LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE MEETING

Tuesday, June 18, 2024
1:00pm - 3:00pm (PST)

Vermont Corridor
510 S. Vermont Ave. Terrace Conference Room TK05
****Valet Parking: 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

As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting to access the Terrace Conference Room (9th Floor) where our meetings are held.

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To Join by Telephone: +1-213-306-3056 United States Toll (Los Angeles)
Password: PLANNING **Access Code:** 2538 113 7628

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together.

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LOS ANGELES COUNTY
COMMISSION ON HIV

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

AGENDA FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

PLANNING, PRIORITIES, & ALLOCATIONS COMMITTEE

TUESDAY, JUNE 18, 2024 | 1:00 PM – 3:00 PM

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

Validated Parking: 523 Shatto Place, Los Angeles 90020

MEMBERS OF THE PUBLIC:
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/weblink/register/rfddaaeb8c6001907f62cd4006c3d419e
To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2538 113 7628

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair	Felipe Gonzalez Co-Chair	Al Ballesteros, MBA	Lilieth Conolly
Rita Garcia (Alternate)	Michael Green, PhD	William King, MD, JD	Miguel Martinez, MPH, MSW
Matthew Muhonen (LOA)	Derek Murray, MPH, MPA	Daryl Russell	Harold Glenn San Agustin, MD
LaShonda Spencer, MD	Lambert Talley (Alternate)	Jonathan Weedman	
QUORUM: 8			

AGENDA POSTED: June 11, 2024

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to mailto:hivcomm@lachiv.org -or- submit your Public Comment electronically here. All Public Comments will be made part of the official record.

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

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

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

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

I. ADMINISTRATIVE MATTERS

1.	Call to Order & Meeting Guidelines/Reminders		1:00 PM – 1:03 PM
2.	Roll Call & Conflict of Interest Statements		1:03 PM – 1:05 PM
3.	Approval of Agenda	**MOTION #1**	1:05 PM – 1:07 PM
4.	Approval of Meeting Minutes	**MOTION #2**	1:07 PM – 1:10 PM

II. PUBLIC COMMENT

1:10 PM – 1:15 PM

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

7. Executive Director/Staff Report 1:15 PM – 1:20 PM
    a. HRSA Technical Assistance Site Visit

b. HRSA Dear Colleague Letter – Expungement Services
c. PSRA Consumer Survey Summary

8. Co-Chair Report 1:20 PM – 1:30 PM
   a. New Member Introduction – Rita Garcia
   b. Approval of Status Neutral Priority Setting and Resource Allocation (PSRA) Draft Framework **MOTION #3**

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

V. DISCUSSION ITEMS 1:50 PM—2:50 PM

10. Linkage and Reengagement Program Recap and Questions
11. Timeline of Priority Setting and Allocations and HRSA Notice of Funding Award

VI. NEXT STEPS 2:50 PM – 2:55 PM

12. Task/Assignments Recap
13. Agenda Development for the Next Meeting
    a. Review Paradigms and Operating Values
    b. Priority Setting and Resource Allocation Refresher Training
    c. Brief Review of Utilization Reports

VII. ANNOUNCEMENTS 2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT 3:00 PM

15. Adjournment for the meeting of June 18, 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 Status Neutral Priority Setting and Resource Allocation (PSRA) Draft 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
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 6/5/24

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.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
CONOLLY	**Lilieth**	No Affiliation	No Ryan White or prevention contracts
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FERGUSON	**Kerry**	ViiV Healthcare	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA*	**Rita**	Translatin@ Coalition	Vulnerable Populations (Trans)
GERSH (SBP Member)	**Lauren**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
			Data to Care Services
GONZALEZ	**Felipe**	Unaffiliated 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	**Ismael "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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MARTINEZ-REAL	**Leonardo**	Unaffiliated consumer	No Ryan White or prevention contracts
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MENDOZA	**Vilma**	Unaffiliated consumer	No Ryan White or prevention contracts
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLETTE	**Andre**	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Data to Care Services
MUHONEN	**Matthew**	HOPWA-City of Los Angeles	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
			Residential Care Facility - Chronically Ill
			Data to Care Services
OSORIO	**Ronnie**	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations
PATEL	**Byron**	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	**Dechelle**	AMAAD Institute	Community Engagement/EHE
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
RUSSEL	**Daryl**	Unaffiliated consumer	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
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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PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
April 16, 2024

COMMITTEE MEMBERS P = Present | P* = Present as member of the public; does not meet AB 2449 requirements | A = Absent | EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	Miguel Martinez, MPH, MSW	P
Felipe Gonzalez, Co-Chair	P	Derek Murray	P
Al Ballesteros, MBA	A	Dechelle Richardson	P
Lilieth Conolly	EA	Daryl Russell	P
Joseph Green	P	Harold Glenn San Agustin, MD	P
Michael Green, PhD, MHSA	EA	LaShonda Spencer, MD	EA
Ismael "Ishh" Herrera	EA	Lambert Talley	P
William King, MD, JD	EA	Jonathan Weedman	A
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez			
DHSP STAFF			
Victor Scott, Paulina Zamudio			

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

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

I. ADMINISTRATIVE MATTERS

1. CALL TO ORDER AND MEETING GUIDELINES/REMINDERS

Kevin Donnelly and Felipe Gonzalez, Planning, Priorities and Allocations (PP&A) co-chairs, called the meeting to order at approximately 1:05pm. K. Donnelly reviewed the hybrid meeting guidelines and code of conduct; see meeting packet for more details.

