



LOS ANGELES COUNTY
COMMISSION ON HIV



Visit us online: <http://hiv.lacounty.gov>

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Planning, Priorities, and Allocations Committee Meeting

**Tuesday, March 21, 2023
1:00pm-3:00pm (PST)**

**510 S. Vermont Ave,
Terrace Conference Room TK11
Los Angeles, CA 90020**

***Validated Parking Available at 523 Shatto Place, LA 90020**

Meeting will be live streamed on Facebook @hivcommissionla

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

Members of the Public May Join in Person or Virtually.

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

<https://lacountyboardofsupervisors.webex.com/weblink/register/r80f10c84dc05157d5a331d6f857664dc>

To Join by Telephone: 1-213-306-3065

Password: PLANNING Access Code: 2599 277 3265



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

To access meeting materials via the QR code: (1) Open your camera app on your smart device, (2) Select the rear-facing camera in Photo or Camera mode, (3) Center the QR code that you want to scan on the screen and hold your phone steady for a couple of seconds, and (4) Tap the notification that pops up to open the link.

LIKE WHAT WE DO?

Apply to become a Commission Member at:

<https://www.surveymonkey.com/r/2023CommissiononHIVMemberApplication>

For application assistance call (213) 738-2816 or email hivcomm@lachiv.org



LOS ANGELES COUNTY
COMMISSION ON HIV



WELCOME BACK, COMMISSIONERS!

Join us in-person for our next
Planning, Priorities & Allocations Committee meeting.

Date: Tuesday, March 21, 2023

Time: 1:00PM - 3:00PM

Address: 510 S Vermont Ave, Los Angeles, CA 90020
Terrace Level Conference Room - Accessible via public
transportation ([Wilshire/Vermont Metro Station](#))

Parking: Validated parking available at 523 Shatto Place,
Los Angeles CA 90020

- **Please bring your smart devices!**
Meeting materials will be accessible
via [Commission on HIV website](#).
- NO HARD COPIES of materials will be
distributed in compliance with LA
County's Recycle and Reuse Initiative.
- Members of the public may attend in
person or join virtually via WebEX.
Click [here](#) to register.



Questions? Contact us!

✉ hivcomm@lachiv.org

☎ (213) 738-2816

VERMONT CORRIDOR PARKING AND PUBLIC TRANSIT



523 Shatto Place



Wilshire and
Vermont **Red** Line
Metro Station



Street level address
510 S. Vermont Ave

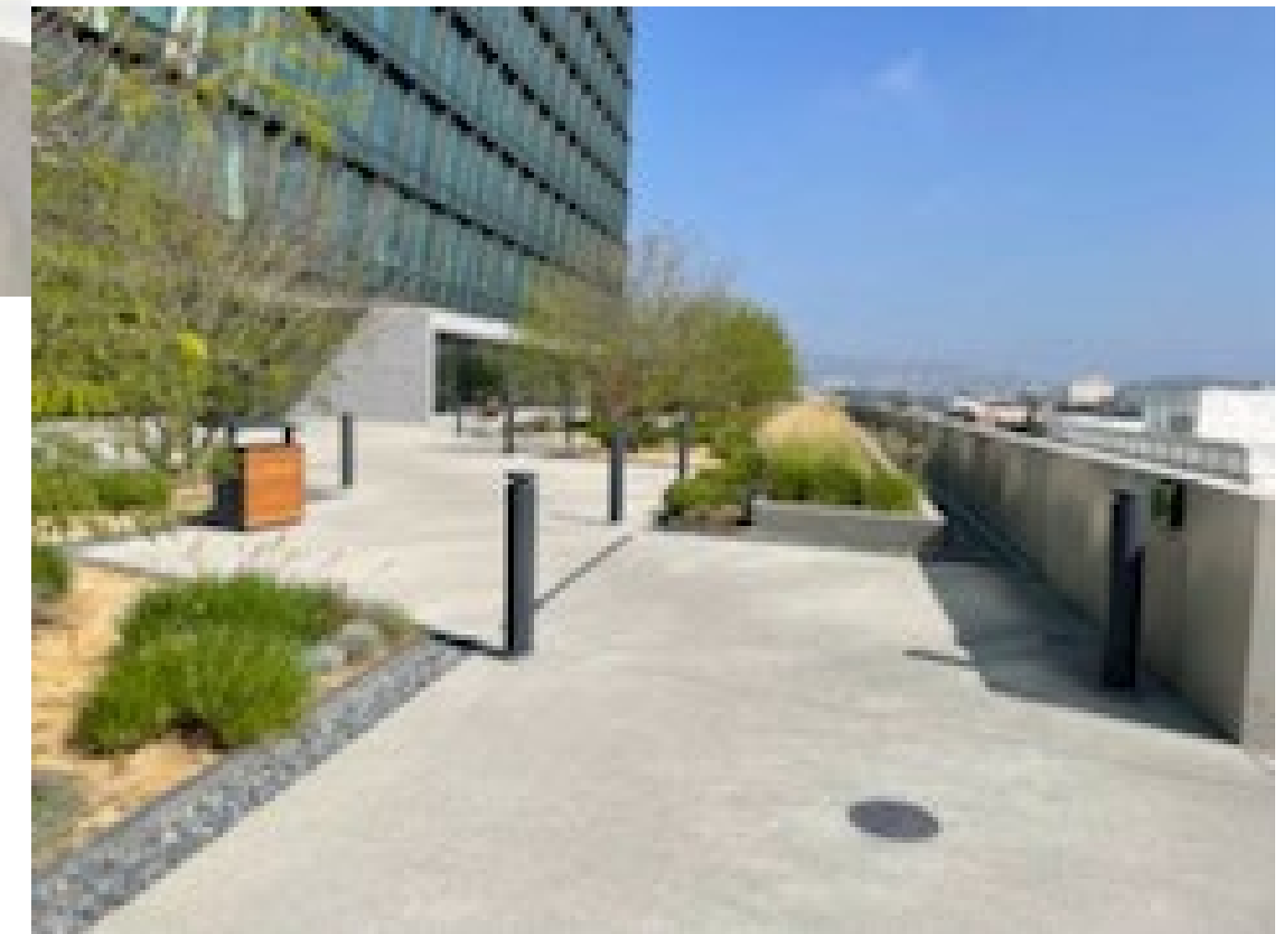
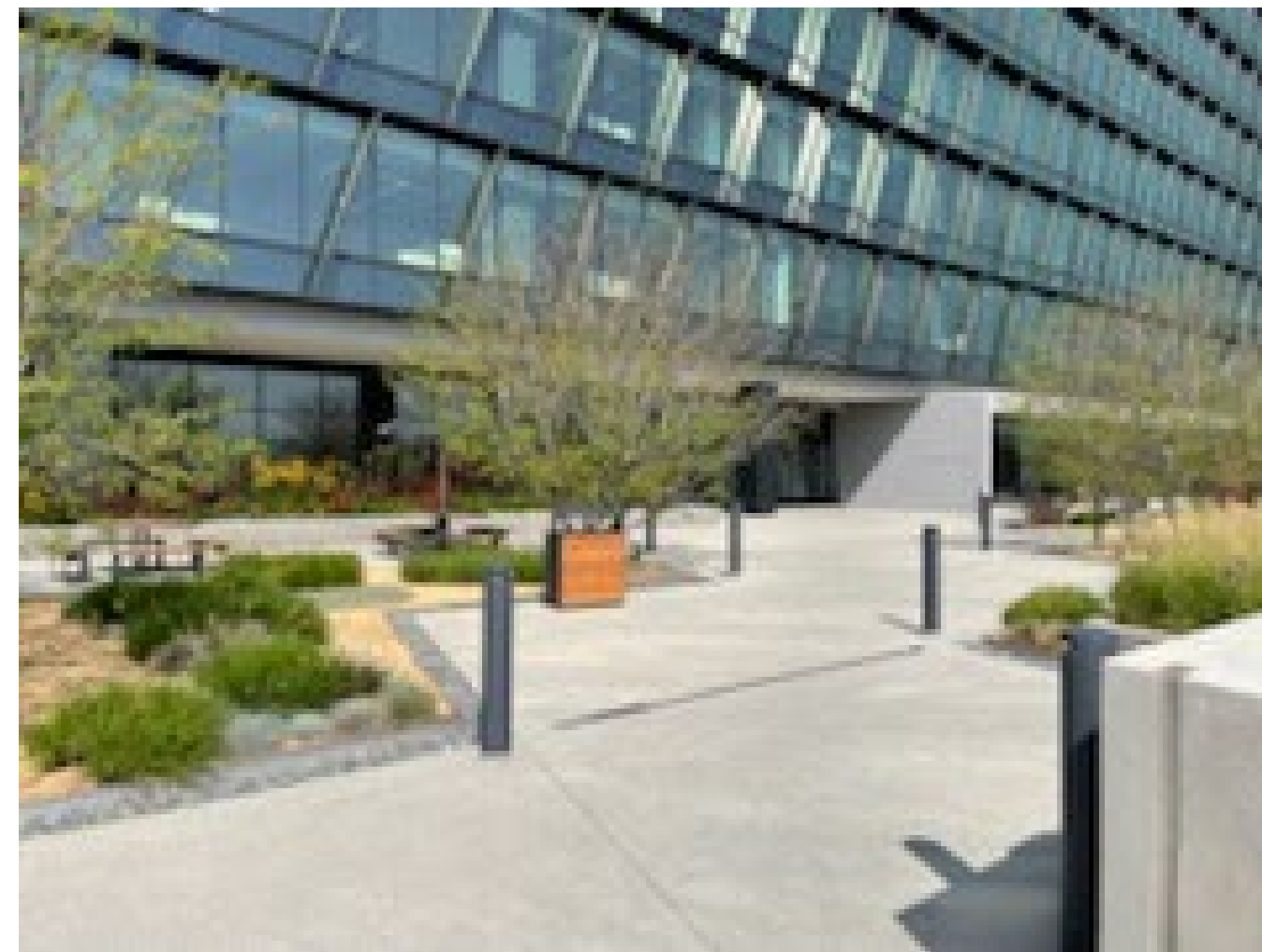
VERMONT CORRIDOR PARKING AND STREET & LEVEL ACCESS | WHAT TO EXPECT

