



COUNTY OF LOS ANGELES

Public Health



JONATHAN E. FIELDING, M.D., M.P.H.  
Director and Health Officer

CYNTHIA A. HARDING, M.P.H.  
Chief Deputy Director

313 North Figueroa Street, Room 806  
Los Angeles, California 90012  
TEL (213) 240-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov

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September 26, 2013

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H.  
Director and Health Officer

*for* *Cynthia A. Harding*

SUBJECT: **NOTIFICATION OF INTENT TO REQUEST DELEGATED AUTHORITY TO APPROVE INCREASES OR DECREASES OF GREATER THAN 10 PERCENT OF THE TOTAL CONTRACT AMOUNT**

This is to notify you that the Department of Public Health (DPH) intends to request delegated authority to: (1) extend and execute 29 HIV Testing contracts and 1 STD Infertility Prevention Program (IPP) contract; and (2) increase or decrease funding up to 25 percent above or below each contract's annual base maximum obligation.

This notice is being sent in accordance with Board of Supervisors' Policy 5.120, which states that prior Board notice is required for any department requesting delegated authority to increase Board-approved contracts by over 10 percent.

**Background**

HIV Testing Services

HIV Testing Services (HTS) are a cornerstone of Los Angeles County's (County) HIV prevention response to the HIV/AIDS epidemic and, when implemented, can ensure resident well-being and reduce medical expenses. Without a robust, responsive HTS program, the County would suffer needless additional HIV/AIDS-related morbidity and mortality.

On June 21, 2011, your Board approved DPH's plan to amend 29 HTS contracts that: (1) revised HIV testing algorithms that modified the steps of how HIV positive tests are confirmed and will facilitate linkage to care activities to increase the total number of HIV tests conducted; (2) included new STD and hepatitis screening; (3) revised payment methodology with new pay-for-performance (PFP) incentives, and (4) added a new data collection system to eliminate manual data entry. The new payment methodology provided base funding to agencies to hire an adequate number of staff to promote HIV outreach, testing, and test result disclosure and reduce administrative burdens, including data entry and collection, which will further expand HTS. The contracts were also modified to allow for STD screening and provide a new payment mechanism consistent with federal guidance that stresses integration of STD and HTS services.

This streamlined plan was designed to bring the County into alignment with National HIV/AIDS Strategy goals for 2015, to lower new HIV infections by 25 percent, and to increase access to HIV/AIDS care and treatment from 65 to 85 percent.

#### Infertility Prevention Project (IPP)

As a recipient of Centers for Disease Control and Prevention (CDC) funds for the Comprehensive (STD) Prevention Systems Grant, Award Number 1H25PS001391-01, the CDC required that 50 percent of IPP funds be allocated to a Title X Family Planning agency to support DPH in screening and evaluating chlamydia, gonorrhea, and other STDs in women in the family planning clinic/agency setting.

California Family Health Council (CFHC) was the only Title X Family Planning grantee in the County that had the experience and infrastructure required to implement the IPP project. As a result, on August 11, 2009, your Board approved a contract with CFHC for IPP services to support screening and evaluating chlamydia, gonorrhea, and other STDs in women in the family planning clinic/agency setting for the period of August 11, 2009 through December 31, 2013.

#### **Justification for Delegated Authority to Increase or Decrease Funding Amounts**

DPH is requesting a 25 percent delegated authority to increase or decrease funding amounts for all 30 agreements. This will enable DPH to amend these agreements to allow for the provision of additional units of services that are above the service level identified in the current agreement and/or the inclusion of unreimbursed eligible costs, based on the availability of grant funds and grant funder approval.

It is vital to program operations to have the ability to increase the capacity of high-performing providers to enhance and expand services through augmentations so that grant goals can be met and funds fully expended. In doing so, DPH will be able to identify more HIV-infected individuals who are unaware of their status and link them to care. As part of DPH's integration of STD and HIV programs, DPH is also integrating contract services to better align overall service provision and to restructure programmatic oversight of all STD and HIV contracts. This action will allow DPH to continue to methodically assess programs for the appropriateness and capacity to implement integrated HIV/STD and hepatitis services and, if necessary, build agency/program capacity by supporting critical staffing (e.g., nurses, physicians, medical assistants etc.) to ensure proper implementation and quality of services, and to refine integrated HIV/STD and hepatitis services, including STD IPP services. Given the nature of these clinical programs, the ability to increase and/or decrease funding at the 25 percent level is necessary to the implementation and success of these programs.

DPH needs the flexibility to make adjustments to contracts to allow for special delivery of services in response to shifts in disease burden and to better integrate services aligned with local and national goals. A 10 percent delegated authority would not allow flexibility to adjust staffing levels or program cost due to priority population shifts or significant changes in grant funds. The provision of HIV/STD testing services and STD IPP services are highly client-centered activities, in which cases DPH may need to respond quickly to address high client demand (e.g. hiring additional HIV Counselors, Outreach staff, increasing funds to support increased laboratory costs, or increasing funds to support additional STD/Hepatitis vaccines or testing). If DPH is not able to respond to those immediate needs in a short-time frame, it could impact clients being linked into the appropriate system of care in a timely manner.

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All augmentations will be made using grant funds, except in cases of special allotments of County funds that your Board approves for special STD and/or HIV activities.

This recommendation has no impact on net County cost. DPH will continue to seek County Counsel review and approval on all delegated authority actions, with notification to your Board and the Chief Executive Office.

**Timeline**

The Board letter requesting approval of the requested delegated authority is projected for the Board meeting on December 3, 2013.

If you have any questions or would like additional information, please let me know.

JEF:mmc

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors