LOS ANGELES COUNTY
COMMISSION ON HIV

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Planning, Priorities, and Allocations Committee Meeting

Tuesday, September 19, 2023
1:00pm-4:00pm (PST)

510 S. Vermont Ave,
Terrace Conference Room
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

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For Members of the Public Who Wish to Join Virtually, Register Here:

https://tinyurl.com/2um3r3h3

To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2538 279 5298

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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, SEPTEMBER 19, 2023 | 1:00 PM – 4:00 PM

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

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://tinyurl.com/2um3r3h3
To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2538 279 5298

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair	Al Ballesteros MBA, Co-Chair	Lilieth Conolly	Felipe Gonzalez
Michael Green, PhD	Ismael "Ishh" Herrera	William King, MD, JD	Miguel Martinez, MPH, MSW
Anthony M. Mills, MD	Derek Murray, MSW	Jesus "Chuy" Orozco	Dechélle Richardson (Alternate)
Redeem Robinson (LOA)	Harold Glenn San Agustin, MD	LaShonda Spencer, MD	Lambert Talley
Jonathan Weedman			
QUORUM: 9			

AGENDA POSTED: September 14, 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 – 1:05 PM
3.	Approval of Agenda	**MOTION #1**	1:05 PM – 1:07 PM
4.	Approval of Meeting Minutes	**MOTION #2**	1:07 PM – 1:10 PM

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

5. 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

6. 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

7. Executive Director/Staff Report 1:18 PM – 1:30 PM
    a. Bylaws Review Taskforce Updates
    b. LAHSA Data Request Update
    c. RWP FY 2024 Non-Competing Progress Report Deadline
8. Co-Chair Report 1:30 PM – 1:40 PM
    a. New Member Welcome
    b. Sexual Health in Older Adults September 22 Event
9. Division of HIV and STD Programs DHSP Report 1:40 PM – 2:40 PM
    a. Fiscal Year 2022 Utilization Report
    b. Programmatic and Fiscal Updates

V. DISCUSSION ITEMS 2:40 PM—3:50 PM

10. Prevention Planning Workgroup August 23 Meeting Recap & Status Neutral Recommendations
11. Review Community Listening Sessions Questionnaire Feedback
12. Recap Department of Health Services (DHS) HIV Cascade Data Presentation
13. Recap Cities/Health Districts Harm Reduction Report

VI. NEXT STEPS 3:50 PM – 3:55 PM

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

VII. ANNOUNCEMENTS 3:55 PM – 4:00 PM

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

VIII. ADJOURNMENT 4:00 PM

17. Adjournment for the meeting of September 19, 2023

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Planning, Priorities and Allocations Committee minutes, as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/10/23

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**	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
			Biomedical HIV Prevention
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
CONNOLLY	**Lilieth**	Unaffiliated consumer	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DANIELS	**Shonte**	Unaffiliated consumer	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**	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	**Dechelle**	AMAAD Institute	No Ryan White or prevention contracts
ROBINSON	**Mallery**	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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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
SOLIS	**Juan**	UCLA Labor Center	No Ryan White or prevention contracts
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

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Approved by COH 6/8/23

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. 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 approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
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) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

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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
August 15, 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	Miguel Martinez, MPH, MSW	P
Al Ballesteros, MBA, Co-Chair	P	Anthony M. Mills, MD	P
Lilieth Conolly	P	Derek Murray	EA
Felipe Gonzalez	EA	Jesus "Chuy" Orozco	A
Joseph Green	EA	LaShonda Spencer, MD	EA
Michael Green, PhD, MHSA	P	Dechelle Richardson	P
Karl T. Halfman, MS	P	Reverend Redeem Robinson	LOA
William King, MD, JD	P	Jonathan Weedman	P
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Dawn McClendon, Lizette Martinez			
DHSP STAFF			
Victor Scott, Sona Oksuzyan, MD, , Pamela Ogata			

*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

Kevin Donnelly, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:05pm.

2. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST

K. Donnelly asked committee members to introduce themselves and reminded them to state their conflicts.

ROLL CALL (PRESENT): Dr. Mills, K. Donnelly, Dr. Green, J. Weedman, M. Martinez, Dr. King, L. Conolly, K. Halfman, Dechelle Richardson

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**
   a. **HRSA Site Visit Findings**
      - C. Barrit, Commission on HIV (COH) Executive Director, provided a summary of the Health Resources and Services Administration (HRSA) site visit findings as related to the planning council. She followed with a summary of the action plan for each finding. See meeting packet for more details.

   b. **Bylaws Review Taskforce (BRT) Updates**
      - C. Barrit noted that the BRT is working in conjunction with the Division of HIV and STD programs (DHSP) and County Council (CoCo) to review and revise the COH bylaws to address HRSA site visit findings. She noted it will be a lengthy process but reassured the committee that safeguards will be in place until clear guidance regarding the priority setting and resource allocation process are received from HRSA.
      - J. Weedman asked who was ultimately responsible for allocating Ryan White Program (RWP) funds and which organizations receive funding. C. Barrit clarified that resource allocation is determined by the PP&A Committee and ultimately on the COH as outlined by HRSA. Allocations are then sent to DHSP who ensures the allocation percentages that were determined by the PP&A committee are followed. She noted DHSP is responsible for selecting which organizations receive RWP funds and reiterated that the planning council

(or the COH) is not involved in the selection process as outlined by HRSA funding requirements.

- J. Weedman also asked for the County's total funding dedicated for HIV services. Dr. Green responded that DHSP's annual budget is approximately $110 million of which $80 million is contracted out to agencies/service providers. He commented that the majority of the $80 million is for HIV services but also includes other sexual health services. It was noted that of the $110 million, $46 million is direct funding from HRSA.
- Dr. Mills commented that the COH has always had issues will filling seats on the Commission. He asked if HRSA's concern about COH seat vacancies was restricted just to the number of consumers on the COH or also the demographic makeup of the COH. C. Barrit noted the primary concern was strictly focused on the number vacancies.
- J. Weedman stressed the importance of ensuring diversity on the COH asked what is being done to recruit new Commissioners. C. Barrit commented that most of the COH seats are full but remaining vacancies exist in unaffiliated consumers, the Medi-Cal seat, which has historically been challenging to fill, and the hospital planning seat. She noted the COH is very diverse and that the parity and reflectiveness table is on par with the HIV epidemic in LA County.
- K. Halfman asked if HRSA had called attention to the vacancy in the Medi-Cal/Medicaid seat. He added that HRSA has been flagging this for other jurisdictions within the state. C. Barrit noted that HRSA did not call attention to the vacancy in the Medi-Cal/Medicaid seat. K. Donnelly suggested working with COH Board of Supervisor (BOS) representatives to help fill the vacancy. Dr. Mills also suggested having a representative from Sacramento that can attend remotely.

c. LAHSA Report Update

- C. Barrit reminded the committee that they had requested data from the Los Angeles Homeless Services Authority (LAHSA) related to the number of people experiencing homelessness with HIV and that a data request had been sent out in May. The submitted data file was shared with the PP&A Committee ahead of the August meeting. C. Barrit commented that LAHSA does not provide analysis on the data, data requests can take a long time to receive, and noted that the data is incomplete. Commission staff is working will LAHSA to gather missing race/ethnicity data and unduplicated counts of individuals served and are asking them to present to the committee in the future. More details will be shared with the committee once additional data is received.
- Dr. Mills asked if participants were incentivized for their participation in the survey. C. Barrit noted participants are incentivized for their participation in the annual point in time homeless count but was unsure if participants are incentivized outside of the homeless count.

9. Co-Chair Report

a. New Member Welcome and Introductions

- K. Donnelly welcomed new PP&A Committee members, Lilieth Conolly, Dechelle Richardson, and Jonathan Weedman and asked them to introduce themselves to the group.
- K. Donnelly reminded new commissioners that training recordings are available on the COH website (found here) and encouraged them to attend Operations Committee meetings to help them get acclimated to the Commission and how it works.

b. **Recap of July 26th Prevention Planning Workgroup (PPW) Meeting**

- M. Martinez, PPW co-chair, provided a brief recap of the July PPW meeting. He noted that the workgroup began their review of the Prevention Standards and getting the group familiar with the standards. The workgroup will hold a meeting next month to continue their review. The goal is to complete suggested revisions and provide them to the Standards and Best Practices Committee before the end of 2023.
- M. Martinez shared that Greg Wilson, PPW co-chair, resigned from his position and that the workgroup would open the floor for a co-chair nominations in their next meeting to fill the vacancy.
- Dr. King, PPW co-chair, asked the PP&A Committee for time during the September PP&A Committee meeting to present recommendations around status neutral.
- The next virtual PPW meeting will be Wednesday, August 23 from 4:00-5:30pm.

c. Memo to DHSP Regarding Medi-Cal Expansion Strategies

- K. Donnelly reminded the committee that a memo to DHSP was created after a discussion at the May PP&A meeting around upcoming Medi-Cal expansion and potential strategies to maximize RWP program funds while ensuring continuity of care as individuals transition to Medi-Cal.
- Dr. King asked if the people who are transitioning to Medi-Cal will be placed in managed Medicaid such as HealthNet noting that there is limited fee for services in Medicaid. K. Donnelly noted it is an option but that it would be the individual's choice on where they transition their care but that the memo includes a provision to have a benefits specialist help them navigate enrollment. Dr. King noted individuals would need assistance in accessing and navigating the system itself.
- M. Martinez commented that many providers will not be inclined to provide HIV specific services due to low reimbursement rates.
- L. Conolly asked if there would be any impact to dental benefits and what role does Medical Care Coordination (MCC) provide. K. Donnelly noted MCC is a medical care service with a wraparound service provided by Ryan White to complement medical services that are supported by the RWP. Dr. Green noted MCC focuses on assessing the medical and psychosocial needs of individuals and provide linkage to needed services, such as housing or nutrition support. He noted dental service providers supported by RWP have their own case management. Benefits Specialty services focus on identifying other public supportive services that an individual may be eligible for and assist with enrollment.
- M. Martinez asked if dental benefits would be impacted with Medi-Cal expansion. Dr. Green

commented that he is unsure what the new Medi-Cal system would look like but historically RWP has supported dental services for Denti-Cal eligible individuals because RWP dental services are superior.

- Dr. Green noted DHSP is currently working on determining what the new Medi-Cal expansion model will look like and what type of savings can the program anticipate as individuals transition from a RWP payor to a Medi-Cal payor. He noted that DHSP will come to PP&A once they determine anticipated saving amounts for each service and from there the committee can allocate/reallocate based on saving amounts and need.
- Dr. Mills asked what an Ambulatory Medical Outpatient (AOM) client would look like under Medi-Cal expansion noting many will transition to Medi-Cal under the expansion. Dr. Green noted that many will exit the RWP but there will be some individuals who will not be eligible for Medi-Cal due to income but would still be below the RWP threshold. He added that the larger question is whether the standard of care under Medi-Cal will be comparable to the RWP standard of care and that RWP can continue to pay for services for individuals on Medi-Cal if the standard of care is better through the RWP.
- A. Ballesteros noted that the only service categories that would result in RWP savings are those that are Medi-Cal eligible such as AOM and mental health. He added that the PP&A would need to allocate money into various service categories. He noted that the PP&A Committee had previously identified service categories to expanding funding for in the event of program savings.

d. Renewal Committee-Only Application for Miguel Martinez, MPH, MSW - MOTION #4
Approve the Renewal Committee-Only application for Miguel Martinez, MPH, MSW and elevate to the Operations Committee.

(✓Passed by majority. L. Conolly, K. Donnelly, Dr. King, M. Martinez, Dr. Mills, Dechelle Richardson, J. Weedman)

10. Division of HIV and STD Programs (DHSP) Report

a. Fiscal Year 2022 Expenditures and Utilization Report

- DHSP staff, Dr. Sona Oksuzyan, provided a report on Ambulatory Outpatient Medical and Medical Care Coordination service utilization for fiscal year 2022. See meeting packet for more details.

b. RWP FY 2024 Non-Competing Progress Report Requirements and Deadline

- K. Donnelly postponed this report to the September PP&A Committee meeting due to time constraints.

V. DISCUSSION

11. Community Listening Sessions Questionnaire Review

- K. Donnelly asked committee members to review the discussion questions and demographic questionnaire and provide feedback to staff ahead of the September PP&A Committee meeting

due to time constraints.

12. Recap HIV & STDs Surveillance and Data Challenges for LA County Native American Communities Part 1

- K. Donnelly postponed the discussion to the next PP&A Committee meeting in September due to time constraints.

VI. NEXT STEPS

- **Task/Assignments Recap**
  - **a.** Submit any additional questions regarding the FY22 AOM/MMC Utilization Report to staff.
  - **b.** Provide feedback to the Community Listening Sessions Discussion Prompts to staff ahead of the next PP&A meeting.
  - **c.** Review FY 32 RWP Expenditures
  - **d.** Continue DHSP Utilization Reports
  - **e.** Recap HIV & STDs Surveillance and Data Challenges for LA County Native American Communities

- **Agenda Development for the Next Meeting**
  - **a.** Continue RWP Utilization Reports
  - **b.** Review FY 32 RWP Expenditures
  - **c.** Prevention Planning Workgroup Status Neutral Recommendations

VII. ANNOUNCEMENTS

- **Opportunity for Members of the Public and the Committee to Make Announcements**
  There were no announcements.

VIII. ADJOURNMENT

- **Adjournment for the Meeting of August 15, 2023.**
  The meeting was adjourned by K. Donnelly at 3:03pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

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HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

Letter of Assurance

September 8, 2023

Mario J. Pérez, MPH, Director
Division of HIV and STD Programs (DHSP)
Department of Public Health, County of Los Angeles
600 South Commonwealth Avenue, 10th Floor
Los Angeles, CA 90005

Dear Mr. Pérez:

This letter assures that the Los Angeles Commission on HIV (Commission), Los Angeles County's Ryan White Part A Planning Council (PC), has addressed the following items in accordance with the Fiscal Year (FY) 2024 Non-Competing Continuation (NCC) Progress Report for the Ryan White Part A Emergency Relief Grant Program Instructions.

a) Planning

i. The Division on HIV and STD Programs (DHSP) and the Commission engages in an ongoing needs assessment process by harnessing data from surveillance systems, service utilization, Medical Monitoring Projects, and local quantitative and qualitative research studies that focus on specific populations or service access issues. Analyses from these data sources consistently show the need for reducing barriers to accessing prevention and care services; worsening affordable housing crisis; increasing need for emergency and ongoing financial assistance and other social services; and persistent inequities in HIV health outcomes among communities most impacted by HIV. In addition, an ongoing review of the State of California's Medicaid system (Medi-Cal) continues to expand access to care outside of the Ryan White HIV care system which brings about ongoing challenges with maximizing Part A grant funds and the need to nimbly shift investments in service categories not supported or underfunded by non-Ryan White funding sources.

As part of the Integrated Plan (locally known as the Comprehensive HIV Plan (CHP)development process, the Commission conducted its most recent needs assessment in 2022. To develop the needs assessment section of the CHP, DHSP and Commissioners built upon assessments undertaken to develop the EHE Plan and other local HIV/STD reports. However, as planning progressed, issues related to system and workforce capacity began to emerge as key barriers to achieving HIV-related goals. Thus, it was decided to take steps to assess this particular issue by developing and distributing an online survey in English and Spanish. The survey was developed with a

team of stakeholders including PLWH, academic partners, and staff representing CBOs, FQHCs, and DHSP. To ensure that the voices and perspectives of priority population members and PLWH were reflected in the Integrated Plan, listening sessions were conducted with members of priority population groups (Black MSM, women of color, trans persons, people who inject drugs (PWID), people younger than 30 and PLWH 50 and older). The consultant worked with various community stakeholders to organize and facilitate these groups. For example, to convene a group of Black MSM, the consultant worked with staff at a community-based organization that primarily serves Black gay and bisexual men to recruit 16 participants. This listening session was co-facilitated by a staff member and the consultant. The other listening sessions were convened in a similar manner. These listening sessions attracted 86 community members, many of whom identified as PLWH. Survey and listening session findings, largely qualitative in nature, complimented the use of secondary data sources. The full content of the most recent needs assessments can be found Section 3, pages 46-70 of the 2022-2026 CHP.

ii. The Commission, DHSP, various stakeholders, and the community-at-large were deeply involved in developing the 2022-2026 CHP. The Commission's Priorities, Planning and Allocations (PP&A) Committee spearheaded the development of the CHP. Commission staff and PP&A leadership met regularly with the consultant to oversee the development of the plan. The consultant provided regular updates at monthly Commission meeting and PP&A meetings. Providers from Ryan White HIV/AIDS Program Parts B, C, D and F were engaged in the planning process in a variety of ways. In early 2022, a meeting was convened with 12 representatives from seven different RWP Part C, D and F recipient organizations. Participants identified several key topics to be included in the Integrated Plan including a need to focus on social determinants of health and co-occurring disorders (especially syphilis, methamphetamine use and mental health issues); workforce development and capacity issues; culturally congruent services; and an aging population of PLWH. Planning team members also met with stakeholders that were involved in the development of other Integrated HIV Plans within or inclusive of LAC in order to ensure alignment and avoid duplication of efforts. These plans included California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026; the Long Beach HIV/STD Strategy, 2019-2021 and the West Hollywood HIV Zero Strategic Plan, 2016-2021. Although the time frame for the latter two plans had ended, it was important to meet with the planners to learn from their experiences and identify any priority areas to highlight in the LAC Integrated Plan. Key issues identified included a need to focus on stigma, social determinants of health and co-occurring disorders (including housing, mental health and meth use), and broadening harm reduction efforts.

b) Priority Setting and Resource Allocation (PSRA)

i. The Planning, Priorities and Allocations (PP&A) Committee leads the multi-year priority and allocation setting process for the Commission. The PP&A Committee moved to a multi-year (3 years) service rankings and funds allocations by percentages in 2019 which facilitates a smooth reiterative process in preparation for HRSA's multi-year Part A application and non-competing continuing progress reports. Despite the re-shifting of staff time and attention to respond to the mpox outbreak, the Commission engaged in a robust and thoughtful deliberation to rank Ryan White service categories and allocate funding for FY 2024.

a. Similar to prior years, the Commission uses a variety of data from DHSP for its PSRA process. DHSP presented the following data throughout the year to the PP&A Committee: 1) Utilization by Service Category among Ryan White Priority

Populations; 2) Overlap across Ryan White Priority Populations & Estimated HIV Care Continuum; 3) Outcomes across Priority Populations; 4) Ryan White Utilization Report Summaries; 5) program expenditures information; 6) HIV testing and PrEP client demographic data; and 7) HIV and STD surveillance summaries. The PY 32, 33, and 34 (FY 2022, 2023, and 2024) planning process discussed the impact of COVID-19 on PLWH on the local RW care system, the lack of affordable housing, and the psychological/mental health toll of living in a post pandemic environment. The end of COVID-19 emergency declaration on March 31, 2023, unfortunately, also ended rental moratorium and tenant eviction protections, putting PLWH in precarious situations that impact their health.

