central Family<br>Health Center                           | Los Angeles  | \$275,000 |
| H80CS28368 | Southern California<br>Medical Center, Inc.                     | El Monte     | \$275,000 |
| H80CS28369 | St. Anthony Medical<br>Centers                                  | Los Angeles  | \$275,000 |
| H80CS26611 | The Achievable<br>Foundation                                    | Culver City  | \$275,000 |
| H80CS00264 | The Children's Clinic<br>Serving Children and<br>their Families | Long Beach   | \$275,000 |
| H80CS24115 | The Los Angeles Free<br>Clinic                                  | Los Angeles  | \$275,000 |
| H80CS28991 | The R.O.A.D.S.<br>Foundation, Inc.,                             | Compton      | \$275,000 |
| H80CS30722 | Universal Community<br>Health Center                            | Los Angeles  | \$275,000 |
| H80CS10609 | University Muslim<br>Medical Association,<br>Inc.               | Los Angeles  | \$275,000 |
| H80CS26617 | Via Care Community<br>Health Center, Inc.                       | Los Angeles  | \$275,000 |

| H80CS08730 | Westside Family<br>Health Center | Santa Monica | \$275,000 |
|------------|----------------------------------|--------------|-----------|
| H80CS24202 | Wilmington<br>Community Clinic   | Wilmington   | \$275,000 |
| H80CS33648 | Yehowa Medical<br>Services       | Carson       | \$275,000 |

## INTEGRATED PREVENTION AND CARE PLANNING PROPOSED SHORT-TERM ACTION STEPS

Planning, Priorities and Allocations Committee Prevention Planning Workgroup January 14, 2021 Luckie Alexander, Miguel Martinez, Maribel Ulloa



# Pre-Integration | Refresher

- Separate Prevention Planning Committee (PPC)
- Clear community planning requirement from the Centers for Disease Control and Prevention
- Developed Countywide Risk Assessment Survey
- Developed Los Angeles Coordinated Needs Assessment, focus groups and listening sessions
- Developed allocation models
  - Behavioral Risk Groups (BRGs)
  - Hot spots
- Developed inventory of interventions in Los Angeles County



## Integrated HIV, STD Prevention and Care Planning Council | Refresher

- Merged in 2013
- New bylaws and ordinance to reflect broader membership with prevention stakeholders
- Formed Comprehensive HIV Plan (CHP) Workgroup
- Conducted listening sessions to help develop CHP
- Completed CHP in 2016
- Developed prevention service standards



## Integrated HIV, STD Prevention and Care Planning Council | Refresher

- Discussed how to improve and fully integrate prevention in planning, priority setting and resource allocation process
- Formed Prevention Planning Workgroup in October 2020 to lead process
- Presented initial set of ideas to PP&A on November 17, 2020
- Met on December 3, 2020 to review suggestions from PP&A and develop action steps



## Integrated HIV, STD Prevention and Care Planning Council | Refresher

- Discussed how to improve and fully integrate prevention in planning, priority setting and resource allocation process
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# PROPOSED SHORT-TERM ACTION STEPS



## 1. Structure

- Maintain Prevention Planning Workgroup to lead, facilitate and engage members and community in integrated planning
- Determine meeting dates and time
- Recruit other Commissioners and members of the public to the workgroup
- Ensure active participation from youth groups and other highly impacted populations
- Keep workgroup reports and prevention planning as a standing item on the PP&A agenda



### 2. Ending the HIV Epidemic (EHE) Plan

- Review Los Angeles County (LAC) EHE Plan, with a special focus on prevention pillars and activities
- Analyze plan from priority setting and resource allocations (PSRA) lenses
- Schedule DHSP presentation on all services and financial investments available to support EHE goals and objectives
  - Clarify grant terms for federal funding
  - Clarify timing for Commission input on prevention grant proposals
- December 2020-February 2021



### 3. Data Needs

- Identify types of prevention and care data needed to help inform and drive integrated prevention and care planning and PSRA
- Clarify data report cycles and months from DHSP
- Review and prioritize data requests from various Commission Committees and subgroups
- January-March 2021



### 4. Prevention Focused Community Forums

- Convene prevention focused community forums in highly impacted populations as identified by Los Angeles EHE plan (i.e., Black/African American MSM, Latinx MSM, women of color, people who inject drugs, transgender persons, and youth under 30 years of age)
- Use feedback from the community to help inform PSRA process and deliberations
- March-May 2021



