LOS ANGELES COUNTY
COMMISSION ON HIV

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PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
Virtual Meeting
Tuesday, May 17, 2022
1:00PM-3:00PM (PST)

Agenda and meeting packet will be available on the Commission's website at:
http://hiv.lacounty.gov/Planning-Priorities-and-Allocations-Committee

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LOS ANGELES COUNTY
COMMISSION ON HIV

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

PLANNING, PRIORITIES, AND ALLOCATIONS COMMITTEE

TUESDAY, MAY 17, 2022|1:00 PM – 3:00 PM

To Join by Computer:
https://tinyurl.com/mwa3p9va
**Link is for non-committee members only*
To Join by Phone: 1-415-655-0001
Access code: 2590 204 0441

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

AGENDA POSTED: May 12, 2022

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. For a schedule of Commission meetings, please click here.

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 hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS. 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

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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, one building North of Wilshire on the eastside of Vermont just past 6th Street. Validated parking is available.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Committee leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order | Introductions | Statement – Conflict of Interest 1:00 P.M. – 1:02 P.M.

I. ADMINISTRATIVE MATTERS 1:02 P.M. – 1:04 P.M.

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 1:04 P.M – 1:14 P.M.

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

III. COMMITTEE NEW BUSINESS 1:14 P.M. – 1:19 P.M.

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

IV. REPORTS

5. EXECUTIVE DIRECTOR'S/STAFF REPORT 1:19 P.M. – 1:25 P.M.
- a. Operational and Staffing Update
- b. Comprehensive HIV Plan 2022-2026

6. CO-CHAIR REPORT 1:25 P.M. – 1:30 P.M.
- a. Co-Chair Nominations/Elections

7. DIVISION OF HIV AND STD PROGRAMS (DHSP) 1:30 P.M. – 1:40 P.M.
- a. Fiscal and Program Updates

8. PREVENTION PLANNING WORKGROUP 1:40 P.M. – 2:00 P.M.
- a. Meeting Update

V. DISCUSSION

9. COMPREHENSIVE PROGRAM DIRECTIVES TO DHSP
- a. PY 32, 33, and 34 Ryan White Part A, MAI, and Prevention Programs **MOTION #3** 2:00 P.M. – 2:55 P.M.

VI. NEXT STEPS 2:55 P.M. – 2:58 P.M.

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

VII. ANNOUNCEMENTS 2:58 P.M. – 3:00 P.M.

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

VIII. ADJOURNMENT 3:00 P.M.

14. Adjournment for the Meeting of May 17, 2022.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve Meeting Minutes as presented or revised.
MOTION #3:	Approve Comprehensive Program Directives to DHSP for Program Years 32, 33, and 34 as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/5/22

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ALVIZO	**Everardo**	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	**Jayshawnda**	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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DANIELS	**Michele**	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	**Frankie**	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
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	**Luckie**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
GARTH	**Gerald**	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
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	**Jerry**	AETC	Part F Grantee
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Thomas**	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MORENO	**Carlos**	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PRECIADO	**Juan**	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
ROBINSON	**Mallery**	We Can Stop STDs LA	No Ryan White or prevention contracts
RODRIGUEZ	**Isabella**	No Affiliation	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	**Reba**	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
THOMAS	**Damone**	T.H.E Clinic, JWCH, Inc. and AHF	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
			Sexual Health Express Clinics (SHEx-C)(AHF)
			Medical Subspecialty(AHF)
			HIV Prevention Services-Long Beach (AHF)
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WALKER	**Ernest**	No Affiliation	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 19, 2022

COMMITTEE MEMBERS P = Present | A = Absent |EA = Excused Absence			
Kevin Donnelly, Co-Chair	P	Miguel Martinez, MPH, MSW	P
Al Ballesteros, MBA	A	Anthony M. Mills, MD	A
Frankie Darling Palacios (LOA)	EA	Derek Murray	P
Felipe Gonzalez	P	Jesus "Chuy" Orozco	P
Joseph Green	P	LaShonda Spencer, MD	P
Michael Green, PhD, MHSA	P	Damone Thomas	A
Karl T. Halfman, MS	P	Bridget Gordon	P
William King, MD, JD	A		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Jose Rangel-Garibay, Sonja Wright, AJ King			
DHSP STAFF			
Pamela Ogata, Jane Rohde Bowers, Victor Scott, Sine Y.			

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

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

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST
Kevin Donnelly Committee Co-Chair, called the meeting to order at approximately 1:05 PM. Members and attendees introduced themselves.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA
Motion #1: Approved the Agenda Order. (**Passed by Consensus**)

2. APPROVAL OF MEETING MINUTES
MOTION #2: The Committee approved the March 15, 2022, meeting minutes. Minutes can be amended up to 1 year after approval. **(Passed by Consensus)**

II. PUBLIC COMMENT

3. Opportunity for members of the public to address the Committee on items of interest that is within the jurisdiction of the Committee. *There were no public comments.*

III. COMMITTEE NEW BUSINESS ITEMS

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

There were no new business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

C. Barrit thanked the Committee for publicly acknowledging Carolyn Echols Watson's retirement and her service to the County and Commission. C. Barrit will serve as the lead support staff for the PP&A Committee until the staff vacancy is filled.

