



PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE Virtual Meeting Tuesday, November 17, 2020 1:00PM-3:00PM (PST)

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

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

TUESDAY, November 17, 2020 | 1:00 PM – 3:00 PM

To Join by Computer: <https://tinyurl.com/y2wbepwk>

**Link is for non-committee members only*

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

Access code: 145 160 2391

Planning, Priorities and Allocations Committee Members:			
Al Ballesteros, Acting Co-Chair	Raquel Cataldo, Co-Chair	Everardo Alvizo	Frankie Darling Palacios
Kevin Donnelly	Joseph Green	Karl T. Halfman	Diamante Johnson (Alt. Kayla Walker- Heltzel)
William King, MD, JD	Miguel Martinez, MPH, MSW	Anthony M. Mills, MD	Derek Murray
LaShonda Spencer, MD	Maribel Ulloa	DHSP Staff	
QUORUM:	8		

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

AGENDA POSTED November 13, 2020

**Second Co-Chair seat currently vacant.*

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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

- a. December 15, 2020 Meeting
- b. Committee and Caucus Updates

6. CO-CHAIR REPORT

1:30 P.M. – 1:40 P.M.

- a. Committee Co-Chair Nominations/Elections
- b. Planning Services and Resource Allocations (PRSA) Training Update

7. DISCUSSION

1:40 P.M. – 2:10 P.M.

- a. Prevention Planning

- 8. **DIVISION OF HIV AND STD PROGRAMS (DHSP)** 2:10 P.M. – 2:55 P.M.
 - a. Fiscal Update (All Grants)
 - b. Programmatic, Contracts and Procurement Update (All Grants)

- 9. **VI. NEXT STEPS** 2:55 P.M. – 2:58 P.M.
 - a. Task/Assignments Recap
 - b. Agenda Development for the Next Meeting

- 10. **VII. ANNOUNCEMENTS** 2:58 P.M. – 3:00 P.M.
 - a. Opportunity for Members of the Public and the Committee to Make Announcements

- 11. **VIII. ADJOURNMENT** 3:00 P.M.
 - a . Adjournment for the Meeting of November 17, 2020.

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



LOS ANGELES COUNTY
COMMISSION ON HIV



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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**

October 20, 2020

PP&A MEMBERS PRESENT	PP&A MEMBERS ABSENT	PUBLIC	COMM STAFF/CONSULTANTS
Raquel Cataldo, <i>Co-Chair</i>	Al Ballesteros, MBA, <i>Acting Co-Chair</i>	Luckie Alexander	Cheryl Barrit, MPIA
Frankie DarlingPalacios		Ursula Arndt	Carolyn Echols-Watson, MPA
Kevin Donnelly	Stephanie Cipres, MPH	Alasdair Burton	Jane Nachazel
Bridget Gordon	Karl Halfman, MS	Leopoldo Cabral	Sonja Wright, MS, Lac
Joseph Green	Diamante Johnson	Geneviève Clavreul, RN, PhD	
Miguel Martinez, MPH, MSW	Kayla Walker-Heltzel	Pamela Coffey	DHSP/DPH STAFF
Derek Murray	William King, MD, JD	David Hardy	Jane Bowers, MPH
Mario Pérez, MPH	Anthony Mills, MD	Ryan Ito	Pamela Ogata, MPH
Maribel Ulloa	LaShonda Spencer, MD	Paul Nash, CPsychol AFBPs FHEA	
		Katja Nelson, MPP	
		LCDR Jose Antonio Ortiz, MPH	
		Angela Peavy	
		Rebecca Ronquillo	

*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, 10/20/2020
- 2) **Agenda:** Planning, Priorities & Allocations Committee Meeting Agenda, 10/20/2020
- 3) **Minutes:** Planning, Priorities & Allocations (PP&A) Committee Meeting Minutes, 9/15/2020
- 4) **Policy/Procedure:** #06.1000: Bylaws of the Los Angeles County Commission on HIV, 2/9/2012
- 5) **Code of Ordinances:** Title 3 – Advisory Commissions and Committees – Chapter 3.29 Commission on HIV
- 6) **Letter:** Request for Information: Developing an STI Federal Action Plan, 6/3/2019
- 7) **Public Comment:** STD Strategic Plan Draft: Public Comment Feedback from Los Angeles County DPH
- 8) **PowerPoint:** Your Neighborhood...Your Future: Housing and Community Development Federal Grant Funds 2021-2022, Consolidated Plan, 10/20/2020

CALL TO ORDER - INTRODUCTIONS - CONFLICT OF INTEREST: Ms. Cataldo called the meeting to order at 1:08 am.

