LOS ANGELES COUNTY
COMMISSION ON HIV

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SPECIAL MEETING

Planning, Priorities, and Allocations Committee Meeting

Tuesday, January 23, 2024
1:00pm-4:00pm (PST)

510 S. Vermont Ave
9th Floor Terrace Conference Room
Los Angeles, CA 90020
Validated Parking Available at 523 Shatto Place, LA 90020

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

Members of the Public May Join in Person* or Virtually.
For Members of the Public Who Wish to Join Virtually, Register Here:
http://tinyurl.com/bdezths5

To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2532 022 4448

As a building security protocol, attendees entering from the first-floor lobby **must notify security personnel that they are attending a Commission on HIV meeting to access the Terrace Conference Room (9th flr) where our meetings are held.*

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.

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LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

TUESDAY, JANUARY 23, 2024 | 1:00 PM – 4:00 PM***
****PLEASE NOTE SPECIAL DATE AND TIME*****

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

Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
http://tinyurl.com/bdezths5
To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2532 022 4448

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

AGENDA POSTED: January 19, 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		1:03 PM – 1:05 PM
3.	Approval of Agenda	**MOTION #1**	1:05 PM – 1:07 PM
4.	Approval of Meeting Minutes	**MOTION #2**	1:07 PM – 1:10 PM

II. PUBLIC COMMENT 1:10 PM – 1:15 PM

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

7. Executive Director/Staff Report 1:15 PM – 1:30 PM
    a. Bylaws Review Taskforce Update
    b. Draft Comprehensive HIV Plan Progress Report

8. Co-Chair Report 1:30 PM – 1:45 PM
    a. 2024 Co-Chair Elections
    b. Prevention Planning Workgroup Co-Chair Recognition
    c. Approval of Los Angeles County HIV &STI Status Neutral Service Delivery Framework **MOTION #3**
    d. 2024 Draft Workplan

9. Division of HIV and STD Programs (DHSP) Report 1:45 PM – 2:50 PM
    a. Fiscal Year 2022 Utilization Report - Case Management (CM) Services: Benefits Specialty, Transitional CM- Jails, Home-Based CM and the Linkage and Re-Engagement (LRP)
    b. Programmatic and Fiscal Updates

B R E A K 2:50 PM – 3:00 PM

V. DISCUSSION ITEMS 3:00 PM—3:50 PM

10. DHSP Data Presentation Feedback
11. Review Draft Status Neutral Priority Setting and Resource Allocation (PSRA) Framework, Current Allocations and Priorities, and Prevention Planning Workgroup Recommendations

VI. NEXT STEPS 3:50 PM – 3:55 PM

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

VII. ANNOUNCEMENTS 3:55 PM – 4:00 PM

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

VIII. ADJOURNMENT 4:00 PM

15. Adjournment for the meeting of January 23, 2024.

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Planning, Priorities and Allocations Committee minutes, as presented or revised.
MOTION #3	Approve the Los Angeles County HIV & STI Status Neutral Service Delivery Framework, as presented or revised.

HYBRID MEETING GUIDELINES, ETTIQUETTE & REMINDERS

(Updated 6.12.23)

☐ 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.

☐ 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 time. Public comment is limited to 2 minutes per person. 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
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Approved by COH 6/8/23

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

All participants and stakeholders should adhere to the following:

1) **We approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/9/24

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL *	**Danielle**	T.H.E. Clinic, Inc.	See attached subcontractor's list
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**Luckie**	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ish**	Unaffiliated consumer	No Ryan White or prevention contracts
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 (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
OSORIO	**Ronnie**	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	**Dechelle**	AMAAD Institute	Community Engagement/EHE
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
ROBINSON	**Mallery**	No Affiliation	No Ryan White or prevention contracts
ROBINSON	**Redeem**	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SOLIS *	**Juan**	UCLA Labor Center	See attached subcontractor's list
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
TALLEY	**Lambert**	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
September 19, 2023

COMMITTEE MEMBERS P = Present | P* = Present as member of the public; does not meet AB 2449 requirements | A = Absent | EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	Derek Murray	P
Al Ballesteros, MBA, Co-Chair	P	Jesus "Chuy" Orozco	P
Lilieth Conolly	P	Dechelle Richardson	P
Felipe Gonzalez	P	Reverend Redeem Robinson	LOA
Michael Green, PhD, MHSA	EA	Harold Glenn San Agustin, MD	P
Ismael "Ish" Herrera	EA	LaShonda Spencer, MD	P
William King, MD, JD	P	Lambert Talley	P
Miguel Martinez, MPH, MSW	P	Jonathan Weedman	P
Anthony M. Mills, MD	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Dawn McClendon			
DHSP STAFF			
Sona Oksuzyan, MD, MPH			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website. Click HERE.

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

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

2. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST

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

ROLL CALL (PRESENT): A. Ballesteros, Dr. Mills, K. Donnelly, J. Weedman, M. Martinez, Dr. King, L. Conolly, F. Gonzalez, D. Murray, C. Orozco, D. Richardson, Dr. San Agustin, Dr. Spencer, L. Talley

3. **Approval of Agenda**
   MOTION #1: Approve the Agenda Order **(✓Passed by consensus.)**

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

II. PUBLIC COMMENT

5. **Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.**

   There were no public comments.

III. COMMITTEE NEW BUSINESS

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

   J. Weedman shared that the 5th Supervisorial District will be hosting a World AIDS Day breakfast event and invited the committee members to attend. More information to follow as the event approaches.

IV. REPORTS

7. **Execute Director/Staff Report**

   a. **Bylaws Review Taskforce Updates**
      - C. Barrit, Commission on HIV (COH) Executive Director, reported that the Bylaws Review Taskforce (BRT) continues to make progress on review and update of the bylaws document. The BRT will meet Sept. 21st and plan to review the remaining portion of the document. Commission staff continue to work with County Counsel (CoCo) to ensure any suggested changes are within County guidelines and federal requirements.

   b. **Los Angeles Homeless Services Authority (LAHSA) Data Request Update**
      - C. Barrit noted that the first data request that was received in August was incomplete and Commission staff requested additional filters be added to the data. The updated data was received two weeks ago, and Commission staff are working on preliminary analysis. Initial analyses will be shared with the committee at a future Planning, Priorities, and Allocations (PP&A) Committee meeting.

   c. **RWP FY 2024 Non-Competing Progress Report Deadline**
      - C. Barrit reminded the committee that approximately two and a half years ago the Ryan White Program (RWP) changed from an annual application to a three-year funding cycle and noted this cycle aligns with the committees planning process. She noted the next Non-Competing Progress Report for the upcoming 2024 fiscal year is due on October 2nd to the

Health Resources and Services Administration (HRSA) and explained that the portion of the report that the Planning Council (PC) was responsible for was the Letter of Assurance that outlines responses to five questions from HRSA as related to planning processes, priority setting and resource allocation, training for members and the assessment of the administrative mechanism. The Letter of Assurance has been signed by Commission co-chairs and was submitted to the Division of HIV and STD Programs (DHSP). See meeting packet for more details.

8. Co-Chair Report

a. New Member Welcome

- K. Donnelly welcomed new PP&A committee members, Dr. Harold Glen San Agustin, and Lambert Talley. He noted new member Ismael "Ish" Herrera was absent due to illness.

b. Sexual Health and Older Adults September 22 Event

- K. Donnelly reminded Commissioners of the upcoming Sexual Health and Wellness for Older Adults event organized by the Aging Caucus. The event is geared toward providers to better serve their older patients, but all are welcome to attend. The event will be held on Friday, September 22 from 10am to 2pm at the Vermont Corridor. Approximately 90 have RSVPed for the event. See meeting packet for event flyer.

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

a. Fiscal Year 2022 Expenditures and Utilization Report

- DHSP staff, Sona Oksuzyan, provided a report on Mental Health and Substance Abuse Residential Services utilization for fiscal year 2022. See meeting packet for more details.
- It was noted that there has been a decline in Mental Health services within the RWP in program year 32 despite recent data showing the need for more mental health services for people living with HIV. It was noted that more data was needed to better understand the trend downward, but some possible explanations include lack of providers, Medi-Cal expansion, coverage by RWP Parts C & D over RWP Part A, and the Department of Health Services and/or other programs covering costs.
- Wendy Garland, DHSP staff, reminded the committee that the numbers only reflect RWP clients and that most services are covered by Medi-Cal, noting that the numbers indicate utilizing the RWP as the payor of last resort. She noted that currently, the RWP covers the same mental health services that are also covered by Medi-Cal and if the committee wants to see different populations served, then the Commission on HIV (COH) will need to identify and cover mental health services that are not covered by Medi-Cal. For example, W. Garland noted psychotherapy is not covered by Medi-Cal. W. Garland also noted that DHSP is currently working to identify other ways that mental health services can be provided acknowledging the need for services and noted that there was also a shortage of providers.
- A. Ballesteros commented that a key challenge faced providers with Ryan White funded mental health services is the fee for service model. A fee for service model hampers the

ability of providers to hire a full-time mental health professional. DHSP needs to allow for a line-item budget for mental health services and staff similar to Part C grants. He explained most agencies cannot afford to hire a mental health provider under the fee for service structure noting that billing is not enough to cover salary and benefits and would result in the agency running in a deficit. He suggested that this may be another reason why mental health services utilization is low under RWP Part A and asked that DHSP consider switching to a line-item budget. He noted mental health providers were previously structured as line-items and it would help increase capacity and access.

- Dr. San Agustin recommended getting feedback from clients as to why people are no longer seeking mental health services to help identify both positive factors that keep patients engaged in care and negative factors that contribute to stopping care.
- F. Gonzalez noted that more needs to be done to support the mental health needs of women of color.
- C. Orozco commented that the ability to fund permanent supportive housing for HOPWA clients is due to the increased need for mental health services.
- D. Murray recommended identifying what is covered under Medi-Cal and what is not to increase services within the RWP. C. Barrit noted that the committee can identify new services to support that are not supported by Medi-Cal and coordinate with the Standards and Best Practices Committee to then develop service standards for service delivery.
- L. Talley commented that, based on his experience, a lot of clients are unaware of the mental health services that are available to them and that more needs to be done to increase awareness.
- L. Conolly noted that more providers need to be trained in offering compassionate care, particularly for women who are often needing mental health support beyond HIV, such as dealing with raising children as a single provider.
- M. Martinez noted many communities of color utilize a paraprofessional model to provide needed support and escalate to licensed professionals based on acuity and asked if the service standards allow for this type of model. It was noted that RWP regulations specifically state licensed mental health professionals.
- Carlos Vega-Matos reported that though telehealth is offered many young individuals cannot access this service due to incompatibility with software and lack of privacy within their living situations to engage in services. He recommended access to technology be tracked in the future.
- A. Ballesteros recommended the committee request that DHSP pilot the transition of mental health services as a line-item budget vs a fee for service model, explore ancillary services, such as the use of paraprofessionals, that can help support/round out mental health services, and identifying factors that contribute to drop off in mental healthcare.
- M. Martinez recommended requesting a presentation from the Department of Mental Health (DMH) on mental health services for people living with HIV and other priority populations.
- D. Murray requested information on what services are being provided in residential

substance use facilities as well as what specific substances clients being treated for. A. Ballesteros added that, based on the report, the average daily rate for services is approximately $70/day and requested a report back from DHSP on what services are provided. He noted this rate is much lower than the average daily rate for services under the Substance Abuse Prevention and Control (SAPC) program. W. Garland indicated that she will check the SAPC rate and specific services provided under residential substance use.

- Dr. Spencer suggested comparing mental health services utilization data with under Part C and D providers.

b. Programmatic and Fiscal Updates

- No report was provided.

V. DISCUSSION

10. Prevention Planning Workgroup (PPW) August 23 Meeting Recap & Status Neutral Recommendations

- Dr. King and M. Martinez, Prevention Planning Workgroup (PPW) co-chairs, reported that the PPW continue to make progress on Prevention Standards recommendations and provided a presentation on proposed status neutral recommendations and integration of prevention within the PP&A Committee. See meeting packet for details.
- Recommendations included adding medical home within Quality Care and community engagement and outreach into the graphic. It was noted that many patients seek HIV and STI services outside of their primary care providers but that securing a medical home is important for clients that do not have one.
- D. Murray asked if integrating prevention into the committee and commission would require revisions to the bylaws or any other formal process. C. Barrit noted current bylaws already articulate the charge of the PP&A Committee and the COH as an integrated planning body. However, she recommended developing a written status neutral priority setting and resource allocation process to ensure a strong prevention component to the Committee's deliberations and decision making.
- A recommendation was made to continue the PPW as a committee to ensure prevention discussions and priorities continue. M. Martinez commented that continuing as a committee will continue to have prevention separated from care and would undermine the goal of the status neutral framework.

11. Review Community Listening Sessions Questionnaire Feedback

- L. Martinez, Commission staff, reported that minor changes to the Community Listening Sessions Questionnaires were made based on feedback received. She noted the review was another opportunity for committee members to provide any additional feedback before the questionnaires are finalized.
- A recommendation was made to add an option to decline to respond to sexual orientation and gender identity questions in addition to adding a column in the client/consumer questionnaire

table regarding being unaware but needing services. See meeting packet for more details.

12. Recap Department of Health Services (DHS) HIV Cascade Data Presentation

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

13. Recap Cities/Health Districts Harm Reduction Report

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

VI. NEXT STEPS

- **Task/Assignments Recap**
  - **a.** Review FY 33 RWP Expenditures
  - **b.** Review and Analyze LAHSA Data
  - **c.** Recap HIV & STDs Surveillance and Data Challenges for LA County Native American Communities

- **Agenda Development for the Next Meeting**
  - **a.** Continue RWP Utilization Reports
  - **b.** Review FY33 RWP Expenditures
  - **c.** LAHSA Data Review

VII. ANNOUNCEMENTS

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

VIII. ADJOURNMENT

- **Adjournment for the Meeting of September 19, 2023.**
  The meeting was adjourned by K. Donnelly at 3:58pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
October 17, 2023

COMMITTEE MEMBERS P = Present | P* = Present as member of the public; does not meet AB 2449 requirements | A = Absent | EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	Derek Murray	EA
Al Ballesteros, MBA, Co-Chair	P	Jesus "Chuy" Orozco	EA
Lilieth Conolly	P	Dechelle Richardson	EA
Felipe Gonzalez	P	Reverend Redeem Robinson	LOA
Michael Green, PhD, MHSA	EA	Harold Glenn San Agustin, MD	P
Ismael "Ishh" Herrera	P	LaShonda Spencer, MD	P*
William King, MD, JD	EA	Lambert Talley	P
Miguel Martinez, MPH, MSW	P	Jonathan Weedman	EA
Anthony M. Mills, MD	A		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Dawn McClendon, Lizette Martinez			
DHSP STAFF			
Sona Oksuzyan, MD; Victor Scott, Pamela Ogata			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.
*Meeting minutes may be corrected up to one year from the date of approval.

Meeting agenda and materials can be found on the Commission's website. Click HERE.

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

Kevin Donnelly, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:10pm.

2. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST

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

ROLL CALL (PRESENT): A. Ballesteros, K. Donnelly, M. Martinez, L. Conolly, F. Gonzalez, Dr. San Agustin, I. Herrera, L. Talley

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

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

II. PUBLIC COMMENT

5. **Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.**

   There were no public comments.

III. COMMITTEE NEW BUSINESS

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

   There was no new business.

IV. REPORTS

7. **Execute Director/Staff Report**
   a. **Commission on HIV Annual Conference**
      - C. Barrit, Commission on HIV (COH) Executive Director, shared a brief reminder of the upcoming COH Annual Conference on Thursday, Nov.9th at the Vermont Corridor. She asked committee members to promote the event and noted the agenda would be posted as the event date nears. See meeting packet for details.

   b. **Bylaws Review Taskforce Updates**
      - C. Barrit reported that the Bylaws Review Taskforce (BRT) needs a new co-chair with the departure of co-chair, Everardo Alvizo. She noted that the BRT is schedule to meet on Oct. 18th and will continue its review and update of the bylaws document. The BRT plans to have a revised document for the Operations Committee to review by the end of the year.

   c. **CDC/HRSA Integrated HIV Plan Feedback Meeting**
      - C. Barrit reminded the committee that the Health Resources and Services Administration (HRSA) had provided written feedback to the Integrated HIV Plan in May and a follow up meeting with the Planning Council (the Commission on HIV) and the Division of HIV and STD Programs (DHSP) on Sept. 18th. The meeting consisted of a review of the written feedback and highlighted two areas of improvement: community engagement and data sharing. C. Barrit noted that the COH has already started taking steps to address the areas of improvement and will continue to find opportunities for engagement and data sharing.

See meeting packet for details.