For FY 2024, the Commission ranked the following as the top ten Ryan White Part A service categories: 1) housing; 2) non-medical case management; 3) ambulatory outpatient medical services; 4) emergency financial assistance; 5) psychosocial support; 6) medical care coordination; 7) mental health; 8) outreach; 9) substance abuse outpatient; and 10) early intervention. The FY 2024 (PY 34) service rankings were determined under the following key realities: 1) lack of affordable housing and increased risk for homelessness will remain a significant crisis for PLWH; 2) financial instability will persist due to inflation and unlivable wages; and 3) ongoing demand for culturally competent medical and mental health services. Furthermore, the ongoing methamphetamine and fentanyl crises in Los Angeles will likely compound substance use conditions. These recommendations were approved by the full body on January 13, 2022, with the understanding the Commission will need to work with DHSP to continually track and monitor service needs and respond accordingly. Regular and timely sharing of expenditure information is a critical piece of the resource allocation process.

b. According to the 2021 DHSP Annual Surveillance Report released on June 29, 2022, nearly 9 out of 10 persons living with diagnosed HIV (PLWDH) in Los Angeles County (LAC) are male. Within the male population, Black males are disproportionately impacted by HIV compared with males in other race/ethnicity groups. Between 2020-2021, 92% of HIV-positive pregnant women living with diagnosed HIV received at least one arm of ART during pregnancy and/or at labor and delivery. Among the four infants that had perinatal infection in 2020, all were born to mothers who were not confirmed to have received ART during pregnancy and/or delivery. Persons living with HIV who are unhoused continue to experience suboptimal outcomes along the HIV care continuum. Compared with housed persons, unhoused persons had lower rates of receiving HIV care, retention in care, and achieving viral suppression in 2021. A major driver for the low viral suppression rates among PLWDH is delayed treatment among PLWDH and low adherence to ART among those on treatment. In a representative sample of PLWDH, only 8 in 10 were on ART, and 100% adherence to ART doses in the past 30 days was low at 54%. ART adherence was lower among Black (52%) and Latinx (50%) PLWDH compared to White (59%) PLWDH, and lower among those aged 18-29 years (38%) than other age groups. Given that the greatest disparities in viral suppression were among Black populations, females and transgender persons, persons aged 30-49 years, and persons whose transmission risk included injection drug use, the Commission allocated over 87% of the MAI funds to housing and over 12% to non-medical case management to improve health outcomes among these groups.

According to the Los Angeles Homeless Services Authority Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness, Black people are more likely than White people to experience homelessness in the United States, including in Los Angeles County. The 2023 Greater Los Angeles Homeless Count showed a 9% rise in homelessness on any given night in Los Angeles County to an estimated 75,518 people and a 10% rise in the City of Los Angeles to an estimated 46,260 people. This sobering statistic, along with the multiple social justice inequities and barriers to care faced by the Black community and other communities of color, played a key role in the Commission's service prioritization and funding allocation decisions.

The service allocations for FY 2024 (PY 34) aim to sustain a comprehensive array of medical and support services that prioritize key populations in the CHP: 1) Latinx men who have sex with men (MSM); 2) Black/African American MSM; 3) Transgender persons; 4) Cisgender women of color; 5) People who inject drugs (PWID); 6) People under the age of 30; and 7) People living with HIV who are 50 years of age or older. The Commission and DHSP continue to coordinate with the Part D grantees in Los Angeles County to share data, assess the needs of women, infants, children and youth, and braid Part A funding with appropriate services. The Commission's decision to allocate funding to childcare services is a direct response to the needs of women living with HIV and their families.

ii. People living with HIV represent nearly 40% of the Commission with several unaffiliated consumers serving in leadership positions in committees and subgroups. The strong representation of PLWH on the Commission lends to a process and outcome that is driven by their lived experience, strengths, and vision for optimal health. For the PY 34 PSRA process, representatives from various caucuses participated in the service ranking and allocation deliberations. The Commission's various caucuses (Consumer, Women, Black/African American, and Aging) routinely discuss the needs of PLWHA and their experience with the local RW service delivery system at their meetings. The pandemic and inflation have led to a greater need for housing, food bank/nutrition services, and emergency financial services. These caucuses play a critical role in shaping revisions to service standards to meet the needs of PLWH using RW services.

iii. The Commission attests that the FY 2023 Part A funds were expended according to the priorities established by the Commission. The most recent revisions to the allocations for FY 2023 was approved by the Commission on June 8, 2023 to maximize grant funds. The outpatient/ambulatory (AOM) services allocation was reduced from 25.51% to 17.10% to account for addition of EIS, EFA and Outreach allocations and estimated YR 33 AOM expenditures. The allocation for early intervention services (EIS) was changed from 0% to 7.68%. This allocation includes Linkage and Reengagement Program and new DPH Clinic Health Services program. Funding will help support a status-neutral approach using Part A funds. The mental health services allocation was changed from 4.07% to 3.14% due to estimated YR 33 expenditures. Spanish Mental Health Telehealth and other mental health assessments will be supported using EHE funds. The medical case management allocation was changed from 28.88% to 22.27% to account addition of EIS, outreach and EFA allocations and estimated YR 33 medical care coordination expenditures. The EFA allocation of 3.82% was added. EFA was previously funded under HRSA EHE but now funded with Part A to ensure RWHAP target populations are reached with the program.

iv. The Commission confirms that all Ryan White HIV/AIDS Program HIV core medical and support services were prioritized during the PSRA process as defined by the RW CARE Act.

c) Training

The Commission established a series of virtual training for PC members and the public from March 29 to December 6, 2023. The dates for the trainings are as follows: 1) Commission on HIV Overview (3/29/23); 2) PSRA Process and Service Standards Development (4/12/23); Tips for Effective Written and Oral Public Comments (5/24/23); Ryan White CARE Act Legislative Overview and Membership Structure and Responsibilities (7/19/23); Public Health 101 (8/16/23); Sexual Health and Wellness (9/20/23); Health Literacy and Self-Advocacy (10/24/23) and Co-Chair Roles and Responsibilities (12/6/23). In addition to these formal trainings, staff provide ongoing coaching and support for PC members. Slides and video recordings are available on the Commission website so that PC members and interested applicants can access training materials online.

d) Assessment of Administrative Mechanism (AAM)

The PY 31 Assessment of Administrative Mechanism (AAM) Report was approved by the Commission on June 8, 2023. The PY 31 AAM covered 2 areas: 1) an assessment of the Commissioners' understanding of the priority setting and resource allocation process and 2) harnessing feedback from contracted agencies on the efficiency of Los Angeles County's administrative mechanisms (such as contracts, procurement, solicitations) to rapidly disburse funds to support HIV services in the community. The Operations Committee used an anonymous questionnaire via SurveyMonkey to elicit responses from Commissioners and contracted agencies. The Operations Committee of the Commission led the AAM and utilized the same questionnaire used for the previous AAMs as they have been tested and used in previous studies. In general terms, the AAM shows that the overall administrative mechanism that supports the system Ryan White CARE Act - funded service delivery in Los Angeles County is healthy and works well, despite the lengthy County process to initiate and complete contracts from solicitations stage to contract execution.

The Commission remains firmly committed to staying the course to end the HIV epidemic in Los Angeles County and beyond. The residual impact of COVID-19, the worsening economic divide, and the expansion of Medicaid in California regardless of documentation status will continue to pose challenges and opportunities for care for PLWH in Los Angeles County. The Commission will work closely with DHSP in monitoring service needs and making funding allocations as appropriate to ensure continuity of care for PLWH.

If you have any questions or need further assistance, please do not hesitate to contact us at 213.738.2816.

Sincerely,

Bridget Gordon

Bridget Gordon, Co-Chair

Joseph Green

Joseph Green Co-Chair Pro-Tem

LOS ANGELES COUNTY COMMISSION ON HIV
APPROVED ALLOCATIONS FOR
PROGRAM YEARS (PYs) 33 AND 34 (Approved by COH 01-13-2022; PY 32 Approved by COH Sept 2021)

	FY 2022 RW Allocations (PY 32)[1]					FY 2023 RW Allocations (PY 33)[2]			FY 2024 RW Allocation (PY 34)[2]		
PY 32 Priority #	Core/ Support Services	Service Category	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI %[3]	Part A %	MAI %	Total Part A/ MAI %[3]
1	S	Housing Services RCFCI/TRCF/Rental Subsidies with CM	0.96%	87.39%	8.33%	0.96%	87.39%		0.96%	87.39%	
2	S	Non-MedicalCase Management - BSS/TCM/CM for new positives/RW clients	2.44%	12.61%	3.30%	2.44%	12.61%		2.44%	12.61%	
3	C	Ambulatory Outpatient Medical Services	25.51%	0.00%	23.33%	25.51%	0.00%		25.51%	0.00%	
4	S	Emergency Financial Assistance	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
5	S	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%	0.00%		1.00%	0.00%	
6	C	Medical Care Coordination (MCC)	28.88%	0.00%	26.41%	28.88%	0.00%		28.00%	0.00%	
7	C	Mental Health Services	4.07%	0.00%	3.72%	4.07%	0.00%		4.07%	0.00%	
8	S	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
9	C	Substance Abuse Outpatient	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
10	C	Early Intervention Services	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
11	S	Medical Transportation	2.17%	0.00%	1.99%	2.17%	0.00%		2.17%	0.00%	
12	S	Nutrition Support Food Bank/Home-delivered Meals	8.95%	0.00%	8.19%	8.95%	0.00%		8.95%	0.00%	
13	C	Oral Health Services	17.60%	0.00%	16.13%	17.60%	0.00%		17.48%	0.00%	
14	S	Child Care Services	0.95%	0.00%	0.87%	0.95%	0.00%		0.95%	0.00%	
15	S	Other Professional Services - Legal Services	1.00%	0.00%	0.92%	1.00%	0.00%		1.00%	0.00%	
16	S	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
17	S	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
18	C	Home Based Case Management	6.78%	0.00%	6.21%	6.78%	0.00%		6.78%	0.00%	
19	C	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
20	S	Referral	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
21	C	Health Insurance Premium/Cost Sharing	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
22	S	Language	0.65%	0.00%	0.60%	0.65%	0.00%		0.65%	0.00%	
23	C	Medical Nutrition Therapy	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
24	S	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
25	S	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
26	C	Local Pharmacy Assistance	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
27	C	Hospice	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
		Overall Total	**100.0%**	**100.00%**	**100%**	**100.0%**	**100.0%**	**0.00%**	**100.0%**	**100.00%**	**0.00%**

Footnotes:

1 - Service Category Rankings and Allocation Percentages Approved by the Commission on 09/09/2021

2 - PY 33 and 34 Allocation percentages approved by PP&A on 11/16/2021 and the Executive Committee on 12/09/2021

3 - To determine total percentages, funding award amounts for Part A and MAI must be known.

Los Angeles County Department of Public Health Division of HIV and STD Programs Proposed Revisions to FY 2023 (PY 33) Allocations

Approved by the Commission on HIV on June 8, 2023

	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**

		Allocations Approved by the Commission on HIV		Allocations Proposed by the Division of HIV and STD Programs						
	Service Category	**FY 2023 Approved Part A Allocations (approved 1/13/22)**	**FY 2023 Approved MAI Allocations (approved 1/13/22)**	**FY 2023 Part A Recommendation**	**RecommendedFY 2023 Part A %**	**FY 2023 MAI Recommendation**	**Recom-mended FY 2023 MAI %**	**Total FY 2023 Part A/MAI Recommended $**	**Recom-mended Total FY 2023 Part A/MAI %**	Notes
SERVICES (71.1%)	Outpatient/Ambulatory Medical Services	25.51%	0.00%	$ 7,033,345	18.59%	$ -	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%	0.00%	$ 6,658,822	17.60%	$ -	0.00%	**$ 6,658,822**	**16.19%**	No change.
	Early Intervention Services	0.00%	0.00%	$ 3,160,651	8.36%	$ -	0.00%	**$ 3,160,651**	**7.68%**	Allocation includes Linkage and Reengagement Program and 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.

CORE	Home and Community Based Health Services	6.78%	0.00%	$ 2,565,974	6.78%	$ -	0.00%	**$ 2,565,974**	**6.24%**	No change.
	Hospice Services	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Mental Health Services	4.07%	0.00%	$ 1,290,874	3.41%	$ -	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%	0.00%	$ 9,162,605	24.22%	$ -	0.00%	**$ 9,162,605**	**22.27%**	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.
ES (28.9%)	Case Management (Non-Medical) Benefits Specialty	2.44%	0.00%	$ 923,917	2.44%	$ -	0.00%	**$ 923,917**	**2.25%**	No change.
	Case Management (Non-Medical) TCM - Jails	0.00%	12.61%	$ -	0.00%	$ 417,154	12.61%	**$ 417,154**	**1.01%**	No change.
	Child Care Services	0.95%	0.00%	$ 360,299	0.95%	$ -	0.00%	**$ 360,299**	**0.88%**	No change.
	Emergency Financial Assistance	0.00%	0.00%	$ 1,569,808	4.15%	$ -	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%	0.00%	$ 3,386,813	8.95%	$ -	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%	0.00%	$ 220,719	0.58%	$ -	0.00%	**$ 220,719**	**0.54%**	No change.
	Housing Services TRCF	0.38%	0.00%	$ 145,065	0.38%	$ -	0.00%	**$ 145,065**	**0.35%**	No change.

Los Angeles County Department of Public Health Division of HIV and STD Programs Proposed Revisions to FY 2023 (PY 33) Allocations

SUPPORT SERVIC	Housing Services /Rental Subsidies with CM	0.00%	87.39%	$ -	0.00%	$ 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%	0.00%	$ 379,213	1.00%	$ -	0.00%	**$ 379,213**	**0.92%**	No change.
	Linguistic Services	0.65%	0.00%	$ 246,819	0.65%	$ -	0.00%	**$ 246,819**	**0.60%**	No change.
	Medical Transportation	2.17%	0.00%	$ 721,771	1.91%	$ -	0.00%	**$ 721,771**	**1.75%**	Part A allocation reduced due to estimated YR 33 expenditures
	Outreach Services	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	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**		

Let's Talk About Sex

AN EDUCATIONAL EVENT FOR SERVICE PROVIDERS TO PROMOTE SEXUAL HEALTH IN OLDER ADULTS




Raffles | Prizes | Fun Activities | Networking

SEPTEMBER 22, 2023 | 9:30AM-2:00PM

510 S. VERMONT AVENUE TERRACE LEVEL (9TH FLOOR) , LOS ANGELES, CA 90020

FREE VALIDATED PARKING AT 523 SHATTO PLACE, LA 90020

REGISTRATION @ HTTPS://WWW.SURVEYMONKEY.COM/R/QYBBPB8 OR SCAN QR CODE

LOS ANGELES COUNTY Aging & Disabilities Department

LOS ANGELES LGBT CENTER

APLAHealth FORTY YEARS OF LIFE 1983-2023

LOS ANGELES COUNTY COMMISSION ON HIV

MENTAL HEALTH AND SUBSTANCE ABUSE (RESIDENTIAL) SERVICES

BACKGROUND

As a Ryan White Program (RWP) Part A recipient, the Division of HIV and STD Programs (DHSP) at the Los Angeles County (LAC) Department of Public Health receives grant funds from the Health Resources and Services Administration HIV/AIDS Bureau (HRSA-HAB) to increase access to core medical and related support services for people living with HIV (PLWH)[1]. The amount of the award is based on the number of PLWH residing in LAC. DHSP receives additional funding from HRSA-HAB to reduce disparities in health outcomes among persons of color living with HIV through the Minority AIDS Initiative (MAI) and discretionary funds from the LAC Department of Public Health (net county costs [NCC]). DHSP received a total of $45.9 million from HRSA-HAB in fiscal year 2022 that included $42.1 million for Part A and $3.8 million for MAI.

HRSA-HAB and the Centers for Disease Control and Prevention (CDC) require that local HIV planning bodies develop integrated HIV prevention plans in collaboration with the health department to guide prevention and care efforts within the jurisdiction[2]. HIV surveillance and supplemental surveillance along with program service data and unmet need estimates are used to identify priority populations of focus. In LAC, the populations of focus overlap with priority populations identified in the local "Ending the HIV Epidemic" strategic plan and shown in bold[3]. These include:

1. **Latino Cisgender Men Who Have Sex with Men (MSM)**
2. **Black Cisgender MSM**
3. **Cisgender Women of Color**
4. **Transgender Persons**
5. **Youth Aged 13-29**
6. PLWH ≥ Age 50
7. **Persons Who Inject Drugs (PWID)**
8. Unhoused RWP Clients

Though not identified as priority populations in the integrated or Ending the HIV Epidemic (EHE) plans, we include RWP clients 50 years of age and older and those experiencing homelessness as an important subpopulation living with HIV with need for RWP services in LAC.