Comprehensive HIV Plan (CHP)

AJ King, the CHP consultant, provided the report. He reported that he is currently working on the HIV workforce capacity survey and has received feedback from Commissioners, DHSP staff, and consumers. There will be two versions of the survey: one for providers and one for consumers. Consumers suggested giving all participants a gift card rather than a raffle prize. AJ King noted that providers may opt out of the gift card. M. Martinez stated that a raffle prize for providers should be acceptable. He also suggested that the provider survey should also be made available in Spanish. P. Ogata noted that aiming for 100 responses from consumers is an achievable goal.

AJ King stated that he would like to conduct more in-person listening sessions in Los Angeles County (LAC) and sought feedback from the Committee on ideas. The listening sessions could focus on priority populations by Service Planning Areas (SPAs) and/or Health Districts (HDs). M. Martinez suggested conducting the listening sessions in the evening and in the top 5 HDs most affected by HIV.

6. CO-CHAIR REPORT

a. Co-Chair Nominations/Elections

K. Donnelly reiterated that the Committee remains in need of a Co-Chair. B. Gordon indicated that she is happy to support K. Donnelly and encouraged two additional Committee members to be coached in assuming the leadership position. She encouraged all attendees to actively participate in the meeting discussions.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP)

a. Fiscal and Program Updates

Victor Scott provided the DHSP report on Ryan White Part A Program Year (PY) 31 expenditures. The report showed

expenditures received by DHSP as of April 11, 2022. DHSP is still collecting invoices from contracted agencies. DHSP is also waiting to hear from the Health Resources Services Administration (HRSA) about the County's notice of award for PY 32. DHSP estimates carrying over $381,186 of Minority AIDS Initiative (MAI) funds from PY 31 to PY 32. There are no MAI carryovers from PY 30 to PY 31. DHSP will provide an updated expenditures report once all invoices have been received and expenses reconciled.

8. PREVENTION PLANNING WORKGROUP

M. Martinez reported that PPW now has 2 additional Co-Chairs: Dr. King and Greg Wilson. The PPW's next meeting will be held on April 27 from 5:30 pm to 7 pm via WebEx. The group will discuss key 2 to 3 activities to tackle and develop a baseline survey on the COH's understanding and comfort in engaging in prevention-focused conversations. Examples of areas of inquiry for the survey include understanding of prevention concepts such as status status-neutral activities, knowledge, attitudes, and beliefs about prevention services.

V. DISCUSSION

9. COMPREHENSIVE PROGRAM DIRECTIVES TO DHSP

a. Ryan White Part A, MAI, and Prevention Programs

K. Donnelly led the Committee through a review of the updated draft of the Comprehensive Program Directives to DHSP for PY 32, 33, and 34. Refer to the packet for the document. The Committee discussed the following revisions:

- Fix formatting and numbering throughout the document.
- Clearly define "status-neutral". K. Donnelly suggested using the CDC and HRSA definition of "HIV status neutral as much as possible. The Committee supported adding the definition suggested by AJ King: ". A status-neutral approach to HIV care means that all people, regardless of HIV status, are treated the same way, with dignity and respect, and with the same access to high-quality care and services.
- D. Murray inquired if the Committee should also review data on low service utilization in areas with high rates of HIV. The group concurred and noted the Committee needs data on geographic areas where there is a dearth of services. K. Donnelly mentioned Service Planning Area 1 as an example. F. Gonzalez inquired if places with low service utilization may be due to individuals seeking care in areas with more services available. Dr. Green responded that the DHSP service utilization reports provide information on the number of people using a particular Ryan White service category, not where they live.
- Add to the data needed list, "viral suppression and retention sites by service sites."
- B. Gordon noted that with rising gas prices, clients may have no choice but to use services closer to where they live.
- Dr. Green noted that service limitations may be due to the geographic nature of the site and the lack of infrastructure to build a network of service providers. B. Gordon noted that telehealth could make a difference for communities faced with geographic and infrastructure challenges.
- Add "integrate telehealth as appropriate."
- M. Martinez noted that the County should continue the progress made in reducing the paperwork burden associated with the recertification process and maintain positive changes that came out of the County's COVID pandemic.

- Regarding the suggestion from the Women's Caucus to add other ethnicities to the excerpt of directives taken from the Black/African American Community Task Force (BAAC TF), M. Martinez noted that adding other ethnicities to the list does not acknowledge the hard work of the BAAC TF. He noted further that the Black community was specifically lifted in the directives because of the data showing the disproportionate burden of HIV on this community.

VI. NEXT STEPS

10. Task/Assignment Recap

- Revise directives document to reflect discussion points from today's meeting.
- Request status reports from DHSP on health district data.
- DHSP will provide virtual suppression data
- Committee to provide feedback on psychosocial support services
- Continue to encourage Committee members to fill the second PP&A Committee Co-Chair seat.