Street Level Entry: 510 S. Vermont Ave

- Check-in with Security Desk and inform them you are attending the Commission on HIV Meeting
- Take elevator to “T” level (Terrace)
- Terrace level reception desk will direct you the appropriate conference room

Parking Structure Access: 523 Shatto Place

- Park on appropriate parking areas
- Take elevator to 9th Floor
- Exit elevator and access to the Terrace level is to your right
- Check-in with Security Desk and you will be directed to the appropriate conference room



HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

Final 2.21.23

- ☐ This meeting is a **Brown-Act meeting** and is being recorded.
 - The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
 - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
 - Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
 - We are happy to share that this meeting is also being live streamed via the Commission's Facebook account @hivcommissionla
- ☐ The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
- ☐ Please comply with the **Commission's Code of Conduct** located in the meeting packet
- ☐ **Public Comment** for members of the public can be submitted in person, electronically @ https://www.surveymonkey.com/r/public_comments or via email at hivcomm@lachiv.org. *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate. Please note that all attendees are muted unless otherwise unmuted by staff.*
- ☐ For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
- ☐ Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
- ☐ Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.



LOS ANGELES COUNTY COMMISSION ON HIV



510 S. Vermont Ave 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-6748

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

CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

- 1) We strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including misogyny, transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/10/23

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
			Biomedical HIV Prevention
			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	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men’s Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	Andre	Southern CA Men’s Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MORENO	Carlos	Children’s Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
ROBINSON	Mallery	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROBINSON	Redeem	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

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



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, MARCH 21, 2023 | 1:00 PM – 3:00 PM

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

MEMBERS OF THE PUBLIC:

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/weblink/register/r80f10c84dc05157d5a331d6f857664dc>

To Join by Telephone: 1-213-306-3065

Password: PLANNING Access Code: 2599 277 3265

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair	Al Ballesteros MBA, Co-Chair	Felipe Gonzalez	Joseph Green
Karl T. Halfman, MS	William King, MD, JD	Miguel Martinez, MPH, MSW	Anthony M. Mills, MD
Derek Murray	Jesus “Chuy” Orozco	LaShonda Spencer, MD	Michael Green, PhD
Redeem Robinson			
QUORUM: 7			

AGENDA POSTED: March 16, 2023.

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

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -

or- email your Public Comment to <mailto:hivcomm@lachiv.org> -or- submit your Public Comment electronically [here](#). All Public Comments will be made part of the official record.

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at HIVComm@lachiv.org.

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located at 510 S. Vermont Ave. 14th Floor, Los Angeles, CA 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

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

III. COMMITTEE NEW BUSINESS ITEMS

7. Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose

subsequent to the posting of the agenda.

