LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
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Planning, Priorities, and Allocations Committee Meeting

Tuesday, May 16, 2023
1:00pm-3:00pm (PST)

510 S. Vermont Ave,
Terrace Conference Room TK11
Los Angeles, CA 90020
Validated Parking Available at 523 Shatto Place, LA 90020

Agenda and meeting materials will be posted on our website at
https://hiv.lacounty.gov/planning-priorities-and-allocations-committee

Notice of Teleconferencing Site:
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616, Sacramento, CA 95814

Members of the Public May Join in Person or Virtually.
For Members of the Public Who Wish to Join Virtually, Register Here:
https://tinyurl.com/3jdfuz4p

To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2597 482 0405

Scan QR code to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste. **If meeting packet is not yet available, check back 2-3 days prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*

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LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
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AGENDA FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE

TUESDAY, MAY 16, 2023 | 1:00 PM – 3:00 PM

510 S. Vermont Ave
Terrace Level Conference Room A/TK11, Los Angeles, CA 90020
Validated Parking: 523 Shatto Place, Los Angeles 90020

Notice of Teleconferencing Site:
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 74-616
Sacramento, CA 95814

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/r80f10c84dc05157d5a331d6f857664dc
To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2599 277 3265

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair	Al Ballesteros MBA, Co-Chair	Felipe Gonzalez	Joseph Green
Karl T. Halfman, MS	William King, MD, JD	Miguel Martinez, MPH, MSW	Anthony M. Mills, MD
Derek Murray	Jesus "Chuy" Orozco	LaShonda Spencer, MD	Michael Green, PhD
Redeem Robinson	Jonathan Weedman		
QUORUM: 8			

AGENDA POSTED: May 11, 2023.

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California's Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx.

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to mailto:hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

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 the Commission Office at (213) 738-2816 or via email at 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 Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a HIVComm@lachiv.org, por lo menos setenta y dos 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 at 510 S. Vermont Ave. 14th Floor, Los Angeles, CA 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		1:00 PM – 1:03 PM
2.	Roll Call & Conflict of Interest Statements		1:00 PM – 1:03 PM
3.	Assembly Bill 2449 Attendance Notification for "Emergency Circumstances"	**MOTION #1**	1:03 PM – 1:05 PM
4.	Approval of Agenda	**MOTION #2**	1:05 PM – 1:07 PM
5.	Approval of Meeting Minutes	**MOTION #3**	1:07 PM – 1:10 PM

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

6. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking here, or by emailing hivcomm@lachiv.org.

III. COMMITTEE NEW BUSINESS ITEMS

7. Opportunity for Commission 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

8. Executive Director/Staff Report 1:15 PM – 1:25 PM
9. Co-Chair Report 1:25 PM – 1:35 PM
10. DHSP Report 1:35 PM – 1:55 PM
    a. Ryan White Program Fiscal Year 2022 Expenditures
    b. Approve Revised Fiscal Year 2023 Service Category Recommendations **MOTION #4**

V. DISCUSSION ITEMS 1:55 PM—2:50 PM

11. DHSP Unmet Needs Report II – Out of Care
12. Review Revised Stakeholder Engagement Implementation Timeline & Development of CAB Questionnaire

VI. NEXT STEPS 2:50 PM – 2:55 PM

13. Task/Assignments Recap
14. Agenda Development for the Next Meeting

VII. ANNOUNCEMENTS 2:55 PM – 3:00 PM

15. Opportunity for members of the public and the committee to make announcements

VIII. ADJOURNMENT 3:00 PM

16. Adjournment for the meeting of May 16, 2023

PROPOSED MOTIONS	
MOTION #1:	Approve remote attendance by members due to “emergency circumstances”, per AB 2449.
MOTION #2	Approve the Agenda Order as presented or revised.
MOTION #3	Approve the Planning, Priorities, and Allocations Committee minutes, as presented or revised.
MOTION #4	Approve the revised Fiscal Year 2023 Service Category recommendations, as presented or revised.

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

Final 2.21.23

- ☐ This meeting is a **Brown-Act meeting** and is being recorded.
  - The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
  - We are happy to share that this meeting is also being live streamed via the Commission's Facebook account @hivcommissionla

- ☐ The **meeting packet** can be found on the Commission's website at https://hiv.lacounty.gov/meetings/ or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.

- ☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet

- ☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate. Please note that all attendees are muted unless otherwise unmuted by staff.*

- ☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**

- ☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances**" must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.

- ☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.

LOS ANGELES COUNTY
COMMISSION ON HIV

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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 misogyny, transphobia, ableism, and ageism).**
9) **We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22)**

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/21/23

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
ALVIZO	**Everardo**	Long Beach Health & Human Services	Benefits Specialty
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	**Pearl**	No Affiliation	No Ryan White or prevention contracts
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**LUCKIE**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	**Leon**	Charles R. Drew University	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	**Andre**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	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
ROBINSON	**Mallery**	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROBINSON	**Redeem**	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
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	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission's website and may be corrected up to one year after approval. Meeting recordings are available upon request.

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES APRIL 18, 2023

COMMITTEE MEMBERS P = Present | P* = Present as member of the public; does not meet AB 2449 requirements | A = Absent | EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	William King, MD, JD	P
Al Ballesteros, MBA, Co-Chair	P	Miguel Martinez, MPH, MSW	A
Felipe Gonzalez	P	Anthony M. Mills, MD	P
Joseph Green	A	Derek Murray	P
Michael Green, PhD, MHSA	P	Jesus "Chuy" Orozco	P
Karl T. Halfman, MS	EA	LaShonda Spencer, MD	P
Reverend Redeem Robinson	A	Jonathan Weedman	EA
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Dawn McClendon, Jose Rangel-Garibay, Lizette Martinez			
DHSP STAFF			
Victor Scott			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website. Click HERE.

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

Al Ballesteros, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:10pm and opened with news of the passing of Dr. Wilbert Jordan. He shared fond memories of Dr. Jordan and Dr. Spencer and Dr. King also shared memories and kind words.

2. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST

K. Donnelly led introductions and requested that Committee members state conflicts of interest. Cheryl Barrit, Executive Director, COH, conducted roll call vote.

ROLL CALL (PRESENT): A. Ballesteros, K. Donnelly, F. Gonzalez, D. Murray, Dr. King, Dr. Mills, Dr. Green, Dr. Spencer, J. Orozco

3. **Approval of Assembly Bill 2449 Attendance Notification for "Emergency Circumstances"**
   MOTION #1: Approve remote attendance by members due to "emergency circumstances," per AB 2449. **(No Committee members invoked attendance under AB 2449; no vote held.)**

4. **Approval of Agenda**
   MOTION #2: Approve the Agenda Order **(✓Passed by Consensus)**

5. **Approval of Meeting Minutes**
   MOTION #3: Approval of Meeting Minutes **(✓Passed by Consensus)**

II. PUBLIC COMMENT

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

   There were no public comments.

III. COMMITTEE NEW BUSINESS

7. **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.**

   There was no committee new business.

IV. REPORTS

8. **Execute Director/Staff Report**
   - Cheryl Barrit noted the Health Resources and Services Administration (HRSA) site visit report is still pending but noted the Commission is already working to address areas for improvement that were noted during the exit interview with DHSP. The report will be shared with Commissioners as soon as it is available.
   - C. Barrit also reminded the Planning, Priorities, and Allocations (PP&A) Committee of the Mandatory and Supplemental Training series. She noted that the trainings are open to the public and encouraged committee members to share the registration links for the virtual sessions with any interested stakeholders. The training schedule is available on the Commission website under the "Events" tab. She reminded commissioners that HRSA requires annual training for commissioners and that this training series covers that requirement. For those not able to attend the live training session, they can access the training recordings on the Commission website and notify Commission staff that they viewed the training to receive credit for the mandatory trainings. Lastly, C. Barrit thanked PP&A co-chair, K. Donnelly for leading the Priority Setting and Resource Allocation (PSRA) section of the most recent training.
   - C. Barrit shared that the Women's Caucus will be reviewing the most recent directives to DHSP

in their upcoming July meeting to provide feedback and recommendations to the PP&A Committee in preparation for the next PSRA cycle.

- C. Barrit called attention to the April 12, 2023, Dear Colleague letter from HRSA focusing on HIV and housing. See meeting packet for details. She reminded the PP&A Committee to consider housing (and other) data needs to help fill in gaps and inform the PSRA process while reviewing the document.
- Finally, C. Barrit noted a summary of status neutral recommendations from the Prevention Planning Workgroup (PPW) were available and in the meeting packet. See meeting packet for details. She noted that PPW has been having continued discussions on how to incorporate prevention into status neutral approaches and have several recommendations that will be shared with the PP&A Committee for review and approval.

9. Co-Chair Report

- There was no co-chair report.

10. PPW Recommendations on Status Neutral

- The report was deferred to next month. Recommendations regarding status neutral will be provided.
- Dr. King noted a major goal of incorporating prevention strategies into existing programs such as incorporating HIV and STI testing in Syringe Services Programs (SSPs).
- A. Ballesteros noted the need to connect with Substance Abuse Prevention and Control (SAPC) program and the Public Health Commission to collaborate to push through recommendations and create policy/practice changes. He mentioned how he wonders how the various programs within the Department of Public Health (DPH) collaborate and come together to create synergy between HIV and SUD strategies. Dr. King noted HIV and STIs have not been discussed in the few SAPC Medical Director Meetings he has attended in the past.
- A. Ballesteros noted to move the agenda forward, the Commission on HIV (COH) needs to a develop specific, shared priorities and action items and take them directly to the Board of Supervisors (BOS). For example, HIV screening tests for all individuals entering a residential SUD program within the first 30 days.
- Dr. King asked Dr. Mills and Dr. Spencer, both of whom work with residential substance abuse programs, if an HIV or STI screening is included in part of the required physical examination for individuals entering a residential SUD program. Both Dr. Spencer and Dr. Mills commented that they do not recall a requirement of HIV or STI screening as part of the physical examination. Dr. King noted it may be a recommendation that may be easy to implement.
- D. Murray asked if there were any SSPs that do not include routine HIV screening tests noting he was under the assumption that all SSPs are required to conduct HIV screening tests. Dr. King shared that some mobile outreach teams offer HIV screening tests based on information that was shared at a previous PPW meeting but he was unsure if it was done at all SSP sites or during all mobile outreaches. A Ballesteros confirmed it is not a requirement. Dr. Green added that routine HIV cannot currently be mandated at SSPs because programs are funded with federal dollars. He noted he was shocked when he discovered HIV screening tests were not mandated and that many SSP programs that do offer HIV tests need to collaborate with other programs to

provide this service.

- Dr. Green continued to say DHSP has worked extensively to develop a partnership with SAPC to help extend and complement services, but efforts have not been successful. He noted that DPH remains siloed within itself, and programs do not share data or have a willingness to share data. He urged the Committee to go directly to the BOS with their recommendations rather than DPH.
- A. Ballesteros agreed and reiterated the need to think and approach the HIV epidemic more broadly within the County. He noted the process should be formalized and methodical going through a vetting process within the Commission starting with PP&A and getting full support from the entire COH and forwarding for action to have conversations with SAPC and the BOS on recommendations and provide services that would be mutually beneficial. He noted the process will take some time to accomplish as County processes take time to implement. He recommended that the COH attend health deputy meetings and provide testimony to help further the COHs agenda.
- Dr. Green recommended finding a champion within a Board office to help and noted Supervisor Horvath may be a great ally. He noted Federal agencies are not reliable to help move the agenda forward and have no concrete solutions. He also recommended engaging with SAPC to have a representative on the COH, noting SAPC previously had a representative participate on the COH.
- A. Ballesteros noted with renewed energy the work can be accomplished. Dr. Green added that there is still a lot of money available that can be used towards large scale public health infrastructure improvements. He noted the COVID pandemic opened new opportunities to be creative/innovative in public health approaches.
- Dr. King asked what the timeline was for the next PSRA process to ensure PPW recommendations are incorporated with the new funding cycle. Dr. Green confirmed a timeline of 1-2 years. He noted new funding cycle discussions may take place in approximately 10 months and noted a new CDC funding cycle will be coming as well opening the door for innovative programming.
- K. Donnelly recalled a presentation from SAPC during a PPW meeting last October noting their mobile outreach team's willingness to provide HIV tests but facing challenges with navigating dangerous situations and difficulty collecting demographic data from clients.

- C. Orozco provided a HOPWA update to the PP&A Committee. He noted HOPWA will be undergoing a handful of structural changes to help streamline efforts around the Mayor of LA's the homelessness "state of emergency" to help. One change is the proposal of contracts being extended to five years, a two-year increase from the current three-year model. HOPWA providers noted challenges as the first year of a three-year cycle is spent learning the program/requirements, second year continuing to make large strides and by the third year the programs are running smoothly only to result in a new cycle at the close of the year. The current cycle makes it challenging to gain momentum. The change to a 5-year cycle will need city council approval but other contracts within the city use a 5-year cycle, such as Community Development Block Grants, as a model for the proposed RFP. In addition, procurement processes will be added to allow providers to subcontract with other groups to allow better engagement with hard-to-reach communities. New HOPWA services RFPs will be released in July 2023 with program services set to begin in July 2024. In addition, HOPWA will be reverting previous changes that had cut down on the number of contracts

but inadvertently resulted in legal services being subcontracted out from a provider, making it challenging to monitor directly as well as challenges with coordination/communications between regional offices. HOPWA will move toward directly monitoring legal services. Walk-ins will no longer be allowed, and referrals will be needed so that services remain strictly housing related. The HOPWA data system will also change. It previously aligned with the Los Angeles Homeless Services Authority (LAHSA) system, but it did not work well to provide timely case management and reports. The new system is familiar with HOPWA needs/requirements will streamline data management, reporting, and coordination with providers. HOPWA will also reinstate the Central Coordinating Agency that will start on July 1, 2023. HOPWA will also be reassessing the goals of the Supportive Services and Housing Assistance services as both saw a decline from previous years. HOPWA believes the decline may be due to the restructuring of HOPWA. Finally, Chuy announced HOPWA received 5% increase in funding, the majority of which will be allocated to the scattered site lease program.

- D. Murray asked if the federal government requires HOPWA providers to lease housing units for the scattered site lease program and, if so, are there are challenges with evictions. C. Orozco confirmed HOPWA providers do lease housing units and sublease to individuals/families and are required to report on numbers. He noted the program has seen challenges but not due to evictions but rather high maintenance and repair costs.
- Dr. Spencer asked if there were additional funding sources to help individuals avoid eviction and pay back rent through Emergency Financial Assistance on top of the $5,000 that is provided. Dr. Green noted the funding can be increased and that DHSP has considered increasing the amount to $10,000 but noted current participants are not exhausting the $5,000. C. Orozco highlighted HOPWA legal services that focus on evictions and coordination with Measure ULA on legal services related to eviction. C. Barrit also reminded the group of the no-cap rental and utilities assistance that is available under the City of Los Angeles Short-term Rental, Mortgage and Utilities (STRMU) program. C. Orozco noted there is still approximately $1 million in left funding for the program from COVID response dollars.

V. DISCUSSION

11. DHSP Unmet Needs Report

- Dr. Green opened the discussion on the DHSP Unmet Needs Report that was provided by Wendy Garland during the April 13 COH meeting. He noted there was a question from D. Murray regarding HIV among the growing unhoused population. Dr. Green noted the unmet needs report does not factor housing status but offered other data sources to help address HIV among people experiencing homeless noting the Ryan White Program Utilization report (found here) and the 2021 HIV Surveillance Report (found here). He also recommended reviewing LAHSA 2022 Homeless Count data (found here). He noted that 1337 individuals who have diagnosed HIV were identified in the 2022 homeless count.
- Dr. Green noted a big challenge to DHSP and the COH on ending HIV is identifying individuals who are at risk for experiencing homelessness. He is not aware of any reliable data where this information can be found.
- D. Murray inquired if the RWP Utilization report and the HIV Surveillance Report include information on Linkage Retention and Viral Suppression among the unhoused. Dr. Green

confirmed that they do include this information.

- Dr. King asked if intake questions for RWP providers ask about risk of becoming unhoused. Dr. Green confirm that they do but noted the risk of becoming unhoused goes beyond RWP clients. He noted of the 50,000 people with confirmed HIV within LA County, only 20,000 to 22,000 people utilize RWP services.
- D. Murray commented that conversations around the unhoused are needed when discussing unmet needs and should include needs for supportive services/resources in addition to housing needs. He noted the high number of unhoused people expiring on the street and stated information is needed on the number of people experiencing homelessness, what their needs are and what resources are available to them. This would help determine which resources to allocate.
- Dr. Green reminded the group that homelessness continues to be a key issue in the mayor's office but is unsure if conversations are being had regarding data gathering on people experiencing homelessness, their health outcomes, and their needs and conceptualizing innovative strategies. He noted the City of LA, and the BOS are reluctant to partner but people need to be asking key questions in these spaces.
- C. Orozco noted that the City of LA was looking at the cost of living measure to assess if people are in danger of becoming unhoused before the pandemic because the federal government did not do a good job of defining poverty in LA. He is unsure if discussions are continuing now with the current mayor.
- Dr. Green also noted that a large number of LA County residents would not qualify for HUD assistance due to residency status and that needs to be taken into account during these discussions as well as identifying other funding options for those who are ineligible.
- D. Murray added that another issue is outreach providers who not affiliated with DHSP funded organizations not having enough knowledge around HIV or working with individuals who have HIV, particularly those who are chronically homeless with severe mental illness. He noted more education/training and outreach is need for these providers in addition to resource sharing.
- Dr. Green noted that LAHSA Homeless Count data does not include how the data is used aside from providing a snapshot of homelessness at the time the data is gathered. He noted the data lacks specifics, does not include comorbidities, and does not answer questions the COH may have such as the number of people with mental illness who are HIV positive, that have a physical impairment who are veterans. He noted if their data system is Power BI, the information can be drilled down to get more specifics.
- D. Murray asked C. Barrit if a formal report from LAHSA can be requested. C. Barrit noted LAHSA report can be requested and preparing specific questions ahead of the report are needed to give to LAHSA. She cautioned that previous reports have failed to answer specific questions despite COH staff meeting with the LAHSA team to identify information needed or discrepancies in the data.
- A. Ballesteros recommended requesting LAHSA to modify their questions to include more robust information. He noted the request was made before but is not sure what came of the suggestion.
- F. Gonzalez asked if housing services are available to homeowners or just renters. C. Orozco

confirmed services are available for homeowners and renters. F. Gonzalez noted the need to promote services for homeowners who are at risk of losing their homes as they may not be aware that programs are available to them.

12. Data Request for Priority Setting and Resource Allocation Process

- C. Barrit asked the PP&A Committee to start to think of the data needed to inform the upcoming Priority Setting and Resource Allocation (PSRA) process to allow DHSP enough time to prepare. She noted starting with requesting a report from LAHSA.
- DHSP staff noted the next funding cycle will begin in 2025 and a Notice of Funding Opportunity will be released next year pushing the beginning of the PSRA process to Feb. 2024.

13. Stakeholder Engagement Implementation Timeline

- L. Martinez, Commission staff, provided a brief overview of a proposed timeline for community engagement/feedback activities. See meeting packet for details. C. Barrit noted the Unmet Needs Report will help identify target locations and populations for engaging Community Advisory Boards (CABs) and planning regional townhalls.
- A. Ballesteros recommended engaging with CABs that do not engage in the RWP. C. Barrit noted potential to reach out to Federally Qualified Health Centers who are receiving HIV prevention funding for the first time. She noted the potential to connect to other CABs through collaboration efforts with other County Commissions.
- C. Barrit reminded the group of the goal behind engaging with CABs to identify how to create a status neutral system – how does an individual travel through their system and access care and resources regardless of their HIV status.
- A. Ballesteros noted it may be beneficial to include information on newly infected on where they were in the healthcare system when first learning of their positive status to identify potential gaps in the system, engagement in the system and general HIV-related knowledge.
- F. Gonzalez agreed with the suggestion noting the lack of knowledge on HIV in the community. He also expressed concern in hearing of an individual engaging in risky behaviors and not taking preventative medication because if they do become positive, they will need to take medication.
- A. Ballesteros also expressed shock and noted the shift in thinking around HIV among younger populations.
- Dr. Mills noted a similar situation he had with a PhD student who also indicated no desire to use PrEP noting if they become positive, they will need to take medication anyway quoting “why would I take a pill everyday to keep me from taking a pill every day?”
- Dr. Spencer noted the need to change messaging around PrEP. A. Ballesteros commented that he checked PrEP brochures and noted it does not include information on the advantages of taking PrEP and not becoming positive. A. Ballesteros indicated that many providers do not deliver U=U messages to their clients.
- Dr. Spencer added that more provider education is needed noting that some of her new patients were in regular care with their providers when diagnosed and the only reason they were tested was because DHS now has a tickler for an HIV test. F. Gonzalez noted the need to increase testing among heterosexual individuals noting it is standard for gay individuals to be test.

- Dr. King noted there are challenges in covering everything in one patient visit especially if a patient comes in with a specific need for instance high blood pressure. He noted most providers are focused on primary care and few have a vested interest in HIV care/prevention. He suggested providing a premium for an HIV test.
- F. Gonzalez also suggesting placing HIV-related posters/materials in medical offices to help encourage patients to discuss HIV with their providers.
- It was noted that the next funding cycle will begin in 2025 and not 2024 as previously thought. The community engagement timeline will be adjusted to the new timeline and will be proposed at the next PP&A Committee meeting.
- In preparation for the PSRA process, Dr. Green suggested reviewing data in cluster of services and dividing into smaller pieces to allow for a deeper review and understanding and voting on priority before moving onto the next cluster of data. A. Ballesteros recommended the PP&A Committee begin to look at data in August/September of this year.
- F. Gonzalez recommended simplifying the data as much as possible and creating data sheets/infographics to help make the information easier to review and understand.

VI. NEXT STEPS

14. Task/Assignments Recap

a. C. Barrit noted revising the timeline and approaches for stakeholder engagement

b. Allow time for continued discussion of the second unmet needs presentation

15. Agenda Development for the Next Meeting

a. Continue planning on three strategies to help inform the planning around status neutral.

VII. ANNOUNCEMENTS

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

D. Murray announce the City of West Hollywood would be highlighting their "Yes Means Yes" campaign in April for Sexual Assault Awareness month on April 28th from 6:00-8:00pm. The City will be handing out test strips to test drinks for drugs around the Rainbow District and the Sunset Strip. He also announced the City of West Hollywood opted into the Janssen opioid settlement money and will be receiving 0.001% for 18 years. The City will be using the settlement money to purchase Narcan for the community and service providers located within the City.

VIII. ADJOURNMENT

17. Adjournment for the Meeting of April 18, 2023.

The meeting was adjourned by K. Donnelly at 3:10pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our website for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
General Orientation and Commission on HIV Overview *	March 29 3:00 - 4:30 PM
Priority Setting and Resource Allocation Process & Service Standards Development *	April 12 3:00 - 4:30 PM
Tips for Making Effective Written and Oral Public Comments	May 24 3:00 - 4:00 PM
Ryan White Care Act Legislative Overview Membership Structure and Responsibilities *	July 19 3:00 - 4:30 PM
Public Health 101	August 16 3:00 - 4:30 PM
Sexual Health and Wellness	September 20 3:00 - 5:00 PM
Health Literacy and Self-Advocacy	October 18 3:00 - 4:30 PM
Policy Priorities and Legislative Docket Development Process *	November 15 3:00 - 4:30 PM
Co-Chair Roles and Responsibilities	December 6 4:00 - 5:00 PM

Mandatory core trainings for all commissioners.

HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH
Office of Diversity and Inclusion

Equity Lens for Decision Making

Below are the current equity lens questions for use in planning, decision-making and implementation for policies, practices, and programs. These are a guide only, and there may be other factors to consider. The Lens is an ever-evolving tool for decision making, that changes as our constructs and understandings change.