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[1] Ryan White HIV/AIDS Programs Parts & Initiatives. (2022). In ryanwhite.hrsa.gov. Retrieved July 20, 2023 from https://ryanwhite.hrsa.gov/about/parts-and-initiatives

[2] Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.(2021). In ryanwhite.hrsa.gov. Retrieved July 20, 2023 from https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/integrated-hiv-dear-college-6-30-21.pdf

[3] Ending the HIV Epidemic Plan for Los Angeles. (2021). In lacounty.hiv. Retrieved July 19, 2023, from https://www.lacounty.hiv/wp-content/uploads/2021/04/EHE-Plan-Final-2021.pdf

Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

This report series summarizes utilization of medical and support services by RWP clients in Contract Year 32 (March 1, 2022-February 28, 2023) to inform the planning and allocation activities of the LAC Commission on HIV (COH). To inform focused discussion, we will present services in the following service clusters:

1. Ambulatory Outpatient Medical (AOM) and Medical Care Coordination (MCC) services
2. **Mental Health and Substance Abuse (Residential) services**
3. Housing, Emergency Financial Assistance and Nutrition services
4. General and Specialty Oral Health services
5. Case Management (CM) Services: Benefits Specialty, Transitional CM- Jails, Home-Based CM and the Linkage and Re-Engagement (LRP)

The data presented is intended to provide priority highlights of who is accessing RWP services in LAC (demographic and socio-economic characteristics, priority populations), the types of services accessed, funding sources, and how these services are delivered (in-person or telehealth). The detailed source tables are included in the appendix for reference.

Outcomes and Indicators

The following information will be used to describe service utilization and estimate expenditures. Each of the five service clusters will include:

- HIV Care Continuum Outcomes (engagement in care, retention in care (RiC) and viral suppression (VS) among priority populations:
    - Engagement in HIV care =≤1 viral load or CD4 test in the contract year
    - Retention in HIV care =≤2 viral load or CD4 tests at least 90 days apart in the contract year
    - Viral suppression =Most recent viral load test <200 copies/mL in the contract year
- RWP service utilization and expenditure indicators by service category:
    - Total service units=Number of service units paid for by DHSP in the reporting period. *Service units vary by service category and may include visits, hours, procedures, days, or sessions*
    - Service units per client=Total service units/Number of clients
    - Total Expenditure= Total dollar amount paid by DHSP in the reporting period
    - Expenditures per Client= Total Expenditure/Number of clients

DATA SOURCES

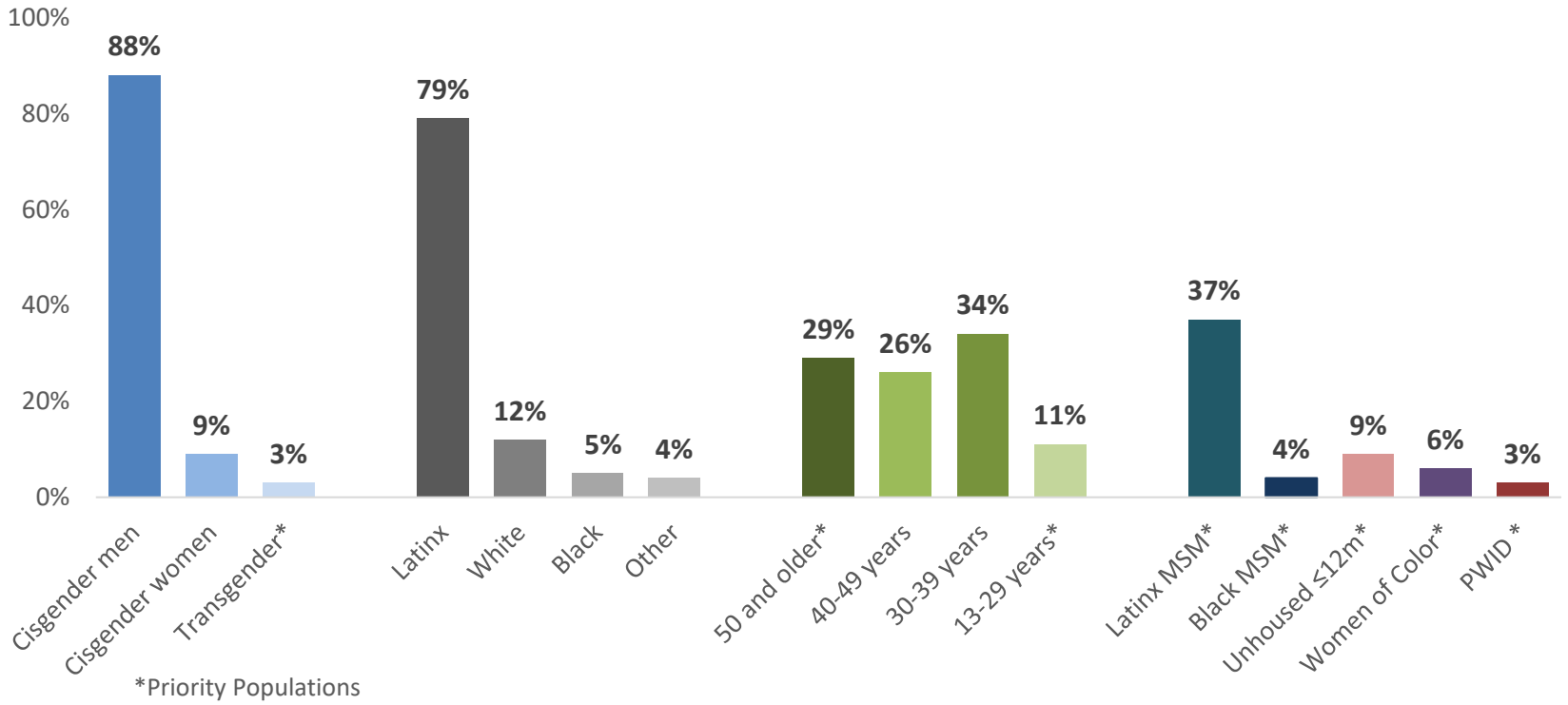
- HIV Casewatch (local RWP data reporting system)
    - Client characteristics and service utilization data reported by RWP contracted service agencies
    - Data are manually entered or submitted through electronic data transfer
- Linkage Re-engagement Program (ACCESS Database)
- eHARS (HIV surveillance data system)
- DHSP Expenditure Reports

MENTAL HEALTH (MH) SERVICES

Population Served:

- In Year 32, a total of 224 clients received MH services
- Most MH clients were cisgender men, Latinx, and aged 30-39 (Figure 1)
- Among the priority populations, the largest percent served were Latinx MSM

Figure 1. Key Characteristics of RWP Clients in Mental Health Services in LAC, Year 32

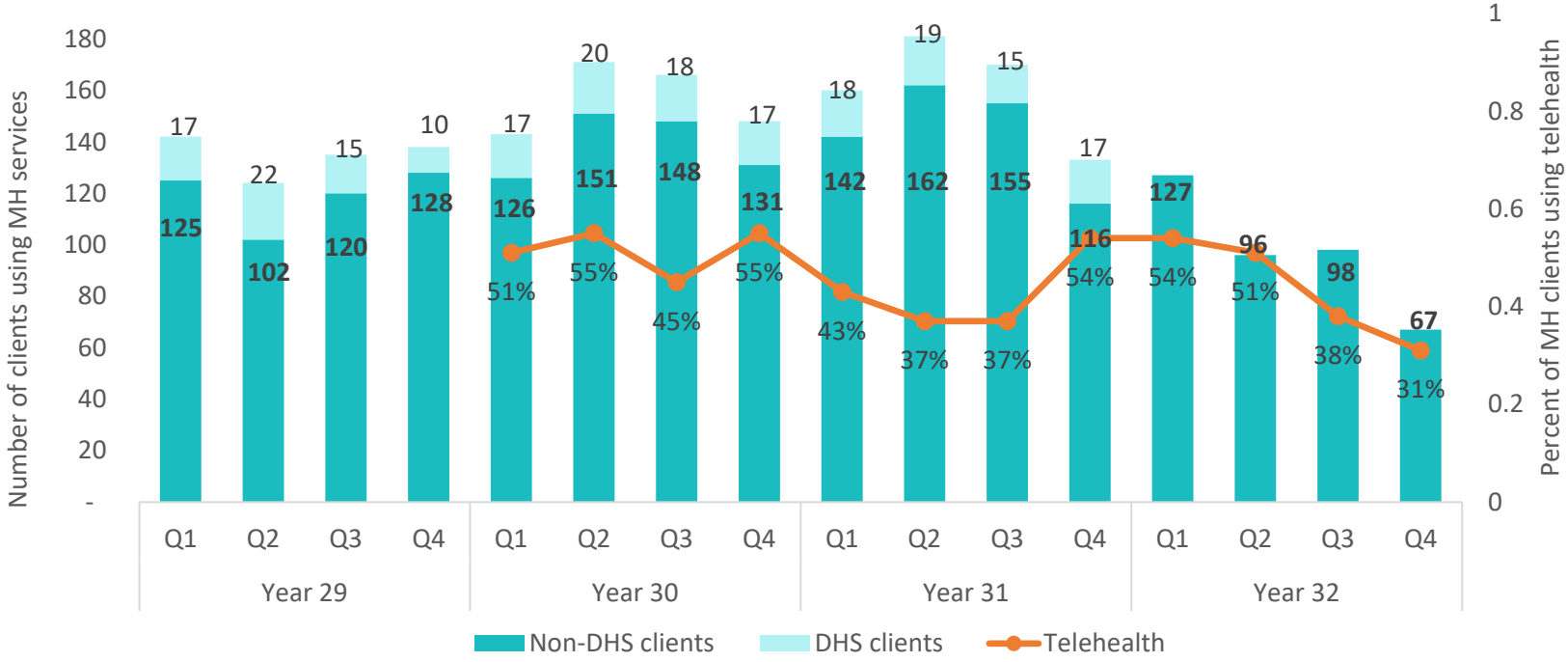


Service Utilization and Expenditures

Figure 2 below shows the number of RWP clients accessing Mental Health (MH) services in Years 29-32 by quarter to show the impact of the COVID-19 pandemic on service utilization as well as the departure of the LAC Department of Health Services (DHS) from the RWP system in Year 32. The light turquoise part of the bar shows the number of DHS clients. The darker turquoise part of the bar shows the number of all other (non-DHS) clients. The total number of MH clients decreased in quarter 4 of Year 31 and has continued through Year 32. When looking at only non-DHS clients, we see a similar trend of decreasing utilization since the fourth quarter of Year 31.

The orange line shows the percent of MH clients who received at least one telehealth service. While the percent of clients using MH services via telehealth decreased in Year 32, it was critical to maintaining service continuing through the pandemic and continues to provide expanded service access. Within populations, Latinx clients (57%) and those ≥ age 50 (68%) were those with the largest percent of clients using telehealth for MH.

Figure 2. Number of Department of Health Services (DHS) and Non-DHS MH Clients by Quarter in LAC, RWP Years 29-32



Service Units and Expenditures

- Year 32 Funding Sources: **RWP Part A (100%)**
- Percentage of RWP Clients Accessing MH in Year 32: **1.5%**
- Unit of Service: **Sessions**

Table 1. Mental Health Service Utilization and Expenditures among RWP Clients in LAC, Year 32

Priority Populations	Unique Clients	% of Clients	Total sessions	% of sessions	Sessions per Client	Estimated Expenditures per Client	Estimated Expenditures by Subpopulation
Total MH clients	***224***	***100%***	***1,572***	***100%***	***7***	***$965***	***$216,060***
Latinx MSM	140	63%	961	61%	6.9	$941	$131,797
PLWH ≥ Age 50	65	**29%**	655	**42%**	**10.1**	**$1,396**	$90,745
Youth Age 13-29	24	11%	137	9%	5.7	$810	$19,445
Unhoused < 12 m	20	**9%**	226	**14%**	**11.3**	**$1,512**	$30,248
Women of Color	17	**8%**	50	**3%**	**2.9**	**$381**	$6,482
Black MSM	10	4%	64	4%	6.4	$864	$8,642
Transgender Persons	7	3%	39	2%	5.6	$617	$4,321
Persons who inject drugs (PWID)	7	3%	37	2%	5.3	$617	$4,321

Table 1 Highlights

- *Population Served:* The largest number and percent of MH clients were Latinx MSM (63%).
- *Service Utilization:*
  - The majority MH sessions were attended by Latinx MSM (61%).
  - Utilization by sessions per client were highest among unhoused clients (11.3/client) and clients ≥ age 50 (10.1/client) compared to all MH clients and other subpopulations. While sessions per client were lowest among transgender clients and PWID, they also represented the smallest numbers of MH clients.
  - The percent of MH sessions was higher relative to their population size among clients ≥ age 50 (29% vs 42%) and unhoused in the past 12m people (9% vs 14%).
  - The percent of MH sessions among women of color (8% vs 3%) was lower relative to their population size however this is based on a small number of clients.
- *Expenditures:*
  - Expenditure per client were highest among clients ≥ age 50 and unhoused clients and the lowest among women of color.

HIV Care Continuum (HCC) Outcomes

Table 2 below shows HCC outcomes for RWP clients receiving MH services in Year 32. MH clients had better HCC outcomes compared to RWP clients who did not receive MH services.

Table 2. HIV Care Continuum Outcomes for RWP Clients That Used and Did Not Use MH Services in LAC, Year 32

HCC Measures	MH clients		Non-MH clients	
	N=224	%	N=14,548	%
Engaged in HIV Care [a]	*223*	100%	13,623	94%
Retained in HIV Care[b]	*191*	85%	10,190	70%
Suppressed Viral Load at Recent Test[c]	*203*	91%	12,074	91%

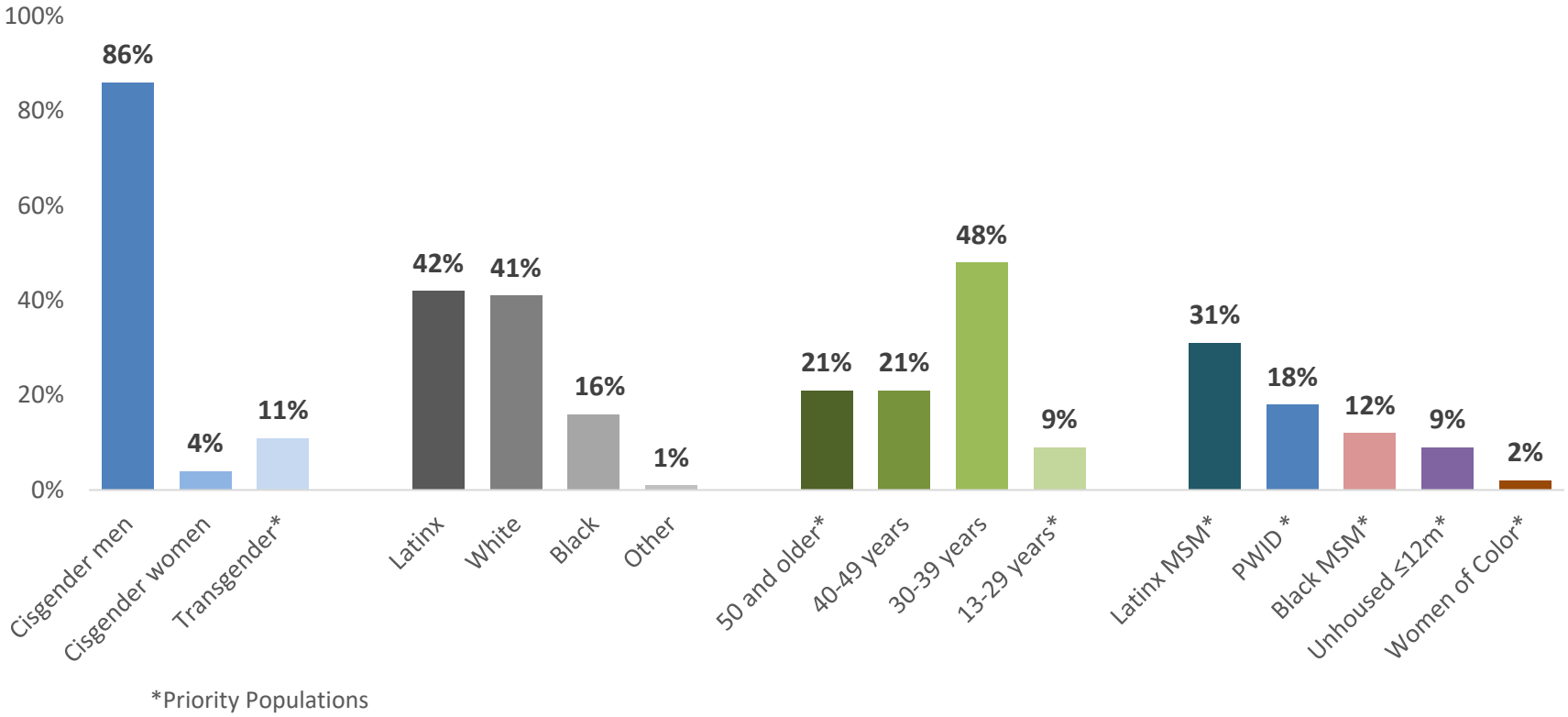
[a]Defined as having ≥1 HIV laboratory test (viral load, CD4 or genotype test) reported in the 12 months before the end of the reporting period
[b]Defined as having ≥2 HIV laboratory tests (viral load, CD4 or genotype test) reported at >90 days apart in the 12 months before the end of the reporting period
[c]Defined as viral load <200 copies/ml at most recent test reported in the 12 months before the end of the reporting period

SUBSTANCE ABUSE RESIDENTIAL (SAR) SERVICES

Population Served:

- In Year 32, a total of 85 clients received SAR services
- Most SAR clients were cisgender men, Latinx and Black, and were age 30-39 as shown in Figure 3.
- Latinx MSM represented the largest percent among priority populations. A larger percent of SAR clients was PWID (18%) compared to RWP clients overall (4%).

