



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Get in touch: hivcomm@lachiv.org

Subscribe to the Commission's Email List:

<https://tinyurl.com/y83ynuzt>

Black Caucus

Virtual Meeting

Thursday, March 17, 2022

4:00-5:00pm (PST)

Agenda and meeting materials will be posted on
<http://hiv.lacounty.gov/Meetings>

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. CLICK [HERE](#) FOR MORE INFO.

TO JOIN BY COMPUTER:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m6aa2b067a12f9395ed9d2a64fb51c42f>

Meeting Password: BLACK

TO JOIN BY PHONE:

1-213-306-3065 & Access Code/Event #: 2596 017 1854

For a brief tutorial on how to use WebEx, please check out this video: <https://www.youtube.com/watch?v=iQSSJYcrglk>

**For those using iOS devices - iPhone and iPad - a new version of the WebEx app is now available and is optimized for mobile devices. Visit your Apple App store to download.*

LIKE WHAT WE DO?

Apply to become a Commissioner at

<https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication>

For application assistance call (213) 738-2816.



LOS ANGELES COUNTY
COMMISSION ON HIV



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

BLACK CAUCUS

Virtual Meeting Agenda

Thursday, March 17, 2022 @ 4:00-5:00PM

To Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m6aa2b067a12f9395ed9d2a64fb51c42f>

Join by phone: 1-213-306-3065

Access code: 2596 017 1854

Password: BLACK

- | | |
|--|---------------|
| 1. WELCOME + INTRODUCTIONS | 4:00PM-4:10PM |
| 2. DISCUSSION | 4:10PM-4:50PM |
| A. Overview, History, Purpose and Accomplishments of the Black Caucus | |
| B. Group Exercise: | |
| ○ Setting Expectations for Mutual Respect and Productivity | |
| ○ Guiding Principles and Commitment | |
| C. Review of Recommendations and Completed Priorities from Workgroup | |
| D. Division of HIV and STD Programs (DHSP) Task Tracker Status Updates | |
| 3. RECAP AND NEXT STEPS | 4:50PM-4:55PM |
| A. April 21 meeting: 2022-2026 Comprehensive HIV Plan
Discussion with AJ King, CHP Consultant | |
| 4. ADJOURNMENT | 5:00PM |

Check Out: Black African American Community Task Force Toolkit

<https://tinyurl.com/2k67hbwa>



**(REVISED) Black/African American Community (BAAC) Task Force
Recommendations**

October 10, 2019

Introduction

The BAAC Task Force was formed in response to the Commission on HIV's (COH) February 14, 2019 National Black HIV/AIDS Awareness Day (NBHAAD) Panel discussion in an effort to address the disproportionate impact of HIV/AIDS in the Black/African American (AA) communities of Los Angeles County.

The BAAC Task Force convened on April 30, 2019 to develop a progressive and inclusive agenda to address and provide recommendations to the COH on how to reduce and ultimately eliminate the disproportionate impact of HIV/AIDS and STIs in all subsets of the Black/AA community utilizing a community-wide mobilization effort.

Healthcare Disparities in the Black/AA Community

The United States Census Bureau estimates Black/AA living in Los Angeles County (LAC) at 9% or approximately 909,500 as of 2018.⁽¹⁾ In 2017, there were 51,438 persons living with diagnosed HIV (PLWH) in LAC. **Twenty percent (20%) were Black/AA.**⁽²⁾

In 2016, **the highest overall rate of HIV diagnoses was among African Americans (56 per 100,000)**, followed by Latinos (19 per 100,000), whites (12 per 100,000), and Asians (6 per 100,000). These differences in rates were also observed by sex, most notably among **African American females (17 per 100,000) where the rate of HIV diagnoses** was 8 times higher than that of white females (2 per 100,000) and 5 times higher than the rate for Latinas (3 per 100,000). Among **males**, the rate of HIV diagnoses among **African Americans (101 per 100,000)** was 5 times higher than among whites (22 per 100,000) and 3 times higher than the rate for Latinos (34 per 100,000).⁽²⁾