IV. REPORTS

- | | |
|------------------------------------|-------------------|
| 8. Executive Director/Staff Report | 1:15 PM – 1:25 PM |
| 9. Co-Chair Report | 1:25 PM – 1:35 PM |
| a. Welcome back | |

V. DISCUSSION ITEMS

1:45 PM—2:45 PM

10. Review CDC Status Neutral CDC Brief
11. Developing a common understanding of a prevention and care planning approach

VI. NEXT STEPS

2:45 PM – 2:55 PM

12. Task/Assignments Recap
13. Agenda development for the next meeting

VII. ANNOUNCEMENTS

2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT

3:00 PM

16. Adjournment for the meeting of March 21, 2023

PROPOSED MOTIONS	
MOTION #1:	Approve remote attendance by members due to “emergency circumstances”, per AB 2449.
MOTION #2	Approve the Agenda Order as presented or revised.
MOTION #3	Approve the Public Policy Committee minutes, as presented or revised.



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

510 S. Vermont Ave, 14th Floor, • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748 HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov> ORG • VIRTUAL WEBEX MEETING

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.

Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

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

February 21, 2023

COMMITTEE MEMBERS			
P = Present A = Absent EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	William King, MD, JD	EA
Al Ballesteros, MBA, Co-Chair	P	Miguel Martinez, MPH, MSW	P
Felipe Gonzalez	P	Anthony M. Mills, MD	EA
Joseph Green	P	Derek Murray	P
Michael Green, PhD, MHSA	A	Jesus "Chuy" Orozco	P
Karl T. Halfman, MS	EA	LaShonda Spencer, MD	A
Reverend Redeem Robinson	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Catherine Lapointe, Jose Rangel-Garibay, Lizette Martinez			
DHSP STAFF			
Pamela Ogata, Victor Scott			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website. Click [HERE](#).

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST

Kevin Donnelly, Co-Chair, called the meeting to order at approximately 1:10 PM, welcomed attendees, and led introductions. K. Donnelly noted that fellow Planning, Priorities, and Allocations (PP&A) Committee co-chair, Al Ballesteros, would be joining the meeting late.

I. ADMINISTRATIVE MATTERS

1. Approval of Agenda

MOTION #1: Approve the Agenda Order (✓ **Passed by Consensus with amendment to remove item 7b from the agenda**)

2. Approval of Meeting Minutes

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

II. PUBLIC COMMENT

3. 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

4. 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.

Chuy Orozco shared information on short-term rent, mortgage, and utility bill assistance program available through the City of Los Angeles. The program is available to individuals who qualify for HOPWA service, meet specific income requirements, and must have exhausted other financial assistance. There are currently no funding caps. Interested individuals must provide a W-9 (or utility bill) and can apply by contacting a regional HOPWA office (found [here](#)) to set up an appointment.

IV. REPORTS

5. Execute Director/Staff Report

- Cheryl Barrit informed the Planning, Priorities and Allocations (PP&A) Committee that in-person meetings will resume next month in March at 510 Vermont Ave in Los Angeles. March meeting notices will be sent that will include location and parking instructions. She reminded the group that all meetings governed by Brown Act would transition to an in-person format which include the full body Commission on HIV meeting as well as Committee meetings. Caucus' and other subgroups are not governed by the Brown Act and may continue to meet virtually.
- C. Barrit noted all attendees will be encouraged to wear a mask during in-person meetings. Masks will be available at all in-person meetings. She stated the COH follows the Department of Public Health's COVID-19 recommendations and further noted masking and social distancing are not currently mandated. Felipe Gonzalez expressed concern with COVID-19 continuing to spread but noted the Commission/Committees will do their best to take precautions.
- K. Donnelly inquired on meeting room set up and if there was enough space to accommodate members of the public. C. Barrit confirmed the meeting space will be able to accommodate members of the public at both committee meetings as well as full body COH meetings and that the public may also continue to attend meetings virtually. Commission

staff will continue to host a virtual platform via Webex. She noted virtual attendance is limited to members of the public and Commissioners are expected to attend in person as there are limited provisions for virtual attendance under AB2449. Even if a handful of Commissioners attend a meeting remotely a quorum of the body must still be present in person at a meeting. She further explained Commissioners attending virtually via AB2449 must be for just cause or emergency reasons only and that both audio and video must be on as those are mandated by the law.

6. Co-Chair Report

- **Resume in-person meetings** – item was discussed during Executive Directors report
- **Prevention Planning Workgroup (PPW) Updates** – K. Donnelly noted that he met with PPW cochairs, DHSP staff and Commission staff last month to discuss opportunities to bring prevention planning into the work of the PP&A Committee. Miguel Martinez reminded the Committee that the overall goal of the PPW was to be a temporary solution with a long-term goal of incorporating prevention efforts through utilizing a status-neutral approach to prevention and care. M. Martinez noted he, Dr. King, Greg Wilson were all renominated as co-chairs but that he would be stepping down mid-year. He noted the workgroup is continuing to revise their workplan and planning training/capacity building opportunities for Commissioners based on the Knowledge, Attitudes and Beliefs survey. M. Martinez noted the intent was to build knowledge among Commissioners and think of ways to make the information/training sustainable. K. Donnelly noted that Paulina Zamudio announced a workforce capacity training for DHSP HIV providers on March 16 & 17. Lizette Martinez noted that the workgroup voted to move to a bimonthly meeting schedule. The February meeting is cancelled and the next PPW meeting will be on March 22 from 4:00-5:30pm.
- **Workplan Development** –
 - Joe Green began the discussion on the workplan by asking if there was potential to infuse trauma-informed care into the status-neutral approach for HIV negative people. He also inquired if there was potential to create a prevention committee, separate from the PP&A Committee, through the Commission by-laws. M. Martinez commented that he felt prevention and care should be discussed in Operations, Standards and PP&A committees and separating prevention into its own committee, like creating the Prevention Planning Workgroup to create synergy around it, will ultimately lead to a siloed approach. He stated he was hopeful that in the future, the whole continuum of HIV care and prevention at any juncture will be the focus of the Commissions work. He also noted that conversations around trauma-informed care have been going on in prevention work for a very long time. J. Green followed up with a question on how prevention work/synergy is going to be communicated with the Aging and Black/African American Caucus' and other groups within the Commission. He stated all of information is channeled up to the Division of HIV and STD Programs (DHSP) but asked how it will be communicated back down to each group. He asked specifically how to ensure Commission work aligns with the Ending the HIV Epidemic (EHE) prevention work so that all are on the same page.
 - F. Gonzalez asked if the Standards and Best Practices Committee should be leading the effort rather than coming from multiple committees/caucus'. K. Donnelly noted it should be a joint effort from Committees. He reminded J. Green that the PP&A Committee plans

for service delivery and DHSP carries out services as defined by the Ryan White Program (RWP) duties/separation of powers for recipients and planning councils. He asked what needs to come back from DHSP.