11. Agenda Development for the Next Meeting

- Review and approve the updated Comprehensive Program Directives document.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

a. Adjournment:

The meeting was adjourned by K. Donnelly.

DRAFT UPDATED 5/6/22

LOS ANGELES COUNTY COMMISSION ON HIV

Program Directives for Maximizing Health Resources Services Administration (HRSA) Ryan White Part A and MAI Funds for Program Years (PY) ~~30, 31~~, 32, 33, 34 and Centers for Disease Control and Prevention (CDC) Funding

Purpose: These program directives approved by the Los Angeles County Commission on HIV (COH) on XXX articulate instructions to the Division of HIV and STD Programs (DHSP) on how to meet the priorities established by the COH. The Ryan White PY Years 32, 33, and 34 service rankings and allocations table are found in Attachment A.

DIRECTIVE	DHSP RESPONSE/STATUS UPDATE
1. Across all prevention programs and services, use a status-neutral approach in service delivery models and create a connected network of services that promote access to PrEP, ongoing preventive care, mental health, substance use, and housing services. A status-neutral approach considers the steps that can lead to an undetectable viral load and steps for effective HIV prevention (such as using condoms and PrEP). The status-neutral approach uses high-quality, culturally affirming care and empowers PLWH to get treatment and stay engaged in care. Similarly, high-quality preventive services for people who are at risk of HIV exposure help keep them HIV-negative.[1] A status-neutral approach to HIV care means that all people, regardless of HIV status, are treated the same way, with dignity and respect, and with the same access to high-quality care and services.	
2. Across all funding sources for prevention and care, prioritize investments in populations most disproportionately affected and in health districts with the highest disease burden and prevalence, where service gaps and needs are most severe. To determine populations and geographic areas most affected by HIV, request	Solicitations are composed using the latest data, which reflect the geography and other demographics of target populations

[1] hiv-status-neutral-prevention-and-treatment-cycle (nyc.gov)

DHSP provide data on the following: a. HIV and STD surveillance b. Continuum of care c. PrEP continuum d. Data on low service utilization in areas with high rates of HIV, e. Viral suppression and retention sites by service sites f. and other relevant prevention and care data Priority populations are those groups defined in the Los Angeles County Ending the HIV Epidemic plan. "Based on the epidemiologic profile, situational analysis, and needs assessment in Los Angeles County, the key populations of focus selected for local Ending the HIV Epidemic activities to reduce HIV-related disparities include: Black/African American MSM, Latinx MSM, women of color, people who inject drugs, transgender persons, and youth under 30 years of age. Although priority populations have been selected for EHE, the LAC HIV portfolio will continue to support all populations affected by HIV and will not diminish efforts to prevent, diagnose, and treat HIV for populations who remain a critical concern, including people over age 50 who account for over 51% of PLWH in LAC and people experiencing unstable housing or homelessness, among others" (pg. 21). The Health Districts with the highest disease burden represent five cluster areas that account for more than 80% of the disease burden (LACHAS, pg. 7) 1. Hollywood Wilshire (SPA 4) 2. Central (SPA 4) 3. Long Beach (SPA 8) 4. Southwest (SPA 6) 5. Northeast (SPA 4) See health district (HD) maps for ranking by HIV disease burden (attachment B).	

3. Integrate telehealth across all prevention and care services, as appropriate.	
4. Continue the implementation of the recommendations developed by the Black/African Community (BAAC) Task Force (TF) which set a progressive and inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020: a. Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust, and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum, monitoring, and evaluation. b. In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women. Integrate needs assessment objectives and timelines in the 2022-2026 Comprehensive HIV Plan. c. Assess available resources by health districts by order of high prevalence areas. d. Conduct a study to identify out-of-care individuals, and populations who do not access local services and why they do not. e. Fund mental health services for Black/African American women that are responsive to their needs and strengths. Maximize access to mental services by offering services	In progress. Some training resources still need to be identified and tested. *DHSP will provide an update on the development of B/AAC Caucus recommendations for provider training material and/or curriculum.* This should be included in the needs assessments conducted as part of the formative work for the development of the comprehensive plan. *It was recommended the B/AAC Caucus be consulted on measurement tools to use for a comprehensive needs assessment of the Black/African American Community. The information will be included in the CHP.* *DHSP to implement a LACHNA report once staff levels are restored. The division will notify the Committee when the study is implemented.* *The Committee recommended mental health providers of color, specifically Black/African American providers are identified and*

remotely and in person. Develop a network of Black mental health providers to promote equity, and reduce stigma and medical mistrust.	*encourage to provide services. Special programs to increase the number of providers of color was recommended.* *Is there a different standard of care for these services for this population? There are no separate standards, however the Black members of the PP&A Committee noted that what is important is recognizing that Black mental health providers are critical partners in delivering services. Recruitment and retention of Black mental health provides was mentioned.*

