COUNTY OF LOS ANGELES
Public Health

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ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

45 October 8, 2024

EDWARD YEN
EXECUTIVE OFFICER

October 8, 2024

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

APPROVAL TO EXECUTE A SOLE SOURCE AGREEMENT WITH RDE SYSTEMS SUPPORT GROUP, LLC FOR E2LOSANGELES SYSTEM AND RELATED SERVICES (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

CIO RECOMMENDATION: APPROVE (X) APPROVE WITH MODIFICATION ( ) DISAPPROVE ( )

SUBJECT

Approval to execute a sole source Agreement with RDE Systems Support Group, LLC for the provision of e2LosAngeles System, a software as a service (SaaS) solution that will serve as a data management system for HIV/STD services, and related services, and to delegate authority to the Director of Public Health, or designee, to execute the Agreement and various amendments, as needed.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve and instruct the Director of Department of Public Health (Public Health), or designee, to execute a sole source agreement, substantially similar to Attachment A (Agreement), with RDE Systems Support Group, LLC (RDE) for the provision of e2LosAngeles System (e2LAS) and related services to support client services data collection and reporting for various HIV/STD services contracts, effective upon execution, for an initial term of five years, with an option to extend the term of the Agreement for up to five additional one-year periods or for a single five-year period,

with a Maximum Agreement Sum not to exceed $11,083,913 for the entire term of the Agreement, including the optional extensions. Of the $11,083,913 in the current Maximum Contract Sum, $1,007,628 is for Pool Dollars, $2,113,000 is for one-time implementation fees, whereas $7,963,285 is for subscription fees to use the System following successful acceptance.

2. Delegate authority to the Director of Public Health, or designee, to approve and execute: (a) change notices to the Agreement for: (i) changes to project schedule; and (ii) changes that are clerical or administrative in nature and/or do not affect any term or condition to the Agreement; and (b) change orders or amendments that require additional costs or expenses using Pool Dollars to acquire Optional Work, provided the amounts payable under such change orders or amendments do not exceed the available amount of Pool Dollars.

3. Delegate authority to the Director, or designee, to: (a) issue written notice(s) of partial or total termination of the Agreement for convenience without further action by the County Board of Supervisors (Board); and (b) execute amendments to the Agreement to: (i) make changes to the scope of work; (ii) add, delete, and/or change certain terms and conditions as mandated by federal or State law or regulation, Los Angeles County (County) policy, the Board and/or Chief Executive Office (CEO); (iii) reallocate the components comprising the Maximum Agreement Sum; (iv) reduce the Services and the Maximum Agreement Sum; (v) extend the term of the Agreement by exercising optional years in the Agreement; (vi) assign and delegate the Agreement, resulting from acquisitions, mergers, or other changes in ownership; (vii) approve Cost of Living Adjustments (COLAs) requested by RDE for the optional extensions, at the Director's discretion, limited to the fixed hourly rates for professional services, with any such COLAs, consistent with the Board's COLA policy, with all actions subject to prior review and approval as to form by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Background:

Public Health's Division of HIV and STD Programs (DHSP) has approximately 208 HIV and STD services contracts that require the collection and reporting of client services data. These data help DHSP understand service delivery and performance trends and are used to meet State and federal funder requirements. A new data system is needed to ensure compliance with applicable County of Los Angeles (County) information system regulatory provisions, as well as with State and federal grant and programmatic reporting requirements.

Over the past seven years, DHSP has been working with Public Health Information Systems (PHIS) to modernize the current data system infrastructure and assess data

system improvement opportunities, that include a multi-phased initiative to replace DHSP's legacy data systems.

In February 2018, Phase I of the data system modernization effort began with the implementation of the On-line Real-Time Centralized Health Information Database (ORCHID) to track clinical services such as STD screening, diagnosis and treatment and pre-exposure prophylaxis (PrEP) services provided in Public Health sexual health clinics.

Phase II, which is currently in progress, involves the implementation of Public Health's Integrated Reporting, Investigation and Surveillance (IRIS) system, which will replace the current STD Casewatch system, one of two DHSP data management systems currently provided by Automated Case Management Systems, Inc. (ACMS). IRIS will manage HIV/STD surveillance, disease investigation, and partner services.

HIV Casewatch, the other ACMS system currently used by DHSP, has been in place since January 1995, and does not meet the County CIO's security requirements. ACMS does not intend to provide an upgrade that would meet these security requirements. HIV Casewatch is built on Massachusetts General Hospital Utility Multi-Programming System (MUMPS)/Cache architecture language that is no longer supported. The user interface is outdated resulting in challenges with user experience that have impeded service delivery. HIV Casewatch does not have the ability to exchange data with other data systems using current data standards including XML, HL7, and FHIR. It does not allow user logging, which tracks every user's actions through the system, including page views, entry, edits, among other steps.

Public Health is requesting approval to begin the final phase of this effort to implement a new data system called e2LAS to conform to the County's data system requirements and replace HIV Casewatch. The new data system, e2LAS, will improve DHSP's ability to meet reporting requirements, improve reporting efficiency, and add new data system functionality and security elements. e2LAS will be used by all DHSP contracted HIV service providers for client case management, outcome monitoring and reporting, contracting, invoicing, and other critical programmatic and financial functions. E2LAS will include functions to improve contract administration, services delivery, client/patient portals, IT security (e.g., data encryption), as well as data interoperability with other systems including Electronic Health Record (EHR), Practice Management, Laboratory and Pharmacy systems.

Jurisdictions that are currently successfully using a comparable data system to E2LAS to meet federal and State requirements include the counties of Hillsborough, Fulton, Miami-Dade, the cities of Dallas and Boston, as well as the States of New Jersey, Hawaii, Nebraska, New Mexico, Connecticut, and the Commonwealth of Puerto Rico. The required data system components include centralized eligibility screening, case management, medical care coordination, contract management, billing and reimbursement for fee-for-service contracts, as well as reporting for all State and

federal data reporting requirements. e2LAS is the only data system that can provide the required built-in components that DHSP has identified as critical to the federal Health Resources and Services Administration (HRSA) Ending the HIV Epidemic (EHE) initiative, including client portals for accessing PrEP navigation and engagement in HIV care. Moreover, e2LAS is the only data system found to ensure data interoperability with EHR, practice management, laboratory and pharmacy systems, and features a comprehensive centralized eligibility and enrollment module. The module can track eligibility for Ryan White Program (RWP) services as well as MediCal/Medicaid and other public insurance. The system provides automated eligibility determinations which notify both the provider and client when eligibility changes. It also allows for easy registration and recertification for RWP services by allowing clients to upload eligibility documentation using a computer or smart phone. e2LAS can track service delivery across the entire spectrum of DHSP's HIV services portfolio and across multiple federal and State funding sources. It is the only system that: allows for tracking contracted service delivery across all DHSP services while linking with grant expenditures; offers an end-to-end automated billing module which fully integrates contract management, client eligibility, bill/claim submission and adjudication; and includes robust and customizable messaging/alerting.

With e2LAS, Public Health will continue to provide uninterrupted HIV services and billing support to DHSP contracted HIV service providers and ensure compliance with the State and federal data collection and reporting requirements associated with the delivery of HIV services to County residents. e2LAS will promote improved accountability and productivity among contracted providers and will capture valuable clinical outcome data for clients served by DHSP.

Recommendations:

Approval of Recommendation 1 will allow Public Health to execute a new sole source Agreement with RDE for use of e2LAS. This replacement system is necessary for Public Health to meet and comply with current applicable County requirements, State, and federal programmatic requirements.

The e2LAS system will provide greater efficiencies, such as:

1. Increase access to services through centralized service eligibility and registration for clients and patients across service modalities and agencies, thereby reducing significant documentation burdens on the clients;
2. Improve patient case management and service coordination, including linkage to clinical and support services;
3. Provide accurate and efficient data collection that reduces reporting burden for contracted agencies;
4. Improve the efficiency of contract management to allow contract managers more time for providing technical assistance to agencies providing services;
5. Improve timeliness of billing and reimbursement;

6. Streamline data reporting to meet grant requirements;
7. Allow for greater capacity to use data in real-time to support monitoring and evaluation, planning and resource allocation, and quality improvement efforts; and,
8. Mitigate data breaches on cloud-hosted server as it uses zero-knowledge encryption.

Approval of Recommendation 2 will allow Public Health to amend the Agreement via Change Notices and Change Orders, as set forth in the Agreement. Change Notices are for alterations to the project schedule and for changes that do not require any additional costs or expenses or that do not affect any term of or condition of the Agreement. Change Orders are for the acquisition of Optional Work within the allocated Pool Dollars amount included within the Maximum Agreement Sum. This includes work in the form of professional services and/or new software.

Approval of Recommendation 3 will allow Public Health to execute Amendments to the Agreement to make changes to the scope of work and Maximum Agreement Sum; add, delete, and/or change certain terms and conditions, as required under federal or State law or regulation, County policy, Board and/or CEO; reallocate the cost components comprising the Maximum Agreement Sum; issue written notices of partial or full termination for default; execute amendments to reduce the Agreement's scope of work and the Maximum Agreement Sum; and for assignment and delegations resulting from acquisitions, mergers, or other changes in ownership, as necessary. In accordance with Board Policy No. 5.070, multi-year services contract cost of living adjustments, the County, upon a future request from Contractor, would have the discretion to grant a COLA as specified in the Contract. The COLA will not be automatic and is further limited to the lesser of movement in County salaries or any increase in the Consumer Price Index of the Department of Labor Bureau of Labor Statistics. Furthermore, should fiscal circumstances ultimately prevent the Board from approving any increase in the County employee salaries, no COLA will be granted. COLA provision is included in the RDE Agreement limited to the fixed hourly rates for professional services.

This recommendation also delegates authority to amend the Agreement to exercise the five optional one-year or the single five-year period extensions.

Implementation of Strategic Plan Goals

The recommended actions support North Star 1, Make Investments that Transform Lives, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The Maximum Agreement Sum with RDE is $11,083,913. The costs will be 100 percent funded by Health Resources and Services Administration (HRSA) Ending the HIV

Epidemic (EHE), HRSA Ryan White HIV/AIDS Program Part A and Centers for Disease Control EHE funds.

There is no net County cost associated with this action.

Funding is included in Public Health's Adopted Budget for fiscal year (FY) 2024-25 and will be included in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

To determine what data system could meet the needs of DHSP's data requirements, a thorough review of available data systems was conducted between 2021 and 2023, by first conducting an electronic survey of all jurisdictions in the United States funded by the HRSA RWP utilizing Listserv, an electronic mailing list database provided by HRSA. This survey was followed by interviews with other large jurisdictions, including county health departments in Fulton County (Atlanta), Alameda County, Riverside County, Hillsborough County (Tampa/St. Petersburg), and Miami Dade County. Interviews were also conducted in cities such as Chicago, Boston, and Dallas, as well as the States of California, Illinois, Texas and Connecticut. These jurisdictions provide HIV services funded by both the CDC and HRSA.

The vast majority of State and local health departments are using either CAREWare or a locally-developed solution. Some jurisdictions are using a traditional EHR solution such as eClinical Works, while others are using a combination of RDE's Electronic Comprehensive Outcomes Measurement Program for Accountability and Success System (eCOMPAS) or Provide.

Many state and local jurisdictions rely on CAREWare, the system provided by the federal government for grantee jurisdictions providing RWP services; however, CAREWare does not have contract management, fee-for-service billing, or a client portal. While Provide has many of the components needed for the County, it is missing key functionality including not having a centralized eligibility and enrollment module, patient portal, or integrated training platform. Other systems developed by State or local jurisdictions have most, if not all, of the requirements but those systems are not available for purchase by other jurisdictions. Although California developed its own system, which is used by local counties throughout the State, it does not meet the system requirements for the County, including covering HIV testing and EHE activities.

County Counsel retained Drukker Law, Inc., to assist in the negotiation of this Agreement. Accordingly, Drukker Law, Inc., in conjunction with County Counsel, reviewed the Agreement.

As required under Board Policy 5.100, your Board was notified on September 22, 2023, of Public Health's intent to enter into negotiations for a new sole source contract with RDE.

The Agreement contains all the terms and conditions in compliance with the Board's ordinances, policies, and programs including, but not limited to, Compliance with County's Zero Tolerance Human Trafficking Policy, Time Off for Voting, Consideration of Hiring Greater Avenues for Independence/General Opportunities for Work Program Participants, Contractor Responsibility and Debarment, Compliance with Jury Service Program, Safely Surrendered Baby Law, County's Child Support Compliance Program, and County's Defaulted Property Tax Reduction Program.

RDE will provide all required levels of insurance, including for professional liability/errors and omissions and cyber-crime incidents. In addition, the Agreement also contains applicable information technology and software provisions to protect the County in the event of RDE's deficient performance and/or breach of warranties, including assessment of liquidated damages for late delivery, failure to correct deficiencies timely, and termination for default. DPH has also included service credits in the service level requirements, which will be applied to the subscription fees for unscheduled downtime and other unachieved service levels, as prescribed in the Agreement. Likewise, very specific deficiency levels have been identified for deficiencies and system availability.

County Counsel has reviewed and approved Attachment A as to form. Attachment B is the Sole Source Checklist signed by the CEO. The CIO has reviewed and recommends approval. Attachment C, CIO Analysis is attached.

CONTRACTING PROCESS

RDE is recommended for this sole source contract to ensure the County can meet all State and federal data reporting requirements, in addition to meeting the CIO security requirements for the County.

Based on our market research, e2LAS, based on RDE's eCOMPAS SaaS Solution, is the only data system available in the United States that provides all the requirements for a comprehensive HIV services data system for a large health jurisdiction such as the County.

During this transition process of data systems, Public Health's current contract with ACMS is in place through February 28, 2025. ACMS's HIV Casewatch system includes a significant amount of historical information and requires for it to be in place until the full transition to RDE's e2LAS is complete. Public Health will be requesting approval under a separate Board action to extend the ACMS contract beyond February 28, 2025.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow Public Health to continue providing uninterrupted HIV data system and billing support to Public Health-contracted HIV/AIDS Care and treatment providers and ensure compliance with State and federal data collection and reporting requirements associated with the delivery of HIV/AIDS Care services to LAC residents.

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

Reviewed By:

Peter Loo
Chief Information Officer

BF:lc
BL #07143

Enclosures

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

SOLE SOURCE CHECKLIST

Department Name: Department of Public Health

☑ New Sole Source Contract — RDE Systems Support Group

☐ Sole Source Amendment to Existing Contract
Date Existing Contract First Approved: _____

Check (✓)	JUSTIFICATION FOR SOLE SOURCE CONTRACTS AND AMENDMENTS **Identify applicable justification and provide documentation for each checked item.**
☐	➢ Only one bona fide source (monopoly) for the service exists; performance and price competition are not available. A monopoly is an "*Exclusive control of the supply of any service in a given market. If more than one source in a given market exists, a monopoly does not exist*."
☐	➢ Compliance with applicable statutory and/or regulatory provisions.
☑	➢ Compliance with State and/or federal programmatic requirements.
☐	➢ Services provided by other public or County-related entities.
☐	➢ Services are needed to address an emergent or related time-sensitive need.
☐	➢ The service provider(s) is required under the provisions of a grant or regulatory requirement.
☐	➢ Services are needed during the time period required to complete a solicitation for replacement services; provided services are needed for no more than 12 months from the expiration of an existing contract which has no available option periods.
☐	➢ Maintenance and support services are needed for an existing solution/system during the time to complete a solicitation for a new replacement solution/system; provided the services are needed for no more than 24 months from the expiration of an existing maintenance and support contract which has no available option periods.
☐	➢ Maintenance service agreements exist on equipment which must be serviced by the original equipment manufacturer or an authorized service representative.
☐	➢ It is more cost-effective to obtain services by exercising an option under an existing contract.
☐	➢ It is in the best economic interest of the County (e.g., significant costs and time to replace an existing system or infrastructure, administrative cost and time savings and excessive learning curve for a new service provider, etc.). In such cases, departments must demonstrate due diligence in qualifying the cost-savings or cost-avoidance associated with the best economic interest of the County.

Erika Bonilla
Chief Executive Office

8/9/24
Date

Chief Information Office

Peter Loo
CHIEF INFORMATION OFFICER

CIO ANALYSIS

BOARD AGENDA DATE:
10/8/2024

SUBJECT:

APPROVAL TO EXECUTE A SOLE SOURCE AGREEMENT WITH RDE SYSTEMS SUPPORT GROUP, LLC FOR E2LOSANGELES SYSTEM AND RELATED SERVICES

CONTRACT TYPE:

☒ New Contract ☒ Sole Source ☐ Amendment to Contract #: Enter contract #

SUMMARY:

Description:

The Department of Public Health is requesting the Board's approval to execute a sole source Agreement with RDE Systems Support Group, LLC for the provision of e2LosAngeles, a software as a service (SaaS) solution that will serve as a data management system for HIV/STD services. The initial term of the Agreement will be five years, with an option to extend the Agreement for up to five additional one-year periods or for a single five-year period, with a Maximum Agreement Sum not to exceed $11,083,913 for the entire term of the Agreement, including the optional extensions. Of the $11,083,913 in the Maximum Contract Sum, $1,007,628 is for Pool Dollars, $2,113,000 is for one-time implementation fees and $7,963,285 is for subscription fees.

DPH is also requesting delegated authority to approve and execute: (a) change notices to the Agreement for: (i) changes to the project schedule; and (ii) changes that are clerical or administrative in nature and/or do not affect any term or condition to the Agreement; and (b) change orders or amendments that require additional costs or expenses using Pool Dollars to acquire Optional Work, provided the amounts payable under such change orders or amendments do not exceed the available amount of Pool Dollars.

DPH is also requesting delegated authority to (a) issue written notice(s) of partial or total termination of the Agreement for convenience without further action by the Board; and (b) execute amendments to the Agreement to: (i) make changes to the scope of work; (ii) add, delete, and/or change certain terms and conditions as mandated by federal or State law or regulation, County policy and/or the CEO; (iii) reallocate the components comprising the Maximum Agreement Sum; (iv) reduce the Services and Maximum Agreement Sum; (v) extend the Term of the Agreement by exercising optional years in the Agreement; (vi) assign and delegate the Agreement, resulting from acquisitions, mergers, or other changes in ownership; (vii) approve Cost of Living Adjustments (COLA)

requested by RDE for the optional extensions, at the Director's discretion, limited to the fixed hourly rates for professional services, with any such COLA's, consistent with the Board's COLA policy, with all actions subject to prior review and approval as to form by County Counsel.

