LOS ANGELES COUNTY
COMMISSION ON HIV

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Consumer Caucus

"HYBRID" Meeting

Thursday, August 8, 2024

1:30PM-3:00PM (PST)

Meeting materials can be found at
https://hiv.lacounty.gov/meetings *Other Meetings

IN PERSON:

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room,
Los Angeles 90020
Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering the building must notify parking attendant and security personnel that they are attending a Commission on HIV meeting*

Lunch Provided

WEBEX VIRTUAL LOG-IN:

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m1885083b7eeb70575f64557e18780e46

Access Code: 2531 342 2192 Password: CAUCUS

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

Apply to become a Commission member at:
https://www.surveymonkey.com/r/COHMembershipApp
For application assistance, call (213) 738-2816 or email hivcomm@lachiv.org

CONSUMER CAUCUS (CC)

"HYBRID" MEETING AGENDA

THURSDAY, AUGUST 8, 2024 @ 1:30PM-3:00PM

In Person:

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room*, Los Angeles 90020
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Access Code: 2531 342 2192 Password: CAUCUS

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1. CO-CHAIR WELCOME, INTRODUCTIONS & HOUSERULES 1:30PM – 1:35PM
2. COH MEETING DEBRIEF (*Opportunity to address specific items from the Commission meeting that directly impact consumers*) 1:35PM – 1:45PM
3. ED/STAFF REPORT 1:45PM – 1:50PM
   - County/Commission Updates
4. CO-CHAIRS REPORT 1:50PM – 2:15PM
   - July 11, 2024 Meeting Recap
   - 2024 Workplan Review (Ongoing)
     - End of Life Planning for PWH Educational Presentation
     - Hepatitis C & People with HIV Presentation
   - Housing Taskforce Updates
   - Consumer Housing Letter to Elected Officials | UPDATES
   - Unaffiliated Consumer Stipend Discussion
5. DISCUSSION 2:15PM – 2:45PM
   - Priority Setting and Resource Allocation (PSRA) Process
   - All-Caucus Resource Fair | February 2025
6. ACTION ITEMS, CALLS TO ACTION & NEXT STEPS 2:45PM – 2:55PM
   - Call to Action: Encourage Resource and Information Sharing Between Consumer & Provider
7. AGENDA DEVELOPMENT FOR NEXT MEETING 2:55PM – 2:57PM
8. PUBLIC COMMENTS & ANNOUNCEMENTS 2:57PM – 3:00PM
9. ADJOURNMENT 3:00PM

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Approved by COH 6/8/23

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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

HOUSE RULES

Consumer Caucus Meetings

1. **Active Listening**: Practice active listening during discussions. Allow each member to express their thoughts without interruption and try to understand their perspective before responding.

2. **Stay On Topic:** Keep discussions focused on the agenda and relevant issues. Avoid veering off into unrelated topics to make the most of everyone's time and energy.

3. **One Person, One Voice**: Give everyone an opportunity to speak before allowing individuals to speak again. This ensures that multiple perspectives are considered and prevents domination of the conversation by a few individuals.

4. **ELMO Principle**: A acronym for "Enough, Let's Move On." When a topic has been thoroughly discussed, respectfully say "ELMO", signaling the need to transition to the next agenda item.

5. **"Vegas" Rule:** "What's discussed in the Caucus, stays in the Caucus." Respect the confidentiality of sensitive information shared within the Caucus unless there is explicit permission to share.

6. **Respect Diversity & Use Inclusive Language**: Embrace diversity of opinions, backgrounds, and experiences. Be open to different viewpoints and avoid making assumptions about others based on their beliefs. Be mindful of the language you use and strive to be inclusive and respectful. Avoid offensive or discriminatory language.

7. **Use Parking Lot:** Utilize the "parking lot" to capture ideas, questions, or discussions not directly related to the current agenda item to address later or offline with staff and/or leadership.