5. Earmark funds for peer support and psychosocial services for Black gay and bisexual men. The Commission allocated 1% funding for Psychosocial Support Services in PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 includes peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis. • It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community. For 2022, SBP is developing Best Practices for Special Populations with specific document for Black/African community across multiple service categories.	Must be allocated by PP&A. *The Commission allocated funding for Psychosocial Support Services in PY 34.* DHSP relies on SBP for guidance. *The SBP Committee workplan includes mental health and psychosocial services standards review.* *The Committee requested DHSP prioritize specific communities in RFPs for Psychosocial Support Services.*
6. Provide Non-Medical Case Management (NMCM) services in non-traditional and traditional locations to support improved service referrals and access points to Ryan White services for identified priority populations, such as young men who have sex with men (YMSM), African American men and women, Latinx communities, transgender individuals, and older adults (over 50 years). The COH's approved allocations for NMCM for PYs 32, 33, and 34 are as follows: 2.44% Part A and 12.61% MAI. The COH requests a solicitations schedule and updates from DHSP on an annual basis.	Commission must allocate funds for these programs.

7. Continue to enhance Foodbank and Home Delivered Meals services to include dietary guidance, better quality foods (specifically more high-quality nutrient-rich fruits, vegetables, and lean proteins), and increase the amount of food available for clients based on their individual needs or by gaps observed or reported by agencies and clients; cover essential non-food items such as personal hygiene products (to include feminine hygiene items), household cleaning supplies, and personal protective equipment (PPE). Permit contracted agencies to provide grocery, gas, and transportation support (e.g., Metro Tap cards, rideshare services) to clients to facilitate expanded access to food.	DHSP has used EHE and HRSA CARES funds to improve its capacity to store perishable, nutritious foods, and increase the variety and quality of food available consistently.
8. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase the target number of clients served during the reallocation process. Funds should also be used to support additional training for housing specialists to serve the housing needs of families.	The entire housing portfolio needs to be examined to determine where DHSP's limited housing resources can have the most impact. *DHSP reviews methods of increased coordination and improvement of resource referrals and clearinghouse structure/services.* *Training for housing specialists was recommended to improve services. Consumers noted the training should include an emphasis on compassion and the ability to screen for multiple clients' needs.*
9. Continue to support the expansion of medical transportation services.	In progress *Medical transportation services were expanded to include ridesharing services. The program is provider administered.*
10. Continue efforts to develop Ryan White client eligibility cards and welcome packets, with information on Ryan White-funded services in Los Angeles County; train providers on the use of eligibility cards to reduce the paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to expedite the distribution of eligibility cards as stated by DHSP representatives. The COH requests a solicitations schedule and updates from DHSP on annual basis.	In progress *A solicitation is in development to contract with an agency to develop Ryan White eligibility cards.*

11. Augment contracts to permit agencies to have an operational line-item budget for childcare and transportation to facilitate consistent engagement in care and support services. This strategy would avoid releasing a stand-alone RFP for childcare and transportation and give service providers the flexibility to provide these services to all clients with children. Explore funding informal childcare for Medical Care Coordination (MCC) programs for maximum flexibility. The County's Department of Public and Social Services administers a program under CalWORKS that provides childcare allowances to foster care parents. This model may provide insights on a possible contractual or administrative mechanism to expand childcare options using Ryan White or Net County Cost funding. 12. Continue to expand flexibility to provide emergency financial support for PLWH. Augment Medical Case Management/Medical Care Coordination services to include Emergency Financial Assistance (EFA) and Childcare services. Priority populations such as women and their families, YMSM, and transgender women, may have unique needs for emergency financial assistance due to domestic and intimate partner, or community violence.	Childcare solicitation is nearly complete. *DHSP is working on augmenting contracts to include childcare and transportation services. The current solicitation cannot reimburse a client directly for childcare costs. Payments must go directly to childcare providers.* *The Committee express concerns about the narrow focus of the solicitation. DHSP was encouraged to find a way to support informal childcare. The Committee requested DHSP consider the use of Net County Costs (NCC) which has fewer funding restrictions. DHSP noted the NCC funding could be redirected but are currently fully allocated.* *The Committee suggested reallocating NCC-supported services to RW funding where appropriate to free up funds for childcare services that require greater funding flexibility.* *DHSP noted there is an internal discussion about using NCC for EFA services which could include childcare services.* EFA program is in place. *EFA provides client funding for rental assistance, rent deposits, moving costs and utilities services. To expand services, DHSP requested the Commission define specific services and resources*.
13. Fund mobile care teams or clinics that provide holistic care for women. Mobile teams should be available for all agencies and link women to services where they reside, congregate or prefer to be engaged. Mobile clinics should aim to be all-inclusive and include bilingual services, STI services, linkages to clinics for ongoing care, STI/HIV testing, PrEP, mammograms, health education, and made availability to women of all ages. Mobile clinics should have the capacity to provide community referrals to food, childcare, housing, recreation and wellness resources, and other support services. Explore partnering with existing street medicine programs to enhance mobile care teams specifically designed for women.	Need more information on what this would look like.

