

# OTGA Recipient Report



**George Ayala, PsyD**

Deputy Director

Alameda County Public Health  
Department



# Update from OHC

- 2025-2028 NOFO announced for Ryan White Part A. Application is due October 1. The Planning Council section that is based on the priority setting and resource allocation process so it's important to complete it on time for submission.
- Our upcoming Subrecipient meeting will focus on people first language, fiscal compliance and invoicing, and clinical quality management.
- Stephanie Cornwell is the Clinical Quality Manager for the HIV Care program. They are compiling Quarter 1 viral suppression data for the clinical quality management program. (I will update you with the VLS rates for Q1 prior to the July PC meeting).
- July and August OHC works with agencies who are over/underspent to look for opportunities to reallocate. Those requests may be coming to the PC in August/September.

# RW & MAI Utilization and Spending



Service Category	Client Count		
	MAI	RWA	UDC
Early Intervention Services	20	67	87
Emergency Financial Assistance	0	174	174
Food Bank/Home-Delivered Meals	0	233	233
Health Education/Risk Reduction	0	36	36
Home and Community-Based Health Services	0	19	19
Medical Case Management Services	106	1216	1322
Medical Nutrition Therapy	0	118	118
Medical Transportation Services	12	128	140
Mental Health Services	89	42	131
Non-Medical Case Management Services	7	0	7
Oral Health Care	0	130	130
Other Professional Services	0	60	60
Outpatient/Ambulatory Health Services	103	631	734
Psychosocial Support Services	102	327	429
Substance Abuse Services - Outpatient	7	26	33

# RW & MAI Utilization and Spending



Units of Service			
Service Category	MAI	RWA	Total
Early Intervention Services	278	584	862
Emergency Financial Assistance		1916	1916
Food Bank/Home-Delivered Meals		3329	3329
Health Education/Risk Reduction		58	58
Home and Community-Based Health Services		520	520
Medical Case Management Services	256	14952.5	15208.5
Medical Nutrition Therapy		976	976
Medical Transportation Services	30	780	810
Mental Health Services	222	483	705
Non-Medical Case Management Services	82		82
Oral Health Care		478	478
Other Professional Services		995	995
Outpatient/Ambulatory Health Services	241	3498	3739
Psychosocial Support Services	436	4549	4985
Substance Abuse Services - Outpatient	160	582	742

# RW & MAI Utilization and Spending



Expenses as of May Invoices			
Service Category	Total Invoiced	% Expended	Notes
Early Intervention Services	\$ 42,403.00	15%	
Emergency Financial Assistance	\$ 222,674.00	57%	
Food Bank/Home-Delivered Meals	\$ 53,429.00	27%	
Health Education/Risk Reduction	\$ -	0%	
Home and Community-Based Health Services	\$ 70,827.00	26%	
Medical Case Management Services	\$ 181,283.00	18%	
Medical Nutrition Therapy	\$ 6,284.00	24%	
Medical Transportation Services	\$ 20,190.00	36%	
Mental Health Services	\$ 65,238.00	18%	
Non-Medical Case Management Services	\$ -	0%	
Oral Health Care	\$ 15,741.00	10%	
Other Professional Services	\$ 63,270.00	23%	
Outpatient/Ambulatory Health Services	\$ 188,120.00	37%	
Psychosocial Support Services	\$ 41,329.00	14%	
Substance Abuse Services - Outpatient	\$ 41,789.00	18%	

# HIV Measures for Q1 2024-2025

- Required to conduct clinical quality management and lead quality improvement project
- Stephanie Cornwell is our Clinical Quality Manager
- Outpatient Ambulatory, Medical Case Management, and Psychosocial Support