8. Co-Chair Report

a. Debrief Prevention Planning Workgroup September 27 Meeting

- K. Donnelly reported that the Prevention Planning Workgroup (PPW) last met on September 27th and noted that the group has completed a lot of work and is ready to sunset with the intent of incorporating prevention and suggested recommendations into the Planning, Priorities and Allocations (PP&A) Committee. PPW and PP&A co-chairs are meeting on Oct. 19th to further discuss opportunities for prevention integration within PP&A. The next PPW meeting will be held virtually on Wednesday, October 25th from 4pm-5:30pm.

b. November and December Meeting Schedule

- K. Donnelly noted that the November PP&A lands on the week of Thanksgiving on Tuesday, Nov. 21st. He recommended postponing the November PP&A meeting to Dec. 14th from 2:30-4:30pm at the Vermont Corridor. He noted the Consumer Caucus is holding a retreat on Dec. 14th from 11am-2pm and the rescheduled PP&A meeting would follow the retreat. He also announced that the December PP&A meeting is cancelled.

c. 2024 Co-Chair Nominations

- K. Donnelly announced an open call for PP&A co-chair nominations for the 2024 year. He noted nominations would remain open until January 2024 and reminded the group that self-nomination was allowed. The committee will vote during the January PP&A meeting.
- Felipe Gonzalez was nominated but did not accept nor decline the nomination.

d. 2024 Committee Priorities and Workplan Planning

- K. Donnelly reported that the committee will need to develop their workplan for next year. He noted that the next Ryan White Program (RWP) funding cycle will be in 2024 and that the 2023 workplan included the priority setting and resource allocation (PSRA) process which was postponed to 2024 to sync with the RWP 3-year funding cycle and grant application. He provided a brief overview of the workplan and asked the group if there were any additional recommendations and requested prevention integration be added to the 2024 workplan. See meeting packet for details.
- M. Martinez recommended incorporating prevention in the priority setting and resource allocation process. K. Donnelly commented that priority setting, and resource allocation are two separate processes, but that priority setting does have an opportunity to include status neutral approaches. He noted that resource allocation is limited to RWP funds.
- C. Barrit commented that she will be sharing a summary of suggestions for incorporating status neutral into the PSRA process at an upcoming PP&A meeting.
- M. Martinez requested more information on prevention funding streams and service categories provided from DHSP to help inform the PSRA process. Additionally, he asked if

DHSP would be receptive to prevention related recommendations. He noted this would help inform status neutral strategies and planning.

- A. Ballesteros agreed and suggested requesting a report from DHSP outlining Ending the HIV Epidemic funding and service categories similar to RWP funding and service categories.
- It was noted that DHSP had previously provided the committee with a funding stream table highlighting the programs funding sources and the activities supported by each grant. The table will be reviewed again at an upcoming committee meeting.

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

a. Fiscal Year 2022 Utilization Report - Housing, Emergency Financial Assistance and Nutrition Services

- DHSP staff, Dr. Sona Oksuzyan, provided a report on Housing, Emergency Financial Assistance and Nutrition service utilization for fiscal year 2022. See meeting packet for more details.
- For Housing Services, it was noted that, on average, clients remained housed for the majority of the year.
- More clarification on what each housing service covers was requested noting that the amount of spending on these services seemed very high given the small number of people that utilized the services.
    - Housing for Health (H4H) services are used to find permanent supportive housing for PLWH. H4H includes a bundle of services including permanent supportive housing, rental subsidies, or a bed. This service is covered for two years with an option to extend for an additional year.
    - Residential Care Facilities for Chronically Ill (RCFCI) is for PLWH who are sick and require nurses to care for them within the facility. It pays for an individual's bed and the care/management of their condition.
    - Transitional Residential Care Facilities (TRCF) pays for an individual's bed and the care/management of their condition.
- Carlos Vega-Matos commented that RCFCIs are regulated by the State of California that require specific staffing patterns of nurses, must provide meals, and are explicitly for clients who fall below the Karnofsky Scale of human functioning (inability to carry out basic daily functions of living). He added that TRCFs were created approximately 8-10 years ago to create a space for patients that did not need as intense of services as RCFCIs. TRCFs do not require the same staffing patterns as RCFCIs, patients must meet specific cognitive function, and clients are linked to needed services outside of the TRCF. TRCFs are limited to two years with the possibility of one year extension but are meant to be temporary.
- Dr. San Agustin commented that the 1.6% housing services utilization among RWP clients seems alarmingly low and asked how many RWP clients were eligible for these services. It was noted that the report focused on service utilization and not eligibility.
- It was noted that approximately 6-8% of RWP clients have unmet housing needs and the

current housing services serves about a quarter to a third of these clients.

- A. Ballesteros commented that he recalled the decision to increase allocation to housing services was intended to help the general population of RWP clients with unmet housing needs and not intended to be limited for the three specific categories. M. Martinez recalled that discussions were to increase access for all RWP clients with unmet housing needs but, at that time, only the three types of services (H4H, RCFCIs and TRCFs) were available at the time. He noted that current discussions should include efforts to expand housing services to all RWP clients who are eligible for Medical Care Coordination (MCC) and other services.
- L. Conolly asked for clarification on the amount of funds allocated to the Emergency Financial Assistance (EFA) service category. It was noted that EFA began in 2021 and was originally funded through Ending the HIV Epidemic (EHE) at $1.5 million and transitioned to the RWP in program year 32 with an allocation amount remaining at approximately $1.6 million.
- Dr. San Agustin noted that for all services, RWP clients experienced better health outcomes when accessing needed services vs not accessing services. He asked if there was a reason behind this trend. Dr. Oksuzyan noted that clients who accessed the supportive services were initially accessing medical care and were referred to services which showed regular engagement in care. M. Martinez commented that these services are challenging to navigate, and data reflect better outcomes for those who have learned how to navigate these systems. L. Conolly added that in addition to the challenge of navigating systems, available services are often not shared with consumers and that providers determine who is eligible for a program/service based on their biases/perception.
- M. Martinez requested that a meeting should be dedicated to looking at housing and looking at priority populations as the committee prepares for the priority setting and resource allocation process.
- A. Ballesteros commented that previous discussions on reallocation of RWP savings and how to identify people that were not reflected in the data but in need of services such as young people who were both HIV+ and HIV-. Discussions focused on reviewing MCC funds and identifying ways to find housing services for individuals that were on PrEP or PEP and were homeless as well as transgender populations.
- Additional discussions centered identifying individuals within the RWP care continuum that were healthy in terms of HIV but were at risk of losing their housing and offering some form of ongoing assistance to prevent them from entering into homelessness instead of waiting for them to get sick or become unhoused. A. Ballesteros noted that the group envisioned a program beyond EFA that would provide permanent, ongoing support for the PLWH who struggle to pay for housing and prevent homelessness. He noted the group did not identify ways to overcoming existing barriers, particularly how to pay landlords.
- C. Barrit commented that the discussions mentioned took place before the COVID-19 pandemic and before the EFA program was established. She noted that when the program around H4H was presented and the Memorandum of Understanding (MOU) was being worked out between DHSP and the Department of Health Services (DHS) that Minority

AIDS Initiative (MAI) funding would look at the flexible subsidy pool, Brilliant Corners housing (how many people are going to those housing units), and how many people are going into the intensive case management component of the housing program. She noted it would be useful to get the flexible subsidy data from the H4H program, if available, as she noted this funding is intended to prevent individuals from falling off current housing. DHSP noted that they would look to identify any missing data. C. Barrit also requested information on whether individuals who participate in any form of permanent supportive housing if the RWP pays for housing services in perpetuity or do they transfer the funding support to the H4H program. She noted the vision of utilizing MAI funding was to serve as a resource for individuals to enter into the program and into the housing pipeline.

- L. Talley recommended establishing partnerships with the Los Angeles Housing Services Authority (LAHSA) and Children of the Night to open up opportunities to youth and young adults.
- M. Martinez noted that there are new, innovative models being used to support housing individuals who are experiencing homelessness that are cheaper and that the Commission should be looking at these models. He also noted movements toward guaranteed basic income as another model to reference when the committee works towards the intention of creating housing stability for unhoused PLWH. He added that many are being funded by government entities and suggested inviting these agencies to present at a meeting so the committee.
- A. Ballesteros added that there should be a program to help young individuals who pay for a room in a shared living space for a year or two instead of the more expensive traditional models.

b. Programmatic and Fiscal Updates

- V. Scott provided a review of the Ryan White Program Year 33 Expenditures. The total RWP Part A award is approximately $42.9 million, Part B award is approximately $5.4 million, Minority AIDS Initiative (MAI) award of $1.7 million and an MAI carryover from RWP Year 32 of $685,000. See meeting packet for more details.
- DHSP is in the process of reviewing and analyzing current expenditures to date to identify opportunities to shift and adjust funding based on underspending and potential carryover, if and where needed. Potential spending plans and estimated carryover will be sent to HRSA in December.
- Spending for all awards is on trend with program year 32 expenditures but noted underspending in Mental Health and Childcare services. He noted there are currently no funded agencies for childcare services.
- DHSP is seeing less expenditures in Ambulatory/Outpatient Medical due to the DHS pull out of the RWP funding streams and Medi-Cal expansion.
- C. Barrit asked if there is potential to fund the new Spanish Mental Health program using RWP Part A funds that is currently funded by Ending the HIV Epidemic (EHE) funds. V. Scott noted there was potential to shift funding if needed but that would not be determined until federal funding for EHE is allocated in the next year.

V. DISCUSSION

10. Prevention Integration and Status Neutral Planning

- M. Martinez opened the discussion on prevention integration and status neutral planning by posing the question of how the group can incorporate prevention into the structure of PP&A agendas, discussions and the PSRA process.
- K. Donnelly noted siloed funding for prevention and care continue to be a barrier.
- M. Martinez asked the group if there were any trainings or capacity building needs that would need to be addressed to help inform status neutral programming and prevention integration moving forward.
- A. Ballesteros asked if the group had a solid understanding of how prevention work is operationalized within agencies and how well recommendations are implemented. It was noted that the services standards set by the COH's Standards and Best Practices Committee are included in DHSP Requests for Proposals (RFPs) and are operationalized to loosely guide the implementation of services. It is the responsibility of the funder, DHSP, to monitor implementation.
- A. Ballesteros expressed concern about the ability of providers to link non-HIV+ clients to needed services. F. Gonzalez noted that navigators and coordinators need to learn about services/programs that are available to all populations and not just programs for individuals diagnosed with HIV. A. Ballesteros noted that in the current system, HIV- individuals will not be treated the same way as HIV+ individuals due to the lack of resources for this group.
- M. Martinez recommended framing strategies around priority populations and using diverse funding streams that target priority populations to create innovative approaches that address all the health needs of an individual regardless of HIV status.
- A. Ballesteros recommended increasing funding to agencies specifically for capacity building for providers around both HIV+ and HIV- services. Dr. San Agustin added that many providers continue to lack knowledge around some HIV/STI prevention services and that they also need assistance beyond increasing knowledge but also in implementing strategies/activities.
- There was an additional recommendation to engage priority populations outside of the COH and in spaces where they feel safe and heard. There was a push to engage with agencies currently doing innovative work by commissioners engaging in their spaces rather than inviting them into the COH.

VI. NEXT STEPS

11. Task/Assignments Recap

a. Follow Up on Housing Questions Based on the Utilization Report
b. Review DHSP Funding Table
c. Review and Analyze LAHSA Data

12. Agenda Development for the Next Meeting

a. Review Updated Priority Setting and Resource Allocation Document

b. Fiscal Year 2022 RWP Utilization Report - General and Specialty Oral Health Services
c. LAHSA Data Review

VII. ANNOUNCEMENTS

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

K. Donnelly announced the following events and encouraged commissioners to participate:

- *Taste of Soul – Saturday, Oct. 21st in Inglewood. The Black Caucus will have a booth as well as committee member, Dr. William King.*
- *The Transgender Health Summit – Thursday, Nov. 2nd at The Village at Ed Gould Plaza*
- *Commission on HIV Annual Conference – Thursday, Nov. 9th at the Vermont Corridor*

VIII. ADJOURNMENT

14. Adjournment for the Meeting of October 17, 2023.

The meeting was adjourned by K. Donnelly at 4:00pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
December 14, 2023

COMMITTEE MEMBERS P = Present | P* = Present as member of the public; does not meet AB 2449 requirements | A = Absent | EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	Derek Murray	A
Al Ballesteros, MBA, Co-Chair	A	Jesus "Chuy" Orozco	A
Lilieth Conolly	EA	Dechelle Richardson	A
Felipe Gonzalez	P	Reverend Redeem Robinson	A
Michael Green, PhD, MHSA	A	Harold Glenn San Agustin, MD	EA
Ismael "Ishh" Herrera	P	LaShonda Spencer, MD	EA
William King, MD, JD	EA	Lambert Talley	P – AB2449
Miguel Martinez, MPH, MSW	EA	Jonathan Weedman	P
Anthony M. Mills, MD	EA		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Dawn McClendon, Lizette Martinez			
DHSP STAFF			
Wendy Garland, Sona Oksuzyan, MD; Victor Scott, Pamela Ogata			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.
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Meeting agenda and materials can be found on the Commission's website. Click HERE.

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

Kevin Donnelly, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 2:35pm.

2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

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

ROLL CALL (PRESENT): K. Donnelly, F. Gonzalez, I. Herrera, J. Weedman, L. Talley (AB449)

3. Approval of Agenda

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

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

II. PUBLIC COMMENT

5. **Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee.**

   There were no public comments.

III. COMMITTEE NEW BUSINESS

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

   There was no committee new business.

IV. REPORTS

7. **Execute Director/Staff Report**
   a. **Recap Commission on HIV Annual Conference**
      - C. Barrit, Commission on HIV (COH) Executive Director, provided a brief recap of the Commission on HIV (COH) Annual Conference. C. Barrit shared highlights from the Commission Annual Conference. She noted that a report containing the attendee evaluation results and a summary of the feedback collected during the group activities were shared with the Executive and Operations Committee meetings on December 12, 2023. The noted action items will be incorporated into Commission and Committee workplans for the 2024 calendar year. C. Barrit also shared that overall feedback received in the evaluations was positive and that many attendees appreciated the opportunity to interact with one another.

   b. **Bylaws Review Taskforce Updates**
      - C. Barrit reported that the Bylaws Review Taskforce (BRT) completed their review of the bylaws and have drafted proposed changes. The document will be presented at the Operations Committee and Executive Committee for review and approval and will be posted for a public comment period. The document will then by reviewed and voted on by the full Commission body after the public comment period ends. Once approved by the full Commission body, Commission staff will work with County Counsel to determine which items on the updated By-laws will require an ordinance change and initiate that process.

8. **Co-Chair Report**
   a. **2024 Co-Chair Nominations**

- K. Donnelly announced open nominations for the 2024 Planning, Priorities, and Allocations (PP&A) Committee. To date, K. Donnelly and F. Gonzalez have been nominated and have accepted nomination. Co-chair elections will take place at the January PP&A Committee meeting.

b. January PP&A Meeting

- K. Donnelly reported that the January PP&A Committee meeting needed to be rescheduled. The reschedule meeting date and time is Tuesday, January 23rd from 1pm-4pm at the Vermont Corridor.

c. Approval of Los Angeles County HIV &STI Status Neutral Service Delivery Framework - MOTION #3

- K. Donnelly announced that vote for approval of the Los Angeles County HIV &STI Status Neutral Service Delivery Framework would be postponed to the January meeting due to lack of quorum.

d. Prevention Planning Workgroup Co-Chair Recognition

- Noting that Prevention Planning Workgroup (PPW) Co-chairs were not present, K. Donnelly postponed the Prevention Planning Workgroup Co-Chair Recognition to the January PP&A Committee meeting.

e. Current Allocations and Priorities, Draft Status Neutral Priority Setting and Resource Allocation (PSRA) Framework and 2024 Draft Workplan

- K. Donnelly announced that the current RWP approved allocations and priorities, draft status neutral priority setting and resource (PSRA) framework and 2024 draft workplan are in the December meeting packet and asked committee members to review the documents ahead of the January PP&A Committee meeting.
- C. Barrit clarified that the draft PSRA framework is still being revised and is not included in the meeting packet.
- Commission staff will also send the documents to the committee after the new year holiday in preparation for the January PP&A Committee meeting.

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

a. Fiscal Year 2022 Utilization Report – General and Specialty Oral Health Services

- DHSP staff, Dr. Sona Oksuzyan, provided a report on General and Specialty Oral Health service utilization for fiscal year 2022. See meeting packet for more details.
- It was noted that expenditures for Oral Health Services and Oral Specialty Care cover staff time and resources and not the cost of the procedure.
- Additionally, it was noted that Ryan White Program (RWP) clients accessing specialty oral

care services that are invasive must be virally suppressed in order receive services.

