LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

Tuesday, November 19, 2024
1:00pm – 3:00pm (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020
**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r955411a38c692a1ee2d67ba52c5a9144

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

** Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org or 213.738.2816.

Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

together.

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LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: https://hiv.lacounty.gov

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

TUESDAY, NOVEMBER 19, 2024 | 1:00 PM – 3:00 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://lacountyboardofsupervisors.webex.com/weblink/register/r955411a38c692a1ee2d67ba52c5a9144

To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2532 414 3582

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair	Felipe Gonzalez Co-Chair *Rita Garcia (Alternate)*	Al Ballesteros, MBA	Lilieth Conolly
Michael Green, PhD	William King, MD, JD	Miguel Martinez, MPH, MSW	Matthew Muhonen (LOA)
Daryl Russell	Harold Glenn San Agustin, MD	Dee Saunders	LaShonda Spencer, MD
Lambert Talley (Alternate)	Jonathan Weedman (LOA)		
QUORUM: 7			

AGENDA POSTED: November 14, 2024

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		1:03 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 1:15 PM – 1:22 PM
    a. Operational and Commission Updates

8. Co-Chair Report 1:22 PM – 1:30 PM
    a. PP&A Committee December Meeting
    b. 2025 Co-Chair Nominations
    c. Antelope Valley Listening Sessions

9. Division of HIV and STD Programs (DHSP) Report 1:30 PM – 1:50 PM

V. DISCUSSION ITEMS 1:50 PM—2:55 PM

10. Revised Paradigm and Operating Values Approval
    MOTION #3: Approve the Paradigms and Operating Values, as presented or revised.

11. Review DHSP HIV and STD Surveillance Dashboards

12. Directives Development and Approval
    MOTION #4: Approve the Ryan White PY35-37 Program Directives, as presented or revised.

VI. NEXT STEPS 2:55 PM – 2:57 PM

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

VII. ANNOUNCEMENTS 2:57 PM – 3:00 PM

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

VIII. ADJOURNMENT 3:00 PM

16. Adjournment for the meeting of November 19, 2024.

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.
MOTION #3	Approve the Paradigms and Operating Values, as presented or revised.
MOTION #4	Approve the Ryan White PY35-37 Program Directives, as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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.)

LOS ANGELES COUNTY
COMMISSION ON HIV

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 7.15.24)

☐ This meeting is a **Brown-Act meeting** and is being recorded.
- Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
- Your voice is important and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.

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

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

☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting; if so, staff will call upon you appropriately. Public comments are limited to two minutes per agenda item. All public comments will be made part of the official record.*

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

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

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

If you experience challenges in logging into the virtual meeting, please refer to the WebEx tutorial HERE or contact Commission staff at hivcomm@lachiv.org.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/10/24

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts.***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.***

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated representative	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
CAMPBELL	**Danielle**	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	**Mikhaela**	Los Angeles General Hospital	No Ryan White or prevention contracts
CONOLLY	**Lilieth**	No Affiliation	No Ryan White or prevention contracts
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
FERGUSON	**Kerry**	ViiV Healthcare	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 representative	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA	**Rita**	No Affiliation	No Ryan White or prevention contracts
GERSH (SBP Member)	**Lauren**	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
			Residential Care Facility - Chronically Ill
			Data to Care Services
GONZALEZ	**Felipe**	Unaffiliated representative	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated representative	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ismael "Ish"**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
JONES	**Terrance**	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
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
MARTINEZ-REAL	**Leonardo**	Unaffiliated representative	No Ryan White or prevention contracts
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	**Vilma**	Unaffiliated representative	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	**Andre**	Men's Health Foundation	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
			Data to Care Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MUHONEN	**Matthew**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
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
			Residential Care Facility - Chronically Ill
			Data to Care Services
OSORIO	**Ronnie**	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
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	Community Engagement/EHE
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SAUNDERS	**Dee**	City of West Hollywood	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 representative	No Ryan White or prevention contracts
TALLEY	**Lambert**	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
September 17, 2024

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	Matthew Muhonen	LOA
Felipe Gonzalez, Co-Chair	P	Daryl Russell	P
Al Ballesteros, MBA	P	Harold Glenn San Agustin, MD	P
Lilieth Conolly	EA	Dee Saunders	P
Rita Garcia	A	LaShonda Spencer, MD	P
Michael Green, PhD, MHSA	EA	Lambert Talley	P
William King, MD, JD	P	Jonathan Weedman	LOA
Miguel Martinez, MPH, MSW	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez			
DHSP STAFF			
Pamela Ogata, Paulina Zamudio			

*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. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

K. Donnelly conducted roll call vote and committee members were reminded to state their conflicts.

ROLL CALL (PRESENT): A. Ballesteros, W. King, M. Martinez, D. Russell, H. San Agustin, L. Spencer, D. Saunders, L. Talley, F. Gonzalez, K. Donnelly

3. Approval of Agenda

MOTION #1: Approve the Agenda Order **(✓Passed by Consensus)**

4. **Approval of Meeting Minutes**
   MOTION #2: Approval of Meeting Minutes **(✓Passed by Consensus)**

II. PUBLIC COMMENT

5. **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

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.**

   D. Russell commented that there are currently only two programs that offer subsidy support for utilities and other basic needs and that the committee needs to take the limited amount of resources into consideration for future allocations.