# active PLWH	Retention in care (1 visit)		Virally suppressed	
3222	3086/3222	96%	2753/3086	89%



**Thank you!**

Section 4.1 Officer Composition .....	1
Section 4.2 Term of Office.....	1
Section 4.3 Nomination of Officers .....	1
Section 4.3.1 Eligibility of Officers .....	2
Section 4.4 Election of Officers .....	2
Section 4.5 Duties of the Chair.....	2
Section 4.6 Duties of the Co-Chair .....	2
Section 4.7 Duties of the Vice-Chair .....	2
Section 4.8 Duties of the PLWHA At-Large .....	2
Section 4.9 Duties of the Membership Chair .....	3

## ARTICLE IV: OFFICERS

### Section 4.1 Officer Composition

OTGA Planning Council officers shall include two **Co-Chairs, Vice-Chair**, and a duly elected PLWHA-at-Large. In the absence of a **Co-Chair** and/or **Vice-Chair** the **Membership Chair** shall serve as Chair Pro-Tempore.

**Note: Co-Chairs and Vice Chair** cannot include Alameda County employees.

### Section 4.2 Term of Office

Officers shall serve an initial two-year term. Officers are subsequently eligible to be re-elected to serve up to two (2) additional two-year terms that should be, at most, a total of six (6) consecutive years. A term break of at least twelve (12) consecutive months is required for reappointment thereafter.

### Section 4.3 Nomination of Officers

Officer nominations shall open in September each year in preparation for terms beginning in November.

The Membership Committee shall receive all the nominations, verify each nominee's eligibility, and report its nomination findings to the Executive Committee. The Membership Committee shall thereafter review the nomination report and present the nominee(s) to the OTGA Planning Council.



### Section 4.3.1 Eligibility of Officers

Only members who have served on the OTGA Planning Council or other equivalent HIV planning groups for six (6) consecutive months shall be eligible for nomination as **Co-Chairs** or **Vice Chair**. This requirement shall not apply to the office of PLWHA-at-Large, or the Membership Chair.

### Section 4.4 Election of Officers

Biannually, each odd-year the **Vice Chair** and **PLWHA-at-Large** shall be elected by majority vote via an in-person or electronic ballot during the November annual meeting. The **Co-Chair** is elected each even year and shall be elected by majority vote via an in-person or electronic ballot during the November annual meeting.

**Note:** Per the Brown Act, all votes shall be public; at no time shall voting be anonymous.

### Section 4.5 Duties of the Co-Chairs

**Co-Chairs** duties and responsibilities include, but shall not limited to:

1. Represent the Ryan White “Part A” for OTGA Planning Council to the CEO or Designee, Recipient Representative, HRSA, and other interested parties.
2. Propose agenda items and preside at each general and Executive Committee meeting.
3. The responsibilities are to be equally divided between the two **Co-Chairs**.

### Section 4.6 Duties of the Vice-Chair

**Vice-Chair** duties and responsibilities include, but are not limited to:

1. Fulfill duties of **Co-Chairs** at every meeting.
2. Act as an ex-officio member of the standing and special committees with the committees being equitably assigned by the **Co-Chairs**.
3. Facilitate meetings at the request of the **Co-Chairs**
4. Assume other **Co-Chairs** duties, as requested by the Executive Committee.

### Section 4.7 Duties of the PLWHA At-Large

PLWHA-at-Large's duties and responsibilities shall include but shall not limited to:

1. Serve as Chair of the PLWHA Committee (see Standing Committee Chairs).

2. Liaise with community members as publicly self-disclosed person living with HIV.

## Section 4.8 Duties of the Membership Chair

The Membership Chair's duties and responsibilities shall be included, but not limited to:

1. Providing the leadership necessary to ensure all OTGA-mandated seats are continuously filled.
2. Serve as **Co-Chair** or **Vice Chair** at any meeting as required due to the unanticipated absence of the after-mentioned officers.

# Oakland TGA Priority Setting

**JULY 24, 2024**

**IMPORTANT**  
Date to  
attend!

**OTGA**  
**Planning Council**  
**Meeting**  
**AUGUST 28, 2024**

**Priority Setting for**  
**FY 2025-2026**

What is  
Priority  
Setting?