2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

C. Barrit conducted roll call vote and committee members were reminded to state their conflicts.

ROLL CALL (PRESENT): J. Green, M. Martinez, D. Murray, D. Richardson, D. Russel, H. San Agustin, L. Talley, K. Donnelly, F. Gonzalez

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 was no public comment.

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. **Programmatic and Operational Updates**

   - C. Barrit, Commission on HIV (COH) Executive Director, reminded the Committee that the 2023 COH Annual Report was submitted to the Board of Supervisors (BOS) at the end of February. The report is posted on the COH website.
   - F. Gonzalez noted that the report highlights current service priorities and allocations and data used to determine rankings.

   b. **HRSA Technical Assistance Site Visit**

   - C. Barrit reminded the committee that the Health Resources and Services Administration (HRSA) will be conducting an in-person technical assistance site visit from May 21 – 23rd. C. Barrit noted the May Planning, Priorities, and Allocations (PP&A) Committee, Operations Committee and Executive Committee all have standing meetings during the scheduled visit. HRSA staff indicated that they will be attending the Executive Committee meeting, but they have not confirmed if they will be attending any other scheduled meetings at this time.
   - The HRSA site visit letter is in the April COH meeting packet; see packet for details. Commission staff are working on gathering required documents and securing a room for planned HRSA training. Commission staff will follow up with more details as they become available.

   c. **Status Neutral Priority Setting and Resource Allocation (PSRA) Draft Framework Update**

   - C. Barrit reminded the committee to review the proposed Status Neutral Priority Setting

and Resource Allocation (PSRA) Framework. She reminded the group that the updated framework includes recommendations from the Prevention Planning Workgroup to have a more integrated planning process that connects both prevention and care. The framework includes HRSA mandated requirements around care and also incorporates CDC recommendations around prevention.

- C. Barrit added that the framework was sent to HRSA for review and feedback. Commission staff will follow up with more details once feedback is received.
- C. Barrit noted that PP&A co-chairs have been attending Consumer Caucus meetings to inform Ryan White Program (RWP) consumers of the updated process and ensure buy-in from consumers ahead of the priority setting and resource allocation process.

8. Co-Chair Report

a. 2024 Training Schedule

- F. Gonzalez reported that there is a virtual Priority Setting and Resource Allocation Process and Service Standards Development training on April 23 from 3pm-4:30pm. He noted that the training is required for all Commissioners. See training schedule for registration details.

b. Women's Caucus

- K. Donnelly report that he attended the April 15th Women's Caucus meeting to keep the group informed of the priority setting and resource allocation process to encourage RWP consumers to provide feedback.
- Commission staff noted that Women's Caucus co-chairs asked meeting attendees to encourage participation in the Women's Caucus and increase attendance at their quarterly meetings. See meeting packet for promotional flyer.

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

a. Programmatic and Fiscal Updates

- DHSP staff, Victor Scott, reported that DHSP is in the process of closing out RWP planning year 33 that ended on February 29, 2024. DHSP will be reporting final expenditures to HRSA by next month.
- Additionally, V. Scott reported that DHSP has yet to receive the full funding award amount from HRSA for PY34. He noted that there have been delays in receiving the full notice of funding award over the past several years from HRSA as well as other CDC grants. Delays have not impacted RWP services. He noted that the new CDC High Impact Surveillance and Prevention grant shifted its award timeline to hopefully avoid delays brought on by recent patterns of continuing resolutions in Congress.
- A question was asked how often DHSP provides reports to the Board of Supervisors (BOS). DHSP staff noted that reports are provided monthly to the Health Deputies and more formal reports are provided to the BOS quarterly. Reports can be found on the BOS meeting website.

V. DISCUSSION

10. Prevention Focused Planning: Priority Populations

- Former Prevention Planning Workgroup co-chair, Miguel Martinez, and Commission staff provided a presentation on current LA County prevention data focusing on priority populations outlined in the Comprehensive HIV Plan. See meeting packet for details.
- A question was asked on the success of needle exchange programs in preventing HIV acquisition. It was noted that the Substance Abuse Prevention and Control (SAPC) program would have data around needle exchange programs. Currently harm reduction programs are not as robust as they would like to be, but SAPC is in the process of scaling up these programs throughout the County.
- It was noted that the way to approach prevention strategies is to tailor interventions by population to address their unique needs and the challenges may they face. It was noted that information also needs to be presented in a way that is relevant to each group. A one size fits all approach will not work. P. Zamudio noted that DHSP uses a peer model to reach women that has been successful.
- Rapid Same-Day Services was a strategy that was recommended for both HIV and STI (biomedical) prevention similar to Rapid Testing Hubs created by DHSP linking people into care within 7 days. Combining this approach with outreach services was also recommended.
- P. Zamudio noted that DHSP will be funding mobile clinics to provide HIV and STI services through the Ending the HIV Epidemic funding. D. Murray added that the city of West Hollywood has used street medicine over the past 2 years and has provided injectable PrEP with unhoused populations with much success.
- Use of incentives was recommended. P. Zamudio noted that both DHSP testing, and prevention providers offer incentives to engage clients. Types of incentives may differ by provider.
- Expanded use of telehealth (for testing and PrEP services) for populations under 30 years of age was recommended.
- Health education coupled with social marketing was recommended. It was noted that populations may not have knowledge of HIV and/or STIs and need accurate information. Information should also be tailored to address the needs of each priority population. Use of peers to provide education was also recommended. It was noted that finding and navigating the various services and programs can be challenging for the general population.
- Using the same programs and services of RWP HIV care for prevention in high-risk priority populations was suggested. For example, it was noted that high risk populations would benefit from the Medical Care Coordination (MCC) model as well as food party services.
- There was a recommendation to reframe messaging so that it doesn't target specific populations but rather sexual behaviors, specifically anyone who is engaging in sexual intercourse is as risk of HIV and STIs. P. Zamudio reminded the group that priority populations exist to address funding requirements and that efforts to target these populations are costly and interventions need to be priorities by highest need. She also noted the importance of partnerships to expand and complement services for priority populations.