The highest rate of stage 3 diagnoses (Acquired Immunodeficiency Syndrome) (AIDS) was among African Americans (18 per 100,000). The rate of stage 3 diagnoses for **African American females (6 per 100,000)** was 9 times higher than the rate for white females (<1 per 100,000) and 3 times higher than the rate for Latinas (2 per 100,000). Among **males**, the rate of stage 3 diagnoses for **African Americans (32 per 100,000)** was 4 times higher than the rate for whites (9 per 100,000) and 3 times higher than the rate for Latinos (13 per 100,000).⁽²⁾



Black/AA Care Continuum as of 2016⁽³⁾

Demographic Characteristics	Diagnosed/Living with HIV	Linked to Care ≤30 days	Engaged in Care	Retained in Care	New Unmet Need (Not Retained)	Virally Suppressed
Race/Ethnicity						
African American	9,962	54.2%	65.9%	49.7%	50.3%	53.0%
Latino	21,095	65.4%	68.3%	55.7%	44.3%	59.7%
Asian/Pacific Islander	1,710	80.5%	74.6%	60.5%	39.5%	68.5%
American Indian/Alaskan Native	294	75.0%	70.1%	54.10%	45.9%	52.4%
White	14,778	75.2%	71.6%	54.5%	45.5%	64.9%

The Ryan White (RW) program in LAC served 15,747 individuals between March 1, 2018 and February 28, 2019. Three-thousand three-hundred sixty (3,360) were Black/AA during the same period. ⁽⁴⁾

Objectives:

- **Identify** strategies on how the COH can support Black/AA leaders and community stakeholders in an effort to end HIV in the Black/AA community
- **Identify** HIV prevention, care and treatment best practices in the Black/AA community
- **Identify** specific strategies to reduce HIV stigma in the Black/AA community

General/Overall Recommendations:

1. Provide on-site cultural sensitivity and education training – to include addressing implicit bias and medical mistrust within the Black/AA community – for all County-contracted providers and adopt cultural humility into the local HIV provider framework. *Decision makers must realize their own power, privilege and prejudices and be willing to accept that acquired education and credentials alone are insufficient to address the HIV epidemic in the Black/AA community.*
2. Revise messaging County-wide around HIV to be more inclusive, i.e., “If you engage in sexual activity . . . you’re at risk of HIV” in an effort to reduce stigma.
3. Incorporate universal marketing strategies for HIV prevention that appeal to all subsets of the Black/AA community in an effort to reduce stigma and increase awareness.
4. Provide resources to Community-Based Organizations (CBOs) to develop, implement and evaluate primary prevention interventions which are culturally appropriate and relevant.



5. Support young people's right to the provision of confidential sexual health care services.
6. Increase Pre-exposure Prophylaxis (PrEP) advertising within the Black/AA community to increase awareness. Marketing materials must depict the very community it is attempting to reach - specifically, Black/AA youth, women, transgender individuals, and gender nonconforming populations.
7. Initiate or partner in culturally informed research that aims to address the needs of the Black/AA communities. Researchers, whenever possible, must mirror the affected community it purports to study. Community reflectiveness in academic and CBO partnerships should include training in instrument development, data interpretation, presentations and publications.
8. Increase use of local statistics regarding new infections and disparities to educate and plan for the community; request Department of Public Health data be organized by Health Districts and zip codes to better target and identify communities in need.
9. Provide technical assistance to aid Black/AA agencies in obtaining funds for culturally sensitive services.
10. Proactively reach out to engage CBOs that are connected to the local Black/AA community.
11. End the practice of releasing Request for Proposals (RFPs) that have narrowly defined "Proposer's Minimum Mandatory Requirements." *This discriminatory practice purposely disqualifies existing relevant CBOs and other agencies that provide intersection health and human services.* When issuing RFAs, RFPs, or RFSQs, establish a demonstration/data pilot by creating a 15% funding carve-out for CBO's/ASO's, whose qualifications are below the "Minimum Mandatory Requirements", but at an agreed upon standard, to identify the proven and effective grassroots/community empowerment efforts that reach specified Black/AA audiences. This will allow DHSP in collaboration with the Commission to determine the efficacy of methodologies for outreach, linkages to care, retention in care, and other sensitive treatment and prevention interventions that are effective in reducing new HIV cases.
12. Continue to evaluate for effectiveness and increase the investment in Vulnerable Populations Grants that target subset populations of the Black/AA community (i.e. Trans men/women, women & girls, MSM) to address barriers and social determinates of health.
13. Engage agencies already funded as well as those not currently funded to focus on a Countywide PrEP Education and Outreach mini-grant process that will target all various subset populations of the Black/AA community, i.e. Trans community, women & girls, MSM.



