2023 TRAINING SERIES

Commission on HIV (COH) Overview

March 2023



Learning Objectives

Learn about the purpose of the COH, its ordinance and bylaws, and structure.

Learn about integrated HIV prevention and care community planning.

Why Community Planning?

Public process increases transparency and accountability

Diverse perspectives (populations, disciplines, and services)

Informed by personal and professional experiences

Opportunity for equitable access to information and to influence how services are prioritized and shaped

COH ORDINANCE INTEGRATED HIV/STD PREVENTION & CARE PLANNING COUNCIL (PC)

- Commission (PC) governed by Los Angeles County Ordinance 03.20.070 http://lacounty-ca.elaws.us/code/coor_title3_ch3.29
- Formally became an integrated PC in 2013
- PC is federally required in order to receive Ryan White funds for HIV/AIDS services
- Housed as an independent commission within the Executive Office of the Board of Supervisor (BOS) of the County of Los Angeles.
- Advise Division of HIV and STD Programs (DHSP) on how to prevent and reduce HIV infections via the integrated HIV plan (aka Comprehensive HIV Plan or CHP)
- 51 voting members; 1/3 (33%) must be unaffiliated consumers (UC)
- UC: PLWH and currently using a Ryan White (RW) Part A funded service(s) and not employed by an agency receiving RW Part A funds.



LOS ANGELES COUNTY COMMISSION ON HIV

BOARD OF SUPERVISORS COUNTY OF LOS ANGELES

http://hiv.lacounty.gov

The Commission on HIV (COH) serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD)



MEMBERS

51

Nominated by the Commission on HIV.



APPOINTMENT

By Board of Supervisors.



TERM OF OFFICE*

2 years

Serve at the pleasure of the Board.



FORM 700

May be subject to file.



QUALIFICATIONS*

Recommended entities shall forward candidates to the Commission for membership consideration.

Recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by HIV/ STDs.



INCENTIVES*

Gift cards or stipends, and reimbursements for mileage, transportation, childcare are available only to unaffiliated consumers.

No more than \$150 per month as determined by the Commission policy.



DUTIES*

The Commission on HIV is tasked with planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Disease(s) (STDs) services in Los Angeles County.

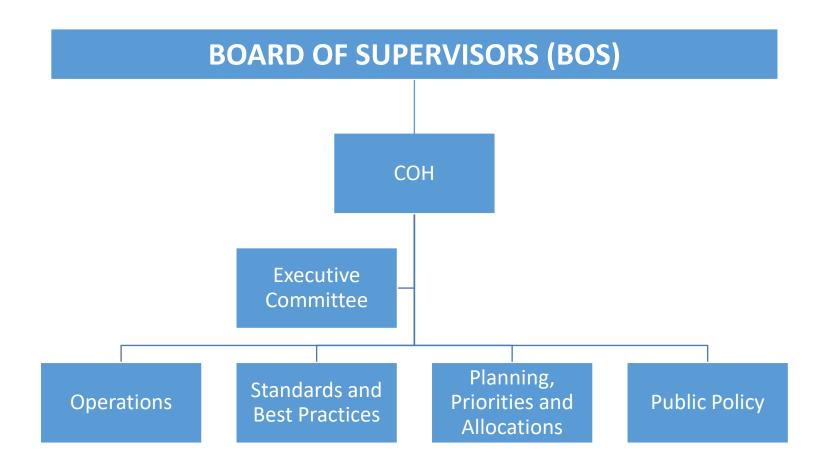
Consistent with Section 2602(b)(4) (42 U.S.C. § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance.



MEETINGS*

At least ten (10) times per year, plus monthly Committee meetings.

Additional time commitment may be required.