- Al Ballesteros commented that the Committee is responsible for providing recommendations to DHSP and that ultimately, DHSP would respond by letting the Committee know what is feasible, what the process is for incorporating recommendations, etc. Recommendations would be created in partnership with DHSP to help avoid any potential issues with feasibility and implementation. In return, DHSP would be expected to provide timelines for implementation and data and reports once recommendations have been implemented. Data would include effectiveness of recommendations, capacity, demographics, utilization reports, etc.
- K. Donnelly called attention to the revised PP&A 2023 workplan and reiterated the focus on reframing PP&A planning, priority setting and resources allocation using a status neutral approach. See meeting packet for workplan details. F. Gonzalez noted utilizing a status neutral approach would include prevention. A. Ballesteros commented that he did not have a full understanding of how to serve individuals using a status neutral approach given the categories outlined and funded in the Ryan White Care Act and training is a good starting point to get clarity on what that means.
- M. Martinez responded by stating the workplan outlines activities around technical assistance and capacity building to transform the planning, priority setting, and allocation process to be intentional that includes both prevention and care. He further explained training would be focused on what does status neutral really mean and include examples of how other jurisdictions are implementing the status neutral approach. A. Ballesteros expressed doubt about finding other jurisdictions that implement status neutral approaches well due to categorical funding restrictions. He noted asking HRSA for technical assistance and agreed with moving forward with identifying training and technical assistance in collaboration with DHSP. M. Martinez suggested acknowledging siloed funding that will only address specific points/categories within the HIV care/prevention continuum but identifying additional resources to address/supplement gaps that are not covered. A. Ballesteros commented that the status neutral approach should not be limited to the Ryan White Program, CDC or County-funded programs but should also be implemented within the larger healthcare system as it will be the system that individuals will rely on as the work progresses.
- Pamela Ogata responded by explaining DHSP's preliminary conversations on the status neutral approach involve having an entry point where an individual accesses the system for a particular service and at that entry point you can access additional needed services if HIV+ and if the person is negative, they can get assistance to access the same services regardless of what services are needed. The person may need to access services at a different location but there would be the same level of engagement/linkage to care as HIV+ individuals. She welcomed additional opportunities to have continued discussions around status neutral approaches. A. Ballesteros commented case manager or navigator positions at agencies would need to receive blended funding but was concerned where the resources/funding would come from to make this a system wide approach to create

an infrastructure/system that is truly status neutral. P. Ogata noted there may an opportunity to look at resources available County-wide as there may be untapped resources then see how DHSP funding can be used as well.

- J. Green asked if there was training or technical assistance available. C. Barrit noted training and technical assistance resources are available via Planning CHATT and that the discussions during the meeting will help inform training request specifics such as funding and systems issues. She noted NYC is often cited as the model for status neutral for program design, but staff is unsure of how status neutral is implemented in the planning, priorities, and allocations process. A. Ballesteros recommended a PP&A co-chair meeting with staff and DHSP staff to help determine proposed technical assistance requests. C. Barrit recommended extending the meeting invitation with Commission co-chairs as status neutral training may impact the Commission as a whole. C. Barrit also noted status neutral was highlighted as an area for better implementation of the Comprehensive HIV Planning that was brought up in various discussions with community members.
- K. Donnelly proposed reviewing the remaining tasks and activities of the Workplan for a future date once training/capacity needs have been addressed. A. Ballesteros noted some community organizations are currently implementing status neutral approaches in LA County and the Committee should investigate what is currently being done as an opportunity to learn.
- C. Orozco commented that HOPWA staff has been engaging in conversations with the ULA Program (another housing program within the City of LA) to address housing needs noting that housing stability is healthcare and that it needs to be addressed system wide. K. Donnelly agreed and noted housing has been the ranked number 1 service category priority by the COH for the past three years.

7. Division of HIV and STD Programs (DHSP)

• Ryan White Program Expenditures

- Victor Scott provided an overview of updated funding table that DHSP draws upon for funding HIV prevention and care activities as well as STI funding. See meeting packet for details.
- V. Scott noted the end of the Planning Year (PY) 32 was approaching and DHSP has received partial notice of award for Part A Ryan White Program Funds for fiscal year 2023-2024 of approximately \$8 million. The full amount is currently unknown, but DHSP will report back to the PP&A Committee once total award amounts are released.
- V. Scott noted the table would be updated once full and/or supplemental award amounts from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) are announced. K. Donnelly noted that funding information is useful to aid in comprehensive integrated planning.

• Preparing for the next HRSA and CDC Funding Cycle

- C. Barrit commented that DHSP has not yet received the Notice of Funding Opportunity (NOFO) from HRSA or CDC but noted that if HRSA's timeline follows the last funding cycle the notice of funding was released in June with an application due date in early October. She reminded the Committee of the timeline to anticipate priority planning

and allocations process and coordination with DHSP before the application is due.

V. DISCUSSION

8. Letter from Aging Caucus to PP&A

- C. Barrit provided an opportunity for Committee members to provide additional feedback to the recommendations from the Aging Caucus that were reviewed in the last PP&A in January. She noted the next steps in this process would be to formally present the recommendations to the full Commission with the additions noted during the last PP&A meeting. No additional comments or recommendations were provided. C. Barrit noted the recommendations will be revised to include comments from the January PP&A meeting and included in the March COH meeting packet and will be presented in the Aging Caucus co-chairs report.

9. DPH Response to Board on STD Crisis Feb. 7, 2023

- K. Donnelly opened the discussion with background on the Department of Public Health (DPH) letter noting it is in response to Los Angeles County's STD Crisis that was discussed at previous Board of Supervisor meetings on August 2, 2022 (Item 8 Board Agenda) and again on November 1, 2022 (Item 90-A, Board Agenda). A. Ballesteros asked what the process for the document was. K. Donnelly noted it was available for review and that it would also help inform work in terms of integrated planning.
- C. Barrit noted several Commissioners had requested a follow up on the status of the STD crisis and the document was included as follow up. She highlighted a few key areas for the Committee to review calling attention to the funding needs table (attachment 2) to complete recommendations noted in the letter. See meeting packet for details. She noted the unmet needs requested amount totaled \$19.5 million per year, noting this total is in addition to the funding that DHSP is currently receiving. V. Scott confirmed the \$19.5 million would be additional annual funding that would be needed on top of current HRSA and CDC funding amounts.
- K. Donnelly asked if the funding table was included in the letter to the Board or in the letter that was sent to Judy Chu. C. Barrit commented that the 40+ page packet that included both the letter to Judy Chu (from the U.S. House of Representatives) and the funding table was included in the letter to the Board. K. Donnelly asked if further discussion was needed. C. Barrit noted staff were requested to make sure this information was available so the PP&A Committee could follow up on questions they had on funding needed for an effective STD response. She noted it was an ongoing discussion.
- K. Donnelly had a question regarding language on page 4 of the response letter noting it seemed as RWP funds were being requested for populations at risk for HIV. Derek Murray responded that he believes the language reads that HRSA is being requested to support increased funding for both Federally Qualified Health Centers (FQHC) and Ryan White Programs. C. Barrit agreed with D. Murray's response.