14. Increase mobilization of community efforts to include:

- a. Increase community awareness fairs and social media campaigns intended to promote health and wellness in the Black/AA community, with concentration in high incidence areas;
- b. Condom distribution in spaces where adults congregate;
- c. HIV education and access to prevention tools in schools, spiritual communities, social clubs, neighborhood associations, etc.;
- d. Fund one social marketing campaign that addresses stigma and internalized homophobia as it relates to health and wellness around HIV;
- e. Support efforts that will ensure additional research and evaluation support be made available to agencies that provide services to the Black/AA community and to increase their capacity to link and collaborate with research institutions; and
- f. Provide training and incentives for CBOs within high incidence areas to prescribe PrEP and nPep.

Population-Specific Recommendations:

Black/African American Trans Men:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.⁽⁴⁾

1. Conduct a Countywide needs assessment of the Trans masculine community that focuses on sexual risk behaviors.
2. Use Williams Institutes' research/data using Sexual Orientation Gender identity (SOGI) (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans male-specific programming.
3. Include Trans men in program decision making.
4. Develop a Trans masculine-specific PrEP campaign which will resonate with and reach Trans men in such a way that the message is not convoluted and therefore lost within the overall PrEP messaging. Messaging should include language around safety and gender affirmation - a campaign that says "Trans masculine individuals . . . this is for YOU." Perhaps include a myth buster around the notion that all Trans men are straight and only date and are sexually involved with cis men; a message that says we know sexual appetites are fluid for Trans men and that is why PrEP is important.
5. Educate/train medical and mental health providers to be more inclusive of Trans masculine bodies and its many different nuances.



6. Create a pilot/demonstration project using the information obtained from the various data sources listed above.

Black/African American Trans Women:

The Ryan White (RW) program in LAC served 96 Black/AA Transgender persons during the period of March 1, 2018 to February 28, 2019. This was approximately .6% of the total PLWH/A in LAC.⁽⁴⁾

1. Conduct a Countywide needs assessment of the Trans women community to address barriers and social determinants of health to better provide more targeted programming.
2. Increase efforts in collecting epidemiological data through surveillance on Trans women for purposes of planning more targeted programming.
3. Use William's Institutes' research/data using SOGI (method agencies use to collect patient/client data on sexual orientation and gender identity) to develop Trans women-specific programming.
4. Include and prioritize Trans women in program decision making.
5. Address stigma and the increasing violence against Trans women.

Black/African American Women and Girls: *(DHSP defined Black/AA women and girls as either childbearing women between the ages of 15-44 and those 50 Years and Older)*

The Ryan White (RW) program in LAC served 501 Black/AA women during the period of March 1, 2018 to February 28, 2019. This is approximately 31.82% of those receiving RW services.⁽⁴⁾

1. Evaluate existing PrEP and prevention access and messaging for impact on intervention groups and community health; assess dissemination methodologies and refine outreach and engagement strategies.
2. Allocate resources to create a PrEP Center for Excellence targeting women and their families, sexual and social networks.
3. Conduct an inventory of County-wide HIV/STD interventions and initiatives that target African American women at risk of and living with HIV that focus on education, employment services, empowerment, co-infections, treatment as prevention (TAsP), sexual reproductive health, intimate partner violence, and mental health.
4. Obtain data for all populations of women, especially those who are pregnant or such age groups affected by the high rates of STIs; include women-specific data in summits, reports, and community forums.