Figure 3. Demographic Characteristics and Priority Populations among SAR Clients in LAC, Year 32



Service Utilization and Expenditures:

Since Year 29, the number of clients accessing SAR services has decreased each year. This has progressed from 115 clients in Year 29 to 112 in Year 30, 90 in Year 31 and 85 in Year 32. All SAR services are delivered in-person, there are no telehealth modalities.

- Year 32 Funding Sources: **RWP Part B (100%)**
- Percentage of RWP Clients Accessing SAR in Year 32: **<1% (0.6%)**
- Unit of Service: **Days**

Table 3. SAR Service Utilization and Expenditures among RWP Clients in LAC, Year 32

Priority Populations	Unique Clients	% of Clients	Total Days	Percent of Days	Days per Client	Expenditures per Client	Estimated Expenditures by subpopulation
Total SAR clients	***85***	***100%***	***9,395***	***100%***	***110.5***	***$7,722***	***$656,363***
Unhoused < 12 m	42	49%	**4,597**	49%	109.5	$7,647	$321,160
Latinx MSM	26	31%	**2,651**	28%	102.0	$7,123	$185,207
PLWH ≥ Age 50	18	21%	1,948	21%	108.2	$7,561	$136,093
Persons who inject drugs (PWID)	15	18%	1,762	19%	**117.5**	**$8,207**	$123,099
Black MSM	10	**12%**	832	**9%**	83.2	$5,813	$58,126
Transgender Persons	9	**11%**	601	**6%**	66.8	$4,665	$41,988
Youth Age 13-29	8	9%	998	11%	**124.8**	**$8,715**	$69,723
Women of Color	<5	**2%**	29	**0.3%**	**14.5**	**$1,013**	$2,026

Table 3 Highlights

- *Population Served:* Clients who were unhoused < 12 m (49%) made up nearly half of all SAR clients, followed by Latinx MSM (29%) in Year 32
- *Service Utilization:*
  - Days per client were the highest among youth aged 13-29 and PWID compared to total MH clients and other subpopulations. While days per client was lowest among women of color, this represented use by fewer than 5 clients.
  - The percent of SAR hours was lower relative to their population size among Black MSM, women of color and transgender people.
- *Expenditures:*
  - Youth aged 13-29 had the highest expenditures per client ($8,715), followed by PWID ($8,207).
  - Women of color had the lowest expenditures per client however, the number of clients is very small.

HIV Care Continuum (HCC) Outcomes

Table 4 below shows HCC outcomes for RWP clients receiving MCC services in Year 32. RWP clients receiving SAR services in Year 32 had better HCC outcomes compared to RWP clients who were not receiving in the SAR services.

Table 4. HIV Care Continuum Outcomes for RWP Clients That Used and Did Not Use SAR Services in LAC, Year 32

HCC Measures	SAR clients		Non-SAR clients	
	N=85	Percent	N=14,687	Percent
Engaged in HIV Care[a]	84	99%	13,762	94%
Retained in HIV Care[b]	72	85%	10,309	70%
Suppressed Viral Load at Recent Test [c]	76	89%	12,201	83%

[a]Defined as having ≥1 HIV laboratory test (viral load, CD4 or genotype test) reported in the 12 months before the end of the reporting period
[b]Defined as having ≥2 HIV laboratory tests (viral load, CD4 or genotype test) reported at >90 days apart in the 12 months before the end of the reporting period
[c]Defined as viral load <200 copies/ml at most recent test reported in the 12 months before the end of the reporting period

SUMMARY OF FINDINGS

Service use and expenditures vary by service category and by priority populations. This variation may be influenced by the priority population size, underlying characteristics within each priority and priority population such as health status, income, housing status or neighborhood of residence, service need or service access and others. The main findings are summarized in Table 5.

Table 5. Summary of Findings for RWP Service Utilization in LAC, Year 32

	RWP	Mental Health	Substance Abuse Residential
Clients Characteristics	• Latinx and Black race/ethnicity • Cisgender male • PLWH ≥ age 50 • MSM	• Latinx race/ethnicity • Cisgender male • PLWH age 30-39 and ≥ age 50 • MSM	• Latinx race/ethnicity • Cisgender male • PLWH age 30-39 • MSM
Utilization over time	• Total number of clients decreased in Year 32 due to exit of DHS from RWP. • From Year 29-32, however, number of clients at remaining agencies was steady.	• Decrease in total clients due to DHS departure in Year 32 compared to Year 31 • Decrease in clients at remaining agencies possibly due to Medi-Cal expansion, provider shortages or other reason - further analysis needed	• Steady decrease in number of clients since Year 29
Telehealth	• Approximately 1 in 4 clients received a service via telehealth in Year 32 – a decrease from 46% in Year 30.	• Nearly half of MH clients continued to access services via telehealth in Year 32	• Not applicable
Service Units per Client	N/A (units vary)	• Seven sessions per client	111 days per client
Total Expenditures	$45.9 million	• Total $216,060 (Part A) • $965 per client	• $656,363 (Part B) • $7,722 per client
HCC outcomes	• Engagement in care was lowest among unhoused clients and Black MSM • RiC was lowest among youth aged 13-29, Black MSM and unhoused clients • VS was lowest among unhoused clients	• Engagement and retention in care were higher among MH clients compared to clients not accessing MH services but no difference in VS	• Engagement and retention in care and VS were higher among SAR clients compared to clients not accessing SAR

Ryan White Program Service Utilization Report, Contract Year 32 (March 1, 2022-February 28, 2023)

	RWP	Mental Health	Substance Abuse Residential
Latinx MSM	• Largest RWP population • About 25% of Latinx MSM received RWP services via telehealth • Largest percentage of uninsured clients	• Majority of MH clients (63%) and accounted for about 61% of services provided • Expenditure per clients were slightly lower than the average for all MH clients	• Represented 31% of clients and accounted for about 28% of services provided • The total days for SAR were the second highest among priority populations • Average number of days and expenditures per client were slightly lower than the average for all SAR clients
Black MSM	• About 4% of all RWP clients in • About 25% received RWP services via telehealth • Over 2/3 were living ≤ FPL	• Represented a small number and percent of MH clients and services provided • Average number of sessions and expenditures were lower than respective average numbers for all MH clients	• Represented small number and percent of SAR services provided • Average number of days and expenditures were lower than respective average numbers for all SAR clients •
Youth 13-29 years old	• 12% of all RWP clients • A quarter of youth used RWP via telehealth • The lowest percentage of RiC among priority populations	• 11% of all MH clients but accounted for 9% of MH services • Lower per client sessions and expenditures than average for all MH clients • Reasons for low MH service utilization are unclear but may reflect poor service engagement, low service access, ineffective service provision, stigma or other client-provider or system-level determinants.	• Represented small number and percent of SAR services provided • Highest per client service days and expenditures among priority populations • Highest utilizers of SAR services as demonstrated by the average days per client.
PLWD ≥ Age 50	• Over a third of all RWP clients • 22% received RWP services via telehealth • Second highest percentage of engagement in care among priority populations	• 68% received services via telehealth • 29% of all MH clients and accounted for 42% of MH services • Second highest utilizers of MH services as demonstrated by the percentage of total sessions as well	• 21% of all SAR clients and accounted for the same percentage of services provided • Number of service days provided and expenditures per client were slightly below the average for all SAR clients

	• The highest percentage of RiC and VS among priority populations • The highest percentage of people living ≤ FPL and PWID • Second highest percentage of uninsured, Spanish-speaking, and unhoused people	as sessions per client among priority populations • Second highest per client and overall expenditures among priority populations	
Women of Color	• 8% of RWP clients • About 20% received RWP services via telehealth • The highest percentage of engagement in HIV care among priority populations • Second highest percentage of RiC among priority populations	• Represented a small number and percent of MH clients and services provided • Lowest use of MH services as demonstrated by the number of sessions and expenditures per client among priority populations	• Represented small number and percent of SAR services provided • Lowest utilizers of SAR services as demonstrated by the number of sessions and expenditures per client among priority populations
Transgender clients	• 4% of all RWP clients • 20% received RWP services via telehealth • Highest percentage of unhoused people • Second highest percentage of people living ≤ FPL	• Represented a small number and percent of MH clients and services provided • Lower per client visits and expenditures than respective averages for all MH clients	• Represented small number and percent of SAR services provided • Average number of days and expenditures were considerably lower than respective average numbers for all SAR clients • Second lowest average of expenditures and days of SAR service per client among priority populations
Unhoused in past 12m	• 18% of all RWP clients • About 22% received RWP services via telehealth • The highest percent of people living ≤ FPL and PWID	• Second highest percent of MH clients who used services via telehealth (75%) • The highest average number of visits and expenditures among priority populations • High utilization of MH services by unhoused people may be reflective of complexity of social and behavioral needs in this subpopulation	• Half of SAR clients and accounted half of SAR days • High utilization of SAR services by unhoused people may be reflective of complexity of social and behavioral needs in this subpopulation.

PWID	• 5% of RWP clients • About 16% received RWP services via telehealth • Second highest percent of clients unhoused in past 12m	• Represented a small number and percent of MH clients and services provided • Lower per client sessions and expenditures than respective averages for all MH clients	• 18% of clients receiving SAR service and accounted for 19% of services provided • Average number of days and expenditures were considerably higher than respective average numbers for all SAR clients • High utilization of SAR services by PWID may reflect complex of social and behavioral needs in this subpopulation

PREVENTION PLANNING WORKGROUP

Proposed Status Neutral Framework

Presentation to the Planning, Priorities and Allocations Committee

9/19/23 – For Review/Feedback

LOS ANGELES COUNTY
COMMISSION ON HIV

Objectives

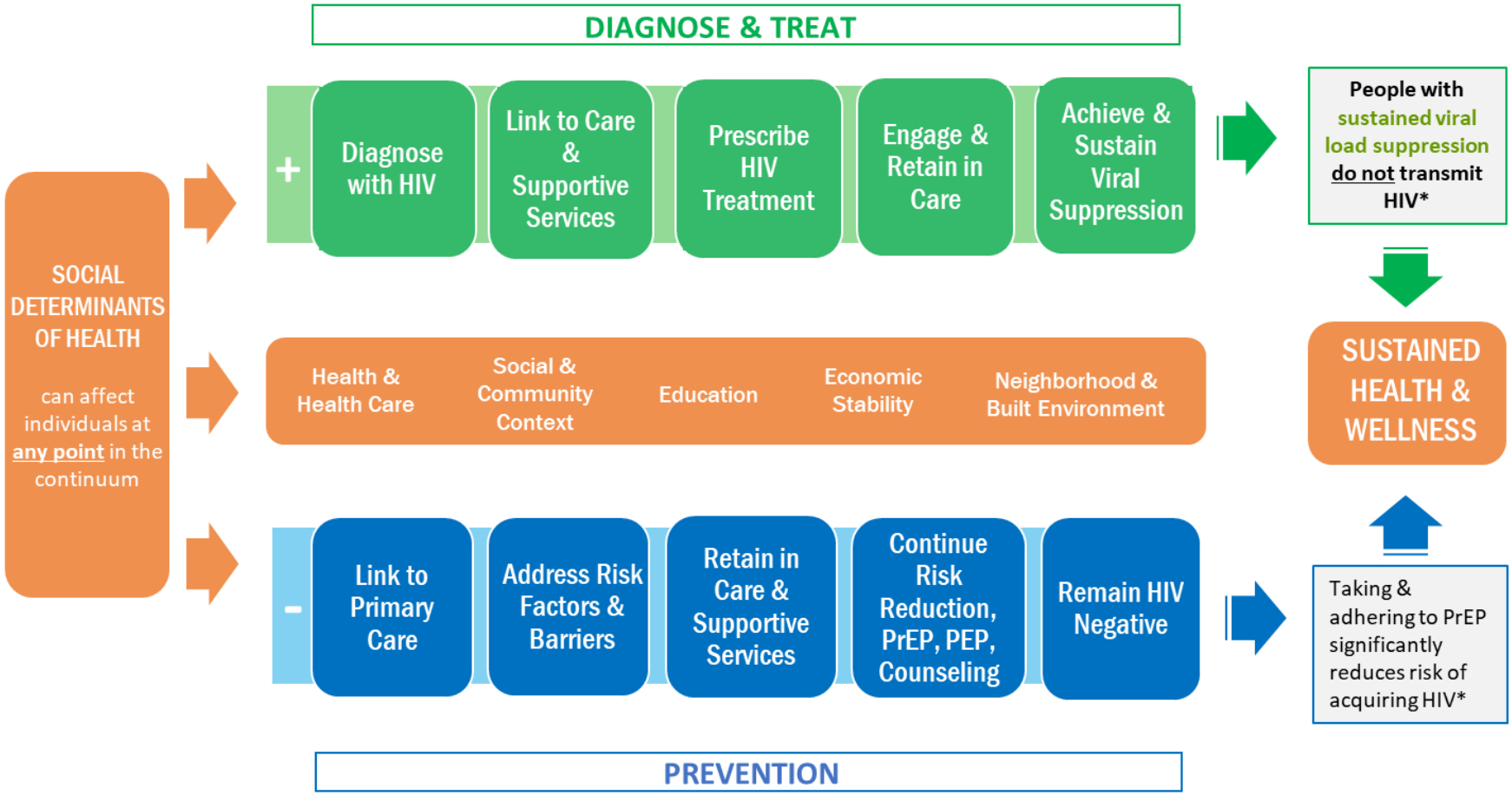
- Provide an update on the work and activities of the Prevention Planning Workgroup
- Seek input on a status neutral framework for HIV/STI services
- Discuss integration of prevention into the Planning, Priorities and Allocations Committee
- Promote ongoing awareness and community conversations on HIV/STI prevention needs

Background | Prevention Planning Workgroup (PPW)

- Formed Prevention Planning Workgroup in October 2020
- Goal of the workgroup is to improve and fully integrate prevention in the planning, priority setting and resource allocation process
- Workgroup has focused on assessing capacity building needs of the larger body, development of a framework to support integration of status neutral “concept” into the commission, and review of existing Prevention Standard of Care for recommendations.

Comprehensive HIV Continuum Framework

The HIV Continuum is a framework for people to stay healthy, have improved quality of life, and live longer. The Commission on HIV adapted the Continuum to demonstrate HIV, sexual health, and overall health are influenced by individual, social, and structural determinants of health. Individuals can enter and exit at any point in the Continuum. The Continuum guides the Commission on community planning and standards of care development.



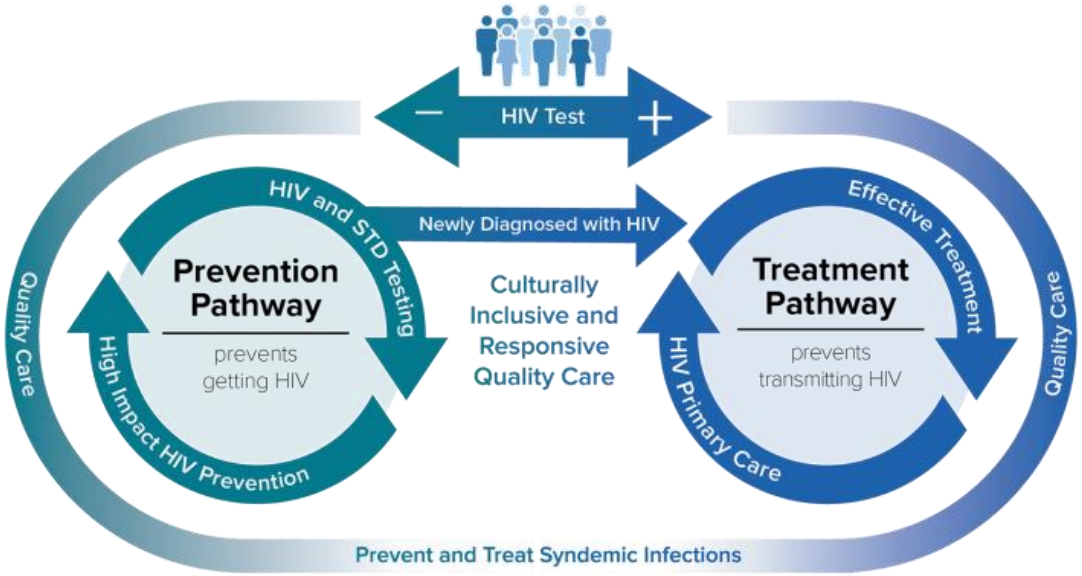
Revised 9/10/19; 11/17/20
Commission approved 9/12/19

*For more information visit https://www.cdc.gov/hiv/risk/estimates/preventionstrategies.html

CDC Status Neutral HIV Prevention and Care

Status Neutral HIV Prevention and Care is a *whole person* approach to HIV prevention and care that emphasizes high-quality care to engage and retain people in services regardless of if the services are for HIV treatment or prevention. This approach continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being.