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Consumer Caucus Workplan 2024

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2024.
CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2023 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.
CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS
1	**Create a safe environment for consumers** *(people in need of HIV care and prevention services)*	Increase awareness of the caucus in the community. Create consumer-only spaces as part of meetings; address topics that are consumer-focused; provide educational and capacity building opportunities.	Ongoing	Increase participation in the Caucus is encouraged, emphasizing the significance of sharing opinions and feedback. Individual experiences can make a meaningful impact on others attending, fostering a sense of community support.
2	**Address topics important to consumers that improve quality of life**	Create a list of topics relevant to consumers' needs and concerns	Ongoing	Housing, EFA, mental health, RWP services, social engagement, advocacy, estate planning, general HIV education, stigma, SUD, 50+, exercise, support programs, i.e., buddy, animals, etc., service coordination Proposed Meeting Schedule: February=Housing; March=Housing, Mental Health; April=Housing, I'm+LA Website, RWP Services; May=Life Insurance, Estate Planning; June=Self Advocacy, Support Groups
3	**MIPA. Meaningful Involvement by People Living with HIV/AIDS.**	Ensure that the communities most affected by HIV are involved in decision-making, at every level of the response	Ongoing	Plan an all-consumer led event; cross collaborate w/ other Caucuses.
4	**Leadership and Capacity Building Training**: *Identify training opportunities that foster and nurture (PLWH & HIV-neg) consumer leadership and empowerment in COH and community.*	Continue soliciting ideas from consumers for training topics	Ongoing	Refer to 2024 Training schedule. Access DHSP provider trainings – TBD. Establish a Speaker Series.

5	**Consumer Recruitment & Participation in COH***: Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities*.	-Identify mechanism for retaining Caucus members -Recruit members that are not part of Ryan White contracted agencies or consumers of Ryan White services -Recruit members that need HIV care and prevention services -Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus	Ongoing	**Question:** -Why would anyone come to Caucus meetings? -Why won't providers recruit? -How can we get providers to encourage their clients/patients to attend? -What is the incentive for unaffiliated consumers to attend meetings?

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HOUSING TASK FORCE (HTF) VIRTUAL MEETING
CLICK HERE FOR MEETING PACKET
JULY 26, 2024 | 9AM-10AM
MEETING SUMMARY

Agenda Item		
Attendees:	• Danielle Campbell • Jaime Cervantes de Reinstein • Erika Davies • Kevin Donnelly • Joseph Green • Dr. Michael Green • Dr. David Hardy (Co-Chair) • Ish Herrera • Lee Kochems	• Katja Nelson (Co-Chair) • Damone Thomas • Marilynn Ramos • Daryl Russell • Marjorie Solorzano • Commission Staff: Cheryl Barrit and Lizette Martinez
Introductions	**KEY DISCUSSION POINTS**	
	K. Nelson called the meeting to order and went over the packet materials and meeting objectives (select and prioritize 1-2 activities for the HTF workplan).	
Discussion on Workplan Development	• Under activity #5, change “target” to “prioritized populations” in the workplan. • Collaborate with LAHSA to provide counseling services to PLWH. • Under activity #2, what do we need to look at to make access and process easier. A personal story was shared about confusing and often conflicting communication from a housing provider. The client submitted the required documentation, was awarded a housing voucher, then was told that funding had been exhausted and was placed back on the waiting list. The case illustrated the devastating experience and harmful process for people applying for housing programs. • How can the HTF get in touch with different county agencies to understand where the break down is; perhaps this could be a part of a housing-focused needs assessment; there is no consistency in the application process across Los Angeles County; people are being led along when there is no funding which causes deep frustration and exacerbates their already precarious housing and health situations. • There is lack of consistency, accurate communication and accountability among housing providers. Clients are asked to apply	

multiple times over the course of many years; need some kind of accountability for agencies.