- Additional recommendations include engaging faith-based organizations to help reach priority populations and schools to target young people. It was noted that it is very challenging to partner with schools due to administrative barriers.
- A recommendation to have a prevention-focused space was made to continue to identify opportunities to identify prevention strategies and interventions separate from care discussions.

VI. NEXT STEPS

11. Task/Assignments Recap

a. Commission staff will work with PP&A chairs to discuss the recommendation to hold separate spaces for care and prevention discussions and develop a plan of action moving forward.

b. Commissioners who work with priority populations will gather feedback on needed prevention strategies.

c. Co-chairs reminded the group to attend the next full body Commission on HIV meeting on May 9th where there will be a presentation on the Linkage and Re-engagement Program from DHSP.

12. Agenda Development for the Next Meeting

a. Continue prevention data discussion.

b. Revisit and review DHSP Mental Health Needs Assessment report.

VII. ANNOUNCEMENTS

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

- *J. Green announced that there will be a faith-based community listening session, organized by the Black/African American Caucus, on Friday, April 26th from 6pm-8pm. See event flyer for more detail and registration information.*
- *J. Green announced the Transgender Harm Reduction Institute, organized by the Transgender Caucus, that will be held on Monday, April 29th from 9am-3pm at the Vermont Corridor. See event flyer more details and registration information.*
- *D. Richardson announced that The AMAAD Institute will be hosting a Tacos and Testing event on June 27th in recognition of National HIV Testing Day.*

VIII. ADJOURNMENT

14. Adjournment for the Meeting of April 16, 2024.

The meeting was adjourned by K. Donnelly at 3:00pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

2024-2025

HRSA Technical Assistance (TA) Site Visit | Areas of Improvement Project Timeline *Subject to Change*

Task	Timeline	
Governing Documents Updates • Bylaws/Ordinance Revisions • Status Neutral PSRA Framework and Process • Committee-only Membership • Stipends Policy & Consumer Responsibilities	**July-August | Complete revisions, CoCo consultations** **September | Secure COH approval** **November- December | Training and education on updates to Commissioners**	• Operations Committee/Bylaws Review Task Force • Consumer Caucus
MOU/MOA with DHSP	**May- June | Co-Chairs review last MOU for changes, meetings with DHSP** **July-August | CoCo reviews and finalize document** **September-December | Secure signatures and execute MOU/MOA**	• COH Co-Chairs • Executive Committee
Annual Planning Cycle Workplan	**December | Staff to develop draft annual planning cycle workplan with committees and subgroup tasks, CHP, prevention, AEAM** **Jan-Feb 2024 | Secure approval of annual workplan from Executive Committee and COH**	• PP&A, SBP, Operations, Executive Committee, subgroups
Membership Recruitment and Succession Planning	**July-Aug | Update application forms to match HRSA demographic breakdown** **Dec 2024 -Feb 2025 |Update promotional flyers; develop elevator speech cards** **Dec 2024 -Feb 2025 |Update recruitment plan, develop succession plan for current vacancies and upcoming seat rotations**	• Operations Committee

HRSA
Health Resources & Services Administration
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20857

June 6, 2024

Dear Ryan White HIV/AIDS Program Colleagues,

Experiences with the legal system can pose a significant barrier for people with HIV in many critical areas, including housing, employment, and access to public benefits. The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) is committed to ensuring that people with HIV who have had legal system involvement (defined as any person who is engaged at any point along the continuum of the legal system as a defendant, including arrest, incarceration, and community supervision) have access to core medical and support services to improve their HIV-related health outcomes.

As described in *HRSA HAB Policy Clarification Notice (PCN) #18-02 The Use of Ryan White HIV/AIDS Program (RWHAP) Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved*, RWHAP funds may be used to support people with HIV who are incarcerated and are expected to be eligible for HRSA RWHAP services upon their release.[1] HRSA HAB funded two specific RWHAP Part F Special Projects of National Significance (SPNS) Program initiatives which included a focus on people who have been involved with the legal system: Supporting Replication of Housing Interventions in the RWHAP (SURE) and Using Innovative Intervention Strategies to Improve Health Outcomes among People with HIV (2iS), and HRSA HAB continues to learn best practices for supporting people with legal system involvement.

The expungement[2] of criminal records is an effective way to remove barriers to care and services, protect privacy, mitigate stigma, and support successful reentry into community.[3] RWHAP funds may be used to aid in the expungement of criminal records.

The scope of allowable legal services as outlined under the "Other Professional Services" service category in *HRSA HAB PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds* includes matters "related to or arising from [an individual's] HIV." To the extent that expunging a client's record is done to assist in obtaining access to services and benefits that will improve HIV-related health outcomes, RWHAP funds can be used to pay for the expungement of criminal records and associated costs. As policy and legal landscapes vary by geographic area, it is advisable that RWHAP recipients and subrecipients partner with legal service professionals and consult their own state and local laws to determine eligibility for expungement assistance.