SECTION 1: Basic Racial Equity Lens

1. What is the policy, program or decision under review?
2. What racial, cultural and/or ethnic group(s) experience disparities related to this policy, program or decision? Are they at the table? (If not, why?)
3. How might the policy, program or decision affect the group(s)? How might it be perceived by the group(s)?
4. Does the policy, program or decision improve, worsen, or make no change to existing disparities? Please elaborate. Does it result in systemic change that addresses institutional racism?
5. Does the policy, program, or decision produce any intentional benefits or unintended consequences for the affected group(s)?
6. Based on the above responses, what are the possible revisions to the policy, program, or decision under review?
7. What next step is recommended and how will it be advanced?

Adapted from: Portland State University Equity Lens Assessment Tool

SECTION 2: Multi-Dimension Equity Lens

(Broad inclusion of multiple as well as intersecting historically marginalized groups and underserved populations) These questions provide more global considerations and speak to macro issues such as policy as well as individual project, program or micro issue decision making, action and implementation.

People

- How have we adequately ensured that our operational processes are inclusive and that elements of the process have not created barriers to meaningful participation?
- Which stakeholder groups would we like to have included but were unable to facilitate?
- Who is affected—positively, negatively, or not at all—by this decision, process, and actions? List positives and negatives.
- What are the specific ways this decision, process, or action, etc. is expected to reduce disparities and advance social justice?
- How have you intentionally involved stakeholders who are also members of the communities affected by the strategic investment or resource allocation? How do you validate your assessment?

Place

- On the basis of Harvard Chan School of Public Health's social, physical and cultural location, how does this process compensate for access limitations of various stakeholder groups?
- How have we modified our process to support access by marginalized community stakeholders?

Process

- How are our processes supporting the empowerment of communities historically most affected by inequities?
- How are processes ensuring that participants' emotional and physical safety needs are addressed?
- How are processes supporting participants' need to be productive and feel valued?
- How are our processes building ongoing community capacity for involvement with Harvard Chan School of Public Health by those communities historically most affected by inequities?
- How are we using this opportunity to contribute to the leadership development of those from marginalized communities?
- What types of biases have influenced the work of your group and how have these been identified and addressed?
- What improvements to team processes can you support for naming and identifying unaddressed bias?
- What have we learned about effective practices that we can recommend being continued by other offices and departments?
- What are the barriers to more equitable outcomes? (e.g. mandated, political, financial, programmatic, or managerial)

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
RYAN WHITE PART A, MAI YR 32 AND PART B YR 32 EXPENDITURES BY RWP SERVICE CATEGORIES
Expenditures reported by May 9, 2023

1	2	3	4	5	6	7	8	9	10	11	12
SERVICE CATEGORY	YEAR TO DATE EXPENDITURES PART A	YEAR TO DATE EXPENDITURES MAI	TOTAL YEAR TO DATE EXPENDITURES PART A AND MAI (Total Columns 2+3)	FULL YEAR ESTIMATED EXPENDITURES PART A	FULL YEAR ESTIMATED EXPENDITURES MAI	FULL YEAR ESTIMATED EXPENDITURES PART A + MAI (Total Columns 5+6)	PART A + MAI EXPENDITURES %	YEAR TO DATE EXPENDITURES PART B	FULL YEAR ESTIMATED EXPENDITURES PART B	TOTAL YEAR TO DATE EXPENDITURES FOR RWP SERVICES (Total Columns 4+9)	COH YR 32 ALLOCATIONS %
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	$ 5,556,671	$ -	$ 5,556,671	$ 5,855,928	$ -	$ 5,855,928	14.20%	$ -	$ -	$ 5,556,671	23.70%
MEDICAL CASE MGMT (Medical Care Coordination)	$ 9,655,271	$ -	$ 9,655,271	$ 9,662,622	$ -	$ 9,662,622	23.44%	$ -	$ -	$ 9,655,271	21.87%
ORAL HEALTH CARE	$ 7,472,541	$ -	$ 7,472,541	$ 7,472,541	$ -	$ 7,472,541	18.13%	$ -	$ -	$ 7,472,541	16.36%
MENTAL HEALTH	$ 209,524	$ -	$ 209,524	$ 209,524	$ -	$ 209,524	0.51%	$ -	$ -	$ 209,524	3.78%
EARLY INTERVENTION SERVICES	$ 76,652	$ -	$ 76,652	$ 76,652	$ -	$ 76,652	0.19%	$ -	$ -	$ 76,652	0.00%
HOME AND COMMUNITY BASED HEALTH SERVICES	$ 2,758,499	$ -	$ 2,758,499	$ 2,758,499	$ -	$ 2,758,499	6.69%	$ -	$ -	$ 2,758,499	6.30%
CHILD CARE SERVICES	$ -	$ -	$ -	$ -	$ -	$ -	0.00%	$ -	$ -	$ -	0.88%
NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services	$ 1,412,702	$ -	$ 1,412,702	$ 1,421,219	$ -	$ 1,421,219	3.45%	$ -	$ -	$ 1,412,702	2.27%
NON-MEDICAL CASE MANAGEMENT-Transitional Case Management	$ -	$ 563,156	$ 563,156	$ -	$ 574,443	$ 574,443	1.39%	$ -	$ -	$ 563,156	0.99%
HOUSING-RCFCI, TRCF	$ 418,179	$ -	$ 418,179	$ 418,179	$ -	$ 418,179	1.01%	$ 4,264,161	$ 4,264,161	$ 4,682,340	0.91%
HOUSING-Temporary and Permanent Supportive with Case Management	$ -	$ 3,283,615	$ 3,283,615	$ -	$ 3,283,615	$ 3,283,615	7.96%	$ -	$ -	$ 3,283,615	7.38%
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	$ -	$ -	$ -	$ -	$ -	$ -	0.00%	$ 656,363	$ 656,363	$ 656,363	--
MEDICAL TRANSPORTATION	$ 582,121	$ -	$ 582,121	$ 582,121	$ -	$ 582,121	1.41%	$ -	$ -	$ 582,121	2.01%
LANGUAGE SERVICES	$ 5,198	$ -	$ 5,198	$ 5,198	$ -	$ 5,198	0.01%	$ -	$ -	$ 5,198	0.60%
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	$ 3,760,947	$ -	$ 3,760,947	$ 3,760,947	$ -	$ 3,760,947	9.12%	$ -	$ -	$ 3,760,947	8.31%

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
RYAN WHITE PART A, MAI YR 32 AND PART B YR 32 EXPENDITURES BY RWP SERVICE CATEGORIES
Expenditures reported by May 9, 2023

EMERGENCY FINANCIAL ASSISTANCE	$ 1,741,442	$ -	$ 1,741,442	$ 1,741,442	$ -	$ 1,741,442	4.22%	$ -	$ -	$ 1,741,442	3.70%
REFERRAL/OUTREACH (PARTNER SERVICES/LINKAGE AND REENGAGEMENT PROGRAM)	$ 2,268,275	$ -	$ 2,268,275	$ 2,816,216	$ -	$ 2,816,216	6.83%	$ -	$ -	$ 2,268,275	--
LEGAL	$ 440,512	$ -	$ 440,512	$ 587,349	$ -	$ 587,349	1.42%	$ -	$ -	$ 440,512	0.93%
SUB-TOTAL DIRECT SERVICES	$ 36,358,534	$ 3,846,771	$ 40,205,305	$ 37,368,437	$ 3,858,058	$ 41,226,495	100.00%	$ 4,920,524	$ 4,920,524	$ 45,125,829	100.00%
YR 32 ADMINISTRATION (INCLUDING PLANNING COUNCIL)	$ 4,214,223	$ 362,577	$ 4,576,800	$ 4,214,223	$ 378,020	$ 4,592,243		$ 526,285	$ 526,285	$ 5,103,085	
YR 32 CLINICAL QUALITY MANAGEMENT (HRSA Part A Legislative Requirement)	$ 915,362	$ -	$ 915,362	$ 915,362	$ -	$ 915,362		$ -	$ -	$ 915,362	
TOTAL EXPENDITURES	$ 41,488,119	$ 4,209,348	$ 45,697,467	$ 42,498,022	$ 4,236,078	$ 46,734,100		$ 5,446,809	$ 5,446,809	$ 51,144,276	
TOTAL GRANT AWARD				**$ 42,142,230**	**$ 3,780,205**	**$ 45,922,435**			**$ 5,446,809**		
VARIANCE				355,792	455,873				0		
MAI Carryover from YR 31 to YR 32	$	1,747,329									
Estimated MAI Carryover from YR32 to YR 33	**$**	**1,291,456**									

DRAFT

	Part A Award	MAI Award	Part A/MAI Totals
Total Award	**$ 42,984,882**	**$ 3,675,690**	**$ 46,660,572**
Admin Ceiling	$ 4,298,488	$ 367,569	**$ 4,666,057**
CQM	$ 859,698	$ -	**$ 859,698**
Direct Services	$ 37,826,696	$ 3,308,121	**$ 41,134,817**

	Service Category	FY 2023 Approved Part A Allocations (approved 1/13/22)	FY 2023 Part A Recommendation	FY 2023 Part A %	FY 2023 Approved MAI Allocations (approved 1/13/22)	FY 2023 MAI Recommendation	FY 2023 MAI %	Total FY 2023 Part A/MAI Recommended $	Total FY 2023 Part A/MAI %	Notes
ORE SERVICES (68.94%)	Outpatient/Ambulatory Health Services	25.51%	$ 7,033,345	18.59%	0.00%	$ -	0.00%	**$ 7,033,345**	**17.10%**	Reduction in Part A allocation to account for addition of EIS, EFA and Outreach allocations and estimated YR 33 AOM expenditures.
	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	AIDS Pharmaceutical Assistance (local)	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Oral Health	17.60%	$ 6,658,822	17.60%	0.00%	$ -	0.00%	**$ 6,658,822**	**16.19%**	No change.
	Early Intervention Services	0.00%	$ 1,947,583	5.15%	0.00%	$ -	0.00%	**$ 1,947,583**	**4.73%**	Allocation includes new DPH Clinic Health Services program. Funding will help support a status-neutral approach using Part A funds.
	Health Insurance Premium & Cost Sharing Assistance	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Home Health Care	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Home and Community Based Health Services	6.78%	$ 2,565,974	6.78%	0.00%	$ -	0.00%	**$ 2,565,974**	**6.24%**	No change.
	Hospice Services	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.

C	Mental Health Services	4.07%	$ 1,290,874	3.41%	0.00%	$ -	0.00%	$ **1,290,874**	**3.14%**	Reduction in Part A allocation due to estimated YR 33 expenditures. Spanish Mental Health Telehealth and other mental health assesments will be supported using EHE funds.
	Medical Nutritional Therapy	0.00%	$ -	0.00%	0.00%	$ -	0.00%	$ **-**	**0.00%**	No change.
	Medical Case Management (MCC)	28.88%	$ 8,862,606	23.43%	0.00%	$ -	0.00%	$ **8,862,606**	**21.55%**	Reduction in Part A allocation by to account addition of EIS, Out reach and EFA allocations and estimated YR 33 MCC expenditures.
	Substance Abuse Services Outpatient	0.00%	$ -	0.00%	0.00%	$ -	0.00%	$ **-**	**0.00%**	No change.
SUPPORT SERVICES (31.06%)	Case Management (Non-Medical) Benefits Specialty	2.44%	$ 923,917	2.44%	0.00%	$ -	0.00%	$ **923,917**	**2.25%**	No change.
	Case Management (Non-Medical) TCM - Jails	0.00%	$ -	0.00%	12.61%	$ 417,154	12.61%	$ **417,154**	**1.01%**	No change.
	Child Care Services	0.95%	$ 360,299	0.95%	0.00%	$ -	0.00%	$ **360,299**	**0.88%**	No change.
	Emergency Financial Assistance	0.00%	$ 1,569,808	4.15%	0.00%	$ -	0.00%	$ **1,569,808**	**3.82%**	EFA allocation added. EFA was previously funded under HRSA EHE but now funded with Part A to ensure RWHAP target populations are reached with the program.
	Food Bank/Home-delivered Meals	8.95%	$ 3,386,813	8.95%	0.00%	$ -	0.00%	$ **3,386,813**	**8.23%**	No change.
	Health Education/Risk Reduction	0.00%	$ -	0.00%	0.00%	$ -	0.00%	$ **-**	**0.00%**	No change.
	Housing Services RCFCI	0.58%	$ 220,719	0.58%	0.00%	$ -	0.00%	$ **220,719**	**0.54%**	No change.
	Housing Services TRCF	0.38%	$ 145,065	0.38%	0.00%	$ -	0.00%	$ **145,065**	**0.35%**	No change.
	Housing Services /Rental Subsidies with CM	0.00%	$ -	0.00%	87.39%	$ 2,890,967	87.39%	$ **2,890,967**	**7.03%**	Permanent Supportive Housing/Rental Subsidies costs beyond allocation to be supported using MAI carryover or other funding sources.
	Legal Services	1.00%	$ 379,213	1.00%	0.00%	$ -	0.00%	$ **379,213**	**0.92%**	No change.
	Linguistic Services	0.65%	$ 246,819	0.65%	0.00%	$ -	0.00%	$ **246,819**	**0.60%**	No change.