- Assuming the personal story shared is happening to other people, there needs to be a better hand-off between administrative agencies and subcontractors and across all service points.
- Understanding the scope of the problem is important.
- Intervene before people lose their housing. Tie housing services to legal and other supportive services.
- Data is problematic. How can we as a community advocate for resources if we do not even know the scope of the homelessness in the County?
- Data inquiry should look at the general homeless population, and of those, how many are PLWH? We often ask how many PLHW are homeless.
- Data should be a priority for the HTF. Define steps in creating reliable data.
- It is important for the HTF to have action, not just assessments.
- Collect data, describe the issue and provide recommendations.
- Include engaging with and speaking to providers a part of the data collection.
- Data piece is important. Develop a diagram that shows all program programs that clients touch; we need to know the full landscape of services.
- Engaging the HOPWA staff is challenging.
- Look the Ryan White Emergency Financial Assistance (EFA) program as a program to help PLWH housed; narrow the scope of EFA to focus on rental assistance. Change name and focus to Emergency Rental Assistance.
- How many people in shelters are acquiring HIV?
- Reach out to those agencies who provide this service and ask what the disconnect is for housing case managers. What are their barriers and what is lacking in their process? Frontline staff are the ones we need at the table because higher ups do not know what it is like to do the work
- Incorporate a housing question on HIV/STD testing forms (if they have stable housing, are homeless, etc.?)
- Recommend to the County that they should create a good sample size of homeless PLWH.
- HOPWA is supposed to do needs assessment and this might be a good start. Leverage existing or complementary needs assessment with the COH's charge to conduct needs assessments. The HTF could select a housing-focused needs assessment as it's priority.
- There is a pool of Intensive Case Managers attached to housing services funded by the County. Work with them for surveys and focus groups; focus on boots on the ground staff, not leadership for surveys and focus groups.

	• Partner with street medicine programs to collect data; bring testing to people on the streets. • Governor Newsom's Executive Order on clearing encampments have deep implications for delivering services. Street medicine and the Linkage and Re-engagement Program (LRP) would be useful for collecting data. DHSP is also investing in mobile units.
Next Steps	Revise workplan to focus on data collection/needs assessment for the workplan (C. Barrit).
Agenda Development for Next Meeting	1. Approve workplan 2. Develop timeline for housing-focused needs assessment. 3. Develop needs assessment questions.
Adjournment	Meeting adjourned at 10:10am

Advocating for Safe and Stable Housing for People Living with HIV and Vulnerable Communities At-Risk for HIV in Los Angeles County

Thank you for advocating for safe and stable housing for people living with HIV (PWH) and other vulnerable populations at-risk for HIV. As a consumer, your voice is crucial in bringing attention to this important issue. Please follow the instructions below to personalize and complete the advocacy letter:

01

Personalize the Letter:

Fill in the name of your elected official in the greeting line: "Dear [Elected Official's Name]," To determine who your elected official is, click HERE.

Sign the letter at the end with your name or, if you prefer to remain anonymous, simply write "A Concerned Consumer Member of Los Angeles County."

02

Send the Letter:

Once the letter is personalized, send it to your elected official via email or postal mail. You can find contact information for your elected official by clicking HERE.

03

Share:

There is strength in numbers so please encourage others to join this movement in advocating for safe and stable housing for our most vulnerable communities.

Urgent Action Needed to Address the Housing Crisis Impacting People Living with HIV and Vulnerable Communities Who are At Risk of HIV in Los Angeles County

Dear ,

As a constituent of Los Angeles County, I am reaching out to our elected officials entrusted with representing the health, safety, and wellbeing of our communities, to bring attention to the pressing challenges faced by our community of people with HIV (PWH) and our vulnerable communities who are at-risk of HIV, in accessing and sustaining safe and stable housing in Los Angeles County. Together, we can create a Los Angeles County where every person, regardless of their health status, has a safe and stable place to call home.

Importance of Stable Housing for PWH. The urgency of securing stable housing for our HIV communities cannot be overstated. Stable and safe housing stands as a cornerstone of effective health management and HIV prevention and treatment efforts, representing a critical component of public health initiatives.