Contract Amount: $11,083,913

FINANCIAL ANALYSIS:

Contract costs:

One-time costs		
Implementation.....	$	2,113,000
Ongoing costs:		
Subscription Fees (10 years)	$	7,963,285
Pool Dollars.....	$	1,007,628
Total costs:	**$**	**11,083,913**

Notes:

The costs will be 100 percent funded by Health Resources and Services Administration (HRSA) Ending the HIV Epidemic (EHE), HRSA Ryan White HIV/AIDS Program Part A and Centers for Disease Control EHE funds. Funding is included in DPH's Adopted Budget for Fiscal Year 2024-25 and will be included in future Fiscal Years, as necessary.

RISKS:

1. **Quality of Services:** The purpose of this sole source Contract is to procure and implement a SaaS solution that will serve as a data management system for HIV/STD services. DPH's Division of HIV and STD Programs (DHSP) has approximately 208 HIV and STD services contracts that require the collection and reporting of client services data. This data helps DHSP understand service delivery and performance trends and is used to meet State and federal funder requirements. Based on DPH's market survey and analysis, RDE's e2LosAngeles System is the only system that features an existing comprehensive centralized eligibility and enrollment module required for reporting that complies with State and federal program requirements. The new system will increase access to services through centralized service eligibility and registration for clients and patients, improve patient case management and service coordination, provide accurate and efficient data collection, improve efficiency of contract management, improve timeliness of billing and reimbursement, streamline data reporting, allow greater capacity to use data in real time and mitigate data breaches.

   As with any large information technology project, there are risks related to quality,

schedule and cost. DPH has mitigated these risks by developing a well-structured contract and related Statement of Work (SOW). The system will be implemented in six phases and the implementation will include 206 individual deliverables, each with its own payment schedule and 10% holdback requirement. The tasks and deliverables are split up into key areas including: Project Plan, Security Plan, Incident Response Plan, System Requirements Validation, Test Plan and Legacy Data Migration. Based on the Contract, no off-shore work will be permitted, and all services will be rendered within the continental United States. A fixed hourly rate for optional work has been negotiated at $250. The contractor will be required to maintain for a Business Continuity Plan and Disaster Recovery Plan for its hosting environment.

2. **Project Management and Governance:** The County's Office of the CIO recommends strong project governance practices and a dedicated Project Manager to adhere to schedule, budget and scope, and to manage vendor practices. Based on the SOW, the Contractor will provide a Project Manager and Project Director, and utilize a Quality Control Plan to ensure consistently high level of services throughout the term of the Contract. DPH will also assign a Project Manager and Project Director.
3. **Information Security:** The County's Office of the Chief Information Security Officer (OCISO) reviewed the security components of this Contract and did not identify any issues. The OCISO also confirmed that the Contract contains the latest approved Information Security and Privacy Requirements Exhibit. The Contract includes Cyber Liability insurance with limits of $2 million per occurrence and $5 million in the aggregate.
4. **Contract Risks:** No Contract risks were identified. The Contract contains all Board required terms and conditions and was heavily negotiated by a team consisting of County Counsel and outside counsel (Drukker Law, Inc.). The Contract includes Commercial General Liability insurance with limits of $1 million per occurrence and $2 million in the aggregate. The Contract also includes provisions for Liquidated Damages and Professional Liability/Errors and Omissions.

PREPARED BY:

_____ _____

(NAME) DEPUTY CHIEF INFORMATION OFFICER DATE

APPROVED:

_____ 9/25/2024

PETER LOO, CHIEF INFORMATION OFFICER DATE

CONTRACT NUMBER: PH-005479

AGREEMENT BY AND BETWEEN COUNTY OF LOS ANGELES AND RDE SYSTEM SUPPORT GROUP, LLC FOR E2LOSANGELES SYSTEM AND RELATED SERVICES

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Exhibits

Exhibit A	Statement of Work	
	Exhibit A.1	e2LosAngeles Solution Requirements
	Exhibit A.2	Minimum System Requirements
	Exhibit A.3	Interfaces
	Exhibit A.4	Third Party Products
	Exhibit A.5	Local Key Module Description
	Exhibit A.6	Acceptance Certificate
Exhibit B	Service Level Agreement	
Exhibit C	Payment Schedule	
Exhibit D	Project Schedule [incorporated by reference]	
Exhibit E	Administration of Agreement	
	Exhibit E.1	County's Administration
	Exhibit E.2	Contractor's Administration
Exhibit F	Confidentiality Agreement	
Exhibit G	Business Associate Agreement	
Exhibit H	Safely Surrendered Baby Law	
Exhibit I	Information Security and Privacy Requirements	

AGREEMENT BY AND BETWEEN COUNTY OF LOS ANGELES
AND
RDE SYSTEM SUPPORT GROUP, LLC
FOR
E2LOSANGELES SYSTEM
AND RELATED SERVICES

This Agreement for the e2Los Angeles System and Related Services (as further defined below, "**Agreement**"), is made and entered into this __ day of _____, 2024, by and between the County of Los Angeles ("**County**") and RDE System Support Group, LLC ("**Contractor**"), a New Jersey limited liability company, with its principal place of business at 275 Paterson Ave, Little Falls, New Jersey, 07424 (each of County and Contractor a "**Party**" and together the "**Parties**").

RECITALS

WHEREAS, the County's Department of Public Health ("**DPH**") Division of HIV and STD Program ("DHSP") leads work within Los Angeles County to control the spread of HIV and STDs through epidemiological surveillance; implementation of evidence-based programs; coordination of prevention, care, and treatment services; and the creation of policies that promote public health; and

WHEREAS, in furtherance of its mission, DHSP manages hundreds of contracts with service providers to provide HIV patient outreach and care, and requires an updated data management system to allow DHSP to meet programmatic, security, and reporting requirements, as well as provide new data management system functionality; and

WHEREAS, the County may contract with private businesses for an HIV data management system and related services when certain requirements are met; and

WHEREAS, the Contractor is a private firm specializing in providing data management systems developed on the software platform commercially known as electronic Comprehensive Outcomes Measurement Program for Accountability and Success™ (as further defined below "**eCOMPAS™**") and related services pursuant to a Software as a Service (SaaS) licensing model to meet the aforementioned requirements and functionality; and

WHEREAS, the Contractor warrants that it possesses the necessary special skills, experience, knowledge, technical competence and sufficient staffing to perform under this Agreement; and

WHEREAS, the Contractor agrees to furnish the software system commercially known as eCOMPAS™, configured to meet the requirements provided by the County as detailed in the e2LosAngeles Solution Requirements, attached hereto as Exhibit A.1, and the Statement of Work, attached hereto as Exhibit A, and other Licensed Software, to be known in the Agreement as the e2LosAngeles System (as further defined below), and related services described herein, which will be provided pursuant to a Software as a Service (SaaS) license, subject to the terms of the Agreement, which the e2LosAngeles System may be renamed by the County; and

WHEREAS, County is authorized by California Government Code Section 31000 and otherwise to contract for the work contemplated herein.

NOW THEREFORE, in consideration of the foregoing Recitals (which are incorporated herein), and the mutual covenants and agreements contained herein, and for good and valuable consideration, the Parties agree to the following:

1.0 APPLICABLE DOCUMENTS

When used herein, the term "Agreement" includes the body of this Agreement and any Statement of Work entered into by the Parties hereunder and such other exhibits ("**Exhibit(s)**"), attachments ("**Attachment(s)**"), schedules ("**Schedule(s)**") appended to this Agreement and additional documents that the Parties identify and agree to incorporate herein by reference, as well as Amendments, Change Orders, and Change Notices entered into in accordance with this Agreement.

This Agreement constitutes the complete and exclusive statement of understanding between the Parties, and supersedes all previous agreements, written and oral, and all communications between the Parties relating to the subject matter of this Agreement. No change to this Agreement shall be valid unless prepared pursuant to Section 15.0 (Changes to Agreement) and signed by both Parties.

2.0 INTERPRETATION AND DEFINED TERMS

2.1 Interpretation

The headings herein contained are for convenience and reference only and are not intended to define the scope of any provision thereof. Use of the words "including," "including but not limited to," and words of similar import shall be interpreted to provide examples and not to be limiting. In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, schedule, or the contents or description of any task, Deliverable, goods, Service, or other work, or otherwise, between or among any of the body of this Agreement , Statements of Work, Exhibits, Attachments, and Schedules, such conflict or inconsistency shall be resolved by giving precedence first to the body of this Agreement, and then to the Statements of Work, Exhibits, Attachments, and Schedules according to the following descending priority:

Exhibit A (Statement of Work);

Exhibit B (Service Level Agreement);

Exhibit C (Payment Schedule);

Exhibit I (Information Security and Privacy Requirements); and

All other Exhibits, Attachments and Schedules.

2.2 Defined Terms

Capitalized terms not otherwise defined in this section shall have the meanings ascribed to them in the body of the Agreement or in other Exhibits, Attachments, or Schedules. Unless otherwise specified herein, all references in this section to Sections shall refer to the respective Sections of this Agreement as specified in the body of the Agreement (rather than the Exhibits, Attachments, or Schedules thereto).

2.2.1 Acceptance

The County's written approval of any tasks, Deliverables, goods, Services, or other work, including the System and other Solution components, in accordance with Paragraph 5.0 (Acceptance).

2.2.2 Acceptance Certificate

The acceptance certificate, substantially similar to the Acceptance Certificate provided in Exhibit A.6 (Acceptance Certificate).

2.2.3 Acceptance Criteria

Shall have the meaning specified in Section 5.1 (Acceptance Criteria) of the Agreement.

2.2.4 Agreement

Shall have the meaning specified in the Preamble and Section 1.0 (Applicable Documents) to the Agreement.

2.2.5 Agreement Term; Term

The term of the Agreement commencing upon the Effective Date until its expiration or termination as provided herein. The phrase "term of the/this Agreement" and phrases of similar import shall mean the Agreement Term.

2.2.6 Amendment

Shall have the meaning specified in Section 15.1 (Amendments) of the Agreement.

2.2.7 Approval (Approve or Approved)

The written acceptance or other required approval by DPH’s Chief Information Officer (or his or her designee) or the County’s Project Director (or his or her designee) of a specifically identified Deliverable or any other item requiring County approval.

2.2.8 Attachment(s)

Shall have the meaning specified in Section 1.0 (Applicable Documents).

2.2.9 Availability (Available)

Shall have the meaning specified in Exhibit B (Service Level Agreement).

2.2.10 Background Intellectual Property
Any intellectual property, including, without limitation, concepts, ideas, methods, methodologies, procedures, processes, know-how, techniques, inventions, analysis frameworks, software, models, documentation, templates, the generalized features of the structure, sequence and organization of software, user interfaces and screen designs, utilities, routines, and tools, which may constitute or be contained in Work Product that was developed by Contractor prior to performance or independent of this Agreement.

2.2.11 Business Associate Agreement
Shall have the meaning specified in the Preamble to Exhibit G (Business Associate Agreement).

2.2.12 Business Continuity Plan
Shall have the meaning specified in Section 4.9 (Disaster Recovery/Business Continuity) of the Agreement.

2.2.13 Business Day
Shall mean each of Monday through Friday, excluding County holidays.

2.2.14 C.F.R
Shall have the meaning specified in Section 14.1.9 (Compliance with Federal and State Confidentiality Requirements) of the Agreement.

2.2.15 Change Notice
Shall have the meaning specified in Section 15.2 (Change Notice) of the Agreement.

2.2.16 Change Order
Shall have the meaning specified in Section 15.3 (Change Order) of the Agreement.

2.2.17 Confidential Information
Shall have the meaning specified in Section 14.1.1 (Confidential Information Defined) of the Agreement.

2.2.18 Contract Year
The twelve (12) month period commencing on the Effective Date, and each subsequent twelve (12) month period thereafter during the Term.

2.2.19 Contracted Agency
Third party agencies with which the County contracts to provide HIV health care providers.

2.2.20 Contractor
Shall have the meaning specified in the Preamble to the Agreement.

2.2.21 Contractor's Project Director
The individual designated by the Contractor to administer the Agreement operations after the Agreement award.

2.2.22 Contractor's Project Manager
The individual designated by the Contractor to administer the Agreement operations after the Agreement award.

2.2.23 County
Shall have the meaning specified in the Preamble to the Agreement.

2.2.24 County Data
All of the County information, data, and records of County to which Contractor has access, or is otherwise provided to Contractor under this Agreement, during the use and/or provisioning of the Solution, including any data entered/stored/accessed during use of the Solution by users of the Solution.

2.2.25 County Indemnitees
Shall have the meaning specified in Section 23.1 (General Indemnification) of the Agreement.

2.2.26 County's Project Director
Person designated by County with authority for County on contractual or administrative matters relating to this Agreement that cannot be resolved by the County's Project Manager.

2.2.27 County's Project Manager
Person designated by County's Project Director to manage the operations under this Agreement.

2.2.28 Customized Modules
To the extent Contractor develops source code and related object code for its Licensed Software (or its successor products), utilizing the Customized Modules Requirements, Customized Modules are (1) the source code and related object code, documentation of the source code and related object code, user descriptions and other collateral materials relating to the source code and related object code, and (2) modifications, enhancements, or further derivatives Contractor and its subcontractors make to the source code and related object code, user descriptions and other collateral materials relating to the source code and related object code. Customized Modules shall become part of, and be deemed, Licensed Software for the purpose of this Agreement.

2.2.29 Customized Modules Requirements

All non-public information and unpublished intellectual property submitted by County related to any functions to be developed by Contractor for County under this Agreement. Customized Modules Requirements shall be County's (or the owner of such submitted intellectual property) Confidential Information.

2.2.30 Day(s)

Calendar day(s) unless otherwise specified.

2.2.31 Deficiency

With respect to the Solution, Services, or Deliverables, a failure of the Solution, Services, or Deliverables to conform to Specifications, or with respect to the Solution, a failure that impairs the performance of the Solution when operated in accordance with the Agreement.

2.2.32 Deliverable(s)

Whether singular or plural, shall mean software, items and/or Services provided or to be provided by Contractor under this Agreement identified as a deliverable, by designation, number, in the Statement of Work, Exhibit, Attachment, Schedule, or as an obligation expressly set forth in any document incorporated into the Agreement.

2.2.33 DHSP

Shall have the meaning specified in the Recitals.

2.2.34 Disabling Device

Shall have the meaning specified in Section 9.6 (Disabling Device) of the Agreement.

2.2.35 Disaster Recovery Plan

Shall have the meaning specified in Section 4.9 (Disaster Recovery/Business Continuity) of the Agreement.

2.2.36 Disclosing Party

Shall have the meaning specified in Section 14.1.1 (Confidential Information Defined) of the Agreement.

2.2.37 Displaced Product

Shall have the meaning specified in Section 3.2.2 (Replacement Products) of the Agreement.

2.2.38 Dispute Resolution Procedure

Shall have the meaning specified in Section 27.0 (Dispute Resolution Procedure) of the Agreement.

2.2.39 Documentation
All of Contractor's training course materials, and technical manuals, and all other user instructions prepared or made available by or through Contractor regarding the capabilities, operation, and use of the Solution.

2.2.40 DPH
Shall have the meaning specified in the Recitals.

2.2.41 DPH CIO
Shall mean the Chief Information Officer of DPH.

2.2.42 DR/BC Plan
Shall have the meaning specified in Section 4.9 (Disaster Recovery/Business Continuity) of the Agreement.

2.2.43 Due Date
Shall have the meaning specified in Section 6.3 (Late Delivery Credits to County) of the Agreement.

2.2.44 eCOMPAS, eCOMPAS™, eCOMPAS Platform, eCOMPAS™ Platform
Contractor's eCOMPAS™ software platform, including all components and Documentation, collectively comprising the electronic Comprehensive Outcomes Measurement Program for Accountability and Success System, as specified in the Agreement.

2.2.45 Effective Date
The date of approval and execution of this Agreement by County and authorized representative(s) of Contractor following approval by the County's Board of Supervisors.

2.2.46 Encryption Standards
Shall have the meaning specified in Section 14.3 (Protection of Electronic County Information – Data Encryption Standards) of the Agreement.

2.2.47 Exhibit(s)
Shall have the meaning specified in Section 1.0 (Applicable Documents).

2.2.48 Existing Environment
Shall have the meaning specified in Section 9.10 (System Configuration Warranty) of the Agreement.

2.2.49 Extended Term
Shall have the meaning specified in Section 7.2 (Extended Agreement Term) of the Agreement.

2.2.50 Final Acceptance
Shall have the meaning specified in Section 5.4.4 (Final Acceptance) of the Agreement.

2.2.51 Fiscal Year
The twelve (12) month period beginning July 1st and ending the following June 30th.

2.2.52 Fixed Hourly Rate
The hourly rate as specified in Exhibit C (Payment Schedule) for Professional Services that Contractor may provide in the form of Optional Work if requested by County.

2.2.53 Force Majeure Events
Shall have the meaning specified in Section 28.3 (Force Majeure) of the Agreement.

2.2.54 HIPAA
Shall have the meaning specified in Section 14.1.9 (Compliance with Federal and State Confidentiality Requirements) of the Agreement.

2.2.55 HIV
Shall mean the human immunodeficiency virus.

2.2.56 Holdback Amount
Shall have the meaning specified in Section 8.3 (Holdbacks) of the Agreement.

2.2.57 Hosting Environment
All facilities, personnel, Hosting Hardware and Hosting Software required to provide the Hosting Services in accordance with this Agreement, including all requirements specified in Exhibit B (Service Level Agreement).

2.2.58 Hosting Hardware
Hardware and equipment of any nature (e.g., Servers, networking equipment, switches, routers, power infrastructure), utilized in the Hosting Environment to provide the Hosting Services in accordance with this Agreement.

2.2.59 Hosting Services
Shall have the meaning specified in Exhibit B (Service Level Agreement).

2.2.60 Hosting Software
Software of any nature (e.g. operating systems, presentation layer software, applications, utilities, tools, firmware and security) utilized in the Hosting Environment to provide the Hosting Services in accordance with this Agreement.

2.2.61 Implementation Fees
Shall have the meaning specified in Section 4.2.3 of the Agreement.

2.2.62 Implementation Services
Shall mean the Services as set forth in Section 4.2 (Implementation Services) of the Agreement and as further specified in Exhibit A (Statement of Work). The Implementation Services are also sometimes referred to as the "Project."

2.2.63 Indemnified Items
Shall have the meaning specified in Section 23.2 (Intellectual Property Indemnification) of the Agreement.

2.2.64 Infringement Claim(s)
Shall have the meaning specified in Section 23.2 (Intellectual Property Indemnification) of the Agreement.