Medical Transportation	2.17%	$ 721,771	1.91%	0.00%	$ -	0.00%	**$ 721,771**	**1.75%**	Part A allocation reduced due to estimated YR 33
Outreach Services	0.00%	$ 1,513,068	4.00%	0.00%	$ -	0.00%	**$ 1,513,068**	**3.68%**	Funds will support Linkage and Reengagement Program and Partner Services Program.
Psychosocial Support Services	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	New Buddy Program is supported using EHE funds.
Referral	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
Rehabilitation	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
Respite Care	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
Substance Abuse Residential	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
Treatment Adherence Counseling	0.00%	$ -	0.00%	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
Overall Total		**$ 37,826,696**			**$ 3,308,121**		**$ 41,134,817**		
Admin		**$ 4,298,488**			**$ 367,569**		**$ 4,666,057**		
CQM		**$ 859,698**			**$ -**		**$ 859,698**		
		$ 42,984,882			**$ 3,675,690**		**$ 46,660,572**		

Characterizing Unmet Need for Medical Care: Results from Health Resources and Services Administration-HIV/AIDS Bureau's Updated Approach

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Program Monitoring & Evaluation
Division of HIV and STD Programs

Los Angeles County Commission on HIV
May 11, 2023

Presentation Overview

- Follow-up to presentation at annual meeting on updated approach to estimate unmet need

- Second of three presentations to discuss estimates
  - Late diagnoses (April 2023)
  - **Unmet need for medical care, or not in care (May 2023)**
  - In care but not virally suppressed (June 2023)

- Define of unmet need measures and populations, present results and discuss how to use in our work

What is Unmet Need?

- Defined by HRSA HIV/AIDS Bureau as:

  " the need for HIV-related health services by individuals with HIV who are aware of their status, but are not receiving regular primary [HIV] health care."
- Estimated Unmet Need has been a reporting requirement for RWHAP recipients since 2005
- Data and methods to estimate unmet need have evolved with improvements in HIV care and data quality
- New and expanded methodology released 2021 and implemented in 2022

1."HRSA/HAB Definitions Relate to Needs Assessment," prepared for the Division of Service Systems, HIV/AIDS Bureau by Mosaica: The Center for Nonprofit Development and Pluralism, June 10, 2002.

Evolving Definition of Unmet Need

2005

- Focus on people aware of their HIV/AIDS diagnosis but not in regular HIV medical care
- People living with diagnosed HIV and AIDS with no evidence of care (at least one **viral load [VL]** or **CD4 test** or **ART prescription**) in past 12 months

2017

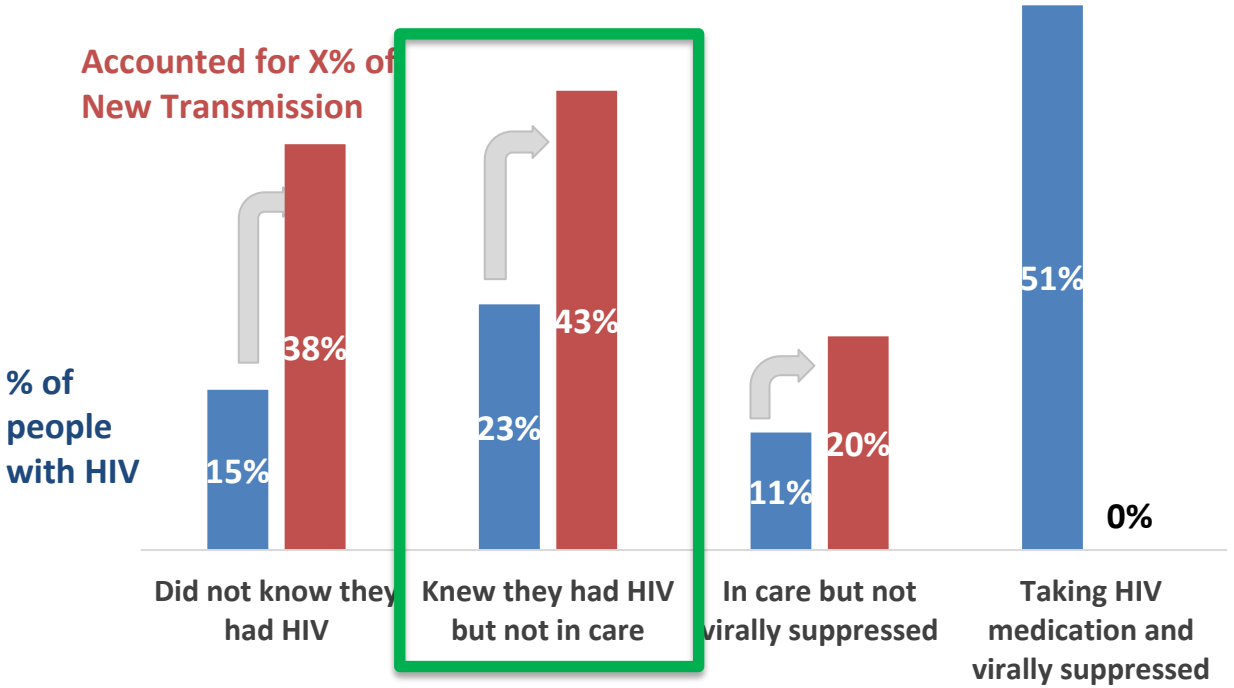
- Care markers updated to align with HIV Care Continuum Definitions
- People living with diagnosed HIV and AIDS with no evidence of care (2 or more **medical visits** or **VL** or **CD4 tests** at least 90 days apart) in past 12 months

2021

- Revised care markers and expanded populations
- People living with **diagnosed HIV** with no evidence of care (at least one **VL or CD4 test**) in the past 12 months
- Adds two new indicators:
  - Persons diagnosed with HIV in the past 12 months with **LATE DIAGNOSIS (Stage 3 (AIDS)** diagnosis or an **AIDS-defining condition** ≤ 3 month after HIV diagnosis**)**
  - Persons living with diagnosed HIV **IN MEDICAL CARE** (at least one VL or CD4 test) who were **NOT VIRALLY SUPPRESSED** in the past 12 months

Unmet need estimates attempt to measure the gaps between the HIV care continuum

- To reduce HIV transmission

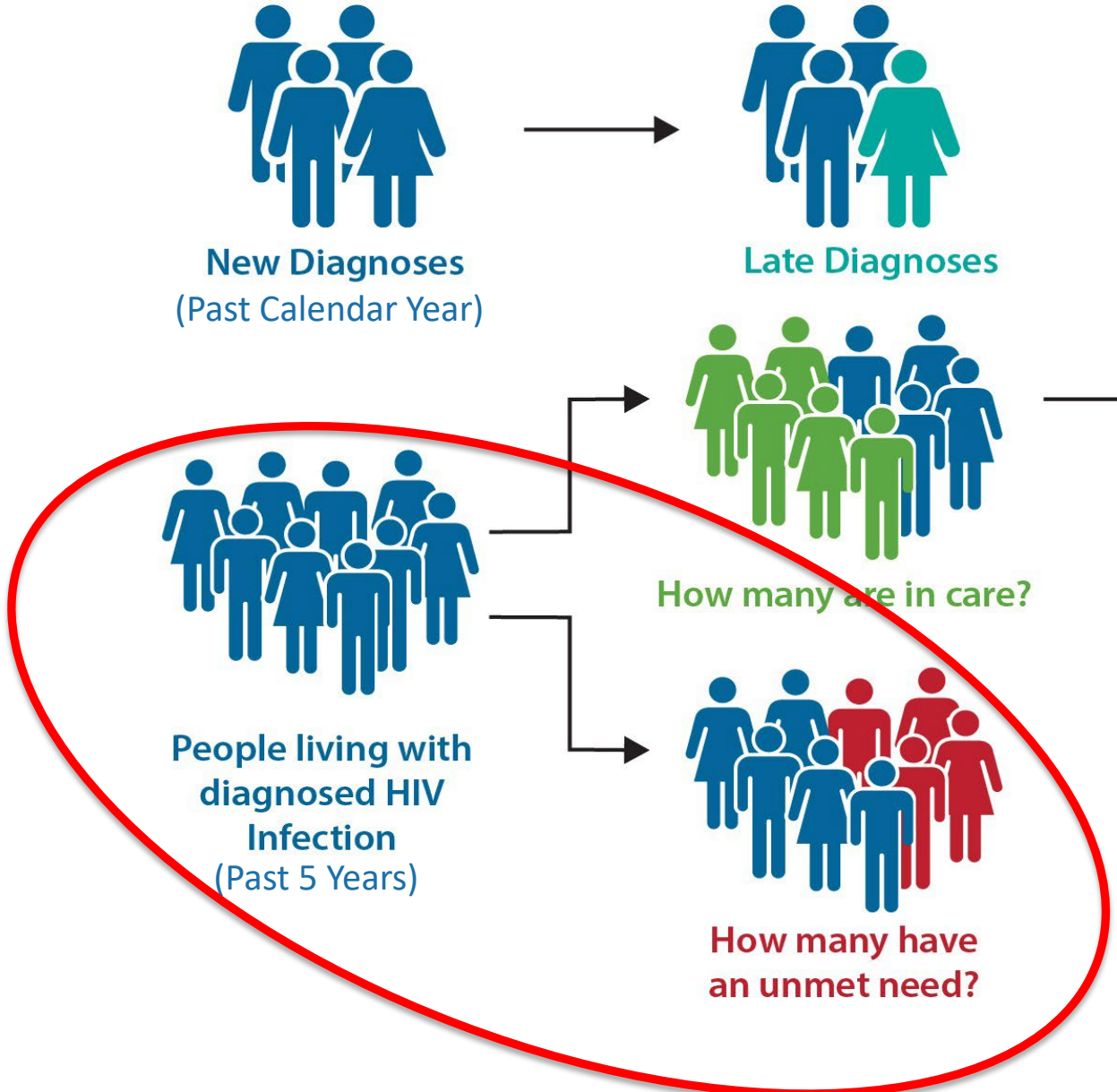


HIV Transmissions in the United States, 2016[1]

- To improve health outcomes among PLWDH
  - Start ART early in infection
  - Reduce HIV comorbidities, coinfections and complications
  - Slow disease progression
  - Extend life expectancy
  - Reduce HIV-related mortality

1. Li Z, Purcell DW, Sansom SL, Hayes D, Hall HI. *Vital Signs:* HIV Transmission Along the Continuum of Care — United States, 2016. MMWR Morb Mortal Wkly Rep 2019;68:267–272. DOI: http://dx.doi.org/10.15585/mmwr.mm6811e1 .
2. National HIV/AIDS Strategy for the United States (2022-2025). https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf

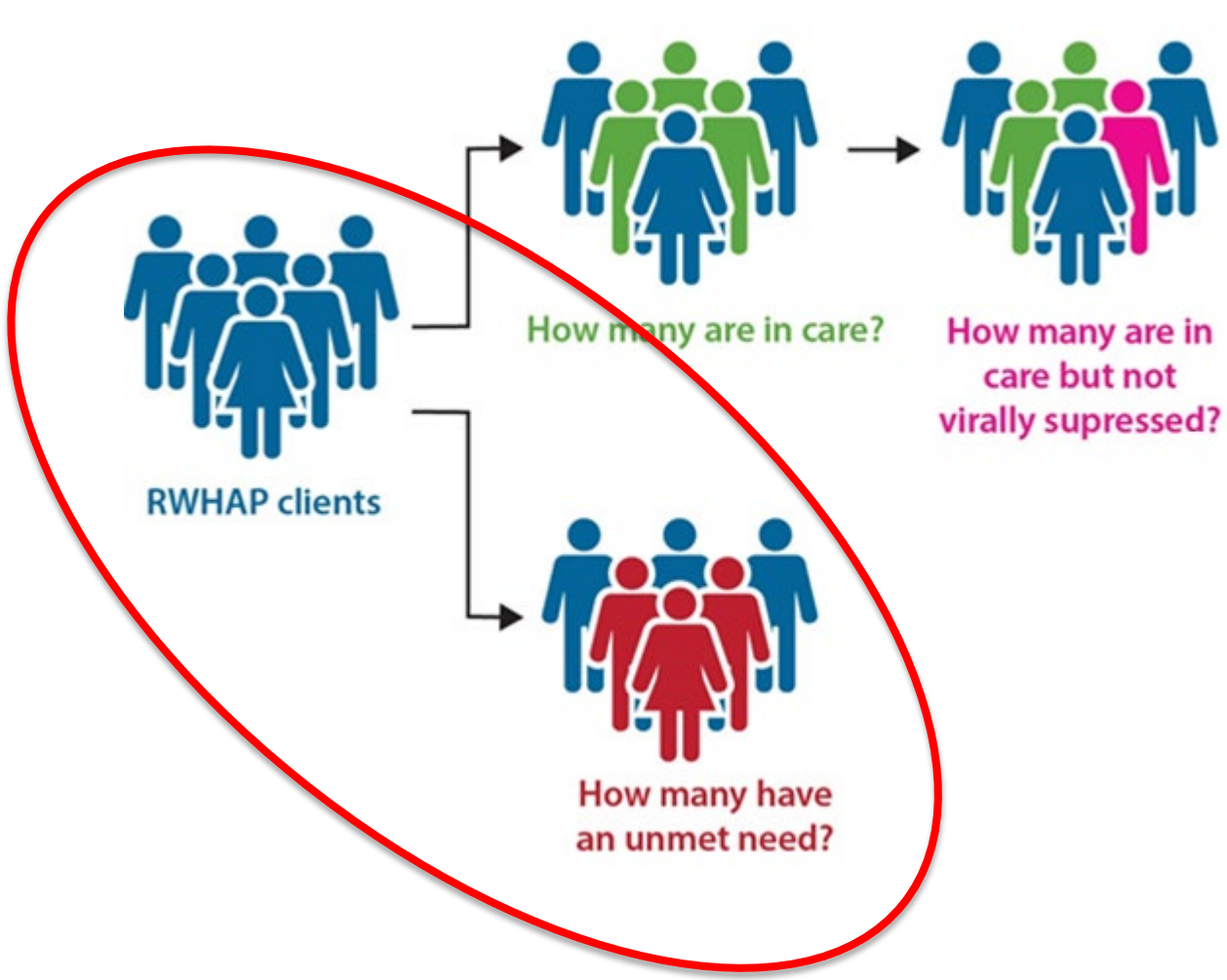
LAC Populations for Estimates of Unmet Need



What do the data look like for three priority populations (chosen by jurisdiction)?

1. Hollywood-Wilshire HD
2. Central HD
3. Long Beach HD

RWP Populations for Estimates of Unmet Need



1. Hollywood-Wilshire HD
2. Central HD
3. Long Beach HD

What do the data look like for three priority populations (chosen by jurisdiction)?

Approaches to Identify Disparities and Gaps - Examples

Across/Between Group Comparison*

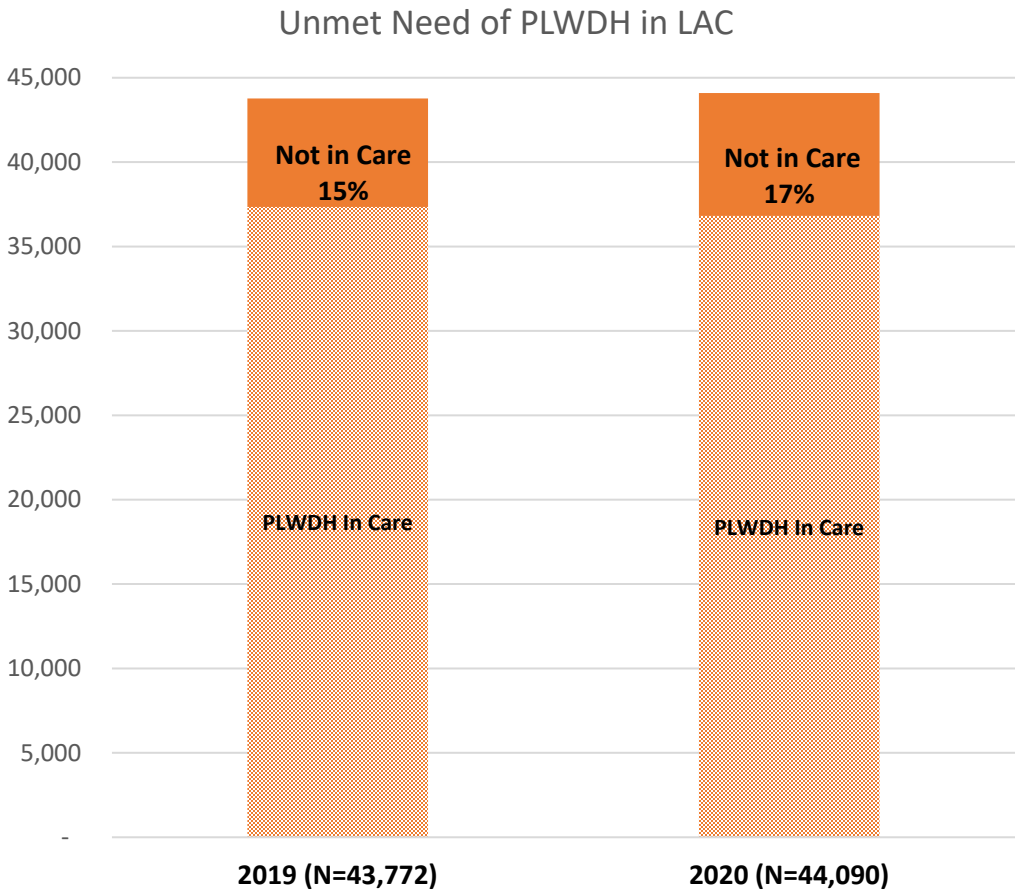
- Helpful for describing a population
  - Latino males made up 24% of LAC residents in 2020
- Identify disparities across populations
  - Latino males made up 53% of LAC residents newly diagnosed HIV in 2020
  - Proportional difference between residents who were Latino males (24%) to compared to new diagnoses who were Latino males (53%)

Within Group Comparisons*

- Helpful to identify how specific groups are impacted compared to each other
  - Linkage to care among newly diagnosed
    - Hollywood-Wilshire HD residents (85%) vs.
    - Central HD residents (67%) vs.
    - Long Beach HD residents (80%)

*Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf.

Considerations when thinking about this data



- These data represent the characteristics of:
  - LAC residents with living with confirmed HIV diagnoses in 2020 reported to DHSP
  - RWP clients who accessed services in 2020
- These data do not reflect
  - Why PLWDH may or may not access HIV care services
- Unmet need is estimated using HIV surveillance and program data – both may be incomplete due to reporting delay For example, changes in unmet need from 2019 to 2020 may be due to
  - Decreased laboratory access or availability due to COVID-19
  - Fewer people seeking care services

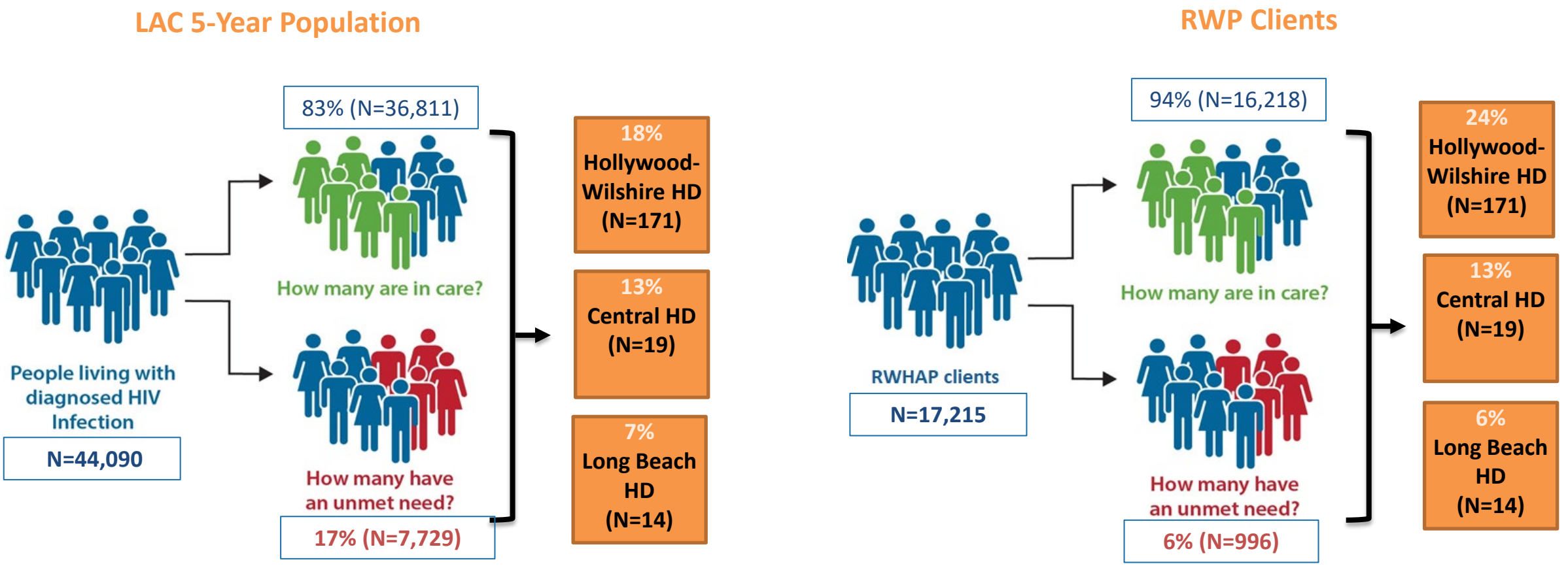
Unmet Need Estimate: Not In Care among PLWDH and RWP Clients in LAC, 2020

Context for Unmet Need for Medical Care

- Local goal: increase engagement/receipt of care to 90% by 2025
  - 68% of PLWDH were engaged in care in 2020[1]
- Unmet need includes PWLH who may have not linked following diagnosis or have fallen out of care
  - Approximately 76% of new diagnoses were linked to care in ≤ 1 month[1]
  - On average, it takes 3.1 months to re-engage LRP clients into care and ranged from <1 month to 18 months[2]
- Challenges to provider knowing care status
  - Helpful to track how well our care system supports early treatment and responsive services

1.Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf.
2.Division of HIV and STD Programs, Linkage and Re-Engagement Program, 2016-2019.