Our community members have shared powerful testimonies that underscore the profound impact of stable housing on health outcomes. Many PWH recount the challenges they face when lacking a safe and consistent place to call home. Neglect and disregard from building management exacerbate vulnerability, compromising both physical health and dignity. These testimonies reveal that stable housing isn't just about shelter; it's about ensuring a supportive environment where we can effectively manage our health conditions without added stressors or uncertainties.

Moreover, data from both local and national sources further emphasize the critical link between stable housing and health outcomes for our communities. Since 2011, the percentage of newly diagnosed HIV cases among unhoused individuals in Los Angeles County has more than doubled, reaching 9.4% in 2020 (source: Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026). Similarly, in the same year, 17% of people with diagnosed HIV experienced homelessness or other forms of unstable housing (source: CDC. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2020 Cycle (June 2020–May 2021). HIV Surveillance Special Report 2020;29). These statistics vividly illustrate how housing instability exacerbates HIV disparities and impedes effective HIV prevention and treatment efforts.

Beyond its direct impact on our HIV communities, housing instability poses a broader threat to public health within the scope of HIV prevention and treatment. Homelessness and housing insecurity create environments where the risk of HIV transmission and acquisition is

heightened, contributing to the perpetuation of the epidemic. Stable housing not only enables us to adhere to treatment regimens, attend vital medical appointments, and maintain viral suppression but also reduces the overall risk of HIV transmission within our communities.

Furthermore, the housing crisis disproportionately impacts vulnerable populations within our community, including women experiencing domestic violence, homeless youth, the elderly, the transgender community, individuals with co-morbidities, and those recovering from substance use. These key populations face intersecting challenges that compound the already daunting task of securing safe and stable housing. Addressing housing instability for PWH must also consider the unique needs and vulnerabilities of our underserved communities to ensure equitable access to housing and comprehensive HIV care.

In essence, stable housing isn't just a matter of shelter; it's a fundamental component of HIV prevention and treatment strategies and a critical aspect of broader public health initiatives. It is imperative that we prioritize efforts to ensure that all individuals, especially our HIV communities, have access to safe and stable housing, as it is essential for our overall health and well-being and for the well-being of the community.

Community Testimonials. As noted, the experiences and testimonies from our community members illustrate the profound challenges encountered in securing and sustaining housing. Many of us have faced homelessness, discrimination, and precarious living situations, exacerbating existing health disparities and hindering our overall well-being. These challenges persist even in buildings specifically designated for PWH, where neglect and disregard from building management are prevalent. Requests for essential repairs and appliance replacements often go unaddressed for years, leaving residents vulnerable and compromising their living conditions. Advocating for necessary improvements can lead to resistance and even threats of eviction, further exacerbating distress.

One community member expressed, "The management's lack of attention to property maintenance affects our well-being and dignity. Requests for repairs and appliance replacements have been ignored for over two years." Another member echoed similar sentiments, highlighting the bureaucratic hurdles in accessing housing assistance, stating, "To get housing is a huge barrier. People run out of time and lose their housing voucher or Section 8. The process to get housing is crazy. My paperwork process took 2 years. Then another year just to finally find housing." For PWH who own their homes, the need for essential repairs and maintenance is equally critical to maintain a safe and habitable environment. Another member emphasizes the importance of safety, a fundamental aspect of Maslow's Hierarchy of Needs, which is vital for PWH and those at risk of HIV and contributes to ending the HIV epidemic.

The following challenges stand as further testimonies from our community, reflecting the ongoing struggles encountered in accessing and maintaining safe and stable housing and support the urgent need for comprehensive housing solutions that address the diverse needs of our community.

- Navigating a confusing and disjointed housing application process, often speaking to multiple case managers who provide inconsistent information about housing eligibility and related services.
- Lack of a clear roadmap for securing housing, with no specific timelines or information about waitlists, leading to prolonged periods of uncertainty.
- PWH do not have access to long-term housing plans while in interim housing, making them likely to return to the streets after a few weeks in temporary or emergency housing.
- Losing stable housing due to rising rents and evictions by developers, despite having maintained housing for over 25 years.
- Difficulty accessing medical care due to long distances from housing locations.
- Overwhelming challenges in conducting independent research on available services.
- Inadequate mental health and nutritional support, with some individuals facing long waits for psychiatric appointments and lacking access to kitchens or refrigeration in temporary housing.