VI. NEXT STEPS

10. Task/Assignments Recap

- a. K. Donnelly noted the March meeting will be the first in-person meeting in 3 years. C. Barrit noted there will be time allotted for Commissioners to reconnect during the next meeting.

11. Agenda Development for the Next Meeting

- a. Continue discussion on status neutral approach on planning and allocations.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

13. Adjournment for the Meeting of February 21, 2023.

The meeting was adjourned by K. Donnelly at 2:56pm.



January 17, 2023

Dear Grantee:

The Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) encourage public health partners to implement status neutral approaches to HIV care and prevention. Status neutral service provision is an example of a syndemic approach to public health, weaving together resources from across infectious disease areas and incorporating social determinants of health to deliver whole-person care, regardless of a person's HIV status. Thanks to a robust toolbox that includes antiretrovirals for prevention such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) as well as for treatment [Treatment as Prevention (TasP) or Undetectable= Untransmittable (U=U)], and syringe service programs (SSPs), there are more tools than ever to prevent HIV. However, to realize the full potential of these tools, we need to ensure they can be accessed by every person who could benefit from them by removing barriers to services. Employing a status neutral approach and providing comprehensive care for all people, regardless of HIV status, can help reduce HIV stigma, prioritize health equity, and turn the tide on HIV-related disparities.

Historically, HIV care has often focused on specific service categories based on a person's HIV status rather than providing comprehensive services that everyone needs to get and stay healthy. A status neutral approach:

- Creates “one door” for both HIV prevention and treatment services.
- Addresses institutionalized HIV stigma by integrating prevention and care rather than supporting separate systems, which can deepen the divide between people with HIV and people who can benefit from HIV prevention services.
- Enables people to know their status by making HIV testing and subsequent actions more accessible and routine.

Furthermore, a status neutral framework encourages a comprehensive, whole-person assessment of a person's unique situation, allowing for more tailored—and therefore likely more successful—interventions.

To meet national HIV prevention goals and advance health equity, CDC and HRSA HAB recognize the importance of adopting new and innovative ways of delivering HIV prevention and care services to all who could benefit from them. This involves reframing how we think about and complement traditional HIV service models to better reach people where they are with services they need, regardless of HIV status with the goal of optimizing their health and quality of life. Implementing a status neutral framework does not require an overhaul of existing care systems. For example, incorporating status neutral approaches could include:

- Implementing HIV prevention and treatment activities in places where people seek other health services, such as sexual health services, mental health and recovery services, and transgender care.
- Making it easy for people to access care in alternative, convenient health care settings that do not require an appointment, like pharmacies and mobile health units.

For more details on how jurisdictions across the country are integrating a status neutral approach into their HIV care services, we encourage you to review [CDC's issue brief on status neutral HIV care](#).

CDC and HRSA HAB support the use of braided funding to reduce barriers to implementation and to help extend the reach of status neutral services. Beyond CDC and HRSA, it is important to look across public and private funding streams to identify ways to also braid other funds into service delivery to achieve a more robust status neutral suite of services where feasible and appropriate. This funding approach can also increase programmatic efficiency. CDC encourages grantees to request technical assistance, if needed, on how best to braid funding from different sources.

To request technical assistance from CDC on the implementation of status neutral services:

- CDC's directly funded health department and CBO partners may request technical assistance support by submitting a request in the [CBA Tracking System](#).
- Organizations not directly funded by CDC may [contact](#) their local health department for assistance in submitting a training request.
- For additional questions or assistance, partners may contact HIVCBA@cdc.gov.

Since HRSA's Ryan White HIV/AIDS Program (RWHAP) legislation provides grant funds to be used for the care and treatment of *people diagnosed with HIV*, thus prohibiting the use of RWHAP funds for medical services for HIV-negative clients who are at substantial risk for HIV, HRSA HAB encourages recipients to leverage the existing RWHAP infrastructure, such as risk reduction counseling and targeted HIV testing and referral, to support a status neutral approach within the parameters of the RWHAP legislation.

Similarly, HRSA's Bureau of Primary Health Care (BPHC) supports health centers to deliver comprehensive, culturally competent, high-quality primary health care services to systemically marginalized communities, including more than 200,000 people with HIV each year. HRSA BPHC encourages health centers to utilize Health Center Program funding to expand access to medication to prevent HIV (including PrEP and related services), connect people to care, and ensure services are well coordinated. Grant recipients can leverage BPHC resources and the health center network to promote, adopt, and optimize status neutral approaches while expanding access to high-quality, primary care for the communities they serve.

HRSA BPHC supported health centers seeking additional information on HIV care and treatment best practices – including how to implement a status neutral approach– can leverage the following training and technical assistance (T/TA) resources:

- HRSA's [National Training and Technical Assistance Partners \(NTTAPs\)](#) provide free national-level T/TA to support existing and potential health centers to improve operations and deliver comprehensive primary care services for special and vulnerable populations.
- The [Health Center Resource Clearinghouse](#) provides an up-to-date selection of high-quality TA resources relevant to health centers.
- HRSA's State/Regional Primary Care Associations (PCAs) provide T/TA based on statewide and regional needs to help health centers improve programmatic, clinical, and financial performance and operations.

HRSA and CDC are committed to developing and sharing status neutral [training opportunities](#), [resources](#), and tools for partners and grantees, and we look forward to continued collaboration on this effort.

Sincerely,

/Demetre Daskalakis/
Demetre Daskalakis, MD
Director, Division of HIV Prevention
National Center for HIV,
Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

/Laura W. Cheever/
Laura W. Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau
Health Resources and Services Administration

/James Macrae/
James Macrae, MA, MPP
Associate Administrator, Bureau of Primary Health Care
Health Resources and Services Administration

ISSUE BRIEF

Status Neutral HIV Care and Service Delivery Eliminating Stigma and Reducing Health Disparities

Today, powerful HIV prevention and treatment tools can keep people healthy and help end the HIV epidemic. Combining these tools in a status neutral approach can help people maintain their best health possible, while also improving outcomes in HIV prevention, diagnosis, care, and treatment. A status neutral approach to HIV-related service delivery aims to deliver high-quality, culturally affirming health care and services at every engagement, supporting optimal health for people with and without HIV. This approach is especially important now to reduce the unacceptably high number of annual HIV infections and help close the persistent gaps along the HIV prevention and care continuum, which indicate that not enough people are being engaged or retained in HIV prevention and treatment.

Many Barriers May Keep People from Being Engaged in HIV Care.

