LOS ANGELES COUNTY
COMMISSION ON HIV

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Get in touch: hivcomm@lachiv.org
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PLANNING, PRIORITIES & ALLOCATIONS COMMITTEE MEETING

Tuesday, October 15, 2024
1:00pm – 3:00pm (PST)

510 S. Vermont Avenue, 9th Floor, LA 90020
Validated Parking @ 523 Shatto Place, LA 90020
**As a building security protocol, attendees entering the building must notify parking attendant and/or security personnel that they are attending a Commission on HIV meeting.*

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

Register Here to Join Virtually

https://lacountyboardofsupervisors.webex.com/weblink/register/r7803b1be5538ee349aeb28373afaab71

Public Comments

You may provide public comment in person, or alternatively, you may provide written public comment by:

- Emailing hivcomm@lachiv.org
- Submitting electronically at https://www.surveymonkey.com/r/PUBLIC_COMMENTS

** Please indicate your name, the corresponding agenda item, and whether you would like to state your public comment during the meeting. All public comments will be made part of the official record.*

Accommodations

Requests for a translator, reasonable modification, or accommodation from individuals with disabilities, consistent with the Americans with Disabilities Act, are available free of charge with at least 72 hours' notice before the meeting date by contacting the Commission office at hivcomm@lachiv.org or 213.738.2816.

Scan QR code to download an electronic copy of the meeting packet. Hard copies of materials will not be available in alignment with the County's green initiative to recycle and reduce waste. If meeting packet is not yet available, check back prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.

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, OCTOBER 15, 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/r7803b1be5538ee349aeb28373afaab71

To Join by Telephone: 1-213-306-3065
Password: PLANNING Access Code: 2532 414 3582

Planning, Priorities, and Allocations Committee Members:			
Kevin Donnelly, Co-Chair	Felipe Gonzalez Co-Chair *Rita Garcia (Alternate)*	Al Ballesteros, MBA	Lilieth Conolly
Michael Green, PhD	William King, MD, JD	Miguel Martinez, MPH, MSW	Matthew Muhonen (LOA)
Daryl Russell	Harold Glenn San Agustin, MD	Dee Saunders	LaShonda Spencer, MD
Lambert Talley (Alternate)	Jonathan Weedman (LOA)		
QUORUM: 7			

AGENDA POSTED: October 10, 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 – 1:22 PM
    a. Operational and Commission Updates

8. Co-Chair Report 1:22 PM – 1:45 PM
    a. PP&A Committee November and December Meeting Dates
    b. October 28th Antelope Valley Listening Sessions

9. Division of HIV and STD Programs (DHSP) Report 1:45 PM – 2:00 PM

V. DISCUSSION ITEMS 2:00 PM—2:55 PM

10. Paradigm and Operating Values Updates and Approval
    MOTION #3: Approve the Paradigms and Operating Values, as presented or revised.

11. Directives Development

VI. NEXT STEPS 2:55 PM – 2:57 PM

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

VII. ANNOUNCEMENTS 2:57 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 October 15, 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 Paradigms and Operating Values, as presented or revised.

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.)

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

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 9/10/24

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
ALE-FERLITO	**Dahlia**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated representative	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**	Los Angeles General Hospital	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
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 representative	No Ryan White or prevention contracts
FRANKLIN*	**Arburtha**	Translatin@ Coalition	Vulnerable Populations (Trans)
GARCIA	**Rita**	No Affiliation	No Ryan White or prevention contracts
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 representative	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated representative	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated representative	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 representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
JONES	**Terrance**	Unaffiliated representative	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated representative	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
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 representative	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 representative	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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MUHONEN	**Matthew**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
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
RUSSEL	**Daryl**	Unaffiliated representative	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
SAUNDERS	**Dee**	City of West Hollywood	No Ryan White or prevention contracts
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
STALTER	**Kevin**	Unaffiliated representative	No Ryan White or prevention contracts
TALLEY	**Lambert**	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

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

PLANNING, PRIORITIES, AND ALLOCATIONS (PP&A) COMMITTEE MEETING MINUTES
September 17, 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	Matthew Muhonen	LOA
Felipe Gonzalez, Co-Chair	P	Daryl Russell	P
Al Ballesteros, MBA	P	Harold Glenn San Agustin, MD	P
Lilieth Conolly	EA	Dee Saunders	P
Rita Garcia	A	LaShonda Spencer, MD	P
Michael Green, PhD, MHSA	EA	Lambert Talley	P
William King, MD, JD	P	Jonathan Weedman	LOA
Miguel Martinez, MPH, MSW	P		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Lizette Martinez			
DHSP STAFF			
Pamela Ogata, 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, Planning, Priorities and Allocations (PP&A) co-chair, called the meeting to order at approximately 1:05pm.

2. ROLL CALL & CONFLICT OF INTEREST STATEMENTS

K. Donnelly conducted roll call vote and committee members were reminded to state their conflicts.

ROLL CALL (PRESENT): A. Ballesteros, W. King, M. Martinez, D. Russell, H. San Agustin, L. Spencer, D. Saunders, L. Talley, F. Gonzalez, K. Donnelly

3. Approval of Agenda

MOTION #1: Approve the Agenda Order **(✓Passed by Consensus)**

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

II. PUBLIC COMMENT

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

   There were no public comments.

III. COMMITTEE NEW BUSINESS

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

   D. Russell commented that there are currently only two programs that offer subsidy support for utilities and other basic needs and that the committee needs to take the limited amount of resources into consideration for future allocations.

   M. Martinez requested that the committee request additional information from the Division of HIV and STD programs on the new Patient Support Services program once the Request for Proposals (RFP) process is complete and subrecipients have been awarded to inform future planning efforts.