   M. Martinez requested that the committee request additional information from the Division of HIV and STD programs on the new Patient Support Services program once the Request for Proposals (RFP) process is complete and subrecipients have been awarded to inform future planning efforts.

IV. REPORTS

7. **Executive Director/Staff Report**
   a. **HRSA Technical Assistance Site Visit Updates**
      - C. Barrit, Executive Director, reported that Commission staff are still waiting for the Health Resources and Services Administration (HRSA) to submit their report from the May Technical Assistance Site Visit. Commission staff anticipate receiving the report soon and will share the report with commissioners once it is received.

   b. **2024 Annual Conference Planning**
      - C. Barrit shared that the Annual Conference Workgroup has been working hard to plan the 2024 Commission on HIV (COH) Annual Conference. She provided a brief overview of the days events and noted that the conference will be held on Thursday, November 14, 2024, and will be held at the MLK Behavioral Health Center. See COH website for registration information. She noted that there is currently a call for abstracts out focusing on four key areas that will be covered during the conference including innovations in prevention, building community and fostering relationships, best practices and creative approaches to Integrated HIV Care, and meaningful and impactful planning council and community

engagement. See call for abstracts flyer for more details. The deadline for submission is September 27, 2024.

c. FY 2025 RWP Part A Notice of Funding Opportunity Preparation (HRSA 25-054)

- C. Barrit shared that the Division of HIV and STD Programs (DHSP) is currently working on the FY 2025 RWP Part A Notice of Funding Opportunity application and has requested feedback from the planning council. PP&A chairs, COH chairs, M. Martinez, and COH staff will meet at DHSP offices on September 19th to review the application and provide feedback to DHSP. The application is due on Oct. 1, 2024.

d. CDC- HRSA-EHE Planning Council Crosswalk

- C. Barrit provided the committee with a brief overview of the roles and responsibilities for prevention and care planning bodies and integrated planning. She highlighted the roles outlined in HIV Prevention, Ryan White Part A and the upcoming CDC PS24-0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments notice of funding opportunity. See meeting packet for more details. The document can be sued to help guide future status neutral planning efforts.

8. Co-Chair Report

a. Antelope Valley Listening Sessions

- K. Donnelly reported that the proposed Antelope Valley Community Listening Sessions will be held on Monday, October 28, 2024, at Wesley Adult Care Health Center in Lancaster. He thanked A. Ballesteros for offering to host the sessions at his facility. There will be two listening sessions: a morning session targeting providers and an afternoon session targeting the community. Food and incentives will be provided to participants. See promotional flyer for more details. AJ King will we facilitating both sessions and a special lunch presentation on Sexual Health and STI prevention will be provided by Kerry Ferguson.

b. Committee-Only Application: Rob Lester

- K. Donnelly reported that the group would be reviewing the Committee-only application of Rob Lester. Rob has extensive experience in the HIV field, was active in the Prevention Planning Workgroup and previously served as a Commission on the COH.
- Rob expressed his desire to join the committee to help ensure services are tailored to the needs of consumers and that resources are allocated responsibly.
- The group provided positive feedback on his application and experience and felt he would be a good fit on the committee.

MOTION #3: Approve the Committee-only application for Rob Lester and elevate to the Operations Committee and the Executive Committee. ***(√ Passed: Yes =9, A. Ballesteros, W. King, M. Martinez, D. Russell, H. San Agustin, L. Spencer, D. Saunders, F. Gonzalez, K. Donnelly)***

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

- P. Ogata reported that DHSP is currently working on the FY 2025 RWP Part A Notice of Funding Opportunity application that is due on Oct. 1st. She noted that the application is for the upcoming RWP year beginning on March 1, 2025. She added that this year's application is very different from previous applications with a maximum page amount of 80 pages down from 100 pages. She noted much of the 80 pages are attachments.
- P. Ogata added that the HRSA EHE new funding opportunity grant application is also due in October on the 22nd.

V. DISCUSSION ITEMS

10. Ryan White Program Year (PY) 35 Allocation and Allocation Forecasting PY 36-37

- The committee reviewed and approved the Ryan White PY35 Allocations that was determined at the August PP&A Committee meeting.