- **HIV testing, treatment, and prevention services are often offered separately**, can be challenging to navigate, and further emphasizes a division between people with HIV and people who could benefit from prevention.
- **Separating HIV services from other routine healthcare** misses opportunities to engage people in HIV testing, prevention, and treatment when they seek sexual health or other non-HIV-focused services.
- Providing critical support services—like housing, food, and transportation assistance—is essential to keeping someone in ongoing care, but these **services are not necessarily offered** alongside what are considered “traditional” HIV care and prevention services.
- **Stigma** embedded in the experience of many people seeking HIV treatment and prevention services can stop people from visiting health care providers labeled as “HIV” or “STD” clinics.
- Everyone has **implicit biases** that affect their perceptions of others. The HIV care or prevention services someone receives may be affected by healthcare and other service providers’ implicit biases on race/ethnicity, sexual orientation, gender identity, age, and other factors. These biases, in some cases, may be why a person does not return for care and services.

Many HIV prevention experts believe a status neutral approach can help improve care and service provision and eliminate structural stigma by meeting people where they are, offering a “whole person” approach to care, and putting the needs of the person ahead of their HIV status. The status neutral approach aims to advance health equity and drive down disparities by embedding HIV prevention and care into routine care. Integrating HIV prevention and care with strategies that address social determinants of health can help reduce barriers to accessing and remaining engaged in care.

The status neutral approach also aims to increase efficiency, since the clinical and social services that prevent or treat HIV are nearly identical and can be unified in a single service plan rather than different plans based on an individual’s HIV status. Adopting a status neutral approach is one way to help deliver better prevention and care and ultimately decrease new HIV infections and support the health and quality of life of people living with HIV in the United States.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

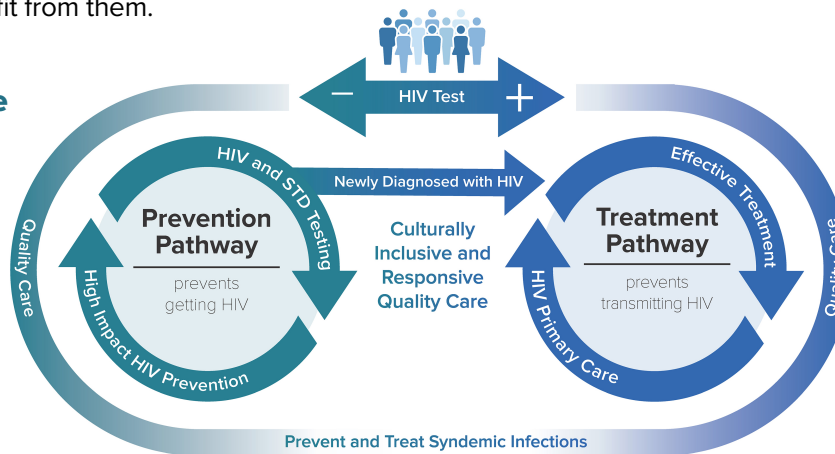
Understanding Status Neutral HIV Care

The status neutral framework provides care for the whole person by offering a “one-door” approach: people with HIV and people seeking HIV prevention services can access treatment, prevention, and other critical services in the same place. Normalizing HIV treatment and prevention helps to destigmatize both. In a status neutral approach to care, a provider continually assesses and reassesses a person’s clinical and social needs. The goal is to optimize a person’s health through continuous engagement in treatment and prevention services without creating or deepening the divide between people with HIV and people who could benefit from prevention.

A status neutral approach is unique because both of the harmonized pathways promote continual assessment of each person’s needs and ongoing engagement in HIV prevention and care, including access to support services, for anyone who could benefit from them.

Status Neutral HIV Prevention and Care

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 service delivery is:

- **Healthcare** that encompasses HIV testing, treatment, and prevention services.
- **HIV treatment and prevention** that is offered alongside other local medical healthcare services frequently used by the community—for example, sexual health, transgender and other LGBTQ-focused care, healthcare for people who use drugs, and general primary care.
- **Service delivery** that recognizes and includes broader social services that support the path to optimal HIV and other health outcomes—like housing, food, transportation, employment assistance, harm reduction services, and mental health and substance use disorder services—regardless of the HIV status of the people seeking care.
- **Culturally affirming, stigma-free HIV treatment and prevention**, delivered by supportive and accepting providers who have been trained to recognize and address implicit racial/ethnic, sexual orientation, and other biases (thoughts and feelings that providers are not consciously aware of), and provided in settings that consider and prioritize a positive experience for the person seeking services.

Status neutral service begins with an HIV test—the pathway to prevention and treatment.

In a status neutral approach, an HIV test spurs action regardless of the result by recognizing the opportunity created by a negative or positive result for an individual to achieve better health:

- **If a person receives a negative HIV test result**, the provider engages the person in HIV prevention and offers powerful tools that prevent HIV, such as pre-exposure prophylaxis (PrEP). The prevention pathway emphasizes a consistent re-evaluation of the engaged person to match prevention and social support strategies to the individual’s needs. Being engaged in such preventive services also means expedited connection to HIV care in the event of a new positive HIV test result. Condoms and harm reduction services are also an important part of this prevention pathway, especially for people who are not ready or eligible for PrEP.
- **If a person receives a positive HIV test result**, the provider offers a prescription for effective treatment to help them become virally suppressed and maintain an undetectable viral load as well as other clinical and support services to help support general health and achieve a high quality of life. Studies have shown that people with an undetectable viral load do not transmit HIV to their sexual partners, this is often referred to as “U=U.”

Why a Status Neutral Approach Is Needed

HIV treatment and prevention services have not been fully used by all who need them: Only 66 percent of people with diagnosed HIV in the United States are virally suppressed. PrEP remains greatly underused—just 23 percent of the estimated one million Americans who could benefit are using the intervention. Stigma and structural barriers are major obstacles that deter people from seeking HIV prevention and care. People with HIV and people who could benefit from HIV prevention are not two distinct populations, but rather one group with similar medical and social service needs. Adopting a status neutral and “whole person” approach to **people in need of prevention and care services can address these similar needs, along with HIV-related stigma.**