## 5. PAUSE, REFLECT, ASSESS

- May-June 2021
- Review and reflect on steps taken
- Get ready for data summit
  - Review and rethink approach to data summit
- Discuss next action steps towards full integration





## **Other Considerations**

- Evening or weekend meetings
- Partner and recruit from existing community advisory board
- Staff and Commissioner time commitments and capacity
- Thoughtfulness and critical attention to data requests
  - Needs vs wants
  - How will PP&A and COH use the data?
  - Identify other data sources outside of DHSP





#### SUMMARY - RWP EXPENDITURE REPORT As of November 5, 2020

#### COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH DIVISION OF HIV AND STD PROGRAMS RYAN WHITE PART A, MAI YEAR 30 AND PART B YR 2 (2020) EXPENDITURES BY SERVICE CATEGORIES

| 1  |           | 2   |            | 3   | 4   | 5   |              | 6   |
|--|-----------|---|------------|---|---|---|--------------|---|
| SERVICE CATEGORY   | ES<br>EXP | L FULL YEAR<br>STIMATED<br>ENDITURES<br>Γ A AND MAI | ES<br>EXPI | L FULL YEAR<br>TIMATED<br>ENDITURES<br>PART B | TOTAL FULL<br>YEAR ESTIMATED<br>EXPENDITURES<br>(Total Columns 2+3) | COH 2020<br>ALLOCATION<br>PERCENTAGE<br>APPLIED TO GRANT<br>AWARD DIRECT<br>SRVC PLUS PART B<br>DIRECT SRVC | B<br>TO<br>E | VARIANCE<br>BETWEEN<br>ALLOCATED<br>UDGETS AND<br>FAL FULL YEAR<br>ESTIMATED<br>XPENDITURES<br>Columns 5 - 4) |
| OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)  | \$        | 7,945,599   | \$         | -   | \$ 7,945,599  | \$ 9,584,184  | \$           | 1,638,585   |
| MEDICAL CASE MGMT (Medical Care Coordination)  | \$        | 12,706,536  | \$         | -   | \$ 12,706,536   | \$ 10,513,048   | \$           | (2,193,488)   |
| ORAL HEALTH CARE   | \$        | 5,345,911   | \$         | -   | \$ 5,345,911  | \$ 4,960,976  | \$           | (384,935)   |
| MENTAL HEALTH  | \$        | 392,786   | \$         | -   | \$ 392,786  | \$ 211,105  | \$           | (181,681)   |
| HOME AND COMMUNITY BASED HEALTH SERVICES   | \$        | 2,777,014   | \$         | -   | \$ 2,777,014  | \$ 2,346,788  | \$           | (430,226)   |
| EARLY INTERVENTION SERVICES (HIV Testing Services)   | \$        | 174,758   | \$         | -   | \$ 174,758  | \$ 207,587  | \$           | 32,829  |
| NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services and Transitional Case Management) | \$        | 1,954,394   | \$         | -   | \$ 1,954,394  | \$ 2,291,134  | \$           | 336,740   |
| HOUSING (RCFCI, TRCF, and Permanent Supportive)  | \$        | 3,173,492   | \$         | 3,714,800                                     | \$ 6,888,292  | \$ 7,397,513  | \$           | 509,221   |
| OUTREACH (Linkage and Re-engagement Program and Partner Services)                          | \$        | 751,855   | \$         | -   | \$ 751,855  | \$ 1,959,762  | \$           | 1,207,907   |
| SUBSTANCE ABUSE TREATMENT - RESIDENTIAL  | \$        | -   | \$         | 785,200                                       | \$ 785,200  | \$ 785,200  | \$           | -   |
| MEDICAL TRANSPORTATION   | \$        | 490,385   | \$         | -   | \$ 490,385  | \$ 664,982  | \$           | 174,597   |
| FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT   | \$        | 3,089,755   | \$         | -   | \$ 3,089,755  | \$ 2,093,462  | \$           | (996,293)   |
| LEGAL  | \$        | 115,197   | \$         | -   | \$ 115,197  | \$ 56,295   | \$           | (58,902)  |
| SUB-TOTAL DIRECT SERVICES  | \$        | 38,917,682  | \$         | 4,500,000                                     | \$ 43,417,682   | \$ 43,072,036   | \$           | (345,646)   |