- C. Barrit asked if AOM, MCC, and MH services for RWP clients stopped at DHS sites as indicated on page 15 of the report. DHSP staff, Wendy Garland, clarified that these services did not stop at the DHS sites but rather DHS stopped billing the RWP for these services.

b. Programmatic and Fiscal Updates

- V. Scott provided a review of the Ryan White Program Year 33 Expenditures. The total RWP Part A award is approximately $42.9 million, Part B award is approximately $5.4 million, Minority AIDS Initiative (MAI) award of $3.67 million, and an MAI carryover from RWP Year 32 of $685,000. See meeting packet for more details.
- The current estimated MAI carryover from RWP Year 33 to 34 is $1.6 million which includes approximately $375,000 from Part A, $543,000 and the $685,000 of MAI carryover funds from Program Year 32. V. Scott noted that this number may change as the program year closes at the end of February and expenditures are finalized in May. He also noted that the $685,000 of MAI carryover from fiscal year 32 must be spent by the end of program year 33.

V. DISCUSSION

10. Los Angeles Homeless Services Authority (LAHSA) Data Report

- L. Martinez, Commission staff, provided a brief report on a data request that was sent to the Los Angeles Homeless Services Authority (LAHSA) regarding the number of unhoused people living with HIV (PLWH) in Los Angeles County. LAHSA staff were not available to provide a presentation to the PP&A Committee and provided raw data to Commission staff. The request took approximately five months to complete and required follow-up from Commission staff due to initial data being incomplete. LAHSA staff noted delays were due to competing priorities/reports and staffing shortages. The report was developed through analysis by COH staff and includes data from years 2021 to 2023 (through July). See meeting packet for details.
- Important to note, the total of PLWH per year includes duplicated counts of PLWH and not the number of unique clients. The LAHSA service system includes a variety of housing services and individuals are counted by each service they may receive throughout a given calendar year. For example, one client may access five different LAHSA services in year 2022. This one person living with HIV will be counted once for each service received for a total of five PLWH reported.
- It was noted that very few PLWH exit the LAHSA service system into permanent housing situations and that more needs to be done to ensure more people transition to permanent housing situations.
- C. Barrit noted the report was challenging to navigate and took COH staff time to translate the data into a format that was clear for the committee and shows the data challenges with LAHSA. She added that there have been recent articles in the Los Angeles Times around LAHSA's data reliability and accuracy.
- C. Barrit commented that the responses to the questions also showed lack of provider knowledge and training and the need to educate housing providers on available resources for

PLWH.

- L. Talley suggested holding a conference with housing providers and other organizations including faith-based organizations to education them on resources and services that are available to PLWH through the RWP. He noted these organizations can help those in need access services.
- J. Weedman commented that he would like to see more outreach and engagement within the community groups and organizations to ensure information and messaging is being reached beyond the Commission on HIV and to the people they serve and who may need services.
- Daryl Russell commented that it is unacceptable for people in such a large city to be unable to access needed services.

VI. NEXT STEPS

11. Task/Assignments Recap

a. Deferred items from the December meeting will be added to the January agenda

b. Complete status neutral priority setting and resource (PSRA) framework and share ahead of January meeting

12. Agenda Development for the Next Meeting

a. 2024 Co-chair Elections

b. Fiscal Year 2022 RWP Utilization Report - Case Management (CM) Services: Benefits Specialty, Transitional CM- Jails, Home-Based CM and the Linkage and Re-Engagement (LRP)

VII. ANNOUNCEMENTS

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

- *There were no announcements.*

VIII. ADJOURNMENT

14. Adjournment for the Meeting of December 14, 2023.

The meeting was adjourned by K. Donnelly at 4:00pm.

Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026

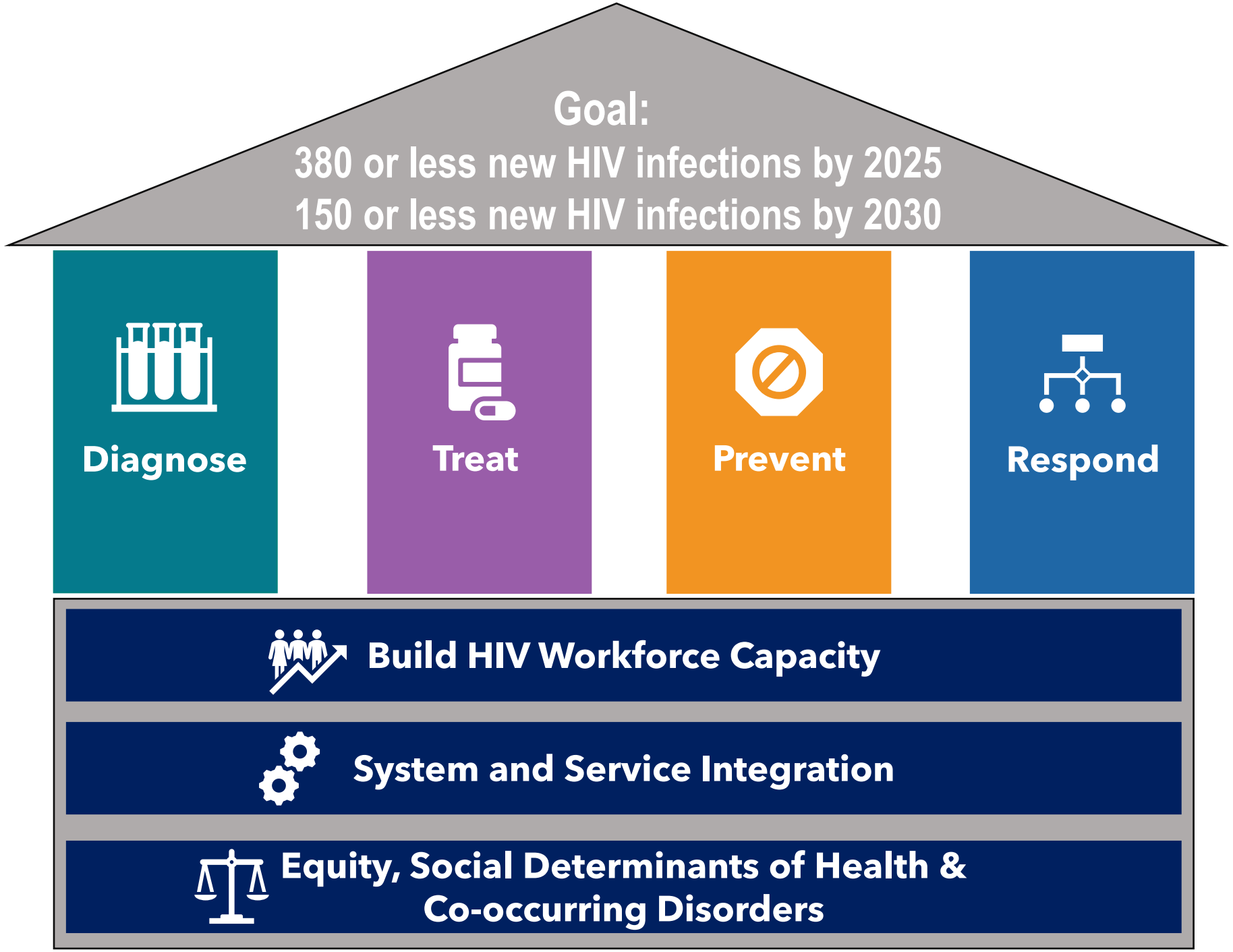
DRAFT

2023 Annual Progress Report

January 23, 2024

County of Los Angeles Public Health
Division of HIV and STD Programs

Los Angeles County Commission on HIV


Goal:
380 or less new HIV infections by 2025
150 or less new HIV infections by 2030
Diagnose
Treat
Prevent
Respond
Build HIV Workforce Capacity
System and Service Integration
Equity, Social Determinants of Health &
Co-occurring Disorders

PRIORITY POPULATIONS

- Latinx men who have sex with men (MSM)
- Black/African American MSM
- People of trans experience
- Cisgender women of color
- People who inject drugs (PWID)
- People under the age of 30
- People living with HIV who are 50 years of age or older

Diagnose

Strategy	Progress
Expand or implement routine opt-out HIV screening in healthcare and other settings (such as emergency departments and community health centers) in high prevalence communities.	• Incorporation of routine HIV testing at 47 DMH clinics and psych street medicine team (i.e. HOME team)
Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home/self-testing.	• Over 20,000 test kits provided via Take Me Home (at home HIV self-test kit), community partners (23) and DHSP contracted providers (25) ○ Over 4,700 of free HIV self-test kits distributed via online platform - TakeMeHome.org • Incorporation of routine testing (HIV/STI/HCV) at 5 Engagement and Overdose Prevention Hubs (syringe service programs), 5 street medicine programs, and 2 mobile vaccine clinics • HIV and STI screening at commercial sex venues

Diagnose

Strategy	Progress
Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.	• Increased use of telehealth
Increase the timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk	• Creation of the Perinatal HIV Action Kit - resources for diagnosing HIV during pregnancy or pregnancy for someone with HIV

Treat

Strategy	Progress
Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.	• Rapid and Ready Program – network of 19 clinics who accept immediate appointments and same day ART ○ DHSP Navigation Specialists help link to HIV providers, transportation assistance, insurance and benefits screening, assistance with filling prescriptions, accompany to clinic • UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) – rapid start research study with other HIV research centers across the country
Support re-engagement and retention in HIV care and treatment adherence.	• Spanish Speaking Mental Health Program - increase access to mental health services for monolingual & bilingual Spanish speakers • Childcare Services RFP to support childcare services for RWP-eligible clients • Linkage & Reengagement Program – intensive case management for pregnant PLWH throughout pregnancy and postpartum

Treat

Strategy	Progress
Support re-engagement and retention in HIV care and treatment adherence, especially for persons who are not eligible for Ryan White Program-supported services, persons with mental illness, persons with substance use disorders, and unhoused persons.	• Assessment of Mental Health Services for People Living with HIV report – highlights gaps and areas of improvement related to mental health to support re-engagement and retention in HIV care and treatment • DHSP report to BOS summarizing critical gaps in the current HIV/STI system, recommendations for improvement, and request for additional investment of County resources/funding to address needs
Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH	• Creation and promotion of RWP Fact Sheets – available on DHSP and Commission website • Creation and launch of I am Positive website – used to determine RWP eligibility and find HIV and STI providers and medical and supportive services

Treat

Strategy	Progress
Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH	• Emergency Financial Assistance Program – up to $5,000 per 12-month period for rent, utilities, food, etc. • Increased funding for HOPWA programs – e.g. master lease program, permanent supportive housing, etc.
Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH	• Implementation and expansion of iCARE program: an incentive-based program to support engagement in care and viral suppression among young people living with HIV under the age of 30. Participants earn incentives for attending HIV care appointments, achieving viral suppression, and other key milestones in HIV treatment.

Treat

Strategy	Progress
RFP: EHE Priority Populations Interventions	• HIV treatment intervention RFPs using trauma-informed approaches to improve the mental health and well-being needs of priority populations including Black/Latinx MSM with HIV, Black/Latinx Cisgender Women with HIV, Black/Latinx Transgender Women with HIV, People with Substance Use Disorder and/or People Who Inject Drugs with HIV, and Youth Under Age 30 with HIV; funded 8 agencies ○ Interventions include CBT for Adherence and Depression, Seeking Safety, peer Linkage and Re-engagement and Health Models: Pay-for-Performance
Expand capacity to provide whole-person care to PLWH who are age 50 and older and long-term survivors	• Sexual Health and Aging Summit – increase capacity of providers in discussing sexual health needs of older adults • Launch of Being Alive Buddy Program – peer support for people living with HIV (includes newly diagnosed & those aging with HIV) • AETC Collaboration in Care Conference: Improving HIV and Aging Services

Prevent

Strategy	Progress
Accelerate efforts to increase PrEP use (particularly for populations with the highest rates of new HIV diagnoses and low PrEP coverage rates) by adopting new strategies at LAC funded PrEP Centers of Excellence tied to client retention, PrEP navigation, community education, supporting alternatives to daily PrEP, and expanding PrEP support groups; and promoting recent innovations	• PrEP telehealth services at DPH Sexual Health Clinics • 22 PrEP technical assistance trainings provided to FQHCs, community clinics, DPH Public Health Investigators & nurses, and housing partners • Creation of variety of educational materials – testing, PrEP/PEP, diagnosis, DoxyPEP • Over 1,000 providers (primary care and women's health) reached in County-wide PrEP detailing project – education around PrEP and PrEP prescribing • Development of partnerships with pharmacies and a protocol to operationalize PrEP • Development of social media campaigns targeting Black/African American community and cisgender women • DHSP and COH participation in community events (e.g. Taste of Soul, World AIDS Day) • CDPH PrEP-Assistance Program - 217 enrollment sites and 187 clinical provider sites statewide, includes telehealth option

Prevent

Strategy	Progress
Increase availability, use, and access to comprehensive syringe services programs (SSPs) and other harm reduction services	• 7 SAPC-funded Engagement and Overdose Prevention Hubs throughout LA County that include access to syringes, sharps disposal, naloxone, various drug test strips, sterile injection supplies, sterile smoking supplies, wound care supplies, direct or referred HIV and HCV testing and referrals for HIV/HCV, SUD treatment, mental health or medical care • 9 Syringe Safety Programs certified by SAPC that provide: syringe distribution services; Naloxone training and distribution services; HIV and viral hepatitis prevention education services; and safe recovery and disposal of used syringes and sharps waste.

Respond

Strategy	Progress
Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response	• Creation of the HIV Cluster Detection and Response (CDR) State Community Advisory Board (CAB) – 10 members; created to inform culturally responsive best practices and strategies to CDR implementation • Development of the Community Health Ambassador Program (CHAP) - Utilize cluster detection efforts with the Social Network Strategy (SNS) to identify persons with undiagnosed HIV and link them to treatment services. Community Health Ambassadors will be selected from high priority clusters to recruit individuals from their social and sexual networks to link to HIV testing via self-test kits.
Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.	• Partnership with Essential Access Health for Expedited Partner Services

Respond

Strategy	Progress
Data to Care RFP	• Development of Data for Adherence, Retention and Engagement (DARE) 2 Care Program – will use data to dare to better reengage clients in HIV Medical Care and Medical Care Coordination services. Clinic teams will focus on field-based work.

Workforce Capacity

Strategy	Progress
Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV	• Development of Black-led organizational capacity needs assessment to provide tailored capacity building to strengthen Black -led agencies addressing the health conditions among Black communities in LAC and to identify ways public health funders can improve upon their procurement processes to advance equity among its grantees. • 2023 HIV Workforce Summit - skill-building, networking, self-care, and staff acknowledgment • Career development webinar series for early health professionals and students on Ending the HIV Epidemic
Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner	• 366 staff trained on Implicit Bias and Medical Mistrust

System and Service Integration

Strategy	Progress
Increase cross-training and TA opportunities across fields/disciplines	• Pacific AETC Trainings incorporating trauma-informed care, STIs, viral hepatitis, substance use disorder, cultural awareness and sensitivity, HIV treatment for non-clinicians, PrEP/PEP, etc. • TGI Health Summit • CDOH Office of AIDS development of a strategic plan to address the HIV, Hepatitis C (HCV), and sexually transmitted infections (STI) syndemics
Leverage the Alliance of Health Integration initiative to integrate services within LA County publicly funded care systems	

Equity, Social Determinants of Health and Co-Occurring Disorders

Strategy	Progress
Advocate for an effective countywide response to SUDs, especially methamphetamine disorder	• Coordinated efforts between DPH, DHS, and DMH to address and streamline SUD response (street outreach, Narcan, fentanyl testing, expanding access to MAT, exploring development of safer consumption sites, trainings for housing providers, connecting to behavioral health services, etc.) • Increased harm reduction funding & strategies from city partners – Long Beach, Pasadena, Los Angeles and West Hollywood (e.g. Narcan, fentanyl test strips, needle exchange, street medicine, etc.)
Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic	• $10 million increase (over 2 years) to DHSP to address STD crisis • Commission meetings with BOS Health Deputies and public testimony at BOS meetings advocating for increased funding to address STD epidemic • Free Mpox vaccination via myturn.ca.gov