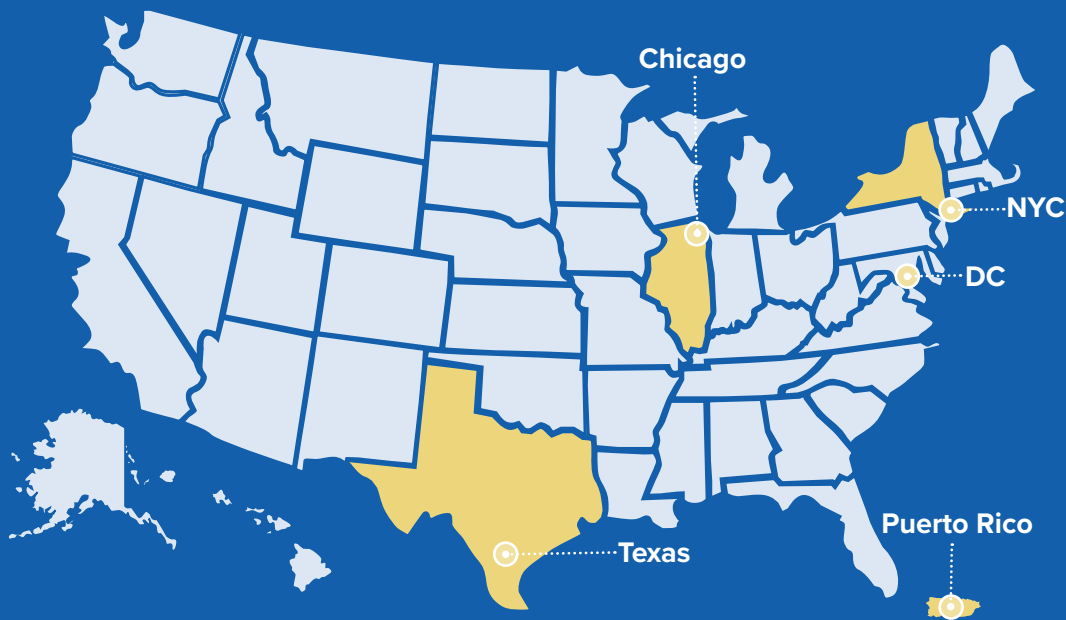
Health departments implementing models of status neutral HIV care have reported benefits such as:

- **Decreasing new HIV infections.** A status neutral approach to care and service delivery means that regardless of HIV status, people have access and support to stay on highly effective public and personal health interventions like PrEP and HIV treatment. When people are supported to fully use these interventions, the outcome is the same—HIV infections and other infections are identified, prevented, and treated. For example, New York City’s status neutral approach to HIV prevention and care, first introduced in 2016, contributed to annual declines in new HIV diagnoses thereafter. New York City saw a 22% decrease in new HIV diagnoses from 2016 to 2019.
- **Supporting and enabling optimal health through continual engagement in comprehensive, “whole person” care.** By offering HIV services alongside other local health care and social support services used by the community, HIV prevention and treatment can become part of the fabric of holistic care designed to meet the needs of each person. As their needs evolve, a person can be seamlessly connected to new services. Potential outcomes include improved HIV care, as well as better overall health and social stability for every individual. For example, Chicago has created comprehensive status neutral health homes that offer the same services to people with HIV and people who could benefit from prevention services. Services include primary care, medications, care coordination, and behavioral health.
- **Opportunities for more efficient service delivery.** Parallel services and structures historically created for people with HIV or people who could benefit from prevention services can impede the most efficient use of resources. This can also inadvertently hinder connection to care by maintaining stigmatizing structures in health care. Identifying opportunities to resolve these divisions allows for more streamlined and integrated care. Washington, D.C. has seen increased capacity and improved outcomes and engagement at organizations using a status neutral approach. Using this approach has increased viral suppression rates 3% across all funded jurisdictions and increased linkage to preventive services like PrEP and harm reduction for people who tested negative for HIV.
- **Improving health equity.** The status neutral framework integrates HIV and prevention services to better address social determinants of health regardless of HIV status. The framework also encourages the delivery of culturally affirming care by ensuring providers recognize and address their implicit biases on issues like race, ethnicity, sexual orientation, or gender identity. These biases sometimes prevent people from returning for care and other services. Likewise, countering stigma is essential to ensure that people with HIV are not defined by their status, and that people seeking HIV prevention and care services are empowered to access these tools without facing judgment or being reduced to the result of a lab test. Addressing racial bias and stigma results in better care experiences for patients and increases the likelihood that they remain in care and stay healthy.

SPOTLIGHT: Status Neutral HIV Care in Action



Here's how some jurisdictions across the country are integrating a status neutral approach into their HIV care services:



- **Chicago: Integrating all HIV and sexually transmitted infection (STI) services.** The Chicago Department of Public Health recently restructured its entire HIV services portfolio to adopt a status neutral approach. Based on feedback from its community members over a two-year community engagement process, the portfolio now integrates HIV and STI funding to deliver comprehensive care that links people to healthcare services like STI screening, substance use disorder treatment, mental health, housing, financial assistance, and psychosocial support in addition to HIV treatment and prevention. Anyone can access these services regardless of HIV status.
- **New York City: Expanding sexual health and rebranding to reduce stigma.** Stigma associated with HIV and STIs can prevent people from seeking care in STI clinics. To address this, the New York City Department of Health and Mental Hygiene rebranded its STI clinics as sexual health clinics and transformed services so that they fully meet clients' sexual health needs. These changes have resulted in more diverse populations visiting the clinic for care.
- **Puerto Rico: Delivering affirming, trauma-informed care for transgender people.** Centro Ararat in Ponce, Puerto Rico delivers integrated, tailored sexual health and primary care to the transgender community. The center's innovative clinic provides comprehensive, trauma-informed health services for transgender people alongside HIV and STI care. These services include hormone therapy and level testing, mental health services, support with name changes, and assistance finding trans-sensitive housing.
- **Texas: Improving access to social services for all people.** *Achieving Together* is the community plan to end the HIV epidemic in Texas. It lays out a vision for status neutral HIV care that supports all people in accessing services that meet their priority needs. This approach addresses social determinants of health, including housing, transportation, and food assistance, helps with insurance navigation, and increases access to mental health and substance use disorder treatment.
- **Washington, D.C.: Eliminating HIV prevention and treatment barriers early.** DC Health developed a status neutral approach through its regional early intervention services initiative, which supports engaging people early in HIV care and prevention services throughout the DC metropolitan area. The initiative has made strides in integrating prevention and treatment services, which previously operated independently, and consists of five pillars to promote equity and whole person health spanning HIV outreach, education, testing, and linkage to and retention in care.