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 9/15/2020 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

a. Committee, Task Force, and Caucus Update

- **Operations:** Work continues to fill vacancies and schedule additional interviews. Pairing people interested in the Mentorship Program has begun with orientation planned for November. An Application Work Group was working to make forms user friendly and less intimidating. Ms. Barrit thanked Mr. Green and Juan Preciado for their leadership.
- **Public Policy:** Richard Zaldivar, Founder and Executive Director, The Wall Las Memorias, will present at the next meeting on efforts pertaining to HIV and methamphetamine and how the Commission might collaborate.
- **Standards and Best Practices:** The Universal Standards of Care (SOC) was being updated, mainly to include telehealth. Finalization of the Child Care SOC has been postponed pending feedback from focus groups being hosted with DHSP.
- **Consumer Caucus:** Meeting mini-trainings continue on the Priorities Setting and Resource Allocation (PSRA) process.
- i. Draft Aging Task Force Recommendations:** Recommendations were drafted and will be further refined on 10/26/2020.
- b. Holiday Meeting Schedule:** The next regularly scheduled meetings are 11/17/2020 and 12/15/2020. As they are the week before the respective holidays, PP&A typically continues to meet and uses the time for PSRA process review.
- c. HIV and Sexually Transmitted Disease (STD) Prevention Planning Process**
 - Ms. Barrit suggested, and the body agreed, to focus on better integrating prevention planning into the PSRA process and, perhaps, standing up a small group to draft initial recommendations.
 - The Commission on HIV Bylaws and Ordinance Chapter pertaining to it were in the packet with sections on the charge to address prevention, care, and HIV and STD planning highlighted in yellow.
 - ➡ Luckie Alexander and Miguel Martinez volunteered to draft initial prevention recommendations for discussion. Maribel Ulloa will also join if time permits. Ms. Barrit will schedule a meeting.

6. CO-CHAIR REPORT

a. Committee Co-Chair Nominations/Elections (Need for second Co-Chair)

- Ms. Cataldo asked for nominations to replace Acting Co-Chair Ballesteros. He has offered to assist a new person.
- ➡ Nominations may be submitted to staff at any time.

b. New Committee Members Introduction and Welcome

- Ms. Cataldo welcomed Kevin Donnelly's return to service on the Commission and appointment to PP&A.
- Stephanie Cipres, MPH was also newly appointed to PP&A and is new to the Commission.

c. Co-Chair Update on Public Comment Regarding Consumer Caucus Participation

in the Priority Setting and Resource Allocation (PSRA) Process: Ms. Cataldo will present at the next Consumer Caucus in response to feedback that they felt they had insufficient understanding of the process to make informed decisions.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP)

a. Programmatic and Fiscal Update

- Mr. Pérez noted terms of the different grants discussed vary slightly. The term of the largest grant, Ryan White Part A, runs from March 1st through the end of February. DHSP usually has a good sense by now of spending patterns and projections against allocated funds for dozens and dozens of contracts.
- In this COVID-19 environment, however, it is apparent that the financial apparatus for many DHSP partners is not where it is normally. Consequently, due to delays and incompleteness of monthly billings, DHSP does not yet have a

high level of confidence in projections. DHSP had planned to share projections in October, but has already discussed with Ms. Barrit providing an update in November 2020 of spending through September, at least, and possibly October.