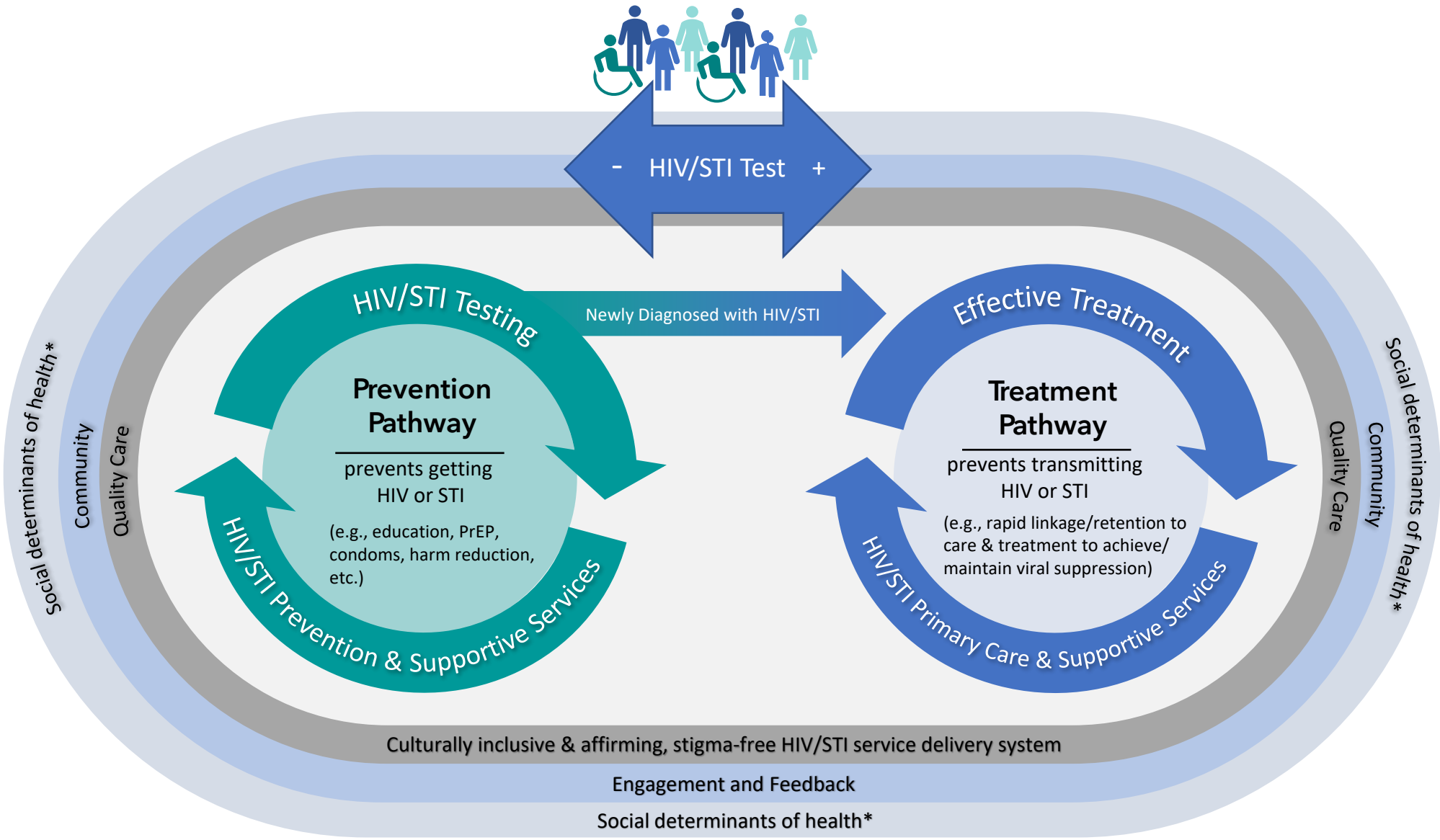
Equity, Social Determinants of Health and Co-Occurring Disorders

Strategy	Progress
Address social determinants of health and stigma	• LA City and LA County Homelessness Emergency Declaration – increased mobilization and funding • CDPH Ending the Syndemics Blueprint (HIV, Hep C, and STIs) – work with Counties to provide technical assistance • Medi-Cal expansion to eligible undocumented adults (Jan 2024) • Skid Row Community Connect Day • DHS development of Skid Row Action Plan to address homelessness stemming from decades of institutional racism • Provide housing, medical services, mental health and SUD support and other supportive services to unhoused within Skid Row

Equity, Social Determinants of Health and Co-Occurring Disorders

Strategy	Progress
Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities.	• Anti-Racism, Diversity and Inclusion (ARDI) Initiative began incorporating equitable strategies into county procurement and contracting practices
Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023	

Status Neutral HIV and STI Service Delivery System



LOS ANGELES COUNTY
COMMISSION ON HIV

Revised 10/18/23

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

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

LOS ANGELES COUNTY COMMISSION ON HIV

2024 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

Committee Name: **PLANNING, PRIORITIES AND ALLOCATION COMMITTEE (PP&A)**	Co-Chairs: Kevin Donnelly & Alvaro Ballesteros
Committee Adoption Date:	Revision Dates: 1.12.24

GOAL: To focus and prioritize key activities for Planning, Priorities and Allocations Committee for 2024
Objective: Reduce the number of new HIV and STD infections while increasing HIV care outcomes for PLWH in LA County.

#	TASK	ACTIVITIES/DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Achieve consensus and a common vision of how to conduct planning, priority, setting and resource allocations (PSRA) using a status neutral approach.	1. Develop status neutral PSRA process document by building upon paradigms, values, priority populations, and identifying ways to complement/enhance funded RW services categories to create stronger, more integrated prevention services.	January - February	• Weave in service needs discussions around priority areas such as housing, mental health, substance use, and STDs and resources available **Resources:** Target HIV slides/webinar recording, NYC speakers, COH Comprehensive HIV Prevention and Care Framework, Prevention Planning Workgroup
2	Use status neutral PRSA process to prepare for FY 25, 26, 27 Ryan White funding cycle and grant application. Use agreed upon status neutral PRSA process to prepare HRSA grant application.	1. Utilize agreed upon status neutral PSRA process to plan for the RWP and CDC grant applications. 2. Review unmet need estimates and utilization reports from DHSP. 3. Identify additional data needed to inform planning process. 4. Develop status neutral programmatic elements to include in grant applications.	May - December	Target months may change depending on when Notices of Funding Opportunity are released. **Resources:** NOFO, unmet need estimates, service utilization report for prevention and care programs/services,

LOS ANGELES COUNTY COMMISSION ON HIV

2024 WORK PLAN – PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

		5. Harness input from Caucuses, workgroups, and Committees. 6. Incorporate a status neutral lens within program directives.		
3	Conduct Community Listening Sessions with RWP consumers, providers, and high-risk populations	1. Conduct regional Community Listening Sessions regarding HIV and STI prevention and care services. 2. Identify successes and challenges to HIV and STI prevention and care services. 3. Utilize information gathered to inform PSRA process and program directives.	February - April	**Resources:** Community Listening Session discussion items, questionnaires, and analyses
4	Monitor the implementation of the CHP	1. The Committee will work with DHSP and various partners to implement and monitor progress toward meeting the goals and objectives of the CHP. 2. Develop progress report.	ongoing	**Resources:** CHP and EHE plans, DHSP updates, County departments, CDPH,
ONGOING ACTIVITIES				
	1. Continue to track expenditures and service needs as reallocation RW and CDC funding as needed. 2. Continue to monitor status of program directives, service utilization, Part A, MAI, and other funding sources. 3. Continue to collaborate with PPW to strengthen integrated prevention and care planning. 4. Monitor and discuss systems of care changes and impact on care and prevention planning.			

Ryan White Program Annual Utilization Report, Year 32

Case Management Service Cluster

Wendy Garland, MPH

January 23, 2024
Commission on HIV: Priorities, Planning and Allocation Committee

Overview

- DHSP receives annual Ryan White Program (RWP) funding from the Health Resources and Services Administration HIV/AIDS Bureau (HRSA-HAB) to increase access to core medical and support services for people living with HIV (PLWH)

- DHSP reports data on RWP utilization annually to the Commission on HIV (COH) to inform service planning and resource allocation activities

- Divided into service clusters to focus discussion

HRSA
Ryan White & Global HIV/AIDS Programs

New Approach - Focused Discussion Prompts

- What caught your attention?
- What can the data tell us and not tell us?
- What was successful?
- What gaps do we see?
- How can we best serve our clients?

Core Medical Services: Home-Based Case Management

Home-Based Case Management at-a-Glance

Goal	• To facilitate optimal health outcomes for functionally impaired PLWDH through home and/or community-based care, advocacy, liaison, and collaboration
Objectives	• Provide client-centered CM and social work, home health, and home care activities • Improve the health status of clients • Increase a client's sense of empowerment, self-advocacy and medical self management
Population	• Uninsured or underinsured PLWDH living ≤500% of FPL with documentation of impaired functional status
Staffing	• Registered Nurse Case Manager (licensed RN) • Social Work Case Manager (Master's degree in accredited program) • Attendant Care or Homemaker (through licensed subcontractor)

Key Program Activities for Home-Based Case Management

Initial Intake

- Determine eligibility

Assess Service Need

- Complete within 30 days of intake
- Evaluate physical, psychological, social, environmental and financial status
- Re-evaluated monthly

Develop Care Plan

- Specify interventions and expected results
- Define short- and long-term goals

Case Management

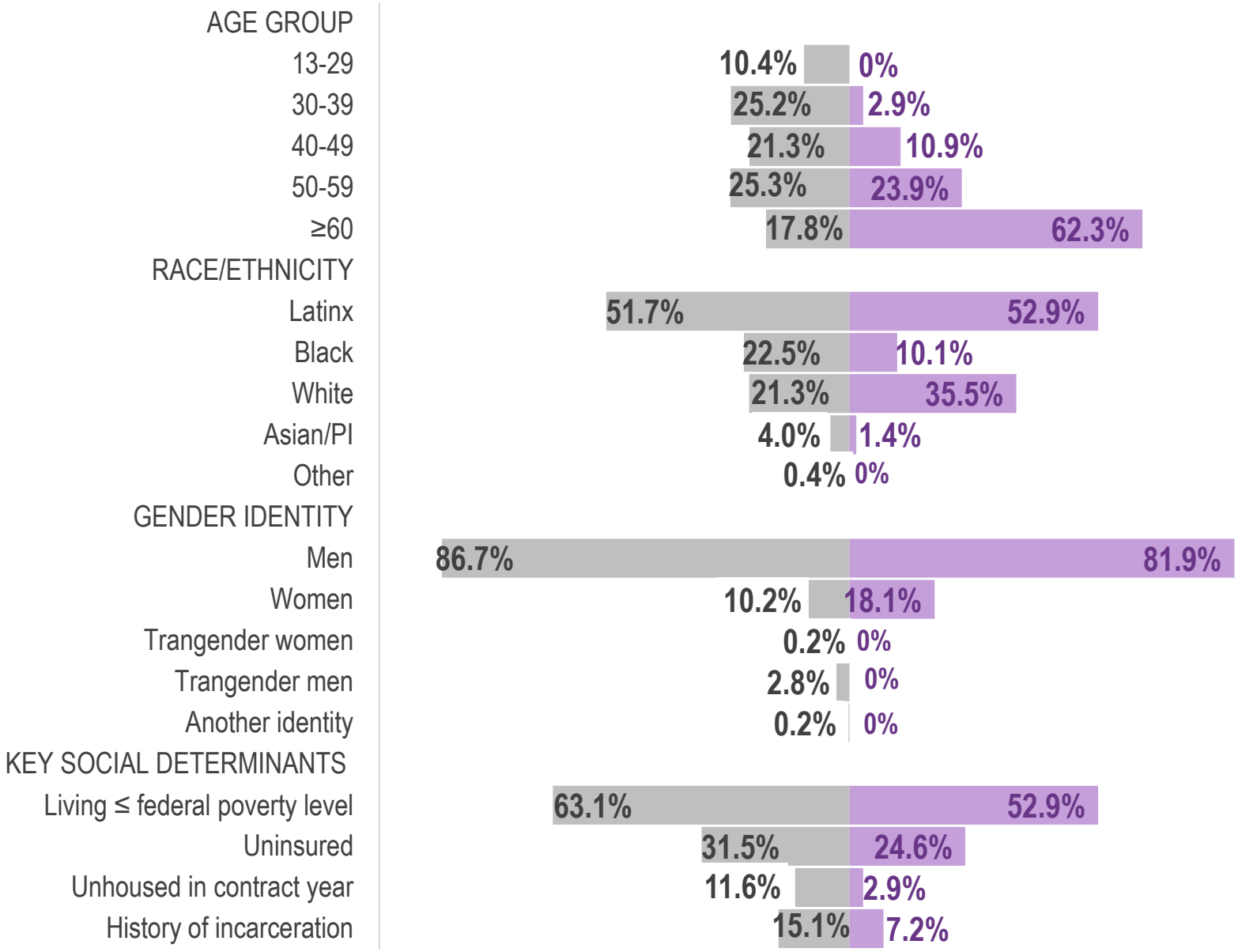
- Provided by Nurse CM
- Care coordination

Supportive Services

- Need-based
- Includes:
  - Attendant OR homemaker
  - Psychosocial Support

Funding Source and Annual Expenditures, Year 32

- Funding source: Part A
- Contract end: June 2024 – requires Board approval to extend
- Five agencies funded to deliver home-based services
  - Clinic average of 28 clients per year (ranging from 6 to 61 clients)
- Total estimated expenditures: $2,758,499
  - Expenditures per client: $19,989



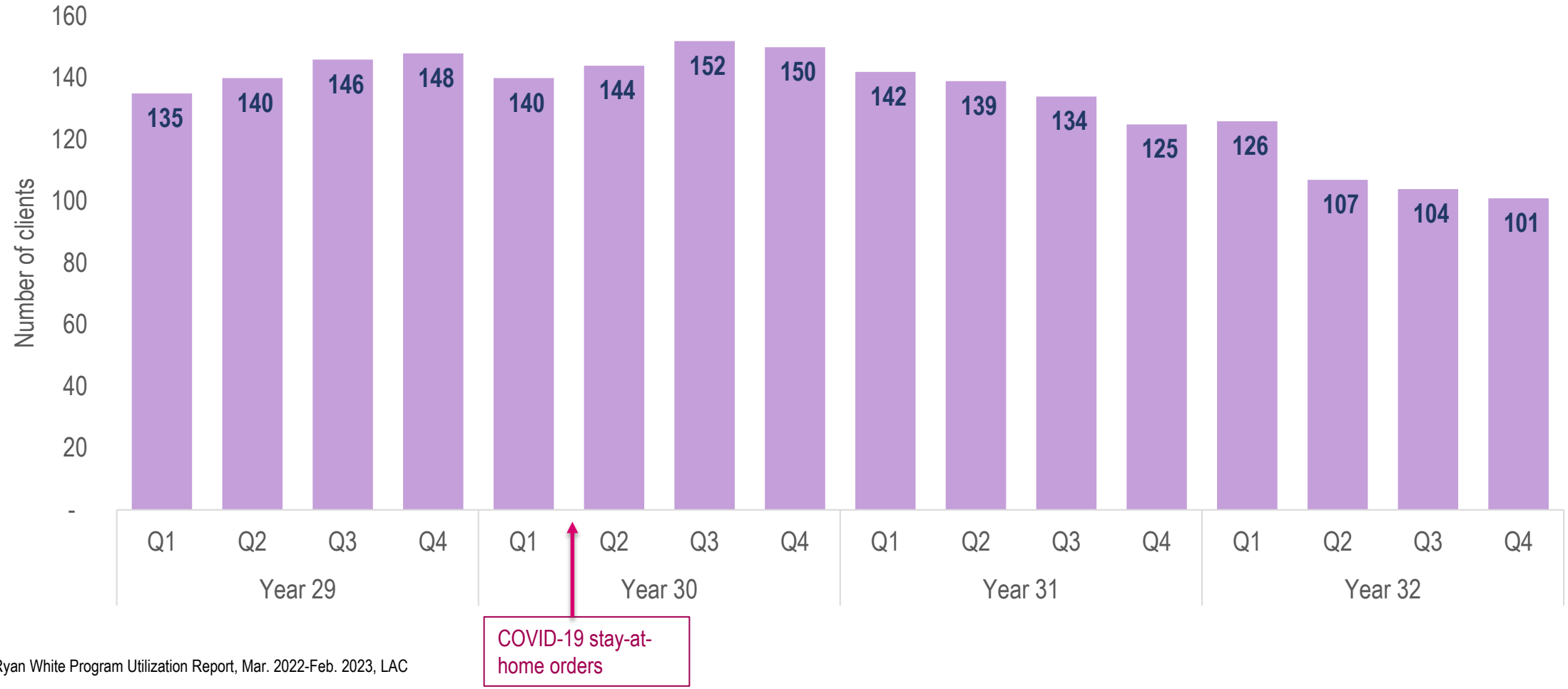
Fewer than 1% of RWP clients accessed HBCM.

Most HBCM clients were ≥ age 60, Latinx and men in Year 32.

Compared to Ryan White clients overall, a larger percent of HBCM clients were older and women.