What CDC Is Doing to Advance Status Neutral HIV Care



CDC is providing funding, conducting implementation science to improve programs, and partnering with organizations across the U.S. to support integrated, status neutral approaches to HIV care:

- **Encouraging grantees to deliver integrated services.** Several of CDC's major funding programs provide flexible resources for health department and community-based organization (CBO) partners to deliver integrated HIV prevention services. Additionally, CDC encourages health departments that receive funding through CDC's flagship prevention and surveillance program to use these resources to support programs that adopt status neutral approaches to HIV prevention and treatment.
 - **Ending the HIV Epidemic initiative implementation:** In July 2021, CDC awarded the second major round of EHE funding — approximately \$117 million — to health departments representing 57 prioritized jurisdictions to scale up focused, local efforts designed to address the unique barriers to HIV prevention in each community. CDC encourages grantees to coordinate with STD and viral hepatitis programs, LGBTQ health centers, criminal justice and correctional facilities, and other providers to deliver HIV services. In addition, the new program provides funding to a subset of jurisdictions to strengthen HIV testing, prevention, and treatment services at dedicated STD clinics.
 - **High-impact HIV prevention through CBOs and health departments:** CDC funded more than 90 CBOs to develop high-impact HIV prevention programs and partnerships, beginning in 2021. These CBOs are required to create HIV programs with the greatest potential to address social and structural determinants of health. CBOs can use CDC funding to help clients navigate essential support services. The program will also support integrated screening for STIs, viral hepatitis, and TB, and referrals for subsequent treatment.
- **Conducting implementation science.** CDC is conducting a pilot program to evaluate a project designed to deliver status neutral HIV services to transgender people. The pilot will support transgender healthcare providers and CBOs in integrating HIV, STI, viral hepatitis, and harm reduction services alongside transgender-specific healthcare. The pilot aims to establish best practices for creating a “one-door” approach for testing and other interventions that can improve the health of transgender people.
- **Building partnerships.** CDC is working with other federal agencies and organizations focused on issues that intersect with HIV and affect health outcomes, like sexual health, mental health, housing, incarceration, employment, and substance use disorder to advance status neutral approaches to HIV prevention and care. For example, the HIV National Strategic Plan incorporates the status neutral framework, creating opportunities to improve systems so they support the provision of status neutral services in the national HIV response. These partnerships will enable the sharing of knowledge and best practices that translates to better implementation science, programs, and services. These partnerships can also support better integration of programmatic efforts in communities.

The Way Forward

It will take time for a status neutral approach to be adopted across the country. Federal agencies, state and local health departments, healthcare providers, and CBOs can take steps now to begin promoting and integrating this approach into their programs and service delivery models if appropriate for their organization or jurisdiction and supported by their community:

- Federal health agencies can provide training, support, and technical assistance to state and local health departments, healthcare providers, and CBOs looking to implement status neutral HIV care. They should prioritize strategies that support front-line providers in more easily creating and implementing status neutral programs. They should also promote cross-agency collaboration to integrate HIV treatment and prevention services over time with other primary care, behavioral health, and social services.
- State and local health departments can review their current funding and care delivery models to further integrate HIV into STI and primary care settings, especially community health centers, sexual health clinics, and health access points for people who use drugs. They should also identify ways to braid funding from multiple sources, and work with CBOs and other providers to gather and share best practices and lessons learned in implementing status neutral HIV care.
- Healthcare providers and CBOs can offer dynamic, supportive care that integrates culturally affirming messages and prioritizes each patients' individual needs. They can consider providing non-HIV services that can improve patients' overall health, such as STI and viral hepatitis screening, mental health care, and substance use counselling, as well as linkage to social services. They can also participate in regular trainings on recognizing and addressing implicit racial/ethnic and other biases.

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LIST OF LOS ANGELES COUNTY COMMISSIONS FOR HIV PARTNERSHIPS (3.14.23)

NAME	ROLE/PURPOSE
HEALTH	
Public Health Commission https://phcommission.ph.lacounty.gov/	<p>The mission of the County of Los Angeles Public Health Commission is to review, study, advise and make recommendations to the Los Angeles County Board of Supervisors, the Director of Public Health and Health Officer, the Chief Deputy of Public Health and Department of Public Health Programs on all matters related to public health as established by Ordinance 4099 of the Administrative Code 1.</p> <p>The Public Health Commission plays an integral role in the work that DPH conducts through their inquiry, oversight, review, and recommendations. The Public Health Commission members are active in their respective roles in their communities, lending a voice to DPH's work that supports the Department's mission to protect health, prevent disease and promote the health and well-being of all persons in Los Angeles County. The Public Health Commission examines the management of delivery of public health services to all cities and unincorporated areas in Los Angeles County as well as the management and response to emerging public health issues. This provides a necessary level of accountability and oversight for DPH, the Board of Supervisors, and the residents of Los Angeles County.</p>
Community Prevention and Population Health Task Force http://publichealth.lacounty.gov/plan/taskforce/index.htm	<p>Report to the Board of Supervisors with priority recommendations to promote health, equity, and community well-being in Los Angeles County with a focus on population health improvement.</p> <p>Make recommendations to the <u>Board of Supervisors</u>, the <u>Alliance for Health Integration</u>, and the <u>Department of Public Health</u> on public health priorities, initiatives and practices that will achieve health equity and healthy communities.</p> <p>Serve as the advisory body to the <u>Center for Health Equity (CHE)</u>.</p> <p>Provide leadership and strategic direction for community health planning in Los Angeles County, including the Community Health Improvement</p>

LIST OF LOS ANGELES COUNTY COMMISSIONS FOR HIV PARTNERSHIPS (3.14.23)

	Plan (CHIP), and other strategic efforts to promote strong population health, health equity, and racial justice.
Commission on Alcohol and Other Drugs (CAOD) http://publichealth.lacounty.gov/sapc/public/commission-on-alcohol.htm	Advises and makes recommendations to the Board of Supervisors on alcohol and drug related issues with the goal of reducing the negative impact of substance use disorders on the quality of life for individuals and their families residing in Los Angeles County.
Mental Health Commission https://dmh.lacounty.gov/about/mental-health-commission/	<p>Advises the Los Angeles County Board of Supervisors and Department of Mental Health Director on issues impacting the County mental health.</p> <p>Reviews and approves the procedures used to ensure community and professional involvement at all stages of the planning process.</p>
HEALTHCARE	
Hospitals and Health Care Delivery Commission https://dhs.lacounty.gov/who-we-are/hospital-and-health-care-delivery-commission/	Consults with and advises the Director of Health Services and the Board of Supervisors on all matters pertaining to patient care policies and programs.
LA Care Health Plan (aka Local Initiative Health Authority Governing Board) https://www.lacare.org/about-us/about-la-care/board-governors	Organizes, administers, and arranges for the provision of managed health care services for the targeted Medi-Cal population consistent with the State's plan.
HOUSING	
Housing Advisory Committee	Reviews and makes recommendations on Section 8 and public housing policies and procedures.
Los Angeles Housing Authority Commission https://www.lahsa.org/commission	Has authority to make budgetary, funding, planning and program policies.

Other Partner(s)/Non-County:

- Community Clinic Association of Los Angeles County (non-County) - <https://ccalac.org/about/>