Local & National Data. Local and national data further underscores the severity of this crisis:

- Preliminary data indicate that in 2022, 13% (184) of all people newly diagnosed with HIV in Los Angeles County (LAC) were experiencing homelessness. Compared with an average of 9% (135) over the previous 3 years, the 2022 data represent an increase of 4 percentage points or a 36% increase in the number of newly diagnosed LAC cases who were experiencing homelessness (source: Los Angeles County Department of Public Health, Division of HIV and STD Programs, Persons Living with HIV & Experiencing Homelessness in Los Angeles County, A Summary of Diagnoses in 2022.)
- As of 2021, 23.7% of PWH are living in unstable housing (source: AIDSVu, Los Angeles County, Social Determinants of Health.)
- Since 2011, the percentage of newly diagnosed HIV cases among unhoused individuals in Los Angeles County has more than doubled, reaching 9.4% in 2020 (source: Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026).
- 50% of people living with HIV/AIDS will have some form of housing crisis in their lifetime (source: Alliance for Housing & Healing.)
- In 2020, 17% of people with diagnosed HIV experienced homelessness or other forms of unstable housing (source: CDC. Behavioral and Clinical Characteristics of Persons with

Diagnosed HIV Infection—Medical Monitoring Project, United States, 2020 Cycle (June 2020–May 2021). HIV Surveillance Special Report 2020;29).

- ❖ People experiencing homelessness or housing instability have higher rates of HIV and mental health disorders than people with stable housing (source: Issue Brief: The Role of Housing in Ending the HIV Epidemic).
- ❖ Housing status is a social determinant of health that has a significant impact on HIV prevention and care outcomes. The experiences of homelessness and housing instability are linked to higher viral loads and failure to attain or sustain viral suppression among people with HIV (source: April 12, 2023 Dear Colleague Letter jointly issued by the Centers for Disease Control and Prevention (CDC), the U.S. Department of Housing and Urban Development (HUD), and the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau.)

Call to Action. Stable housing is not a luxury; it is a fundamental right that directly impacts our health and dignity. As you make decisions that shape our community, we urge you to prioritize housing stability as a cornerstone of our collective well-being and implore you to take immediate action to:

- ➢ **Allocate** resources specifically earmarked for housing improvements for PWH.
- ➢ **Invest** in housing programs and other supportive housing efforts for PWH and those at risk of HIV.
- ➢ **Enhance** Section 8 housing programs to better serve PWH.
- ➢ **Advance** policies that address social determinants of health and increase access to affordable housing, including for PWH and those at risk for HIV.
- ➢ **Advocate** for policies that promote greater landlord accommodation and understanding of our unique needs.
- ➢ **Foster** collaboration between housing and healthcare sectors to address the intertwined challenges of housing instability and HIV.

Thank you for your attention to this critical issue. Together, we can ensure that every person in Los Angeles County can live in a safe and stable home, fostering a healthier and more equitable community.

Sincerely,

LOS ANGELES COUNTY
COMMISSION ON HIV

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

APPROVED 7.11.24

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

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

BACKGROUND:

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

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

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

POLICY:

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

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

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

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

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

B. **Conflicts of interest are stated and followed.** Commission members must state areas of conflict according to the approved Conflict of Interest Policy at the beginning of meetings. As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity. Any funded RWHAP Part A provider must declare all funded service categories (e.g., areas of conflict of interest) at the beginning of the meeting(s). They can participate in discussions, answer questions directed by other members, and can vote on priorities and allocations presented as a slate.