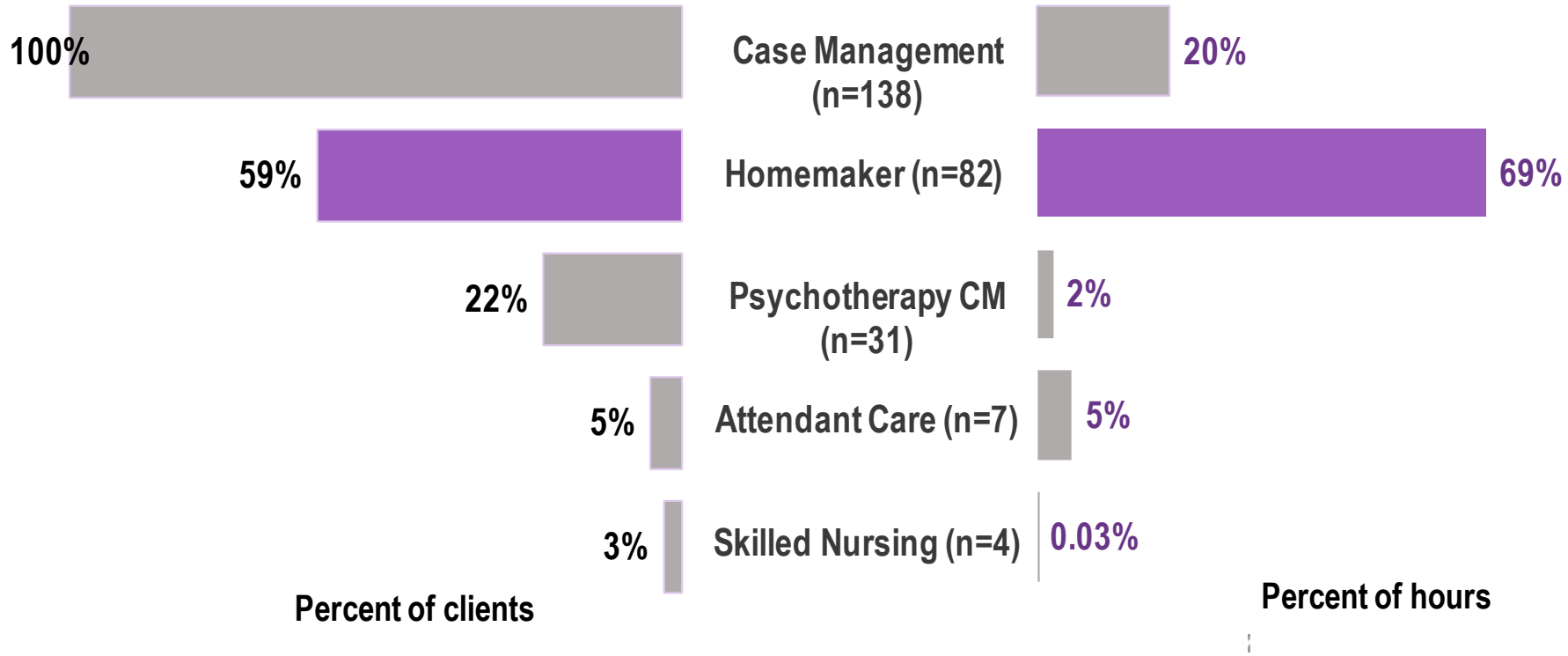
Ryan White Program Utilization Report, Mar. 2022-Feb. 2023, LAC

Quarterly utilization decreased in Year 32 as service delivery was limited by HBCM staff vacancies.



Ryan White Program Utilization Report, Mar. 2022-Feb. 2023, LAC

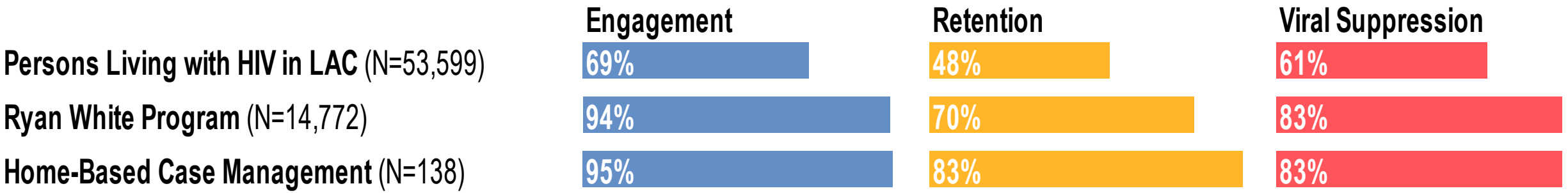
- All clients received Nursing Case Management and over half received Homemaker services.
- Homemaker services represented the largest percent of service hours suggesting the intensity of these services when needed.
- While not shown, 37 clients received nutritional supplements and <5 durable medical equipment.



In 2022, HIV care outcomes were higher among RWP clients compared to PLWH in LAC.

Clients in HBCM had higher rates of engagement and retention in care compared to LAC or RWP.

There was no difference viral suppression among HBCM clients compared to RWP.



2022 Los Angeles County Annual HIV Surveillance Report, Division of HIV and STD Programs Los Angeles County Department of Public Health. Available at: http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/Annual_HIV_Surveillance_Report_2022_LAC_Final.pdf

Ryan White Program Annual Utilization Report, Mar. 2022-Feb. 2023, LAC

Focused Discussion Prompts

What caught your attention?	• Large percent of clients age are ≥50 but small number of RWP served • Per client expenditure –one of the more expensive service categories • Surprising or expected data or details?
What does the data tell us and not tell us?	• Large percent of clients are ≥50 • Low utilization intensive services – Attendant Care and Skilled Nursing • What are some explanations for what the data reveal?
What is successful?	• All clients are receiving Nursing Case Management
What gaps do we see?	• Low utilization despite large aging population • Staffing/workforce capacity • Key issues for RWP?
What actions are needed?	• What steps can PP&A take? • Do you need more information?

Support Services: Benefits Specialty and Transitional Case Management for Incarcerated Populations

Benefits Specialty Services at-a-Glance

Goal	• To address gaps in access to public benefits and programs outside of the Ryan White Program (RWP) services network among clients in LAC.
Objectives	• Assist PLWDH with entry in and movement through service systems outside RWP • Educate clients about public and private benefits • Ensure clients are receiving the benefits and entitlements for which they are eligible.
Population	• Uninsured or underinsured PWLDH with income ≤ 500% FPL
Staffing	• Certified benefits specialists (completed within 6 months of hire)

Key Steps to Connect Clients to Needed Benefits

Screen Client

- Initial Intake
- RWP Eligibility

Assess Need for Benefits

- Face-to-face/telehealth
- Assess benefit eligibility
- Educate about benefits
- Identify appropriate benefits
- Provide referrals, forms & instructions
- Identify barriers to benefits

Develop Service Plan

- Evaluate and adapt ≥ every 6 months

Assist with Applications

- Offer all clients assistance
- For clients with barriers, meet ≤2 weeks of assessment

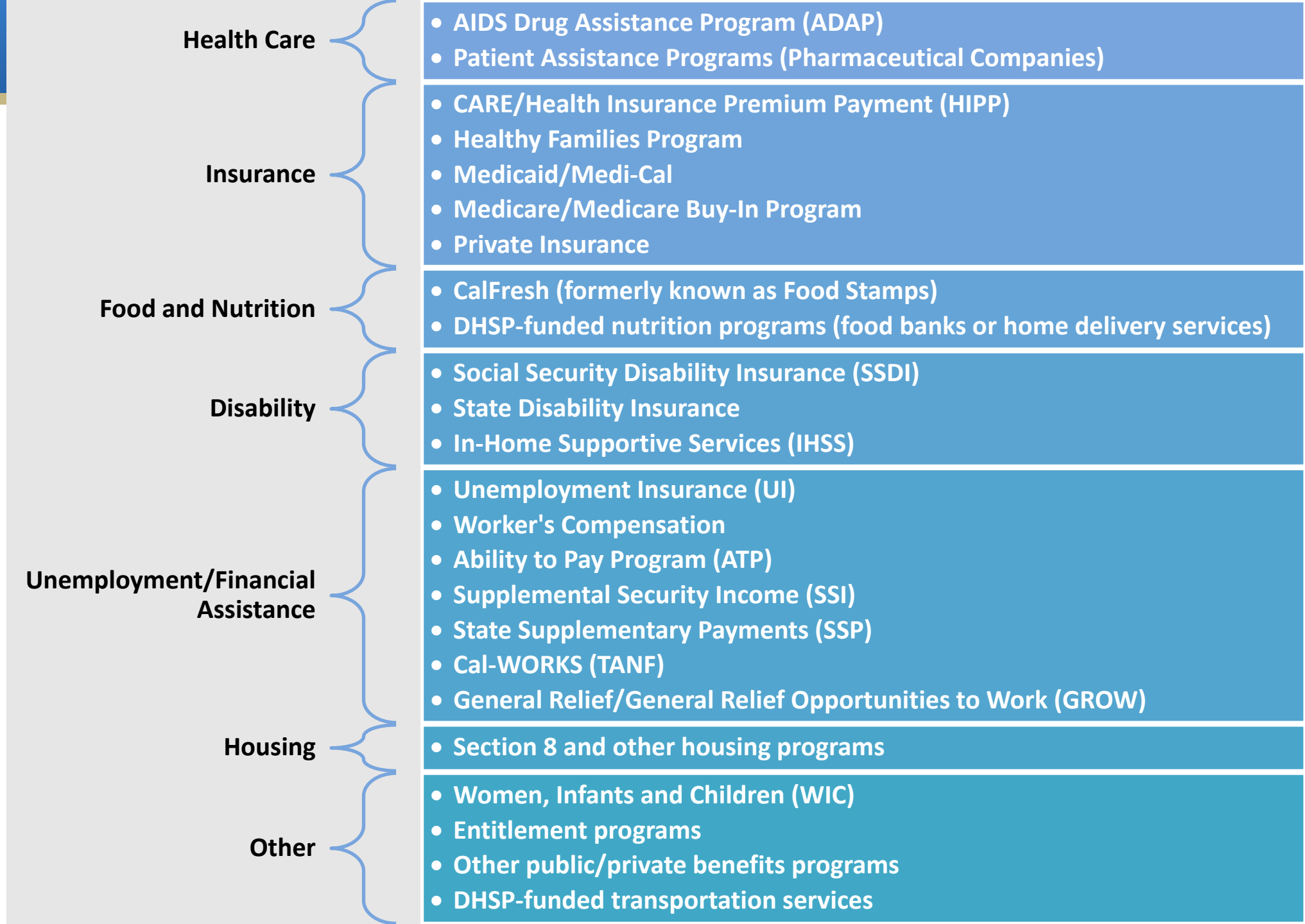
Manage Benefits

- Counsel clients once enrolled in benefits
- Focus on short and long-term needs
- Clients attend ≥1 BSS workshop at agency

Facilitate Appeals

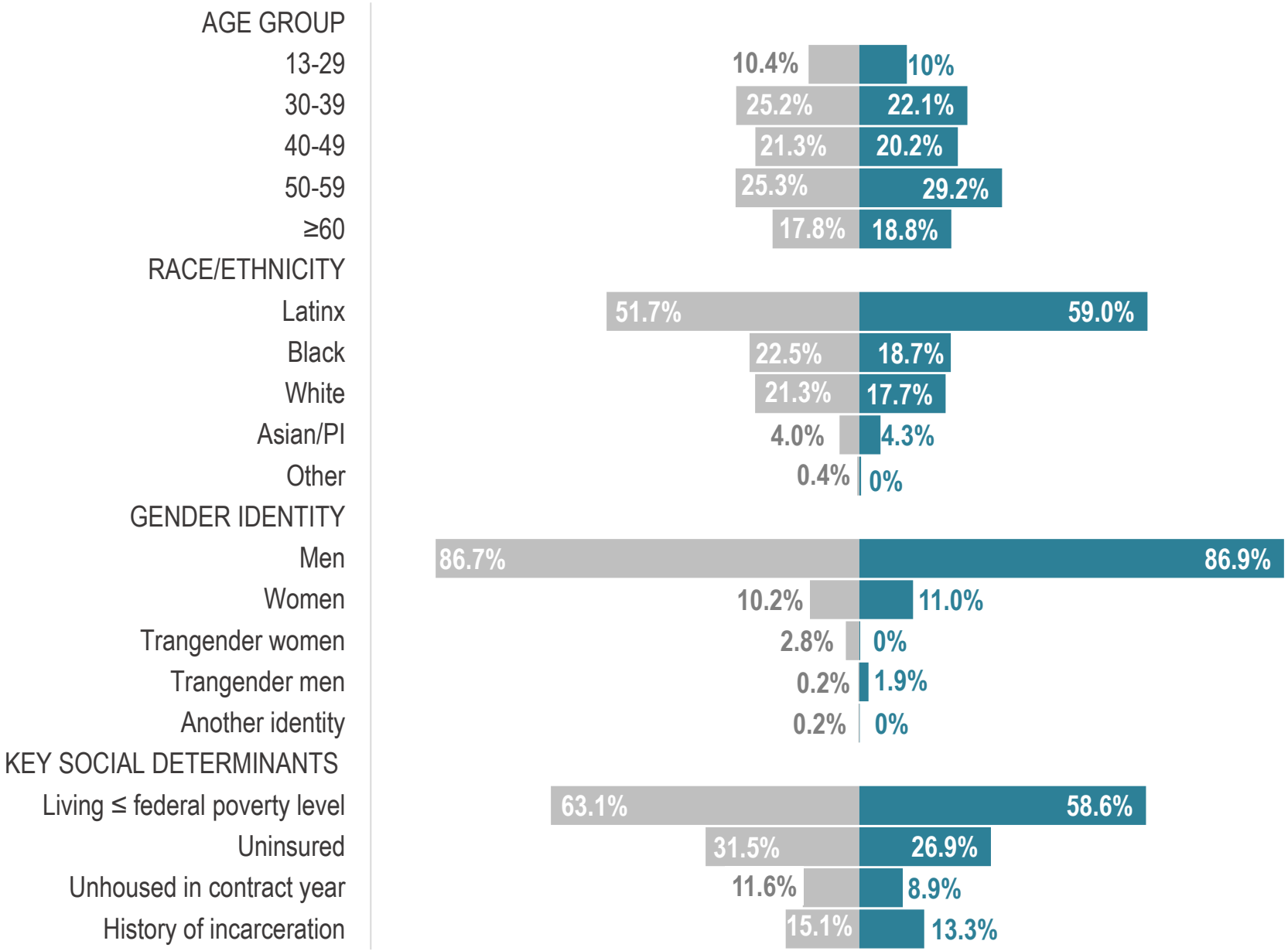
- Advise clients denied a benefit for medical service
- Refer to legal as needed

Types of Benefits and Entitlements



BSS Funding and Expenditures, Year 32

- Funding source: Part A
- Contract end: February 2024 with authority to extend 12 months
- Agencies funded: 11 agencies
  - Clinic average of 302 clients per year (range 40-1,702 clients)
- Total estimated expenditures: $1,413,243
  - Estimated expenditure per client: $345

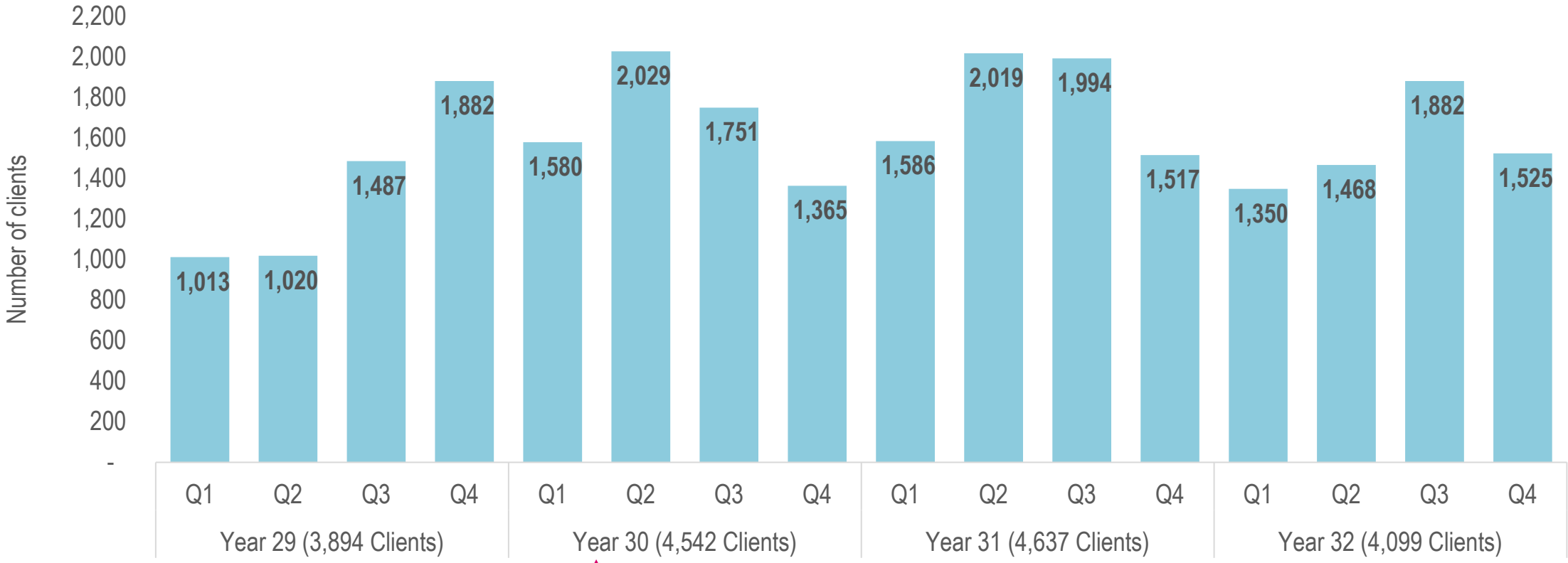


Most **BSS clients** were ≥ age 50, Latinx and men in Year 32.