2.2.65 Initial Term
Shall have the meaning specified in Section 7.1 (Initial Agreement Term) of the Agreement.

2.2.66 Interfaces
Either a computer program developed by, or licensed to, County or Contractor to (a) translate or convert data from a County or Contractor format into another format used at County; or (b) translate or convert data in a format used by County, Contractor or a third-party to a format supported at County or vice versa, as specified in Exhibit A-3 or as Optional Work in accordance with this Agreement.

2.2.67 Jury Service Program
Shall have the meaning specified in Section 29.13.1 (Jury Service Program) of the Agreement.

2.2.68 Launch
Deployment of the System for Production Use in the Production Hosting Environment.

2.2.69 Launch Ready
All testing of the Licensed Software and the components thereof has been successfully completed and County has approved the System delivered as ready for Launch under the Statement of Work.

2.2.70 License
Shall have the meaning specified in Section 3.1.1 (License Grant) of the Agreement.

2.2.71 License Term

Shall have the meaning specified in Section 3.1.2 (License Term) of the Agreement.

2.2.72 Licensed Software

Individually each, and collectively all, of the computer programs and software components which comprise the e2LosAngeles System provided by Contractor under this Agreement (including Third-Party Products), including as to each such program and component, the machine generated instructions, processes and routines used in the processing of data, the object code, Interfaces to be provided hereunder by Contractor, Interfaces, Customized Modules, New Software, Revisions, and any and all software programs otherwise provided by Contractor under this Agreement which comprise the e2LosAngeles System. All Launch Ready Licensed Software and the components thereof shall be release versions and not be test versions (e.g., alpha or beta test version), unless otherwise agreed to in writing by County.

2.2.73 Maintenance Services

Any goods and/or services provided by Contractor under this Agreement for maintaining the Solution, including but not limited to Revisions, modifications to maintain reporting and regulatory compliance, and other Software Updates to the System in accordance with Exhibit B (Service Level Agreement).

2.2.74 Maximum Agreement Sum

The total monetary amount payable by County to Contractor hereunder, as specified in Section 8.1 (Maximum Agreement Sum) of the Agreement.

2.2.75 Maximum Fixed Price

Shall have the meaning specified in Section 4.4 (Optional Work) of the Agreement.

2.2.76 Medical Information or MI

Shall have the meaning specified in Section 14.3 (Protection of Electronic County Information – Data Encryption Standards) of the Agreement.

2.2.77 Minimum System Requirements

Shall have the meaning specified in Section 9.10 (Minimum System Requirements Warranty).

2.2.78 New Software

Shall mean any function or module of software that is not included in the Licensed Software as described in the Statement of Work, attached hereto as Exhibit A; and fulfills a different primary function or is delivered on a different end-user platform than the Licensed Software; and is not otherwise to be provided to County under this Agreement as a Revision to the Licensed

Software.

2.2.79 Optional Work
New Software and/or Professional Services, which may be provided by Contractor to County upon County's request and approval and execution of an Amendment or Change Order in accordance with Paragraph 4.4 (Optional Work).

2.2.80 Part 2 Regulations
Shall have the meaning specified in Section 14.1.9 (Compliance with Federal and State Confidentiality Requirements) of the Agreement.

2.2.81 Party or Parties
Shall have the meaning specified in the Preamble to the Agreement.

2.2.82 Personal Data
Shall have the meaning specified in Section 14.1.5 (Personal Data) of the Agreement.

2.2.83 Personal Health Information or PHI
Shall have the meaning specified in Section 14.3 (Protection of Electronic County Information – Data Encryption Standards) of the Agreement.

2.2.84 Personal Information or PI
Shall have the meaning specified in Section 14.3 (Protection of Electronic County Information – Data Encryption Standards) of the Agreement.

2.2.85 Phase
The tasks, subtasks and Deliverables provided by Contractor to complete any of portion of work identified in Exhibit A (Statement of Work) as a "Phase," including Phase 1 and Phase 2.

2.2.86 Phase Acceptance
County's final Acceptance and written approval of work under each project Phase, as further specified in Exhibit A (Statement of Work) and Section 5.4.3 (Phase Acceptance) of the Agreement.

2.2.87 Pool Dollars
Absent an Amendment in accordance with Paragraph 14.0 (Changes to Agreement), the maximum amount allocated under this Agreement for the provision by Contractor of Optional Work, including New Software and/or Professional Services, approved by County in accordance with the terms of this Agreement.

2.2.88 Privacy and Security Laws
Shall have the meaning specified in Section 14.1.9 (Compliance with Federal

and State Confidentiality Requirements) of the Agreement.

2.2.89 Production Use
The actual use of the Solution in the production environment to process actual live data in County's day-to-day operations.

2.2.90 Professional Services
Services, including but not limited to, consulting services, additional training, customizations, Customized Modules, and/or Optional Work which Contractor may provide upon County's request therefore in accordance with Paragraph 4.4 (Optional Work).

2.2.91 Project Schedule
Shall have the meaning specified in Section 6.1 (Project Schedule) of the Agreement.

2.2.92 Provider
Providers shall include Contracted Agencies and County entities providing HIV health care services.

2.2.93 Receiving Party
Shall have the meaning specified in Section 14.1.1 (Receiving Party) of the Agreement.

2.2.94 Remedial Act(s)
Shall have the meaning specified in Section 23.2 (Intellectual Property Indemnification) of the Agreement.

2.2.95 Renamed Product
Shall have the meaning specified in Section 3.2.2 (Replacement Products) of the Agreement.

2.2.96 Replacement Product
Shall have the meaning specified in Section 3.2.2 (Replacement Products) of the Agreement.

2.2.97 Required Insurance
Shall have the meaning specified in Section 25.0 (General Provisions for All Insurance Coverage) of the Agreement.

2.2.98 Revisions
Changes to the Licensed Software required by this Agreement, including as set forth in Section 4.1 of Exhibit B (Service Level Agreement).

2.2.99 Schedule(s)
Shall have the meaning specified in Section 1.0 (Applicable Documents) to

the Agreement.

2.2.100 Server
The server(s) on which the Hosting Services will be hosted.

2.2.101 Severity Level
The applicable severity level of a Deficiency identified in Exhibit B (Service Level Agreement) (also referred to in Exhibit B as "Priority Levels") used to define service levels for provision of Subscription Services under the Agreement.

2.2.102 Service Credit
Shall have the meaning specified in Exhibit B (Service Level Agreement).

2.2.103 Service Level(s)
Shall have the meaning specified in Section 9.4 (Service Levels) of the Agreement.

2.2.104 Services
Collectively, all functions, responsibilities, tasks, subtasks, Deliverables, goods, and other services: (a) identified in the Specifications; (b) identified in this Agreement as being Contractor's responsibility; and (c) otherwise necessary to comply with the terms of this Agreement. Without increasing the scope of the Services, if any component task, subtask, service, or function is: (i) an inherent or necessary part of the Services defined in subparts (a), (b), or (c) of this Paragraph; or (ii) a customary part of the Services defined in subparts (a), (b), or (c) of this Paragraph, and not in conflict with Contractor's established methods of providing services; and, as to a service(s) within either subpart (i) and (ii) of this sentence above, is not specifically described in this Agreement, then such service or function shall be deemed to be part of the Services. Any hardware and/or software provided to County by Contractor as part of the Hosting Services pursuant to this Agreement shall be deemed part of the Services. There are several subsets of the Services, including "Implementation Services," "Subscription Services," and "Professional Services" that are included within this definition of "Services," even though they are sometimes referenced by the Service grouping name (e.g., "Implementation Services" and "Subscription Services"). Each of these Service groupings includes both the broad definition of Services above, and the specific Services associated with the Service grouping and described in Exhibits, Attachments, or Schedules and related documents incorporated into the definition of that Service grouping.

2.2.105 Software Updates
Any additions to and/or replacements to the Licensed Software, available or made available subsequent to Final Acceptance, including all (a) Revisions provided under Section 4.1 of Exhibit B (Service Level Agreement); and (b)

updates, upgrades, improvements, and enhancements to the Licensed Software provided as Optional Work.

2.2.106 Solution

The System, including Licensed Software, Subscription Services, Optional Work, all related services, equipment, hosting, and any other item required for the Contractor to deploy and provide the Licensed Software from its facilities and to County as a "software as a service" in accordance with this Agreement.

2.2.107 Specifications

All specifications, requirements, and standards described in Exhibit A (Statement of Work) or subsequent Statements of Work; all performance requirements and standards specified in this Agreement, including, but not limited to, the requirements identified in Exhibit B (Service Level Agreement); the Documentation; and System capabilities as of Final Acceptance.

2.2.108 Statement of Work; SOW

Exhibit A (Statement of Work) together with its Exhibits and Attachments, and any other Statement of Work issued under and in accordance with this Agreement, or a statement of work that is attached to any future Change Order or Amendment entered into in accordance with this Agreement.

2.2.109 Status Meeting

Shall have the meaning specified in Section 13.1 (Reports) of the Agreement.

2.2.110 Status Report

Shall have the meaning specified in Section 13.1 (Reports) of the Agreement.

2.2.111 Subscription Fees

Shall have the meaning specified in Section 8.4.2 (Subscription Fees) of the Agreement.

2.2.112 Subscription Services

Collectively, Maintenance Services, Support Services, and Hosting Services.

2.2.113 Support Services

Any goods or services provided under this Agreement in support of the Solution, including but not limited to customer support, correction of Deficiencies, System Availability, data security, reports and Revisions required under Section 4.1of Exhibit B (Service Level Agreement).

2.2.114 System, e2LosAngeles, e2LosAngeles System

The e2LosAngeles software system, consisting of the eCOMPAS Platform configured to meet the requirements provided by the County as detailed in the e2LosAngeles Solution Requirements, attached hereto as Exhibit A.1 and the

Statement of Work, attached hereto as Exhibit A, and delivered to the County under this this Agreement pursuant to a Software as a Service (SaaS) license, including all components and Documentation, collectively comprising the e2LosAngeles System.

2.2.115 System Requirements
Any of County's requirements regarding the System set forth in the Agreement, including Exhibit A.1 (e2LosAngeles Solution Requirements) or any SOW agreed to by the Parties.

2.2.116 System Test
Any of the tests of the System conducted by County or Contractor, as applicable, under Exhibit A (Statement of Work).

2.2.117 Third Party Product
All software and content licensed, leased or otherwise obtained by Contractor from a third party and used with the Solution or used for the provision of work under the Agreement and which is expressly identified as Third Party Product in Exhibit A.4 (Third Party Products).

2.2.118 Transition Services
Shall have the meaning specified in Section 10.9 (Termination Transition Services) of the Agreement.

2.2.119 U.S.C.
Shall have the meaning specified in Section 14.1.5 (Personal Data) of the Agreement.

2.2.120 User
"User" shall be defined as any party, including physicians, other health care providers, and other health care facilities, patients, Providers, Federal, State, and local agencies, and business partners, authorized by the County to use the System.

2.2.121 Warranty Period
For each Phase, the period from Production Use of the System for such Phase through the applicable Phase Acceptance.

2.2.122 Work Product
Work Product expressly excludes Licensed Software (the license to which is provided in Section 3.1.1 (License Grant)), Customized Modules (the license to which is provided in Section 3.3.3 (Customized Modules)), and Background Intellectual Property (the license to which is provided in Section 3.4.1 (Background Intellectual Property)), and shall mean: all Deliverables and all concepts, inventions (whether or not protected under patent laws), works of authorship, information, new or useful art, combinations,

discoveries, formulae, algorithms, specifications, manufacturing techniques, technical developments, systems, computer architecture, artwork, software, programming, applets, scripts, designs, procedures, processes, and methods of doing business, regardless of form or media, materials, plans, reports, project plans, work plans, Documentation, training materials, and other tangible objects, and shall include any derivatives or modifications to any of the foregoing, developed or produced by Contractor under this Agreement, whether acting alone or in conjunction with County or its employees, users, affiliates or others.

3.0 LICENSED SOFTWARE AND INTELLECTUAL PROPERTY

3.1 License

3.1.1 License Grant

Subject to the provisions of Section 3.3 (Ownership), Contractor hereby grants to County an irrevocable, non-exclusive, royalty-free, fully paid license to use the Licensed Software, including any related Documentation ("**License**"), for the duration of the License Term by all Users in accordance with the scope set forth in Section 3.1.3 (Scope of License) and subject to any restrictions that may be specified herein.

3.1.2 License Term

The License granted under this Agreement shall commence upon the earlier of the delivery of a first Licensed Software component to County or the Effective Date and shall continue for the Term, unless otherwise specified herein ("**License Term**").

3.1.3 Scope of License

Subject to the terms and conditions of this Agreement, the License granted by Contractor under this Agreement provides County and Providers, including Contracted Agencies, with the following rights:

a) To use, test, access, the Licensed Software via the Hosting Environment from an unlimited number of computers, servers, local area networks and wide area networks, including web connections, by an unlimited number of Users (subject to the terms of Exhibit C (Payment Schedule)) for the business of the County and use by Providers in connection with the business of the County, including Contracted Agencies, including in connection with treatment services and/or transfer of data relating to such treatment services, as provided in the Agreement. It is understood that County will not sell, resell, re-license or sublicense the Licensed Software. It is understood by the

Parties that, in accordance with the terms of this Agreement, County may choose to use as many or as few of the Licensed Software modules or functions (including Customized Modules and New Software) as it may desire and may add or eliminate such modules or functions from its implementation of the Licensed Software at any time.

b) During the term of this Agreement, to be entitled to receive Revisions from Contractor at no additional cost to County (except as expressly provided in Exhibit C (Payment Schedule)).

c) To use, configure, copy and display the Documentation provided to Users for training and instruction, including but not limited to System and user manuals, in electronic form, as necessary or appropriate for County to enjoy and exercise fully the rights granted under this Agreement and the License.

d) To permit access to the Licensed Software and the Documentation to Users, including Providers.

Without limitation of the above, County's business purposes and activities will also include making the Solution available to County users, as well as healthcare providers contracted by DHSP to provide HIV prevention and treatment services.

3.1.4 Documentation

At no additional charge to County, Contractor shall provide or make available to County all Documentation and other written instructions relating to the Licensed Software and the System, including all Documentation created for training and all Documentation that is reasonably necessary for County and Providers, including Contracted Agencies, to use and take advantage of the full functionality of the Licensed Software

In addition to the Documentation for Licensed Software, Contractor may, during the term of the Agreement, produce other Documentation for the Licensed Software. Such Documentation may be updated periodically by Contractor, at no additional cost to County, as Revisions or other material modifications are made to the Licensed Software.

Contractor shall provide or make available to County all Documentation, and all updates thereto, in electronic form.

County may, at any time during the License Term, reproduce copies of all Documentation and other materials provided or made available by Contractor, distribute such copies to County personnel or County designees, Providers,

and other Users of the Solution, and incorporate such copies into its own technical and user manuals, provided that such reproduction relates to County's and Users' use of the Solution as permitted in this Agreement, and all copyright and trademark notices, if any, are reproduced thereon.

3.2 Revisions and New Software

3.2.1 Revisions

Contractor may from time to time make material Software Updates to the Licensed Software, including Revisions provided pursuant to Section 4.1 of Exhibit B (Service Level Agreement). In the event of such Revisions, unless otherwise specified in and in addition to the provisions of Exhibit B (Service Level Agreement) with respect to Software Updates, (a) the Revision of the Licensed Software will include at least the functionality, level or quality of services that County previously received and shall continue to comply with all of the requirements of this Agreement, including all System Requirements, and (b) County shall be provided, at least sixty (60) Days in advance of any such changes, written notice and a demonstration of such changes, unless a shorter notice period is agreed to in advance by the parties. If such advanced demonstration reveals material adverse effects on functionality or operation of the Licensed Software and/or the Solution, including, but not limited to, a failure to comply with the requirements of this Agreement, or compatibility with County's technical, business or regulatory requirements, including, without limitation, hardware, software, or browser configurations, then County may in its sole discretion reject such changes, and remain on the current Revision of the Licensed Software and continue to receive Subscription Services as required hereunder for the remainder of the term of the Agreement. Notwithstanding the foregoing, Contractor represents, warrants, covenants and agrees that throughout the term of this Agreement Contractor shall provide Subscription Services for the current configuration of Licensed Software and that Contractor will retain the County's ability to access at minimum the most recent prior two (2) configurations of the Licensed Software.

During the Term of this Agreement, all Revisions as specified in Section 4.1 of Exhibit B (Service Level Agreement) shall be provided to County at no additional charge beyond the Subscription Fees payable hereunder for Subscription Services.

3.2.2 New Software

From time to time during the term of this Agreement, Contractor may, at its sole discretion, inform County of the existence of New Software. County shall have, at its sole discretion, the option to license such New Software in accordance with the terms contained herein. Terms as to the cost and

implementation of the New Software shall be set forth in an applicable Statement of Work.

3.3 Ownership

3.3.1 Hosted Environment

Contractor or its applicable subcontractor providing Hosting Services shall own (or have the right to operate for the purposes of this Agreement) all Hosting Environment components, including any Hosting Hardware and Hosting Software.

3.3.2 Licensed Software

All Licensed Software provided by Contractor to County pursuant to this Agreement, including Customized Modules, New Software, Revisions, and any Third Party Products, and related Documentation, is and shall remain the property of Contractor or any rightful third party owner.

3.3.3 Customized Modules

County shall retain all right, title and interest in and to the Customized Modules Requirements. County grants to Contractor a limited, fully paid-up, non-exclusive right and license to reproduce, perform, display, and transmit the Customized Modules Requirements solely to the extent necessary to make the Customized Modules. The foregoing license is subject to revocation only in the event of (a) a material breach by Contractor to deliver the Customized Modules in accordance with the applicable Change Order, Amendment, or this Agreement; and/or (b) a material breach by Contractor of the license provided herein.

Contractor shall own all right, title, and interest, including all intellectual property rights, in and to all Customized Modules. In the event Contractor obtains a patent with regard to Customized Modules, Contractor shall not assert any claim of infringement of such patent against County, its affiliates, and their respective customers with regard to their use of the Customized Modules.

Contractor hereby grants to County an irrevocable, fully paid up, royalty free, nontransferable, non-exclusive right and license to use, and otherwise fully exploit in connection with County's business, the Customized Modules for the duration of the License Term.

3.4 Proprietary Considerations

3.4.1 Background Intellectual Property

Contractor retains all right, title and interest in and to any such Background Intellectual Property (including any modifications thereto made by Contractor). However, to the extent Background Intellectual Property constitutes or is incorporated into any Deliverables or Services or needed for the use of the Deliverables or Services, Contractor hereby grants to County an irrevocable, fully paid up, royalty free, nontransferable, non-exclusive right and license to use, in connection with County's business for the duration of the License Term, the Background Intellectual Property, provided that the Background Intellectual Property is not separately commercially exploited by County. Notwithstanding the foregoing, to the extent the Background Intellectual Property is incorporated into any Deliverable provided in a reproducible medium ("**Hardcopy Deliverable**"), the County's license is perpetual for County's internal and grant compliance purposes, with applicable portions of such Deliverables treated as Contractor's Confidential Information under and in accordance with Section 14.0 (Confidentiality and Security).