14. Fund psychosocial services and support groups for women. Psychosocial support services must include peer support to build a stronger sense of community, empowerment, and resilience among women living with HIV. Maximize access to psychosocial and support group services by offering services remotely and in person. The Commission allocated 1% funding for Psychosocial Support Services for PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis.	Commission should allocate funds accordingly.
15. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program and integrate the HIV and Aging care framework developed by the Aging Task Force. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, who experience aging-related issues earlier in life (before age 50). See attachment C for the HIV and Aging Framework. 16. .Integrate a geriatrician in medical home teams and establish a coordination process for specialty care services for older adults living with HIV.	

MOTION #3

LOS ANGELES COUNTY COMMISSION ON HIV

LAST UPDATED 5.10.22

Program Directives for Maximizing Health Resources Services Administration (HRSA) Ryan White Part A and MAI Funds for Program Years (PY) 32, 33, 34 and Centers for Disease Control and Prevention (CDC) Funding

Purpose: These program directives approved by the Los Angeles County Commission on HIV (COH) on XXX articulate instructions to the Division of HIV and STD Programs (DHSP) on how to meet the priorities established by the COH. The Ryan White PY Years 32, 33, and 34 service rankings and allocations table are found in Attachment A.

1. Across all prevention programs and services, use a status-neutral approach in service delivery models and create a connected network of services that promote access to PrEP, ongoing preventive care, mental health, substance use, and housing services. A status-neutral approach considers the steps that can lead to an undetectable viral load and steps for effective HIV prevention (such as using condoms and PrEP). The status-neutral approach uses high-quality, culturally affirming care and empowers PLWH to get treatment and stay engaged in care. Similarly, high-quality preventive services for people who are at risk of HIV exposure help keep them HIV-negative.[1] A status-neutral approach to HIV care means that all people, regardless of HIV status, are treated the same way, with dignity and respect, and with the same access to high-quality care and services.

2. Across all funding sources for prevention and care, prioritize investments in populations most disproportionately affected and in health districts with the highest disease burden and prevalence, where service gaps and needs are most severe. To determine populations and geographic areas most affected by HIV, request DHSP to provide data on the following:
   a. HIV and STD surveillance
   b. Continuum of care
   c. PrEP continuum
   d. Data on low service utilization in areas with high rates of HIV
   e. Viral suppression and retention sites by service sites
   f. and other relevant prevention and care data

   Priority populations are those groups defined in the Los Angeles County Ending the HIV Epidemic plan. “Based on the epidemiologic profile, situational analysis, and needs assessment in Los Angeles County, the key populations of focus selected for local Ending the HIV Epidemic activities to reduce HIV-related disparities include Black/African American

[1] hiv-status-neutral-prevention-and-treatment-cycle (nyc.gov)

MSM, Latinx MSM, women of color, people who inject drugs, transgender persons, and youth under 30 years of age. Although priority populations have been selected for EHE, the LAC HIV portfolio will continue to support all populations affected by HIV and will not diminish efforts to prevent, diagnose, and treat HIV for populations who remain a critical concern, including people over age 50 who account for over 51% of PLWH in LAC and people experiencing unstable housing or homelessness, among others" (pg. 21).

The Health Districts with the highest disease burden represent five cluster areas that account for more than 80% of the disease burden (LACHAS, pg. 7)

1. Hollywood Wilshire (SPA 4)
2. Central (SPA 4)
3. Long Beach (SPA 8)
4. Southwest (SPA 6)
5. Northeast (SPA 4)

See health district (HD) maps for ranking by HIV disease burden (Attachment B).

3. Integrate telehealth across all prevention and care services, as appropriate.

4. Continue the implementation of the recommendations developed by the Black/African Community (BAAC) Task Force (TF) which set a progressive and inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020:
    a. Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust, and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum, monitoring, and evaluation.
    b. In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women. Integrate needs assessment objectives and timelines in the 2022-2026 Comprehensive HIV Plan.
    c. Assess available resources by health districts by order of high prevalence areas.
    d. Conduct a study to identify out-of-care individuals, and populations who do not access local services and why they do not.
    e. Fund mental health services for Black/African American women that are responsive to their needs and strengths. Maximize access to mental services

by offering services remotely and in person. Develop a network of Black mental health providers to promote equity and reduce stigma and medical mistrust.

5. Earmark funds for peer support and psychosocial services for Black gay and bisexual men. The Commission allocated 1% funding for Psychosocial Support Services in PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis. It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community. For 2022, SBP is developing Best Practices for Special Populations with a specific document for Black/African community across multiple service categories.

6. Provide Non-Medical Case Management (NMCM) services in non-traditional and traditional locations to support improved service referrals and access points to Ryan White services for identified priority populations, such as young men who have sex with men (YMSM), African American men and women, Latinx communities, transgender individuals, and older adults (over 50 years). The COH's approved allocations for NMCM for PYs 32, 33, and 34 are as follows: 2.44% Part A and 12.61% MAI. The COH requests a solicitations schedule and updates from DHSP on an annual basis.

7. Continue to enhance Foodbank and Home Delivered Meals services to include dietary guidance, better quality foods (specifically more high-quality nutrient-rich fruits, vegetables, and lean proteins), and increase the amount of food available for clients based on their individual needs or by gaps observed or reported by agencies and clients; cover essential non-food items such as personal hygiene products (to include feminine hygiene items), household cleaning supplies, and personal protective equipment (PPE). Permit contracted agencies to provide grocery, gas, and transportation support (e.g., Metro Tap cards, rideshare services) to clients to facilitate expanded access to food.

8. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase the target number of clients served during the reallocation process. Funds should also be used to support additional training for housing specialists to serve the housing needs of families.

9. Continue to support the expansion of medical transportation services.

10. Continue efforts to develop Ryan White client eligibility cards and welcome packets, with information on Ryan White-funded services in Los Angeles County; train providers on the use of eligibility cards to reduce the paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to

expedite the distribution of eligibility cards as stated by DHSP representatives. The COH requests a solicitations schedule and updates from DHSP on annual basis.

11. Augment contracts to permit agencies to have an operational line-item budget for childcare and transportation to facilitate consistent engagement in care and support services. This strategy would avoid releasing a stand-alone RFP for childcare and transportation and give service providers the flexibility to provide these services to all clients with children. Explore funding informal childcare for Medical Care Coordination (MCC) programs for maximum flexibility. The County's Department of Public and Social Services administers a program under CalWORKs that provides childcare allowances to foster care parents. This model may provide insights on a possible contractual or administrative mechanism to expand childcare options using Ryan White or Net County Cost funding.

12. Continue to expand flexibility to provide emergency financial support for PLWH. Augment Medical Case Management/Medical Care Coordination services to include Emergency Financial Assistance (EFA) and Childcare services. Priority populations such as women and their families, YMSM, and transgender women, may have unique needs for emergency financial assistance due to domestic and intimate partner, or community violence.

13. Fund mobile care teams or clinics that provide holistic care for women. Mobile teams should be available for all agencies and link women to services where they reside, congregate, or prefer to be engaged. Mobile clinics should aim to be all-inclusive and include bilingual services, STI services, linkages to clinics for ongoing care, STI/HIV testing, PrEP, mammograms, health education, and made availability to women of all ages. Mobile clinics should have the capacity to provide community referrals to food, childcare, housing, recreation and wellness resources, and other support services. Explore partnering with existing street medicine programs to enhance mobile care teams specifically designed for women.

14. Fund psychosocial services and support groups for women. Psychosocial support services must include peer support to build a stronger sense of community, empowerment, and resilience among women living with HIV. Maximize access to psychosocial and support group services by offering services remotely and in person. The Commission allocated 1% funding for Psychosocial Support Services for PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis.

15. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program and integrate the HIV and Aging care framework developed by the Aging Task Force. This framework seeks to facilitate medical wellness examinations and offers a

flexible and adaptable guide to customizing care for older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, who experience aging-related issues earlier in life (before age 50). See Attachment C for the HIV and Aging Framework.

16. Integrate a geriatrician in medical home teams and establish a coordination process for specialty care services for older adults living with HIV.

ATTACHMENT A

LOS ANGELES COUNTY COMMISSION ON HIV
APPROVED ALLOCATIONS FOR
PROGRAM YEARS (PYs) 33 AND 34 (Approved by COH 01-13-2022; PY 32 Approved by COH Sept 2021)

	FY 2022 RW Allocations (PY 32)[1]						FY 2023 RW Allocations (PY 33)[2]				FY 2024 RW Allocation (PY 34)[2]		
PY 32 Priority #	Core/ Support Services	Service Category	Part A %	MAI %	Total Part A/ MAI %		Part A %	MAI %	Total Part A/ MAI %[3]		Part A %	MAI %	Total Part A/ MAI %[3]
1	S	Housing Services RCFCI/TRCF/Rental Subsidies with CM	0.96%	87.39%	8.33%		0.96%	87.39%			0.96%	87.39%	
2	S	Non-MedicalCase Management - BSS/TCM/CM for new positives/RW clients	2.44%	12.61%	3.30%		2.44%	12.61%			2.44%	12.61%	
3	C	Ambulatory Outpatient Medical Services	25.51%	0.00%	23.33%		25.51%	0.00%			25.51%	0.00%	
4	S	Emergency Financial Assistance	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
5	S	Psychosocial Support Services	0.00%	0.00%	0.00%		0.00%	0.00%			1.00%	0.00%	
6	C	Medical Care Coordination (MCC)	28.88%	0.00%	26.41%		28.88%	0.00%			28.00%	0.00%	
7	C	Mental Health Services	4.07%	0.00%	3.72%		4.07%	0.00%			4.07%	0.00%	
8	S	Outreach Services (LRP)	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
9	C	Substance Abuse Outpatient	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
10	C	Early Intervention Services	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
11	S	Medical Transportation	2.17%	0.00%	1.99%		2.17%	0.00%			2.17%	0.00%	
12	S	Nutrition Support Food Bank/Home-delivered Meals	8.95%	0.00%	8.19%		8.95%	0.00%			8.95%	0.00%	
13	C	Oral Health Services	17.60%	0.00%	16.13%		17.60%	0.00%			17.48%	0.00%	
14	S	Child Care Services	0.95%	0.00%	0.87%		0.95%	0.00%			0.95%	0.00%	
15	S	Other Professional Services - Legal Services	1.00%	0.00%	0.92%		1.00%	0.00%			1.00%	0.00%	
16	S	Substance Abuse Residential	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
17	S	Health Education/Risk Reduction	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
18	C	Home Based Case Management	6.78%	0.00%	6.21%		6.78%	0.00%			6.78%	0.00%	
19	C	Home Health Care	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
20	S	Referral	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
21	C	Health Insurance Premium/Cost Sharing	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
22	S	Language	0.65%	0.00%	0.60%		0.65%	0.00%			0.65%	0.00%	
23	C	Medical Nutrition Therapy	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
24	S	Rehabilitation	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
25	S	Respite Care	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
26	C	Local Pharmacy Assistance	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
27	C	Hospice	0.00%	0.00%	0.00%		0.00%	0.00%			0.00%	0.00%	
		Overall Total	**100.0%**	**100.00%**	**100%**		**100.0%**	**100.0%**	**0.00%**		**100.0%**	**100.00%**	**0.00%**