Compared to Ryan White clients, a smaller percent of **BSS clients** were living ≤ FPL and uninsured.

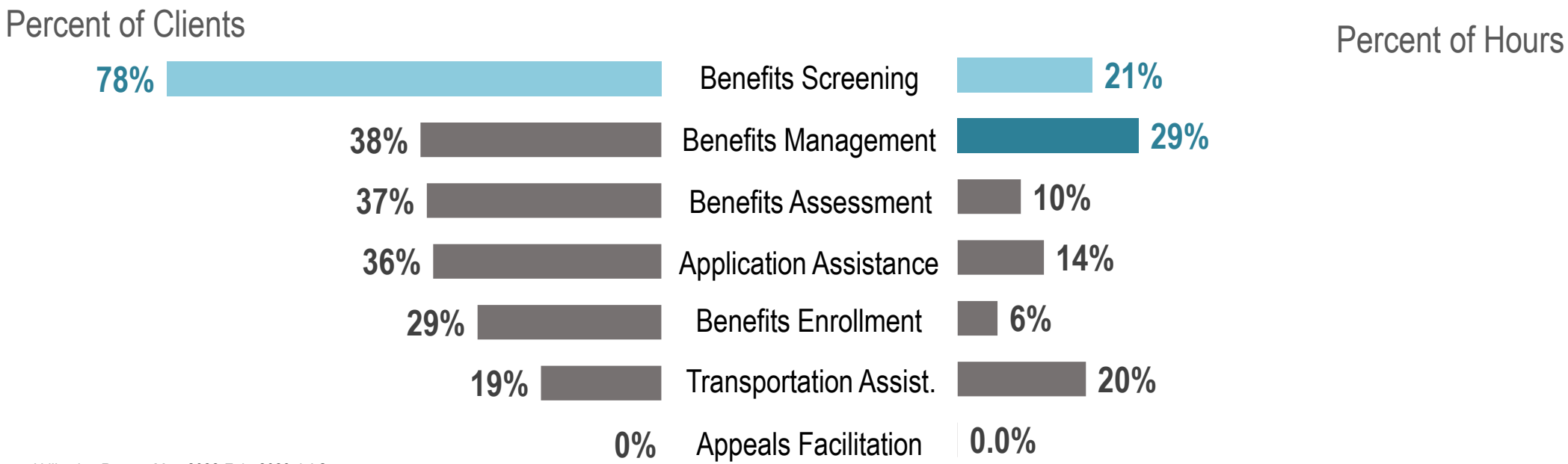
Ryan White Program Utilization Report, Mar. 2022-Feb. 2023, LAC

Fewer clients used BSS in Year 32 compared to Years 30 and 31.



Ryan White Program Utilization Report, Mar. 2022-Feb. 2023, LAC

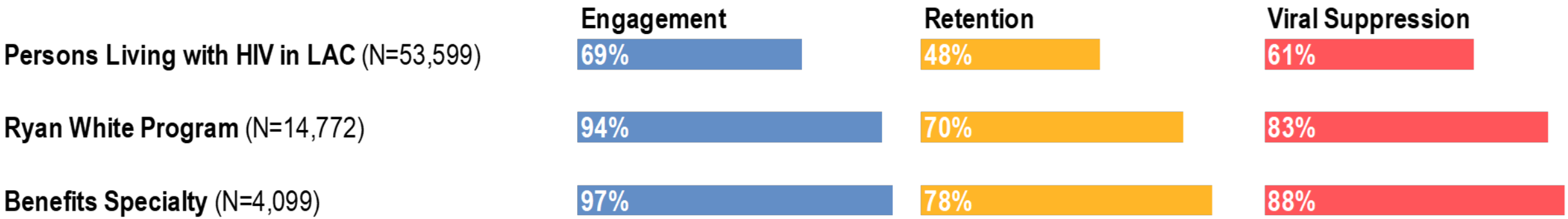
- 20,139 service hours were provided to 4,099 clients resulting in **5 hours per client** in Year 32.
- Most clients received **Benefits Screening** however it only accounted for 21% of hours.
- **Benefits Management** made up the largest percent of hours provided.
- Fewer than 5 clients received Appeals Facilitation.



Ryan White Program Utilization Report, Mar. 2022-Feb. 2023, LAC

In 2022, HIV care outcomes were higher among RWP clients compared to PLWH in LAC.

Engagement, retention and viral suppression were highest among Benefits Specialty clients.



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Ryan White Program Annual Utilization Report, Mar. 2022-Feb. 2023, LAC

Focused Discussion Prompts

What caught your attention?	• BSS clients had higher rates for all HIV care outcomes compared to LAC or RWP • Surprising or expected data or details?
What does the data tell us and not tell us?	• Why utilization decreased in Year 32. • What are some explanations for what the data reveal?
What was successful?	• Most BSS clients are getting screened for benefits, fewer were uninsured or low-income.
What gaps do we see?	• How do we better reach uninsured and low-income clients for BSS? • Key issues for RWP?
How can we best serve our clients?	• What steps can PP&A take? • Do you need more information?

Transitional Case Management at-a-Glance

Goal	• To improve HIV health outcomes among justice-involved PLWH by supporting post-release linkage and engagement in HIV care
Objectives	• Identify and address barriers to care • Assist with health and social service systems navigation • Provide health education and risk reduction counseling • Refer and link to culturally competent HIV medical providers • Support reentry through community or jail-based resources
Population	• PLWDH incarcerated at Twin Towers, Men's Central Jail or the Century Regional Detention facility
Staffing	• Nurse • Case Manager
Funding	• Minority AIDS Initiative (MAI)

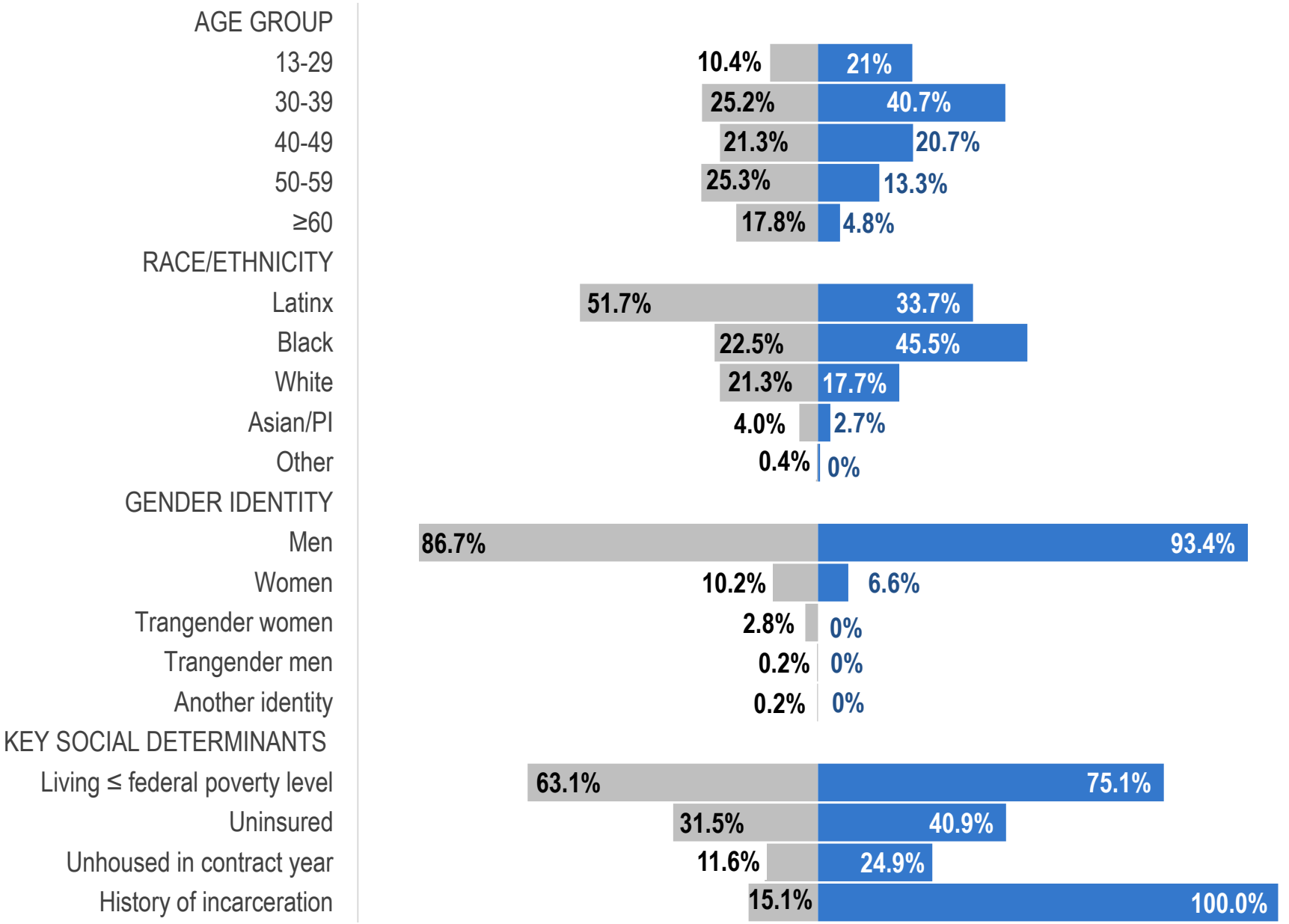
TCM -Jails Funding and Expenditures, Year 32

- Funding source: Minority AIDS Initiative (MAI)

- Contract period: Sunset September 2023
  - Services to be transferred the Office of Diversion and Re-entry at DHS

- Agencies funded: 5 agencies
  - Clinic average of 174 clients per year (range 16-260 clients)

- Total estimated expenditures: $523,926
  - Expenditure per client: $784

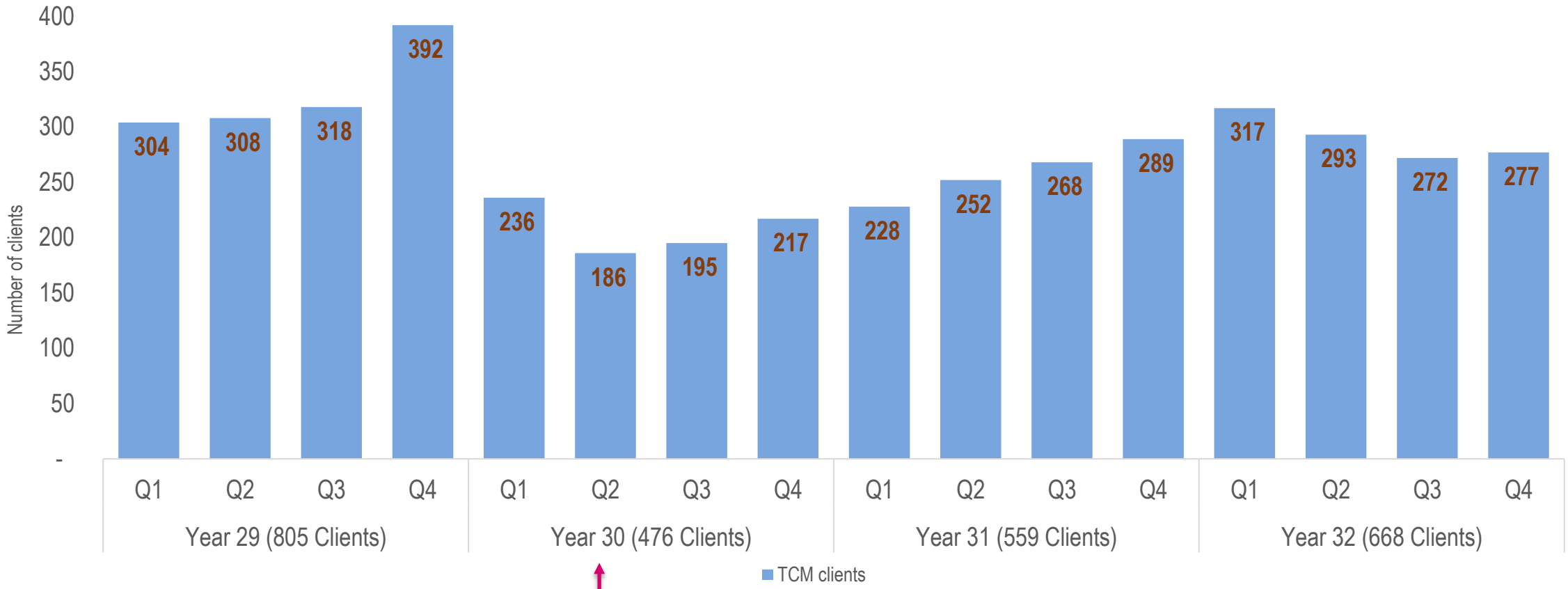


Most TCM clients were age 30-39, Black, and men in Year 32.

Compared to Ryan White clients overall, a larger percent of TCM clients were living ≤ FPL, uninsured and recently unhoused.

Ryan White Program Utilization Report, Mar. 2022-Feb. 2023, LAC

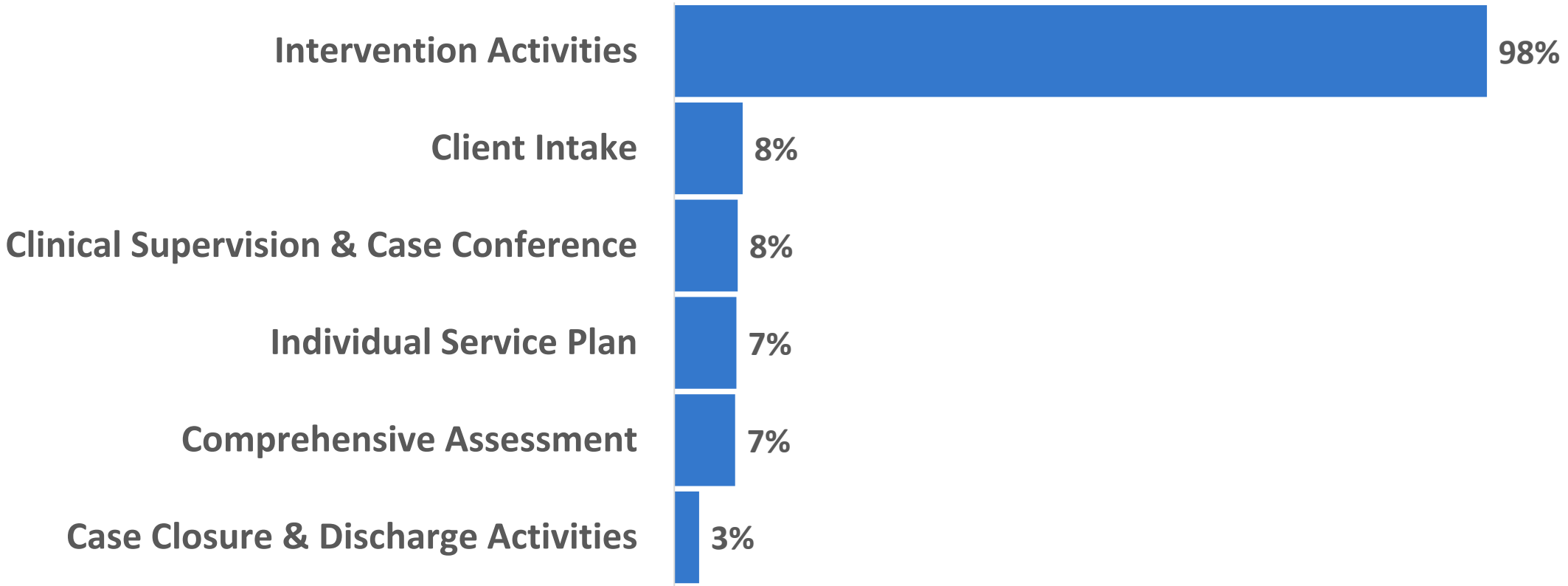
TCM utilization was significantly impacted during and after COVID-19 due to limited jail access for TCM staff.



Ryan White Program Utilization Report, Mar. 2022-Feb. 2023, LAC

Nearly all TCM clients received Intervention Activities.