IV. REPORTS

7. **Executive Director/Staff Report**
   a. **HRSA Technical Assistance Site Visit Updates**
      - C. Barrit, Executive Director, reported that Commission staff are still waiting for the Health Resources and Services Administration (HRSA) to submit their report from the May Technical Assistance Site Visit. Commission staff anticipate receiving the report soon and will share the report with commissioners once it is received.

   b. **2024 Annual Conference Planning**
      - C. Barrit shared that the Annual Conference Workgroup has been working hard to plan the 2024 Commission on HIV (COH) Annual Conference. She provided a brief overview of the days events and noted that the conference will be held on Thursday, November 14, 2024, and will be held at the MLK Behavioral Health Center. See COH website for registration information. She noted that there is currently a call for abstracts out focusing on four key areas that will be covered during the conference including innovations in prevention, building community and fostering relationships, best practices and creative approaches to Integrated HIV Care, and meaningful and impactful planning council and community

engagement. See call for abstracts flyer for more details. The deadline for submission is September 27, 2024.

c. FY 2025 RWP Part A Notice of Funding Opportunity Preparation (HRSA 25-054)

- C. Barrit shared that the Division of HIV and STD Programs (DHSP) is currently working on the FY 2025 RWP Part A Notice of Funding Opportunity application and has requested feedback from the planning council. PP&A chairs, COH chairs, M. Martinez, and COH staff will meet at DHSP offices on September 19th to review the application and provide feedback to DHSP. The application is due on Oct. 1, 2024.

d. CDC- HRSA-EHE Planning Council Crosswalk

- C. Barrit provided the committee with a brief overview of the roles and responsibilities for prevention and care planning bodies and integrated planning. She highlighted the roles outlined in HIV Prevention, Ryan White Part A and the upcoming CDC PS24-0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments notice of funding opportunity. See meeting packet for more details. The document can be sued to help guide future status neutral planning efforts.

8. Co-Chair Report

a. Antelope Valley Listening Sessions

- K. Donnelly reported that the proposed Antelope Valley Community Listening Sessions will be held on Monday, October 28, 2024, at Wesley Adult Care Health Center in Lancaster. He thanked A. Ballesteros for offering to host the sessions at his facility. There will be two listening sessions: a morning session targeting providers and an afternoon session targeting the community. Food and incentives will be provided to participants. See promotional flyer for more details. AJ King will we facilitating both sessions and a special lunch presentation on Sexual Health and STI prevention will be provided by Kerry Ferguson.

b. Committee-Only Application: Rob Lester

- K. Donnelly reported that the group would be reviewing the Committee-only application of Rob Lester. Rob has extensive experience in the HIV field, was active in the Prevention Planning Workgroup and previously served as a Commission on the COH.
- Rob expressed his desire to join the committee to help ensure services are tailored to the needs of consumers and that resources are allocated responsibly.
- The group provided positive feedback on his application and experience and felt he would be a good fit on the committee.

MOTION #3: Approve the Committee-only application for Rob Lester and elevate to the Operations Committee and the Executive Committee. ***(√ Passed: Yes =9, A. Ballesteros, W. King, M. Martinez, D. Russell, H. San Agustin, L. Spencer, D. Saunders, F. Gonzalez, K. Donnelly)***

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

- P. Ogata reported that DHSP is currently working on the FY 2025 RWP Part A Notice of Funding Opportunity application that is due on Oct. 1st. She noted that the application is for the upcoming RWP year beginning on March 1, 2025. She added that this year's application is very different from previous applications with a maximum page amount of 80 pages down from 100 pages. She noted much of the 80 pages are attachments.
- P. Ogata added that the HRSA EHE new funding opportunity grant application is also due in October on the 22nd.

V. DISCUSSION ITEMS

10. Ryan White Program Year (PY) 35 Allocation and Allocation Forecasting PY 36-37

- The committee reviewed and approved the Ryan White PY35 Allocations that was determined at the August PP&A Committee meeting.

  MOTION #4: Approve Ryan White Program Year 35 Allocations as presented or revised and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body. ***(V Passed: Yes =9, A. Ballesteros, W. King, M. Martinez, D. Russell, H. San Agustin, L. Spencer, D. Saunders, F. Gonzalez, K. Donnelly)***

			FY 2024 (PY 34) [1]		FY 2025 (PY 35) [2]	
Service Type	Service Ranking	Service Category	Part A %	MAI %	Part A %	MAI %
Core	6	Medical Case Management (Medical Care Coordination)	27.15%	0.00%	29.00%	0.00%
Core	8	Oral Health	20.79%	0.00%	21.30%	0.00%
Core	20	Outpatient/Ambulatory Medical Health Services (Ambulatory Outpatient Medical)	17.11%	0.00%	17.11%	0.00%
Core	11	Early Intervention Services (Testing Services)	6.58%	0.00%	0.00%	0.00%
Core	17	Home and Community-Based Health Services	6.50%	0.00%	6.50%	0.00%
Support	2	Emergency Financial Assistance	6.32%	0.00%	8.00%	0.00%
Support	7	Nutrition Support (Food Bank/Home-delivered Meals)	5.79%	0.00%	7.79%	0.00%
Support	5	Non-Medical Case Management				
		Benefits Specialty Services	3.95%	0.00%	3.95%	0.00%
		Transitional Case Management - Jails	1.58%	0.00%	1.58%	0.00%
Support	10	Medical Transportation	1.84%	0.00%	1.84%	0.00%
Support	23	Legal Services	1.42%	0.00%	2.00%	0.00%
Support	1	Housing				
		Housing Services RCFCI/TRCF (Home-Based Case Management)	0.91%	0.00%	0.91%	0.00%
		Housing for Health	0.00%	100.00%	0.00%	100.00%
Core	3	Mental Health Services	0.29%	0.00%	0.02%	0.00%
Core	9	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	0.00%	0.00%
Core	22	Local AIDS Pharmaceutical Assistance Program (LPAP)	0.00%	0.00%	0.00%	0.00%
Core	15	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%
Core	16	Home Health Care	0.00%	0.00%	0.00%	0.00%
Core	28	Hospice Services	0.00%	0.00%	0.00%	0.00%
Core	26	Medical Nutritional Therapy	0.00%	0.00%	0.00%	0.00%
Core	12	Substance Abuse Services Outpatient	0.00%	0.00%	0.00%	0.00%
Support	18	Child Care Services	0.00%	0.00%	0.00%	0.00%
Support	13	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%
Support	27	Linguistic Services (Language Services)	0.00%	0.00%	0.00%	0.00%
Support	14	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%
Support	4	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%
Support	24	Referral	0.00%	0.00%	0.00%	0.00%
Support	25	Rehabilitation	0.00%	0.00%	0.00%	0.00%
Support	21	Respite Care	0.00%	0.00%	0.00%	0.00%
Support	19	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%
		Overall Total	100%	100.00%	100.00%	100.00%

- Following the approval of the PY35 allocations, the group discussed allocation forecasting for Program Years (PYs) 36 and 37. The forecasting allocation amounts are not final allocations but serve as a ground point for future priority setting and resource allocation discussions and final allocation determinations. Allocation forecasting also assists DHSP planning around future RFPs.
- M. Martinez noted that, during the PY35 priority setting and resource allocation process, Psychosocial Support Services was ranked as a high priority but no money was allocated because it would take a year to develop and release an Psychosocial Support Services RFP and asked the group to consider allocating 2-5% towards this service category for PYs 36 and 37. He suggested reducing the allocation amount from Ambulatory and Outpatient Medical (AOM) Services to allocate towards Psychosocial Support Services. He noted that there is

anticipated savings in AOM as more people move on to Medi-Cal and that this allocation will allow DHSP to start their planning future efforts to fund and provide programming in this category.