- Even then, however, DHSP felt projections were not likely to be as reliable as desired. That may mean that significant readjustments to the spending plan will need to be postponed. For example, if Oral Health (OH) is allocated \$5 million, but looks like it will only spend \$4 million, while Medical Care Coordinator (MCC) is overspent, then it would make sense to shift funds from the underspent OH to MCC. The challenge is in considering adjustments based on a smaller number of invoices finalized and reviewed to ensure the expenses are there.
- In addition, because Ryan White Part A funds cannot be carried over to the next grant term, it is important to ascertain that any providers receiving increased funding can actually expend it by the end of February 2021.
- Other options to maximize Part A are to identify eligible costs now allocated to Net County Cost (NCC) or to Minority AIDS initiative (MAI) which can be shifted to Part A. If necessary, MAI funds can be carried over to the next grant term.

b. Contracts and Procurement Update

- Mr. Pérez noted DHSP initially received \$1 million as part of the Coronavirus AID, Relief, and Economic Security (CARES) Act to support services related to COVID-19 for PLWH. It then received a supplement of \$260,000. Those resources need to be invested by February 2021 so an aggressive investment strategy was developed. It supports two primary services: provision of Personal Protective Equipment (PPE) for PLWH and providers; and, enhanced food services through existing food pantry and home-delivered meal partners. It is expected funds will be fully expended.
- Meanwhile, DHSP heard appeals from clinical partners to purchase for home use durable medical equipment such as monitors to measure blood pressure, oxygen levels, and glucose levels. DHSP created a mechanism for clinical partners to acquire equipment and advised them via a “Dear Colleague” letter, but few have requested equipment to date. Ms. Cataldo was unaware of the option and suggested the information may not be getting to front line staff.
- Some equipment was also purchased to protect oral health care workers.
- The Health Resources and Services Administration (HRSA) Ending the HIV Epidemic (EHE) Grant 078 is funding work to make Emergency Financial Assistance (EFA) available, hopefully by 11/1/2020. DHSP will offer training to MCC providers to familiarize them with EFA so they can make appropriate referrals.
- DHSP was also trying to hire staff to spearhead specific elements of the epidemic response. That is a much slower process, but progress was being made.
- The Centers for Disease Control and Prevention (CDC) EHE grant, like HRSA’s, is a multi-year grant. DHSP has ambitious plans for this grant funding, but only a few pieces were underway as yet. A Request For Proposals (RFP) pertaining to community mobilization was expected to be released soon. DHSP believes strongly that a dedicated community mobilization and engagement apparatus to enhance EHE work is critical. The goal is to have it up and running 1/2021.
- Other pieces include linkage and retention in care incentives; and Resource Directory work with the Commission.
- ➡ DHSP will explore more avenues to inform providers of the availability of durable medical equipment for home use.

V. PRESENTATION/DISCUSSION

8. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) CONSOLIDATED PLAN

- Ryan Ito, Angela Peavy, Rebecca Ronquillo, and Maribel Ulloa, Los Angeles Housing + Community Investment Department (HCID), presented on the PowerPoint on Program Year (PY) 47, 2021-2022, Consolidated Plan in the packet. Federal funds are received from the United States Department of Housing and Urban Development (HUD) to benefit low to moderate income residents through four grants: Community Development Block Grant (CDBG), HOME Investment Partnerships Program (HOME), HOPWA, and Emergency Solutions Grant (ESG). HCID prepares and administers this Consolidated Plan.
- Estimated PY 47 funding is: CDBG, \$55.2 million, +1.8% from PY 46; ESG, \$4.6 million, no change; HOME, \$36.5 million, +29.6%; HOPWA, \$20.7 million, +4.9%. The total estimate is \$117.2 million. Final funding is determined by Congress and the President of the United States. Funding for the Consolidated Plan is calculated by HUD. The final total includes program income and savings from prior years. This year, HCID also received three CARES Act entitlements totaling \$257.6 million.
- The six goals for funds are: develop affordable housing, preserve existing affordable housing, stabilize and revitalize neighborhoods, prevent and reduce homelessness/domestic violence or human trafficking, improve local economy for low-income residents, help low to moderate income families to stabilize economically.
- Ms. Ulloa noted HOPWA released its RFP at the end of September 2020. More information was available on the website.
- Ms. Ronquillo thanked the Commission for its feedback in prior years and its continued participation in offering input.
- Ms. Barrit noted consumers often ask how City of Los Angeles and Ryan White services coordinate. Ms. Ulloa said ESG grant funds are primarily passed to the Los Angeles Homeless Services Authority (LAHSA) while HOPWA mainly addresses the

issue from a different perspective via Short-Term Rent, Mortgage, and Utility (STRMU) assistance. Collaboration with Ryan White to leverage funds is ongoing. She especially credited Mr. Pérez for seeking those opportunities.