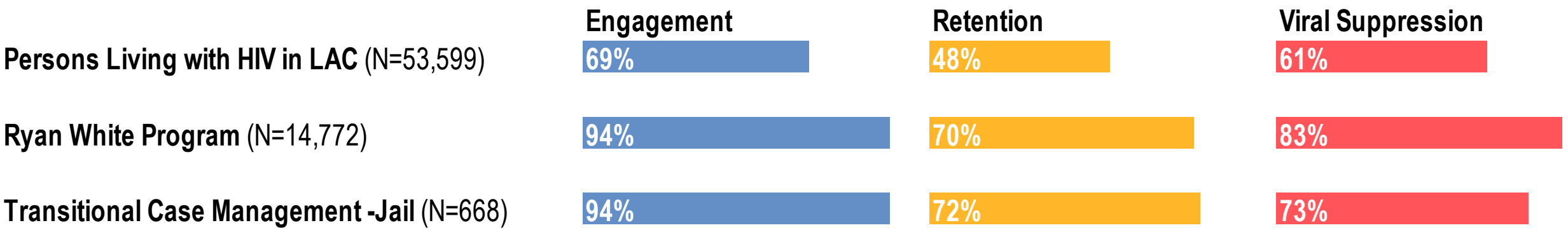
The low percent of client receiving other services was likely due to limited access to the jails by contracted agencies following COVID-19.



In 2022, HIV care outcomes were higher among RWP clients compared to PLWH in LAC.

Retention in care was highest among TCM clients.

Viral suppression was lower among TCM clients compared to RWP but still higher than LAC.



2022 Los Angeles County Annual HIV Surveillance Report, Division of HIV and STD Programs Los Angeles County Department of Public Health. Available at: http://www.publichealth.lacounty.gov/dhsp/Reports/HIV/Annual_HIV_Surveillance_Report_2022_LAC_Final.pdf

Ryan White Program Annual Utilization Report, Mar. 2022-Feb. 2023, LAC

Focused Discussion Prompts

What caught your attention?	• Through TCM we are reaching low-income clients who are uninsured and recently unhoused • Surprising or expected data or details? • Patterns or trends?
What does the data tell us and not tell us?	• Fewer clients received TCM and service delivery was limited in the past few years.
What was successful?	• Despite challenges to access the jails, TCM staff still provided services • TCM services will be incorporated into the jails health system
What gaps do we see?	• Few women or trans/non-binary-identified clients served • Lower viral suppression among TCM vs RWP • Key issues for RWP?
How can we best serve our clients?	• DHSP to continue to work with jails to provide post-release services • What steps can PP&A take? • Do you need more information?

Next Steps?

Acknowledgements

- Many thanks to the contracted agencies that reported this data and provide these services to Los Angeles County residents living with HIV.

- This presentation reflects the work of many DHSP staff who manage the contracts for these services. Special thanks to Janet Cuanas, MPP and Sona Oksuzyan, PhD, who prepared the data represented here.

Thank you!

Please direct additional questions to Sona Oksuzyan - soksuzyan@ph.lacounty.gov

LOS ANGELES COUNTY
COMMISSION ON HIV

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POLICY/ PROCEDURE:	NO. 09.5203	Priority Setting and Resource Allocations (PSRA) Framework and Process

DRAFT 12.27.23

SUBJECT: The Commission's Priority Setting and Resource Allocations (PSRA) framework, process and specifics.

PURPOSE: To outline the Commission's service prioritization and resource allocations process, as mandated by the Ryan White Treatment Modernization Act (Ryan White) and Los Angeles County Charter Code 3.29.

BACKGROUND:

- Service prioritization and resource allocations are two of the Part A planning councils' chief responsibilities, detailed specifically in Ryan White legislation and confirmed in County Charter Code.

- In accordance with Health Resources and Services Administration (HRSA) guidance, the Commission sets service priorities based on consumer need and determines allocations from priorities and other factors such as service capacity, other sources of funding, service utilization and cost-effectiveness.

- As defined in its ordinance, the Commission establishes priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services; review the grantee' s allocation and expenditure of these funds by service category or type of activity for consistency with the Commission's established priorities, allocations and Comprehensive HIV plan, without the review of individual contracts; provide and monitor directives to the grantee on how to best meet the need and other factors that further instruct service delivery planning and implementation; and provide assurances to the Board of Supervisors and HRSA verifying that service category allocations and expenditures are consistent with the Commission's established priorities, allocations and comprehensive HIV plan.

POLICY:

- This policy outlines the Priority Setting and Resource Allocation (PSRA) process used to

- prioritize services and allocate resources—in accordance with governing Ryan White and County code legislation—encompassing the specific partners, responsibilities, steps, tasks and timelines associated with the process.

- The PSRA process is led by the Commission's Planning, Priorities and Allocations (PP&A) Committee. The Division of HIV and STD Programs (DHSP) provides critical information; consumer input is collected through the Comprehensive HIV Plan and other assessments; and provider input is collected through focus forums, surveys and Commission participation.

- The policy details the expectations and timing of stakeholder involvement in the multi-year Ryan White Part A funding cycle determined by the HRSA Ryan White HIV/AIDS Program (RWP). The process allows for ongoing stakeholder input at several key junctures. Multi-year allocations are intended to conclude prior to the submission of the RWP Part A application. Allocations are reviewed annually to ensure alignment with and responsiveness to community needs and funding requirements.

PRINCIPLES AND CRITERIA[1]:

A. **Priorities and allocations are data based**. Decisions are based on the data, not on personal preferences. Commissioners should avoid presenting anecdotal information or personal experiences during the decision making, focusing on needs assessments, and cost/service utilization data rather than a single person's experience.

B. **Conflicts of interest are stated and followed.** Commission members must state areas of conflict according to the approved Conflict of Interest Policy, and cannot participate in open discussions or vote on the related service categories in which they have a conflict. As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity. Any funded RWHAP Part A provider must declare all funded service categories (e.g., areas of conflict of interest) at the beginning of the meeting(s), and neither initiate discussion nor vote on priorities or allocations for those service categories. S/he can answer questions directed by other members, and can vote on priorities and allocations when they are presented as a whole list. (Model Priority Setting and Resource Allocation Process, Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018).

Commented [BC1]: Ask new HRSA PO for clarification.

[1] Model Priority Setting and Resource Allocation Process, Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018.

C. The data provide the basis for changes in **priorities or allocations from the previous year**. The data indicate changes in service needs/gaps and availability based on information from the various data sources.

D. **Needs of specific populations and geographic areas** are an integral part of the discussion in the data presentations and the decision making. They may also lead to recommendations to the Recipient on how best to meet the priorities.

E. **Final vote** on the complete priorities and allocations will be presented by the Planning, Priorities and Allocations Committee Co-Chairs to the full planning council for a roll-call vote.

F. **Paradigms and operating values** are selected and used by the PP&A Committee to help guide their decision-making in setting service priorities and resource allocations. The PP&A Committee reviews the paradigms and operating values selected and approved from the previous year as the foundation for current year PSRA process or reallocations. (Attach)

G. **The Commission's Status Neutral HIV and STI Delivery System framework** is used by the PP&A Committee to ensure that service priorities and resources allocations emphasizes high-quality care to engage and retain people in services regardless of if the services are for HIV treatment or prevention. This approach continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being. (Attach)

H. Decisions should help to ensure **parity in access to care**, for all Ryan White-eligible HIV/AIDS population groups and for PLWH/A regardless of where they live in the County.

I. Discussions and decisions should have a major focus on **improving performance on the HIV Care Continuum/Treatment Cascade,** focusing on areas of concern – such as linkage to care or retention in care. Reducing unmet need (the number of people who know they are HIV-positive but are not in care) requires deciding how many "new" or "lost to care" clients should be identified, estimating the mix of services they will need from RWHAP Part A, and allocating funds sufficient to meet those needs. Where a choice needs to be made between providing a wider range of services to more individuals and getting additional people into care, the Planning Council will give priority to getting more people key services (among them primary care and medications).

J. The Commission members will keep in mind current goals, objectives, and priorities from its **Comprehensive HIV Plan (CHP)** to be sure they receive appropriate attention in decision making.

Policy 09.5203 **:** Priority Setting and Resource Allocations (PSRA) Framework and Process
Last Revised: *May 12, 2011; (XX, XX 2024)*

PROCEDURE(S):

1. The priority setting process should consider services needed to provide and/or support a continuum of care, regardless of how these services are being funded and the extent of unmet demand for these services. Funding availability and unmet needs associated with these service priorities are considered during the resource allocation process.

2. The list of HRSA fundable service categories (core and support) and the definitions of these services will be presented by the Commission staff.

3. The list of HIV prevention categories from the most recently approved Prevention Service Standards will be presented by the Commission staff.

4. DHSP compiles service utilization reports (including, but not limited to, clients served, priority populations, expenditures per client), anticipated service delivery goals/objectives, expenditures reports, surveillance reports, prevention data (including, but not limited to, counseling and testing and PrEP and PEP utilization),and programmatic and fiscal challenges and opportunities for service improvements.

4. The PP&A Committee convenes a combined meeting with the Consumer Caucus during the first quarter of the year to:
   a) review process paradigms and operating values and provide feedback;
   b) review summary of findings from the most recent Ryan White Service Utilization Reports and HIV prevention data provided by DHSP;
   c) review most recent HIV prevention and care financial reports from DHSP; and
   d) review key goals, objectives and metrics from the Comprehensive HIV Plan, Ending the HIV Epidemic Plan, and other key pertinent documents; and
   e) harness feedback on service category priorities and allocations from consumers.

5. The PP&A Committee formally organizes focus groups at various provider stakeholder meetings or conducts provider surveys as needed to inform the PSRA process.

6. During July-August, the PP&A Committee deliberates and prioritizes services categories in rank order (highest need is #1 priority). The principal data and information used for priority-setting are the Comprehensive HIV Plan, relevant needs assessment, the HIV epidemiology report, fiscal and programmatic reports, and service utilization reports.
   a) The PP&A Committee only ranks service priorities once—regardless of funding scenario—as they indicate the services most needed regardless of changes in the funding picture or in which different resources available.
   b) The PP&A Committee compiles and/or reviews the data and feedback it has collected from DHSP, community listening sessions and/or surveys and reviews it in June, prior to service prioritization.

Commented [BC2]: For PP&A and Consumer Caucus discussion. Intended to engage consumers more in the PSRA process and increase knowledge/skills around using data, understanding the RWP/CDC-funded programs.

7. During July-August after the service categories have been ranked and prioritized, the PP&A Committee determines resource allocations for services:
   a) Allocations can be made by actual amounts or percentages based on specific expenditure proposals, although percentages allow more flexibility to respond to variances in the funding awards.
   b) Allocations may change in each of the selected funding scenarios.
   c) It is strongly encouraged that stakeholders who suggest funding allocations for specific service categories also present accompanying recommendations to advise how the continuum of care will accommodate those suggested modifications to funding levels.
   d) Additional streams of funding are identified in each service category, with amounts locally dedicated for HIV services where the information is available.
   e) The PP&A Committee, in collaboration with DHSP, compiles a resource inventory for allocation-setting, and uses it to help determine capacity and other resources when allocating funds.

8. The PP&A Committee recommends and secures approval for service priorities and funding allocations at the August or September Commission meeting, prior to the RWP Part A grant application submission deadline.

9. When a reallocation of funds is necessary, adequate data to support the movement of funds between service categories will be presented, considered, and fully documented in the minutes of the meeting during which the reallocation of funds is approved. Proposed re-allocations must be submitted to the Commission for approval. All changes in allocations must be accompanied with a written justification detailing the reasons for the modifications.

10. During the month (30 days) following the approval of resource allocations by Commission, the PP&A Committee will consider appeals regarding its PSRA process. Appeals must be presented to the PP&A Committee at its monthly meeting immediately following the Commission meeting in which the allocations were adopted. The following two types of appeals will be considered:
    a) new factual information that may have led to different decisions if the information had been available during the PSRA process, and/or
    b) questions or complaints about decision-making that did not conform to the process as outlined.

11. In October-November, the PP&A Committee compiles information and suggestions made throughout the PSRA process to further elaborate on its priority and allocation decisions by developing “directives.”
    a) These “directives” are framed as “guidance”, “recommendations”, and/or “expectations” and are intended to detail “how best to meet the need” or as “other factors to be considered” to be forwarded to DHSP the Commission and/or its various committees, and/or other stakeholders, as appropriate.

b) The guidance, recommendations and expectations further define minimum quality of care standards, implementation practices and/or mechanisms to respond to specific operational or system needs.
c) Once completed and approved by the PP&A Committee, the directives are forwarded to the Executive Committee and the Commission for approval.
d) The approved directives are transmitted to DHSP for consideration and implementation if deemed to be feasible by DHSP. DHSP will review the directives and report to the PP&A Committee which recommendations are feasible with a timeline for implementation.
e) DHSP shall provide periodic updates at PP&A Committee meetings.

12. In addition to its other business, the PP&A Committee devotes the intervening months between each year's PSRA process to further study identified service categories, populations and/or related planning issues, and implements committee activities accordingly to compile the necessary data.

NOTED AND APPROVED: _____ **EFFECTIVE DATE:** _____

Original Approval: May 1, 2011 *Revision(s): XX*

Policy 09.5203 **:** Priority Setting and Resource Allocations (PSRA) Framework and Process
Last Revised: *May 12, 2011; (XX, XX 2024)*

ATTACHMENTS
Paradigms and Operating Values
Status Neutral HIV and STI Service Delivery System Framework

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

APPROVED BY COH 06.08.23

	Part A Award	MAI Award	Part A/MAI Totals
Total Award	**$ 42,984,882**	**$ 3,675,690**	**$ 46,660,572**
Admin Ceiling	$ 4,298,488	$ 367,569	**$ 4,666,057**
CQM	$ 859,698	$ -	**$ 859,698**
Direct Services	$ 37,826,696	$ 3,308,121	**$ 41,134,817**

		Allocations Approved by the Commission on HIV		Allocations Proposed by the Division of HIV and STD Programs						
	Service Category	**FY 2023 Approved Part A Allocations (approved 1/13/22)**	**FY 2023 Approved MAI Allocations (approved 1/13/22)**	**FY 2023 Part A Recommendation**	**RecommendedFY 2023 Part A %**	**FY 2023 MAI Recommendation**	**Recom-mended FY 2023 MAI %**	**Total FY 2023 Part A/MAI Recommended $**	**Recom-mended Total FY 2023 Part A/MAI %**	Notes
SERVICES (71.1%)	Outpatient/Ambulatory Medical Services	25.51%	0.00%	$ 7,033,345	18.59%	$ -	0.00%	**$ 7,033,345**	**17.10%**	Reduction in Part A allocation to account for addition of EIS, EFA and Outreach allocations and estimated YR 33 AOM expenditures.
	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	AIDS Pharmaceutical Assistance (local)	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Oral Health	17.60%	0.00%	$ 6,658,822	17.60%	$ -	0.00%	**$ 6,658,822**	**16.19%**	No change.
	Early Intervention Services	0.00%	0.00%	$ 3,160,651	8.36%	$ -	0.00%	**$ 3,160,651**	**7.68%**	Allocation includes Linkage and Reengagement Program and new DPH Clinic Health Services program. Funding will help support a status-neutral approach using Part A funds.
	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Home Health Care	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.

CORE	Home and Community Based Health Services	6.78%	0.00%	$ 2,565,974	6.78%	$ -	0.00%	**$ 2,565,974**	**6.24%**	No change.
	Hospice Services	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Mental Health Services	4.07%	0.00%	$ 1,290,874	3.41%	$ -	0.00%	**$ 1,290,874**	**3.14%**	Reduction in Part A allocation due to estimated YR 33 expenditures. Spanish Mental Health Telehealth and other mental health assesments will be supported using EHE funds.
	Medical Nutritional Therapy	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Medical Case Management (MCC)	28.88%	0.00%	$ 9,162,605	24.22%	$ -	0.00%	**$ 9,162,605**	**22.27%**	Reduction in Part A allocation by to account addition of EIS, Out reach and EFA allocations and estimated YR 33 MCC expenditures.
	Substance Abuse Services Outpatient	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
ES (28.9%)	Case Management (Non-Medical) Benefits Specialty	2.44%	0.00%	$ 923,917	2.44%	$ -	0.00%	**$ 923,917**	**2.25%**	No change.
	Case Management (Non-Medical) TCM - Jails	0.00%	12.61%	$ -	0.00%	$ 417,154	12.61%	**$ 417,154**	**1.01%**	No change.
	Child Care Services	0.95%	0.00%	$ 360,299	0.95%	$ -	0.00%	**$ 360,299**	**0.88%**	No change.
	Emergency Financial Assistance	0.00%	0.00%	$ 1,569,808	4.15%	$ -	0.00%	**$ 1,569,808**	**3.82%**	EFA allocation added. EFA was previously funded under HRSA EHE but now funded with Part A to ensure RWHAP target populations are reached with the program.
	Food Bank/Home-delivered Meals	8.95%	0.00%	$ 3,386,813	8.95%	$ -	0.00%	**$ 3,386,813**	**8.23%**	No change.
	Health Education/Risk Reduction	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Housing Services RCFCI	0.58%	0.00%	$ 220,719	0.58%	$ -	0.00%	**$ 220,719**	**0.54%**	No change.
	Housing Services TRCF	0.38%	0.00%	$ 145,065	0.38%	$ -	0.00%	**$ 145,065**	**0.35%**	No change.