- F. Gonzalez suggested reducing allocation in Oral Health Services and reallocating the reduction to Psychosocial Support Services. P. Zamudio suggested inviting oral care providers to a future meeting to develop a better understanding of services before reducing allocations in this service category.
- After some discussion, the committee agreed to reduce the AOM allocation by 1.25% and redirect the 1.25% to Psychosocial Support Services for PYs 36 and 37 to allow DHSP to begin to plan for future services. They noted that allocation amounts would be revisited next year during the priority setting and resource allocation process.

LOS ANGELES COUNTY COMMISSION ON HIV
ALLOCATIONS FOR PROGRAM YEARS (PYs) 36 AND 37

			FY 2026 (PY 35)[1]		FY 2026 (PY 36)[2]		FY 2027 (PY 37)[2]	
Type	Rank	Service Category	Part A %	MAI %	Part A %	MAI %	Part A %	MAI %
Core	6	Medical Case Management (MCC)	29.00%	0.00%	29.00%	0.00%	29.00%	0.00%
Core	8	Oral Health	21.30%	0.00%	21.30%	0.00%	21.30%	0.00%
Core	20	Outpatient/Ambulatory Medical Health Services (AOM)	17.11%	0.00%	15.86%	0.00%	15.86%	0.00%
Core	11	Early Intervention Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	17	Home and Community-Based Health Services	6.50%	0.00%	6.50%	0.00%	6.50%	0.00%
Support	2	Emergency Financial Assistance	8.00%	0.00%	8.00%	0.00%	8.00%	0.00%
Support	7	Nutrition Support (Food Bank/Home-delivered Meals)	7.79%	0.00%	7.79%	0.00%	7.79%	0.00%
Support	5	Non-Medical Case Management						
		Benefits Specialty Services	3.95%	0.00%	3.95%	0.00%	3.95%	0.00%
		Transitional Case Management - Jails	1.58%	0.00%	1.58%	0.00%	1.58%	0.00%
Support	10	Medical Transportation	1.84%	0.00%	1.84%	0.00%	1.84%	0.00%
Support	23	Legal Services	2.00%	0.00%	2.00%	0.00%	2.00%	0.00%
Support	1	Housing						
		Housing Services RCFCI/TRCF	0.91%	0.00%	0.91%	0.00%	0.91%	0.00%
		Housing for Health	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%
Core	3	Mental Health Services	0.02%	0.00%	0.02%	0.00%	0.02%	0.00%
Core	9	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	22	Local AIDS Pharmaceutical Assistance Program (LPAP)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	15	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	16	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	28	Hospice Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	26	Medical Nutritional Therapy	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Core	12	Substance Abuse Services Outpatient	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	18	Child Care Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	13	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	27	Linguistic Services (Language Services)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	14	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	4	Psychosocial Support Services	0.00%	0.00%	1.25%	0.00%	1.25%	0.00%
Support	24	Referral	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	25	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	21	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support	19	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Overall Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

11. Directives Development Refresher

- Commission staff provided a presentation on program directives and how to create impactful directives for the recipient to follow. See meeting packet for more details.

- The group began reviewing existing directives that also included DHSPs response to each directive. Commission staff provided a simple analysis for committee members to prompt further discussion and analysis by the group on whether to remove, revise and keep existing directives.
- W. King suggested reviewing health district data to help inform new directives. P. Ogata reminded the group to view multiple sources of data. C. Barrit noted that staff can compile existing data to help inform future discussions and can investigate other sources of data outside of DHSP. M. Martinez noted that the commitment to provide more transparent data around care from DHSP has not happened. He noted sharing of prevention data has improved but that transparency has not been seen on care/treatment data.
- M. Martinez suggested keeping and updating the first directive to continue to implement status neutral approaches in all HIV programming.

VI. NEXT STEPS

12. Task/Assignments Recap

a. Commission staff will send a Word copy of the existing directives for committee members to review ahead of the October PP&A meeting.

b. Commission staff will compile existing data sources and include available content into the October meeting packet.

13. Agenda Development for the Next Meeting

a. Review remainder of PP&A meeting calendar.

b. Begin reviewing available data to help inform directive revisions and development.

c. Continue reviewing existing program directives.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

15. Adjournment for the Meeting of Sept. 17, 2024.

The meeting was adjourned by K. Donnelly at 3:56pm.

LOS ANGELES COUNTY
COMMISSION ON HIV

2024 ANNUAL CONFERENCE

Bold Transformation to Confront and End HIV

November 14, 2024
9am to 4pm

MLK Behavioral Health Center
12021 S. Wilmington Ave, Los Angeles, CA 90059

Register HERE or scan the QR code

Hear from local and national experts and leaders

Afternoon breakout sessions on prevention, care, and community engagement

Breakfast and lunch

LEARN AND ENGAGE FOR ACTION

Questions? EMAIL HIVCOMM@LACHIV.ORG

WE WANT TO HEAR FROM YOU ANTELOPE VALLEY!

SEXUAL HEALTH LISTENING SESSIONS

We invite you to share your perspectives on opportunities, challenges, and community needs related to sexual health and wellness. The listening sessions will bring together members from various stakeholder groups including medical providers and local residents to help identify new solutions and inform future planning.

Monday, October 28, 2024

10:00am - 12:00pm	**Healthcare Provider Stakeholder Listening Session**
12:00pm - 1:00pm	**Lunch**
1:30pm - 3:30pm	**Community Stakeholder Listening Session**

WHAT TO EXPECT:

- **Open, respectful and confidential dialogue**
- **$25 gift cards, food, and resources provided**

RSVP Required! Deadline: Oct. 24

For questions, please contact Lizette Martinez at lmartinez@lachiv.org.

