



## PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

### Virtual Meeting

Tuesday, August 18, 2020

1:00PM-4:00PM (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:

<https://tinyurl.com/y4b3u4za>

*\*Link is for non-Committee members only*

### JOIN VIA WEBEX ON YOUR PHONE:

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Access code: 145 105 3981

## PUBLIC COMMENTS

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

**TUESDAY, August 18, 2020 | 1:00 PM – 4:00 PM**

To Join by Computer: <https://tinyurl.com/y4b3u4za>

Password: Planning

*\*Link is for non-committee members only*

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

Access code: 145 105 3981

Planning, Priorities and Allocations Committee Members:			
Al Ballesteros, Acting Co-Chair	Raquel Cataldo, Co-Chair	Frankie Darling Palacios	Joseph Green
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
<b>QUORUM:</b>	<b>7</b>		

*\*Due to COVID-19, quorum requirement suspended for teleconference meetings per Governor Newsom’s Executive Order N-25-20*

AGENDA POSTED: August 14, 2020

*\*Second Co-Chair seat currently vacant.*

**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 [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

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 [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org), 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**

1:02 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.

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

**IV. REPORTS**

1:10 P.M. – 1:30 P.M.

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

6. **CO-CHAIR REPORT**

1:30 P.M. – 1:40 P.M.

- a. Committee Co-Chair Nominations/Elections (Need 2<sup>nd</sup> Co-chair)

7. **DIVISION OF HIV AND STD PROGRAMS (DHSP)**

1:40 P.M. – 2:40 P.M.

- a. Fiscal Update
- b. Contracts and Procurement Update

- 8. **PRESENTATIONS** 2:40 P.M. – 3:00 P.M.  
Ryan White Part D Data (Services for Women, Infants, Children, and Youth)
  
- 9. **VI. DISCUSSION** 3:00 PM – 3:55 PM.
  - a. State Conflict(s) of Interest
  - b. PY 30, 31 and PY 32 Service Category Prioritization **MOTION #3**
  - c. PY 30, 31 and 32 Allocations Percentages **MOTION #4**
  
- 9. **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 August 18, 2020.

PROPOSED MOTION(s)/ACTION(s):	
<b>MOTION #1:</b>	Approve the Agenda Order, as presented or revised.
<b>MOTION #2:</b>	Approve Meeting Minutes as presented.
<b>MOTION #3:</b>	Approve PY 30, 31 and PY 32 Service Category Prioritization as determined
<b>MOTION #4:</b>	Approve PY 30, 31 and PY 32 Allocations Percentages as determined



LOS ANGELES COUNTY  
COMMISSION ON HIV



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HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> ORG • VIRTUAL WEBEX MEETING

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote. Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request



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

July 21, 2020

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Al Ballesteros, MBA, <i>Acting Co-Chair</i>	Diamante Johnson	Laurie Aronoff	Cheryl Barrit, MPIA
Raquel Cataldo	William King, MD, JD	Anait Arsenyan	Carolyn Echols-Watson, MPA
Frankie Darling Palacios	Anthony Mills, MD	Jane Bowers	Dawn McClendon
Bridget Gordon	Kayla Walker-Heltzel (Alt)	Alasdair Burton	<b>DHSP/DPH STAFF</b>
Karl Halfman, MS		Joseph Green	Angela Castillo
Derek Murray		Shellye Jones	Janet Cuanas
Mario Pérez, MPH		Mariela Magana	Michael Green, PhD, MHSA
Maribel Ulloa		John Mesta	Pamela Ogata, MPH
LaShonda Spencer, MD		Miguel Martinez, MPH, MSW	Wendy Garland, MPH
		Carlos Moreno	Julie Tolentino, MPH
		Katja Nelson, MPP	
		Sona Okuzuzyan	
		Jose Ortiz	
		Maritza Ramirez	
		Natalie Sanchez	
		Paulina Zamudio	

\*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, 07/21/2020
- 2) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 07/21/2020
- 3) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 06/16/2020
- 4) **Table:** List of Commissioner Agency Service Category Conflicts – Updated 07/01/2020
- 5) **PowerPoint:** Ryan White Program year 29 Care utilization Data Summary, 07/21/2020
- 6) **Table:** Sociodemographic and Clinical Characteristics of HIV-Positive (unduplicated) Clients Receiving Ryan White Services by Month in Ryan White Years 29 and 30 (3/1/19-5/31/19 and 3/1/20 – 5/31/20)
- 7) **Table:** Sociodemographic and Clinical Characteristics of HIV-Positive (unduplicated) Clients Receiving Ryan White Services in Ryan White Years 26-29 (3/1/16-2/29/2020) Los Angeles, California
- 8) **Table:** Number of Clients Served and Service Utilization by Service Category Amount HIV Positive Ryan White

- 9) **Table:** Number of Clients Served and Service Utilization by Service Category Among HIV Positive Ryan White (RW) Clients in RW Program YRS 26-29 (3/1/2016-02/29/2020 Los Angeles, California
  - 10) **Report:** Impact of COVID-19 on HIV/STD Prevention, Testing, Treatment Service Providers in Los Angeles County, May 2020, 07/21/2020
  - 11) **Survey:** COVID-19 DHSP Contracted Agency Survey
  - 12) **PowerPoint:** COVID-19: Community Impact Snapshot, 07/21/2020
  - 13) **PowerPoint:** Update on Services for Clients in the Los Angeles County Jail, 07/09/2020
  - 14) **Report:** update on Services for Clients in the Los Angeles County Jail, 07/09/2020
  - 15) **Meeting Summary:** Virtual Meeting – Consumer Caucus – Preparing Consumers for the Ryan White Priority Setting Resources Allocations (PRSA) Process, 07/09/2020
  - 16) **Guide:** RWHAP Part A PC/PB Training Guide/Module 5: Priority Setting and Resource Allocation – Quick Reference handout 5.1: Quick Guide to RWHAP Part A Fundable Service Categories
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**CALL TO ORDER - INTRODUCTIONS - CONFLICTS OF INTEREST:** Ms. Cataldo called the meeting to order at 1:10 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 6/16/2020 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 FUTURE 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