Notwithstanding any other provision of this Agreement, County shall not be obligated in any way under this Agreement for:

a) Any disclosure of any such materials which County is required to make under the California Public Records Act or otherwise by law; or

b) Except as to the Licensed Software or Contractor provided Specifications, any disclosure of Contractor's proprietary and/or confidential materials not plainly and prominently marked with restrictive legends.

3.4.2 Work Product

Unless otherwise specifically provided in an agreement between County and Contractor, all Work Product is the sole and exclusive property of Contractor, and Contractor retains all rights, title and interest, including intellectual property rights and all other rights, in the Work Product. Contractor may use such Work Product for internal purposes as well as for other clients so long as Contractor does not use any Confidential Information belonging to County or otherwise breach this Agreement. However, to the extent Work Product constitutes or is incorporated into any Deliverables or Services or needed for the use of the Deliverables or Services, Contractor hereby grants to County an irrevocable, fully paid up, royalty free, nontransferable, non-exclusive right and license to use, in connection with County's business, the Work Product for the duration of the License Term, provided that the Work Product is not separately commercially exploited by County. Notwithstanding the foregoing, to the extent the Work Product constitutes a Hardcopy Deliverable, the County's license is perpetual for County's internal and grant compliance

purposes, with applicable portions of such Deliverables treated as Contractor's Confidential Information under and in accordance with Section 14.0 (Confidentiality and Security the County's license is perpetual.

3.4.3 Other Proprietary Rights

Contractor represents and warrants that it has the full right and authority to license the Licensed Software, including any Revisions, New Software, or Customized Modules, and all Documentation, for use by County, and Providers, and other Users, in connection with such Licensed Software.

The Licensed Software, and all Documentation, is protected by applicable copyright, patent, trademark or trade secret laws. County acknowledges that Contractor and/or any co-creator of the Licensed Software, as applicable and in accordance with this Agreement, own all right, title and interest in and to the Licensed Software.

County agrees to take any reasonable steps necessary to protect the proprietary rights of Contractor and to avoid the infringement, direct or indirect, of such rights and to ensure that all of its employees, contractors, officers and agents using the Licensed Software are familiar with and abide by the terms and conditions of this Agreement.

The obligations under this Section 3.4 (Proprietary Considerations) shall survive the termination of this Agreement.

3.5 Third Party Product

In the event the Licensed Software includes, or the Contractor otherwise provides, any Third Party Product to County in connection with this Agreement, such Third Party Products shall be identified on Exhibit A.4 (Third Party Products). Contractor shall obtain, at Contractor's sole cost and expense, a fully paid-up, royalty-free, license for County and its Users that will enable the County and its Users to use the Third Party Product for County to fully enjoy the License granted by Contractor to all Contractor-owned components of the Licensed Software. Contractor shall support and maintain, at no additional charge to County, all Third Party Products in accordance with the terms of this Agreement as Licensed Software.

4.0 WORK

In exchange for County's payment to Contractor of the applicable fees set forth herein, Contractor shall (a) on a timely basis provide, complete, deliver and implement all tasks, Deliverables, goods, Services, and other work set forth in this Agreement, including Exhibit A (Statement of Work) and Exhibit B (Service Level Agreement), including but not limited to components of the Solution, Implementation Services, Subscription Services, and any Optional Work; and (b) grant to County a License to the Licensed Software, as specified in

Section 3.1 (License). Contractor shall perform all such tasks, subtasks, Deliverables, goods, Services and other work in accordance with Exhibit A (Statement of Work) with all attachments thereto and Exhibit B (Service Level Agreement) with all attachments thereto at the applicable rates and prices specified in Exhibit C (Payment Schedule) with all attachments thereto.

4.1 System Components

Contractor shall provide the License to all Licensed Software, including Customized Modules, New Software, and Revisions, in order to meet the System Requirements, all in accordance with the provisions of Section 3.0 (Licensed Software and Intellectual Property) and the Agreement.

4.2 Implementation Services

4.2.1 Contractor shall provide Implementation Services, which are also sometimes referred to as the Project. The Implementation Services aggregate all elements of activity, product, and service provided by Contractor prior to Final Acceptance including Licensed Software, Third Party Products, and Solution and System hosting, testing, training and other services required for successful implementation of the System, including the Solution, as provided in this Agreement and specified in Exhibit A (Statement of Work).

4.2.2 Contractor shall provide to County the Implementation Services described in Exhibit A (Statement of Work), in accordance with the Project Schedule. Contractor shall provide the Implementation Services without materially (a) disrupting or adversely impacting the business or operations of County, (b) degrading the Services being provided, or (c) interfering with the ability of County to obtain the benefit of the Services, except as may be otherwise provided in Exhibit A (Statement of Work). Unless otherwise stated in the Agreement, the Implementation Services shall not adversely impact or delay any obligations or liabilities of Contractor under this Agreement.

4.2.3 Contractor shall provide Implementation Services in accordance with Exhibit A (Statement of Work) and the Agreement in exchange for County's payment of the applicable Implementation Fees. The "**Implementation Fees**" shall include any and all fees and costs to be paid by County for the Implementation Services, including all Services as that term is defined and the subset of those Services described in Exhibit A (Statement of Work), as specified in Exhibit C (Payment Schedule). The Implementation Fee shall be a fixed fee amount specified in such Exhibit C (Payment Schedule).

4.2.4 Contractor shall deliver all Implementation Services Deliverables by the date(s) specified in Exhibit D (Project Schedule) unless extended by County in writing prior to the Deliverables due date. Should Contractor anticipate that the Contractor resources assigned to provide the Services, or any segment of Services (e.g., data

conversion, building the test environment, or another work segment as set forth in the Statements of Work), subject to the Implementation Fees, are not sufficient to timely complete the Services, Contractor shall supplement such with Contractor resources at no additional cost to County as needed to timely complete all Services, or any segment thereof within the time set forth in Exhibit A (Statement of Work).

4.2.5 As part of the Implementation Services, Contractor shall provide the training to County and its personnel set forth in Exhibit A (Statement of Work) at no additional charge to County beyond the applicable Implementation Fees.

4.3 Subscription Services

In exchange for County's payment of Subscription Fees in Exhibit C (Payment Schedule), Contractor shall provide to County Subscription Services for the System in accordance with this Agreement, including Exhibit B (Service Level Agreement). Subscription Services obligations shall commence upon Production use of the System for Phase 1 and shall continue through the term of this Agreement. There shall be no additional charge to County for on-site Subscription Services to remedy a breach of warranty, to correct a failure of the System to conform to the Specifications, or to fulfill Contractor's obligations pursuant to this Section 4.3 (Subscription Services).

During the term of this Agreement, Contractor shall provide the Licensed Software by hosting the Licensed Software on its hardware, equipment or applicable tools and providing the Maintenance and Support Services as set forth in this Agreement and Exhibit A (Statement of Work). In providing the Hosting Services for the Solution, Contractor shall achieve the Service Levels and performance standards set forth in Exhibit B (Service Level Agreement) and this Agreement. Contractor represents and warrants that in connection with this Agreement Contractor shall not deliver for installation on County's systems any software or programming, whether created or developed by Contractor or a third party, unless required for installation on Provider-operated workstations with County approval.

Contractor shall not change its subcontractor for Hosting Services from the subcontractor used as of the Effective Date without prior written consent of the County, which shall be granted or withheld in County's sole discretion. In the event Contractor proposes a change to its subcontractor for Hosting Services, it shall provide County with no less than thirty-six (36) calendar months prior written notice, unless a shorter notice period is approved in writing by the County, which notice shall identify the proposed replacement subcontractor for Hosting Services, and shall provide documentation sufficient to demonstrate the proposed replacement subcontractor meets all requirements of Hosting Services under this Agreement, including those set forth in Section 14.3, the Statement of Work, and/or in Exhibit B (Service Level Agreement).

4.4 Optional Work

Upon County's written request and execution of an Amendment or Change Order pursuant to the terms of this Agreement, Contractor shall provide Optional Work, including New Software and Professional Services, in accordance with the applicable Amendment or Change Order and this Section 4.4 (Optional Work) at the applicable pricing terms set forth in Exhibit C (Payment Schedule).

Upon County's request and Contactor's agreement to provide the Optional Work, Contractor shall provide to County within ten (10) Business Days of such request, or such longer period as agreed to by the Parties, a proposed Amendment or Change Order, Statement of Work, and a quote for a not-to-exceed fixed price ("**Maximum Fixed Price**") calculated in accordance with the applicable pricing terms set forth in Exhibit C (Payment Schedule), including the Fixed Hourly Rate. Contractor's quotation shall be valid for at least ninety (90) Days from submission. Contractor shall commence the Optional Work following agreement by the Parties with respect to such Change Order or Amendment, Statement of Work, and the Maximum Fixed Price. Upon completion by Contractor, and approval by County in accordance with the terms of this Agreement, of such Optional Work, Exhibit C.8 (Optional Work) shall be updated accordingly to add such items of Optional Work by Change Notice executed in accordance with Section 15.0 (Changes to Agreement).

4.4.1 New Software

Upon County's written request, Contractor shall provide to County New Software as part of Optional Work using Pool Dollars, in accordance with any applicable Change Order or Amendment. Any enhancements and/or modifications to the Licensed Software resulting from New Software shall be incorporated into, and become part of, the Licensed Software and the Solution.

All New Software, once Approved in writing by County (including if applicable in accordance with Section 5.0 (Acceptance)), shall become part of the Licensed Software, and shall be subject to the terms and conditions of this Agreement.

4.4.2 Professional Services

Upon County's written request, Contractor shall provide to County, Professional Services as part of Optional Work using Pool Dollars, including consulting services and/or additional training, in accordance with any applicable Change Order or Amendment. Specifically, County may from time to time, during the term of this Agreement, submit to Contractor for Contractor's review written requests for Professional Services using Pool Dollars, including consulting services and/or additional training, for services not then-included in Implementation Services, Maintenance and Support Services, Hosting Services, or other Services to be provided by Contractor under the Agreement. County may require that Professional Services be provided on a (1) fixed fee basis, (2) not to exceed basis, or (3) a combination

of the above. In response to County's request, Contractor shall submit to County for approval a proposed Change Order or Amendment and Statement of Work describing the particular Professional Services and providing a response consistent with the payment method required by County to provide such Professional Services, calculated based on the Fixed Hourly Rate and other pricing terms set forth in Exhibit C (Payment Schedule) and elsewhere in the Agreement. County and Contractor shall agree on the Change Order or Amendment and Statement of Work, which shall at a minimum include the tasks and Deliverables to be performed, System Tests, as applicable, and the pricing for such Professional Services. Any enhancements and/or modifications to the Licensed Software or Specifications, resulting from Professional Services shall be incorporated into, and become part of, the Licensed Software or Specifications, as applicable. Any Professional Services once Approved in writing by County shall become a part of the Services, and any products of Professional Services, once Approved in writing by County, shall become part of the System, and shall be subject to the terms and conditions of this Agreement.

4.5 Standard of Services

Contractor's Services and other work required by this Agreement shall during the term of the Agreement conform to industry best practices as they exist in Contractor's profession or field of practice. If Contractor's Services and other work provided under this Agreement fail to conform to such practices, upon notice from County specifying the failure of performance, Contractor shall, at Contractor's sole expense, provide the applicable remedy as specified in this Agreement, including Exhibit A (Statement of Work) and Exhibit B (Service Level Agreement). In addition to any other remedies set forth herein, Contractor shall, at its own expense, correct any data in which (and to the extent that) errors have been caused by Contractor or malfunctions of the Solution, including the Licensed Software, or by any other tools introduced by Contractor into the System for the purpose of performing Services or other work under this Agreement or otherwise.

4.6 Approval of Work

All tasks, Deliverables, goods, Services and other Work provided by Contractor under this Agreement must have the written Approval of County's Project Director or designee prior to submission of an invoice. Such approval will not be withheld or delayed by County in bad faith and without a written articulation of the issues giving rise to County withholding its approval. In no event shall County be liable or responsible for any payment prior to such written approval. Furthermore, County reserves the right to reject any Services not Approved by County.

If the Contractor provides any tasks, Deliverables, goods, Services, or other work, other than as specified in this Agreement, the same shall be deemed to be a gratuitous effort on the part of the Contractor, and the Contractor shall have no claim whatsoever

against the County.

4.7 Time Is of the Essence

Time is of the essence with regard to Contractor's performance of the Services and provision of other Work under this Agreement.

4.8 No Offshore Work

All Services shall be performed and rendered within the continental United States. In particular, Contractor warrants that it will not transmit, allow access to, store, or make available any County Data or other County Confidential Information, County's intellectual property or any County property to any entity or individual outside the continental United States.

4.9 Disaster Recovery/Business Continuity

Contractor shall maintain for its Hosting Environment a business continuity plan (the "**Business Continuity Plan**") and a disaster recovery plan (the "**Disaster Recovery Plan**") (collectively the "**DR/BC Plan**"), and implement such plan in the event of any unplanned interruption to the Hosting Environment. On or before the Effective Date, Contractor shall provide County with a copy of Contractor's current DR/BC Plan. Contractor shall actively test, review, and update the DR/BC Plan on an annual basis using Trust Services Criteria for security as set forth by the American Institute of Certified Public Accountants (AICPA) for SOC 2 reporting. Contractor shall promptly provide County with copies of all such updates to the DR/BC Plan. All updates shall be subject to the requirements of this Section 4.9 (Disaster Recovery/Business Continuity). In any event, any future updates or revisions to the DR/BC Plan shall be no less protective than the plan in effect as of the Effective Date. Contractor shall notify County of the completion of any audit of the DR/BC Plan and promptly provide County with such information with regards to such audit as set forth in this Agreement. Contractor shall also promptly provide County with a summary of all reports resulting from any testing of the DR/BC Plan. Contractor shall maintain disaster avoidance procedures designed to safeguard County's data and the data processing capability, and Availability of the Hosting Environment, throughout the Term of this Agreement. Contractor shall immediately notify County of any disaster or other event in which the DR/BC Plan is activated. Without limiting Contractor's obligations under this Agreement, whenever a disaster causes Contractor to allocate limited resources between or among Contractor's customers, County shall receive at least the same treatment as comparable Contractor customers with respect to such limited resources. The provisions of Section 28.3 (Force Majeure) shall not limit Contractor's obligations under this Section 4.9 (Disaster Recovery/Business Continuity).

4.10 Grant Requirements

Contractor acknowledges that County is using Federal, State, and/or local grants to fund Contractor's work under this Agreement, and County's continued good standing with the Federal, State, and local grant makers and receipt of such grant funds is of the utmost importance to continuation of this Agreement. To this end, Contractor shall fully and timely comply with County's request for information so that it may timely meet its reporting requirements for Ryan White HIV/AIDS Program Services Report (RSR) and Export to EvaluationWeb for CDC (Data on National HIV Prevention Program Monitoring and Evaluation). Further, Contractor shall be responsible for any loss of grant funds, funding disallowance, or repayment obligations imposed upon County by its grant makers, but only to the extent resulting from Contractor's failure to fully or timely comply with any such requests or other acts or omissions of Contractor. Any such loss, disallowance, or repayment obligation shall be paid by Contractor in the form of a commensurate credit to fees payable by County to Contractor under this Agreement against any invoice due to Contractor under this Agreement, and if there are no outstanding fees due at the time the credit is owed, Contractor shall immediately reimburse County such amounts.

5.0 ACCEPTANCE

5.1 Acceptance Criteria

The System, Services, Deliverables, and milestones (if applicable) may be subject to acceptance testing by County, in its sole discretion, to verify that they satisfy the acceptance criteria mutually agreed to by the Parties, as developed in accordance with Exhibit A (Statement of Work) and this Section 5.0 (Acceptance) (the "**Acceptance Criteria**"). For Launch-ready and Launch Deliverables, such Acceptance Criteria shall be based on conformance of the System, Services, Deliverables, milestones and other work to the Specifications. In the event the Parties fail to agree upon Acceptance Criteria, the acceptability of the System, Services, Deliverables, milestones or other work, and Solution as a whole, shall be based solely on County's reasonable satisfaction therewith.

5.2 System Tests

Contractor, with County's assistance where applicable, shall conduct all quality assurance System Tests for each Phase, based on the applicable Acceptance Criteria, as specified in Exhibit A (Statement of Work) to ensure the System's compliance with all System Requirements set forth in the Agreement, including but not limited to Exhibit A (Statement of Work), Exhibit A.1 (e2LosAngeles Solution Requirements) and Exhibit B (Service Level Agreement) with all attachments thereto. Such System Tests shall test, among others, the System's functionality, integration and interfacing, and volume endurance. County, with Contractor's assistance where applicable as described in Exhibit A (Statement of Work), shall conduct all User acceptance testing to ensure the System's conformance to the System Requirements and Specifications. It is understood by the parties that User acceptance testing shall be the responsibility of the County, subject to Contractor's provision of assistance where applicable as

described in Exhibit A (Statement of Work).

For each phase of User Acceptance testing, Contractor shall assist County in developing testing scenarios consistent with Contractor's best practices for the applicable System, Service, and/or Deliverable, and/or milestone.

5.3 Production Use

The Solution shall be ready for Production Use of the System for each Phase when the County Project Director, or designee, receives the System for that Phase as provided in Exhibit A (Statement of Work) following (a) successful completion of all System Tests leading to Production Use for that Phase; (b) Contractor's transition of the Solution to the Production Hosting Environment; and (c) documented results provided by Contractor certifying successful transition of the Solution to the Production Hosting Environment and operation of the Solution in accordance with the Specifications.

5.4 Phase Acceptance

5.4.1 Conduct Performance Verification

Following successful transitioning of the Solution to Production Use for a Phase, County will monitor for Deficiencies and Contractor shall maintain the Solution in Production Use for a minimum of ninety (90) consecutive Days (in this Section 5.4, "**Performance Verification Period**") without the occurrence of Deficiencies of Priority Level 1 or 2, as defined in Exhibit B (Service Level Agreement). Upon occurrence of a Deficiency of Priority Level 1 or 2, the Performance Verification Period shall re-start until such time as an entire Performance Verification Period has run without the occurrence of a Deficiency of Priority Level 1 or 2. When a Deficiency of any priority level is discovered, Contractor shall provide County with a diagnosis of the Deficiency and proposed solution(s), and Contractor shall correct such Deficiency by re-performance pursuant to, and subject to, the provisions of this Agreement. County and Contractor shall agree upon each such proposed solution to be used to correct any Deficiency prior to its implementation. Commencing with Phase Acceptance and continuing through the Warranty Period, any problems encountered by County in the use of the Solution shall be subject to the applicable terms under the Agreement as more fully described in the Statement of Work and Exhibit B (Service Level Agreement).