Footnotes:

1 - Service Category Rankings and Allocation Percentages Approved by the Commission on 09/09/2021

2 - PY 33 and 34 Allocation percentages approved by PP&A on 11/16/2021 and the Executive Committee on 12/09/2021

3 - To determine total percentages, funding award amounts for Part A and MAI must be known.

LOS ANGELES COUNTY COMMISSION ON HIV

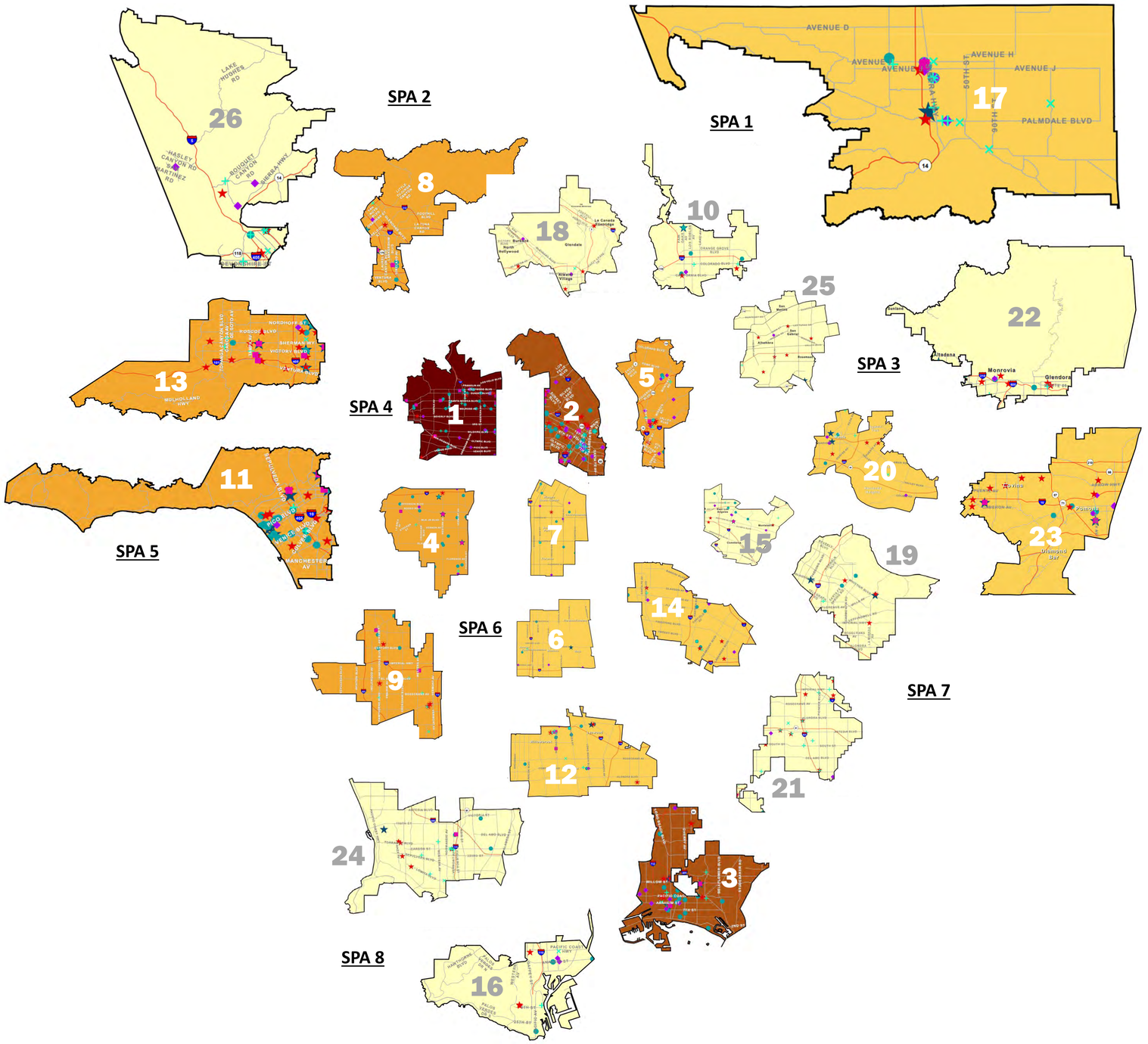
Los Angeles County Health Districts

LA COUNTY HIV

The Health District approach allows for the development of goals for each health district and ensure that at the community level, all HIV/AIDS Strategy stakeholders, service providers and residents can see how their efforts contribute to the overall achievement of the LACHAS goals.