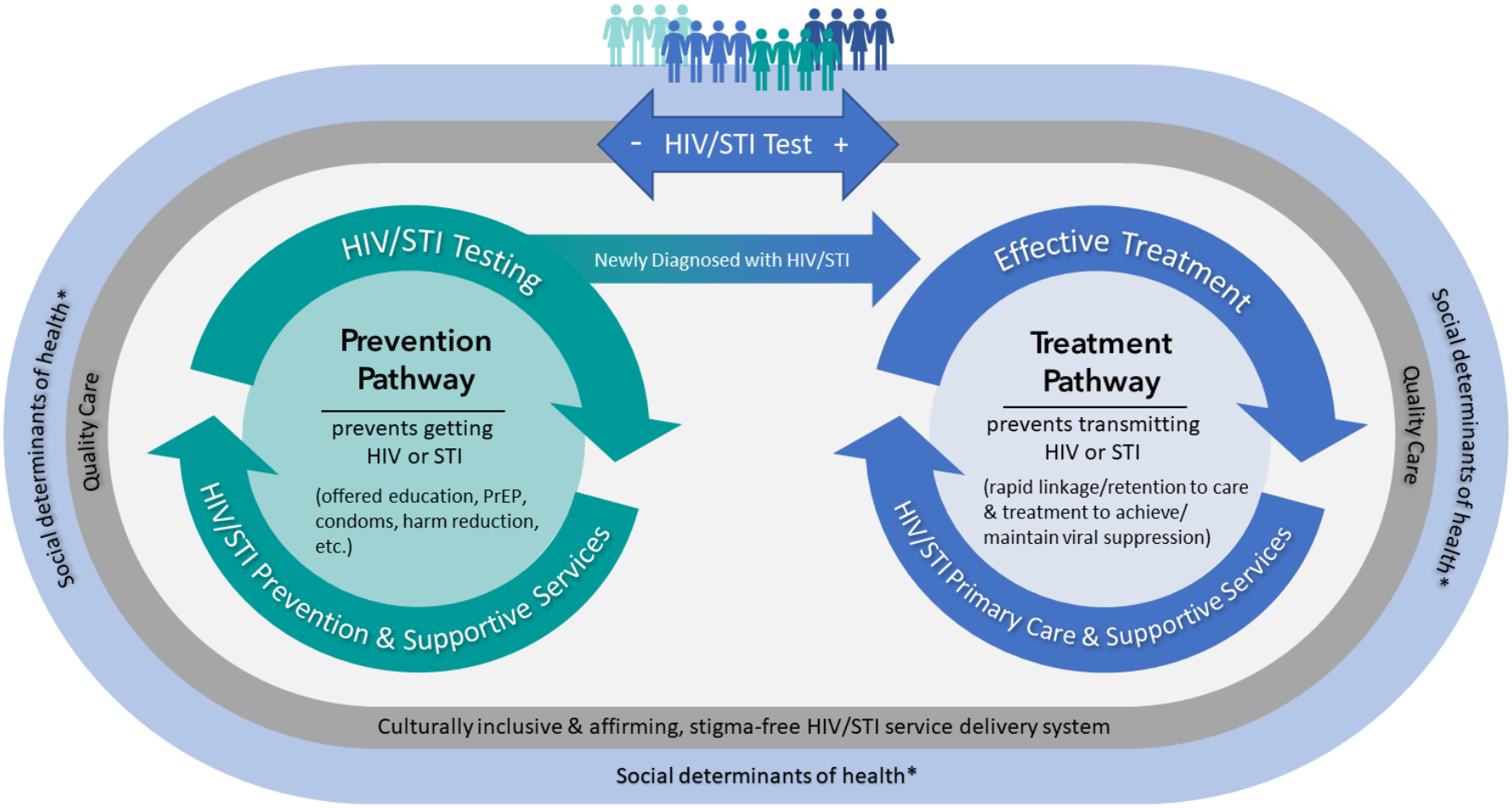
People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services to stay HIV negative.



People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

Status Neutral HIV and STI Service Delivery System



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Revised 6/1/23

* Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

See Healthy People 2030 for more details on the social determinants of health.

Key Recommendations

- Focus on the Service Delivery System
- Expand beyond HIV to include STIs
  - HIV and STI testing, treatment, and prevention services
  - Biomedical and nonbiomedical strategies
- Emphasis on person-first, not disease first
  - Address the holistic needs of a person
  - Not centered solely on meeting disease-specific needs
- Supportive services provided regardless of HIV status
  - Resources to support high-risk HIV- individuals in need of supportive services (e.g., housing, mental health, etc.)
  - Address the social determinants of health

Key Recommendations

- Focus on priority populations identified via data (CHP)
  - Latinx men who have sex with men (MSM)
  - Black/African American MSM
  - Transgender persons
  - Cisgender women of color
  - People who inject drugs (PWID)
  - People under the age of 30
  - People living with HIV who are 50 years of age or older
- Culturally affirming, stigma-free HIV and STI delivery system
  - Goes beyond supportive providers trained to recognize and address implicit racial/ethnic, sexual orientation, and other biases
  - Calls for racially, culturally, & ethnically diverse providers and staff and individuals with lived experience

Key Recommendations

- Requires diverse funding streams
  - Multiple funding streams
  - Do not have disease specific eligibility requirements
- Requires diverse partners
  - Collaboration and coordination with community partners outside of HIV systems who also serve priority populations

Other Suggestions

- Utilize Status Neutral Framework in all COH discussions
- Assess prevention funding and services within Los Angeles County to help inform PSRA process
- Update Prevention Standards to incorporate status neutral framework
- Identify opportunities to increase prevention efforts within existing DHSP programs
- Identify opportunities to increase prevention efforts within substance use disorder strategies/interventions

Other Suggestions

- *Restructure the Planning, Priorities and Allocations Committee to intentionally include prevention*
- Utilize Status Neutral Framework in all COH discussions
- Assess prevention funding and services within Los Angeles County to help inform PSRA process
- Update Prevention Standards to incorporate status neutral framework
- Identify opportunities to increase prevention efforts within existing DHSP programs
- Identify opportunities to increase prevention efforts within substance use disorder strategies/interventions

Discussion

- What do you think about the proposed Status Neutral framework?
- Are there elements that we need to add that address the needs of priority populations?
- How do we structure agenda of PP&A to reflect proposed framework?

LOS ANGELES COUNTY
COMMISSION ON HIV

Consumer Discussion Prompts

This listening session is intended to collect important information from clients of HIV prevention and care services to better understand HIV/STD service gaps and explore opportunities for improvement in the community. We appreciate your willingness to participate. We value your input and want you to share your honest and open thoughts so that we can identify ways on how we can improve HIV services in Los Angeles County.

There are a few guidelines and rules to help facilitate today's discussion:

- We want you to do the talking. We encourage everyone to participate.
- There are no right or wrong answers. Every person's experience and opinion are important. Speak up whether you agree or disagree. We expect and want to hear a wide range of opinions and we do not anticipate consensus, just sharing.
- We emphasize that what is said in this room should remain here. Please don't' disparage another participant's remarks. Be sure to allow one speaker at a time.
- We will record this session as we want to capture everything that is said. We won't identify anyone by name in our findings - you will remain anonymous.
- The discussion will last for about one hour. Please silence your mobile phones and give everyone the chance to express his/her opinion during the conversation. You can address each other if you like. We are only here to assist in the discussion.

FACILITATION QUESTIONS

1. Where do you get your information on sexual health including information about HIV/STIs (sexually transmitted infections) prevention? Who do you talk to about your sexual health?
2. Do you have a primary care provider? What is your relationship with your primary care doctor? Do you feel comfortable talking to them about HIV/STIs or drugs use? Do you feel comfortable talking to your HIV/STI service providers about your sexual health or drug use? Please explain.
3. What have been your experiences with obtaining HIV/STD specific services? Examples can include both positive and negative experiences; service, how people treat you, easy to make appointments, etc.)
4. What services do you use the most? What services do you need to are unable to access? What are some issues you may have faced when trying to access HIV/STD care or supportive services? Examples may include stigma around HIV status, fear of discrimination, not knowing about a service, long wait times, poor physical or mental health, hours of service are inconvenient, ineligibility etc.) Is there anything else that you would like to add about needs, gaps, and barriers you have experienced in accessing HIV/AIDS care and support services?

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5. What types of support systems or programs do you need to ensure regular engagement in HIV/STD care and prevention? (Examples can include peer support networks, regular check-ins from provider, family, etc.)
6. How do you protect yourself and others from HIV or STIs? (Describe your sexual activity since acquiring HIV. If HIV negative, what do you to protect yourself?)
7. Can you provide some examples of where you experienced or have seen HIV/STD related stigma in your community? What can be done to reduce HIV/STD related stigma to increase the use of HIV and STI prevention and care services? What are some suggestions for changing people's perception and behaviors in dealing with HIV/STDs?
8. What is the best way to share information and resources on HIV and STIs with the public? (How do you prefer to receive information? Where are there gaps/opportunities for improvement? Examples include bus stops, Metro rail, billboards, social media, etc.)
9. What would you change to improve HIV/STD services? What can your primary care doctors and other providers do to better serve and support their clients?
10. What are the three greatest challenges in your life that you are struggling with right now? (Opportunity to identify other services that may not be available.)

LOS ANGELES COUNTY
COMMISSION ON HIV

Consumer Demographic Questionnaire

This questionnaire is intended to collect important information on the general demographic characteristics of participants in the HIV/STI consumer listening sessions. Your responses are very important and are completely anonymous. Your answers will never be associated with you. This survey will take approximately 10 minutes to answer.

1. How old are you?
   - ☐ Under 18 years
   - ☐ 19-24 years
   - ☐ 25-29 years
   - ☐ 30-39 years
   - ☐ 40-49 years
   - ☐ 50-59 years
   - ☐ 60 years and older

2. Race/Ethnicity (check all that apply)
   - ☐ African American
   - ☐ American Indian/Alaska Native
   - ☐ Asian
   - ☐ Pacific Islander
   - ☐ Latinx/Hispanic
   - ☐ White (non-Hispanic)
   - ☐ Other: _____
   - ☐ Decline to state

3. What is your gender identity?
   - ☐ Male
   - ☐ Female
   - ☐ Non-binary
   - ☐ Transgender male
   - ☐ Transgender female
   - ☐ Other: _____

4. How do you identify?
   - ☐ Heterosexual/Straight
   - ☐ Gay, lesbian, same gender loving
   - ☐ Bisexual
   - ☐ Pansexual
   - ☐ Other: _____
   - ☐ Decline to state

5. What is your highest level of education?
   - ☐ Less than high school
   - ☐ Some high school
   - ☐ High school diploma/GED
   - ☐ Some college, but no degree
   - ☐ Vocational/Technical school diploma
   - ☐ Associates degree (e.g., AA, AS)
   - ☐ Bachelor's degree (e.g., BA, BS)
   - ☐ Advanced degree (Masters or higher)

6. What is your zip code? _____

LOS ANGELES COUNTY
COMMISSION ON HIV

7. Have you ever been diagnosed with HIV? ☐ Yes ☐ No
   a. If so, what year you were diagnosed? If you are unsure of the exact year, please give your best guess. (enter 4-digit year) _____
   b. If you are not a person living with HIV (are HIV negative) how often do you get tested for HIV?
      - ☐ Once a year
      - ☐ Every 3 months
      - ☐ Every 6 months
      - ☐ Every month
      - ☐ After sexual activity with a new partner
      - ☐ When a partner asks me to
      - ☐ Never

8. Were you born in the United States? ☐ Yes ☐ No

9. Do you have health insurance? ☐ Yes ☐ No
   If yes, what kind of insurance? (Please check all that apply)
   - ☐ Medi-Cal
   - ☐ Health insurance or coverage bought directly by yourself or spouse/family member
   - ☐ Covered California
   - ☐ Indian or Tribal Health Service
   - ☐ Medicare
   - ☐ Health insurance or coverage through your employer or your spouse/ partner, parent, or someone else's employer
   - ☐ TRICARE or Veteran's benefits
   - ☐ Other: _____

10. What is your annual household income from all sources?
    - ☐ Less than $15,000
    - ☐ $15,000 - $23,000
    - ☐ $23,000 - $35,000
    - ☐ $35,000 - $45,000
    - ☐ $45,000 - $55,000
    - ☐ $55,000 - $65,000
    - ☐ $65,000 - $85,000
    - ☐ $85,000 or more

11. Including yourself, how many people depend on your annual household income?
    - ☐ 1 (just you)
    - ☐ 2 - 3 people
    - ☐ 3 – 6 people
    - ☐ 6 or more people

12. During the past 12 months, was there a time when you were not able to pay for…
    a. Mortgage/rent ☐ Yes ☐ No
    b. Utility bills ☐ Yes ☐ No
    c. Medical bills (including premium, co-pay, medication) ☐ Yes ☐ No
    d. Groceries ☐ Yes ☐ No
    e. Child care ☐ Yes ☐ No
    f. Phone ☐ Yes ☐ No

LOS ANGELES COUNTY
COMMISSION ON HIV

13. What best describes your current housing?

- ☐ I own my own home
- ☐ I pay rent for my place
- ☐ I live in government subsidized housing
- ☐ I live with family or friends and pay rent
- ☐ I live with family or friend and *do not* pay rent
- ☐ I am couch hopping right now
- ☐ I am in a shelter
- ☐ I am in my car or on the street

14. Do you currently receive public assistance to help pay for your monthly mortgage or rent or utilities?
☐ Yes ☐ No

15. During the past 12 months, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay? ☐ Yes ☐ No
If yes, how often? _____

16. In the past 12 months, have you had any problems keeping your housing due to any of the following?

- ☐ I have not had any problems keeping my housing
- ☐ Difficulty paying rent, mortgage, or utilities
- ☐ Drug or alcohol use
- ☐ Unemployment/Job loss
- ☐ Credit problems
- ☐ Eviction
- ☐ Problems with my immigration status
- ☐ Legal problems
- ☐

Please continue to the next page.

LOS ANGELES COUNTY
COMMISSION ON HIV

These questions focus on services you received or may have needed during the past 12 months. Select the appropriate response for each services area by putting a check mark.

Services	Yes, I received this service	I needed but DID NOT know this service existed	I needed but DID NOT access this service	I did not need this service
Medical case management to coordinate HIV-related medical care and access to other services				
Treatment adherence services (education and counseling to help you routinely take HIV/AIDS medications and follow through on HIV/AIDS treatment)				
Emergency housing assistance (one month of rental or utility assistance)				
Short-term assistance to support temporary or transitional housing (more than one-month assistance but less than two years)				
Long-term assistance to support housing (more than two years)				
Emergency financial assistance to help pay for utilities (examples: gas, electric, water, phone)				
Emergency financial assistance to pay for rent				
Emergency financial assistance to help pay for food/groceries				
Assistance obtaining and paying for HIV medications				
Financial assistance to maintain continuity of health insurance or medical and pharmacy benefits				
Transportation assistance to health care services				
Food/groceries from a food pantry				
Home-delivered meals				
On-site meals in a community setting				
Mental health services (psychological or psychiatric treatment and counseling services) provided by a licensed professional in an individual or group setting				

LOS ANGELES COUNTY
COMMISSION ON HIV

These questions focus on services you received or may have needed during the past 12 months. Select the appropriate response for each services area by putting a check mark.

Services	Yes, I received this service	I needed but DID NOT know this service existed	I needed but DID NOT access this service	I did not need this service
Emotional support group for people with HIV				
Help getting enrolled in health insurance				
PrEP (pre-exposure prophylaxis), PEP (post-exposure prophylaxis), or Doxy-PEP (doxycycline post-exposure prophylaxis)				
A medical visit for HIV-related medical care				
Counseling or information related to returning to or leaving the work force, health insurance and disability benefits, and public assistance programs				
Assistance in finding the health insurance option or benefit package that best suits my needs				
Oral health from a dentist, hygienist, or assistant				
Education or counseling about HIV transmission and how to reduce the risk of transmission				
Treatment counseling from non-medical personnel outside of a medical case management and/or clinical setting				
Outpatient substance abuse treatment or counseling				
Inpatient (residential) substance abuse treatment or counseling				
Home and community-based health care services including home health aide services and/or attendant care services				
Home health care services by a licensed health care worker (examples: nurse, home health care worker)				
Information or referrals for HIV services via telephone, online, or printed materials				
Nutritional counseling provided by a dietitian				
Group session focused in HIV/STD education				

LOS ANGELES COUNTY
COMMISSION ON HIV

HIV Provider Discussion Prompts

This listening session is intended to collect important information regarding unmet HIV/STD prevention and care needs, to help people from acquiring HIV, to assess people's satisfaction with services and to improve and make services more available to the public. We appreciate your willingness to participate. We value your input and want you to share your honest and open thoughts so that we can identify ways on how we can improve HIV services in Los Angeles County.

There are a few guidelines and rules to help facilitate today's discussion:

- We want you to do the talking. We encourage everyone to participate.
- There are no right or wrong answers. Every person's experience and opinion are important. Speak up whether you agree or disagree. We expect and want to hear a wide range of opinions and we do not anticipate consensus, just sharing.
- We emphasize that what is said in this room should remain here. Please don't' disparage another participant's remarks. Be sure to allow one speaker at a time.
- We will record this session as we want to capture everything that is said. We won't identify anyone by name in our findings - you will remain anonymous.
- The discussion will last for about one hour. Please silence your mobile phones and give everyone the chance to express his/her opinion during the conversation. You can address each other if you like. We are only here to assist in the discussion.

Facilitation Questions - HIV Workforce

1. What encourages you to work in this field?
2. What do you think is important in helping people prevent HIV and STDs? What kind of supports and services do people need to help prevent HIV and STDs?
3. What are trends in the risk activities, behaviors or conditions for HIV/STD acquisition and transmission that you are seeing in the community?
4. What services do clients utilize the most? What services are critical for addressing the needs of these clients and why? How do you retain clients in care?
5. What are common concerns that clients diagnosed with HIV have about services? Examples include appointment times, insurance coverage, paperwork, LGBTQ+ sensitivity, stigma, etc.
6. What services do high-risk HIV negative clients utilize the most? How do you retain clients in care?
7. What services do your clients (clients diagnosed with HIV and high-risk HIV negative) need but are unable to access? What are the reasons they can't access them? (Can be ineligibility, paper

burden, lack of timely follow through, substance use disorder, mental health needs, etc.) What can be done to help address the barriers?