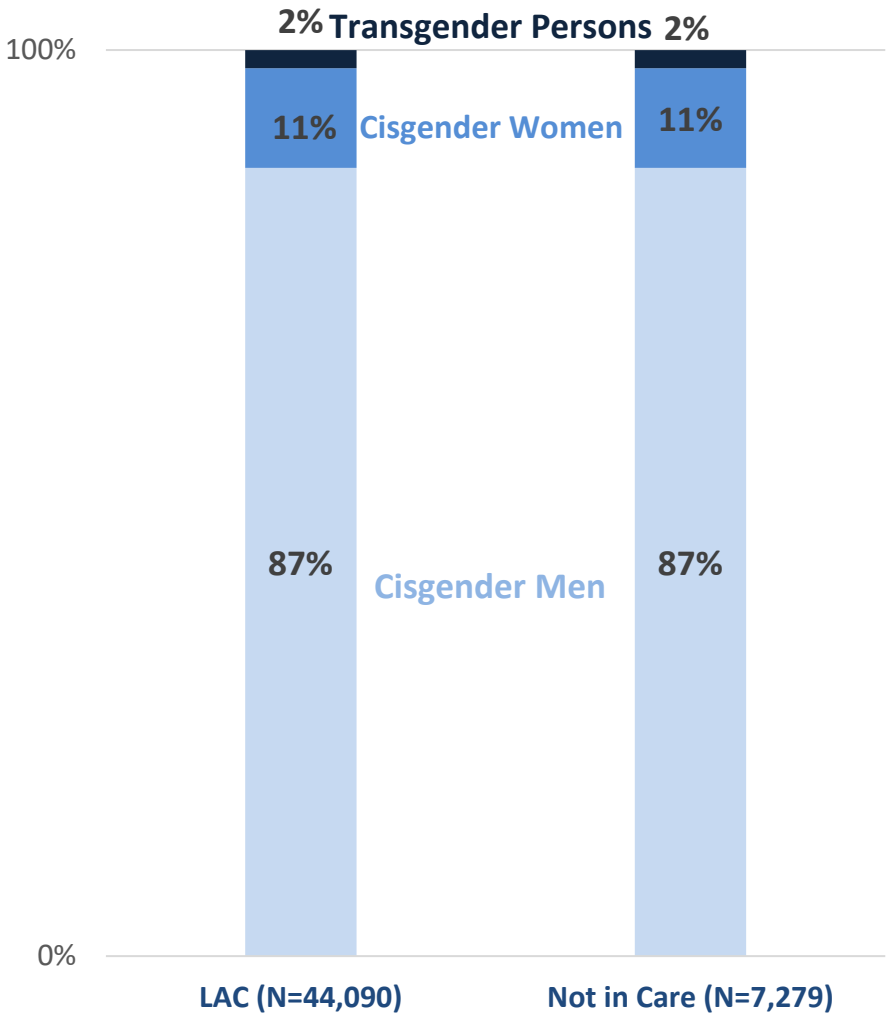
Estimated Unmet Need among LAC PLWDH and RWP Clients, 2020



- Unmet need was lower among RWP clients compared to LAC
- In LAC and in the RWP, unmet need was highest among residents of Hollywood-Wilshire health district

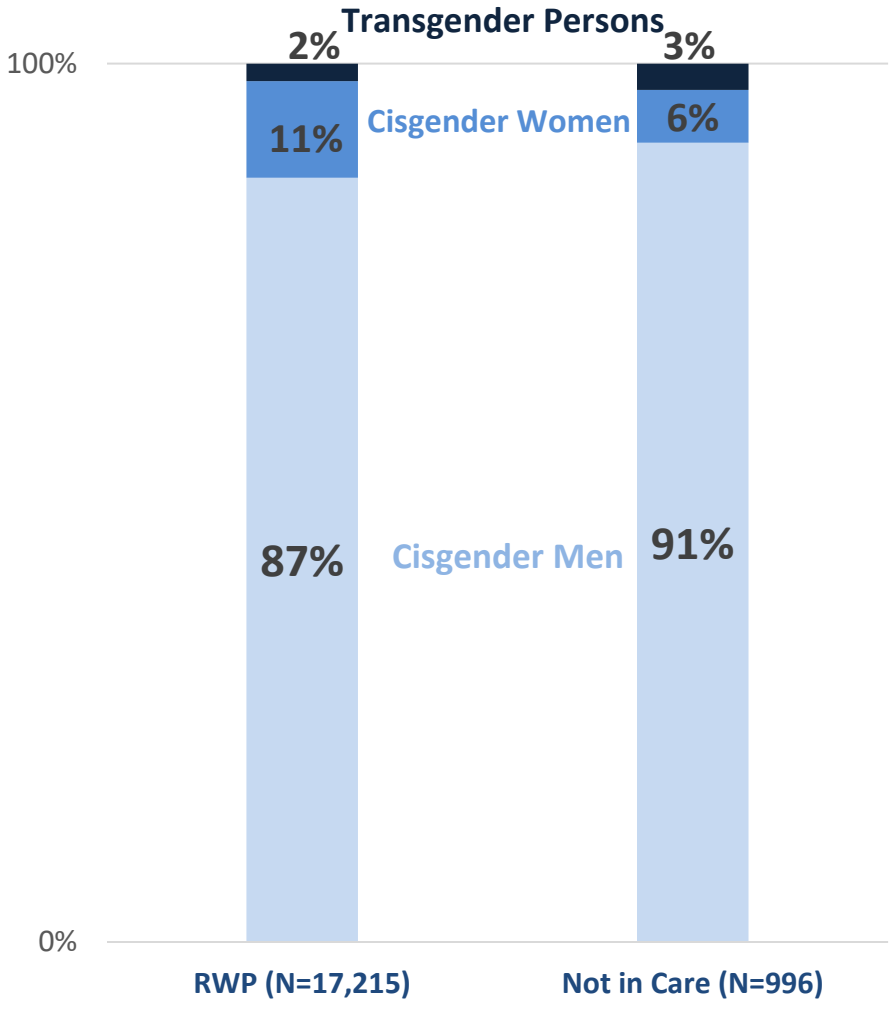
Unmet Need in LAC and RWP by Gender Identity, 2020

LAC PLWDH



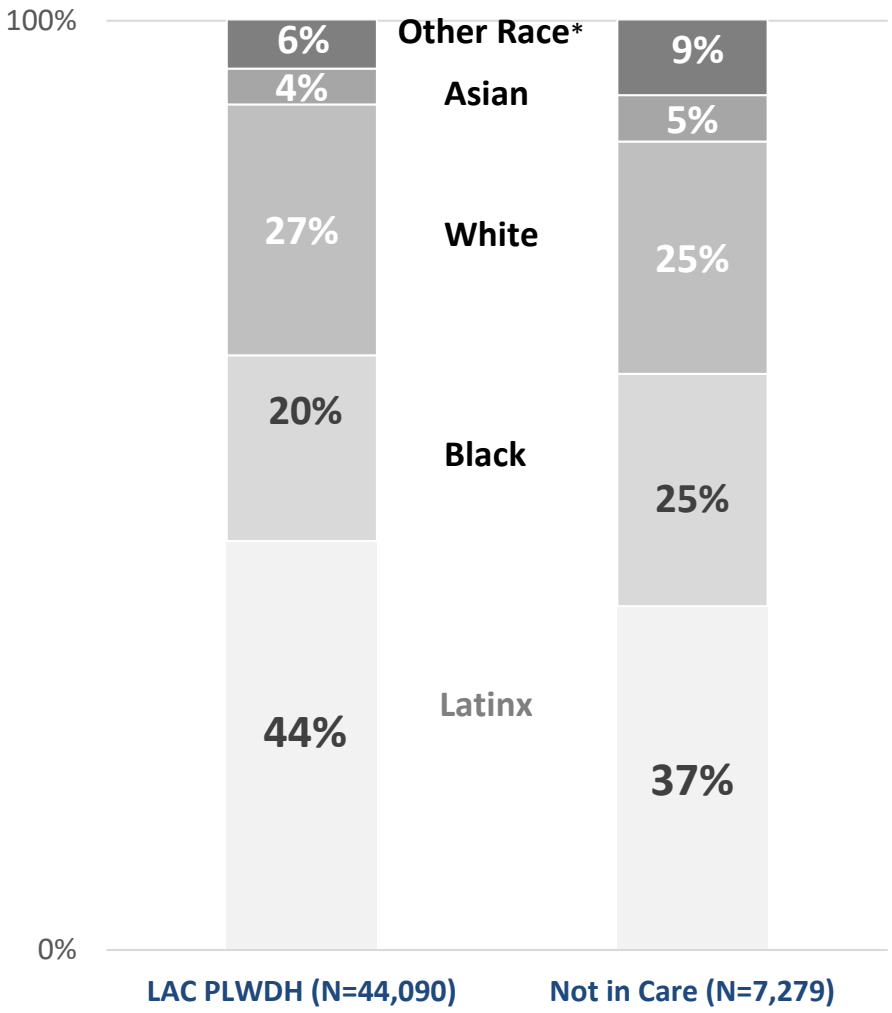
- The largest percent of PLWH and RWP clients were cisgender men
- Cisgender men represented the majority of persons not in care
- In RWP, cisgender men represented 87% of clients but 91% of unmet need

RWP CLIENTS



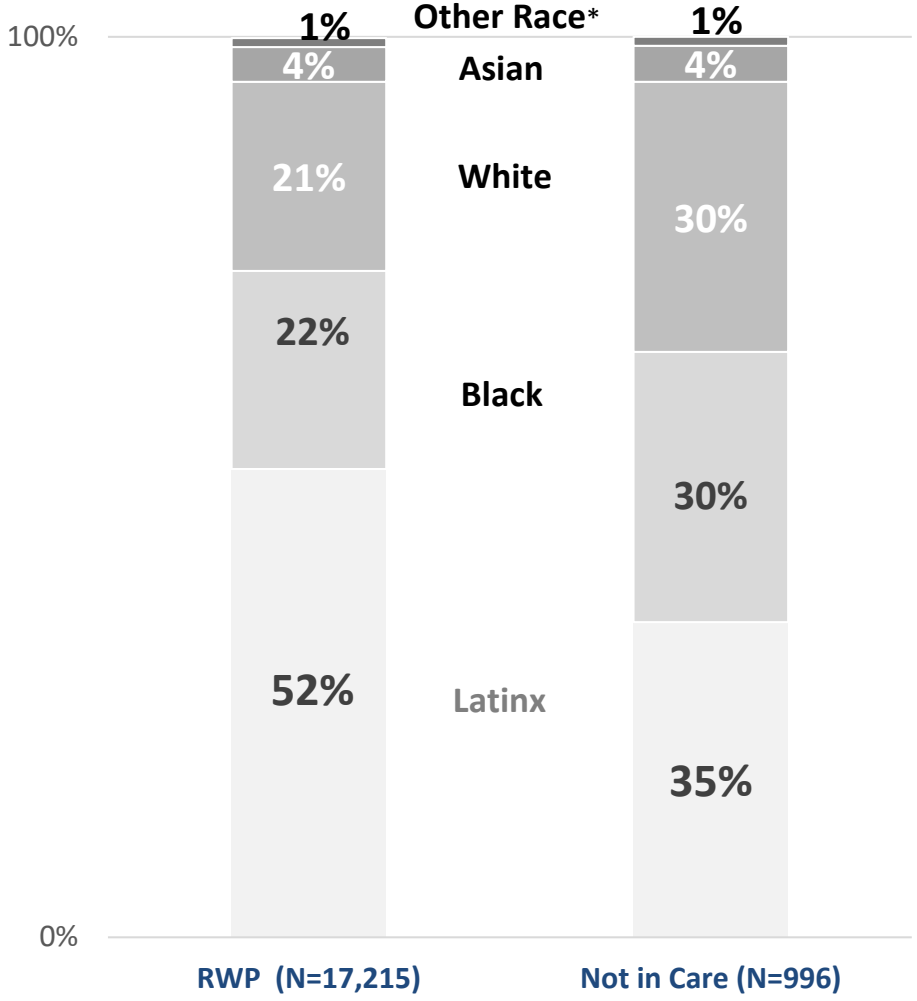
Unmet Need in LAC and RWP by Racial/Ethnic Group, 2020

LAC PLWDH



- A higher percent of RWP clients were Latinx vs. LAC
- Fewer RWP clients were of other racial/ethnic groups compared to LAC
- In both populations, unmet need was disproportionately higher among Black PLWDH and RWP clients
- 21% of RWP clients were White but represented 30% of unmet need