Registration:
https://tinyurl.com/2j68v2ad

Wesley Adult Day Health Care 844 W. Ave I Lancaster, CA 93534

These sessions are supported by the Los Angeles County Commission on HIV in partnership with JWCH Institute/Wesley Health Centers and Bartz-Altadonna Community Health Center.

LOS ANGELES COUNTY
COMMISSION ON HIV

PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
PARADIGMS AND OPERATING VALUES
(Revised - PP&A 8/27/2024)

PARADIGMS (Decision-Making)

- **Equity**[1]**:** 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.
- **Compassion**[2]**:** Response to suffering of others that motivates a desire to help.
- **Retributive Justice:** Making up for past inequities.
    - **Restorative Justice**: Making up for past inequities.

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**[3]: Acknowledging that we do not know everything and willingness to listen carefully to others.
- **Access**: Assuring access to the process for all stakeholders and/or constituencies.

LOS ANGELES COUNTY COMMISSION ON HIV

Suggestions for Ryan White Program Multi-Year (PY 35-37) Program Directives

For Discussion Purposes Only*

- Patient Navigation and Support – to support consumers as they navigate the various services available to them (whether RWP related or not); needs to go beyond referral but assistance in making calls, attending appointments, encouragement during difficult periods, etc.
- Increase workforce capacity by providing training for frontline staff to reduce stigma and create more welcoming physical environments (waiting rooms). Incorporate methods to ensure client confidentiality and desire for privacy.
- Increase use of LAI ART and injectable PrEP to address issues with medication adherence (forgetting or pill fatigue), inability to store medications due to being unhoused, active substance use, etc.
- Increase awareness of available services throughout the County and from various providers. Increase partnerships with non-traditional partners to expand messaging and awareness and explore the feasibility of offering testing with non-traditional providers.
- Increase access to appointments outside of traditional business hours (evenings and weekends). May need to increase service availability in a specific geographic area(s).
- Address the unique needs of people who use substances.
- Increase opportunities to hire individuals with lived experience (within various capacities) that reflect the populations being served particularly people of a trans experience, Black/AA MSM, Latine/x MSM, formerly incarcerated, former substance users.
- Increase training and ensure staff are periodically screening clients for Medi-Cal eligibility, including dental providers. Counsel clients with undocumented status, or mixed status families, to dispel Public Charge inaccuracies and encourage enrollment in Medi-Cal.
- Recipient to formally report the status of all directives issued by the Planning Council (*insert interval/time frames*).

Transgender Caucus Recommendations:

- Housing service providers must have policies in place that protect the rights of Transgender, Gender Non-Confirming, and Intersex (TGI) People Living with HIV (PLWH).
- Housing service providers must have staff trained in Trauma-Informed Care strategies.
- Core Medical and Support service providers must have staff qualified to provide gender-affirming/ appropriate services to Transgender, Gender non-conforming, and Intersex people.

** Needs identified during COH, Committee and/or Caucus meetings and align with priorities and allocations for PY35-37.*

Priority Setting and Resource Allocation Process: Developing Directives

Planning, Priorities and Allocations Committee
September 17, 2024

LOS ANGELES COUNTY
COMMISSION ON HIV

Objectives

- Understand the purpose of the directives
- Identify the four areas of focus of directives
- Understand the role of the Planning, Priorities and Allocations Committee in developing directives
- Identify sound practices and HRSA expectations for developing directives
- Learn how to draft directives

Content for this presentation was adapted from Ryan White Program Part A Manual and Planning CHATT Resource Developing Directives: Steps and Sound Practices.

Priority Setting and Resource Allocation Process

1. Review core medical and support service categories, including HRSA service definitions
2. Review data/information from DHSP & COH Caucuses
3. Agree on how decisions will be made; what values will be used to drive the decision-making process
4. Rank services by priority
   Ranking DOES NOT equal level of allocation by percentage
5. Allocate funding sources to service categories by percentage
   Ryan White Program Part A and Minority AIDS Initiative (MAI)
6. Draft Directives: Provide instructions to DHSP on how best to meet the priorities
   Informed by COH Committees, Caucuses, Task Forces, data, PLWH & provider input
7. Reallocation of funds across service categories, as needed throughout funding cycle

Directives

Development of directives is a legislative responsibility of a Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council (PC).

Provides guidance to the recipient (DHSP) on how best to meet prevention and care priorities

- Involves instructions for the recipient to follow in developing requirements for providers for use in procurement and contracting
- Usually addresses populations to be served, geographic areas to be prioritized, and/or service models or strategies to be used

Directives are one way of strengthening the system of care. There are other ways, as well, such as adding requirements to universal or service category specific Service Standards.

Focus of Directives

Directives are indicated when your current system of care is not meeting identified service priorities, and you can identify actions that may enhance services and improve consumer engagement, retention, and outcomes such as linkage to care, retention in care, adherence to medications, and viral suppression, overall or for specific PLWH populations or geographic areas.

Most directives relate to one or more of the following:

- **Geographic focus** to ensure service availability throughout the EMA/TGA or in a particular county or area
- **Population focus** to ensure services that are appropriate for particular subpopulations of people with HIV (PWH)
- Improvements in **access to care**
- Testing of new **service models** or expansion of effective strategies

Timing of Directive Development

A planning council can develop a directive at any time. The needs for a directive may come from the review and discussion of data from the following sources:

- **Needs assessment** - service gaps, barriers to care, or issues identified by consumers, service providers, or PLWH who are out of care
- **Town hall meetings or public hearings** - identified service needs, gaps, services strengths or weaknesses
- **HIV care continuum** - disparities in linkage to care, retention, and/or viral suppression among specific PLWH populations
- **Service utilization** - disparities in use of particular service categories by different PLWH populations (i.e., race/ethnicity, age, gender/gender identity, sexual orientation, risk factor, or place of residence)
- **Clinical Quality Management (CQM)** - identified performance issues or changes in service models that improve patient care, health outcomes, and patient satisfaction

Sound Practices for Directive Development

There are many different ways to develop directives, and no single approach is best. The most effective processes have several sound practices in common:

- **Consumer and community input:** consumers often have the best understanding of what is and is not working
- **Clear responsibilities:** responsibility assigned to a committee with both appropriate expertise and sufficient time to fulfill this responsibility
- **Recipient involvement:** recipient is responsible for implementing directives and may also provide data and advice on implementation feasibility and timing. For example, if a directive involves a new service model, implementation may be feasible only when the recipient releases a new Request for Proposals (RFP) for the service category.
- The recipient can provide technical input and should be engaged in directives development, but the **planning council is the decision maker about the directives**.