5.4.2 Phase Verification Report

Contractor shall provide to County the performance verification report for each Phase (in this Section 5.4, "**Phase Verification Report**"), including supporting Documentation that the Solution complies with the Specifications under full production load for an entire Performance Verification period

without the occurrence of Deficiencies of Priority Level 1 or 2, as defined in Exhibit B (Service Level Agreement). The Phase Verification Report shall include:

a) Summary of activities, results, and outcomes;

b) Summary of each Deficiency identified by Contractor or County. The summary shall include for each Deficiency:
   1) Description of each Deficiency and its root cause,
   2) Business processes, Solution functions, and/or Interfaces impacted,
   3) Description of all potential risks to the Solution and mitigation strategy for the Solution,
   4) Corrective action plan, test scenarios, and implementation approach,
   5) Schedule for completion of each corrective action and resources required or assigned,
   6) Status of each corrective action,
   7) Date of completion of each correction, and
   8) Date of the County Project Director's approval of each correction;

c) Summary of lessons learned; and

d) Recommendations for any improvements to the Solution.

For each Phase, Contractor shall deliver to County a draft Phase Verification Report, and shall conduct a review with County at a meeting scheduled by County and provide any County-requested demonstrations of the Solution described in the draft Phase Verification Report. Following completion of the review, Contractor shall provide the Phase Verification Report for each Phase, certifying that the Solution complies with the Specifications, the Solution has operated for an entire Performance Verification Period without the occurrence of Deficiencies of Priority Level 1 or 2, and documenting the review with County under Section 5.4.2 (Phase Verification Report), including review agenda and attendees, action items, and supporting documentation.

5.4.3 Phase Acceptance

The Solution shall achieve Phase Acceptance for each Phase when (a) County's Project Director, or designee, approves in writing the Phase Acceptance Test set forth in Exhibit A (Statement of Work) applicable to that Phase; (b) Contractor's Project Director provides County a signed Acceptance Certificate and applicable Phase Verification Report which meets the requirements of Section 5.4 (Phase Acceptance); and (c) County's Project Director provides Contractor with written approval, as evidenced by the

County Project Director's countersignature on such Acceptance Certificate.

5.4.4 Final Acceptance

The Solution shall achieve "**Final Acceptance**" of the Solution upon Phase Acceptance by County of the last implemented Phase, in accordance with Exhibit A (Statement of Work).

5.5 Failed Testing

5.5.1 If the County's Project Director makes a good faith determination at any time that the System (as a whole, or any component thereof), Services, Deliverables, and/or milestones (if applicable) has not successfully completed a System Test or has not achieved applicable Phase Acceptance (collectively referred to for purposes of this Section 5.5 (Failed Testing) as "**Designated Test**"), the County's Project Director shall promptly notify Contractor in writing of such failure, specifying with as much detail as possible the manner in which the Solution, Services, Deliverables, and/or milestones failed to pass the applicable Designated Test. Contractor shall immediately commence all reasonable efforts to complete, as quickly as possible, such necessary corrections, repairs, and modifications to the Services, Deliverables, milestones, and/or System as will permit the Services, Deliverables, milestones, and/or System to be ready for retesting. Contractor shall notify the County's Project Director in writing when such corrections, repairs, and modifications have been completed, and the applicable Designated Test shall begin again. If, after the applicable Designated Test has been completed for a second time, the County's Project Director makes a good faith determination that the Services, Deliverables, milestones, and/or System again fails to pass the applicable Designated Test, the County's Project Director shall promptly notify Contractor in writing, specifying with as much detail as possible the manner in which the Services, Deliverables, milestones, and/or System failed to pass the applicable Designated Test. Contractor shall immediately commence efforts to complete, as quickly as possible, such necessary corrections, repairs, and modifications to the Services, Deliverables, milestones, and/or System as will permit the Services, Deliverables, milestones, and/or System to be ready for retesting.

5.5.2 Such procedure shall continue, subject to County's rights under Section 6.3 (Late Delivery Credits to County) in the event Contractor fails to timely complete any Deliverable, until such time as County notifies Contractor in writing either: (i) of the successful completion of such Designated Test or (ii) that County has concluded that satisfactory progress toward such successful completion of such Designated Test is not being made, in which latter event, County shall have the right to make a determination, which shall be binding and conclusive on Contractor, subject to the provisions of Section 27.0 Dispute Resolution Procedure, that either (a) the Service or Deliverable which

failed to pass the Designated Test has been eliminated from the Project, or (b) a non-curable default has occurred and to terminate this Agreement in accordance with Section 10.2 (Termination for Default) on the basis of such non-curable default.

Such a termination by County may be, subject to Section 27.0, Dispute Resolution Procedure, as determined by County in its sole judgment: (i) a termination with respect to one or more of the components of the Solution; (ii) a termination of any part of Exhibit A (Statement of Work) relating to the System, Service(s), Deliverables(s), and/or milestone(s) that is (are) not performing or conforming as required herein; or (iii) if County believes the failure to pass the applicable Designated Test materially affects the functionality, performance, of the Solution as a whole, the entire Agreement. In the event of a termination under this Section 5.5 (Failed Testing), County shall have the right to seek to receive from Contractor reimbursement of all payments made to Contractor by County under this Agreement for the component(s), Service(s), Deliverables(s), milestone(s), and/or System as to which the termination applies, or, if the entire Agreement is terminated, all amounts paid by County to Contractor under this Agreement. The foregoing is without prejudice to any other rights that may accrue to County or Contractor under the terms of this Agreement or by law.

5.6 System Use

Subject to County's obligations of Acceptance set forth in Exhibit A (Statement of Work) and the Agreement, following the System implementation by Contractor and prior to any Phase Acceptance by County, County shall have the right to use, in a Production Use mode, any completed portion of the System including any portion of Licensed Software and related Documentation, without any additional cost to County where County determines that it is necessary for County's operations. Such Production Use shall not restrict Contractor's performance under this Agreement and shall not be deemed Final Acceptance or Phase Acceptance of the System.

6.0 PROJECT IMPLEMENTATION

6.1 Project Schedule

Contractor shall implement the System in accordance with the schedule set forth in Exhibit D (Project Schedule) ("**Project Schedule**"), which may be updated from time to time under, and in accordance with, the Statement of Work.

6.2 Late Delivery Credits to County

Contractor agrees that delayed performance by Contractor may cause damages to County, which are uncertain and would be impracticable or extremely difficult to ascertain in advance. Contractor further agrees that, in conformity with California

Civil Code Section 1671, Contractor shall be liable to County for liquidated damages in the form of credits, as specified in this Section 6.3 (Late Delivery Credits to County), as a fair and reasonable estimate of such damages. Any amount of such damages is not and shall not be construed as penalties and, when assessed, will be deducted from County's payment that is due.

For each and every occasion upon which a Deliverable identified in Exhibit A (Statement of Work) as a "Key Deliverable" ("**Key Deliverable**") has not been completed by Contractor within fifteen (15) Days after the date scheduled for completion thereof as set forth in such Exhibit D (Project Schedule) (hereinafter for each Key Deliverable "**Due Date**"), other than as a result of delays caused in whole or in part by County Delay (as defined below), and unless otherwise approved in writing by County's Project Manager or designee in his/her discretion exercised in good faith, County shall be entitled to receive credit against any or all amounts due to Contractor under this Agreement or otherwise in the total amount of Five Hundred Dollars ($500) for each Day after the fifteenth (15th) day following the Due Date that the Key Deliverable is not completed as a fair and reasonable estimate of the harm caused by the delay. All of the foregoing credits shall apply separately, and cumulatively, to each Key Deliverable in the Project Schedule. A determination whether County shall assess credits due to it pursuant to this Section 6.3 (Late Delivery Credits to County) shall be made by County's Project Manager in his/her reasonable discretion. If the failure to complete any Key Deliverable by the Due Date is due to County Delay (as defined below), then provided Contractor has timely submitted a notice of delay under Section 28.4 (Notice of Delays) with respect to the County Delay, (a) the Due Date for that Key Deliverable will be postponed by the cumulative number of days by which the County Delays delayed the schedule for the Key Deliverable, and (b) the due dates for all subsequent Key Deliverables within the Phase, including the subject Key Deliverable, will be postponed by the same number of days, and County Delay with respect to multiple Key Deliverables will be cumulative. In the case of a County Delay described in (i) or (ii) of the definition of "County Delay" below which delays completion of Specifications for a cycle, and for which Contractor has timely submitted a notice of delay under Section 28.4 (Notice of Delays)for such County Delay, (A) the due date for the task entitled the equivalent of Delivery of Prototype Deliverable for that cycle under Exhibit A (Statement of Work) will be further postponed by an additional thirty (30) days to enable the Contractor to reschedule the production window for the affected cycle and (B) all subsequent Subtasks and Deliverables within the Phase, including the subject Key Deliverable, will be postponed accordingly.

As used in this Section 6.2, "**County Delay**" means (i) the County's failure to deliver any information or materials required to be provided by the County by the date specified in the Project Schedule, (ii) any delay in the County's sign-off on detailed Specifications for any cycle or component included in the Phase, (iii) any failure of the County to complete User acceptance testing (UAT) on any component in the Phase and provide feedback to the Contractor during the period assigned for UAT in the Project Schedule, (iv) any failure or delay by the County to provide additional

information in response to the Contractor's questions relating to the County's UAT feedback, or (v) any other Project delays not within the control of the Contractor which contribute to the failure to complete any Key Deliverable by the Due Date, excluding, in the case of each of clauses (i) through (v), County Delay to the extent it is caused by Contractor's failure to perform its obligations under this Agreement, including Exhibit A (Statement of Work), or Contractor's acts or omissions.

A Key Deliverable for a Phase shall be deemed completed for purposes of this Section 6.3 (Late Delivery Credits to County) on the earliest date that all of the tasks, Deliverables, goods, Services and other work required for the completion of such Key Deliverable are completed and, provided that all of such tasks, Deliverables, goods, Services and other work required for the completion of such Key Deliverable have been or are thereafter approved in writing by County pursuant to Section 4.6 (Approval of Work) without prior rejection by County or significant delay in County's approval thereof, which delay is the result of Contractor's failure to deliver such tasks, Deliverables, goods, Services and other work in accordance with the terms hereof. For purposes of this Section 6.3 (Late Delivery Credits to County), the determination of whether a Key Deliverable for a Phase has been so completed and is so approved, and of the date upon which such Key Deliverable was completed, shall be made by County's Project Director as soon as practicable after County is informed by Contractor that such Deliverable has been completed and is given all the necessary information, data and documentation to verify such completion.

6.3 Repayment of Late Delivery Credits to Contractor

If Final Acceptance occurs on or before the date specified for Final Acceptance in the Project Schedule, as adjusted for cumulative County Delay over the period prior to Launch of the last implemented Phase, any Late Delivery Credits paid to or withheld by the County and not previously repaid, shall be repaid to the Contractor upon Final Acceptance.

7.0 TERM OF AGREEMENT

7.1 Initial Agreement Term

The term of this Agreement shall commence upon the Effective Date and shall continue for five (5) years, unless sooner terminated or extended, in whole or in part, as provided in this Agreement (hereinafter "**Initial Term**").

7.2 Extended Agreement Term

At the end of the Initial Term, County may, at its sole option, extend this Agreement for up to five (5) additional one-year periods or for a single five-year period (hereinafter "**Extended Term**," and together with the Initial Term the "**Term**") in each case by an Amendment to the Agreement executed by the Director of DPH and

Contractor's authorized representative(s) in accordance with Section 15.1 (Amendments), subject to, among others, County's right to terminate as provided in this Agreement. If County elects not to exercise its option to extend at the end of the Initial Term, or the Extended Term, as applicable, the remaining option(s) shall automatically lapse.

Each option to exercise the County's right to extend the Agreement shall be exercised at the sole discretion of the Director of DPH as authorized by the Board of Supervisors.

7.3 Contractor Alert Reporting Database

The County maintains databases that track/monitor contractor performance history. Information entered into such databases may be used for a variety of purposes, including determining whether the County will exercise an Agreement term extension option.

7.4 Notice of Expiration

The Contractor shall notify County when this Agreement is within six (6) months from the expiration of the Initial Term and each Extended Term. Upon occurrence of this event, the Contractor shall send written notification to County at the address herein provided in Exhibit E.1 (County's Administration).

8.0 AGREEMENT SUM

8.1 Maximum Agreement Sum

The Maximum Agreement Sum under this Agreement shall be the total monetary amount payable by County to Contractor for supplying all the tasks, Deliverables, goods, Services and other work, including the Solution, required or requested by County under and during the term of this Agreement. If County does not approve work in writing, no payment shall be due Contractor for that work. The Maximum Agreement Sum, including all applicable taxes and allocated Pool Dollars, authorized by County hereunder shall not exceed Ten Million Seventy-Six Thousand Two Hundred Eighty-Five Dollars ($10,076,285.00) as further detailed in Exhibit C (Payment Schedule), unless the Maximum Agreement Sum is modified pursuant to a duly approved Amendment to this Agreement by County's and Contractor's authorized representative(s) pursuant to Section 15.0 (Changes to Agreement). The Maximum Agreement Sum under this Agreement shall cover the authorized payments for all elements of the System, Services, and any Optional Work. The Maximum Agreement Sum shall not be adjusted for any costs or expenses whatsoever of Contractor. The Contractor shall maintain a system of record keeping that will allow the Contractor to determine when it has incurred seventy-five percent (75%) of the total Agreement authorization under this Agreement. Upon occurrence of this event, the Contractor shall send written notification to County's Project Director at the

address herein provided in Exhibit E.1 (County's Administration).

8.2 No Payment for Services Provided Following Expiration/Termination of Agreement

Subject to the provisions of Section 10.9 Termination Transition Services, and except as may be agreed to in writing by the parties, the Contractor shall have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any work provided by the Contractor after the expiration or other termination of this Agreement. Should the Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from the Contractor. This provision shall survive the expiration or other termination of this Agreement.

8.3 Holdbacks

8.3.1 Upon Contractor's completion and County's Acceptance of each Deliverable set forth in Exhibit C (Payment Schedule), ninety percent (90%) of the amount due and payable for such Deliverable will be paid by County for the Deliverable in accordance with this Agreement. The remaining ten percent (10%) of the payment associated with such deliverable (each a "**Holdback Amount**;" cumulatively for all deliverables, the "**Holdback Amounts**") will be retained by County and the Holdback Amounts for all Deliverables within each Phase may be invoiced by Contractor upon Phase Acceptance for that Phase pursuant to Section 5.4.3 (Phase Acceptance), subject to adjustment for any amounts arising under this Contract owed to the County by the Contractor. To account for such Holdback Amounts, Contractor will only invoice County for ninety percent (90%) of the amount due and payable for each Deliverable.

8.3.2 A Deliverable shall be deemed completed for purposes of this Section 8.3 (Holdbacks) on the earliest date that all of the tasks, Deliverables, goods, Services and other work required for the completion of such Deliverable are completed and delivered to County, provided that all of such tasks, Deliverables, goods, Services and other work required for the completion of such Deliverable are thereafter approved in writing by County pursuant to Section 4.6 (Approval of Work) without prior rejection by County or significant delay in County's approval thereof, which delay is the result of Contractor's failure to deliver such tasks, Deliverables, goods, Services and other work in accordance with the terms hereof. For purposes of this Section 8.3 (Holdbacks), the determination of whether a Deliverable has been so completed and is so approved, and of the date upon which such Deliverable was completed, shall be made by County's Project Director as soon as practicable after County is informed by Contractor that such Deliverable has been completed and is given all the necessary information, data and documentation to verify such completion.

8.4 Invoices and Payments

The Contractor shall invoice the County only for providing the work specified in Exhibit A (Statement of Work) and elsewhere in this Agreement. The Contractor shall prepare invoices, which shall include the charges owed to the Contractor by the County under the terms of this Agreement, and shall include supporting documentation (including identification of the specific work for which payment is claimed; copies of fully executed Acceptance Certificates evidencing County Project Director's approval of such work and the payment amount; indication of the applicable Holdback Amount and the cumulative Holdback Amount accrued under this Agreement; indication of any credits or withholds accrued under this Agreement; and any other supporting documentation reasonably requested by County's Project Director). The Contractor's payments shall be as provided in Exhibit C (Payment Schedule), and the Contractor shall be paid only for the work Approved in writing by the County. The making of any payment or payments by County, or receipt thereof by the Contractor, shall in no way affect the responsibility of Contractor to furnish the tasks, Deliverables, goods, Services, and other work, including the Solution, in accordance with this Agreement, or the waiver of any warranties or requirements of this Agreement. The Contractor shall not be entitled to payment or reimbursement for any work performed, nor for any incidental or administrative expenses whatsoever incurred in or incidental to performance hereunder, except as specified herein.

Contractor shall invoice County in accordance with Exhibit C (Payment Schedule) (1) for Implementation Services, based on the Deliverable amounts due, upon Contractor's completion and County's written approval of billable Deliverables; (2) for Subscription Services in accordance with Section 4.3 (Subscription Services) and Section 8.4.2 (Subscription Fees); and (3) for all Optional Work, on a per Change Order/Amendment basis by payment of the actual price expended by Contractor for the provision of Optional Work, not to exceed the Maximum Fixed Price quoted for such Optional Work following Contractor's completion and County's written Approval thereof.

The Contractor's invoices shall be priced in accordance with Exhibit C (Payment Schedule).

The Contractor's invoices shall contain the information set forth in Exhibit A (Statement of Work) describing, as applicable, the tasks, Deliverables, goods, Services, and/or other work for which payment is claimed.

All invoices under this Agreement shall be submitted to the County's Project Manager identified in and at the address set forth in Exhibit E.1 (County's Administration).

8.4.1 Implementation Fees

Contractor shall be paid Implementation Fees in accordance with Section 4.2 (Implementation Services), Exhibit C (Payment Schedule), and this Agreement.

8.4.2 Subscription Fees

Contractor shall, during the term of this Agreement, provide to County Subscription Services in exchange for County's payment of the applicable fees for such Subscription Services (hereinafter "**Subscription Fees**") set forth in Exhibit C (Payment Schedule), with all attachments thereto. The initial support term for Subscription Services shall commence, and Subscription Fees will be paid by County to Contractor for Subscription Services beginning on Phase Acceptance for each Phase of the System up to the amounts specified in Exhibit C (Payment Schedule). Unless otherwise agreed to by the Parties, Subscription Fees applicable to each Phase will be paid by County to Contractor monthly in advance, subject to any prorating adjustments to align co-termination of Subscription Fees for all completed Phases under the Agreement. The Subscription Fees shall be fixed during the Term of this Agreement.