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

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

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

F. **Paradigms and operating values** are selected and used by the PP&A Committee to help guide their decision-making in setting service priorities and resource allocations. The PP&A Committee reviews the paradigms and operating values selected and approved from the previous year as the foundation for current year PSRA process or reallocations. (Attachment 1)

G. **The Commission's Status Neutral HIV and STI Delivery System framework** is used by the PP&A Committee to ensure that service priorities and resources allocations emphasizes high-quality care to engage and retain people in services regardless of if the services are for HIV treatment or prevention. This approach continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being. (Attachment 2)

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

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

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

PROCEDURE(S):

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

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

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

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

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

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

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

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

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

10. When a reallocation of funds is necessary, adequate data to support the movement of funds between service categories will be presented, considered, and fully documented in the minutes of the meeting during which the reallocation of funds is approved. Proposed re-allocations must be submitted to the Commission for approval. All changes in allocations must be accompanied with a written justification detailing the reasons for the modifications. Reallocations should occur in June or July with a presentation of recommendations and memorandum from DHSP explaining the reasons for the reallocations. In alignment with County policy, the Commission grants authority to DHSP to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to the Commission for approval.

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

12. In September-November, the PP&A Committee compiles information and suggestions made throughout the PSRA process to further elaborate on its priority and allocation decisions by developing “directives.”

a) These "directives" are framed as "guidance", "recommendations", and/or "expectations" and are intended to detail "how best to meet the need" or as "other factors to be considered" to be forwarded to DHSP the Commission and/or its various committees, and/or other stakeholders, as appropriate.
b) The guidance, recommendations and expectations further define minimum quality of care standards, implementation practices and/or mechanisms to respond to specific operational or system needs.
c) Once completed and approved by the PP&A Committee, the directives are forwarded to the Executive Committee and the Commission for approval.
d) The approved directives are transmitted to DHSP for consideration and implementation if deemed to be feasible by DHSP. DHSP will review the directives and provide a written response to the PP&A Committee which recommendations are feasible with a timeline for implementation.
e) DHSP shall provide periodic updates at PP&A Committee meetings.

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

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

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

PARADIGMS (Decision-Making)