[1] A case study of RWHAP funds being used for expungement: https://publications.partbadap-2019.nastad.org/
[2] Expungement is the process by which a defendant's criminal record is destroyed or sealed and thus treated as if it had never occurred. See https://www.americanbar.org/groups/public_education/publications/teaching-legal-docs/what-is-_expungement-/
[3] https://www.americanbar.org/groups/criminal_justice/publications/criminal-justice-magazine/2024/winter/evolving-landscape-sealing-expungement-statutes/

RWHAP recipients and subrecipients providing expungement services should develop policies and procedures to determine how RWHAP clients will receive expungement services. In doing so, RWHAP recipients and subrecipients must ensure that:

- Such services are available and accessible to all eligible clients who seek them.
- The payor of last resort requirement[4] is met.

HRSA HAB remains committed to serving individuals involved with the legal system and strives to improve health outcomes and reduce disparities for people with HIV across the United States. We remain committed to addressing barriers to care and appreciate the community input we have received in this area. Thank you for your ongoing efforts and dedication to providing HIV care and treatment to more than half a million people with HIV across the country and continuing to provide a whole-person approach to improving the lives of people with HIV.

Sincerely,

/Laura W. Cheever/

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

[4] The Payor of Last Resort Requirement is described in HRSA HAB PCN #21-02 Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf

Priority Setting and Resource Allocations Consumer Survey Summary

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE

JUNE 18, 2024

Objective:

- Gather input from RWP consumers and HIV/STI prevention consumers on needed services consumers feel are needed
- Utilize feedback to help inform the priority setting and resource allocations process

Total respondents = 30

Average response time = 13 minutes

Respondents were asked to:

- Rank their top 10 care services (1 = highest priority, 10 = lowest priority)
- Rank their top 10 prevention services (1 = highest priority, 10 = lowest priority)
- Allocate funding for service categories. Totals must equal 100%. Not all services need to have funding allocated to them
- Provide additional feedback via open-ended response options

RWP Care Service Categories (as listed on HRSA PCN16-02)

- AIDS Drug Assistance Program (ADAP) Treatments
- Local AIDS Pharmaceutical Assistance Program (LPAP)
- Childcare Services
- Early Intervention Services (EIS)
- Emergency Financial Assistance
- Food Bank/ Home Delivered Meals
- Health Education/Risk Reduction
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home and Community-Based Health Services
- Home Health Care
- Hospice Services
- Housing
- Language (Translation) Services
- Medical Case Management, including Treatment Adherence Services
- Medical Nutrition Therapy
- Medical Transportation
- Mental Health Services
- Non-Medical Case Management
- Oral Health Care
- Other Professional Services
- Outpatient/Ambulatory Health Services
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Outpatient Care
- Substance Abuse Services (Residential)

HIV/STI Prevention Service Categories (derived from prevention standards)

- Childcare Service
- DoxyPEP
- Drug Assistance Programs
- Education/Counseling
- Employment Services
- Food and Nutrition Support
- Harm Reduction (includes services that provide Narcan/naloxone, drug testing strips, peer support, contingency management, mobile & street medicine, and medication assisted treatment)
- Health Insurance Navigation
- Health Literacy/Health Education
- HIV Testing
- HIV Treatment as Prevention
- Housing Services
- Legal Assistance
- Mental Health Services
- Navigation Services
- Other Services
- Partner Services
- Peer Support
- PrEP and PEP
- Social Marketing and Outreach
- STI Testing and Treatment
- Substance Abuse Services
- Syringe Exchange Services
- Unemployment Financial Assistance

Top 10 Ryan White Program Care Service Priorities

1. Housing (26)
2. Mental Health (24)
3. AIDS Drug Assistance Program (ADAP) Treatments (24)
4. Medical Case Management (22)
5. Psychosocial Support Services (22)
6. Non-medical Case Management (22)
7. Emergency Financial Assistance (21)
8. Oral Health (21)
9. Food Bank/Home Delivered Meals (20)
10. Health Education/Risk Reduction (19)

Additional Comments:

- Is there a way to add vision to services Ryan White is able to pay for? If so, this would be my number 7.
- I do not think medical case management needs to specifically include a focus on adherence unless there are other issues present.
- Housing and pharmaceutical
- I believe that it's important to get preventative information out to the homeless people to prevent HIV.

Top 10 HIV/STI Prevention Service Priorities

1. Mental Health Services (24)
2. Housing Services (24)
3. Peer Support (20)
4. Education/Counseling (20)
5. Navigation Services (19)
6. Food and Nutrition Support (19)
7. Drug Assistance Programs (18)
8. Health Insurance Navigation (18)
9. HIV Testing (18)
10. Legal Assistance (18)

Additional Comments:

- Lots of work needed around housing
- Testing and DoxyPEP

Top 10 Ryan White Program Services to Receive Funding Allocations

1. Housing (17) *50% max*
2. Mental Health Services (17) *80% max*
3. Emergency Financial Assistance (12) *30% max*
4. AIDS Drug Assistance Program (ADAP) Treatments (11) *40% max*
5. Medical Transportation (11) *50% max*
6. Substance Abuse Services (Residential) (11) *10% max*
7. Oral Health Care (10) *20% max*
8. Psychosocial Support Services (10) *20% max*
9. Childcare Services (9) *20% max*
10. Foodbank/Home Delivered Meals (9) *30% max*
11. Non-Medical Case Management (9) *25% max*
12. Substance Abuse Outpatient Care (9) *10% max*

Additional Comments:

- Again, Medical CM need not include adherence unless there are other issues (substance abuse, homelessness, access to food, etc.)
- The most important is a place to live, food, medical services and medicines. Everything is important, but a home, food and medical services are essential!