  MOTION #4: Approve Ryan White Program Year 35 Allocations as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body. ***(V Passed: Yes =9, A. Ballesteros, W. King, M. Martinez, D. Russell, H. San Agustin, L. Spencer, D. Saunders, F. Gonzalez, K. Donnelly)***

			FY 2024 (PY 34) [1]		FY 2025 (PY 35) [2]	
Service Type	Service Ranking	Service Category	Part A %	MAI %	Part A %	MAI %
Core	6	Medical Case Management (Medical Care Coordination)	27.15%	0.00%	29.00%	0.00%
Core	8	Oral Health	20.79%	0.00%	21.30%	0.00%
Core	20	Outpatient/Ambulatory Medical Health Services (Ambulatory Outpatient Medical)	17.11%	0.00%	17.11%	0.00%
Core	11	Early Intervention Services (Testing Services)	6.58%	0.00%	0.00%	0.00%
Core	17	Home and Community-Based Health Services	6.50%	0.00%	6.50%	0.00%
Support	2	Emergency Financial Assistance	6.32%	0.00%	8.00%	0.00%
Support	7	Nutrition Support (Food Bank/Home-delivered Meals)	5.79%	0.00%	7.79%	0.00%
Support	5	Non-Medical Case Management				
		Benefits Specialty Services	3.95%	0.00%	3.95%	0.00%
		Transitional Case Management - Jails	1.58%	0.00%	1.58%	0.00%
Support	10	Medical Transportation	1.84%	0.00%	1.84%	0.00%
Support	23	Legal Services	1.42%	0.00%	2.00%	0.00%
Support	1	Housing				
		Housing Services RCFCI/TRCF (Home-Based Case Management)	0.91%	0.00%	0.91%	0.00%
		Housing for Health	0.00%	100.00%	0.00%	100.00%
Core	3	Mental Health Services	0.29%	0.00%	0.02%	0.00%
Core	9	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	0.00%	0.00%
Core	22	Local AIDS Pharmaceutical Assistance Program (LPAP)	0.00%	0.00%	0.00%	0.00%
Core	15	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%
Core	16	Home Health Care	0.00%	0.00%	0.00%	0.00%
Core	28	Hospice Services	0.00%	0.00%	0.00%	0.00%
Core	26	Medical Nutritional Therapy	0.00%	0.00%	0.00%	0.00%
Core	12	Substance Abuse Services Outpatient	0.00%	0.00%	0.00%	0.00%
Support	18	Child Care Services	0.00%	0.00%	0.00%	0.00%
Support	13	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%
Support	27	Linguistic Services (Language Services)	0.00%	0.00%	0.00%	0.00%
Support	14	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%
Support	4	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%
Support	24	Referral	0.00%	0.00%	0.00%	0.00%
Support	25	Rehabilitation	0.00%	0.00%	0.00%	0.00%
Support	21	Respite Care	0.00%	0.00%	0.00%	0.00%
Support	19	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%
		Overall Total	100%	100.00%	100.00%	100.00%

- Following the approval of the PY35 allocations, the group discussed allocation forecasting for Program Years (PYs) 36 and 37. The forecasting allocation amounts are not final allocations but serve as a ground point for future priority setting and resource allocation discussions and final allocation determinations. Allocation forecasting also assists DHSP planning around future RFPs.
- M. Martinez noted that, during the PY35 priority setting and resource allocation process, Psychosocial Support Services was ranked as a high priority but no money was allocated because it would take a year to develop and release an Psychosocial Support Services RFP and asked the group to consider allocating 2-5% towards this service category for PYs 36 and 37. He suggested reducing the allocation amount from Ambulatory and Outpatient Medical (AOM) Services to allocate towards Psychosocial Support Services. He noted that there is

anticipated savings in AOM as more people move on to Medi-Cal and that this allocation will allow DHSP to start their planning future efforts to fund and provide programming in this category.

- F. Gonzalez suggested reducing allocation in Oral Health Services and reallocating the reduction to Psychosocial Support Services. P. Zamudio suggested inviting oral care providers to a future meeting to develop a better understanding of services before reducing allocations in this service category.
- After some discussion, the committee agreed to reduce the AOM allocation by 1.25% and redirect the 1.25% to Psychosocial Support Services for PYs 36 and 37 to allow DHSP to begin to plan for future services. They noted that allocation amounts would be revisited next year during the priority setting and resource allocation process.

LOS ANGELES COUNTY COMMISSION ON HIV
ALLOCATIONS FOR PROGRAM YEARS (PYs) 36 AND 37

			FY 2026 (PY 35)[1]		FY 2026 (PY 36)[2]		FY 2027 (PY 37)[2]	
Type	Rank	Service Category	Part A %	MAI %	Part A %	MAI %	Part A %	MAI %
Core	6	Medical Case Management (MCC)	29.00%	0.00%	29.00%	0.00%	29.00%	0.00%
Core	8	Oral Health	21.30%	0.00%	21.30%	0.00%	21.30%	0.00%
Core	20	Outpatient/Ambulatory Medical Health Services (AOM)	17.11%	0.00%	15.86%	0.00%	15.86%	0.00%
Core	11	Early Intervention Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	17	Home and Community-Based Health Services	6.50%	0.00%	6.50%	0.00%	6.50%	0.00%
Support	2	Emergency Financial Assistance	8.00%	0.00%	8.00%	0.00%	8.00%	0.00%
Support	7	Nutrition Support (Food Bank/Home-delivered Meals)	7.79%	0.00%	7.79%	0.00%	7.79%	0.00%
Support	5	Non-Medical Case Management						
		Benefits Specialty Services	3.95%	0.00%	3.95%	0.00%	3.95%	0.00%
		Transitional Case Management - Jails	1.58%	0.00%	1.58%	0.00%	1.58%	0.00%
Support	10	Medical Transportation	1.84%	0.00%	1.84%	0.00%	1.84%	0.00%
Support	23	Legal Services	2.00%	0.00%	2.00%	0.00%	2.00%	0.00%
Support	1	Housing						
		Housing Services RCFCI/TRCF	0.91%	0.00%	0.91%	0.00%	0.91%	0.00%
		Housing for Health	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%
Core	3	Mental Health Services	0.02%	0.00%	0.02%	0.00%	0.02%	0.00%
Core	9	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	22	Local AIDS Pharmaceutical Assistance Program (LPAP)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	15	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	16	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	28	Hospice Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	26	Medical Nutritional Therapy	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	12	Substance Abuse Services Outpatient	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	18	Child Care Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	13	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	27	Linguistic Services (Language Services)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	14	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	4	Psychosocial Support Services	0.00%	0.00%	1.25%	0.00%	1.25%	0.00%
Support	24	Referral	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	25	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	21	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	19	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Overall Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