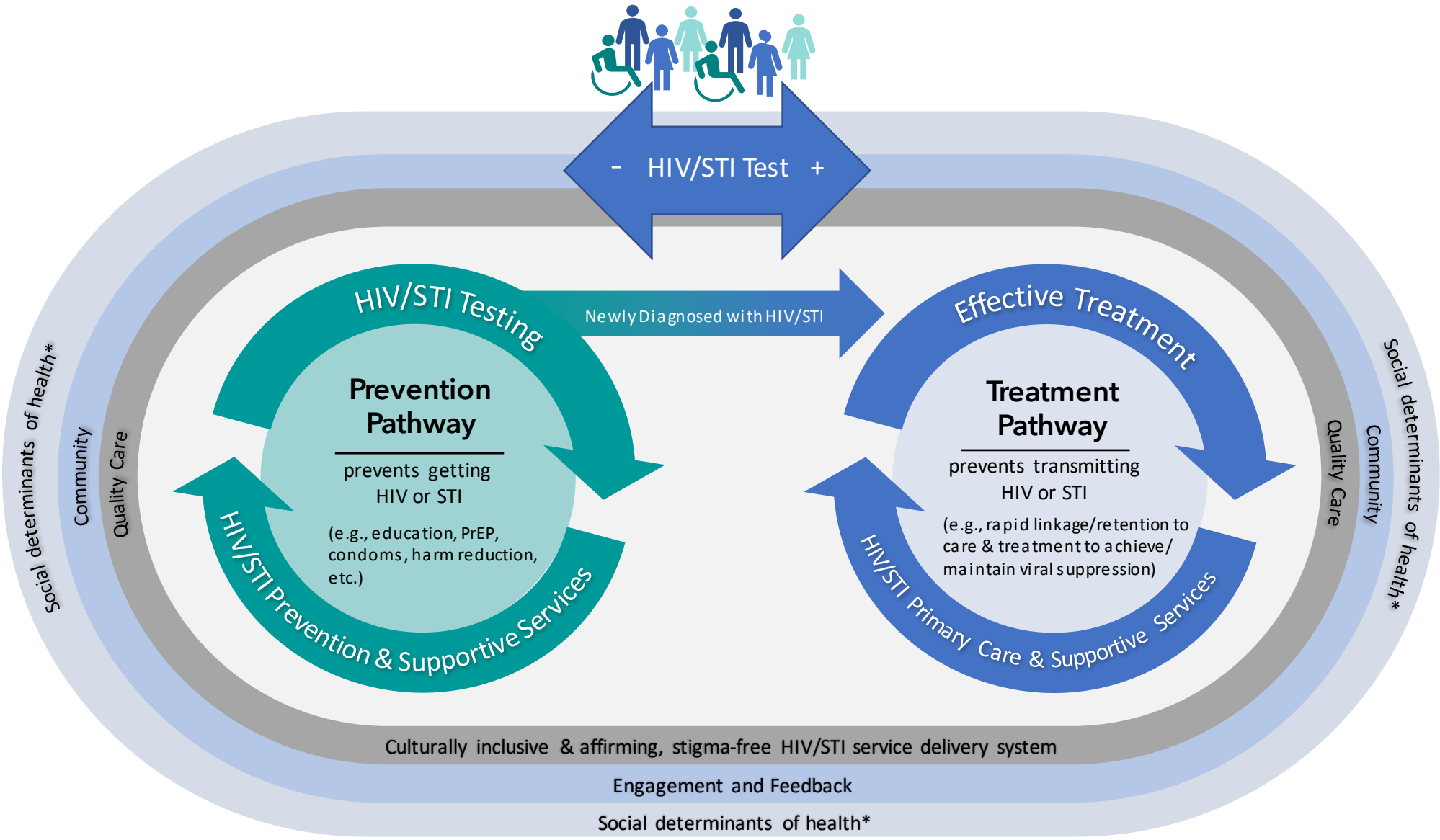
- Equity: Allocate resources in a manner that address avoidable or curable differences among groups of people, whether those groups are defined by ethnicity, socially, economically, demographically, or geographically. (1)
- ***Compassion: response to suffering of others that motivates a desire to help.***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

OPERATING VALUES

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

1 Based on the World Health Organization's (WHO) definition of equity.
2 Compassion moved to second position per April 20, 2021 committee meeting decision.
3 Wording change per April 20, 2021 committee meeting decision.

Status Neutral HIV and STI Service Delivery System



LOS ANGELES COUNTY COMMISSION ON HIV

Revised 10/18/23

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

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

FREE OR LOW-COST TABLET RESOURCES

https://lacountylibrary.org/

Hot spots loan: **https://lacountylibrary.org/hotspot/** - Connect & Go Hotspot Loans. Stay connected wherever you go with our portable hotspots, available to borrow for 6 weeks at all library locations.

Laptop loans: https://lacountylibrary.org/laptop/ - Borrow a Chromebook with built-in LTE (for 6 weeks) , which allows you to get connected anywhere, anytime, without having to search for Wi-Fi.

Free wi-Fi: **https://lacountylibrary.org/wifi/** - unlimited free Wi-Fi access at all of our libraries and parking lots.

Access to Technology (ATT) Program : **https://ad.lacounty.gov/att/** - Eligible participants will receive a customized Samsung tablet, that is specially configured for the ATT program, and digital services that include updates and remote troubleshooting. Call (833) 823-1863. We are available Monday through Friday from 8:00 A.M. to 5:00 P.M. PST for assistance.

Use EveryoneOn's locator tool to learn about internet connectivity and device resources, as well as digital literacy training providers in your community. Access information by visiting www.everyoneon.org.

Computers for Classrooms **http://computersforclassrooms.org/** - Computers for low-income families, veterans, students on financial aid and other individuals.

https://www.pcsforpeople.org/ To place an order with us, customers must be currently participating in a government-based assistance program or have a qualifying household income (less than 200% of federal poverty guidelines (see chart below) or 60% of area median income).

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

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

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

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