5. Reorganize and adopt educational approaches to care and prevention that incorporate information and knowledge on how preventative methods can benefit the woman within the context of her life. Such approaches include but should not be limited to:
 - a. Integrate train-the-trainer models for community health outreach workers and testing staff that use motivational and empowerment strategies as a tool for risk reduction. Generating collective approaches and solutions that promote honesty and integrity within self and relationships with others is paramount. Hold agencies accountable to host honest adult conversations and have the courage to meet people where they are and build on what they know.
 - b. Generate collective approaches and solutions that promote honesty and integrity of self and relationships with others is paramount; and
 - c. Train community health outreach workers in all HIV Testing Sites to have conversations that validate the experience and power dynamics women confront within their relationships. Most often partners are missing from engagement, enrollment, and retention strategies. Include sexual and social networks in education, outreach, testing and other interventions that support family sustainability as a method of retention.

6. Allocate money to partner with institutions to support three demonstration projects at \$250,000 each led and facilitated by and for Black women:
 - a. Ensure agencies have tools available to demonstrate accountability and cultural competence. Staff should be linguistically and culturally representatives of the community and any intervention include a navigation component to address barriers to recruitment, uptake and retention of prevention and care based programming.
 - b. All protocols should explicitly embrace the experience of women who have sex with men of known or unknown status as well as those diagnosed with HIV/AIDS. Further, qualitative interviews or Audio Computer-Assisted Self-Interview (ACASI) instruments should include an assessment of historical care and prevention participation as well as barriers to continuous engagement and participation.

7. Strategically reflect the needs of women in the jurisdictional stigma reduction efforts by funding projects that reduce stigma and increase access to female controlled HIV preventive tools such as Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), and the Female Condom 2 (FC2). Support agencies to integrate comprehensive opportunities for education, research and a complement to other strategies that give women the power to take control of their lives and situations in which have historically had little to no influence.



8. Expand the availability of community-based mental health services as a part of a continuous effort to treat women holistically: HIV and mental health education and awareness should accompany a range of holistic services that recognize that a woman may have multiple traumas that inform her choices. Increased collaborations between community and the private sector which is necessary to build awareness and reduce cultural and social based stigmas associated with mental health care. Increased education and training of non-HIV/AIDS service providers in hopes of offering a full circle of multidisciplinary services to those in need.
9. Develop a standard requiring all contracted organizations offer living wages as an incentive to hiring persons with lived experience. Initiating programming for Black women enables organizations to invest in their peers. Further, increased access to professional development opportunities and resources (ex. Income) enables them to self-sustain and decrease the impact that social correlates of health such as poverty have on informed sexual decision making.

Black/African American Men Who Have Sex with Men (MSM):

The Ryan White (RW) program in LAC served 2,093 Black/AA MSM during the period of March 1, 2018 to February 28, 2019. This was approximately 13.3% of those receiving RW services. (4)

1. Continue to increase the investment in innovative layered interventions that target young MSM and address barriers and social determinates of health like the Vulnerable Populations Grant.
2. Develop and release of Request for Application/Request for Proposal (RFA/RFP) that focuses on HIV positive MSM of all ages who are sexually active and at risk of co-infections.
3. Increase funding and resources in treatment as prevention, social support efforts, housing and mental health services.
4. Address Chemsex within the Black/AA MSM community through CBO led group sessions, evidence-based medicine directed intervention and medication assisted treatment.



Conclusion

Only by genuinely addressing the recommendations as provided above can the Los Angeles County HIV/AIDS Strategy (LACHAS) goals be met. Many of the recommendations provided are in alignment with the LACHAS and the County's Comprehensive HIV Plan (CHP), however, there must be very intentional and targeted efforts made to address social determinants, primarily stigma and racism, in the Black/AA communities. It is not enough to implore the same strategies of old; we must modernize methodologies in our marketing strategies to reach subpopulations within the Black/AA communities who do not identify according to current messaging. Messaging must be *truly* inclusive – “if you are sexually active, you are at risk”.

The adage is true – “to reach them, you have to meet them where they are” - HIV and sexual health education along with HIV prevention interventions must be accessible in schools, jails, churches, barber/beauty shops, and social venues where Black/AA communities gather; while providers must be trained and educated to understand the various cultural nuances that can either stigmatize and subsequently discourage or create a culturally welcoming environment for Black/AA communities to access HIV prevention, care and treatment services.