- Ms. Nelson asked if HCID was especially interested in feedback for any specific Consolidated Plan areas. Ms. Ulloa said feedback was encouraged for any area. She did note that HOPWA is countywide while the rest serve the City of Los Angeles.
- ➡ Additional comments can be emailed to Ms. Ulloa.

VI. NEXT STEPS

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

VII. ANNOUNCEMENTS

11. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:** There were no announcements.

VIII. ADJOURNMENT

12. **ADJOURNMENT:** The meeting adjourned at 2:27 pm.



LOS ANGELES COUNTY COMMISSION ON HIV



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DRAFT

AGING TASK FORCE RECOMMENDATIONS (Updated 11/17/20)

Background: The Aging Task Force (ATF) was formed in February 2019 to address the broad health needs of those over 50 years living with HIV and long-term survivors. According to the Health Resources and Service Administration (HRSA), the RWHAP client population is aging. Of the more than half a million clients served by RWHAP, 46.1 percent are aged 50 years and older and this continues to grow. While Ryan White clients in Los Angeles County show higher engagement and retention in care, and viral suppression rates, within the 50+ population there exists disparities by racial/ethnic, socioeconomic, geographic, and age groups stratification.

The ATF developed the following recommendations to the Commission on HIV, Division of HIV and STD Programs (DHSP) and other County and City partners to address the unique needs of this population. The term older adults refer to individuals who are age 50 and older.

Ongoing Research and Needs Assessment:

- Collaborate with universities, municipalities, and other agencies that may have existing studies on PLWH over 50 to establish a better understanding of the following issues:
 - Conduct additional analysis to understand why approximately 27% of new diagnoses among persons aged 50-59 and 36% of new diagnoses among person aged 60 and older were late diagnoses (Stage 3 – AIDS) suggesting long-time infection. This may reflect a missed opportunity for earlier testing as it seems likely that persons aged 50 and older may engage in more regular health care than younger persons. (Data Source: http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/2019Annual_HIV_Surveillance_Report_08202020_Final_revised_Sept2020.pdf)
 - Gather data on PLWH over 50 who are out of care or those who have dropped out of care to further understand barriers and service needs.
 - Conduct studies on the prevention and care needs of older adults.
 - Understand disparities in health outcomes within the 50+ population by key demographic data points such as race/ethnicity, gender, geographic area, and socioeconomic status.
 - Gather data on the impact of the aging process as PLWH over 50 reach older age brackets. Articulate distinct differences in older age groups.
 - Conduct deeper analysis on mental health, depression, isolation, polypharmacy and other co-morbidities that impact the quality of life of older adults living with HIV.

- Conduct analysis of best practices on serving older adults in non-HIV settings and adapt key strategies for a comprehensive and integrated model of care the population. Examples of best practices to explore are National Association of Area Offices on Aging (<https://www.n4a.org/bestpractices>) and Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration, Growing Older: Providing Integrated Care for an Aging Population. HHS Publication No. (SMA) 16-4982. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.

Workforce and Community Education and Awareness:

- Educate the HIV workforce and community at large on ageism, stigma, and build a common understanding of definition of older adults, elders, aging process and long-term survivors.
- Educate the HIV workforce on HIV and aging, including but not limited to how to work with the non-profit sector to link seniors to health, social services, and HIV prevention and treatment services.
- Train the HIV workforce on diseases of aging, such as cardiovascular disease and osteoporosis and dementia, and equip staff with the knowledge and skills to properly assess and treat conditions that impact older adults.
- Train older adults on how to adapt to the new realities of seeking care as they progress in the age spectrum. Train the HIV workforce on how to develop and deliver classes to older adults with respect, compassion, and patience.
- Expand opportunities for employment among those over 50 who are able and willing to work.
- Provide training on the use of technology in managing and navigating their care among older adults.
- Collaborate with the AIDS Education Centers to train HIV service providers on becoming experts and specialists on caring for older adults with HIV.
- Collaborate with local resources and experts in providing implicit bias training to HIV service providers.