11. Directives Development Refresher

- Commission staff provided a presentation on program directives and how to create impactful directives for the recipient to follow. See meeting packet for more details.

- The group began reviewing existing directives that also included DHSPs response to each directive. Commission staff provided a simple analysis for committee members to prompt further discussion and analysis by the group on whether to remove, revise and keep existing directives.
- W. King suggested reviewing health district data to help inform new directives. P. Ogata reminded the group to view multiple sources of data. C. Barrit noted that staff can compile existing data to help inform future discussions and can investigate other sources of data outside of DHSP. M. Martinez noted that the commitment to provide more transparent data around care from DHSP has not happened. He noted sharing of prevention data has improved but that transparency has not been seen on care/treatment data.
- M. Martinez suggested keeping and updating the first directive to continue to implement status neutral approaches in all HIV programming.

VI. NEXT STEPS

12. Task/Assignments Recap

a. Commission staff will send a Word copy of the existing directives for committee members to review ahead of the October PP&A meeting.

b. Commission staff will compile existing data sources and include available content into the October meeting packet.

13. Agenda Development for the Next Meeting

a. Review remainder of PP&A meeting calendar.

b. Begin reviewing available data to help inform directive revisions and development.

c. Continue reviewing existing program directives.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

15. Adjournment for the Meeting of Sept. 17, 2024.

The meeting was adjourned by K. Donnelly at 3:56pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
October 15, 2024

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	Matthew Muhonen	LOA
Felipe Gonzalez, Co-Chair	P	Daryl Russell	P
Al Ballesteros, MBA	A	Harold Glenn San Agustin, MD	EA
Lilieth Conolly	P	Dee Saunders	P
Rita Garcia	A	LaShonda Spencer, MD	EA
Michael Green, PhD, MHSA	EA	Lambert Talley	EA
William King, MD, JD	EA	Jonathan Weedman	LOA
Miguel Martinez, MPH, MSW	EA		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez			
DHSP STAFF			
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. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

K. Donnelly conducted roll call vote and committee members were reminded to state their conflicts.

ROLL CALL (PRESENT): L. Connolly, D. Russell, D. Saunders, F. Gonzalez, K. Donnelly

3. Approval of Agenda

MOTION #1: Approve the Agenda Order **(No vote held; quorum was not reached)**

4. **Approval of Meeting Minutes**
   MOTION #2: Approval of Meeting Minutes **(No vote held; quorum was not reached)**

II. PUBLIC COMMENT

5. **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

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.**

   There was no committee new business.

IV. REPORTS

7. **Executive Director/Staff Report**
   a. **Operational and Commission Updates**
      - C. Barrit, Executive Director, reported that the Health Resources and Services Administration (HRSA) recently emailed to COH staff submitted their report from the May Technical Assistance (TA) Site Visit. The report highlights areas of improvement as well as findings from the February 2023 administrative site visit. An action plan from the planning council on how to address the TA findings must be submitted to HRSA by November 8.

8. **Co-Chair Report**
   a. **PP&A Committee November and December Meeting Dates**
      - K. Donnelly asked the committee if they wanted to proceed with scheduled November and December meeting dates. He noted that typically the meetings held in November and December have trouble reaching quorum due to holiday plans/travel.
      - After some discussion, the committee decided to proceed with the regularly scheduled November meeting and cancel the meeting for the month of December.

   b. **October 28th Antelope Valley Listening Sessions**
      - F. Gonzalez reminded the group of the upcoming Antelope Valley Listening Sessions on Oct. 28th in Lancaster. There will be one listening session in the morning for healthcare providers, followed by lunch and the afternoon will conclude with a community stakeholder listening session.

- Fellow Commissioner, Kerry Ferguson will be providing a special lunch presentation around sexual health and STIs.
- The group was encouraged to share the invitation with their networks. See flyer for more details and registration information.

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

- P. Ogata reported that DHSP is currently working on the FY 2025 RWP Part A Notice of Funding Opportunity application that is due on Oct. 1st. She noted that the application is for the upcoming RWP year beginning on March 1, 2025. She added that this year's application is very different from previous applications with a maximum page amount of 80 pages down from 100 pages. She noted much of the 80 pages are attachments.
- P. Ogata added that the HRSA EHE new funding opportunity grant application is also due in October on the 22nd.