### $\begin{array}{c} \mbox{RYAN WHITE PART A SUMMARY} \\ \mbox{county of los angeles - department of public health} \end{array}$

### **DIVISION OF HIV AND STD PROGRAMS**

### **SUMMARY REPORT**

GRANT YEAR 30 RYAN WHITE PART A FUNDING EXPENDITURES THROUGH FEBRUARY 2021 (as of January 11, 2021 and invoicing up to December 2020)

| 1                   | 2  | 3                             | 4                                   | 5                                   | 6  |
|---------------------|--|-------------------------------|-------------------------------------|-------------------------------------|--|
| PRIORITY<br>RANKING | SERVICE CATEGORY   | PART A COH<br>ALLOCATION<br>S | PART A<br>TOTAL YTD<br>EXPENDITURES | PART A<br>FULL YEAR<br>EXPENDITURES | VARIANCE BETWEEN COH<br>ALLOCATIONS AND TOTAL<br>FULL YEAR ESTIMATED<br>EXPENDITURES (Columns 3-5) |
| 1                   | OUTPATIENT/AMBULATORY MEDICAL CARE   | 27.24%                        | 5,491,681                           | 7,945,599                           | \$ 1,638,585   |
| 4                   | MEDICAL CASE MGMT (Medical Care Coordination)                              | 29.88%                        | 8,172,381                           | 12,706,536                          | \$ (2,193,488)   |
| 11                  | ORAL HEALTH CARE   | 14.10%                        | 3,857,293                           | 5,345,911                           | \$ (384,935)   |
| 3                   | MENTAL HEALTH  | 0.60%                         | 286,399                             | 392,786                             | \$ (181,681)   |
| 16                  | HOME AND COMMUNITY BASED HEALTH SERVICES                                   | 6.67%                         | 2,143,826                           | 2,777,014                           | \$ (430,226)   |
| 7                   | EARLY INTERVENTION SERVICES (HIV Testing Services)                         | 0.59%                         | 171,865                             | 174,758                             | \$ 32,829  |
| 10                  | NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services)                  | 5.92%                         | 998,080                             | 1,310,893                           | \$ 772,013   |
| 2                   | HOUSING (RCFCI, TRCF)  | 1.42%                         | 400,225                             | 470,225                             | \$ 29,391  |
| 5                   | OUTREACH SERVICES (Linkage and Re-engagement Program and Partner Services) | 5.57%                         | 252,870                             | 751,855                             | \$ 1,207,907   |
| 15                  | SUBSTANCE ABUSE TREATMENT - RESIDENTIAL                                    | 0.00%                         | 0                                   | 0                                   | \$ -   |
| 9                   | MEDICAL TRANSPORTATION   | 1.89%                         | 229,914                             | 490,385                             | \$ 174,597   |
| 13                  | FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT                         | 5.95%                         | 2,311,439                           | 3,089,755                           | \$ (996,293)   |
| 21                  | LEGAL  | 0.16%                         | 976                                 | 115,197                             | \$ (58,902)  |
|                     | SUB-TOTAL DIRECT SERVICES  | 100%                          | 24,316,949                          | 35,570,914                          | \$ (390,202)   |
|                     | QUALITY MANAGEMENT   | 1,330,192                     | 278,474                             | 769,901                             | \$ 560,291   |
|                     | ADMINISTRATION (Includes COH Budget) (10% of Part A award)                 | 4,057,158                     | 2,936,611                           | 4,057,097                           | \$ 61  |
|                     | GRAND TOTAL  | \$ 40,571,580                 | \$ 27,532,034                       | \$ 40,397,912                       | \$ 173,668   |

Year 30 Grant funding for Part A is \$40,571,580

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#### COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