8. How do you engage clients? How do they receive information about you? How do you promote your services?
9. Please describe the training you have received for your job. What tools and resources do you have to do your job? Describe any supports that help you maintain and improve your knowledge and skills.
10. What are the barriers that prevent you from providing care and supportive services to clients? Examples include billing/lack of reimbursement for services, administrative obstacles, staffing (not enough or lack of knowledge), siloed funding, legal challenges, etc. What changes can be made to help address these barriers?
11. What works at your agency? What are some effective practices or policies can be recommended to other agencies or care systems?
12. What does your agency do to support the health and well-being of staff to minimize burnout?
13. Is there anything else that you would like to share that wasn't discussed?

Non-HIV specific clinics

1. How comfortable are you taking a sexual history and providing sexual health counseling? Who do you provide sexual health counseling to?
2. How comfortable are you talking to patients about HIV and STI screening and answering their questions? What keeps you from feeling more comfortable discussing HIV screening with patients?
3. In the context of all the care you provide to your patients, how big a priority is HIV/STI screening? What are barriers to offering routine HIV/STI testing to your patients?
4. What would you do if you received a patient at your clinic today with a new HIV diagnosis? What does your organization do to link people who test positive for an HIV or STI? (How prepared are your providers to care for and treat a patient living with HIV? Does your organization offer treatment services, or do they refer the patient elsewhere? What issues would need to be addressed?)
5. Are there any barriers within your organization that prevent you from providing care to patients diagnosed with HIV?

LOS ANGELES COUNTY
COMMISSION ON HIV

HIV Provider Demographic Questionnaire

This questionnaire is intended to collect important information on the general demographic characteristics of participants in the HIV workforce listening sessions. Your responses are very important and are completely anonymous. Your answers will never be associated with you. This survey will take approximately 10 minutes to answer.

1. How old are you?
   - ☐ Under 18 years
   - ☐ 19-24 years
   - ☐ 25-29 years
   - ☐ 30-39 years
   - ☐ 40-49 years
   - ☐ 50-59 years
   - ☐ 60 years and older

2. What is your gender?
   - ☐ Male
   - ☐ Female
   - ☐ Other: _____
   - ☐ Transgender male
   - ☐ Transgender female

3. Race/Ethnicity (check all that apply)
   - ☐ African American
   - ☐ American Indian/Alaska Native
   - ☐ Asian
   - ☐ Pacific Islander
   - ☐ Latinx/Hispanic
   - ☐ White (non-Hispanic)
   - ☐ Other: _____
   - ☐ Decline to state

4. Gender Identity
   - ☐ Heterosexual/Straight
   - ☐ Gay, lesbian, same gender loving
   - ☐ Bisexual
   - ☐ Genderqueer/Gender non-conforming
   - ☐ Transgender
   - ☐ Other: _____
   - ☐ Decline to state

5. Sexual Identity
   - ☐ Heterosexual/Straight
   - ☐ Gay, lesbian, same gender loving
   - ☐ Bisexual
   - ☐ Pansexual
   - ☐ Other: _____
   - ☐ Decline to state

6. What is your highest level of education?
   - ☐ Less than high school
   - ☐ Some high school
   - ☐ High school diploma/GED
   - ☐ Some college, but no degree
   - ☐ Vocational/Technical school diploma
   - ☐ Associates degree (e.g., AA, AS)
   - ☐ Bachelor's degree (e.g., BA, BS)
   - ☐ Advanced degree (Masters or higher)

7. What is your primary profession or role?
   - ☐ Case Manager
   - ☐ Manager/Administrator
   - ☐ Front Desk Clerk/ Receptionist
   - ☐ HIV Testing Counselor
   - ☐ Infectious Disease board-certified physician
   - ☐ Other _____
   - ☐ Outreach Worker
   - ☐ Nurse Practitioner
   - ☐ Health Educator
   - ☐ Supervisor
   - ☐ Other board-certified physician

8. How many years of experience do you have working in the HIV/STI field?
   - ☐ Less than 2 years
   - ☐ 2 to 5 years
   - ☐ 5 to 10 years
   - ☐ 10 to 15 years
   - ☐ 15 to 20 years
   - ☐ 20 to 25 years
   - ☐ Over 25 years

9. What is your role in routine HIV/STI testing? (Check all that apply)
   - ☐ Management or administrative role in routine HIV/STI testing
   - ☐ Supervise staff conducting HIV/STI testing
   - ☐ Conduct HIV/STI testing
   - ☐ Provide health care services for patients who have received routine HIV/STI testing/screening
   - ☐ Teach other health care providers or students about routine HIV/STI testing
   - ☐ No role in routine HIV/STI testing
   - ☐ Other (Specify) _____

10. Briefly describe the general characteristics of your patient/client population. (For example, race, ethnicity, gender, age, socioeconomic status, cultural identities, etc.)

    _____
    _____
    _____
    _____

11. Type of Agency
    - ☐ Federally Qualified Health Center
    - ☐ Community-based Clinic (non-FQHC)
    - ☐ AIDS Serving Organization
    - ☐ University Hospital
    - ☐ Other Hospital
    - ☐ Other (Specify) _____

LOS ANGELES COUNTY
COMMISSION ON HIV

12. What zip code(s) does your agency currently provide services?

_____

_____

_____

13. Funding Source(s)

- ☐ Part A
- ☐ Part B
- ☐ Part C
- ☐ Part D
- ☐ Other: _____
- ☐ AETC
- ☐ Part F
- ☐ Ending the HIV Epidemic (EHE)
- ☐ Non-RWP State Grants

Professional Satisfaction: Please rate the following based on your current employment.

Please circle one:					
Salary and reimbursement	Very satisfied	Satisfied	OK	Dissatisfied	Very dissatisfied
Amount of time required and available for documentation/administrative work.	Very satisfied	Satisfied	OK	Dissatisfied	Very dissatisfied
Work schedule/on-call responsibilities.	Very satisfied	Satisfied	OK	Dissatisfied	Very dissatisfied
Support services to assist patient/client management.	Very satisfied	Satisfied	OK	Dissatisfied	Very dissatisfied
Support and coverage from other HIV service providers (care and prevention)	Very satisfied	Satisfied	OK	Dissatisfied	Very dissatisfied
Availability of specialists for consultation and referrals.	Very satisfied	Satisfied	OK	Dissatisfied	Very dissatisfied
Effort required to keep up with the new medical, prevention, and scientific advances.	Very satisfied	Satisfied	OK	Dissatisfied	Very dissatisfied
Support for training and professional development.	Very satisfied	Satisfied	OK	Dissatisfied	Very dissatisfied
Support to address burnout and/or vicarious trauma.	Very satisfied	Satisfied	OK	Dissatisfied	Very dissatisfied

Please continue to the next page.

LOS ANGELES COUNTY
COMMISSION ON HIV

What type of services does your agency currently provide? Check all that apply.

Type of service	Check if agency provides service
Health insurance enrollment assistance	
PrEP (pre-exposure prophylaxis)/ PEP (post exposure prophylaxis)	
HIV prevention education (classes, workshops, etc.)	
STI prevention education (classes, workshops, etc.)	
Free condom distribution	
HIV/STD testing	
STI treatment	
Partner Services	
Social marketing, media and community mobilization	
Comprehensive prevention with HIV-positive individuals	
Evidence-based interventions for high-risk population. Please name of evidence-based intervention:	
Capacity building and technical assistance	
HIV medical care	
General oral health services (regular check-up, cleaning, root canals, braces)	
Psychiatry mental health services (diagnosis, treatment, and prevention of mental, emotional, and behavioral disorders)	
Psychotherapy mental health services (treating mental health problems by talking with a psychiatrist, psychologist, or other mental health provider; helps you learn how to take control of your life and respond to challenging situations with healthy coping skills).	
Medical case management services	
Home and community-based services	
Medical nutrition therapy	
Non-medical case management (assistance in accessing medical, social, community, legal, financial, and other needed services)	
Medical transportation services	
Food bank/home-delivered meals	
Housing services	
Housing Opportunities for People with AIDS (HOPWA) program services	
Language services (interpretation, translation)	
Residential substance abuse treatment (Long-term residential treatment provides care 24 hours a day, generally in non-hospital settings)	
Outpatient substance abuse treatment (group counseling; treatment for patients with medical or other mental health problems in addition to their drug disorders.)	
Outreach (basic education; get people into needed services)	
Referrals for services	
Legal services	
Other: (specify):	

Health Services
LOS ANGELES COUNTY

July 12, 2023

313 N. Figueroa Street, Suite 903
Los Angeles, CA 90012

Tel: (213) 288-8693
Fax: (213) 202-5989

www.dhs.lacounty.gov

"To advance the health of our patients and our communities by providing extraordinary care"

TO: Cheryl Barrit, Executive Director
Los Angeles County Commission on HIV

FROM: Hrishikesh Belani, MD, MPH
Primary Care Director, Ambulatory Care Network
Co-chair, DHS HIV Services Workgroup

Katya Corado, MD, Infectious Diseases
Ambulatory Care Network and Harbor-UCLA Med Center
Co-chair, DHS HIV Services Workgroup

SUBJECT: **DHS DATA ON HIV CASCADE**

As requested, attached is the Department of Health Services data comparing the year prior to ending the participation in Ryan White Program (04/01/2021-03/31/2022) to the year following (04/01/2022-03/31/2023) as it pertains to the HIV Cascade.

As you examine the Summary table, we would like to share how data was compiled and potential confounders.

1. *Patients diagnosed with HIV and linked to HIV care within 1 month of diagnosis*

DHS' understanding is that previously, this data has been reported in aggregate by DPH DHSP and not by individual providers. At this time, we are unable to accurately report meaningful data on this measure, due to an inability to exclude the following two scenarios: 1) patients with a positive HIV test within a DHS facility who have been previously diagnosed with HIV outside of DHS; we are unable to determine if the positive HIV test in our EHR reflects 'new diagnosis' for the said patient, and 2) patients who have been newly diagnosed within a DHS facility but have opted to follow up with a non-DHS provider.

Within our 8 DHS HIV PCMHs, patients have excellent access to care and are usually seen within 2 weeks of contacting the clinic via self-referral or provider referral.

2. *Patients diagnosed with HIV and have received HIV care*
3. *Patients diagnosed with HIV and retained in HIV care*
4. *Patient diagnosed with HIV and virally suppressed (most recent viral load <200)*

The denominator for these measures includes anyone seen in our DHS system with a diagnosis code for HIV/AIDS. Those who have had at least one laboratory (CD4/HIV viral load) within the year analyzed are considered to have received care. Those who have 2 or more laboratory results (CD4/HIV viral load) that are 3 months apart within the year analyzed are considered retained in care. In comparison with published DHSP data on the same parameters as well as national HIV cascade data, DHS appears to be consistent with other health systems.

Comparing pre and post Ryan White Program participation years, the numbers have not significantly changed. We are, however, working toward continued improvement across all areas, including:

- Improving HIV screening in our general population, which is a Quality Incentive Pool (QIP) measure we participate in, with outreach/inreach efforts, new EHR reminder tools, systemwide communications, and patient and provider education efforts as ways to meet this goal.
- Linking more new diagnoses to care via Rapid Start initiatives and strengthening linkages between our acute care settings and our HIV PCMHs. Two of our clinic sites participate in the Rapid Start Program with DHSP with the goal of having the remaining 6 sites also participate.
- Increasing our number of patients retained in care as well as our overall viral suppression rates, for which we continue to rely on our case management teams (which include nursing, social workers, case workers and community health workers).

We look forward to attending a future HIV Commission meeting as requested, and you can contact us for any questions in the meantime.

HB:KC:sb

Attachment

DHS Positive Care Services

Hrishikesh Belani, MD MPH

Katya Corado, MD

09/14/2023

Positive Care at DHS

- Department of Health Services provides HIV/Primary Care services to LA County across 8 Positive Care clinics
  - Harbor-UCLA (Beall)
  - High Desert (Hope)
  - Hubert H. Humphrey (Main Street)
  - LA General (5P21, MCA)
  - Long Beach (Tom Kay)
  - Martin Luther King (Oasis)
  - Olive View - UCLA
- Annually, approximately 5000 patients are seen in Positive Care, while up to 10,000 PLWH touch the DHS system

Positive Care at DHS

Positive Care clinics are Patient Centered Medical Homes expected to provide:

- HIV care
- Infectious Disease Care (opportunistic infections, immune reconstitution)
- Primary Care
- Mental Health Support
- Complex Care Management

Current State

- In March of 2022, DHS did not renew the DHSP Ryan White Funding contract
- We are currently working to create a new model for HIV care with the following guiding pillars
  - Achieve standardization, equity and comparability in clinic operations, staffing, quality of care and patient outcomes
  - Reinforce DHS' commitment to the care of PLWH and treatment as prevention (U=U), in line with U.S. DHHS *Ending the HIV Epidemic in the US* initiative
  - Address health disparities by providing high-quality, evidence-based, and patient-centered HIV and primary care to *all* patients
  - Enhance our profile in the community to decrease barriers to linkage to care
  - Ensure that all staff are as productive as possible in supporting DHS's core mission of providing high quality, patient-centered care
  - Standardize the adoption of DHS-wide best practices across all PCC sites

Current State

Ambulatory Sensitive Conditions Comparison			
Condition	DHS Non-PCC (560,731)	Kaiser HIV* (13,296)	DHS PCC (4,141)
Depression	11.0%	29.7%	35.6%
Substance Abuse	21.9%	10.8%	58.0%
HTN	31.3%	29.4%	51.8%
DM	27.6%	10.9%	39.9%

*Lam et al. AIDS 2022; 36:437-45

DHS HIV Cascade

DHS patients with HIV Diagnosis and Tests (4/1/2021-3/31 2022)

April 2021- March 2022	Count	Denom	Percentage
Patients Diagnosed with HIV and have received HIV Care	4,052	5,375	75%
Patients Diagnosed with HIV and retained in HIV Care (Test at least three months apart)	2,336	5,375	43%
Patients Diagnosed with HIV and virally suppressed (Most recent Viral Load <200)	3,860	5,375	72%

* Patients can be counted multiple times across these categories.

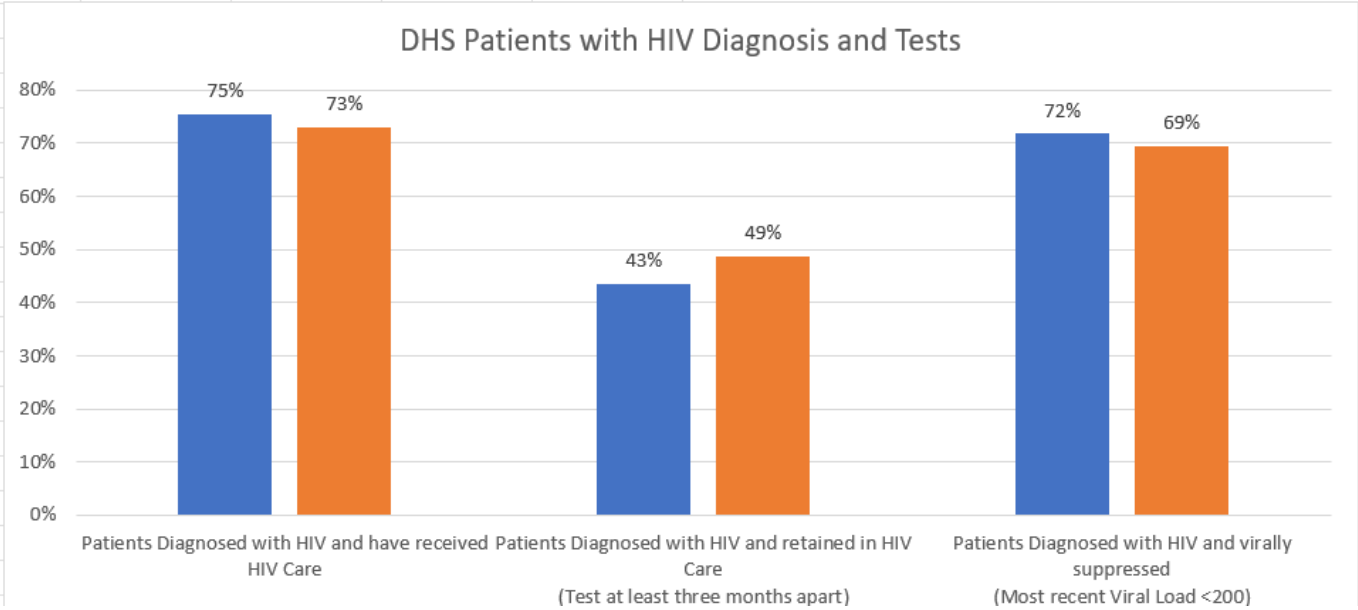
** All Diagnosis information is based on DHS encounter information.

DHS patients with HIV Diagnosis and Tests (4/1/2022-3/31 2023)

April 2022-March 2023	Count	Denom	Percentage
Patients Diagnosed with HIV and have received HIV Care	4,583	6,277	73%
Patients Diagnosed with HIV and retained in HIV Care (Test at least three months apart)	3,054	6,277	49%
Patients Diagnosed with HIV and virally suppressed (Most recent Viral Load <200)	4,357	6,277	69%

* Patients can be counted multiple times across these categories

** All Diagnosis information is based on DHS encounter information.



Ongoing work

- Finalize and implement new HIV Care Management Model
- Refine DHS’ HIV Services Care Model
- "Right-size" Positive Care provider panel sizes
- Unify the practice models of the 8 DHS Positive Care Clinics

PASADENA

Public Health Department

Pasadena Public Health Department
Social and Mental Health Division

Background

Public Health Department

- Social and Mental Health Services Division has multiple programs supporting special populations, including people living with HIV, people experiencing homelessness, high-risk youth, and justice-involved individuals.
  - HIV Programs include storefront testing, take-home tests, ADAP and PrEP-AP enrollment, and linkages to treatment and PrEP through partner organizations
  - Pasadena Intervention and Prevention Program – working with youth affected by or involved in community violence and their families. Includes multi-dimensional family therapy (MDFT) and wraparound support services
  - Unhoused programs – GEM Link, TAY Link, PORT
  - Outreach – Narcan distribution, fentanyl test strip distribution, mental health training
- The City does not provide direct substance use treatment services at this time. However, the programs have several partnerships with community organizations for referrals, linkages, and warm hand-offs.