Executive Director, Cheryl Barrit, set the stage for the meeting by reminding the Committee that this is the time of the year that the Commission, under the leadership of the PP&A Committee, engages in the Ryan White Part A priority setting and resource allocation (PSRA) process. Today's meeting is part one of a two-part PSRA process and will focus on hearing data from the Division of HIV and STD Programs (DHSP). A partial meeting packet was emailed to the Committee, but newer slides will be covered in today's meeting. Staff will upload an updated meeting packet on the Commission's website.

The August 18 PP&A Committee meeting will feature a fiscal expenditure report, contracts and other updates from DHSP. The Committee will rank Ryan White service categories and allocate funding for services by percentage. Committee recommendations will be presented to the full body for approval and inclusion in the Part A PY 30 application. Ms. Barrit requested Committee members review DHSP data presentations before the August meeting to ensure a well-informed group discussion.

##### 6. CO-CHAIR REPORT

###### a. Committee Co-Chair Nominations/Elections

Raquel Cataldo opened the floor for Committee co-chair nominations. There were no nominations.

Commissioner Cataldo encouraged members to consider the position and can nominate themselves by submitting their name to staff.

**b. Assess Need for Additional Meeting**

The Committee briefly discussed scheduling an additional meeting to complete the PSRA process. This may be necessary to meet required deliverables for Program Year 31 Part A application due to HRSA in September 2020. A decision was not reached to have an additional meeting.

**7. DIVISION OF HIV AND STD PROGRAMS (DHSP)**

**a. Data Overview of HIV and COVID-19 Landscape**

Michael Green, PhD, introduced the DHSP data as key information to help the Committee in their PSRA deliberations. He noted, service utilization data was expected to change due to COVID-19, however, data indicates no changes in services. Provider and community surveys assessed the impact of COVID-19 at two different time points in the pandemic.

DHSP received notification of an Ending the HIV Epidemic (EHE) related grant from the Centers for Disease Control and Prevention (CDC). The funding amount is approximately \$3M for five years. DHSP will discuss how the funding could provide a range of services. DHSP received a \$1M grant for COVID-19 and HIV under the CARES Act, in addition to the HRSA 5-year EHE grant. The funding for the current Ryan White program year increased approximately \$400,000. Collectively, these funding resources would help support critical services for people living with HIV (PLWH) in the County, potentially increasing investments in some areas.

DHSP continues to have 80% of their staff deployed to COVID-19 activities while meeting DHSP deliverables. HRSA and CDC have given grantees more flexibility on report deadlines and submissions. EHE activities are led by Julie Tolentino.

**b. Program Year (PY) 29 Ryan White Service Utilization Data**

Wendy Garland presented data on Program Years 29 and 30 Ryan White service utilization data and COVID-19 Provider Survey. PY 30 service utilization presentation focused on first quarter data as compared to first quarter of PY 29. The DHSP COVID-19 Provider Survey data provided context for the current pandemic environment. The PowerPoint presentation has corresponding tables included in the meeting packet for Committee review.

The PY 29 and 30 Ryan White Service Utilization presentation generated the following questions and answers.

**Q:** For the homeless numbers, are these unsheltered or sheltered individuals?

**A:** *DHSP does not have this level of specificity in their data collection.*

**Q:** Do you have any ideas why there seems to be a drop in those living at/below 100% FPL in year 28 to year 29?

**A:** *No specific reasons were cited.*

**Q:** You mentioned needing to stratify further- when will we be able to get more stratified utilization categories data by race/ethnicity?

**A: W. Garland noted that DHSP has limited staffing to commit to a specific timeframe when they can provide this information. She recommended starting with the larger service categories such as ambulatory outpatient medical (AOM), oral health and Medical Care Coordination (MCC) as these services would have more clients to respond to the data stratification request. More thought and discussions are warranted to fully understand changes in who is using Ryan White services pre and post COVID-19.**

➡ W. Garland acknowledged that the data presented copious and she is happy to come back to the Committee to answer questions from the group.

**c. COVID-19 DHSP Provider Survey**

W. Garland presented COVID-19 DHSP Provider survey results. A copy of the report is included in the meeting packet and will be posted to the Commission website. The survey surveyed Ryan White contract providers to understand the impact of COVID-19 on service delivery.

The following is summary of the questions and answers that followed Ms. Garland's presentation on the COVID-19 DHSP Provider Survey:

Q: What would be examples of remote patient monitoring? Is this new with the COVID pandemic? So, it's not things like remote monitoring of blood sugar levels for diabetics, for example?

A: **The types telehealth equipment used may vary depending on the health needs of the patient.**

Q: Where can clients be provided a list of what's defined as an emergency? It might be easier to create a definition as to what is defined an emergency since procedures can change and it can vary depending on the provider.

➡ A: **Agencies define what constitutes an emergency for oral health services. Dr. Green noted that staff will investigate the definition of an emergency.**

Q: By any chance, I wonder if they are going to disseminate oximeters too?