V. DISCUSSION ITEMS

10. Paradigm and Operating Values Updates and Approval

MOTION #3: Approve the Paradigms and Operating Values, as presented or revised.

- The committee reviewed proposed changes to the Paradigms and Operating Values. A recommendation was made to change retributive justice to restorative justice.
- After some discussion, the committee decided to define restorative justice as correcting past inequities rather than making up for them. Restorative justice focuses on repairing harm and achieving equitable outcomes for all parties involved.

MOTION #3: Approve the Paradigms and Operative Values, as presented or revised. ***(No vote was held; quorum was not reached.)***

11. Directives Development

- The group began reviewing suggested directives; see meeting packet for more details. Suggested directives were compiled from suggestions made a various Commission, Committee and/or Consumer meetings and discussions and align with needs identified via data reports.
- Recommendations were made to improve the directives and provide more clarification. Commission staff will revise directives to incorporate suggested edits.

VI. NEXT STEPS

12. Task/Assignments Recap

a. Commission staff will revise suggested directives to reflect recommendations/revisions suggested during discussion.

b. Commissioner staff will compile findings from the Antelope Valley listening sessions, the Black/African American Caucus listening sessions and recommendations from the Women's Caucus and include available content in the November meeting packet.

13. Agenda Development for the Next Meeting

- **a.** Review HIV Surveillance data dashboards.
- **b.** Review findings from the Antelope Valley listening sessions, the Black/African American Caucus listening sessions and recommendations from the Women's Caucus. available data to help inform directive revisions and development.
- **c.** Complete directive development.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

15. Adjournment for the Meeting of October 15, 2024.

The meeting was adjourned by K. Donnelly at 3:56pm.

Antelope Valley Listening Session:

Event Summary

November 19, 2024

LOS ANGELES COUNTY
COMMISSION ON HIV

Provider Listening Session

Held on October 28, 2024 at Wesley Health Center in Lancaster

- 23 participants
  - HIV Testing Counselor
  - Health Educator
  - PrEP Navigator
  - Case Manager
  - Outreach Worker
  - Coalition Leader
  - Administrator
  - Public Health Investigator
- Included a variety of agencies:
  - HIV/AIDS Serving Organization
  - Federally Qualified Health Center (FQHC)
  - Community Clinic (non-FQHC)
  - Government facility
  - Other Hospital

Engagement/Retention

- Need grassroots efforts and commitment to relationship building to ensure continued engagement and retention of clients
- Need to create welcoming spaces that celebrate clients' identities
- Be open to hearing about issues beyond HIV and assist with all concerns
- Promote via word of mouth and social media (Instagram)
- Increased outreach at community (non-health related) events
- Agencies need to do a better job of connecting clients to other services at other agencies if they are unable to meet clients needs*

** Indicates an issue that was mentioned in 2016 Antelope Valley listening sessions*

Challenges

- Client's lack of knowledge of services*
  - Community is not digitally savvy; need grassroots efforts for education and outreach
- Centralized location of services
  - Transportation – can take over 2 hrs to access services from outlying areas*
- Lack of evening and weekend hours*
  - Commuter area; people need to access services outside of business hours
- Very conservative – a lot of conservative politics to navigate even within organizations
  - Client may not disclose Sexual Orientation, Gender Identity and Expression (SOGIE) info or HIV status due to fear/stigma*
- Providers in the area are not familiar with services offered at other organizations/ agencies within the area. Referral to other agencies is not happening outside a select few*
- Misinformation around sexual health and HIV/STD risk – general population lacks knowledge of risk

** Indicates an issue that was mentioned in 2016 Antelope Valley listening sessions*

Challenges

- Limited services and resources overall*
- Need for other services outside of HIV/STDs*
  - Large unhoused population, need housing
  - Unmet mental health needs – long wait times, substandard care
- Providers lack knowledge of PrEP/PEP/DoxyPEP
- Lack of insurance coverage –underinsured; services not covered*
- Providers lack time and/or have discomfort taking a sexual health risk assessments and typically only target high risk populations*
- Lack of engagement with Spanish-speaking/immigrant community, youth, and trans/non-binary communities*
  - Language – Spanish monolingual speakers

** Indicates an issue that was mentioned in 2016 Antelope Valley listening sessions*

Organizational Challenges

- Lack of resources (funding, staff, knowledge, etc.)*
- Need large budget for education*
  - Print materials for providers and general public
  - Safer sex kits
- Need ongoing training on HIV prevention and care to ensure staff are up-to-date and training on people-first care (stigma, reproductive justice, trauma, etc.)*
- Need more flexibility in funding and allowable activities. For example, promotion of services and general education advertising in dating apps (e.g. Grinder) or engagement in non-conventional spaces to promote/educate.
- Limited HIV Testing Counselor Certification training

** Indicates an issue that was mentioned in 2016 Antelope Valley listening sessions*

Organizational Challenges

- Staff burnout and turnover *
- Lack of staff to scale up education, outreach, and services
- Limited career pathways for those with lived experience/non-degreed professionals
  - Lack of value/investment for staff with lived experience
- Lack of a living wage for frontline staff
- Lack of connectivity within agencies – staff does not feel connected to the team

** Indicates an issue that was mentioned in 2016 Antelope Valley listening sessions*

What can we do better?