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

SUPPORT SERVIC	Housing Services /Rental Subsidies with CM	0.00%	87.39%	$ -	0.00%	$ 2,890,967	87.39%	**$ 2,890,967**	**7.03%**	Permanent Supportive Housing/Rental Subsidies costs beyond allocation to be supported using MAI carryover or other funding sources.
	Legal Services	1.00%	0.00%	$ 379,213	1.00%	$ -	0.00%	**$ 379,213**	**0.92%**	No change.
	Linguistic Services	0.65%	0.00%	$ 246,819	0.65%	$ -	0.00%	**$ 246,819**	**0.60%**	No change.
	Medical Transportation	2.17%	0.00%	$ 721,771	1.91%	$ -	0.00%	**$ 721,771**	**1.75%**	Part A allocation reduced due to estimated YR 33 expenditures
	Outreach Services	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Psychosocial Support Services	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	New Buddy Program is supported using EHE funds.
	Referral	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Rehabilitation	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Respite Care	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Substance Abuse Residential	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Treatment Adherence Counseling	0.00%	0.00%	$ -	0.00%	$ -	0.00%	**$ -**	**0.00%**	No change.
	Overall Total			**$ 37,826,696**		**$ 3,308,121**		**$ 41,134,817**		
	Admin			**$ 4,298,488**		**$ 367,569**		**$ 4,666,057**		
	CQM			**$ 859,698**		**$ -**		**$ 859,698**		
				$ 42,984,882		**$ 3,675,690**		**$ 46,660,572**		

LOS ANGELES COUNTY
COMMISSION ON HIV

Planning, Priorities and Allocations Committee
Recommendations for Service Category Rankings
For Program Years (PY) 33 and 34

Approved PY 32(1)	PY 33(2)	PY 34(2)	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1	1	1	Housing	S	Housing
			Permanent Support Housing		
			Transitional Housing		
			Emergency Shelters		
			Transitional Residential Care Facilities (TRCF)		
			Residential Care Facilities for the Chronically Ill (RCFCI)		
2	2	2	Non-Medical Case Management	S	Non-Medical Case Management Services
			Linkage Case Management		
			Benefit Specialty		
			Benefits Navigation		
			Transitional Case Management		
			Housing Case Management		
3	3	3	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
			Medical Subspecialty Services		
			Therapeutic Monitoring Program		
4	4	4	Emergency Financial Assistance	S	Emergency Financial Assistance
5	5	5	Psychosocial Support Services	S	Psychosocial Support Services
6	6	6	Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
7	7	7	Mental Health Services	C	Mental Health Services
			MH, Psychiatry		
			MH, Psychotherapy		

Approved PY 32(1)	PY 33(2)	PY 34(2)	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
8	8	8	Outreach Services	S	Outreach Services
			Engaged/Retained in Care		
9	9	9	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
10	10	10	Early Intervention Services	C	Early Intervention Services
11	11	11	Medical Transportation	S	Medical Transportation
12	12	12	Nutrition Support	S	Food Bank/Home Delivered Meals
13	13	13	Oral Health Services	C	Oral Health Care
14	14	14	Child Care Services	S	Child Care Services
15	15	15	Other Professional Services	S	Other Professional Services
			Legal Services		
			Permanency Planning		
16	16	16	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
17	17	17	Health Education/Risk Reduction	S	Health Education/Risk Reduction
18	18	18	Home Based Case Management	C	Home and Community Based Health Services
19	19	19	Home Health Care	C	Home Health Care
20	20	20	Referral	S	Referral for Health Care and Support Services
21	21	21	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals
22	22	22	Language	S	Linguistics Services

Approved PY 32(1)	PY 33(2)	PY 34(2)	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
23	23	23	Medical Nutrition Therapy	C	Medical Nutrition Therapy
24	24	24	Rehabilitation Services	S	Rehabilitation Services
25	25	25	Respite	S	Respite Care
26	26	26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27	27	27	Hospice	C	Hospice

Footnote:
1 – Service rankings approved 9/09/2021
2 – PY 33 & 34 Executive Committee Recommendations approved 11/16/2021 and Executive Committee Approved 12/09/2021

LOS ANGELES COUNTY
COMMISSION ON HIV

List of Prevention Services from Prevention Services Standards (Draft/Proposed Updates as of 12/5/23)

1. HIV Testing
2. Testing and Treatment of STIs
3. Treatment as Prevention for PLWH
4. PrEP and PEP
5. Doxy PEP
6. Partner Services
7. Harm Reduction (drugs, alcohol use, and sexual activity)
    a. Narcan/Naloxone
    b. Fentanyl test strips and other substance testing kits
    c. Syringe Services Programs
    d. Peer Support
    e. Contingency management
    f. Mobile/Street Medicine
    g. Medication Assisted Treatment
8. Education/Counseling
9. Supportive Services
    a. syringe exchange
    b. housing services
    c. mental health services
    d. substance abuse services
    e. food and nutrition support
    f. employment services
    g. unemployment financial assistance
    h. drug assistance programs
    i. health insurance navigation
    j. childcare
    k. legal assistance
    l. other services, as identified and needed
    m. health literacy education
    n. peer support
10. Social Marketing and Outreach

11. Navigation Services

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
PARADIGMS AND OPERATING VALUES
(Amended Draft - PP&A 04/20/2021)

PARADIGMS (Decision-Making)

- Equity: Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically. (1)
- ***Compassion: response to suffering of others that motivates a desire to help.*** (2)

OPERATING VALUES

- Efficiency: accomplishing the desired operational outcomes with the least use of resources
- Quality: the highest level of competence in the decision-making process
- Advocacy: addressing the asymmetrical power relationships of stakeholders in the process
- Representation: ensuring that all relevant stakeholders/constituencies are adequately represented in the decision-making process
- Humility: Acknowledging that we do not know everything and ***willingness to listen carefully to others***. (3)

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1 Based on the World Health Organization's (WHO) definition of equity.

2 Compassion moved to second position per April 20, 2021 committee meeting decision.

3 Wording change per April 20, 2021 committee meeting decision.

PREVENTION PLANNING WORKGROUP

Proposed Status Neutral Framework

Presentation to the Planning, Priorities and Allocations Committee

9/19/23 – For Review/Feedback

LOS ANGELES COUNTY
COMMISSION ON HIV

Objectives

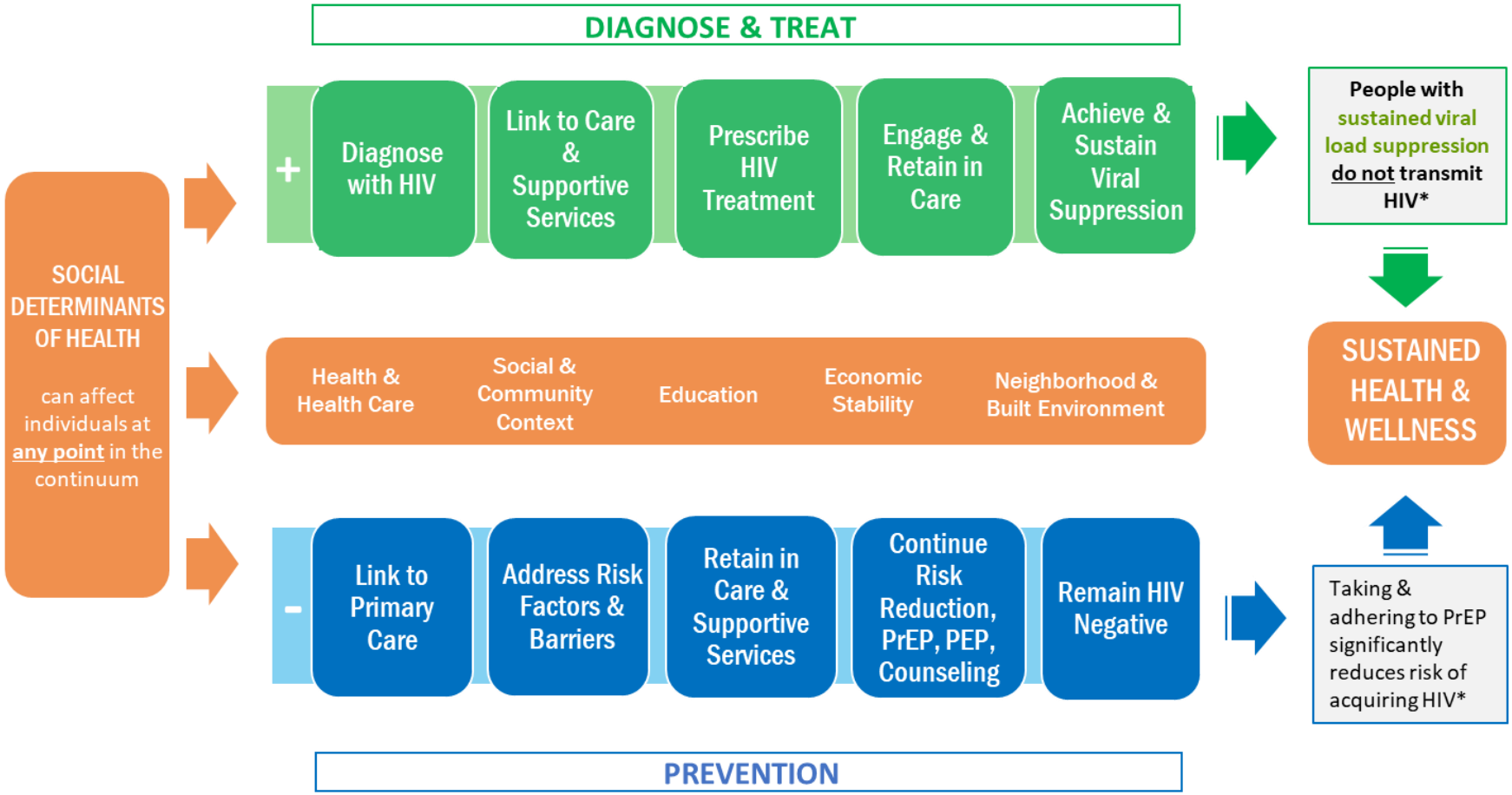
- Provide an update on the work and activities of the Prevention Planning Workgroup
- Seek input on a status neutral framework for HIV/STI services
- Discuss integration of prevention into the Planning, Priorities and Allocations Committee
- Promote ongoing awareness and community conversations on HIV/STI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

Background | Prevention Planning Workgroup (PPW)

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

Comprehensive HIV Continuum Framework

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



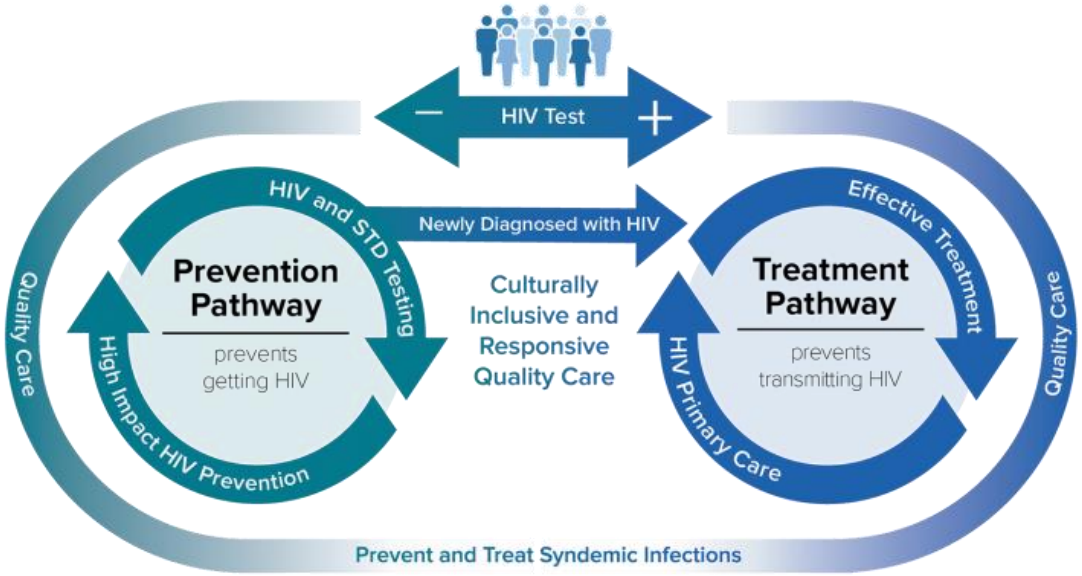
Revised 9/10/19; 11/17/20
Commission approved 9/12/19

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

CDC Status Neutral HIV Prevention and Care

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

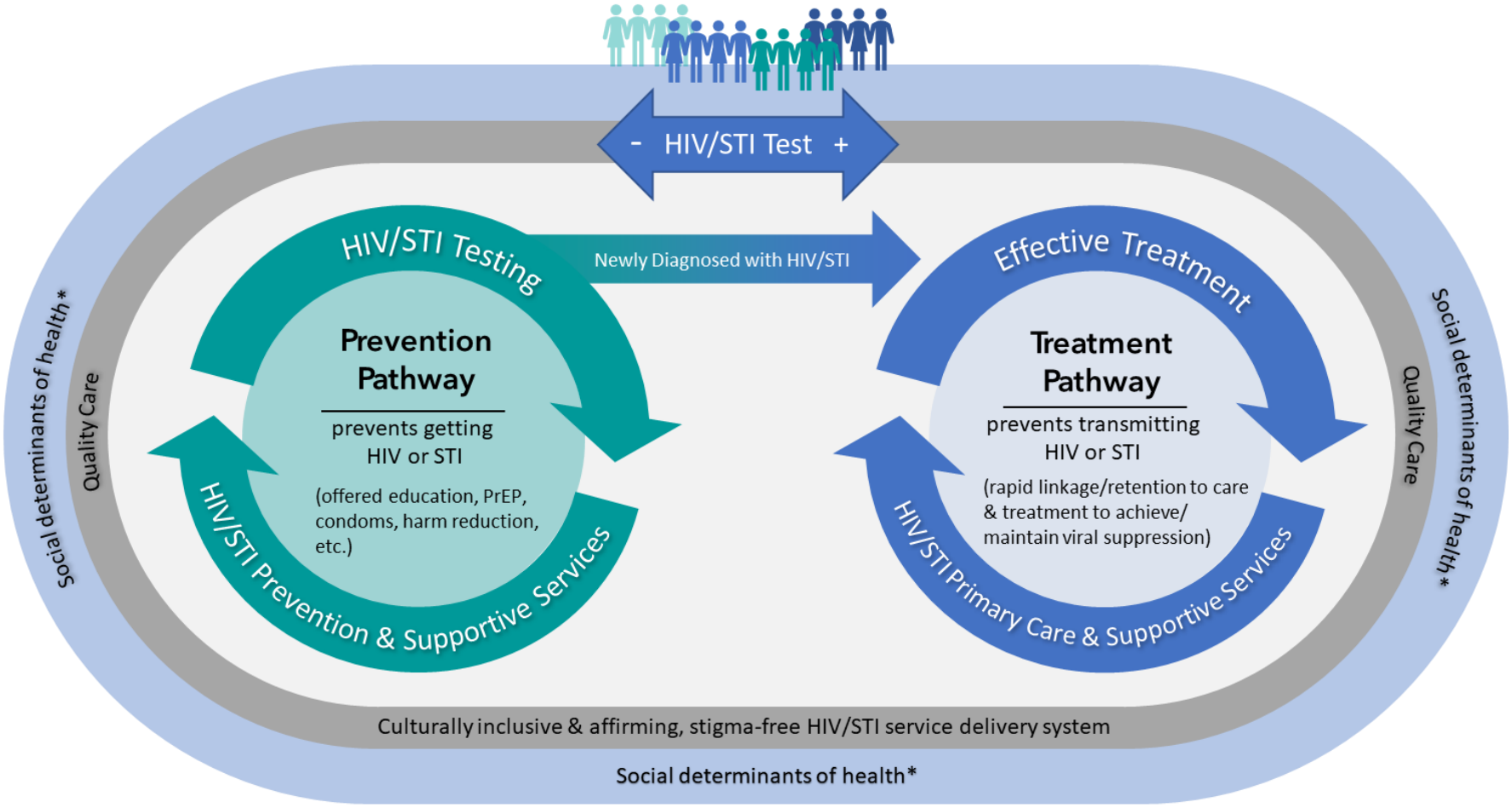
People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services to stay HIV negative.



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

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

Status Neutral HIV and STI Service Delivery System



LOS ANGELES COUNTY COMMISSION ON HIV

Revised 6/1/23

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

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

Key Recommendations

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

Key Recommendations

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

Key Recommendations

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

Other Suggestions

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

Discussion

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