We will be ranking all  
Ryan White  
Service categories

**This is most important  
for the PLWHA in the  
Oakland TGA.**

Why is our  
priority setting  
process so  
important?

**It is because of**

**“You”**

**that represent the  
interests of PLWHA in  
the Oakland TGA.**

**What makes the  
priority setting  
process so  
important?**

- 1) Determine the need for services**
- 2) Increased access to services**
- 3) Eliminates health disparities**
- 4) Ensures transparency to the public**
- 5) Strengthen & maintain our service system & continuum of care**

How should we  
rank the service  
categories?

**DATA**... it's all about the  
numbers in the reports

**AND**

**YOU**... your rational  
decision-making process aka

**“common sense”**



# Where to BEGIN...

- 1) Be in a good place of thought
- 2) Establish a quiet workspace
- 3) Define the Service Category definitions:
  - Core Services (purple color)
  - Support Services (orange color)

# HRSA Service Category Definitions

## Core Service Categories

<b>Service Category</b>	<b>Definition</b>
<b>AIDS Drug Assistance Program (ADAP/HDAP)</b>	A state-administered program authorized under Part B of the Ryan White Program to provide FDA-approved medications to low-income clients living with HIV who have limited or no health care coverage. Program funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy.
<b>AIDS Pharmaceutical Assistance</b>	Includes local pharmacy assistance programs implemented by Part A or B grantees to provide medications when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.
<b>Early Intervention Services (EIS)</b>	Includes counseling individuals with respect to HIV/AIDS; testing to help the unaware learn of their HIV status; referrals to HIV care and treatment services if found to be HIV-infected; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.
<b>Health Insurance Premium and Cost</b>	Provides financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or receive medical and pharmacy benefits under a health

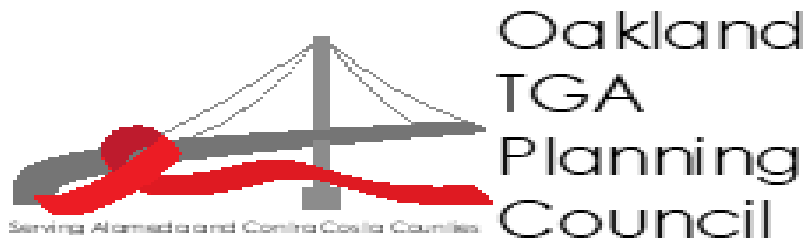
Do the reading  
of all the  
reports...

- Read the reports for ALL the presentations:
  - 2023-2024 Service Utilization Data
  - Epidemiological (EPI Report)
  - The monthly Fiscal Reports
  - Needs Assessment Report
  - And the Integrated Strategic Plan
- Using your personal and professional experiences...

Priority Setting  
Directions...

“The worksheet”

Using the  
priority setting  
ballot worksheet  
to rank (vote) the  
service categories.



## FY 2024 Priority Setting Ballot

*Directions: Rank service categories from 1 to 28, with 1 being the most important.*

SERVICE CATEGORIES	RANK
AIDS Drug Assistance Program Treatments (ADAP)	
AIDS Pharmaceutical Assistance	
Child Care Services	
Early Intervention Services (EIS)	
Emergency Financial Assistance	
Food Bank/Home Delivered Meals	
Health Education/Risk Reduction	
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	

Medical Nutrition Therapy	
Mental Health Services	
Medical Transportation	
Non-Medical Case Management Services	
Oral Health Care	
Other Professional Services (Legal Services and Permanency Planning)	
Outpatient/Ambulatory Health Services	
Outreach Services	

## Priority Setting Directions...

“5 Step process”

1. Review Part A service categories
2. Use worksheet to practice ranking the service categories.
3. Rank service categories from most important to least (1 – 30)
4. Rank all listed categories.
5. In **AUGUST** – You will “VOTE” by recording your final decision onto the **priority setting ballot** & then return to Support staff.

## NOTE of Changes

- We will be ranking in **30** services categories
- One extra ranking for CORE services and one extra for the SUPPORT service category.



**Any  
Questions?**