- Use simple terminology with clients
- Increase in-person collaboration and knowledge of existing resources within AV
  - Continued convenings and conversations with agencies
  - Formation of a coalition as a space for connection, education and action
  - Support from key figures and organizations (health and non-health)
- Use of incentives
- Use a variety of channels to promote services and reach different populations
- Ask more questions and be more present with clients
- Provide basic HIV/STD/Sexual Health education to adults and youth
  - Target youth - ensure sexual health education at schools and increase knowledge of minor consent
- Target the sex worker community – high human trafficking activity

Community Listening Session

- 2 participants, both affiliated with local OUTreach Center (local LGBTQ-serving agency) and work with youth

Engagement/Retention

- Community fairs/word of mouth
- Focus on creating connection/safe space – sharing personal experience
  - Time spent building rapport/trust
  - Value clients time
- Incentives/snacks
- Assist whenever/wherever possible

Challenges

- Very conservative – challenging to navigate spaces*
- Lack of resources and lack of knowledge of existing resources - LGBTQ youth*
- Agencies do not do a good job of sharing information
- Lack of agency capacity – low staffing and staff burnout/turnover *
- Lack of funding to increase resources and increase staff capacity to work more effectively*
- Lack of staff knowledge/training around SOGIE, LGBTQ and trans issues*
- Transportation challenges*
- Lack of mental health services*
- Restrictive eligibility requirements of existing programs; clients may not meet all requirements and cannot access services*

** Indicates an issue that was mentioned in 2016 Antelope Valley listening sessions*

What can we do better

- Increased in-person interaction and networking opportunities with providers
  - Establish information and resource sharing/referrals
  - Stronger partnerships and buy-in from leadership
- Create a central hub for up-to-date info and resources
- Providers should offer weekend and evening availability
  - Offer a variety of methods to engage and interact with clients
- Ongoing staff training on key issues, not just HIV specific (SOGIE) – all staff
- Eliminate stigma – more candid conversations around sex/sexual health
- Targeted interventions to address overlooked populations – senior citizens, foster families/youth, monolingual Spanish-speakers, sex workers
- Constant communication and follow up with clients

Discussion

- What is the need of people with HIV in the Antelope Valley?
- What barriers are preventing people from accessing the services and treatment they need?
- How will this information inform planning efforts?

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
PARADIGMS AND OPERATING VALUES
(Revised - PP&A 10/15/2024)

PARADIGMS (Decision-Making)

- **Equity:** Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically.
- **Compassion:** Response to suffering of others that motivates a desire to help.
- ~~**Retributive Justice:** Making up for past inequities.~~
- **Restorative Justice**: correction of past inequities[1].

OPERATING VALUES

- **Efficiency**: Accomplishing the desired operational outcomes with the least use of resources.
- **Quality**: The highest level of competence in the decision-making process.
- **Advocacy**: Addressing the asymmetrical power relationships of stakeholders in the process.
- **Representation**: Ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process.
- **Humility**: Acknowledging that we do not know everything and willingness to listen carefully to others.
- **Access**: Assuring access to the process for all stakeholders and/or constituencies.

1. *Restorative justice seeks to examine the harmful impact of a crime and then determines what can be done to repair that harm while holding the person who caused it accountable for his or her actions. Accountability for the offender means accepting responsibility and acting to repair the harm done.*

LOS ANGELES COUNTY
COMMISSION ON HIV

Suggestions for ~~Ryan White Program~~ Multi-Year (PY 35-37) Program Directives

For Discussion Purposes Only*

- Patient Navigation and Support – to support consumers as they navigate the various services available to them (whether RWP related or not); needs to go beyond referral ~~but~~ by providing assistance in making calls, attending appointments, encouragement during difficult periods, etc.
- Increase workforce capacity by providing ongoing training for frontline staff to reduce stigma and improve cultural competency/sensitivity and create more welcoming physical environments that celebrate all populations (waiting rooms). Incorporate methods to ensure client confidentiality and desire for privacy.
- Increase use of long-acting injectable (LAI) antiretroviral therapy (ART) and injectable PrEP to address issues with medication adherence (forgetting or pill fatigue), inability to store medications due to being unhoused, active substance use, etc.
- Increase awareness of available services throughout the County and from various providers. Increase partnerships with non-traditional partners to expand messaging and awareness and explore the feasibility of offering testing with non-traditional providers.
- All funded core medical providers must create marketing and social awareness campaigns using print materials and digital media, including social media to raise awareness of HIV risk and available services.
    - Funded providers must develop measurable, culturally responsive print and digital marketing campaigns specifically tailored to the Black community.
- Increase access to appointments outside of traditional business hours (evenings and weekends). May need to increase service availability in a specific geographic area(s).
- Address the unique needs of people who use substances.
- Core medical and support service providers must Increase opportunities to hire individuals with lived experience (within various capacities) that reflect the populations being served particularly women, people of a trans experience, Black/AA MSM, Latine/x MSM, formerly incarcerated, former substance users.
- Increase training and ensure staff are periodically screening clients for Medi-Cal eligibility, including dental providers. Counsel clients with undocumented status, or mixed status families, to dispel Public Charge inaccuracies and encourage enrollment in Medi-Cal.
- Recipient to formally report the status of all directives issued by the Planning Council

Transgender Caucus Recommendations:

- Housing service providers must have policies in place that protect the rights of Transgender, Gender Non-Confirming, and Intersex (TGI) People Living with HIV (PLWH).

** Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.*

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Commented [LM1]: # funded core medical service providers must establish partnerships with non-traditional partners (e.g. CBO, FBO, colleges, etc) to expand messaging and awareness….

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Commented [LM2]: Every funded ambulatory outpatient medical (AOM) services provider and every medical care coordination (MCC) provider must offer services at least one evening a week and one weekend day a month.

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- Housing service providers must have staff trained in Trauma-Informed Care strategies.
- Core Medical and Support service providers must have staff qualified to provide gender-affirming/ appropriate services to Transgender, Gender non-conforming, and Intersex people.

Commented [LM3]: Forward to Standards and Best Practices Committee for incorporation into service standards.

Women's Caucus Recommendations:

- Recipient to work with the Women's Caucus to develop services that meet the needs of women including, women who are pregnant or have children. Services will be developed in collaboration with the Women's Caucus and the recipient and must be approved by both parties. At least 2 funded core medical providers must offer women's-centered services.

Aging Caucus Recommendations:

- Benefits Specialty services must be available to PLWH within each Service Planning Area (SPA). Benefits Specialty services must also expand to include services available for aging populations (50+) within Los Angeles County. The recipient must work with the local Area on Aging to identify services.

Black Caucus Recommendations:

- Develop pilot community engagement activities, e.g., incentivized coalition-building and ambassador programs that engage trusted influencers from diverse Black subpopulations, including transgender individuals, MSM, women, and youth. These initiatives will aim to foster connection, build trust, and raise HIV awareness by promoting available services and encouraging community-driven advocacy and support beyond traditional providers and spaces.

** Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.*

Priority Setting and Resource Allocation Process: Developing Directives

Planning, Priorities and Allocations Committee
September 17, 2024

LOS ANGELES COUNTY
COMMISSION ON HIV

Objectives

- Understand the purpose of the directives
- Identify the four areas of focus of directives
- Understand the role of the Planning, Priorities and Allocations Committee in developing directives
- Identify sound practices and HRSA expectations for developing directives
- Learn how to draft directives

Content for this presentation was adapted from Ryan White Program Part A Manual and Planning CHATT Resource Developing Directives: Steps and Sound Practices.

Priority Setting and Resource Allocation Process

1. Review core medical and support service categories, including HRSA service definitions
2. Review data/information from DHSP & COH Caucuses
3. Agree on how decisions will be made; what values will be used to drive the decision-making process
4. Rank services by priority
   Ranking DOES NOT equal level of allocation by percentage
5. Allocate funding sources to service categories by percentage
   Ryan White Program Part A and Minority AIDS Initiative (MAI)
6. Draft Directives: Provide instructions to DHSP on how best to meet the priorities
   Informed by COH Committees, Caucuses, Task Forces, data, PLWH & provider input
7. Reallocation of funds across service categories, as needed throughout funding cycle

Directives

Development of directives is a legislative responsibility of a Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council (PC).

Provides guidance to the recipient (DHSP) on how best to meet prevention and care priorities

- Involves instructions for the recipient to follow in developing requirements for providers for use in procurement and contracting
- Usually addresses populations to be served, geographic areas to be prioritized, and/or service models or strategies to be used

Directives are one way of strengthening the system of care. There are other ways, as well, such as adding requirements to universal or service category specific Service Standards.

Focus of Directives

Directives are indicated when your current system of care is not meeting identified service priorities, and you can identify actions that may enhance services and improve consumer engagement, retention, and outcomes such as linkage to care, retention in care, adherence to medications, and viral suppression, overall or for specific PLWH populations or geographic areas.

Most directives relate to one or more of the following:

- **Geographic focus** to ensure service availability throughout the EMA/TGA or in a particular county or area
- **Population focus** to ensure services that are appropriate for particular subpopulations of people with HIV (PWH)
- Improvements in **access to care**
- Testing of new **service models** or expansion of effective strategies

Timing of Directive Development

A planning council can develop a directive at any time. The needs for a directive may come from the review and discussion of data from the following sources:

- **Needs assessment** - service gaps, barriers to care, or issues identified by consumers, service providers, or PLWH who are out of care
- **Town hall meetings or public hearings** - identified service needs, gaps, services strengths or weaknesses
- **HIV care continuum** - disparities in linkage to care, retention, and/or viral suppression among specific PLWH populations
- **Service utilization** - disparities in use of particular service categories by different PLWH populations (i.e., race/ethnicity, age, gender/gender identity, sexual orientation, risk factor, or place of residence)
- **Clinical Quality Management (CQM)** - identified performance issues or changes in service models that improve patient care, health outcomes, and patient satisfaction