8.4.3 Optional Work

Upon County's request for Optional Work and mutual agreement on a Change Order or Amendment, Contractor shall provide to County Optional Work using Pool Dollars in accordance with the agreed upon Maximum Fixed Price and the applicable Change Order or Amendment. Contractor's rates for Optional Work shall be subject to the applicable pricing terms set forth in Exhibit C (Payment Schedule) for the term of this Agreement, including the Fixed Hourly Rate. Any Optional Work provided by Contractor shall not cause an increase in the Maintenance and Support Fees under this Agreement. Absent an Amendment in accordance with Section 15.0 (Changes to Agreement), the Pool Dollars are the aggregate amount available during the term of this Agreement for Optional Work.

Contractor's Fixed Hourly Rate for Professional Services, as of the Effective Date, specified in Exhibit C (Payment Schedule), shall be fixed during the Term of this Agreement with cost of living increases permitted. If requested by Contractor, the Fixed Hourly Rate may, at the sole discretion of the County, be increased annually based on the most recent published percentage change in the U.S. Department of Labor, Bureau of Labor Statistics' Consumer Price Index for Urban Consumers (CPI-U) (CPI) for the Los Angeles-Long Beach-Anaheim Area for the 12-month period preceding the Agreement commencement anniversary date, which will be the effective date for any Cost of Living Adjustment (COLA). However, any increase must not exceed the general salary movement granted to County employees as determined by the Chief Executive Officer as of each July 1, for the prior 12-month period. Furthermore, should fiscal circumstances ultimately prevent the Board from approving any increase in County employee salaries, no COLA will be granted. Further, before any COLA increase will take effect and become part of this Agreement, a written amendment to this Agreement first must be formally approved and executed by the parties. Optional Work may include, but is not limited to, New Software provided at a fixed cost ~~with Professional Services to implement the New Software~~.

8.5 County Approval of Invoices

All invoices submitted by the Contractor for payment must have the written approval of the County's Project Director and must be contain all information as required by County's Project Director prior to any payment thereof. In no event shall the County be liable or responsible for any payment prior to such written approval. Approval for payment will not be unreasonably withheld and in the event of a rejection or failure to Approve, County will provide its reasons in writing to Contractor.

8.6 Default Method of Payment: Direct Deposit or Electronic Funds Transfer

8.6.1 The County, at its sole discretion, has determined that the most efficient and secure default form of payment for goods and/or services provided under an agreement/contract with the County shall be Electronic Funds Transfer ("**EFT**") or direct deposit, unless an alternative method of payment is deemed appropriate by the Auditor-Controller (A-C).

8.6.2 Contractor shall submit a direct deposit authorization request via the website https://directdeposit.lacounty.gov with banking and vendor information, and any other information that the A-C determines is reasonably necessary to process the payment and comply with all accounting, record keeping, and tax reporting requirements.

8.6.3 Any provision of law, grant, or funding agreement requiring a specific form or method of payment other than EFT or direct deposit shall supersede this requirement with respect to those payments.

8.6.4 At any time during the Agreement, Contractor may submit a written request for an exemption to this requirement. Such request must be based on specific legal, business or operational needs and explain why the payment method designated by the A-C is not feasible and an alternative is necessary. The A-C, in consultation with DPH, shall decide whether to approve exemption requests.

8.7 Invoice Discrepancies

The County's Project Director will review each invoice for any discrepancies and will, within thirty (30) Days of receipt thereof, notify Contractor in writing of any discrepancies found upon such review and submit a list of disputed charges. Contractor shall review the disputed charges and send a written explanation detailing the basis for the charges within sixty (60) Days of receipt of County's notice of discrepancies and disputed charges. If the County's Project Director does not receive a written explanation for the charges within such sixty (60) Day period, Contractor shall be deemed to have waived its right to justify the original invoice amount, and County, in its sole discretion, exercised in good faith, shall determine the amount due, if any, to Contractor and pay such amount in satisfaction of the disputed invoice, subject to the Dispute Resolution Procedure in Section 27.0 (Dispute Resolution Procedure).

8.8 Most Favored Public Entity

If the Contractor's prices decline, or should the Contractor at any time during the term of this Agreement provide the same goods or services under similar quantity and delivery conditions to the State of California or any county, municipality, or district of the State at prices below those set forth in this Agreement, then such lower prices shall be immediately extended to the County.

8.9 Budget Reductions

In the event that the County's Board of Supervisors adopts, in any fiscal year, a County Budget which provides for reductions in the salaries and benefits paid to the majority of County employees and imposes similar reductions with respect to County contracts, the County reserves the right to reduce its payment obligation under this Agreement correspondingly for that fiscal year and any subsequent fiscal year during the term of this Agreement (including any extensions), and the work to be provided by the Contractor under this Agreement shall also be reduced correspondingly. The County's notice to the Contractor regarding said reduction in payment obligation shall be provided within thirty (30) Days of the Board's approval of such actions. Except as set forth in the preceding sentence, the Contractor shall continue to provide all of the work set forth in this Agreement.

8.10 Record Retention and Inspection/Audit Settlement

8.10.1 Records Retention:

The Contractor must maintain accurate and complete financial records of its activities and operations relating to this Agreement in accordance with generally accepted accounting principles. The Contractor must also maintain accurate and complete records relating to its performance of this Agreement. The Contractor agrees that the County, will have the right to examine any pertinent transaction, activity, or record relating to this Agreement. Financial records directly relating to the subject matter of this Agreement will be kept and maintained by the Contractor and will be made available to the County during the term of this Agreement and for a period of five (5) years thereafter unless the County's written permission is given to dispose of any such material prior to such time.

8.10.2 Audit Reports:

In the event that an audit of the Contractor is conducted specifically regarding this Agreement by any Federal or State auditor, then the Contractor must file a copy of such audit report with the County's Auditor Controller within thirty (30) days of the Contractor's receipt thereof, unless otherwise provided by applicable Federal or State law or under this Agreement. Subject to applicable

law and Contractor's compliance with Section 21.2 (Public Records Act), the County will maintain the confidentiality of such audit report(s) in accordance with this Agreement. For the avoidance of doubt, this provision does not limit Contractor's obligations to provide for audits as specified elsewhere in this Agreement, including Exhibit I (Information Security and Privacy Requirements).

8.10.3 Audit Settlement:

If, at any time during the term of this Agreement or within five (5) years after the expiration or termination of this Agreement, representatives of the County conduct an audit of the Contractor regarding the work performed under this Agreement, and if such audit finds that the County's dollar liability for any such work is less than payments made by the County to the Contractor, then the difference must be deducted from any amounts due to the Contractor from the County, whether under this Agreement or otherwise. If such audit finds that the County's dollar liability for such work is more than the payments made by the County to the Contractor, then the difference will be paid to the Contractor by the County by cash payment, provided that in no event will the County's maximum obligation for this Agreement exceed the funds appropriated by the County for the purpose of this Agreement.

8.10.4 Failure to Comply:

Failure of Contractor to comply with the terms of this Section 8.10 shall constitute a material breach of contract upon which Director of DPH may suspend or County may immediately terminate this Agreement.

8.11 Taxes

The Maximum Agreement Sum shown in Section 8.1 (Maximum Agreement Sum) shall be deemed to include all amounts necessary for County to reimburse Contractor for all applicable California and other State and local sales/use taxes on the Solution provided by Contractor to County pursuant to or otherwise due as a result of this Agreement, including, but not limited to, the product of Maintenance and Support Services and any Optional Work, to the extent applicable. All California sales/use taxes shall be paid directly by Contractor to the State or other taxing authority. Contractor shall be solely liable and responsible for, and shall indemnify, defend, and hold harmless County from, any and all such California and other State and local sales/use taxes. Further, Contractor shall be solely liable and responsible for, and shall indemnify, defend, and hold harmless County from, all applicable California and other State and local sales/use tax on all other items provided by Contractor pursuant to this Agreement and shall pay such tax directly to the State or other taxing authority. In addition, Contractor shall be solely responsible for all taxes based on Contractor's income or gross revenue, or personal property taxes levied or assessed on Contractor's personal property to which County does not hold title.

8.12 County's Right to Withhold Payment

In addition to, and cumulative to all other remedies in law, at equity and provided under this Agreement, County may, without waiving any other rights under this Agreement, elect to withhold moneys from the payments due to Contractor under this Agreement at any time during which Contractor is in breach of its obligations under this Agreement.

9.0 REPRESENTATIONS AND WARRANTIES

9.1 Authorization Warranty

The Contractor represents and warrants that the person executing this Agreement for the Contractor is an authorized agent who has actual authority to bind the Contractor to each and every term, condition, and obligation of this Agreement and that all requirements of the Contractor have been fulfilled to provide such actual authority.

9.2 Performance of Service

The Services will be performed and the Deliverables developed in a professional, competent and timely manner by appropriately qualified Contractor personnel in accordance with this Agreement and consistent with Contractor's best practices. Furthermore, Contractor shall comply with the description and representations (including, but not limited to, Deliverable documentation, performance capabilities, accuracy, completeness, characteristics, specifications, configurations, standards, functions and requirements applicable to professional software design meeting industry standards) set forth in this Agreement, including but not limited to Exhibit A (Statement of Work) including all attachments thereto and Exhibit B (Service Level Agreement) including all attachments thereto.

9.3 Conformance to Specifications

The System, Services, and Deliverables, where applicable, shall conform to the Specifications, System Requirements, and this Agreement without material deviations for the period commencing upon the Effective Date of the Agreement and continuing through the expiration or termination of Maintenance and Support Services. Contractor shall institute quality controls, including suitable testing procedures if any, to ensure that the System, Services, and Deliverables comply with the Specifications and Service Levels. Upon the County's reasonable request, the County shall have the right to review Contractor's quality controls in order to verify and/or improve the quality of the Solution, Services and Deliverables. County, with Contractor's assistance where applicable as described in Exhibit A (Statement of Work), shall conduct all User acceptance testing to ensure the System's conformance to System Requirements and Specifications. It is understood by the parties that User Acceptance Testing shall be the responsibility of the County, subject to Contractor's

provision of assistance where applicable as described in Exhibit A (Statement of Work). There is no existing pattern or repetition of customer complaints regarding the System, Services, or Deliverables, including functionality or performance issues, and that Contractor's engineers have not currently identified any repeating adverse impact on the System, Services, or Deliverables, including functionality or performance, for which the root cause is believed to be a flaw or defect in the System, Services, or Deliverables.

9.4 Service Levels

9.4.1 Contractor represents and warrants that when operated in conformance with the terms of this Agreement, the System and/or Services (as applicable) shall achieve the service levels ("**Service Levels**") set forth in Exhibit B (Service Level Agreement), Exhibit A (Statement of Work) and in this Agreement, as applicable. Furthermore, the level of service provided for Maintenance and Support Services and Hosting Services shall not degrade during the term of the Agreement.

9.4.2 The System shall meet the System performance requirements within Contractor's control, including but not limited to those relating to System Availability and response time and, as further specified in Exhibit B (Service Level Agreement) with all attachments thereto.

9.5 System Warranties

Contractor hereby warrants to County that the System shall be free from any and all Deficiencies commencing from Production Use of the System through the term of the Agreement. All Deficiencies reported or discovered shall be corrected in accordance with Exhibit B (Service Level Agreement). During the Warranty Period, Contractor shall correct all Deficiencies at no cost to County, and thereafter at no additional cost beyond the applicable Subscription Fees. Contractor also represents, warrants, covenants and agrees that throughout the term of this Agreement:

9.5.1 The Solution components are capable of interconnecting and/or interfacing with each other and each of the County systems listed in Exhibit A.3 (Interfaces), either through integration or, as applicable, the industry standard interface protocols specified in Exhibit A.3 (Interfaces), and when taken together, the Solution components will be capable of delivering the functionality set forth in this Agreement, the Specifications, the System Requirements, Exhibit A.1 (e2LosAngeles Solution Requirements) and any applicable Statement of Work. The Solution must be interoperable with respect to each interface listed in Exhibit A.3 (Interfaces), at the time it is provided to County and at all times thereafter during the term of this Agreement.

9.5.2 The System shall be fully compatible with the rest of the Solution; and any

enhancements or upgrades shall be backward compatible with any County browser(s) and operating system version(s) compliant with Contractor's minimum required configuration (Exhibit A.2 (Minimum System Requirements)) operated on County workstations.

9.6 Disabling Device

Contractor represents and warrants that Contractor shall not intentionally cause any unplanned interruption of the operations of, or accessibility to the System or any component through any device, method or means including, without limitation, the use of any "virus", "lockup", "time bomb", or "key lock", "worm", "back door" or "Trojan Horse" device or program, or any disabling code, which has the potential or capability of compromising the security of County Confidential Information or of causing any unplanned interruption of the operations of, or accessibility of the System or any component to County or any user or which could alter, destroy, or inhibit the use of the System or any component, or the data contained therein (collectively, "**Disabling Device(s)**"), which could block access to or prevent the use of the System or any component by County or users. Contractor represents, warrants, and agrees that it has not purposely placed, nor is it aware of, any Disabling Device in any System component provided to County under this Agreement, nor shall Contractor knowingly permit any subsequently delivered or provided System component to contain any Disabling Device. In addition, Contractor shall prevent viruses from being incorporated or introduced into the System or Revisions thereto prior to the installation onto the System and shall prevent any viruses from being incorporated or introduced in the process of Contractor's performance of on-line support. Except if and to the extent expressly necessary for performance of Maintenance and Support Services or any other servicing or support expressly authorized in writing by County, during the Term of this Agreement, and any period of use of the system pursuant to Section 10.9 (Termination Transition Services, in no event shall Contractor or anyone acting on its behalf, disable or interfere, in whole or in part, with County's use of the Solution or any software, hardware, systems or data owned, utilized, or held by County without the written permission of the Director of DPH, whether or not the disablement is in connection with any dispute between the Parties or otherwise. Contractor understands and acknowledges that a breach of this Section 9.6 could cause substantial harm to County and to numerous third parties having business relationships with County. No limitation of liability, whether contractual or statutory, will apply to a breach of this Section 9.6.

9.7 Pending Litigation

There is no pending or threatened litigation that would have a material adverse impact on its performance under the Agreement. In addition, Contractor also represents and warrants that based on pending actions, claims, disputes, or other information, Contractor has no knowledge of a failure of the Solution to perform in accordance with the Specifications.

9.8 Non-Infringement Warranties

Contractor represents and warrants: (i) that Contractor has the full power and authority to grant the License, and all other rights granted by this Agreement to County; (ii) that no consent of any other person or entity is required by Contractor to grant such rights other than consents that have been obtained and are in effect; (iii) that County, Provider, and other Users are entitled to use the System without interruption, subject only to County's obligation to make the required payments and observe the License terms under this Agreement; (iv) that this Agreement and the System licensed or acquired herein, are neither subject to any liens, encumbrances, or pledges nor subordinate to any right or claim of any third party, including Contractor's creditors; (v) that during the term of this Agreement, Contractor shall not subordinate this Agreement or any of its rights hereunder to any third party without the prior written consent of County, and without providing in such subordination instrument for non-disturbance of County's use of the System (or any part thereof) in accordance with this Agreement; and (vi) that neither the performance of this Agreement by Contractor, nor the License to and use by County, Providers, and other Users of the System in accordance with this Agreement will in any way violate any non-disclosure agreement, nor constitute any infringement or other violation of any copyright, trade secret, trademark, service mark, patent, invention, proprietary information, or other rights of any third party.

9.9 Continuous Product Support

9.9.1 Contractor shall provide Subscription Services the Licensed Software, including but not limited to Revisions, for the License Term. Contractor shall not replace the License Software in Contractor's product line by another product containing substantially similar functionality to the Licensed Software under a different trade or service name, even if the replacement product contains additional features, functionality, or other capabilities throughout the Term of the Agreement, without providing County a license to such replacement product and maintenance, support, and hosting for such replacement or renamed product, all at no additional costs beyond the then-remaining fees payable to Contractor hereunder with respect to the Licensed Software.

9.9.2 In the event any or all components of the Licensed Software are migrated to a replacement product as a result of an acquisition, sale, assignment, transfer or other change in control of Contractor, then any assignee or successor, by taking benefit (including, without limitation, acceptance of any payment under this Agreement), shall be deemed to have ratified this Agreement. All terms and conditions of this Agreement with respect to the Licensed Software shall continue in full force and effect for the replacement product.

9.10 Minimum System Requirements

Contractor has provided County the Minimum System Requirements to use the e2LosAngeles System as set forth on Exhibit A.2 (Minimum System Requirements) providing performance and capacity specifications for:

a) Network infrastructure;
b) Connectivity;
c) Supported browsers; and
d) Supported operating system.

for the Existing Environment for use in connection with the System.

Provided County operates its Existing Environment in substantial conformance with the Minimum System Requirements, Contractor believes that the Existing Environment and the System are sufficient in size, capacity, and processing capability for the use by the County of the System in accordance with this Agreement.

9.11 Assignment and Warranty Pass-Through

To the extent permissible under the applicable third party agreements, Contractor hereby assigns to County all representations and warranties received by Contractor from its third party licensors and suppliers. Additionally, to the extent permissible under the applicable warranty terms, Contractor shall assign to County to the fullest extent permitted by law or by this Agreement, and shall otherwise ensure that the benefits of any applicable warranty or indemnity offered by any manufacturer of any System component or any other product or service provided hereunder shall fully extend to and be enjoyed by County.

9.12 Remedies and Breach of Warranty

County's remedies under the Agreement for the breach of the warranties set forth in this Agreement will include, but not be limited to, the repair or replacement by Contractor, at its own expense, of the non-conforming Solution, the specific remedies set forth in Exhibit B (Service Level Agreement) and other corrective measures afforded to County by Contractor under such Exhibit B (Service Level Agreement) and this Agreement, including assessment of Service Credits.

Failure by Contractor to timely perform its obligations set forth in this Section 9.0 (Representations and Warranties) shall constitute a material breach, upon which, in addition to County's other rights and remedies set forth herein, County may terminate this Agreement in accordance with Section 10.2 (Termination for Default).

9.13 Disclaimer of Warranties

Other than as set forth in this Agreement, Contractor disclaims all other warranties, expressed or implied, written or oral, in connection with the Licensed Software,

including without limitation any implied warranties of title, merchantability or fitness for a particular purpose.