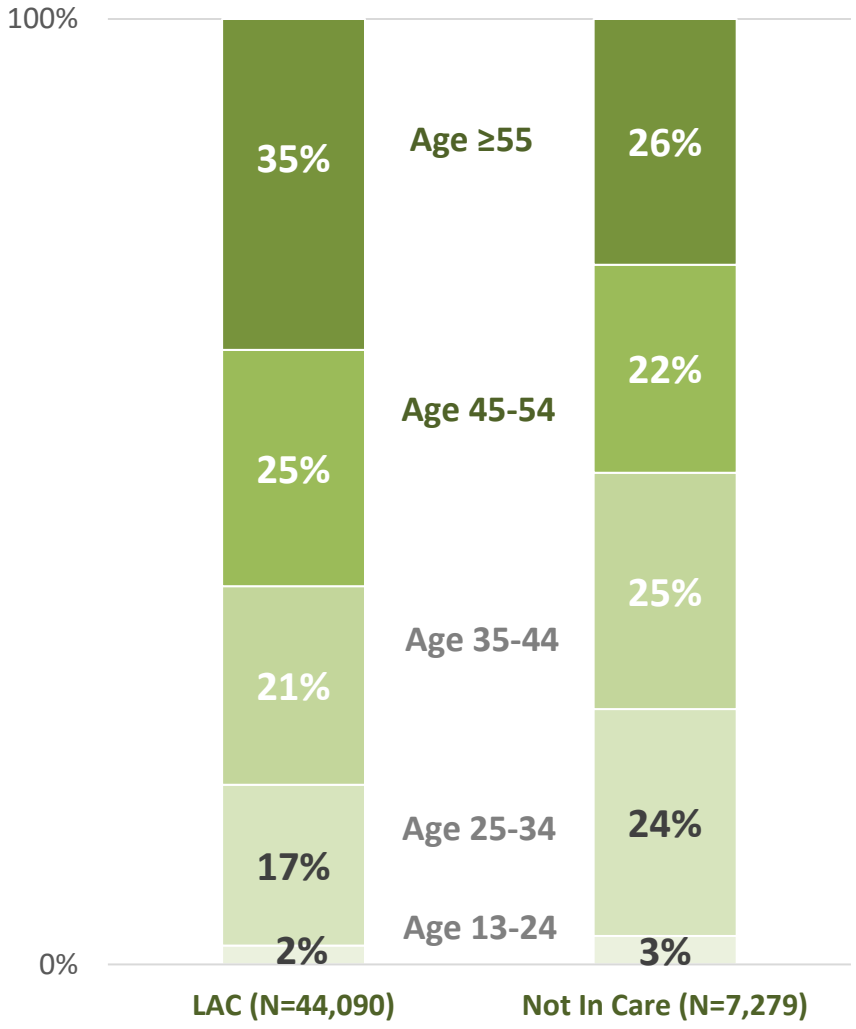
RWP CLIENTS



*Persons of other racial/ethnic groups include: Multiple race, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and race/ethnicity not reported.

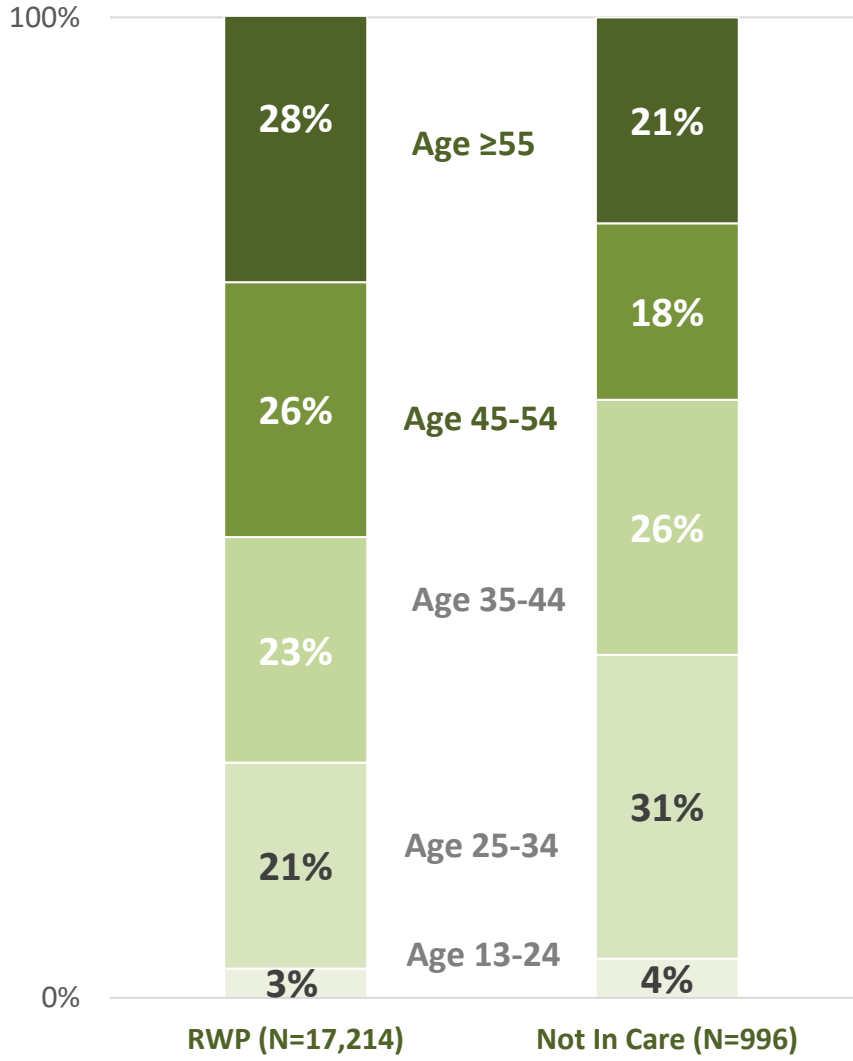
Unmet Need in LAC and RWP by Age Group, 2020

LAC PLWDH



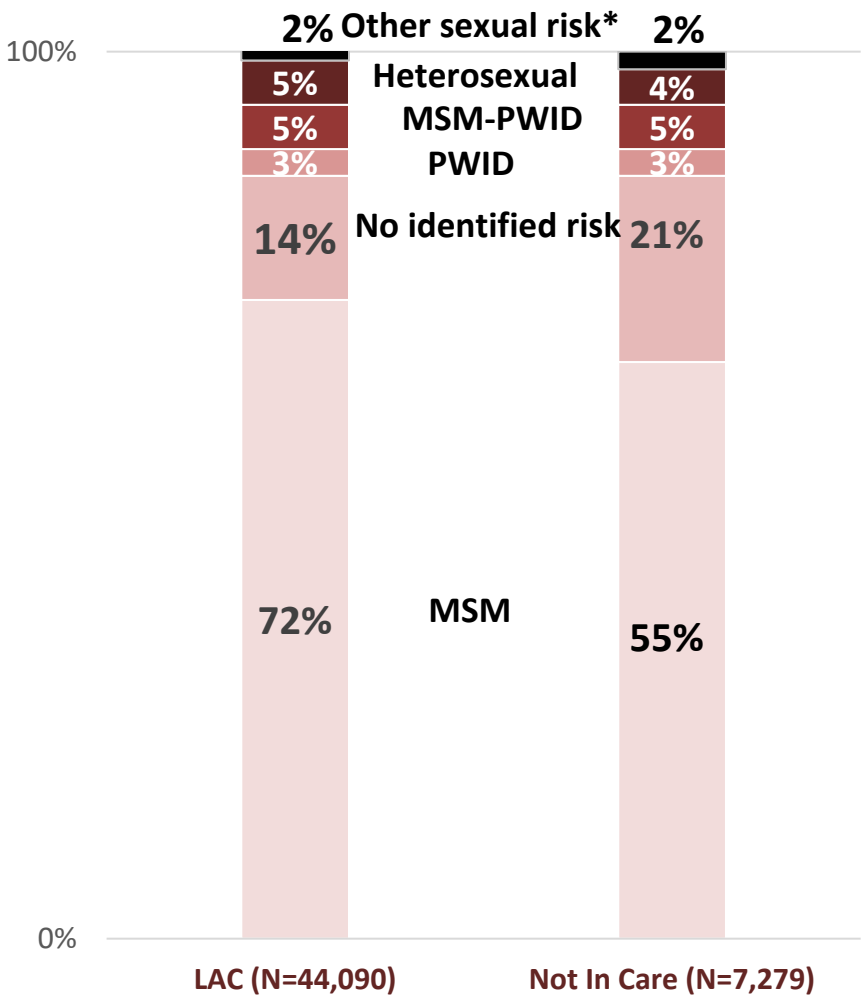
- The majority LAC PLWDH and RWP clients were ≥ age 45
- PLWDH ≥age 55 years represented the 35% PLWDH in LAC, however they represented 26% of unmet need
- While 40% of PLWDH in LAC were <age 45 they represented 52% of people with unmet need
- Similarly, clients <age 45 represented 47% of RWP clients but 62% of unmet need

RWP CLIENTS



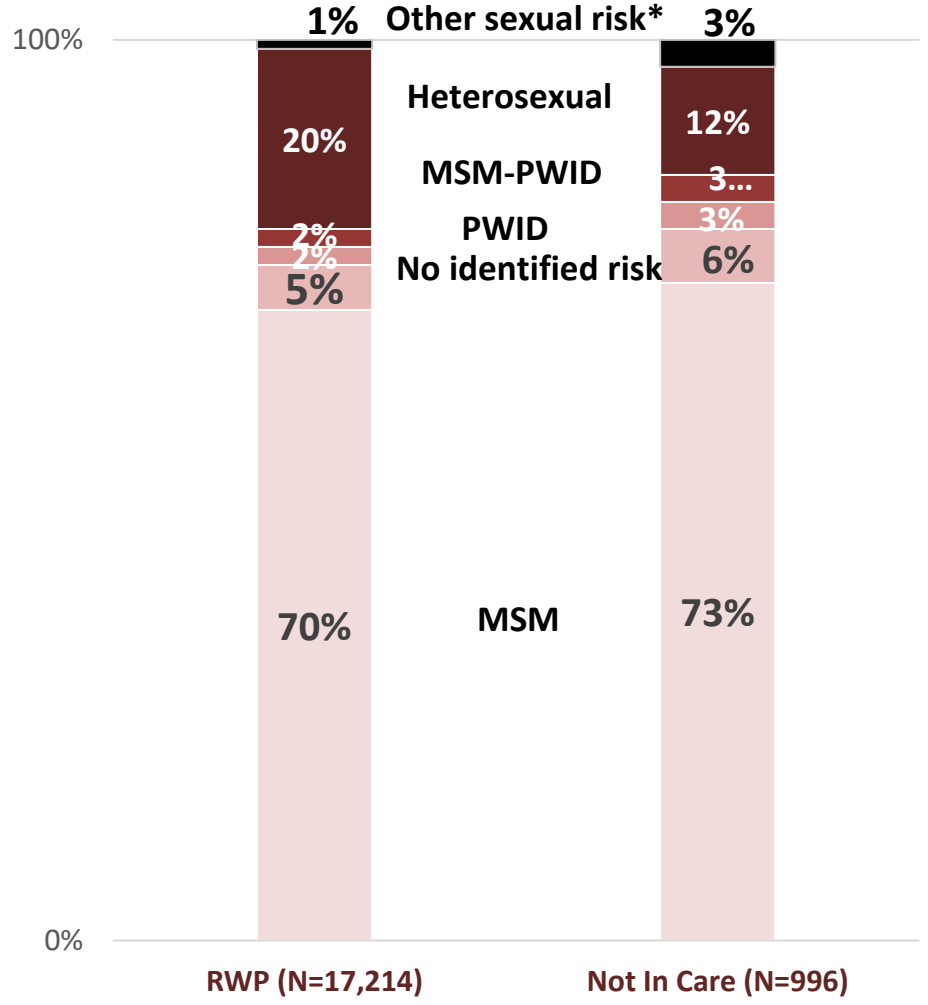
Unmet Need in LAC and RWP Populations by HIV Risk Category, 2020

LAC PLWDH



- The majority of LAC PLWDH and RWP clients were MSM
- While 14% of LAC PLWDH had no identified risk, they represented 21% of unmet need
- Relative to population size, MSM represented a lower percent of LAC PLWDH with unmet need