Thank you!

LOS ANGELES COUNTY
COMMISSION ON HIV

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

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

DRAFT 12.27.23. 06.05.24

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.

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 at the beginning of meetings. 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). They can participate in discussions, answer questions directed by other members, and can vote on priorities and allocations presented as a slate.

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. Commissioners must complete the required annual Priority Setting and Resource Allocation training prior to voting. Commissioners must notify staff once training is complete and a record of the completed training will be kept on file by Commission staff. Commissioners who have not completed the training are not eligible to vote. *Planning, Priorities and Allocations Committee-only members must also complete the annual Priority Setting and Resource Allocation training. Training materials can be found on the Commission website at: https://hiv.lacounty.gov/events-training/.

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. (Attachment 1)

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. (Attachment 2)

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.

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.

5. The PP&A Committee will consult with all Caucuses prior to the start of the annual priority setting and resource allocation process to:
   a) Gather opinions from consumers on which services should be prioritized and how resources should be allocated;
   b) go over the main points from the latest Ryan White Program Service Utilization Reports and HIV prevention data provided by DHSP;
   c) Look at the most recent financial reports on HIV prevention and care from DHSP;
   d) Examine the main goals, objectives, and measures from important documents like the Comprehensive HIV Plan and Ending the HIV Epidemic Plan:

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

7. 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.

8. 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.

9. 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 and/or annual report and program terms report.

10. 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. Reallocations should occur in June or July with a presentation of recommendations and memorandum from DHSP explaining the reasons for the reallocations. In alignment with County policy, the Commission grants authority to DHSP to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to the Commission for approval.

11. 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.

12. In September-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 provide a written response 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.

13. 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*

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

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

PARADIGMS (Decision-Making)

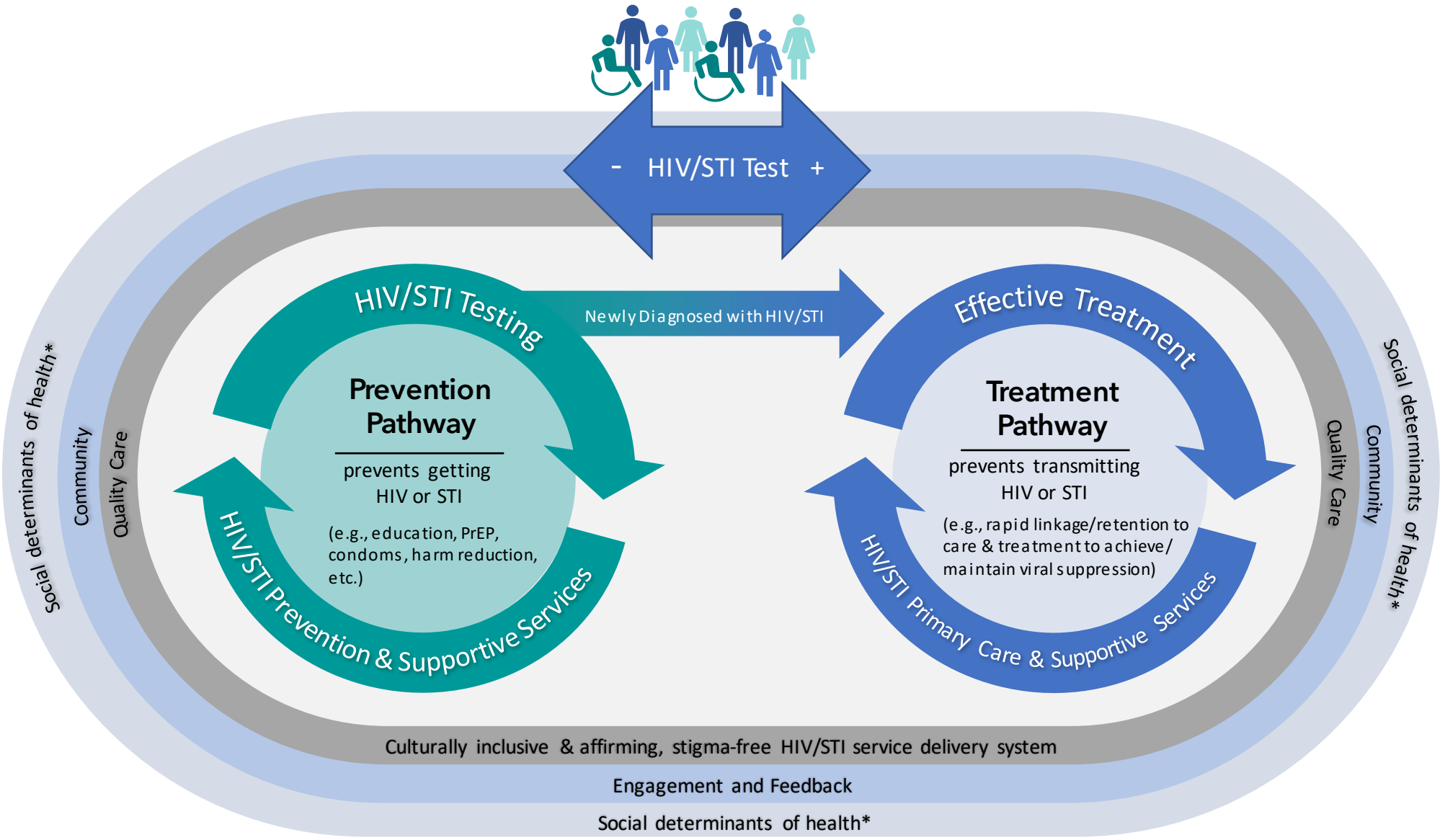
- Equity: Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically. (1)
- ***Compassion: response to suffering of others that motivates a desire to help.***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

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.