A: **DHSP will add oximeters to the list of items to be purchased with new funding. Mario Perez acknowledged that for remote patient monitoring, patients need to be provided tools to monitor their own blood pressure and blood glucose levels. DHSP plans on purchasing blood pressure monitors and glucometers for AOM providers to distribute to their patients. Depending on feedback from medical service providers and consumers on how services are used, this may be a permanent change to Ryan White services.**

**Break**

**d. COVID-19 Community Survey (Note: This presentation took place after the break consensus of the Committee.)**

C. Barrit, Executive Director, and Pamela Ogata presented results from the COVID-19 Community Survey. The Commission's initial survey was the COVID-19 Commissioner Impact Survey. The survey was directed to HIV Commissioners. Respondents identified as unaffiliated consumers were given a \$50 Target gift card to encourage their participation.



The second survey, the COVID-19 Community survey was available in English and Spanish, and was disseminated to the community at large, including HIV negative individuals. The survey was created using Survey Monkey. The survey was promoted via the Commission's e-mail, Facebook, Twitter and Comprehensive Housing Information and Referrals for People Living with HIV/AIDS (CHIRP) tweets. The survey was made available from May 20th thru 31<sup>st</sup> 2020. Respondents verified as eligible received a \$25 Target gift card for their participation.

Over 800 responses were received in the first three days of survey. By the end of the survey over one thousand responses were received.

Upon initial review of survey responses, it was discovered many responses were not legitimate.

- Duplicates responses were received. (Some respondents incomplete and completed surveys.
- Some responses were out of State and County. Non-Los Angeles County (LAC) responses were not applicable for this survey.

Two hundred and seventy-four (274) responses from LAC residents were received. One hundred and ninety-eight (198) of the respondents were PLWH.

The information presented represents responses from 198 HIV positive LAC residents. These respondents are the focus because LAC Ryan White allocations only fund services for people living with HIV in LAC. P. Ogata cautioned that the following results are preliminary. In addition, some of the percentages presented on the PowerPoint presentation may not add up to a 100% due to rounding.

- ➡ It was further noted a more complete report including all survey respondents, whether LAC residents or not, whether PLWH or not will be created and shared later next month.

Demographic characteristics of survey respondents as follow,

**Gender Identity:**

- 75% male
- 25% female
- < 1% non-gender conforming
- < 2% transgender females

**Ethnicity:**

- 37% Latinx  
(12% or 23 respondents completed Spanish language surveys.)
- 30% white
- 22% Black or African American
- 3% Asian or Asian American
- 2% Multi-racial
- 1% American Indian or Alaskan Native
- 2% Did not disclose

**Age:**

48% were 55 years or older

**Education:**

- 64 % some college no degree
- 17% reported a high school diploma or equivalent
- 15% less than high school diploma

**Finances**

- 56% less than \$25,000.
- 75% indicated financial impact due to COVID-19 epidemic
- 23% experienced minimal or no impact
- Some experienced improved financial situations improved because they received a stimulus check and other federal monies, or they were one of the few that were successful in receiving unemployment checks.
- Others received pension, social security or disability income.

(The Federal Poverty Level for one person is was \$12,760.)

**Employment:**

- 89% working or working part time.
- 13% Not working due to lay off/furlough
- 12% Employed but working less than 40 hours
- 24% Disabled
- 11% Retired
- 11% Employed working 40 hours or more

**Respondents Barriers/Issues:**

- Increased costs (masks, disinfectants and other sanitation needs)
- Less income for basic needs such as food, rent, utilities and transportation.
- Increased food costs
- Laid off
- Unable to purchase needed medications
- Self-employed on the verge of losing their business.
- One or more household members have lost their job. Thus, causing a reduction in income.
- Inability to find a job.

**Physician Visits:**

Respondents were asked when they last saw an HIV doctor. This included in person or telemedicine visit(s). The average response was 3 months, with a range of 0 to 3 months.

Sixty percent (60%) reported the COVID-19 epidemic did not impact their ability to get HIV care services or medication.

Forty Percent (40%), experienced appointment cancellations and suspended services. Services suspended included dental, vision, gynecologic screenings, pressure screenings, and colorectal screenings.

Some respondents were frustrated for various reasons which included:

- Pharmacy medication(s) depleted
- Inability to obtain lab work which included viral load testing and/or various screening.
- Some unable to wear mask due to pre-existing breathing issues.
- Some respondents were concerned about going out, to pick up medications, fearful that they might contract COVID-19.

**Healthcare Utilization:**

Respondents were asked what services they used in the past three months and whether the services were received in person or by some mode of telehealth. The survey listed 30 services.

The top ten services sighted in the survey were as follows: outpatient medical, social support, mental health, peer support, health insurance and benefits case management, referral services and nutritional support.

The top ten services not used by survey response were as follows: substance abuse, inpatient care, syringe exchange, substance abuse treatment, prepping, language services, harm reduction, legal, outreach, transitional case management and residential care facilities.

**Accessed services:**

- 48% received HIV medication in person
- 54% received mental health services.
- 45% had health insurance
- 47% received case management services
- 48% received referral services
- 44% of respondents received nutritional support services

Services were accessed in person, by phone, video, PC, tablet.

**Access to Technology:**

- 46% had Internet access
- 20% had access to computers without a camera
- 54% had access to a computer with a camera
- 6% had access to an antiquated flip phone
- 94% had access to smartphones

It was noted the survey was web based, but all respondents did not have access to the internet. Several surveys came from the same IP address. This usually means that the survey was generated from one computer. This could indicate a public or communal computer.

### Telehealth Satisfaction

The survey captured respondent's satisfaction with telehealth services.

- 54% very satisfied
- 24% don't use telehealth services.

Included in satisfaction is the comfort level of the respondent:

- 23% very adept at using telehealth
- 39% a good command
- 38% fair

Several respondents were frustrated trying to access services via phone. Live person assistance was limited.