Workgroups, Caucuses, Task Forces

Aging Caucus, Black/AA Caucus, Consumer Caucus, Transgender Caucus, Women's Caucus, Bylaws Review Taskforce, Prevention Planning Workgroup

DHSP and COH Roles and Responsibilities

- DHSP and COH = two independent entities, both with legislative authority and roles
- Some roles belong to one entity and some are shared
- Effectiveness requires clear understanding of the roles and responsibilities of each entity, plus:
 - ✓ Communications, information sharing, and collaboration between the recipient, COH, and COH support staff
 - ✓ Ongoing consumer and community involvement

COH, DHSP, Roles & Responsibilities

Task	Committee	DHSP	СОН
Carry Out Needs Assessment	PP&A	X	X
Do Comprehensive Planning	PP&A	X	X
Set Priorities*	PP&A		X
Allocate Resources*	PP&A		X
Manage Procurement		X	
Monitor Contracts		X	
Evaluate Effectiveness of Planning Activities	PP&A	X	x
Evaluate Effectiveness of Care Strategies	SBP	X	x
Do Quality Management		X	[Care Standards & Committee Involvement]
Assess the Efficiency of the Administrative Mechanism*	Operations		X
Member Recruitment, Retention and Training	Operations		X

^{*} Sole responsibility of RWHAP Part A Planning Councils

Duties of the Commission (COH)

A. Develop a comprehensive HIV plan that is based on assessment of service needs and gaps and includes a defined continuum of HIV services; monitor the implementation of that plan; assess its effectiveness; and collaborate with DHSP to update the plan on a regular basis;

B. Develop standards of care for the organization and delivery of HIV care, treatment and prevention services;

C. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee's allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations and comprehensive HIV plan; provide and monitor directives to the grantee on how best to meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the Board of Supervisors and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan;

D. Evaluate service effectiveness and assess the efficiency of the administrative mechanism with particular attention to outcome evaluation, cost effectiveness, rapid disbursement of funds, compliance with Commission priorities and allocations, and other factors relevant to the effective and efficient operation of the local EMA's delivery of HIV services;

E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co- morbidities; deploy those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and comorbidity response;

F. Study, advise and recommend to the Board of Supervisors, the grantee and other departments' policies and other actions/decisions on matters related to HIV;

G. Inform, educate, and disseminate information to consumers, specified target populations, providers, the general public, and HIV and health service policy makers to build knowledge and capacity for HIV prevention, care, and treatment; and actively engage individuals and entities concerned about HIV;

H. Provide a report to the Board of Supervisors annually, no later than June 30th, describing Los Angeles County's progress in ending HIV as a threat to the health and welfare of Los Angeles County residents, with indicators determined by the Commission in collaboration with DHSP; make other reports as necessary to the Board of Supervisors, the grantee and other departments on HIV-related matters referred for review by the Board of Supervisors, grantee or other departments;

I. Act as the planning body for all HIV programs in DPH or funded by the County;

J. Make recommendations to the Board of Supervisors, the grantee and other departments concerning the allocation and expenditure of funding other than Ryan White Part A and B and CDC prevention funds expended by the grantee and the County for the provision of HIV-related services.

COMPREHENSIVE HIV PLAN (CHP)

https://hiv.lacounty.gov/ourwork

- Serves as a jurisdictional HIV/AIDS Strategy
- Living document and roadmap to guide HIV
- prevention and care planning throughout the year
- Addresses local needs and opportunities for improvement
- Emphasizes collaboration and coordination



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 guidesthe Commission on community planning and standards of care development.

CARE & TREATMENT

+ Diagnose with HIV

Prescribe HIV Treatment & Prevention Link to Care & Supportive Services

Engage & Retain in Care

Achieve & Sustain Viral Suppression



People with sustained viral load suppression do not transmit HIV*





SOCIAL DETERMINANTS OF HEALTH

can affect individuals at any point in the continuum

- Neighborhood & Built Environment
- Economic Stability
- Education
- Health &
 Health Care
- Social &
 Community Context





Link to Primary Care Address Risk Factors & Barriers (routine testing, condom use)

Retain in Care & Supportive Services Continue Risk Reduction, PrEP, PEP, Counseling

Remain HIV Negative



People taking PrEP do not acquire HIV*

PREVENTION





https://hivconnect.org/



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