10. TERMINATION

10.1 Termination for Convenience

This Agreement may be terminated, in whole or in part, from time to time, when such action is deemed by the County, in its sole discretion, to be in its best interest. Termination of work hereunder shall be effected by notice of termination to the Contractor specifying the extent to which performance of work is terminated and the date upon which such termination becomes effective. The date upon which such termination becomes effective shall be no less than thirty (30) Days after the notice is sent.

10.2 Termination for Default

10.2.1 The County may, by written notice to the Contractor, terminate the whole or any part of this Agreement, if, in the reasonable judgment of the Director of DPH:

a) Contractor has materially breached this Agreement; or

b) Contractor fails to timely and/or satisfactorily provide and/or perform any task, Deliverable, good, Service, or other work required either under this Agreement, unless such failure is due in whole or in part to the failure of the County or its agents or employees to perform any tasks required under this Agreement including Exhibit A (Statement of Work) in a timely manner, provided Contractor has timely submitted a notice of delay under Section 28.4 (Notice of Delays); or

c) Contractor fails to demonstrate a high probability of timely fulfillment of performance requirements under this Agreement, or of any obligations of this Agreement, unless such failure is due in whole or in part to the failure of the County or its agents or employees to perform any tasks required under this Agreement including Exhibit A Statement of Work in a timely manner, and in either case, fails to demonstrate convincing progress toward a cure within ten (10) Business Days (or such longer period as the County may authorize in writing) after receipt of written notice from the County specifying such failure, and, unless a shorter cure period is expressly provided in this Agreement, does not cure such failure or fails to correct such failure or breach within sixty (60) Days (or such longer period as County may authorize in writing) of receipt of written notice from County specifying such failure or breach, except that Contractor shall not be entitled to any cure period, and County may terminate immediately, in the event that Contractor's failure to perform or comply is not reasonably capable of being cured.

10.2.2 Reserved.

10.2.3 Except with respect to defaults of any subcontractor, the Contractor shall not be considered in default under Section 10.2 (Termination for Default) if its failure to perform this Agreement arises out of causes beyond the control and without the fault or negligence of the Contractor. Such causes may include, but are not limited to: acts of God or of the public enemy, acts of the County in either its sovereign or contractual capacity, acts of Federal or State governments in their sovereign capacities, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case, the failure to perform must be beyond the control and without the fault or negligence of the Contractor. If the failure to perform is caused by the default of a subcontractor, and if such default arises out of causes beyond the control of both the Contractor and subcontractor, and without the fault or negligence of either of them, the Contractor shall not be considered in default under Section 10.2 (Termination for Default) , unless the goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the Contractor to meet the required performance schedule. As used in this Section 10.2 (Termination for Default), the term "subcontractor(s)" means subcontractor(s) at any tier.

10.2.4 If, after the County has given notice of termination under the provisions of this Section 10.2 (Termination for Default), it is determined by the County that the Contractor was not in default under the provisions of this Section 10.2 (Termination for Default), or that the default was excusable under the provisions of Section 10.2 (Termination for Default), the rights and obligations of the Parties shall be the same as if the notice of termination had been issued pursuant to Section 10.1 (Termination for Convenience).

10.3 Termination for Improper Consideration

10.3.1 The County may, by written notice to the Contractor, immediately terminate the right of the Contractor to proceed under this Agreement if it is found that consideration, in any form, was offered or given by the Contractor, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing the Agreement or securing favorable treatment with respect to the award, amendment, or extension of the Agreement or the making of any determinations with respect to the Contractor's performance pursuant to the Agreement. In the event of such termination, the County will be entitled to pursue the same remedies against the Contractor as it could pursue in the event of default by the Contractor.

10.3.2 The Contractor must immediately report any attempt by a County officer, employee, or agent to solicit such improper consideration. The report must be

made to the Los Angeles County Fraud Hotline at (800) 544-6861 or https://fraud.lacounty.gov/.

10.3.3 Among other items, such improper consideration may take the form of cash, discounts, services, the provision of travel or entertainment, or tangible gifts.

10.4 Termination for Insolvency

10.4.1 The County may terminate this Agreement forthwith in the event of the occurrence of any of the following:

a) Insolvency of the Contractor. The Contractor shall be deemed to be insolvent if it has ceased to pay its debts for at least sixty (60) Days in the ordinary course of business or cannot pay its debts as they become due, whether or not a petition has been filed under the Federal Bankruptcy Code and whether or not the Contractor is insolvent within the meaning of the Federal Bankruptcy Code;

b) The filing of a voluntary or involuntary petition regarding the Contractor under the Federal Bankruptcy Code;

c) The appointment of a Receiver or Trustee for the Contractor; or

d) The execution by the Contractor of a general assignment for the benefit of creditors.

10.5 Termination for Non-Appropriation of Funds

Notwithstanding any other provision of this Agreement, the County will not be obligated for the Contractor's performance hereunder or by any provision of this Agreement during any of the County's future fiscal years unless and until the County's Board appropriates funds for this Contract in the County's Budget for each such future fiscal year. In the event that funds are not appropriated for this Agreement, then this Agreement will terminate as of June 30 of the last fiscal year for which funds were appropriated. The County will notify the Contractor in writing of any such non-allocation of funds at the earliest possible date.

10.6 Termination for Non-Adherence of County Lobbyist Ordinance

The Contractor, and each County Lobbyist or County Lobbying firm as defined in County Code Section 2.160.010 retained by the Contractor, must fully comply with the County's Lobbyist Ordinance, County Code Chapter 2.160. Failure on the part of the Contractor or any County Lobbyist or County Lobbying firm retained by the Contractor to fully comply with the County's Lobbyist Ordinance will constitute a material breach of this Agreement, upon which the County may in its sole discretion, immediately terminate or suspend this Agreement.

10.7 Termination for Regulatory Non-Compliance

In the event Contractor's relationship with County under this Agreement is identified in writing by any regulator (including any governmental body or accreditation/certification organization (e.g., Joint Commission)) having jurisdiction over County, to present a risk to County or its customers that requires correction, County shall notify Contractor of such identification. In the event the Parties are unable for any reason through reasonable efforts to resolve the identified issue(s) to the satisfaction of the relevant regulator within the timeframe mandated by the regulator, County may terminate this Agreement for convenience and without obligation to pay any termination fee or penalty to Contractor.

10.8 Effect of Termination

10.8.1 In the event County terminates this Agreement in whole or in part as provided hereunder or upon the expiration of the Agreement, as applicable, then, unless otherwise specified by County in writing:

a) Contractor shall continue the performance of this Agreement to the extent not terminated.

b) In the event of a partial termination, Contractor shall cease provision of all Services and other work being terminated on the date and to the extent specified in such notice and provide to County all completed Services/other work and Services/other work in progress, in a media reasonably requested by County, if applicable.

c) County will pay to Contractor all sums due and payable to Contractor for Services and other work provided in accordance with this Agreement through the effective date of such expiration or termination (prorated as appropriate).

d) Contractor shall return to County all monies paid by County, yet unearned by Contractor, including the prorated amount of any prepaid Maintenance and Support Fees and/or other fees, if applicable.

e) Contractor shall (a) promptly return to County any and all of the County's Confidential Information that relates to the portion of the Agreement, Services, or other work terminated by County, including all County Data, information, and other materials in a media reasonably requested by County and (b) destroy all such Confidential Information, County Data, and information and materials as required in and in accordance with the requirements of this Agreement, including those set forth in Exhibit I (Information Security and Privacy Requirements);

f) If this Agreement is terminated in its entirety or expires, the Software as a Service (SaaS license for the use of the System and Services will terminate, and subject to the obligations of the Parties under Section 10.8.4 and Section 10.9 (Termination Transition Services), County will cease its use of the System and Services and will return to Contractor all products of the terminated Services, subject to continued use as needed to maintain operations and otherwise mitigate damages during an orderly transition to an alternative system and subject to the County's continued use of the Hardcopy Deliverables as specified in Sections 3.4.1 (Background Intellectual Property) and 3.4.2 (Work Product), compensation for which will be negotiated by the Parties in good faith; and

f) The rights and remedies of the County provided in this Section and elsewhere in this Agreement shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

10.8.2 Expiration or termination of this Agreement for any reason will not release either Party from any liabilities or obligations set forth in this Agreement which (i) the Parties have expressly agreed in writing will survive any such expiration or termination, or (ii) remain to be performed or by their nature would be intended to be applicable following any such expiration or termination.

10.8.3 Contractor understands and agrees that County has obligations that it cannot satisfy without use of the System provided to County hereunder or an equivalent system, and that a failure to satisfy such obligations could result in irreparable damage to County and the entities it serves. Therefore, Contractor agrees that in the event of any expiration or termination of this Agreement, Contractor shall fully cooperate with County in the transition of County to a new system, toward the end that there be no interruption of County's day-to-day operations due to the System not being Available during such transition, as provided in Section 10.9 (Termination Transition Services).

10.9 Termination Transition Services

10.9.1 Contractor shall assist the County in transitioning from the System by providing Transition Services, as provided below.

10.9.2 Upon the expiration or termination of this Agreement, County may require Contractor to provide services in the form of Optional Work to assist County to transition its operations from the System to a replacement system. ("**Transition Services**"). Upon County's request for Transition Services,

County and Contractor agree to negotiate in good faith the scope of work and the price for such Transition Services. Contractor shall provide County with all of the Transition Services as provided in this Section 10.9 (Termination Transition Services). The duty of Contractor to provide such Transition Services shall be conditioned on County continuing to comply with its obligations under the Agreement, including payment of all applicable fees. Contractor shall have no right to withhold or limit its performance or any of such Transition Services on the basis of any alleged breach of this Agreement by County, other than a failure by County to timely pay the amounts due and payable hereunder. County shall have the right to seek specific performance of this Section 10.9 (Termination Transition Services) in any court of competent jurisdiction and Contractor hereby waives any defense that damages are an adequate remedy. Compliance with this Section 10.9 (Termination Transition Services) by either Party shall not constitute a waiver or estoppel with regard to any rights or remedies available to the Parties.

11.0 ADMINISTRATION OF AGREEMENT - COUNTY

A listing of all County Administration referenced in the following Sections are designated in Exhibit E.1 (County's Administration). The County shall notify the Contractor in writing of any change in the names or addresses shown.

11.1 County's Project Director

Responsibilities of the County's Project Director include: a) confirming that the objectives of this Agreement are met; and b) providing direction to the Contractor in the areas relating to County policy, information requirements, and procedural requirements.

11.2 County's Project Manager

The responsibilities of the County's Project Manager include: a) meeting with the Contractor's Project Manager on a regular basis; b) inspecting any and all tasks, Deliverables, goods, Services, or other work provided by or on behalf of the Contractor; and c) overseeing the day-to-day administration of this Agreement.

The County's Project Manager is not authorized to make any changes in any of the terms and conditions of this Agreement except as expressly provided with respect to the Project Schedule, and is not authorized to further obligate County in any respect whatsoever.

12.0 ADMINISTRATION OF AGREEMENT – CONTRACTOR

12.1 Contractor's Project Director

12.1.1 The Contractor's Project Director is designated in Exhibit E.2 (Contractor's

Administration). The Contractor shall notify the County in writing of any change in the name or address of the Contractor's Project Director.

12.1.2 The Contractor's Project Director shall be responsible for the Contractor's activities as related to this Agreement and shall coordinate with County's Project Director and County's Project Manager on a regular basis.

12.2 Contractor's Project Manager

12.2.1 The Contractor's Project Manager is designated in Exhibit E.2 (Contractor's Administration. The Contractor shall notify the County in writing of any change in the name or address of the Contractor's Project Manager.

12.2.2 The Contractor's Project Manager shall be responsible for the Contractor's day-to-day activities as related to this Agreement and shall coordinate with County's Project Director and County's Project Manager on a regular basis.

12.3 Approval of Contractor's Staff

County has the right to reasonably approve or disapprove all of the Contractor's staff performing work hereunder and any proposed changes in the Contractor's staff, including, but not limited to, the Contractor's Project Manager subject only to applicable laws prohibiting discrimination and retaliation, provided that the County will permit revision of the Project Plan to allow sufficient time for Contractor to assign replacement staff and adequately transition responsibilities, in a manner that will not adversely impact the project.

12.4 Contractor's Staff Identification

All of Contractor's employees assigned to County facilities are required to have a County Identification (ID) badge on their person and visible at all times. Contractor bears all expense of the badging.

12.4.1 Contractor is responsible to ensure that employees have obtained a County ID badge before they are assigned to work in a County facility. Contractor personnel may be asked to leave a County facility by a County representative if they do not have the proper County ID badge on their person.

12.4.2 Contractor shall notify the County within one Business Day when staff is terminated from working under this Agreement. Contractor shall retrieve and return an employee's ID badge to the County on the next Business Day after the employee has terminated employment with the Contractor.

12.4.3 If County requests the removal of Contractor's staff, Contractor shall retrieve and return an employee's ID badge to the County on the next Business Day after the employee has been removed from working on the Agreement.

12.5 Background and Security Investigations

12.5.1 At the discretion of the County, all Contractor staff performing work at County locations under this Agreement may be required to undergo and pass, to the satisfaction of County, a background investigation as a condition of beginning and continuing to work under this Agreement. County shall use its discretion in determining the method of background clearance to be used, which may include but is not limited to fingerprinting. The fees associated with obtaining the background information shall be at the expense of the Contractor, regardless if the Contractor's staff passes or fails the background clearance investigation. County may perform the background check and bill Contractor for the cost or deduct such amount from funds owed by County to Contractor.

12.5.2 Subject to the requirements of law, County may request that the Contractor's staff be immediately removed from working on the County Agreement at any time during the Term of this Agreement based upon the results of a background check. County will not provide to the Contractor nor to the Contractor's staff any information obtained through the County conducted background clearance.

12.5.3 Subject to the requirements of law, County may immediately, at the sole discretion of the County, deny or terminate facility access to the Contractor's staff that do not pass such investigation(s) or whose background or conduct is, in the opinion of the County, incompatible with County facility access.

12.5.4 Disqualification of any member of Contractor's staff pursuant to this Section 12.5 (Background and Security Investigations) shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Agreement.

12.6 Employment Eligibility Verification

12.6.1 The Contractor warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Agreement meet the citizenship or alien status requirements set forth in Federal and State statutes and regulations. The Contractor shall obtain from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by Federal and State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, (P.L. 99-603), or as they currently exist and as they may be hereafter amended. The Contractor shall retain all such documentation for all covered employees for the period prescribed by law.

12.6.2 The Contractor shall indemnify, defend, and hold harmless, the County, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the Contractor or the County or both in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Agreement. Any legal defense pursuant to Contractor's indemnification obligations under this Section 12.6 shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County exercising its reasonable judgment, County shall be entitled to retain its own counsel and shall be entitled to seek reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

13. REPORTS, MEETINGS, AND GOVERNANCE

13.1 Reports

The Contractor Project Manager and County Project Manager shall communicate at least once every calendar week (the "**Status Report**") about the work in progress. The communications shall include a conference call or an in-person meeting as mutually agreed upon (the "**Status Meeting**") and a report from the appropriate Contractor personnel regarding:

a) Period covered by the report;
b) Tasks, Deliverables, goods, Services, and other work scheduled for the reporting period which were completed;
c) Tasks, Deliverables, goods, Services, and other work scheduled for the reporting period which were not completed;
d) Tasks, Deliverables, goods, Services, and other work not scheduled for but completed in the reporting period;
e) Tasks, Deliverables, goods, Services, and other work scheduled to be completed in the next reporting period;
f) Summary of project status as of reporting date;
g) Updated Deliverable chart;
h) New issues, if any;
i) Issues to be resolved;
j) Issues resolved;
k) Updates on any scheduling and milestones (if applicable);
l) Decision made and decisions pending during the reporting period;
m) Risk management;
n) Any other information that County or Contractor may, from time-to-time,

reasonably request in writing that Contractor or County, as the case may be, may deem appropriate.

13.2 Quarterly Review Meetings

Contractor and County shall, at quarterly intervals or such other time periods mutually agreed to by the Parties, hold a review meeting via videoconferencing, to review the performance of the Licensed Software, System, Solution, Third Party Products, Services, and Service Levels; discuss fee and expense issues; and address such other issues as may be relevant at the time. The Contractor's Project Manager (and senior executive personnel from the Contractor who attend) and Contractor's subject matter experts as determined by the meeting agenda shall attend at the sole cost of Contractor.

13.3 Alert Reports

Contractor shall promptly notify County in writing (i.e., e-mail or facsimile transmission) on becoming aware of any change or problem that would negatively impact completion or performance of the Licensed Software, System, Third Party Products, Services, other Solution components, and/or Deliverables, the progress of tasks assigned under a Statement of Work, or any schedule in a Statement of Work. The written notice shall include a detailed description of the relevant change or problem and shall be provided to the County's Project Director.

14.0 CONFIDENTIALITY AND SECURITY

14.1 Confidentiality

14.1.1 Confidential Information Defined

Except as provided in Section 14.1.2 (Exclusions) below, and in the case of County subject to Section 21.2 (Public Records Act), each Party agrees that all information supplied by one Party and its affiliates and agents (collectively, the "**Disclosing Party**") to the other ("**Receiving Party**") including, without limitation, (a) trade secrets; (b) any information relating to County's customers, patients, business partners, or personnel; (c) County Data, including Personal Data (as defined below) and Protected Health Information (as defined below), and (d) any information related to the Contractor's designs, computer software, source code, object code, information technology, infrastructure, system architecture, security practices and procedures, documentation (other than Documentation), business, business partners, customers, personnel, or Personal Data (as defined below) will be deemed confidential and proprietary to the Disclosing Party, in the case of County as Disclosing Party, regardless of whether such information was disclosed intentionally or unintentionally or marked as "confidential" or "proprietary" ("**Confidential Information**"). The foregoing definition shall also include any Confidential Information provided by either Party's contractors, subcontractors, agents, or vendors. To be deemed

"Confidential Information" all must be plainly and prominently marked with restrictive legends. Subject to the licenses provided by Contractor to County and the other terms set forth in this Agreement (e.g. a Statement of Work specifically setting forth other ownership rights), all Confidential Information shall be and remain the property of the Disclosing Party and the Disclosing Party shall retain exclusive rights and ownership thereto.