Sound Practices for Directive Development

There are many different ways to develop directives, and no single approach is best. The most effective processes have several sound practices in common:

- **Consumer and community input:** consumers often have the best understanding of what is and is not working
- **Clear responsibilities:** responsibility assigned to a committee with both appropriate expertise and sufficient time to fulfill this responsibility
- **Recipient involvement:** recipient is responsible for implementing directives and may also provide data and advice on implementation feasibility and timing. For example, if a directive involves a new service model, implementation may be feasible only when the recipient releases a new Request for Proposals (RFP) for the service category.
- The recipient can provide technical input and should be engaged in directives development, but the **planning council is the decision maker about the directives**.

HRSA Expectations

Planning councils have a great deal of flexibility in the development and use of directives. HRSA expects directives to be:

- **Based on an identified need** - determined through review of data
- **Explored and developed as needed throughout the year** - may include the involvement of committees/caucus and/or consumers
- **Presented in relation to the PSRA process**, since they often have financial implications and may require changes in how services are delivered
- **Approved by the full planning council**
- **Consistent with an open procurement process** - directives should not have the effect of limiting open procurement by making only 1-2 providers eligible. The planning council should not be involved in the selection of specific agencies to serve as subrecipients.

Tips for Preparing Directives

1. **Provide a limited number of carefully thought-out directives**. Too many directives may not receive the individual attention or resources needed for successful implementation.
2. **Review current directives**. Retire those that no longer apply and/or refine an existing directive rather than developing a new one.
3. **Base directives on data**. When proposing a new or revised directive, be prepared to justify the directive with data.
4. **Identify and research possible directives throughout the year** as part of ongoing efforts to improve the continuum of care. This provides time to explore service models used by other jurisdictions, determine costs, and have a well-considered directive to present as part of PSRA process.
5. **Refer to but don't duplicate requirements in existing Service Standards**.
6. **Use plain, direct language.** This makes the directive easy to understand and implement.

Drafting Directives

Directive format	Examples
A directive can call for a specific solution or several options, or it can be stated to define the required level of access rather than the specific solution.	Consumers will have access to AOM services within each of the Service Planning Areas (SPAs) at least two days a week, and transportation assistance will be provided for any consumer who lives more than 5 miles from an AOM location.
A directive can be flexible allowing the recipient to develop an approach or it can be specific and detailed-identifying desired outcomes or approaches to consider.	The recipient will develop and arrange for a two-year pilot implementation of a peer-based support program designed to ensure that young MSM of color who are newly diagnosed or out of care become fully engaged in care, adhere to treatment, and reach viral suppression.
A directive can also include instructions to include greater involvement of the planning council.	The recipient will work with the PC to develop a peer-based support program to be implemented as a 2-year pilot effort. The program will be developed in collaboration with the Consumer Caucus and the recipient and must be approved by both parties.

Directive Implementation

Due to their financial and funding implications, discussions with the recipient about directive feasibility and implementation are needed.

The recipient must follow directives in procurement and contracting but cannot always guarantee full success. *

Some directives may require changes in subrecipient (service provider) scopes of work or increased costs, and the recipient may not be able to implement them immediately.

Directives are generally implemented by the recipient through:

- procurement and contracting, and/or
- program monitoring and clinical quality management (CQM) efforts

Assessment

Once a directive has become a requirement for subrecipients, its implementation can be followed through program monitoring, reviewed as part of CQM, or assessed in terms of changes in performance measures or clinical outcomes for affected PLWH.

The recipient should always be asked to **provide regular updates on implementation of directives**, ideally at least quarterly.

Sample Directives

1. At least one outpatient substance abuse treatment provider must offer services appropriate for and accessible to women, including women who are pregnant or have small children.
2. RWHAP-funded outpatient ambulatory health services must be available within each Service Planning Area (SPA), either through facilities located in the county or through other methods such as use of mobile vans or out-stationing of personnel.
3. Every funded outpatient ambulatory health services (OAHS) provider and every medical case management provider must offer services at least one evening a week and/or one weekend day a month.

Guidance on how best to meet prevention and care priorities.

Focus on:

- Geographic area
- Target population
- Access to care
- Service models

Sample Directives

4. At least two medical providers will receive funds to test the use of a Rapid Response linkage to care model, designed to ensure that newly diagnosed clients have their first medical visit within 72 hours after receiving a positive test result.
5. Core medical service providers must have bilingual Spanish-English staff in positions with direct client contact, including clinical staff.
6. PLWH with a history of unmet need must have access to peer navigator services or other targeted assistance for at least the first six months after they return to care.
7. Oral health care must be accessible to PLWH in the EMA regardless of where they live.

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Focus on:

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Time to Draft Directives…

Consider the following questions as you prepare to draft your directives:

- What is the purpose of the directive? What should it try to accomplish?
- What service category(s) should be used or targeted?
- How should the directive be worded?
- Where is the data to justify the need for the directive?