Expand HIV/STD Prevention and Care Services for Older Adults:

- Expand and develop service models that are tailored for the unique needs of PLWH over 50. Specifically, community members representing older adults living with HIV have identified ambulatory/outpatient medical, medical care coordination, and mental health as key services they need. Unify and coordinate care within a medical home and reduce referrals to specialty care, if appropriate.
- Integrate an annual patient medical records review by gerontologist for PLWH over 50 in the Medical Care Coordination and Ambulatory/Outpatient Medical programs. The annual medical records review should review care needs for mental health, polypharmacy, social support, mobility, and other markers of overall health and quality of life.
- Customize food/nutrition and physical activity and mobility services for the aging population. Remedial exercise and rehabilitation to maintain or regain muscle mass

may be needed for some older adults to help them remain in care and virally suppressed.

- Enhance the payment structure for services rendered to older adults living with HIV as they may require more frequent, longer, and more intensive and individualized medical visits and routine care to maintain their overall health as they progress in the age continuum.
- Expand supportive services, such as financial assistance, as incomes become more fixed in older age. As frailty increases with age, services should be customized by specific age groups.
- Address social isolation by supporting psychosocial and peer support groups designed for older adults. Leverage the work of agencies that already provide support groups for older adults and encourage the community to join or start a support group.
- Address technological support for older adults living with HIV as medical service modalities rely more and more electronic, virtual, and telehealth formats.
- Dedicate at least 15% of prevention funds to programming specifically tailored for individuals over 50. According to the California HIV Surveillance Report, persons over 50 accounted for 15% of all new infections. A similar trend is observed for Los Angeles County with about 13-14% of new HIV diagnoses occurring among persons aged 50 and older
- Address the lack of sexual health programs and social marketing efforts geared for older adults. Social marketing and educational campaigns on PrEP and Undetectable=Untransmittable (U=U) should include messages and images with older adults.
- Integrate programming for older adults in the use of Ending the HIV Epidemic funds in Los Angeles County. Schedule annual reports from the Division of HIV and STD Programs (DHSP) on how they are addressing HIV and aging.

General Comments:

- Collaborate with traditional senior services or physicians, or other providers who specialize in geriatrics and leverage their skills and expertise of those outside the HIV provider world.
- Ensure access to transportation and customize transportation services to the unique needs of older adults.
- Benefits specialists should be well versed in Medicare eligibility and services to assist those individuals who are aging with HIV
- Direct DHSP to start working with agencies that serve older adults such as the Los Angeles County Workforce Development, Aging and Community Services, City of Los Angeles Department of Aging, and DPH Office of Senior Health to coordinate and leverage services.
- Ensure robust and meaningful input from older adults living with HIV in Commission deliberations on HIV, STD and other health services.



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Integrating Prevention in Multiyear Planning and Commission on HIV Functions Ideas and Recommendations (Miguel Martinez, Maribel Ulloa and Luckie Alexander) FOR DISCUSSION ONLY

Planning, Priorities and Allocations Committee and Division of HIV and STD Programs:

- Start gathering prevention related data in April and dedicate May and June Planning, Priorities and Allocations (PP&A) meetings for prevention-focused discussions on identifying priority populations and services. Work with the Division of HIV and STD Programs (DHSP) to gather HIV testing, prevention services utilization, populations served by demographic groups, and other relevant data to understand HIV and STD prevention needs, gaps and opportunities in Los Angeles County.
- Identify other partners who may be able to provide relevant prevention data and invite them to present information to PP&A and full Commission.
- Similar to the HRSA Part A application process, collaborate with the Commission to help inform the development of CDC grant applications and have Commissioners review the grant proposal. Review CDC/prevention annual plans with the PP&A Committee and full body. Commission leadership should submit a letter of concurrence for CDC grant applications even if the letter is not required.

