COUNTY OF LOS ANGELES
Public Health

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

JOHN F. SCHUNHOFF, Ph.D.
Chief Deputy Director

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

www.lapublichealth.org

BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

October 30, 2007

TO: Each Supervisor

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

SUBJECT: **HIV/AIDS COMMUNITY DEVELOPMENT INITIATIVES**

On October 16, 2007 the Board approved a motion by Supervisor Burke, instructing the Department to report back in two weeks on a plan for spending the $500,000 allocated for outreach and the community development initiative (CDI), and to include in the report our intentions for ensuring an HIV outreach component for African-American and Latino communities in light of the proposed gap in community mobilization efforts, justification for a new RFP process, as well as the feasibility of extending the existing contracts while a new solicitation process is designed and re-solicited. This is to provide the report on this motion.

Background

The African-American and Latino CDIs began in November 2003 as a strategy deployed by Public Health's Office of AIDS Programs and Policy (OAPP) to: 1) increase awareness about HIV/AIDS in the African-American and Latino communities, and 2) mobilize non-traditional partners to respond to the local HIV/AIDS epidemic. On November 21, 2006, prior to the expiration of the initial 3-year term of these contracts, the Board approved a 13-month renewal with a contract sunset date of December 31, 2007.

Each of the CDIs has been funded at an annual amount of $250,000 ($20,833 per month each), composed of $200,000 of grant funds from the Centers for Disease Control and Prevention (CDC) and $50,000 of Net County Cost. The total for the two CDIs is $500,000 annually ($41,666 per month). Through December 31, 2007, the total OAPP investment in the CDI will have exceeded a combined amount of $2 million.

On September 28, 2007, OAPP sent a memo to the Health Deputies, informing them that OAPP would not recommend renewal of the CDI contracts with AltaMed Health Services, Inc. and Palms Residential Care Facility. Both of these contractors were informed of this recommendation on October 5, 2007. Instead, OAPP recommended reframing and re-competing the CDIs, to better ensure that the initiatives are increasing awareness and improving community response to the HIV/AIDS initiative.

Plan for Spending the $500,000 and Ensuring an HIV Outreach Component

In the September 28, 2007 memo, OAPP proposed that the resources currently invested in the CDI ($41,666 per month) be invested in direct client services for the months following the end of the current contracts, until new CDI contracts are prepared, based on a new competitive process . Currently, OAPP has contracts with 46 community-based providers for the delivery of HIV health education and risk reduction services, 16 of whom target and serve the African-American community, 23 of whom target and serve the Latino community and all of whom have active outreach components. OAPP's initial recommendation was that the resources currently allocated to the CDI be invested, on a one-time basis, in HIV testing/counseling, case finding and referral to care in the two affected communities. This would re-direct resources currently devoted to the CDI to increasing opportunities for diagnosing African-American and Latinos with undiagnosed HIV disease and linking them to life-saving care and treatment services. Re-allocating the current CDI investment would allow Los Angeles County to purchase approximately 215 additional HIV tests per month in each of the African- American and Latino communities, or a combined total of approximately 430 tests per month.

Justification for a New RFP Process

The initial scopes of work for the CDI contracts included two major components, local community mobilization (involving various local agencies which are not directly funded for HIV/AIDS prevention or services in these efforts) and state/national policy advocacy. It is clear from the progress reports and the program monitoring, that the current CDIs are not fulfilling all of the contractual objectives for local community mobilization. Although there is a significant amount of state/federal advocacy, it is not clear that the CDI is needed to fund these efforts. Therefore, based on the need to re-focus the CDI and the County policy to re-bid contracts periodically, the CDI contracts should be re-formulated based on experience to date and re-bid to ensure that current limited resources are indeed being used cost-effectively to increase awareness and improve community response to the epidemic in heavily impacted populations.

This reassessment will also allow OAPP to align the new iteration of the CDI with the principles and expectations outlined by the CDC in *A Heightened Response to the HIV/AIDS Crisis among African American* released in March 2007. Given the ongoing local impact of HIV/AIDS in the African-American as well as the Latino community, OAPP remains committed to ensuring that the local iteration of this CDC recommended response has the greatest possible impact.

Feasibility of Extending the Existing Contracts Pending a New Solicitation Process

Because of the concerns about program accomplishments by both contractors and because of the fiscal monitoring issues raised in the Auditor-Controller's review of Palms, the Department does not recommend extension of the agreements as currently written. Instead, the DPH recommends that the CDI contracts be extended on a month-to-month basis for up to six months, under the following conditions.

1. The scopes of work of the two agreements will be amended to focus entirely on local community mobilization efforts, with very specific objectives,

2. The contract budgets will be reduced to reflect this local focus,

3. OAPP will meet with each contractor monthly to review progress under the agreement and the following month's funding will be based on satisfactory accomplishments,

4. The funding not allocated to the contracts be used for augmentation of HIV/AIDS testing, case finding and referral to treatment in the target populations, as initially proposed above.

In the September 28 memo, OAPP projected that the new RFP for CDI services would be issued in July 2009. In order to expedite this process, the department will utilize existing master contractor lists to identify and engage a consultant to conduct community focus groups to solicit information on the best approaches for HIV/AIDS community mobilization in the Latino and African-American communities and then to develop the substantive framework for the new RFP. With this involvement, we expect the RFP to be issued prior to the end of the first quarter of 2008 and contracts recommended for Board approval by the third quarter of 2008.

Unless we receive other instructions from the Board, we will prepare and file a Board letter for consideration in December which, dependent on successful contract negotiations, will extend the CDI agreements on a month-to-month basis for up to six months, in accordance with the recommendations above.

In the meantime, if you have any questions or need additional information, please let me know.

JEF:MJP:ma

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Auditor-Controller