It was suggested, technical assistance programs may be needed to increase users' comfort.

No gender difference was identified.

### Ethnicity:

- 47% of Latinx reported poor or fair comfort level with telehealth
- 32% of Black/African Americans reported poor or fair comfort levels with telehealth
- 25% of Whites reported poor comfort with telehealth
- 75% of Whites were very comfortable using telehealth
- Youth age 24 or younger were very comfortable using telehealth services
- 57% of Spanish language survey respondents indicated poor to fair comfort level

This survey identified other services for which respondent needed:

- 1% need each for childcare.  
(“stay at home orders” instituted during the time the surveyed was administered. This could have reduced the need for childcare services.)
- 16% medication needs
- 25% housing needs
- 25% utility assistance
- 30% rental assistance
- 31% mental health services and support
- 43% food assistance
- 50% needed masks, hand sanitizers, gloves, cleaning supplies and/or disinfectants
- Dental care
- Free transportation services

Specialty medical services needed included urologist, dermatologist, ophthalmologist or ophthalmologist, gynecologist and acupuncture.

Other unmet needs included toilet paper, twelve step meetings, COVID-19 testing, jobs, employment services, gas cards, assistance in Spanish language, assistance with pet care and money.

Emotional issues identified from survey respondents include:

- anxiety,
- depression,
- isolation, loneliness  
(Many feeling isolated or loneliness due to lack of contact with family, especially those with families in other countries.)
- fearful
  - PLWH respondents fear contracting COVID-19 due to a compromised immune system
  - Fears of going to buy food
  - A lack of funds to purchase food
- Frustration with government response included:
  - Non receipt of unemployment benefits
  - A lack of information on how to adjust to the changing environment. (More information is needed on the intersectionality of HIV and COVID-19.)
  - Confusion about the messaging regarding COVID-19. One responded stated “truth not lies”.
  - Concern over accuracy of the COVID-19 testing.
- Respondents were concerned that HIV resources may change due to COVID-19

#### **Social Distancing Impact:**

The survey attempted to collect data on respondent’s ability to connect with others

- 2/3rds of the respondents stated that social distancing requirements have impacted their ability to connect with others or get needed peer support.

#### **Tested Positive for COVID-19:**

Respondents were asked if they tested positive for COVID-19:

- 3% self-reported testing positive

#### **e. PY 30 Ryan White Service Utilization Data**

The presentation of this information was included in the presentation of PY 29 Ryan White Service Utilization Data.

### **8. VI. NEXT STEPS**

**a. TASK/ASSIGNMENTS RECAP:** The Executive Director encouraged Committee members to review the materials presented today. Staff will send an updated link to the Commission website with all additional information reviewed in the meeting today. Supplemental handouts from DHSP presentations will be posted to the Commission website as well. If Committee or community members have questions or public comment on today’s presentation they can submit them to [cbarrit@lachiv.org](mailto:cbarrit@lachiv.org) or [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

#### **b. AGENDA DEVELOPMENT FOR NEXT MEETING:**

DHSP will provide financial and contract updates at the August 18, 2020 meeting. Motions will be included for the approval of revised PY 30, 31, & 32 Allocations Percentages and Service Category rankings.

**9. VII. ANNOUNCEMENTS**

- a. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** No announcements

**10. VIII. ADJOURNMENT**

- a. **ADJOURNMENT:** The meeting adjourned at 4:00 pm.



## **CODE OF CONDUCT**

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

**All participants and stakeholders should adhere to the following:**

- 1) We strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**



### COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/01/20

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	UCLA/MLKCH	HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
			HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services



COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HCT - Mobile Testing Unit
			HCT - Storefront
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Substance Abuse, Transitional Housing meth)
			Transitional Case Management-Jails
			Benefits Specialty (SPA 1)
			Medical Transportation (SPA 1)
			Oral Healthcare Services (SPA1)
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HCT - Routine Testing
			HCT - Storefront
			Health Education/Reduction Risk
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			STD Screening, Diagnosis and Treatment
			Promoting Healthcare Engagement Among Vulnerable Populations
DAVIES	Erika	City of Pasadena	HCT - Storefront
FOX	Aaron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HCT - Routine Testing, Storefront
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			STD Screening, Diagnosis and Treatment
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HCT - Storefront
			Mental Health
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
JOHNSON	Diamante	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	Benefits Specialty
			HCT - Storefront & MTU
			Ambulatory Outpatient Medical (AOM)
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			HCT-Storefront, Mobile Testing Unit
			Mental Health
			Medical Subspecialty
			Oral Healthcare Services
			HIV and STD Prevention Services in Long Beach
STD-Screening, Diagnosis, & Treatment			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HCT-Storefront
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HCT - Storefront
			Health Education/Risk Reduction (HERR)
			Health Education/Risk Reduction (HERR), Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
PEÑA	Raphael	Unaffiliated consumer	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Mental Health, Psychotherapy
			Benefits Specialty
			Mental Health, Psychiatry
			Oral Health
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
ROGEL	Nestor	Alta Med	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HCT Mobile Testing
			HIV Biomedical Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Promoting Healthcare Engagement Among Vulnerable Populations
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Mental Health
SAN AGUSTIN	Harold	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
SPENCER	LaShonda	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



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:**

<b>Felipe Gonzalez (Co-Chair)</b>	<b>Carlos Moreno (Co-Chair)</b>	
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 meetingsStrategies 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.