HRSA Expectations

Planning councils have a great deal of flexibility in the development and use of directives. HRSA expects directives to be:

- **Based on an identified need** - determined through review of data
- **Explored and developed as needed throughout the year** - may include the involvement of committees/caucus and/or consumers
- **Presented in relation to the PSRA process**, since they often have financial implications and may require changes in how services are delivered
- **Approved by the full planning council**
- **Consistent with an open procurement process** - directives should not have the effect of limiting open procurement by making only 1-2 providers eligible. The planning council should not be involved in the selection of specific agencies to serve as subrecipients.

Tips for Preparing Directives

1. **Provide a limited number of carefully thought-out directives**. Too many directives may not receive the individual attention or resources needed for successful implementation.
2. **Review current directives**. Retire those that no longer apply and/or refine an existing directive rather than developing a new one.
3. **Base directives on data**. When proposing a new or revised directive, be prepared to justify the directive with data.
4. **Identify and research possible directives throughout the year** as part of ongoing efforts to improve the continuum of care. This provides time to explore service models used by other jurisdictions, determine costs, and have a well-considered directive to present as part of PSRA process.
5. **Refer to but don't duplicate requirements in existing Service Standards**.
6. **Use plain, direct language.** This makes the directive easy to understand and implement.

Drafting Directives

Directive format	Examples
A directive can call for a specific solution or several options, or it can be stated to define the required level of access rather than the specific solution.	Consumers will have access to AOM services within each of the Service Planning Areas (SPAs) at least two days a week, and transportation assistance will be provided for any consumer who lives more than 5 miles from an AOM location.
A directive can be flexible allowing the recipient to develop an approach or it can be specific and detailed-identifying desired outcomes or approaches to consider.	The recipient will develop and arrange for a two-year pilot implementation of a peer-based support program designed to ensure that young MSM of color who are newly diagnosed or out of care become fully engaged in care, adhere to treatment, and reach viral suppression.
A directive can also include instructions to include greater involvement of the planning council.	The recipient will work with the PC to develop a peer-based support program to be implemented as a 2-year pilot effort. The program will be developed in collaboration with the Consumer Caucus and the recipient and must be approved by both parties.

Directive Implementation

Due to their financial and funding implications, discussions with the recipient about directive feasibility and implementation are needed.

The recipient must follow directives in procurement and contracting but cannot always guarantee full success. *

Some directives may require changes in subrecipient (service provider) scopes of work or increased costs, and the recipient may not be able to implement them immediately.

Directives are generally implemented by the recipient through:

- procurement and contracting, and/or
- program monitoring and clinical quality management (CQM) efforts

Assessment

Once a directive has become a requirement for subrecipients, its implementation can be followed through program monitoring, reviewed as part of CQM, or assessed in terms of changes in performance measures or clinical outcomes for affected PLWH.

The recipient should always be asked to **provide regular updates on implementation of directives**, ideally at least quarterly.

Sample Directives

1. At least one outpatient substance abuse treatment provider must offer services appropriate for and accessible to women, including women who are pregnant or have small children.
2. RWHAP-funded outpatient ambulatory health services must be available within each Service Planning Area (SPA), either through facilities located in the county or through other methods such as use of mobile vans or out-stationing of personnel.
3. Every funded outpatient ambulatory health services (OAHS) provider and every medical case management provider must offer services at least one evening a week and/or one weekend day a month.

Guidance on how best to meet prevention and care priorities.

Focus on:

- Geographic area
- Target population
- Access to care
- Service models

Sample Directives

4. At least two medical providers will receive funds to test the use of a Rapid Response linkage to care model, designed to ensure that newly diagnosed clients have their first medical visit within 72 hours after receiving a positive test result.
5. Core medical service providers must have bilingual Spanish-English staff in positions with direct client contact, including clinical staff.
6. PLWH with a history of unmet need must have access to peer navigator services or other targeted assistance for at least the first six months after they return to care.
7. Oral health care must be accessible to PLWH in the EMA regardless of where they live.

Guidance on how best to meet prevention and care priorities.

Focus on:

- Geographic area
- Target population
- Access to care
- Service models

Time to Draft Directives…

Consider the following questions as you prepare to draft your directives:

- What is the purpose of the directive? What should it try to accomplish?
- What service category(s) should be used or targeted?
- How should the directive be worded?
- Where is the data to justify the need for the directive?

Los Angeles County 2022 -2026 Integrated HIV Prevention and Care Plan: Needs Assessment Data

PLANNING, PRIORITIES, AND ALLOCATIONS COMMITTEE

JULY 16, 2024

LOS ANGELES COUNTY
COMMISSION ON HIV

Barriers to Services

Top 5 Barriers to Accessing HIV Testing

	Providers	Community
1	Lack of culturally appropriate services	Substance Use
2	Substance Use	Lack of accurate information about testing
3	Mental Health	They don't believe they're at risk
4	They don't believe they're at risk	Mental Health
5	Lack of accurate information about testing	Lack of culturally appropriate services

Additional identified barriers: lack of awareness of free services, lack of awareness of testing locations and hours, fear of finding out they're infected, isolation, stigma/internalized homophobia, PTSD

Barriers to Services

Top 5 Barriers to Accessing PrEP

	Providers	Community
1	Mental Health	Concern they won't be able to pay for PrEP
2	Substance Use	Substance Use
3	Lack of culturally appropriate services	Lack of accurate information about PrEP
4	Lack of stable housing	Mental Health
5	Lack of accurate information about PrEP	Trauma

Additional identified barriers: discomfort taking medication when not sick, thinking PrEP is for other people because of lack of authentic advertising, inability to store medication due to being unhoused

Barriers to Services

Top 5 Barriers to Linkage to Care

	Providers	Community
1	Substance Use	Substance Use
2	Lack of accurate information about LTC	Mental Health
3	Lack of culturally appropriate services	Concern that they won't be able to pay for HIV care
4	Lack of stable housing	Lack of accurate information about LTC
5	Trauma	Lack of stable housing