Health Districts ranked by highest rate of HIV transmission.

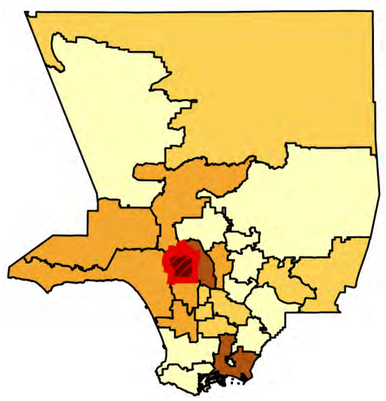
1. Hollywood Wilshire
2. Central
3. Long Beach
4. Southwest
5. Northeast
6. South
7. Southeast
8. East Valley
9. Inglewood
10. Pasadena
11. West
12. Compton
13. West Valley
14. San Antonio
15. East LA
16. Harbor
17. Antelope Valley
18. Glendale
19. Whittier
20. El Monte
21. Bellflower
22. Foothill
23. Pomona
24. Torrance
25. Alhambra
26. San Fernando



Los Angeles County HIV/AIDS Strategy Goals

By 2022:

1. Reduce annual HIV infections by 500
2. Increase diagnoses to at least 90%
3. Increase viral suppression to 90%



Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21; COH approved on 11/18/21)

STRATEGIES:

1. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for ALL older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, experience aging-related issues earlier in life (before age 50) .

2. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.

3. Integrate a geriatrician in medical home teams.

4. Establish coordination process for specialty care.

Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21)

Assessments and Screenings			
Mental Health	Hearing	HIV-specific Routine Tests	Immunizations
Neurocognitive Disorders/Cognitive Function	Osteoporosis/Bone Density	Cardiovascular Disease	Advance Care Planning
Functional Status	Cancers	Smoking-related Complications	
Frailty/Falls and Gait	Muscle Loss & Atrophy	Renal Disease	
Social Support & Levels of Interactions	Nutritional	Coinfections	
Vision	Housing Status	Hormone Deficiency	
Dental	Polypharmacy/Drug Interactions	Peripheral Neuropathologies	

From Golden Compass Program

From Aging Task Force/Commission on HIV

Screenings & Assessment Definitions

- HIV-specific Routine Tests
  - HIV RNA (Viral Load)
  - CD4 T-cell count
- Screening for Frailty
  - Unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- Screening for Cardiovascular Disease
  - Lipid Panel (Dyslipidemia)
  - Hemoglobin A1c (Diabetes Mellitus)
  - Blood Pressure (Hypertension)
  - Weight (Obesity)
- Screening for Smoking-related Complications
  - Lung Cancer - Low-Dose CT Chest
  - Pulmonary Function Testing, Spirometry (COPD)

Screening for Renal Disease

  - Complete Metabolic Panel
  - Urinalysis
  - Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
  - Urine Protein-Creatinine Ratio (HIVAN)
- Screening for Coinfections
  - Injection Drug Use
  - Hepatitis Panel (Hepatitis A, B, C)
  - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Definitions (continued)

- Screening for Osteoporosis
  - Vitamin D Level
  - DXA Scan (dual-energy X-ray absorptiometry)
  - FRAX score (fracture risk assessment tool)
- Screening for Male and Female Hormone Deficiency
  - Menopause, decreased libido, erectile dysfunction, reduced bone mass (or low-trauma fractures), hot flashes, or sweats; testing should also be considered in persons with less specific symptoms, such as fatigue and depression.
- Screening for Mental Health Comorbidities
  - Depression – Patient Health Questionnaire (PHQ)
  - Anxiety – Generalized anxiety disorder (GAD), Panic Disorder, PTSD
  - Substance Use Disorder - Opioids, Alcohol, Stimulants (cocaine & methamphetamine), benzodiazepines
  - Referral to LCSW or MFT
  - Referral to Psychiatry
- Screening for Peripheral Neuropathologies
  - Vitamin B12
  - Referral to Neurology
  - Electrodiagnostic testing
- Screening for Sexual Health

Other Suggestions from ATF/COH Discussions

- Screen patients for comprehensive benefits analysis and financial security
- Assess patients if they need and have access to caregiving support and related services
- Assess service needs for occupational and physical therapy (OT/PT) and palliative care
- Review home-based case management service standards for alignment with OT and PT assessments
- Establish a coordinated referral process among DHSP-contracted and partner agencies
- Collaborate with the AIDS Education Training Centers to develop training for HIV specialist and geriatricians.