		RW Service Allocation Descriptions			FY 2020 (PY 30)			FY 2021 (PY 31)			FY 2022 (PY 32)		
PY 30	Priority #	Service Category	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI %		
	1	Outpatient/Ambulatory Health Services (1)	30.77%	0.0%	28.29%	0.0%	0.0%	28.3%	0.0%	0.0%	28.30%		
NP		AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
26		AIDS Pharmaceutical Assistance (local)	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
11		Oral Health (2)	20.72%	0.0%	19.05%	0.0%	0.0%	12.0%	0.0%	0.0%	12.00%		
7		Early Intervention Services (3)	1.36%	0.0%	1.25%	0.0%	0.0%	1.3%	0.0%	0.0%	1.25%		
20		Health Insurance Premium & Cost Sharing Assistance (4)	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
17		Home Health Care (5)	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
16		Home and Community Based Health Services (6)	6.43%	0.0%	5.91%	0.0%	0.0%	5.9%	0.0%	0.0%	5.91%		
27		Hospice Services	0.00%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
3		Mental Health Services (7)	0.00%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
23		Medical Nutritional Therapy	0.06%	0.0%	0.05%	0.0%	0.0%	0.05%	0.0%	0.0%	0.05%		
4		Medical Case Management (MCC) (8)	28.79%	8.68%	27.17%	0.0%	0.0%	25.6%	0.0%	0.0%	25.60%		
18		Substance Abuse Services Outpatient (9)	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
10		Case Management (Non-Medical) BSS/TCM/CM for new positives/RW clients (10)	3.74%	28.96%	5.77%	0.0%	0.0%	8.6%	0.0%	0.0%	8.60%		
14		Child Care Services (11)	0.00%	0.0%	0.00%	0.0%	0.0%	1.0%	0.0%	0.0%	1.00%		
8		Emergency Financial Assistance (12)	0.00%	0.0%	0.00%	0.0%	0.0%	2.5%	0.0%	0.0%	2.50%		
13		Food Bank/Home-delivered Meals (13)	5.73%	0.0%	5.27%	0.0%	0.0%	5.3%	0.0%	0.0%	5.27%		
6		Health Education/Risk Reduction (14)	0.00%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
2		Housing Services RCFI/TRCF/Rental Subsidies with CM (15)	0.00%	62.4%	5.02%	0.0%	0.0%	5.0%	0.0%	0.0%	5.00%		
21		Legal Services (16)	0.75%	0.0%	0.69%	0.0%	0.0%	1.0%	0.0%	0.0%	1.00%		
22		Linguistic Services	0.00%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
9		Medical Transportation (17)	1.66%	0.0%	1.52%	0.0%	0.0%	1.52%	0.0%	0.0%	1.52%		
5		Outreach Services (LRP) (18)	0.00%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
12		Psychosocial Support Services (19)	0.00%	0.0%	0.00%	0.0%	0.0%	2.0%	0.0%	0.0%	2.00%		
19		Referral (20)	0.00%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
24		Rehabilitation	0.00%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
25		Respite Care	0.00%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
15		Substance Abuse Residential	0.00%	0.0%	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%		
		<b>Overall Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.00%</b>		

**Notes:**  
 NP - No priority given  
 PY 31 & 32 allocation percentages are shown in sum total, not by specific funding source.

- Footnotes:**
- (1) - In PY 31 & 32 Ambulatory Outpatient Medical Services is ranked #2.
  - (2) - In PY 31 & 32 Oral Health is ranked #12
  - (3) - In PY 31 & 32 Early Intervention Services is ranked #9
  - (4) - In PY 31 & 32 Health Insurance Premium/Cost Sharing is ranked #21
  - (5) - In PY 31 & 32 Home Health Care is ranked #19
  - (6) - In PY 31 & 32 Home Based Case Management is ranked #18.
  - (7) - In PY 31 & 32 Mental Health Services is ranked #7.
  - (8) - In PY 31 & 32 Medical Care Coordination (MCC) is ranked #6.
  - (9) - In PY 31 & 32 Substance Abuse Outpatient is ranked #16.
  - (10) - In PY 31 & 32 Non-Medical Case Management is ranked #3.
  - (11) - In PY 31 & 32 Child Care Service is ranked # 13.
  - (12) - In PY 31 & 32 Emergency Financial Assistance is ranked #4.
  - (13) - In PY 31 & 32 Nutrition Support (Food Bank/Home Delivered Meals) is ranked 11.
  - (14) - In PY 31 & 32 Health Education/Risk Reduction is ranked #17.
  - (15) - In PY 31 & 32 Housing is ranked #1.
  - (16) - In PY 31 & 32 Legal Services (Other Professional Services) is ranked #14.
  - (17) - In PY 31 & 32 Medical Transportation is ranked #8.
  - (18) - In PY 31 & 32 Outreach Services (LRP) is ranked #10.
  - (19) - In PY 31 & 32 Psychosocial Support Services is ranked #5.
  - (20) - In PY 31 & 32 Referral is ranked #20.



**Planning, Priorities and Allocations Committee  
Service Category Rankings Worksheet**

Approved PY 30	PY 31	PY 32	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1	2	2	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
			Medical Subspecialty Services		
			Therapeutic Monitoring Program		
2	1	1	Housing	S	Housing
			Permanent Support Housing		
			Transitional Housing		
			Emergency Shelters		
			Transitional Residential Care Facilities (TRCF)		
			Residential Care Facilities for the Chronically III (RCFCI)		
3	7	7	Mental Health Services	C	Mental Health Services
			MH, Psychiatry		
			MH, Psychotherapy		
4	6	6	Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
5	10	10	Outreach Services	S	Outreach Services
			Engaged/Retained in Care		
6	17	17	Health Education/Risk Reduction	S	Health Education/Risk Reduction
7	9	9	Early Intervention Services	C	Early Intervention Services