Additional identified barriers: lack of HIV+ peers to talk to, need a warm hand-off to services without having to wait, stigma, transportation, unfriendly and insensitive waiting rooms, fear of people thinking they're gay, unwilling to access care due to bad experiences with providers in the past, discomfort in clinic's physical space, concern over administrative hurdles

Barriers to Services

Top 5 Barriers to Remaining Engaged in Care

	Providers	Community
1	Substance Use	Substance Use
2	Mental Health	They don't feel sick
3	Trauma	Mental Health
4	Lack of stable housing	Lack of stable housing
5	Lack of accurate information about HIV care	Trauma

Additional identified barriers: lack of appointment time options, don't want to take medication or go to doctor's office, lack of peer support and treatment advocates, lack of respect in waiting areas/reception for drug users and homeless, stigma, transportation, medical mistrust, lack of childcare, need for peer advocates

Key Priorities Identified

- Integration and streamlining of services
- Address the mental health needs of PLWH and at-risk for HIV
- Address SUD, especially meth use disorder
- Address the needs and gaps in the HIV workforce
- Clear marketing and messaging about services and risks to reach priority populations
- Need to increase health literacy

LOS ANGELES COUNTY COMMISSION ON HIV

APPROVED
COH Meeting 6-7-22

Approval Dates: Planning, Priorities, and Allocations Committee 5/17/22/; Executive Committee 5/26/22/; COH 6/9/22; DHSP Response 11/14/22

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 June 9, 2022 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.

Consider complete and ongoing

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.

DHSP Response:

- DHSP's EHE Outreach and Education team developed HIV Testing palm cards that are status-neutral. One side of the palm card has resources for persons diagnosed with HIV, and the other side of the card contains resources for persons who are HIV negative.
- DHSP recently released a new RFP (through Heluna Health) to fund mini-projects that will improve linkage to care, diagnoses, or engagement in care. The RFP recommends the use of a status-neutral approach and is available at https://www.helunahealth.org/news/rfp-la-county-department-of-public-health-ending-the-hiv-epidemic-mini-grant-program-short-version-
- All DHSP prevention contracts are status-neutral
- Under vulnerable population contracts, at least four provide housing vouchers and three provide mental health services
- Persons at risk for HIV should have access to substance use prevention and treatment if they have any private health insurance or through MediCal
- Identification of a funding source for housing services for persons at risk of HIV has been a challenge. DHSP will advocate with CDC and HRSA to allow more flexibility with funding in order to support the status neutral approach

Rephrase to address issues with access and services in specific geographic areas.

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 rates 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).

DHSP Response:

- DHSP has developed HIV and STD dashboards which present current data and trends. Health district and SPA results are available. The dashboards can be accessed at http://publichealth.lacounty.gov/dhsp/Dashboard.htm
- DHSP Data Visualization team has developed Health District-level Epi Profiles and a Power BI tool to help track clusters and inform cluster detection and response initiatives more efficiently
- DHSP has and will continue to provide responses to COH data requests. HIV and STD surveillance, RWP Utilization, NHBS, HIV testing, and MMP data were presented during 2021 and 2022. Data were also provided and included in the Comprehensive Prevention Plan.

Consider completed and ongoing

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

DHSP Response:

- DHSP augmented some biomedical contracts to purchase telehealth software
- RWP AOM, MCC, MH, Transitional Case Management (TCM) and Home-Based Case Management (HBCM) services have had the capacity to deliver services via telehealth since March 2020, and will continue using telehealth (phone)
- Prevention programs used Zoom, Facebook and phone and will continue to use these telehealth modalities and a hybrid approach.
- DHSP will continue to monitor and evaluate telehealth usage in the RWP
- New services such as the Spanish language mental health services will require both on-site and telehealth options

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:

Consider complete; may be ongoing? Request update from DHSP

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.

DHSP Response:

- DHSP developed a training that addresses issues of cultural humility and implicit bias last year. Three hundred people have been trained so far and this work is ongoing.

Black/AA Caucus currently conducting various listening sessions to identify needs.

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 a 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.

DHSP Response:

- DHSP has collaborated with Raniyah Copeland to obtain perspectives and feedback from the Black/African American community to develop a social marketing strategy
- Black/African American Taskforce will conduct key informant interviews with service providers including workforce development needs
- Conducting LACHNA is extremely labor intensive and time-consuming activity. The NHBS data can be used for prevention planning and the Medical Monitoring Project (MMP) can be used to understand HIV care needs.
- A more targeted needs assessments can be completed by COH and AJ as part of the CHP development

Provide more detail on "resources"; HIV specific? Rephrase to link to available resources.

c. Assess available resources by health districts by order of high prevalence areas.

DHSP Response:

- DHSP will update analyses to better understand geographic diversity of the HIV epidemic and will share the results with the COH.
- See response to item #2

- DHSP will help improve the response of local HIV efforts to address epidemic among Blacks and African Americans by enlisting new providers and working with other county departments to help make the county contracting process easier to navigate and more inclusive.

d. Conduct a study to identify out-of-care individuals, and populations who do not access local services and why they do not.

DHSP Response:

- DHSP staff are currently analyzing data from the Linkage and Re-Engagement Program (LRP) as well as other Data-to-Care activities to identify out of care individuals and better understand their service needs.
- DHSP has developed a dedicated in-house Data to Action team

Mental Health assessment showed lack of overall providers; low mental health RWP utilization rates; mental health services primarily covered via Medi-Cal.

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.

DHSP Response:

- Under the HRSA EHE grant, DHSP has secured a contractor who has conducted a Mental Health Needs Assessment. This assessment includes three levels of inquiry: systems, providers, and clients/consumers. Fifteen keyholder interviews were conducted, and surveys were collected from 35 providers and 29 consumers.
- The consultant presented preliminary findings at the October COH meeting and the final report will be available before the end of 2022.
- Based on the results of the Needs Assessment, DHSP will determine next steps to increase availability of mental health services for Black/African American women.
- Three RFPs for Black/African American or Latino MSM, Black/African American cisgender women, and Black/African American transgender were recently released (October 2022)
- To fully accomplish this goal, reform in the educational and reimbursement systems are needed which is outside DHSP's scope.