On behalf of the BAAC Task Force, we thank the Executive Committee for its consideration of the above recommendations and look forward to its plan of action in response.

Special thanks to the following BAAC Task Force members and community stakeholders who volunteered their time and contributed to the development of recommendations: Greg Wilson (COH), Traci Bivens-Davis (COH), Bridget Gordon (COH), Dr. LaShonda Spencer (COH), Danielle Campbell (COH), Yolanda Sumpter (COH), Dr. William King (COH), Cynthia Davis (AHF), Luckie Fuller (COH), Jeffrey King (ITMT), Louis Smith III, Stevie Cole, Ivan Daniel III, Carl Highshaw (AMAAD Institute), Charles McWells (LACADA), Dr. Derrick Butler (THE Clinic), David Lee (CDU), Rev Russell Thornhill (MAPP), Terry Smith (APLA), Doris Reed (COH), Carolyn Echols-Watson (COH) and Dawn Mc Clendon (COH).



Endnotes

1. [Census.gov/quickfacts/fact/table/losangelescountycalifornia; RH1225218](https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia;RH1225218)
 2. 2017 Annual HIV Surveillance Report; Ryan White program Clients Living with HIV YR 28 (03/01/2018 – 02/28/19)ⁱ
 3. Los Angeles County HIV/AIDS Strategy (LACHAS) – P26; Table 5
 4. Ryan White Program Clients YR 28 (3/1/18-2/28/19) Los Angeles County; Utilization by Service Category among Ryan White Priority Populations in Year 28
-



BLACK/AFRICAN AMERICAN WORKGROUP TASK TRACKER

Updated 12.2.21 (Revised)