GEM and TAY Link

Public Health Department

- GEM – Geriatric Empowerment Model Link Program, working with people experiencing homelessness 60+
- TAY – Transition Age Youth Link Program, working with people experiencing homelessness 18-24 years old
- Case management and housing navigation for program clients. Linkage to substance use and mental health treatment.
- Basic needs services – showers, laundry, meals, clothing – for people experiencing homelessness of all ages. Often serves as first step into more intensive services.

PASADENA

Public Health Department

PORT

Pasadena Outreach Response Team

September 14, 2023

PORT's Mission

Public Health Department

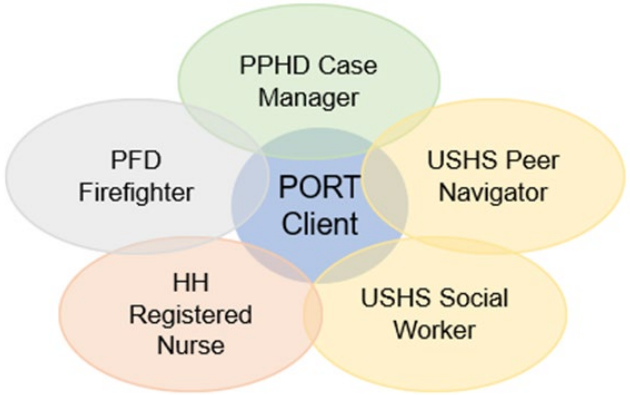
- **PORT's Scope:** Engaging, assessing, and providing services to individuals experiencing chronic homelessness with mental health and substance use disorder in the City of Pasadena.

PORT's Structure

Public Health Department

Pasadena Outreach Response Team

- **Program Coordinator & Case Manager** PPHD
- **Fire Fighter** PFD
- **Peer-Outreach Navigator** Union Station Homeless Services
- **Registered Nurse** Huntington Health



Field hours of operation: Mon-Friday 8:30-5pm

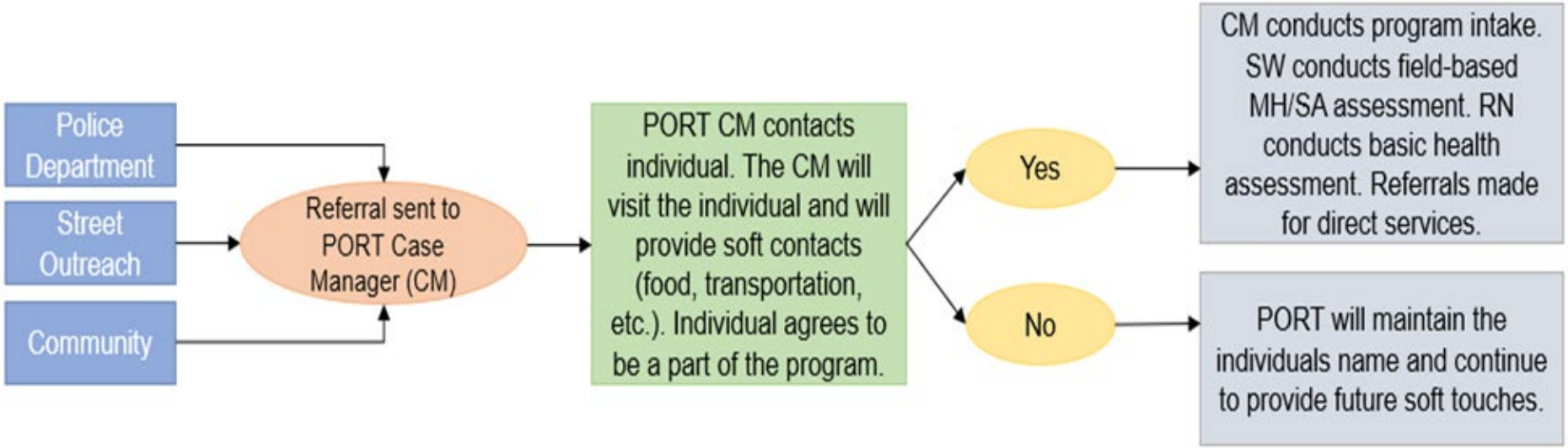
PORT's Approach

Public Health Department

- **PORT I:**
  - Coordinate, schedule, and facilitate transportation for clients to essential appointments.
    - Appointments cover a range of areas: housing readiness, health, and stability.
    - Services encompass medical, dental, mental health, substance use, occupational, and court-related needs.
- **PORT II:**
  - Connected to PPD Dispatch.
  - Responds to transient related call with a Fire Fighter and Case Manager.
  - Offers an alternative to armed officer presence, prioritizing a supportive approach to crisis intervention.

PORT's Approach

Public Health Department



Pasadena Homeless Count

Public Health Department

Team Success

Public Health Department

- July 2019 - July 2023:
  - **71** housed
  - **108** Detox Rehab
  - **488** Clinical Appointments (Doctor, Dental, Mental Health)
    - **177** On Field Assessments
  - **1044** Dispatch calls
  - **248** Total Enrolled
  - **4470** Encounter

Team Success

Public Health Department

Contact

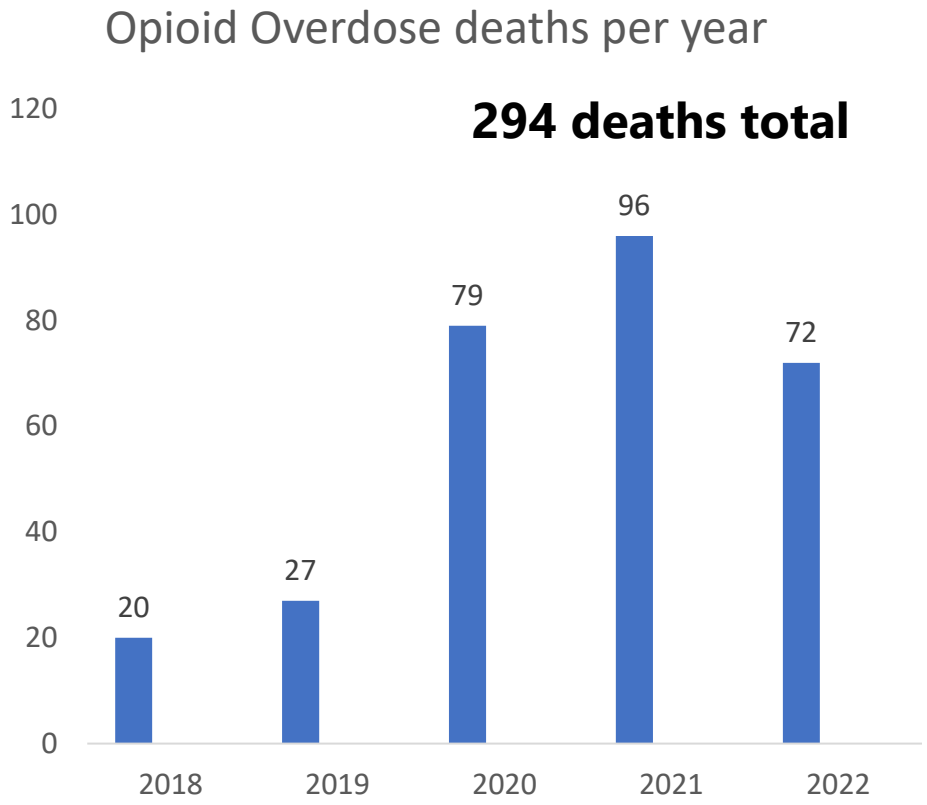
Public Health Department

General Line: 626.604.6693
Nathan Press (PC): 626.243.8430
Tony Zee (PORT I): 626.243.8086
Chris Figueroa (PORT II): 626.344.5075
GEM&TAY: 626.744.7200

Harm Reduction in Long Beach

Settlement Funds

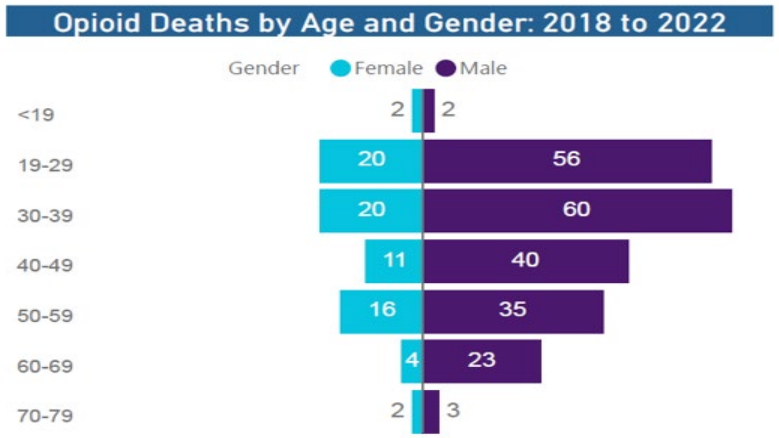
	High Impact Abatement Activity
1	Provision of matching funds or operating costs for substance use disorder facilities with an approved project within the Behavioral Health Continuum Infrastructure Program (BHCIP)
2	Creating new or expanded substance use disorder (SUD) treatment infrastructure
3	Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD
4	Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction
5	Interventions to prevent drug addiction in vulnerable youth
6	The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals

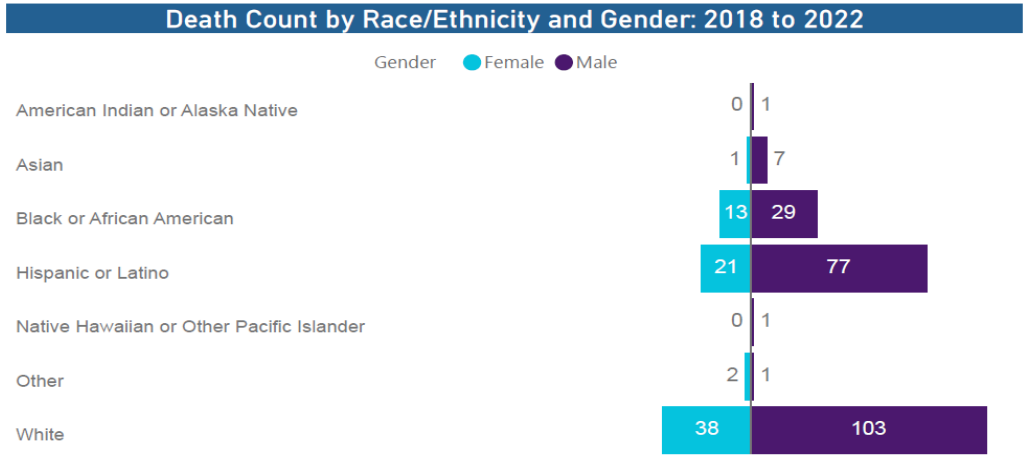


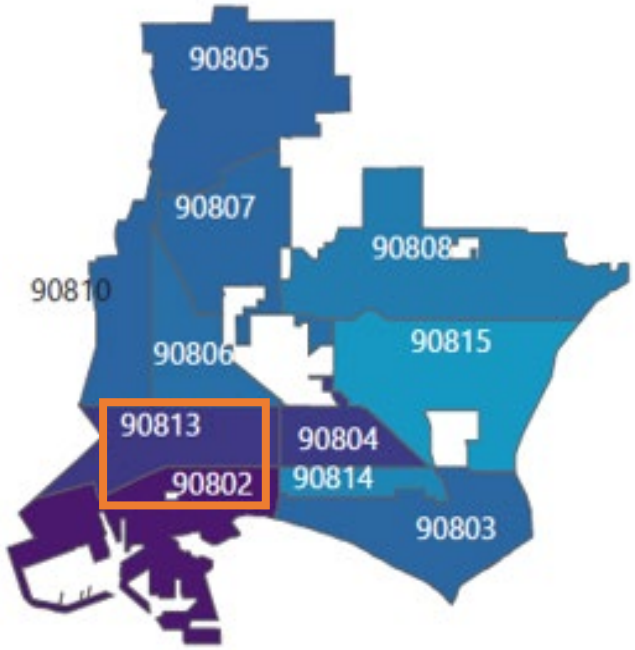
Opioid Deaths by Opioid Type	
	Total
Fentanyl	234
Heroin	40
Methadone	2
Morphine	6
Opiate	3
Opioid	1
Oxycodone	8
Total	294

Over 5 years, **80%** of the opioid related overdose deaths were caused by Fentanyl.