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

Revisit and refine directive to provide more detail.

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.

DHSP Response:

- It would be helpful to obtain more specific information on the programmatic design of these psychosocial services from the COH
- One of the recently released priority population intervention RFPs (through Heluna Health) is for Black/African American MSM. This RFP requires both MH and psychosocial support services in the program model.
- DHSP currently supports one agency that has a robust peer support program and will obtain more information from them on their program model to inform the development of a RFP. A solicitation is scheduled for release in 2023.

Consider complete and ongoing

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.

   DHSP Response:

   - DHSP recently released a new RFP (through Heluna Health) to fund mini-projects that will improve linkage to care, diagnoses, or engagement in care. Traditional and non-traditional service sites can be proposed. The RFP also encourages non-traditional HIV providers to apply, and the RFP is available at https://www.helunahealth.org/news/rfp-la-county-department-of-public-health-ending-the-hiv-epidemic-mini-grant-program-short-version-
   - Two additional RFPs (through Heluna Health) were released. There is one RFP for ciswomen and another for TG persons. A peer-to-peer model to assist with referrals, access to care, and support services is a component of these new RFPs
   - One possible way to improve referral and care coordination is electronically through a new data system. DHSP plans to use EHE funds to procure a new data system in 2023.
   - DHSP is also exploring the possibility of developing a program that combines psychosocial and NMCM services
   - It would be helpful to obtain more specific information on the programmatic design of the requested NMCM services from the COH

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.

Review and revisit. Service Standards were updated 8/10/23. EHE pilot grocery store gift card program implemented 9/24.

DHSP Response:

- The majority of HRSA CARES funds were allocated to nutritional support services for new equipment, food, and PPE
- DHSP has augmented and is currently in the processes of augmenting nutritional support contracts
- Essential non-food items are currently available at DHSP contracted nutritional support providers
- Further enhancement of contracts has been a part of DHSP's investment strategy for RWP funds in 2022

8. Food insecurity affects all people regardless of their HIV status. Support agencies that provide prevention services to have access to and the ability to provide or link clients to foodbanks, food delivery services, and nutritious meals to maintain overall health and wellness. The PrEP navigation system offers a model for linking clients regardless of their status to benefits counseling and leveraging prevention funds to link individuals to wrap- around services and social supports such as housing, transportation, job referrals, legal services, and foodbanks.

Revisit; consider adding training/ capacity building for prevention providers to linkage to services.

DHSP Response:

- DHSP highly recommends that all prevention contractors provide referrals to foodbanks and food delivery services
- DHSP will advocate with CDC and other prevention funders to be more flexible in allowable services/costs

9. 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.

Consider complete and ongoing

DHSP Response:

- Intensive Case Management services are available to clients participating in the Housing for Health (MAI Housing) program. Initially, Housing for Health notified DHSP that they had other funding to cover the Intensive Case Management services so it was not part of their DHSP contract.
- DHSP is working with Housing for Health to now cover the costs of Intensive Case Management Services and to expand the number of clients served under this contract. DHSP is waiting for a budget proposal from Housing for Health.

10. Continue to support the expansion of medical transportation services for all individuals regardless of their HIV status.

Consider complete and ongoing; transportation services also covered under Medi-Cal.

DHSP Response:

- Some HTS providers have transportation under their incentive line items. It is up to each provider to request a transportation line item.
- Transportation services are available and an integral part of Linkage and

Reengagement and Rapid and Ready program.
- DHSP RWP transportation contracts allow family members to utilize ride share
- DHSP will ask CDC if transportation is an allowable cost

Consider complete and ongoing; RWP fact sheets and I am positive website creation and dissemination

11. 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.

DHSP Response:
- RWP Fact Sheets for each service category are currently available on online in both English and Spanish language. These documents will be included in the welcome packet.
- Under the HRSA EHE grant, DHSP has contracted with Heluna Health and the client eligibility cards are one of the scope of work items. The Heluna Health contract was approved within the past 45 days.
- Additionally, the proposed data system will also contain eligibility information to further reduce the paperwork burden on clients

Childcare RFP released and announced twice; no applications received. Revisit; consider DHSP to explore alternative methods to provide childcare

12. 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.

DHSP Response:
- RWP transportation contracts currently exist
- The Childcare RFP is in development with new services starting in 2023

Implemented and ongoing; EFA allocation increased for PY34. EHE pilot of grocery store gift cards program.

13. 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.

DHSP Response:
- All eligible PLWDH can obtain EFA regardless of which RWP service they utilize. Thus, all MCC clients can apply for EFA and a line item is not necessary
- All MCC providers (subrecipients) will be eligible to apply for a Childcare Services contract

- Note: Although not considered EFA, a contingency management program (iCARE) was launched in August 2022. This program provides financial incentives in the form of store gift cards for successfully reaching milestones in HIV care including appointment attendance, lab draws, linkage to supportive services, achieving and sustaining viral suppression for youth (age 30 or younger) and women of child bearing age that are enrolled in the Linkage and Reengagement Program (LRP).

14. Fund mobile care teams or clinics that provide holistic care for women living with HIV. 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.

Street medicine teams currently being established; revise to explore how specific population needs can be addressed.

DHSP Response:

- DHSP is assessing the current mobile unit inventory and discussing the type and quantity of mobile units needed
- Beginning in 2019 DHSP staff developed and implemented the POWER project. The goal of the POWER Project is the identification and treatment of women with undiagnosed and/or untreated HIV or syphilis infection who may not otherwise be tested in routine healthcare settings through partnership with County agencies and community-based organizations across Los Angeles County serving women with substance use disorder (SUD), experiencing mental health challenges or experiencing homelessness to provided HIV and STI testing and treatment to these women and their partners. DPH identified three Partner Models for expanding testing and treatment in this population: CBO with DPH staff, street based medicine provider model, and hybrid model (still in development). This project is still ongoing.
- DHSP is collaborating with the USC Street Medicine Group to provide street medicine based services to PLWDH. The program will be called the HIV Transition of Care Project and the contract is currently under review.

15. 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.

Review and revisit psychosocial support services; refine to provide more detail, if needed.

DHSP Response:

- Two recently released RFPs recommend peer models for cisgender and transgender women

- A DHSP consultant is training DHSP staff and providing psychosocial and mental health services for women enrolled in the LRP program
- It would be helpful to obtain more specific information on the programmatic design of these psychosocial services from the COH

Review and revisit

16. 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.