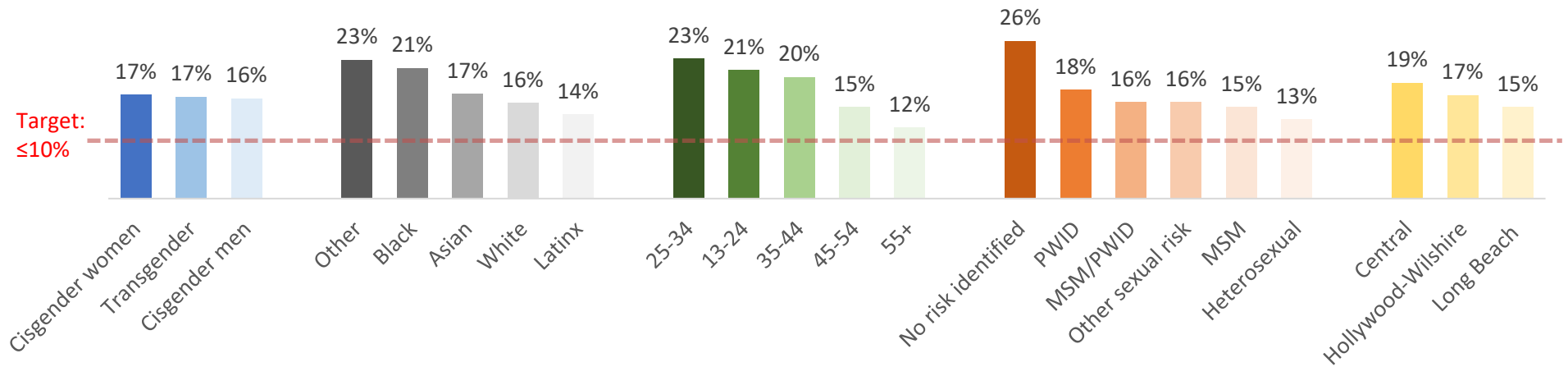
RWP CLIENTS

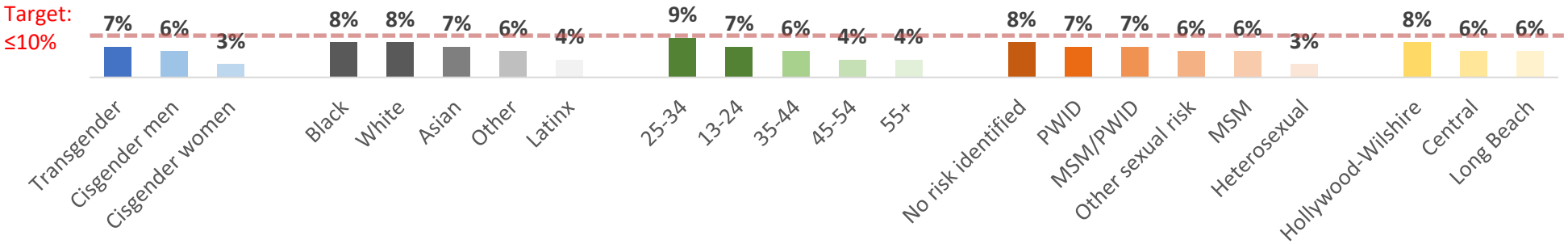


Definitions: MSM: Men who have sex with men; PWID: People who inject drugs

*Other sexual risk includes: sexual contact among transgender individuals, sexual contact and PWID among trans individuals.

LAC PLWDH





Unmet need was lower in RWP vs LAC within all categories

Unmet need exceeded the target in LAC however met the target in RWP

RWP CLIENTS

Los Angeles County PLWDH Population-Level Unmet Need Estimates within Categories of Age, Gender, Race/Ethnicity, Transmission/Risk Categories and Health District, 2020.

Key Takeaways

Population-level (LAC)

Largest burden of unmet need (not in care)	• Cisgender men • Latinx PLWDH • 55 years and older • MSM • Hollywood-Wilshire HD
Unequal % of PLWDH vs unmet need	• Black PLWDH • <45 years of age • No identified HIV risk
Highest % of unmet need within population	• Black and other racial/ethnic groups • <35 years of age • With no risk identified • Central HD

Program-level (RWP)

Largest burden of unmet need (not in care)	• Cisgender men • Latinx clients • Aged 25-34 years • MSM • Hollywood-Wilshire HD
Unequal % of RWP clients vs unmet need	• Black and White clients • <45 years of age • Other sexual risk
Highest % of unmet need within population	• Transgender clients • Black and White clients • <35 years of age • No identified risk, PWID, MSM/PWID, • Hollywood-Wilshire HD

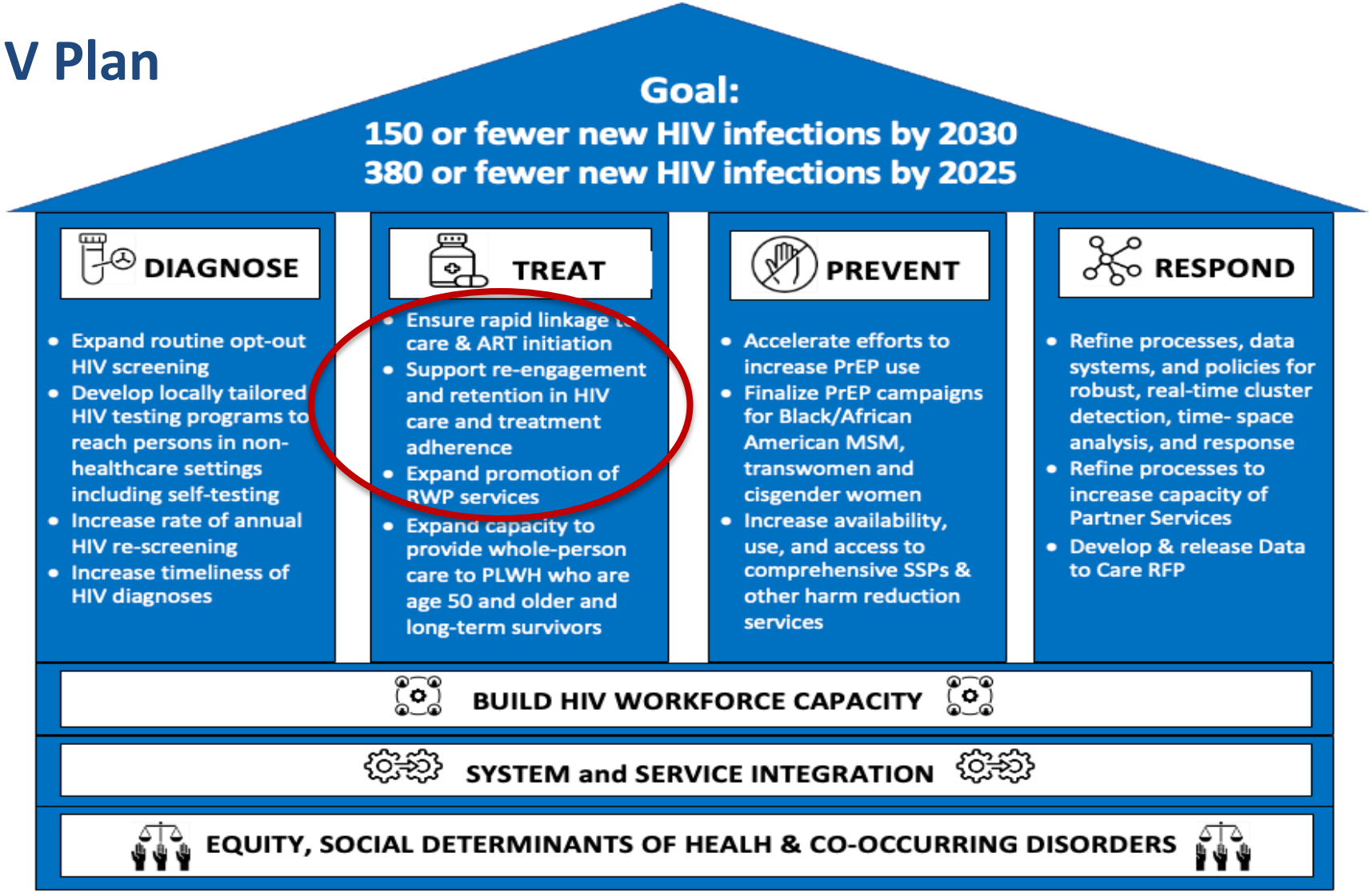
Questions

Discussion – using the unmet need estimate for planning

LAC Comprehensive HIV Plan Snapshot

Priority Populations

- Latinx MSM
- Black MSM
- Transgender persons
- Cisgender women of color
- PWID
- Persons < age of 30
- PLWH ≥age 50



Los Angeles County Commission on HIV and the Los Angeles County Department of Public Health Division of HIV and STD Programs. Los Angeles County Comprehensive HIV Plan (2022- 2026), December 2022: 1-136.

What are strategies to improve engagement in care?

- Identify and address barriers at the provider-level[2]
  - Address identified needs with supportive services (housing, financial, transportation)
  - Minimize clinic barriers (extended clinic hours, flexible scheduling)
  - Improve patient experience and satisfaction and build trust (welcoming and courteous staff, linguistically and culturally appropriate services)
  - Use reminders for appointment reminders and alert providers about missed appointments
  - Provide client-centered supportive/case management services
- Health Department-level
  - Identify, locate, and reengaging patients who have been lost to care through “Data to Care” activities[2]
- Focus on those populations that account for a large portion of PLWDH who have unmet need for medical care
  - LAC: persons with no identified HIV exposure risk reported, PWID, PLWDH aged 13-25

1.Giordano T.P. Strategies for Linkage to and Engagement With Care: Focus on Intervention. *Top AntiVir Med,* 2018, doi: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6017130/

How can our services improve engagement in care and reduce unmet need?

- Expanding access to RWP wraparound services
  - Clinical vs. community based

- Facilitate entry to care
  - Rapid ART and same-day appointments
  - ER and hospital discharge
  - Intersection with justice system?

- Expand existing access points
  - Mobile or street-based

- New access points
  - Non-traditional partners?

- Linguistically and culturally appropriate services
- Service promotion

Next Steps for Unmet Need Estimates

- Continue measure-focused presentations to COH
  - In Care but Not Virally Suppressed – June

- Further analyses are needed to
  - Identify predictors of unmet need among LAC residents

- Summary report completed mid-2023

Special thanks to the following people without whom this presentation would not be possible:

Sona Oksuzyan, PhD

Janet Cuanas, MPP

Virginia Hu, MPH

Michael Green, PhD, MHSA

References and Resources

- Webinar video and slides: Enhanced Unmet Need Estimates and Analyses: Using Data for Local Planning https://targethiv.org/library/enhanced-unmet-need-estimates-and-analyses-using-data-local-planning

- Webinar video and slides: https://targethiv.org/library/updated-framework-estimating-unmet-need-hiv-primary-medical-care

- Methodology for Estimating Unmet Need: Instruction Manual https://targethiv.org/library/methodology-estimating-unmet-need-instruction-manual

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PP&A Stakeholder Engagement and PSRA Timeline – DRAFT

Month	Key Activities
May - July	• Develop CAB Questionnaire and Discussion Prompts • Identify 6-8 HIV and non-HIV related CABs to engage • Engage with various County Commissions to identify opportunities for partnership to extend sphere of influence • Review recommendations from the Prevention Planning Workgroup*
July - Oct	• Disseminate CAB Questionnaire and participate in CAB discussions • Analyze CAB questionnaire and findings from discussions • Identify specific areas of focus for collaboration with various County Commission and develop a shared messaging/goals • Review and determine paradigms and operating values for PSRA • Begin in-depth data review of first key area (Housing, STIs, Mental Health, Substance Use Disorder)
Nov – Dec	• Identify locations for regional townhalls (SPA, health district) • Determine audience for townhalls (if beyond priority populations, such as SSP providers or behavioral/mental health). • Secure locations for regional townhalls and begin promotion • In-depth data review of second key area (Housing, STIs, Mental Health, Substance Use Disorder)
Jan – April	• Host regional townhalls • In-depth data review of third key area (Housing, STIs, Mental Health, Substance Use Disorder) • Identify any additional data needs to inform the PSRA process
May – July	• Analyze data from regional townhalls • In-depth data review of fourth key area (Housing, STIs, Mental Health, Substance Use Disorder) • Rank RW service categories
Aug - Oct	• Review any additional data that would inform the PSRA process • Re-evaluate priority rankings and compare with data from engagement activities. Re-prioritize as needed. • Determine allocations by service category • Submit priorities and allocations to DHSP
Nov ‘24 – Feb ‘24	• Develop Directives

***ongoing**