Deaths due to Opioid Overdose in Long Beach

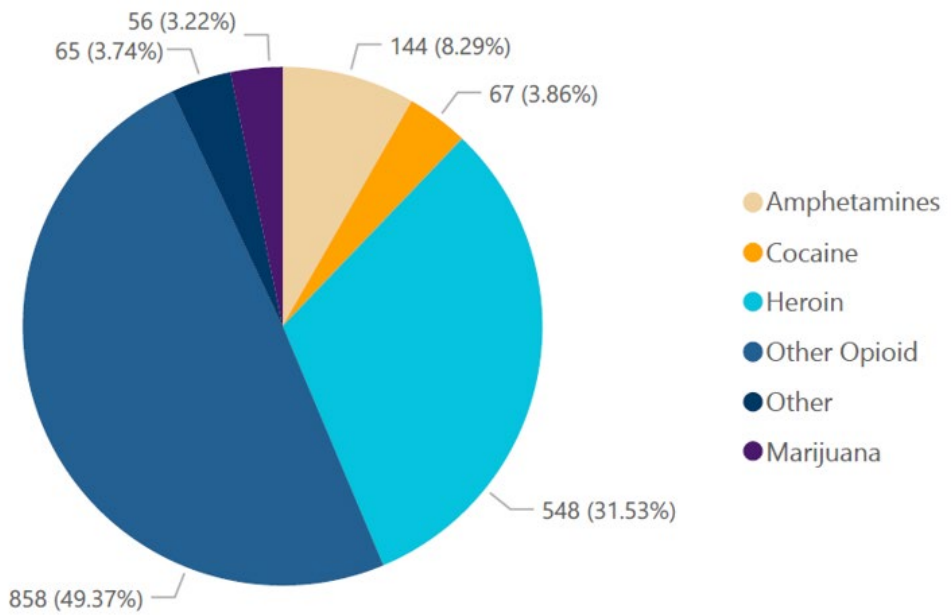




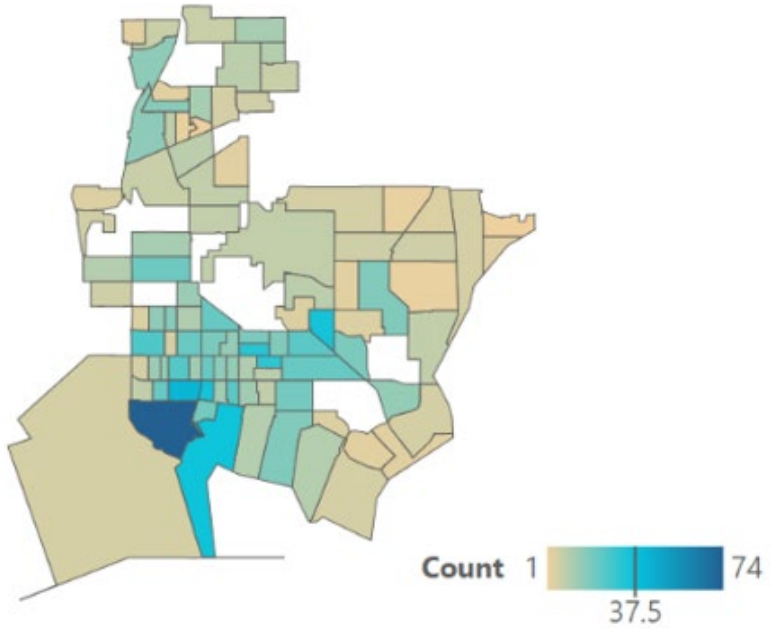


LONG BEACH HEALTH & HUMAN SERVICES

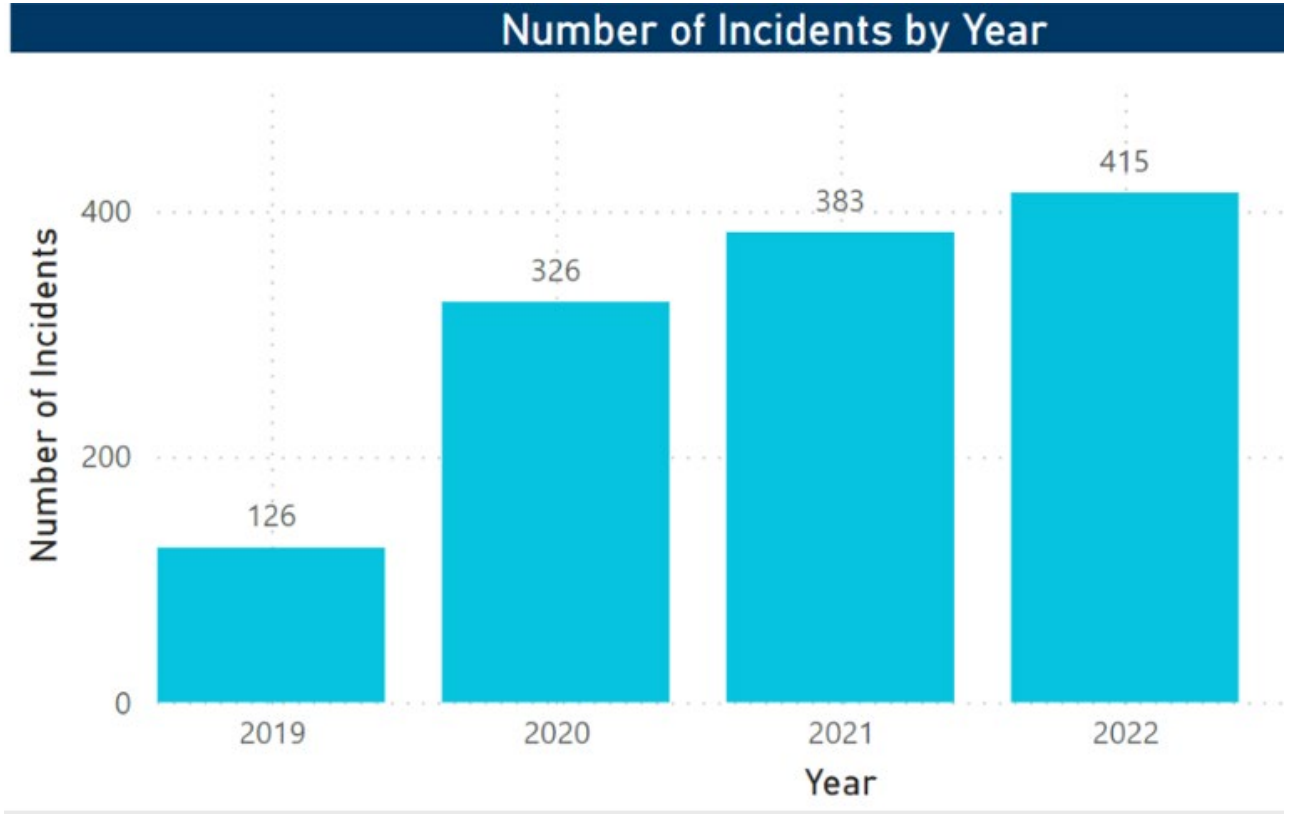
Suspected Drug Type



Number of Calls/Responses by Census Tract



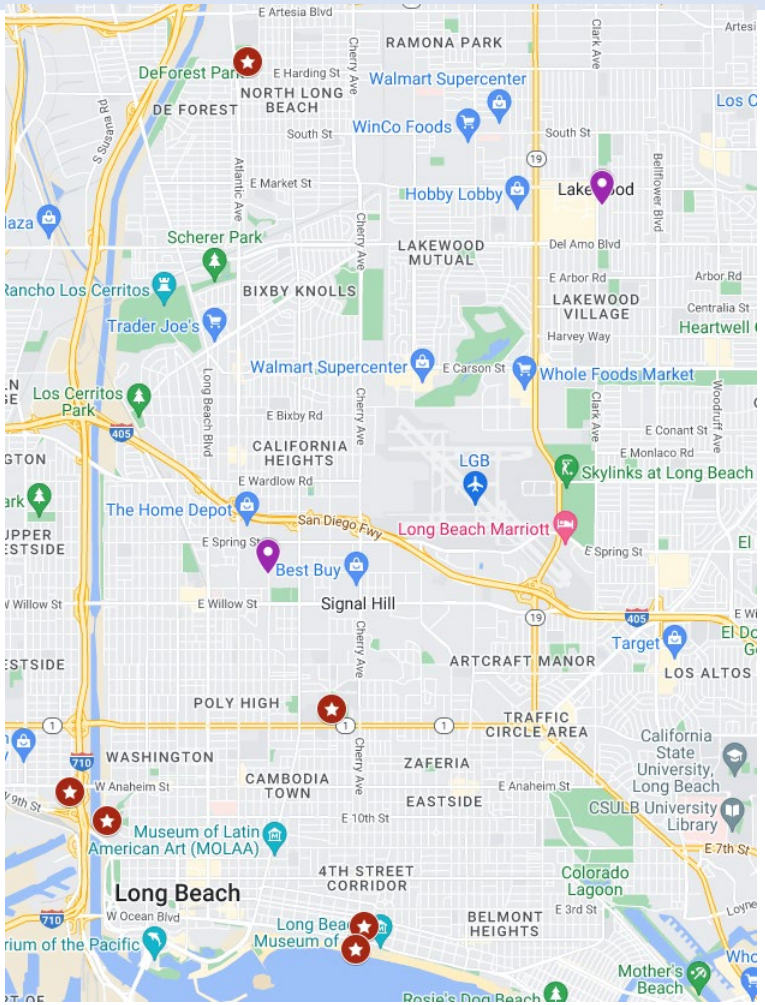
Opioid Overdose response calls by EMS/LBFD



Syringe Kiosks

8 Syringe kiosks located throughout the city of Long Beach to allow for people to dispose properly of their syringes/sharps to decrease re-use and risk of infection of HIV, Hep C, and other blood borne pathogens.

Our goal is to monitor/maintain these kiosks to determine best location and more accessibility for community that would use this service.



LONG BEACH HEALTH & HUMAN SERVICES

Fentanyl and Xylazine Test Strips

Our goal is to provide Fentanyl and Xylazine test strips to community partners and to the community. Free of charge.

They will be able to order through our direct website.

We plan to distribute these at community events as well.

Narcan/Naloxone

We are still figuring out how best to provide Narcan to the community based on budget and community impact.

Naloxone Distribution Program vs. Vending Machine

We will work with our community-based organizations that provide Narcan to help continue providing Narcan to the community.

Educational Workshops + Youth Outreach

Harm reduction is more than giving out items. Education is also harm reduction as it focuses on the person and provides information and skills for them to decrease harm themselves.

Education workshops will be provided to the community in partnership with some of our community-based organizations.
Topics include:

- Opioids 101
- Narcan/Naloxone Demonstrations and training
- Fentanyl test strips training

We are also working directly with the Long Beach Unified School District to provide a curriculum on Opioids (specifically Fentanyl) to the youth about prevention and misuse.

Community Collaboration

We have developed both a Syringe Services Program Workgroup and an HIV/STI/Substance Use Harm Reduction Strategy Task Force.

Both groups are composed of community-based organizations, public health department staff, and community stakeholders to provide input on how best to serve the Long Beach Community.

The HIV/STI/Substance Use Harm Reduction Strategy Task Force
-steer the overall production of the Long Beach HIV/STI/Substance Use Harm Reduction Strategy in partnership with consultant
-Host Listening Sessions to a diverse set of populations in Long Beach
-Produce plan with metrics and identify responsible parties
-Alignment at Federal, State, LA County level
-Impact on specific communities and metrics specific to that community

AIDS COORDINATOR'S OFFICE

WWW.ACO.LACITY.GOV

BACKGROUND

- The syringe exchange program was established in 1994 when the LA City Council declared a local public health emergency related to injection drug use and HIV.
- The declaration directed City departments to take all steps permitted by law to ensure uninterrupted operation of syringe exchange programs.
- The ACO worked with the City Attorney, local researchers, providers, and drug users to develop the program.

RELATIONSHIP WITH LAPD

- LAPD Memo
  - Contents
  - Renewal
- Training
- Notification

SERVICE DELIVERY

- Mobile Based
  - Van, Car
- Storefront
- Backpack
  - Encampments

PROVIDERS

- Funded Providers
  - Homeless Healthcare
  - Bienestar
  - Community Health Project
  - AIDS Project Los Angeles
  - Center for Health Justice
  - AADAP
  - Being Alive
- Certified Providers
  - Homeless Outreach Program Integrated Care System (HOPICS)
  - The Sidewalk Project
  - Minority AIDS Project

SERVICES PROVIDED

- Residential Treatment
- Outpatient Treatment
- Employment Access
- Substance Abuse Prevention Education with youth and other at-risk communities
- Youth and Family Programs
- Case management
- Peer Navigation
- Food Bank
- Health Fairs & Community Events
- Patient Advisory Group
- Advocacy
- Medical Detoxification
- NSS-2 Bridge For Opioid Withdrawal Treatment
- Community Outreach
- Court-Related Services
- Domestic Violence Supportive Services
- Housing Services
- HIV/STI Prevention Services
- Support groups
- Overdose prevention education and naloxone
- Health care and insurance enrollment
- Hepatitis C testing and treatment
- Provider training and technical assistance
- Dental
- Vision
- Integrative Medicine
- Pharmacy
- Street Medicine

OVERDOSE PREVENTION

- Overdose trainings and provision of Naloxone
  - Tracking Overdoses and Reversals
- Drug Testing (New)
  - Technology and strips
- Safer Consumption Sites (Future)
  - Support from LA City Council
  - Ongoing discussions with other City and outside partners

PROGRAM HIGHLIGHTS FOR FY 22/23

37,375 unduplicated clients

17,638 contacts with unhoused individuals

Collected 2,021,694 used syringes from city streets

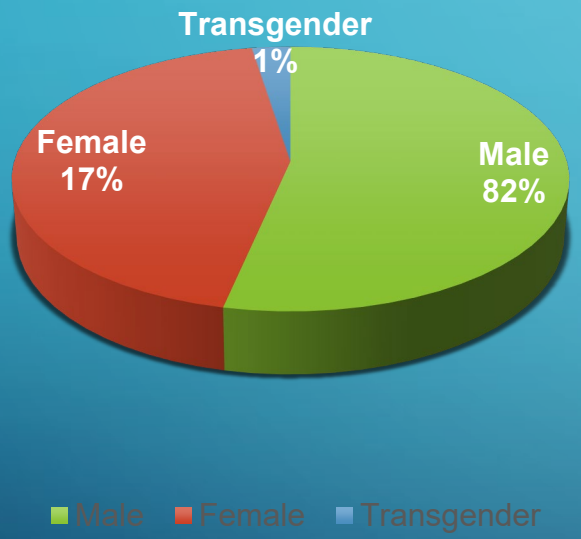
5,265 individuals trained in overdose prevention

6,875 reported instances of overdose reversals

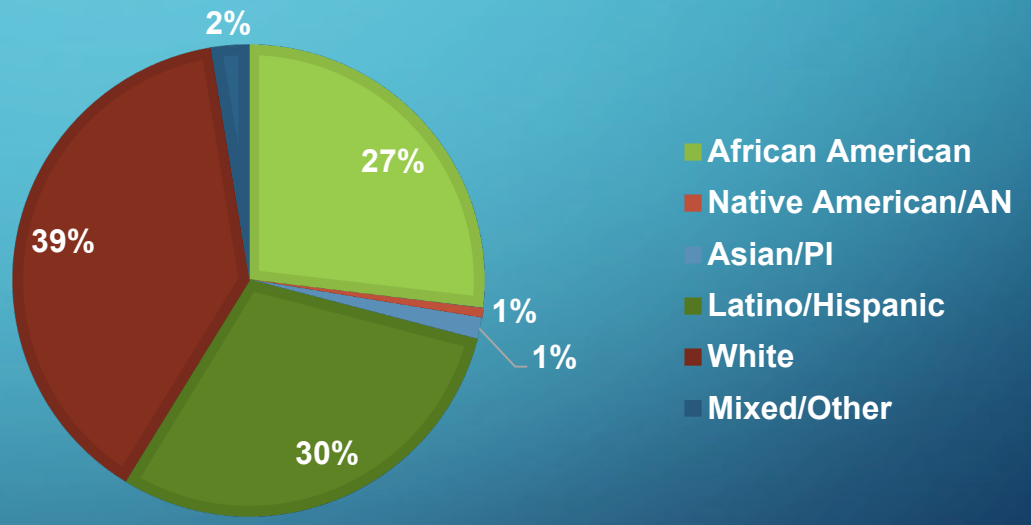
27,041 fentanyl test strips distributed

DEMOGRAPHIC BREAKDOWN

GENDER



RACE/ETHNICITY



THANK YOU!

- RICKY ROSALES – AIDS COORDINATOR
- DAHLIA ALE-FERLITO – MANAGEMENT ANALYST
- GINA LOMBARDO – MANAGEMENT ANALYST
- PETER SOTO – MANAGEMENT ANALYST
- JULIANA SOTO – ADMINISTRATIVE CLERK
- EVELINE BRAVO-AYALA - STUDENT PROFESSIONAL WORKER

Harm Reduction Presentation: 9/13/23

- West Hollywood is a small city of about 1.9 sq. miles with a population of around 37,000 people.
- Approximately 80% of residents are renters.
- Close to half of the population identifies (43%) as LGBTQ+ and approx.. 11% of the population are living with HIV.
- The City offers the highest minimum wage in the nation at $19.08. The minimum living wage for any contractor with the city is $20.12.
- West Hollywood is a contract City, which means every service, such as law enforcement, trash, maintenance, and social services are provided by outside vendors.
- In 1984, the AIDS crisis and the incorporation of the City coincided, which led to a devastating number of deaths during the early days of Cityhood. Since the beginning of the crisis, the City Council has prioritized the health and well-being of all its community members, which includes residents, workers, and those who are unhoused in the city.
- Currently, WeHo budgets approximately 7 million for social services and 3 million for transportation services. The city has taken a forward-thinking and proactive approach to caring for and supporting community members. In addition to residents, workers, and unhoused community members, we support harm reduction programming that benefits anyone who comes into to the city.

Substance Use

- The City has a long history of contracting with providers for substance use prevention and treatment services, including detox, residential, outpatient, support groups, and sober living.
- In 2018, after a number of fentanyl overdoses that occurred in and around the City, the City began allocating dollars for fentanyl test strip distribution. We purchased strips for providers to distribute at their clinics and among the nightlife scene. The City continues to purchase strips and gives them to any community based organization that serves the City. We distribute strips at large scale events, such a Pride. This year's Pride festival, we distributed over 10,000 fentanyl test strips.
- In 2019, the first syringe exchange in WeHo in over a decade opened with support from the City. Our 30-year agency partner, Being Alive, runs a weekly syringe services program, from 2:30 to 6:30pm in what's known historically as Vaseline Alley, which is in the parking lot behind the AHF Pharmacy at 8212 Santa Monica Blvd.
- The syringe services program offers needle exchange, safe disposal, nasal spray Narcan, injectable naloxone, condoms, wound care kits, and safer smoking supplies. These supplies include pipes (to dissuade people from injecting substances), mouthpieces (to protect mouth injuries from burns), and well as cleaning and other supplies. From October 1, 2022, through June 30, 2023, there have been 2,054 visits, 2,028 Nasal Narcan doses have been distributed as well as 1,804 fentanyl test strips.

- Through another contract we have with our street medicine provider, we will have a medical van stationed at the exchange, at least once a month, to provide wound care, STI testing and treatment, and other medical interventions.
- In 2021, all U.S. cities had the option to opt into a national settlement with the distributors and manufacturers of opioids. We will be receiving around $10k per year and that money will go directly to purchase Narcan for the exchange and for outreach providers who work in the city. Narcan is also available at the AHF mobile testing van on Hilldale and Santa Monica, daily from 7pm-2:30am.
- The City's partners, Institute for Public Strategies, and Being Alive are offering free training and Narcan to any organization, businesses, or community group to learn how to administer this lifesaving medication. IPS will be working with local bars, such as Mickeys, to train staff on when and how to use Narcan if there is an overdose in the bar.
- Our mobile street medicine team is available 7 days a week from 7am to 7pm and they provide a range of medical, mental health, and substance use treatment for unhoused community members within the city limits. They provide Narcan, needle exchange, as well as medication assisted treatment, such as naltrexone and suboxone (opioid blockers).
- There are 90+ recovery support groups occurring at the West Hollywood Recovery Center with thousands of clients coming in per year. The City purchased the historic Log Cabin across the street and will build it out for additional prevention and recovery space.
- The City also hosts two large sober events, such as SIZZLE and BOOM. Boom is the sober New Years Event and Sizzle is the sober space at Pride.

Nightlife Safety

- The City of West Hollywood became the first city in California to pass an Ordinance, in late 2021, to require Bystander Intervention training for personnel in business establishments that serve alcohol for onsite consumption. The Bystander Intervention training program launched in March 2022. Provided by the Rape Treatment Center (RTC) at UCLA Santa Monica Medical Center, the training is an educational course that addresses the issue of drug-facilitated sexual assaults and date rape drugs. The training also promotes the proactive role that onsite alcoholic beverage sales establishments can take in the prevention of sexual assaults, including the distribution of GHB test strips.
- In 2022, the City began a campaign to educate the public about drink spiking. We entered into a contract with the LGBT Center's WeHo Life program to start mass distribution among bars, clubs, and restaurants in the Rainbow District and at the Sunset Strip. These strips will detect the presence of GHB and Ketamine in a drink. From October 1, 2022, through June 30, 2023, there are 60 participating businesses and providers and 29,228 test kits have been distributed.

Law Enforcement

- A few years ago, the City Council decided to become less dependent on the Sherriff's Dept.

- We have a WeHo Care Team that is now online. It's a mobile crisis response, 24/7/365 to residents having a mental health crisis. They provide substance use referrals, welfare checks, suicide prevention, supportive counseling, crisis intervention, and safety planning.
- As previously mentioned, we have a mobile street medicine team who can address unhoused community members acute and longer term needs. They can provide medical procedures, medications, and behavioral health services wherever the community member is at.
- The City also expanded the Block by Block security ambassador program. It's a highly visible uniformed presence at the street level who patrol neighborhoods and the nightlife district and they are also stationed at kiosks throughout the City.
- Lastly, the City Council adopted a resolution to declare sex as a low priority for the Sherriff's Dept., so they can focus on violent crimes.