Full Council:

- Agendize prevention focused discussions and planning with Commission caucuses and task forces and submit their ideas/recommendations to the PP&A Committee.
- Discuss how the Commission can support the “Prevent” pillar of the local Ending the HIV plan.
- Consider adding the word “Prevention” in PP&A Committee’s name.
- Work with Commission staff to develop prevention focused training for Commissioners. Integrate prevention concepts in ongoing training for all Committees. Expand the Consumer Caucus membership to include individuals who are HIV-negative.

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	TOTAL FULL YEAR ESTIMATED EXPENDITURES PART A AND MAI	TOTAL FULL YEAR ESTIMATED EXPENDITURES PART B	TOTAL FULL YEAR ESTIMATED EXPENDITURES (Total Columns 2+3)	COH 2020 ALLOCATION PERCENTAGE APPLIED TO GRANT AWARD DIRECT SRVC PLUS PART B DIRECT SRVC	VARIANCE BETWEEN ALLOCATED BUDGETS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 5 - 4)
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	\$ 7,771,456	\$ -	\$ 7,771,456	\$ 9,584,184	\$ 1,812,728
MEDICAL CASE MGMT (Medical Care Coordination)	\$ 12,239,257	\$ -	\$ 12,239,257	\$ 10,513,048	\$ (1,726,209)
ORAL HEALTH CARE	\$ 4,864,791	\$ -	\$ 4,864,791	\$ 4,960,976	\$ 96,185
MENTAL HEALTH	\$ 363,459	\$ -	\$ 363,459	\$ 211,105	\$ (152,354)
HOME AND COMMUNITY BASED HEALTH SERVICES	\$ 2,799,923	\$ -	\$ 2,799,923	\$ 2,346,788	\$ (453,135)
EARLY INTERVENTION SERVICES (HIV Testing Services)	\$0	\$ -	\$ -	\$ 207,587	\$ 207,587
NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services and Transitional Case Management)	\$ 1,916,408	\$ -	\$ 1,916,408	\$ 2,291,134	\$ 374,726
HOUSING (RCFCI, TRCF, and Permanent Supportive)	\$ 3,172,138	\$ 3,659,279	\$ 6,831,417	\$ 7,397,513	\$ 566,096
OUTREACH (Linkage and Re-engagement Program and Partner Services)	\$ 751,855	\$ -	\$ 751,855	\$ 1,959,762	\$ 1,207,907
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	\$ -	\$ 1,013,850	\$ 1,013,850	\$ 785,200	\$ (228,650)
MEDICAL TRANSPORTATION	\$ 503,260	\$ -	\$ 503,260	\$ 664,982	\$ 161,722
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	\$ 3,026,341	\$ -	\$ 3,026,341	\$ 2,093,462	\$ (932,879)
LEGAL	\$ 115,197	\$ -	\$ 115,197	\$ 56,295	\$ (58,902)
SUB-TOTAL DIRECT SERVICES	\$ 37,524,085	\$ 4,673,129	\$ 42,197,214	\$ 43,072,036	\$ 874,822
QUALITY MANAGEMENT	767,163	-	767,163	\$ 1,330,192	\$ -
ADMINISTRATIVE SERVICES	4,433,910	500,000	4,933,910	\$ 4,933,971	\$ (61)
GRAND TOTAL	\$ 42,725,158	\$ 5,173,129	\$ 47,898,287	\$ 49,336,199	\$ 1,437,912
GRAND TOTAL PLUS \$285,908 MAI YR 29 Carryover	\$ 42,725,158	\$ 5,173,129	\$ 47,898,287	\$ 49,622,107	\$ 1,723,820

RYAN WHITE PART A SUMMARY

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COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