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.

Overview of the DHSP HIV Linkage & Re-engagement Program (LRP)

Maggie Esquivel, Chief, Direct Community Services
Megan Foley, LRP Program Supervisor

June 13, 2024
Los Angeles County Commission on HIV

Presentation Content

- Program Description, Development, and Target Populations
- Program Staffing
- Program Changes, Interventions Examples and Tools
- Impact of LRP on Systems and Services
- Summary Data
- Case Scenarios

Linkage and Re-engagement Program (LRP) Description

- LRP is based at DHSP within Direct Community Services

- LRP is a referral-based service and data to care program that focuses on persons who have diagnosed HIV and are not in care (NiC).

Primary Goal (2016):
LRP's overarching goal is to improve the health outcomes of HIV-positive clients by linking and re-engaging them into HIV medical care with the ultimate goal of viral suppression.

Program Enhancement (2020):
LRP prioritizes pregnant/postpartum clients to reduce the risk of perinatal transmission by ensuring a safe delivery.

Program Development

- DHSP piloted demonstration projects to evaluate strategies for identifying and linking NiC persons to medical care (2011-2016)

- LRP launched in March 2016, based on outcomes of previous projects, and integrated tailored program parameters (both evidence-based interventions and innovative strategies)

Target Populations for LRP Services and Client Criteria

- LRP prioritizes persons who are highly impacted and may have multiple and complex needs, including persons not touching systems of care, and often having significant life challenges

- Criteria: Persons who have diagnosed HIV and reside in LAC
  - 2016: Any person who has been out of care for > 12 months
  - 2020: Any person who is currently pregnant or recently delivered a baby and needs additional support

LRP Team

- Staffing model currently includes:
  - 2 clinical social workers to address immediate mental health needs and ongoing support throughout the intervention
  - 5 experienced health navigators
- DHSP-based physicians provide oversight and consultation to LRP team
- LRP team collaborates closely with the DHSP Perinatal Surveillance Coordinator

LRP Program Changes

- During the COVID-19 pandemic, most LRP staff were reassigned to the County's COVID response.

- In 2020, the County reported 4 perinatal HIV cases. LRP shifted limited staff resources and re-calibrated interventions to locate persons who were pregnant or potentially pregnant and focus on the following:
  - Ensure linkage to HIV medical care;
  - Promote access to prenatal services;
  - Facilitate receipt of other essential services such as housing, SUD treatment, harm reduction services, MH services, food, etc.

LRP Program Changes

- Intervention changes
  - Established partnerships and alert practices with specialty hospitals for HIV and prenatal care
  - Developed a Perinatal HIV Provider Tool kit to build capacity among health care providers
  - Extended the timeframe of the intervention to support clients for the duration of their pregnancy and through the postpartum period
  - Increased the use of incentives and provided new parent resources
  - Established temporary housing options
  - Initiated a rideshare program
  - Supported clients to connect with providers via telemedicine visits
  - Facilitate weekly case conferences within DHSP and with external partners, as needed

LRP Intervention Examples and Tools

- Ensure access to and use of locator databases and people finding platforms, including:
  - HIV Surveillance system
  - LexisNexis
  - STD CaseWatch
  - HMIS Clarity
  - ORCHID
- Conduct extensive searches in the field to locate clients
- Conduct one-on-one home visits and assessments (or at alternate locations preferred by clients)
- Provide transportation via staff vehicle or Rideshare

LRP Intervention Examples and Tools

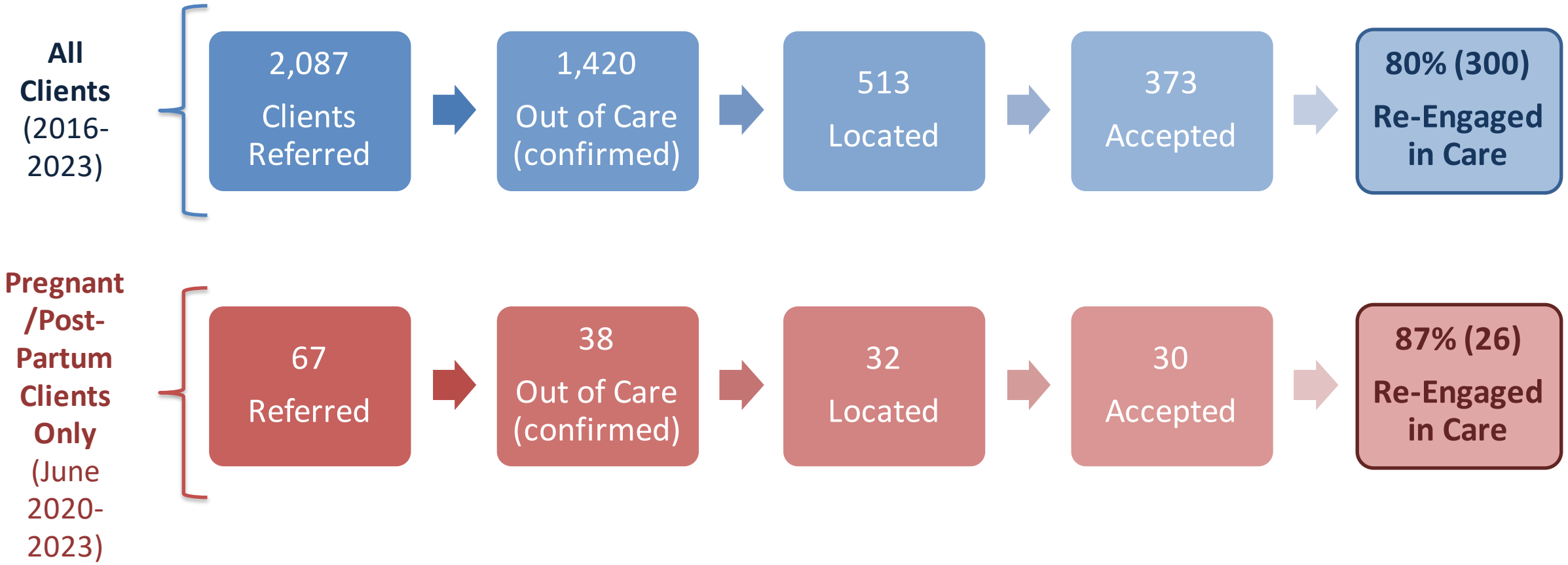
- Accompany clients to clinic visits
- Assist with insurance and benefits screening
- Assist with filling prescriptions and medication delivery
- Monitor clients until they reach undetectable status
- Ensure linkage to other services as needed (eg: mental health, housing, SUD treatment, long term case management, MAMA's program, etc.)
- Complement and coordinate with existing services across County programs and community-based programs, including through clinics, MCC teams, and HIV linkage to care programs