#### DIVISION OF HIV AND STD PROGRAMS

GRANT YEAR 30 RYAN WHITE MAI FUNDING EXPENDITURES THROUGH FEBRUARY 2021 (as of January 11, 2021 and invoicing up to December 2020)

| 1                   | 2   | 3                                   | 4  | 5            | 6  |  |
|---------------------|---|-------------------------------------|--|--------------|--|--|
| PRIORITY<br>RANKING |   | TOTAL<br>ALLOCATION<br>MAI<br>FY 30 | MAI<br>FISCAL YEAR 30<br>TOTAL YTD<br>EXPENDITURES | FULL YEAR    | VARIANCE BETWEEN COH<br>ALLOCATIONS AND TOTAL<br>FULL YEAR ESTIMATED<br>EXPENDITURES (Columns 3-5) |  |
| 1                   | OUTPATIENT/AMBULATORY MEDICAL CARE                                | 0.00%                               |  |              | \$ -   |  |
| 4                   | MEDICAL CASE MGMT (Medical Care Coordination)                     | 0.00%                               |  |              | \$ -   |  |
| 11                  | ORAL HEALTH CARE  | 0.00%                               |  |              | \$ -   |  |
| 3                   | MENTAL HEALTH   | 0.00%                               |  |              | \$ -   |  |
| 16                  | HOME AND COMMUNITY BASED HEALTH SERVICES                          | 0.00%                               |  |              | \$ -   |  |
| 7                   | EARLY INTERVENTION SERVICES (HIV Testing Services)                | 0.00%                               |  |              | \$ -   |  |
| 10                  | NON-MEDICAL CASE MANAGEMENT (Transitional Case Management)        | 6.14%                               | 458,614  | 643,501      | \$ (435,274)   |  |
| 2                   | HOUSING (Permanent Supportive Housing/Housing for Health Program) | 93.86%                              | 1,351,633  | 2,703,267    | \$ 479,830   |  |
| 5                   | OUTREACH (Linkage and Re-engagement Program and Partner Services) | 0.00%                               |  |              | \$ -   |  |
| 15                  | SUBSTANCE ABUSE TREATMENT - RESIDENTIAL                           | 0.00%                               |  |              | \$ -   |  |
| 9                   | MEDICAL TRANSPORTATION  | 0.00%                               |  |              | \$ -   |  |
| 13                  | FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT                | 0.00%                               |  |              | \$ -   |  |
| 21                  | LEGAL   | 0.00%                               |  |              | \$ -   |  |
|                     | SUB-TOTAL DIRECT SERVICES   | 100%                                | 1,810,247  | 3,346,768    | \$ 44,556  |  |
|                     | ADMINISTRATION (10% of MAI Year 30 award)                         | 376,813                             | 192,582  | 376,813      | \$ -   |  |
|                     | GRAND TOTAL   | \$ 3,768,137                        | \$ 2,002,829                                       | \$ 3,723,581 | \$ 44,556  |  |

The total MAI funding for Year 30 is \$3,768,137 plus \$285,908 from Year 29 approved roll over funding. However, this table only reflects the base award without the carryover funds

#### COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

#### DIVISION OF HIV AND STD PROGRAMS

GRANT YEAR 30 RYAN WHITE PART B FUNDING EXPENDITURES THROUGH MARCH 2021 (as of January 12, 2021 and invoicing through December 202)

| 1        | 2   | 3            | 4            | 5                   | 6                         |
|----------|---|--------------|--------------|---------------------|---------------------------|
|          |   |              |              |                     | VARIANCE                  |
|          |   |              |              | DIDTD               | TOTAL BUDGET              |
|          |   |              | PART B       | PART B<br>FULL YEAR | VS. FULL YR.<br>ESTIMATED |
| PRIORITY |   | PART B       | TOTAL YTD    | ESTIMTED            | EXPENDITURES              |
| RANKING  |   | BUDGET       | EXPENDITURES |                     | (Columns 3-5)             |
| 1        | OUTPATIENT/AMBULATORY MEDICAL CARE                                |              |              |                     | \$ -                      |
| 4        | MEDICAL CASE MGMT SVCS (Medical Care Coordination)                |              |              |                     | \$ -                      |
| 11       | ORAL HEALTH CARE  |              |              |                     | \$ -                      |
| 3        | MENTAL HEALTH   |              |              |                     | \$ -                      |
| 16       | HOME AND COMMUNITY BASED HEALTH SERVICES                          |              |              |                     | \$ -                      |
| 7        | EARLY INTERVENTION SERVICES (HIV Testing Services)                |              |              |                     | \$ -                      |
|          | NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services and      |              |              |                     | \$ -                      |
| 10       | Transitional Case Management)                                     |              |              |                     | Ψ                         |
| 2        | HOUSING (RCFCI, TRCF)   | 3,714,800    | 3,372,409    | 3,714,800           | \$ -                      |
| 5        | OUTREACH (Linkage and Re-engagement Program and Partner Services) |              |              |                     | \$-                       |
| 15       | SUBSTANCE ABUSE TREATMENT- RESIDENTIAL                            | 785,200      | 734,325      | 785,200             | \$-                       |
| 9        | MEDICAL TRANSPORTATION  |              |              |                     | \$ -                      |
| 13       | FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT                |              |              |                     | \$-                       |
| 21       | LEGAL   |              |              |                     | \$ -                      |
|          | SUB-TOTAL DIRECT SERVICES   | \$ 4,500,000 | \$ 4,106,734 | \$ 4,500,000        | \$ -                      |
|          | QUALITY MANAGEMENT  | \$ -         | \$ -         | \$ -                | \$ -                      |
|          | ADMINISTRATION (10% of Part B award)                              | \$ 500,000   | \$ 207,097   | \$ 500,000          | \$ -                      |
|          | GRAND TOTAL   | \$ 5,000,000 | \$ 4,313,831 | \$ 5,000,000        | \$ -                      |