Commission on HIV (COH) Service Categories				HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
Approved PY 30	PY 31	PY 32			
8	4	4	Emergency Financial Assistance	S	Emergency Financial Assistance
9	8	8	Medical Transportation	S	Medical Transportation
10	3	3	Non-Medical Case Management	S	Non-Medical Case Management Services
			Linkage Case Management		
			Benefit Specialty		
			Benefits Navigation		
			Transitional Case Management		
			Housing Case Management		
11	12	12	Oral Health Services	C	Oral Health Care
12	5	5	Psychosocial Support Services	S	Psychosocial Support Services
13	11	11	Nutrition Support	S	Food Bank/Home Delivered Meals
14	13	13	Child Care Services	S	Child Care Services
15	15	15	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
16	18	18	Home Based Case Management	C	Home and Community Based Health Services
17	19	19	Home Health Care	C	Home Health Care
18	16	16	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
19	20	20	Referral	S	Referral for Health Care and Support Services

Approved				Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
PY 30	PY 31	PY 32				
20	21	21	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals	
21	14	14	Other Professional Services	S	Other Professional Services	
			Legal Services			
			Permanency Planning			
22	22	22	Language	S	Linguistics Services	
23	23	23	Medical Nutrition Therapy	C	Medical Nutrition Therapy	
24	24	24	Rehabilitation Services	S	Rehabilitation Services	
25	25	25	Respite	S	Respite Care	
26	26	26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance	
27	27	27	Hospice	C	Hospice	

Service Category		YR 29 (2019) Allocations		YR 29 (2019) Final Expenditures	
		Part A	MAI	Part A	MAI
CORE SERVICES	Outpatient/Ambulatory Outpatient (AOM)	\$ 9,810,822	\$ -	\$ 9,633,451	\$ -
	Oral Health	\$ 6,300,000	\$ -	\$ 5,821,872	\$ -
	Early Intervention Services (EIS)	\$ 500,000	\$ -	\$ 1,088,738	\$ -
	Mental Health	\$ 300,000	\$ -	\$ 297,720	\$ -
	Home and Community Based Health Services	\$ 2,390,352	\$ -	\$ 2,581,793	\$ -
	Medical Nutritional Therapy	\$ 21,000	\$ -	\$ -	\$ -
	Medical Case Management/ Medical Care Coordination (MCC)	\$ 10,569,206	\$ -	\$ 8,888,809	\$ 2,042,205
SUPPORT SERVICES	Non-medical Case Management	\$ 1,753,458	\$ 752,024	\$ 1,564,020	\$ 830,408
	Nutritional Support and Home Delivered Meals	\$ 1,299,557	\$ -	\$ 2,117,073	\$ -
	Housing	\$ 500,000	\$ 1,455,000	\$ 1,042,161	\$ 2,238,934
	Legal Services	\$ 137,436	\$ -	\$ 115,567	\$ -
	Linguistic Services	\$ 17,976	\$ -	\$ -	\$ -
	Medical Transportation	\$ 1,148,938	\$ -	\$ 643,950	\$ -
	Outreach	\$ -	\$ 1,000,000	\$ 1,193,902	\$ -
	<b>Direct Services Total</b>	<b>\$ 34,748,745</b>	<b>\$ 3,207,024</b>	<b>\$ 34,989,056</b>	<b>\$ 5,111,547</b>
	CQM			\$ 1,375,912	\$ -
	Administration			\$ 4,040,551	\$ 356,336
	<b>Total</b>			<b>\$ 40,405,519</b>	<b>\$ 5,467,883</b>
	<b>Carryover</b>	\$ -		\$ -	

Notes: Final MAI includes \$2.1 in Carryover

	Service Category	YR 29 (2019) Expenditures		YR 30 (2020) Application Allocations		YR 30 (2020) Revised Allocations	
		Part A	MAI	Part A	MAI	Part A	MAI
CORE SERVICES	Outpatient/Ambulatory Outpatient (AOM)	\$ 9,633,451	\$ -	\$ 11,274,409	\$ -	\$ 9,615,367	\$ -
	Oral Health	\$ 5,821,872	\$ -	\$ 7,592,236	\$ -	\$ 4,977,338	\$ -
	Early Intervention Services (EIS)	\$ 1,088,738	\$ -	\$ 500,000	\$ -	\$ 210,000	\$ -
	Mental Health	\$ 297,720	\$ -	\$ -	\$ -	\$ 212,441	\$ -
	Home and Community Based Health Services	\$ 2,581,793	\$ -	\$ 2,355,345	\$ -	\$ 2,355,345	\$ -
	Medical Nutritional Therapy	\$ -	\$ -	\$ 21,000	\$ -	\$ -	\$ -
	Medical Case Management/ Medical Care Coordination (MCC)	\$ 8,888,809	\$ 2,042,205	\$ 10,547,194	\$ 278,397	\$ 10,547,194	\$ -
	AIDS Drug Assistance Program (ADAP) Treatments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	AIDS Pharmaceutical Assistance (local)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Health Insurance Premium and Cost Sharing Assistance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Home Health Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Hospice Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Substance Abuse Services Outpatient	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	SUPPORT SERVICES	Non-medical Case Management	\$ 1,564,020	\$ 830,408	\$ 1,368,850	\$ 928,627	\$ 2,089,247
Nutritional Support and Home Delivered Meals		\$ 2,117,073	\$ -	\$ 2,098,496	\$ -	\$ 2,098,496	\$ -
Housing		\$ 1,042,161	\$ 2,238,934	\$ -	\$ 2,000,000	\$ 500,000	\$ 3,183,094
Legal Services		\$ 115,567	\$ -	\$ 274,872	\$ -	\$ 57,784	\$ -
Linguistic Services		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical Transportation		\$ 643,950	\$ -	\$ 607,006	\$ -	\$ 668,016	\$ -
Outreach		\$ 1,193,902	\$ -	\$ -	\$ -	\$ 1,966,044	\$ -
Child Care Services		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Education/Risk Reduction		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychosocial Support Services		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Respite Care		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Substance Abuse Residential		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
		<b>Direct Services Total</b>	\$ 34,989,056	\$ 5,111,547	\$ 36,639,408	\$ 3,207,024	\$ 35,297,272
	CQM	\$ 1,375,912	\$ -	\$ 1,704,159	\$ -	\$ 1,217,150	\$ -
	Administration	\$ 4,040,551	\$ 356,336	\$ 4,260,396	\$ 356,336	\$ 4,057,158	\$ 376,813
	<b>Total</b>	\$ 40,405,519	\$ 5,467,883	\$ 42,603,963	\$ 3,563,360	\$ 40,571,580	\$ 3,768,137
	<i>Carryover</i>	\$ -					