LRP's Impact on Systems and Services

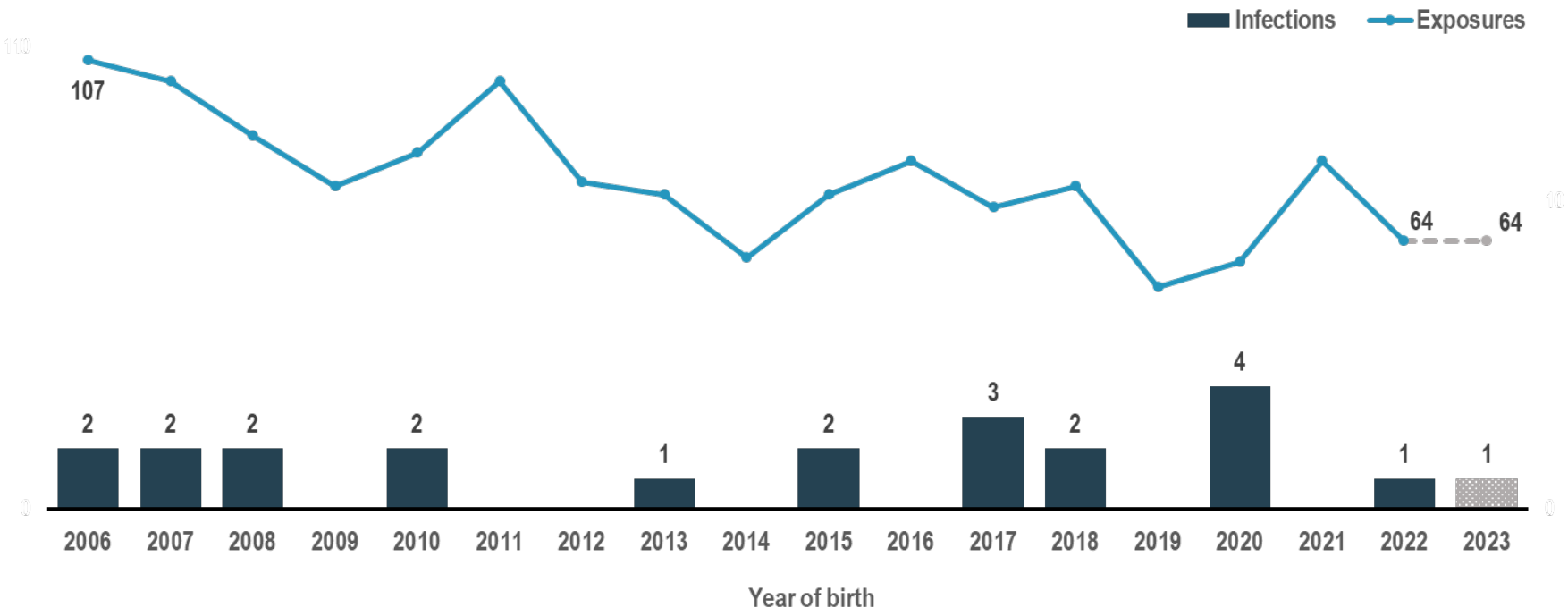
- Timely communication and notification between DHSP and community partners (HIV clinics, hospitals, delivery sites, labs) to leverage client engagement
- Streamlined clinic appointments for LRP clients
  - Reduced, eliminated barriers to entering care
  - Improved processing of insurance verification
- Use of surveillance information to monitor viral load among all reported pregnant clients
- Increase HIV/Syphilis screening among hospitals of pregnant clients and knowledge of treatment protocols for patient and baby
- Improve HIV Cluster Detection and Response follow-up for LRP clients
- Coordination across DCS units to address cases of co-infection with syphilis to reduce congenital syphilis diagnosis

Summary Data

Overview of LRP Processes and Outcomes by Population of Focus



The infants born to pregnant LRP clients had improved outcomes and reduced HIV transmission.