SUMMARY REPORT

GRANT YEAR 30 RYAN WHITE PART A FUNDING EXPENDITURES THROUGH FEBRUARY 2021 (as of Nov 5, 2020 and invoicing up to September 2020)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	PART A COH ALLOCATIONS	PART A TOTAL YTD EXPENDITURES	PART A FULL YEAR EXPENDITURES	VARIANCE BETWEEN COH ALLOCATIONS AND TOTAL FULL YEAR ESTIMATED EXPENDITURES (Columns 3-5)
1	OUTPATIENT/AMBULATORY MEDICAL CARE	27.24%	4,207,919	7,771,456	\$ 1,812,728
4	MEDICAL CASE MGMT (Medical Care Coordination)	29.88%	6,145,911	12,239,257	\$ (1,726,209)
11	ORAL HEALTH CARE	14.10%	2,402,627	4,864,791	\$ 96,185
3	MENTAL HEALTH	0.60%	206,184	363,459	\$ (152,354)
16	HOME AND COMMUNITY BASED HEALTH SERVICES	6.67%	1,398,938	2,799,923	\$ (453,135)
7	EARLY INTERVENTION SERVICES (HIV Testing Services)	0.59%	0	0	\$ 207,587
10	NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services)	5.92%	759,535	1,280,587	\$ 802,319
2	HOUSING (RCFCI, TRCF)	1.42%	398,871	468,871	\$ 30,745
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%	191,382	503,260	\$ 161,722
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	5.95%	1,689,905	3,026,341	\$ (932,879)
21	LEGAL	0.16%	976	115,197	\$ (58,902)
	SUB-TOTAL DIRECT SERVICES	100%	17,655,118	34,184,997	\$ 995,715
	QUALITY MANAGEMENT	1,330,192	275,643	767,163	\$ 563,029
	ADMINISTRATION (Includes COH Budget) (10% of Part A award)	4,057,158	2,787,071	4,057,097	\$ 61
	GRAND TOTAL	\$ 40,571,580	\$ 20,717,832	\$ 39,009,257	\$ 1,562,323

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

* Early Intervention Services - PHI staff salary transfers updated through Sept. 2019

RYAN WHITE MAI SUMMARY

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 Nov 5, 2020 and invoicing up to September 2020)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	TOTAL ALLOCATION MAI FY 30	MAI FISCAL YEAR 30 TOTAL YTD EXPENDITURES	MAI FISCAL YEAR 30 FULL YEAR EXPENDITURES	VARIANCE BETWEEN COH ALLOCATIONS AND TOTAL FULL YEAR ESTIMATED 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%	366,739	635,821	\$ (427,594)
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%	1,718,372	3,339,088	\$ 52,236
	ADMINISTRATION (10% of MAI Year 30 award)	376,813	188,629	376,813	\$ -
	GRAND TOTAL	\$ 3,768,137	\$ 1,907,001	\$ 3,715,901	\$ 52,236

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 Nov 5, 2020 and invoicing up to September 2020)

1	2	3	4	5	6
PRIORITY RANKING	SERVICE CATEGORY	PART B BUDGET	PART B TOTAL YTD EXPENDITURES	PART B FULL YEAR ESTIMATED EXPENDITURES	VARIANCE TOTAL BUDGET VS. FULL YR. ESTIMATED 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)				\$ -
10	NON-MEDICAL CASE MANAGEMENT (Benefits Specialty Services and Transitional Case Management)				\$ -
2	HOUSING (RCFCI, TRCF)	3,714,800	1,829,640	3,659,279	\$ 55,521
5	OUTREACH (Linkage and Re-engagement Program and Partner Services)				\$ -
15	SUBSTANCE ABUSE TREATMENT- RESIDENTIAL	785,200	506,925	1,013,850	\$ (228,650)
9	MEDICAL TRANSPORTATION				\$ -
13	FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT				\$ -
21	LEGAL				\$ -
	SUB-TOTAL DIRECT SERVICES	\$ 4,500,000	\$ 2,336,565	\$ 4,673,129	\$ (173,129)
	QUALITY MANAGEMENT	\$ -	\$ -	\$ -	\$ -
	ADMINISTRATION (10% of Part B award)	\$ 500,000	\$ 202,386	\$ 500,000	\$ -
	GRAND TOTAL	\$ 5,000,000	\$ 2,538,951	\$ 5,173,129	\$ (173,129)

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