- Notes
- 1.EFA, PPE, food and nutrition, and other items and services will be covered by other funding sources (HRSA CARES, CDC, HRSA EHE etc.)
  2. YR 30 (2020) does not include the \$285,908 in MAI Carryover

Service Category		YR 30 (2020) Application		YR 30 (2020) Revised	
		Part A	MAI	Part A	MAI
CORE SERVICES	Outpatient/Ambulatory Outpatient (AOM)	30.77%	0.00%	27.24%	0.00%
	Oral Health	20.72%	0.00%	14.10%	0.00%
	Early Intervention Services (EIS)	1.36%	0.00%	0.59%	0.00%
	Mental Health	0.00%	0.00%	0.60%	0.00%
	Home and Community Based Health Services	6.43%	0.00%	6.67%	0.00%
	Medical Nutritional Therapy	0.06%	0.00%	0.00%	0.00%
	AIDS Drug Assistance Program (ADAP)				
	Treatments	0.00%	0.00%	0.00%	0.00%
	AIDS Pharmaceutical Assistance	0.00%	0.00%	0.00%	0.00%
	Health Insurance Premiums and Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%
	Home Health Care	0.00%	0.00%	0.00%	0.00%
	Hospice Services	0.00%	0.00%	0.00%	0.00%
	Substance Abuse Services Outpatient	0.00%	0.00%	0.00%	0.00%
	Medical Case Management/ Medical Care Coordination (MCC)	28.79%	8.68%	29.88%	0.00%
	SUPPORT SERVICES	Non-medical Case Management	3.74%	28.96%	5.92%
Nutritional Support and Home Delivered Meals		5.73%	0.00%	5.95%	0.00%
Housing		0.00%	62.36%	1.42%	93.86%
Legal Services		0.75%	0.00%	0.16%	0.00%
Linguistic Services		0.00%	0.00%	0.00%	0.00%
Medical Transportation		1.66%	0.00%	1.89%	0.00%
Child Care Services		0.00%	0.00%	0.00%	0.00%
Health Education/Risk Reduction		0.00%	0.00%	0.00%	0.00%
Psychosocial Support Services		0.00%	0.00%	0.00%	0.00%
Respite Care		0.00%	0.00%	0.00%	0.00%
Substance Abuse Residential		0.00%	0.00%	0.00%	0.00%
Outreach	0.00%	0.00%	5.57%	0.00%	
<b>Direct Services Total</b>		<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

	Service Category	YR 30 (2020) Revised Allocations		YR 31 (2021) Proposed Allocations	
		Part A	MAI	Part A	MAI
CORE SERVICES	Outpatient/Ambulatory Outpatient (AOM)	\$ 9,615,367	\$ -	\$ 10,102,195	\$ -
	Oral Health	\$ 4,977,338	\$ -	\$ 5,226,205	\$ -
	Early Intervention Services (EIS)	\$ 210,000	\$ -	\$ 220,500	\$ -
	Mental Health	\$ 212,441	\$ -	\$ 223,063	\$ -
	Home and Community Based Health Services	\$ 2,355,345	\$ -	\$ 2,473,112	\$ -
	Medical Nutritional Therapy	\$ -	\$ -	\$ -	\$ -
	AIDS Drug Assistance Program (ADAP)				
	Treatment	\$ -	\$ -	\$ -	\$ -
	AIDS Pharmaceutical Assistance (local)	\$ -	\$ -	\$ -	\$ -
	Health Insurance Premium and Cost Sharing				
	Assistance	\$ -	\$ -	\$ -	\$ -
	Home Health Care	\$ -	\$ -	\$ -	\$ -
	Hospice Services	\$ -	\$ -	\$ -	\$ -
	Substance Abuse Services Outpatient	\$ -	\$ -	\$ -	\$ -
Medical Case Management/ Medical Care Coordination (MCC)	\$ 10,547,194	\$ -	\$ 11,074,554	\$ -	
SUPPORT SERVICES	Non-medical Case Management	\$ 2,089,247	\$ 208,230	\$ 2,193,709	\$ 374,624
	Nutritional Support and Home Delivered Meal	\$ 2,098,496	\$ -	\$ 2,203,421	\$ -
	Housing	\$ 500,000	\$ 3,183,094	\$ 579,798	\$ 3,183,094
	Legal Services	\$ 57,784	\$ -	\$ 60,673	\$ -
	Linguistic Services	\$ -	\$ -	\$ -	\$ -
	Medical Transportation	\$ 668,016	\$ -	\$ 701,417	\$ -
	Child Care Services	\$ -	\$ -	\$ -	\$ -
	Health Education/Risk Reduction	\$ -	\$ -	\$ -	\$ -
	Psychosocial Support Services	\$ -	\$ -	\$ -	\$ -
	Respite Care	\$ -	\$ -	\$ -	\$ -
	Substance Abuse Residential	\$ -	\$ -	\$ -	\$ -
Outreach	\$ 1,966,044	\$ -	\$ 2,064,346	\$ -	
	<b>Direct Services Total</b>	\$ 35,297,272	\$ 3,391,324	\$ 37,122,993	\$ 3,557,718
	CQM	\$ 1,217,150	\$ -	\$ 1,217,150	\$ -
	Administration	\$ 4,057,158	\$ 376,813	\$ 4,260,015	\$ 395,302
	<b>Total</b>	\$ 40,571,580	\$ 3,768,137	\$ 42,600,158	\$ 3,953,020