DHSP Response:

- A DHSP workgroup will be developed to review this directive. A progress update will be provided to the Aging Caucus in January 2023.

Review and revisit

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

DHSP Response:

- DHSP is currently reviewing Homebased Case Management Services with the intent of developing a new RFP.

by COH 01-13-2022; PY 32 Approved by COH Sept 2021)

ons (PY 32) (1)				FY 2023 RW Allocations (PY 33)(2)			FY 2024 RW Allocation (PY 34)(2)		
	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI % (3)	Part A %	MAI %	Total Part A/ MAI % (3)
ies	0.96%	87.39%	8.33%	0.96%	87.39%		0.96%	87.39%	
	2.44%	12.61%	3.30%	2.44%	12.61%		2.44%	12.61%	
	25.51%	0.00%	23.33%	25.51%	0.00%		25.51%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		1.00%	0.00%	
	28.88%	0.00%	26.41%	28.88%	0.00%		28.00%	0.00%	
	4.07%	0.00%	3.72%	4.07%	0.00%		4.07%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	2.17%	0.00%	1.99%	2.17%	0.00%		2.17%	0.00%	
ed	8.95%	0.00%	8.19%	8.95%	0.00%		8.95%	0.00%	
	17.60%	0.00%	16.13%	17.60%	0.00%		17.48%	0.00%	
	0.95%	0.00%	0.87%	0.95%	0.00%		0.95%	0.00%	
	1.00%	0.00%	0.92%	1.00%	0.00%		1.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	6.78%	0.00%	6.21%	6.78%	0.00%		6.78%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
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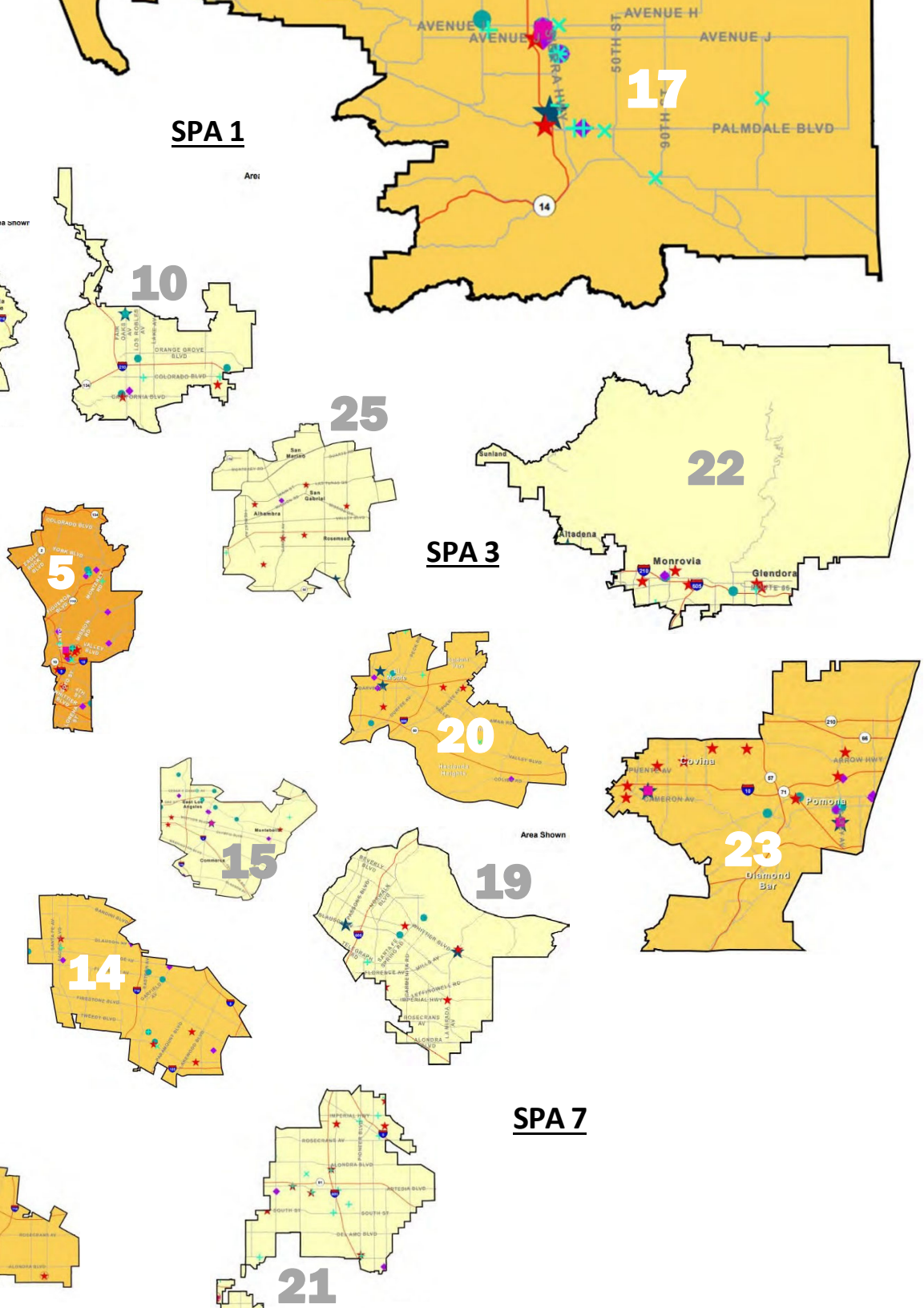
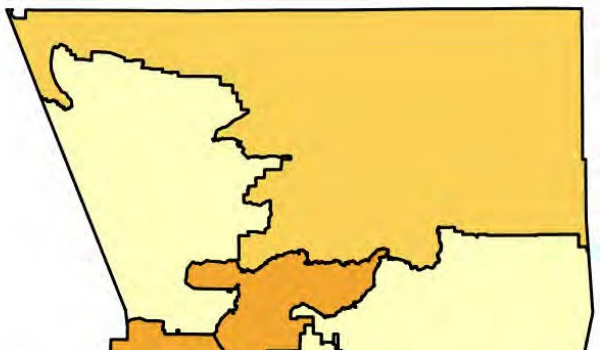


Los Angeles County HIV/AIDS Strategy Goals

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.