	TASKS	CORRESPONDING BAAC TF RECOMMENDATION(S)	STATUS	UPDATES+NEXT STEPS
1	<p>PREP MARKETING CAMPAIGN FOR THE BLACK COMMUNITY AND ITS SUBPOPULATIONS</p> <p><i>Develop list of 20-30 participants for DHSP to coordinate a focus group via vendor, Audacy (fka Intercom) to solicit feedback on a PrEP campaign</i></p>	<p>General Recs #3, 6, 13, 14 Black Trans Men Rec #4 Women & Girls Recs #1, 7</p>	<p>10.12.21: Workgroup submitted list of 47 potential participants to DHSP on 10.21.21. DHSP to provide progress updates.</p>	<p>12.2.21: DHSP is reviewing resources to identify funding to support PrEP marketing for Black community; participant list submitted to Intercom/Audacy to coordinate focus group; will solicit Raniyah Copeland's assistance to help shepherd the focus group. DHSP also working on a much broader marketing solicitation.</p> <p style="text-align: right;"><i>*Workgroup to follow up in early 2022*</i></p>
2	<p>REVISE RFP MINIMUM MANDATORY REQUIREMENT (MMR) LANGUAGE TO BE MORE INCLUSIVE TO YIELD MORE SUCCESSFUL SOLICITATION AWARDS TO BLACK/AA LED ORGANIZATIONS</p> <p><i>Develop 3-5 specific recommendations on how to adjust Minimum Mandatory Requirements (MMR)s to allow more Black/AA led orgs to compete; i.e. allow DHSP latitude to override application scoring, waive/reduce specific requirements, etc. *Refer to example of MMRs DHSP to provide MMR "non-negotiables" especially around clinical licensure and billing</i></p>	<p>General Rec #11</p>	<p>10.21.21: Workgroup agreed to amend Task #2 to a "4-bucket" strength-based approach which is to be coordinated w/ Task #3:</p> <ol style="list-style-type: none"> 1. <u>Support + Mentorship Initiative.</u> Create an "incubation" period to allow smaller & larger organizations to "pair" with each other to support and mentor each other by filling capacity gaps and leverage funding and other resources. 2. <u>Administration.</u> Provide organizations technical assistance, i.e., grant writing and strengthening internal financial systems. 3. <u>Customer Service.</u> Ensure customer service is centered around cultural humility. I.e., mandatory workforce Implicit Bias training, etc. 4. <u>Minimum Mandatory Requirements (MMRs).</u> Create a solicitation infrastructure that does not "box" out Black/AA orgs from successfully competing for RFPs while ensuring optimum service delivery without compromising quality or service integrity 	<p>12.2.21: DHSP developed and is currently conducting Implicit Bias training; 300 provider staff signed up for training. DHSP is developing a proposed staffing plan to aggressively train providers without compromising its training portfolio.</p> <p>DHSP reported current proposal pending w/ Gilead to provide TA grant to providers to assist with EHE efforts. <i>DHSP will provide updates.</i></p> <p>DHSP is coordinating with the Center for Health Equity in support of its program launch to provide equitable contract opportunities for CBOs. Will continue to discuss opportunities that will help advance Black led/servicing orgs to successfully apply for County contracts. <i>DHSP will provide updates.</i></p> <p>DHSP continues to communicate and relay to its DPH leadership in conjunction with the County's Anti-Racism Initiative, the workgroup's efforts to create an equitable contracting and procurement system.</p> <p style="text-align: right;"><i>*Workgroup to follow up in early 2022*</i></p>
3	<p>TECHNICAL ASSISTANCE FOR BLACK/AA LED PROVIDERS TO PROVIDE A MORE EQUITABLE PLAYING FIELD TO SUCCESSFULLY COMPETE FOR SOLICITATIONS</p> <p><i>Identify 5-10 agencies (preferably agencies who have not been previously awarded DHSP contracts) who would benefit from DHSP/County Technical Assistance (TA) support in competing for solicitations.</i></p> <p><i>Develop 3-5 TA recommendations Black/AA led orgs need to compete for solicitations, i.e.:</i></p> <ul style="list-style-type: none"> - create an incubation period for orgs in which DHSP could provide special TA until they are able to function fully - provide grant writing services 	<p>General Rec #9</p>	<p>11.10.21: Leads met to discuss the preliminary work needing to be performed before a TA/mentorship pairing program can be developed by DHSP. DHSP agreed to develop a needs assessment for potential Black led/servicing orgs to assess their needs, gaps, and barriers in applying for and successfully performing under DHSP/County contracts.</p> <p>Leads/Workgroup to provide list of orgs, to include:</p> <p>Dr. William King, Umma Community Clinic, Black Women for Wellness, Invisible Men, & Unique Women's Coalition</p>	<p>12.2.21: <i>Create a cohort model for the Needs Assessment & TA program.</i></p> <p><i>Workgroup to finalize list of Black led/servicing orgs that would benefit from a needs assessment. Final list to be submitted to DHSP.</i></p> <p><i>Workgroup to review DHSP 2020 Surveillance Report to identify specific examples/suggestions for increased HIV disparity data which would allow agencies to successfully compete for RFPs by having surveillance data accurately reflected for certain populations, i.e. transgender community, Asian, Native Hawaiian and Pacific Islander American communities, etc. I.e. Add additional Race/Ethnicity breakdowns by Gender, transmission categories, and age groups (D. Lee).</i></p> <p><i>Coordinate mtg w/ DHSP incl. Dr. Andrea Kim to determine ways to reformat surveillance data according to race/ethnicity breakdowns by gender, etc., prioritizing the transgender community.</i></p>

	TASKS	CORRESPONDING BAAC TF RECOMMENDATION(S)	STATUS	UPDATES+NEXT STEPS
4	<p>ESTABLISHMENT OF PREP CENTERS OF EXCELLENCE FOR WOMEN OF COLOR</p> <p><i>Develop 3-4 attributes agencies should possess that should be included in RFP language re: women-centered services and/or PrEP Centers of Excellence (for Women).</i></p>	Women & Girls Rec #2	<p>11.22.21 D. Campbell submitted recommendations to P. Zamudio; see 11/22/21 email for details.</p>	<p>12.2.21: Paulina Zamudio (DHSP) working with contracted agencies to make updates to RFP scope of work. RFP to be released soon; services will be funded effective July 1, 2022.</p>