**Targets                      \$    42,600,158                      3953020 \$                      46,553,178**

**Note**                      **EFA, PPE, food and nutrition, and other items and services will be covered by other funding sources (HRSA CARES, CDC, HRSA EHE etc.)**



Service Category		YR 31 (2021) Proposed Allocations	
		Part A	MAI
CORE SERVICES	Outpatient/Ambulatory Outpatient (AOM)	27.21%	0.00%
	Oral Health	13.04%	0.00%
	Early Intervention Services (EIS)	0.59%	0.00%
	Mental Health	0.60%	0.00%
	Home and Community Based Health Services	6.70%	0.00%
	Medical Nutritional Therapy	0.00%	0.00%
	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%
	AIDS Pharmaceutical Assistance (local)	0.00%	0.00%
	Health Insurance Premium and Cost Sharing Assistance	0.00%	0.00%
	Home Health Care	0.00%	0.00%
	Hospice Services	0.00%	0.00%
	Substance Abuse Services Outpatient	0.00%	0.00%
	Medical Case Management/		
	Medical Care Coordination (MCC)	29.83%	0.00%
	SUPPORT SERVICES	Non-medical Case Management	5.91%
Nutritional Support and Home Delivered Meals		5.94%	0.00%
Housing		1.56%	89.47%
Legal Services		0.16%	0.00%
Linguistic Services		0.00%	0.00%
Medical Transportation		1.89%	0.00%
Child Care Services		1.00%	0.00%
Health Education/Risk Reduction		0.00%	0.00%
Psychosocial Support Services		0.00%	0.00%
Respite Care		0.00%	0.00%
Substance Abuse Residential		0.00%	0.00%
Outreach	5.56%	0.00%	
<b>Direct Services Total</b>		<b>100.00%</b>	<b>100.00%</b>

## Continuum Outcomes among Women by Race PY 29

### MCA & LAFAN

N= 534	Engaged in Care		Retained in Care		Viral Load Suppression	
Asian	11	100.0%	9	81.8%	11	100.0%
African American	151	98.1%	124	80.5%	122	79.2%
Latina	349	99.1%	305	86.6%	301	85.5%
NWPI	0	-	0	-	0	-
White	12	92.3%	12	92.3%	9	69.2%
Other	4	100.0%	4	100.0%	4	100.0%
<b>Total Women</b>	<b>527</b>	<b>98.7%</b>	<b>454</b>	<b>85.0%</b>	<b>447</b>	<b>83.7%</b>

*Engagement in Care defined as 1 ≥ viral load, CD4 or genotype test reported in the 12 month period*

*Retention in care defined as 2 ≥ primary care visits >30 days apart in the 12 month period*

*Viral suppression defined as most recent viral load test <200 copies/mL in the 12 month period*

Program Year 29  
3/1/2019-2/29/2020

MCA & LAFAN Total Encounters by Service Type	Virally Suppressed (N=447, 84%)		Virally Unsuppressed (N=82, 15%)		Race								Total			
					Asian	AA/Black	Latina	White	Other							
Outpatient/Ambulatory Health Services	446	99.8%	79	96.3%	11	100%	151	100%	345	98.80%	12	100%	4	100.0%	523	97.9%
Mental Health Services	90	20.1%	16	19.5%	0	0	22	14.50%	82	23.50%	2	16.60%	0	0.0%	106	19.9%
Medical Case Management	219	48.9%	41	50.0%	6	54.50%	69	45.70%	179	51.20%	6	50%	0	0.0%	260	48.7%
Medical Nutritional Therapy	232	51.9%	31	37.8%	6	54.50%	75	49.70%	173	49.50%	9	75%	3	75.0%	266	49.8%
Non-Medical Case Management	283	63.3%	49	59.8%	5	45.40%	99	65.50%	218	62.40%	10	83.30%	0	0.0%	332	62.2%
Child Care Services	0	0.0%	0	0.0%	0	0	0	0	0	0	0	0	0	0.0%	0	0.0%
Health Education/Risk Reduction	375	83.9%	71	86.6%	11	100%	125	82.80%	297	85.10%	12	100%	0	0.0%	455	85.2%
Medical Transportation	96	21.3%	24	29.3%	1	9%	37	24.50%	78	22.30%	7	58.30%	1	25.0%	124	23.2%
Outreach Services	97	21.7%	28	34.1%	3	27.30%	25	16.50%	95	27.20%	2	16.60%	0	0.0%	125	23.4%
Psychosocial Support Services	298	66.7%	54	65.9%	7	63.60%	86	56.90%	243	69.60%	7	58.30%	0	0.0%	343	64.2%
Food Bank/ Food Delivered Meals	24	5.4%	4	4.9%	0	0	12	7.90%	15	4.20%	2	16.60%	0	0.0%	29	5.4%