1. 1 Due to reporting delay, 2021 and 2022 HIV data are provisional as indicated by the patterned bar and dashed line.

2. 2 The number of infants with perinatally acquired HIV includes perinatal transmissions among babies born and/or diagnosed in LAC for a given birth year. The number of infants with perinatal HIV exposure was derived from 7 pediatric HIV-specialty sites which serve over 90% of the HIV-exposed children and infected children seeking HIV evaluation and care in Los Angeles County as well as a birth registry match provided by the California Department of Public Health. This is an underestimate of the total number of infants with perinatal HIV exposure in the County since HIV exposure reporting is not mandated.

LRP Case Scenarios

Linkage and Re-engagement Program Case Scenario

Client A – 2022

Week 1: Local hospital notified DHSP Surveillance of 32 y/o AA pregnant client (33 weeks), previous positive dx, frequent trips to the ER, not in PNC. Assisted client with housing, support from DPSS for motel vouchers.

Week 2: Client initially declined linkage to perinatal HIV specialty center. Client was accompanied to her appointment at a local hospital. Client met with an ID and OB provider and was informed that she needed to transfer care to a perinatal specialty site. Client scheduled for intake at a substance use treatment facility but is not ready to attend. LRP continued to provide client with housing assistance and after extensive paperwork at a local homeless services agency, client was accepted at a shelter.

Week 3: Client attended initial HIV OB appt at a perinatal specialty site, was provided transportation and accompanied by LRP SWs. Client sent to OB Triage due to elevated BP after attending antepartum testing. Client attended rescheduled intake at substance use treatment facility but did not feel it was a good fit.

Week 4: Client had C/S at LA General and baby boy was delivered; PCR test was negative, DCFS involved; newborn is placed in foster care.

- *LRP has continued to provide support; client delivered a second baby on 12/31/23 and has retained custody of her child. Client remains in care at MCA.*

Linkage and Re-engagement Program Case Scenario

Client B – 2023

Month 1: A 30 y/o AA pregnant client (20 weeks) was referred by DHSP Partner Services (HIV/SY coinfection), previous positive. Client was unhoused, staying in a friend's car and couch surfing, when possible. Client initially refused LRP assistance. MCA staff helped to motivate the client into accepting services. Client completes her syphilis treatment.

Month 2: After weeks of contact attempts via multiple advocates and in-person attempts at MCA, client engages but expresses that her primary concern is family housing (her 3 oldest kids are with her sister and the youngest is in foster care). Client also reported that the father of her baby recently died of a fentanyl OD, citing a lack of support. CSW secured a bed for the client at the Vagabond Inn while continuing to coordinate and advocate for client's housing.

Month 3: Client completes medical appt and receives meds but is focused with DCFS court hearing regarding custody of youngest child. Client reports she does not want her unborn baby to be taken by DCFS and is thinking about going to out of state.

Linkage and Re-engagement Program Case Scenario

Client B Cont'd – 2023

Month 4: DCFS gives custody of youngest child to client's sister. Client is feeling defeated and states: "I'm giving up, I'm not going to any of my appts anymore, I don't care anymore, my babies should be with me. I don't believe if I go to a shelter that DCFS will allow the baby to stay with me. I'm thinking about going to Las Vegas to have this baby." CSW continues to motivate and links client to Koreatown DMH Clinic. LRP, MCA, and lawyer's office work concurrently to help with housing. Client unable to make both housing intake and medical appts.

Month 5: Client begins attending appts again and moves into her mother's home. Healthy baby boy is born, PCR is negative. Client given LRP newborn care package (stroller + infant car seat, baby clothes, formula, diapers, wipes, etc.). Client retains custody of newborn.

- *LRP has continued to provide support; client remains at her mother's home and CSW is supporting client to find the right type of family house. Client remains in care at MCA.*

LRP Contact

For questions and coordination of referrals, please contact:

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Thank you!

2024 Priority Setting and Resource Allocation (PSRA) Timeline (DRAFT)

PP&A Meeting Agenda Priorities	DHSP Solicitation Priorities
June 18, 2024 1 - 3pm • Review Consumer PSRA Feedback Survey Responses • Review and approve Status Neutral PSRA Framework **July 16, 2024 1 - 4pm** • Review FY2023 Expenditures and reallocate funds, as needed • PSRA Review/Refresher Training • Review and select/approve Paradigms and Operating Values • Brief Review of Utilization Reports • Rank Ryan White Program Service Categories **August 20, 2024 1- 4pm** • Brief Review Utilization Reports • Allocate funds among Ryan White Program Service categories ***Service ranking and allocations will go to the full body at the Sept. COH meeting to align with HRSA NOFO*** **Sept. 17, 2024 1-4pm** • Revisit and review Key Takeaways (Executive Summary) Unmet Mental Health Needs Report (2022) • Review recommendations from Caucuses/Committees • Develop directives for DHSP	**Prevention Services – release Aug/Sep. 2024** Category #1 - HIV Testing Services Category #2 – Biomedical Services a. PrEP Services b. PEP Services c. Navigation Services Category #3 - Vulnerable Populations Services Category #4 - STD Screening, Diagnosis and Treatment Services **Nutrition Support Services – release Oct. 2024** **Transportation Services – release Oct. 2024** **Ambulatory Outpatient Medical Services (AOM) – release Nov. 2024** Category #1 – AOM Services Category #2 – MAX Clinic Services **Medical Care Coordination Services (MCC) – release Nov. 2024**