Year 2 State allocation for Part B is \$5,000,000.



### PARADIGMS (Decision-Making)

- <u>Compassion</u>: response to suffering of others that motivates a desire to help
- Equity: allocating levels of investments and commitment that meaningfully address the needs of populations disproportionately impacted by HIV/STIs and social determinants of health

### **OPERATING VALUES**

- Efficiency: accomplishing the desired operational outcomes with the least use of resources
- Quality: the highest level of competence in the decision-making process
- Advocacy: addressing the asymmetrical power relationships of stakeholders in the process
- <u>Representation</u>: ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process

LOS ANGELES COUNTY COMMISSION ON HIV

Planning, Priorities and Allocations (PP&A) Committee

List of Paradigms and Operating Values for Priority and Allocation Setting Process



### TASKS

### **Questions to Consider When Selecting Paradigms and Operating** Values

- Decisions are expected to address overall needs within the service area, not narrow advocacy concerns.
- Services must be culturally appropriate.
- Services should focus on the needs of low-income, underserved and disproportionately impacted populations.
- Equitable access to services should be provided across geographic areas and subpopulations.



## **Paradigms and Operating Values**

### **Paradigms:**

- Represents the ethical perspective from which decisions are made
- A lens through which the decision-making process is approached

### **Operating Values:**

- Represents the codes of conduct
- Values applied to the decision-making process



<u>Absolute Inclusion:</u> No matter how meager the available resources, all community participants will receive a share.

Nuanced Inclusiveness: Guarantees complete participation but may entail differential distribution of resources.

<u>Risk Equalization:</u> Sharing risk across while engaging all participants in efforts to increase resources.

Equality: Equal portions to each or equal cuts



Equity: Allocating levels of investments and commitment that meaningfully address the needs of populations disproportionately impacted by HIV/STIs and social determinants of health

Fairness: Similar cases treated in a similar fashion

<u>Altruism:</u> Volunteering to take a cut or go without

<u>Compassion</u>: Response to suffering of others that motivates a desire to help.

<u>Chance</u>: Fate decides through random choice; let the universe decide



**Coercion:** Enforced decision by authority

Utilitarianism: Greatest good for the greatest number

<u>Rights and Duties:</u> Participation in the community recognizes reciprocal rights and duties

<u>Retributive Justice:</u> Making up for past inequities

**Distributive Justice:** Working toward general equality

Merit: Past or Current Contributions

Market: Ability or willingness to pay



Fidelity: Recognizing and adhering to past commitments

Efficiency: Accomplishing the desired operational outcomes with the least use of resources



## **Operating Values**

<u>Survival</u>: Emphasis on maintaining the existence of the current system of care at all costs

<u>Quality</u>: The highest level of competence in the decisionmaking process

<u>Fidelity:</u> Primary focus on commitments that bind providers and the clients for the duration of need

Beneficence: Assurances to do the most good in the process as possible

Advocacy: Addressing the asymmetrical power relationships of stake holders in the process



## **Operating Values**

<u>Representation</u>: Ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process

<u>Non-Maleficence</u>: Making sure not to make the situation worse

<u>Access</u>: Assuring access to the process for all stakeholders and/or constituencies

Barriers: Primary focus on barriers and disparities of continuum of care