14.1.2 Exclusions

Confidential Information will not include any information or material, or any element thereof, whether or not such information or material is Confidential Information for the purposes of this Agreement, to the extent any such information or material, or any element thereof: (a) has previously become or is generally known, unless it has become generally known through a breach of this Agreement or a similar confidentiality or non-disclosure agreement, obligation, or duty; (b) was already rightfully known to the Receiving Party prior to being disclosed by or obtained from the Disclosing Party as evidenced by written records kept in the ordinary course of business or by proof of actual use by the Receiving Party, (c) has been or is hereafter rightfully received by the Receiving Party from a third-party (other than the Disclosing Party) without restriction or disclosure and without breach of a duty of confidentiality to the Disclosing Party; or (d) has been independently developed by the Receiving Party without access to Confidential Information of the Disclosing Party. It will be presumed that any Confidential Information in a Receiving Party's possession is not within exceptions (b), (c) or (d) above, and the burden will be upon the Receiving Party to prove otherwise by records and documentation.

14.1.3 Treatment of Confidential Information

Each Party recognizes the importance of the other Party's Confidential Information. In particular, each Party recognizes and agrees that the Confidential Information of the other is critical to their respective businesses and that neither Party would enter into this Agreement without assurance that such information and the value thereof will be protected as provided in this Section 14.1 (Confidentiality) and elsewhere in this Agreement. Accordingly, each Party agrees as follows: (a) the Receiving Party will hold any and all Confidential Information it obtains in strictest confidence and will use and permit use of Confidential Information solely for the purposes of this Agreement. Without limiting the foregoing, the Receiving Party shall use at least the same degree of care, but no less than reasonable care, to avoid disclosure or use of this Confidential Information as the Receiving Party employs with respect to its own Confidential Information of a like importance; (b) the Receiving Party may disclose or provide access to its responsible employees, agents, and consultants who have a need to know and may make copies of Confidential Information only to the extent reasonably necessary to carry out its obligations hereunder; and (c) the Receiving Party currently has, and in the future will maintain in effect and enforce, rules and policies to protect against access to or use or disclosure of Confidential Information other than in accordance with this Agreement, including without limitation written

instruction to and agreements with employees, agents, or consultants who are bound by an obligation of confidentiality no less restrictive than set forth in this Agreement to ensure that such employees, agents, and consultants protect the confidentiality of Confidential Information, including this Section 14.1 (Confidentiality). The Receiving Party will require its employees, agents, and consultants not to disclose Confidential Information to third- parties, including without limitation customers, subcontractors, or consultants, without the Disclosing Party's prior written consent, will notify the Disclosing Party immediately of any unauthorized disclosure or use, and will cooperate with the Disclosing Party to protect all proprietary rights in and ownership of its Confidential Information. The Receiving Party will be responsible for compliance of its employees, agents, and consultants with the confidentiality obligations under this Agreement and shall be liable for breaches of same by its employees, agents, and consultants.

14.1.4 Non-Exclusive Equitable Remedy

Each Party acknowledges and agrees that due to the unique nature of Confidential Information there can be no adequate remedy at law for any breach of its obligations hereunder, that any such breach or threatened breach may allow a Party or third-parties to unfairly compete with the other Party resulting in irreparable harm to such Party, and therefore, that upon any such breach or any threat thereof, each Party will be entitled to appropriate equitable remedies, and may seek injunctive relief from a court of competent jurisdiction without the necessity of proving actual loss, in addition to whatever remedies either of them might have at law or equity. Any breach of this Section 14.1 (Confidentiality) shall constitute a material breach of this Agreement and be grounds for immediate termination of this Agreement in the exclusive discretion of the non-breaching Party.

14.1.5 Personal Data

"**Personal Data**" shall mean any information that identifies a person, including, but not limited to, name, address, email address, passwords, account numbers, social security numbers, credit card information, personal financial or healthcare information, personal preferences, demographic data, marketing data, credit data, or any other identification data. For the avoidance of doubt, Personal Data shall include, but not be limited to, all "nonpublic personal information," as defined under the Gramm-Leach-Bliley Act (15 United States Code ("U.S.C.") §6801 et seq.), Protected Health Information as defined under the Health Information Portability and Accountability Act and regulations promulgated thereunder, including 45 C.F.R. 160 and 164, "personal information" as defined in the Information Practices Act of 1977 (California Civil Code Section 1798.29(g)), and "Personal Data" as that term is defined in EU Data Protection Directive (Directive 95/46/EEC) on the protection of individuals with regard to processing of personal data and the free movement of such data, all of the foregoing as amended from time to time.

In connection with this Agreement and performance of the Services and other work,

Contractor may be provided or obtain, from County or otherwise, Personal Data pertaining to County's current and prospective personnel, directors and officers, agents, subcontractors, investors, patients, and customers and may need to access, transmit, use, or store such Personal Data and/or transfer it, all subject to the restrictions set forth in this Agreement and otherwise in compliance with all applicable domestic laws and regulations for the sole purpose of performing the Services and providing the other work under this Agreement.

14.1.6 Treatment of Personal Data

Without limiting any other warranty or obligation specified in this Agreement, and in particular the confidentiality provisions of this Section 14.1 (Confidentiality), during the Term of this Agreement and thereafter in perpetuity, Contractor will not gather, store, log, archive, use, or otherwise retain any Personal Data in any manner, and will not disclose, distribute, sell, share, rent, or otherwise transfer any Personal Data to any third-party, except as expressly required to perform its obligations in this Agreement or as Contractor may be expressly directed in advance in writing by County. Contractor represents and warrants that it will access, transmit, use, and store Personal Data only in compliance with (a) this Agreement, and (b) all applicable local, State, and Federal laws and regulations (including, but not limited to, current and future laws and regulations relating to spamming, privacy, confidentiality, data security, and consumer protection).

14.1.7 Retention of Personal Data

Contractor will not retain any Personal Data for any period longer than necessary for Contractor to fulfill its obligations under this Agreement. As soon as Contractor no longer needs to retain such Personal Data in order to perform its duties under this Agreement, Contractor will promptly return or securely and permanently destroy or erase all originals and copies of such Personal Data in accordance with this Agreement.

14.1.8 Compelled Disclosures

To the extent required by applicable law or by lawful order or requirement of a court or governmental authority having competent jurisdiction over the Receiving Party, the Receiving Party may disclose Confidential Information in accordance with such law or order or requirement, subject to the following conditions: as soon as possible after becoming aware of such law, order, or requirement and prior to disclosing Confidential Information pursuant thereto, the Receiving Party will so notify the Disclosing Party in writing and, if possible, the Receiving Party will provide the Disclosing Party notice not less than five (5) Business Days prior to the required disclosure. The Receiving Party will use reasonable efforts not to release Confidential Information pending the outcome of any measures taken by the Disclosing Party to contest, otherwise oppose, or seek to limit such disclosure by the Receiving Party and any subsequent disclosure or use of Confidential Information that may result from

such disclosure. The Receiving Party will cooperate with and provide assistance to the Disclosing Party regarding such measures. Notwithstanding any such compelled disclosure by the Receiving Party, such compelled disclosure will not otherwise affect the Receiving Party's obligations hereunder with respect to Confidential Information so disclosed.

14.1.9 Compliance with Federal and State Confidentiality Requirements

County is subject to the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 and as amended from time to time ("**HIPAA**"), and 42 U.S.C. § 290dd-2. Under this Agreement, Contractor provides services to County and Contractor receives Protected Health Information and confidential substance abuse patient records in order to provide those services. Contractor acknowledges and agrees that all patient records and Protected Health Information shall be subject to the confidentiality and disclosure provisions of HIPAA, HITECH Act, ARRA, 42 U.S.C. § 290dd-2, and the regulations promulgated thereunder by the U.S. Department of Health and Human Services, including the Standards for Privacy of Individually Identifiable Health Information and the Security Standards for Electronic Protected Health Information at 45 Code of Federal Regulations ("**C.F.R.**"), parts 142, 160, and 164, as the same may be amended from time to time, 42 Code of Federal Regulations Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records regulations or "**Part 2 Regulations**"), as the same may be amended from time to time, and any other applicable Federal and State laws (including California Civil Code Sections 56.00 et. seq. (the Confidentiality of Medical Information Act) and California Health and Safety Code 1280.15) (collectively, the "**Privacy and Security Laws**") and shall maintain the confidentiality of all such records and information and otherwise comply in accordance with such laws. The Parties further agree and shall abide by the provisions of Exhibit G (Business Associate Agreement) hereto, including all obligations therein with respect to information subject to HIPAA. Should County amend Exhibit G (Business Associate Agreement) as is necessary to comply with the requirements of the Privacy and Security Laws, County will execute a Change Notice in accordance with Section 15.2 (Change Notice), which shall replace Exhibit G (Business Associate Agreement) with the updated Business Associate Agreement.

14.1.10 County Data

All County Data shall be and remain the property of County and County shall retain exclusive rights and ownership thereto. The data of County shall not be used by Contractor for any purpose other than as required under this Agreement, nor shall such data or any part of such data be disclosed, sold, assigned, leased, or otherwise disposed of, to third- parties by Contractor or commercially exploited or otherwise used by or on behalf of Contractor, its officers, directors, employees, or agents.

14.1.11 Return of Confidential Information

On County's written request or upon expiration or termination of this Agreement for any reason, Contractor will promptly: (a) return or securely and permanently destroy, at County's option, all originals and copies of all documents and materials it has received containing County's Confidential Information in accordance with this Agreement; (b) if return or secure and permanent destruction is not permissible under applicable law, continue to protect such information in accordance with the terms of this Agreement; and (c) deliver or securely and permanently destroy, at County's option, all originals and copies of all summaries, records, descriptions, modifications, negatives, drawings, adoptions and other documents or materials, whether in writing or in machine-readable form, prepared by Contractor, prepared under its direction, or at its request, from the documents and materials referred to in Subsection 14.1.11(a), in accordance with this Agreement, and provide a notarized written statement to County certifying that all documents and materials referred to in Subsections 14.1.11(a) and (b) have been delivered to County or securely and permanently destroyed, as requested by County. On termination or expiration of this Agreement, County shall return or destroy all Contractor Confidential Information and all originals and copies of all summaries, records, descriptions, modifications, negatives, drawings, adoptions and other documents or materials prepared by or for County from Contractor's Confidential Information, (excluding items to be retained by the County pursuant to an agreement negotiated by the Parties under Section 10.9 Termination Transition Services and subject to the County's continued use of the Hardcopy Deliverables as specified in Sections 3.4.1 (Background Intellectual Property) and 3.4.2 (Work Product)) at Contractor's option.

14.2 Security

14.2.1 System Security

Notwithstanding anything to the contrary herein, Contractor shall provide all Services and other work in compliance with Exhibit I (Information Security and Privacy Requirements) and utilizing security technologies and techniques in accordance with the industry standards, Contractor's best practices and applicable County security policies, procedures and requirements provided by County to Contractor in writing or otherwise as required by law, including those relating to the prevention and detection of fraud or other inappropriate use or access of systems and networks. Without limiting the generality of the foregoing, Contractor shall implement and use network management and maintenance applications and tools and fraud prevention and detection and encryption technologies and prevent the introduction of any Disabling Device into the System, as further specified in Exhibit I (Information Security and Privacy Requirements). In no event shall Contractor's actions or inaction result in any situation that is less secure than the security that Contractor then provides for its own systems and data.

14.2.2 System Data Security

Contractor hereby acknowledges the right of privacy of all persons whose information is stored in the System. Contractor shall protect, secure and keep confidential all System data in compliance with all applicable Federal, State and local laws, rules, regulations, ordinances, and publicly known guidelines and directives, relating to confidentiality and information security (including any breach of the security of the System, such as any unauthorized acquisition of System data that compromises the security, confidentiality or integrity of personal information) and provisions of Exhibit I (Information Security and Privacy Requirements). Further, Contractor shall take all reasonable actions necessary or advisable to protect all System data in its possession, custody or control from loss or damage by any cause, including fire, theft or other catastrophe. In addition, if requested by County's Project Director, Contractor shall provide notification to all persons identified by the County's Project Director whose unencrypted personal information was, or is reasonably believed to have been, acquired by any unauthorized person, and the content, method and timing of such notification shall be subject to the prior approval of County's Project Director. Contractor shall not use System data for any purpose or reason other than to fulfill its obligations under this Agreement.

14.2.3 Security Scan

Contractor shall provide security scans for the System as described in Task 13 of Exhibit A (Statement of Work) prior to System Launch and annually thereafter and shall provide the results of the scans to the County.

14.2.4 Security Audits

By no later than September 1, 2025 and annually thereafter, Contractor shall cause an independent, registered public accounting firm that is nationally recognized in the United States to perform an audit or series of audits of the control activities, systems and processes established and maintained by Contractor. Each such annual audit or series of audits shall conform to the requirements necessary to produce a SOC 2, Type II Report and Contractor shall provide the SOC 2, Type II Report for each such audit to the County.

14.3 Protection of Electronic County Information – Data Encryption Standards

Contractor acknowledges that it electronically transmits or stores County Data constituting Personal Information (hereinafter "**PI**"), Protected Health Information (hereinafter "**PHI**"), and/or Medical Information (hereinafter "**MI**") under this Agreement. Contractor therefore represents, warrants, and covenants that all transmission and storage of County Data hereunder shall at all times be encrypted in transit and at rest, and all PHI other than certain client service dates shall be additionally encrypted using the zero-knowledge encryption model, meaning the System will be designed so that no other person or entity, including Contractor, its subcontractors, and their respective officers, employees, and agents, other than

County and its authorized Users, shall have access to unencrypted County Level One Data (as defined in Exhibit A.5, Local Key Module Description). Contractor further, represents, warrants, and covenants that the encryption model, processes, and procedures set forth in Exhibit A.5 (Local Key Module Description) constitutes a zero-knowledge encryption model, and Contractor's transmission and storage of County Data shall at all times comply with Exhibit A.5 (Local Key Module Description). As applicable to zero-knowledge encryption model, Contractor shall additionally comply with the following requirements:

14.3.1 Encryption Standards – Stored Data

Contractor's and subcontractors' workstations and portable devices that are used to access, store, receive and/or transmit County PI, PHI or MI (e.g., mobile, wearables, tablets, thumb drives, external hard drives) require encryption (i.e. software and/or hardware) in accordance with the most current versions of the following: (a) Federal Information Processing Standard Publication (FIPS) 140; (b) National Institute of Standards and Technology (NIST) Special Publication 800-57 Recommendation for Key Management – Part 1: General; (c) NIST Special Publication 800-57 Recommendation for Key Management – Part 2: Best Practices for Key Management Organization; and (d) NIST Special Publication 800-111 Guide to Storage Encryption Technologies for End User Devices. Advanced Encryption Standard (AES) with cipher strength of 256-bit is minimally required.

14.3.2 Encryption Standards – Transmitted Data

All transmitted (e.g. network) County PI, PHI and/or MI require encryption in accordance with the most current version of the following: (a) NIST Special Publication 800-52 Guidelines for the Selection and Use of Transport Layer Security Implementations; and (b) the most current version of NIST Special Publication 800-57 Recommendation for Key Management – Part 3: Application-Specific Key Management Guidance. Secure Sockets Layer (SSL) is minimally required with minimum cipher strength of 128-bit. Notwithstanding the foregoing, this encryption requirement does not apply to communications to and from Contractor's Servers that occur over a network dedicated exclusively to Contractor's use and isolated from third-party communications at the physical layer (OSI layer 1).

14.3.3 Definition References

a) As used in this Agreement and the Policy, the phrases:

"Personal Information" shall have the same meaning as set forth in subdivision (g) of California Civil Code section 1798.29.

"Protected Health Information" shall have the same meaning as set

forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and implementing regulations.

"Medical Information" shall have the same meaning as set forth in subdivision (j) of California Civil Code section 56.05.

"Substance Abuse Information" shall have the same meaning as set forth in 42 C.F.R. Part 2 and Health and Safety Code section 11845.5

b) All of the foregoing references to Federal and State legislation are as amended from time to time.

14.3.4 Compliance

Contractor shall certify its compliance with this Section 14.3 prior to being awarded the Agreement with County and/or shall maintain compliance with this Section 14.3 and for as long as Contractor maintains or is in possession of County's PI, PHI and/or MI. In addition to the foregoing certification, Contractor shall maintain any validation or attestation reports that the data encryption product generates, and such reports shall be subject to audit in accordance with the Agreement. County requires that, if non-compliant, Contractor develop and execute a corrective action plan. Contractor, for failing to comply with this Section 14.3, may be subject to suspension or termination of the Agreement, denial of access to County information technology resources, and/or other actions as deemed appropriate by the County.

14.4 Data Destruction

Contractor(s) that have maintained, processed, or stored the County of Los Angeles' data and/or information, implied or expressed, have the sole responsibility to certify that the data and information have been appropriately destroyed consistent with the most current version of National Institute of Standards and Technology (NIST) Special Publication SP 800-88 titled Guidelines for Media Sanitization.

The data and/or information may be stored on purchased, leased, or rented electronic storage equipment (e.g., printers, hard drives) and electronic devices (e.g., Servers, workstations) that are geographically located within the County, or external to the County's boundaries. The County must receive within ten (10) Business Days, a signed document from contractor(s) and vendor(s) that certifies and validates the data and information were placed in one or more of the following stored states: unusable, unreadable, and indecipherable.

Contractor must certify that any County Data and County Confidential Information stored on purchased, leased, or rented electronic storage equipment and electronic devices, including, but not limited to printers, hard drives, Servers, and/or

workstations are destroyed consistent with the current National Institute of Standard and Technology (NIST) Special Publication SP-800-88, Guidelines for Media Sanitization. Contractor must provide County with written certification, within ten (10) Business Days of removal of any electronic storage equipment and devices that validates that any and all County Confidential Information was destroyed and is unusable, unreadable, and/or undecipherable.

14.5 Intentionally Omitted

14.6 Indemnification

Contractor shall indemnify, defend, and hold harmless County, its officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs and expenses, including, without limitation, defense costs and legal, accounting and other expert, consulting, or professional fees, arising from any failure by Contractor, its officers, employees, agents, or subcontractors, to comply with this Section 14.0 (Confidentiality and Security). Any legal defense pursuant to Contractor's indemnification obligations under this Section 14.0 (Confidentiality and Security) shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County exercising its reasonable judgment, County shall be entitled to retain its own counsel, and shall be entitled to seek reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

14.7 Remedies

Contractor acknowledges that a breach by Contractor of this Section 14.0 (Confidentiality and Security) may result in irreparable injury to County that may not be adequately compensated by monetary damages and that, in addition to County's other rights under this Section 14.0 (Confidentiality and Security) and at law and in equity, County shall have the right to seek injunctive relief to enforce the provisions of this Section 14.0 (Confidentiality and Security). The provisions of this Section 14.0 (Confidentiality and Security) shall survive the expiration of termination of this Agreement.

Contractor shall take all reasonable actions necessary or advisable to protect the System from loss or damage by any cause. Contractor shall bear the full risk of loss or damage to the System and any System data by any cause other than resulting from Force Majeure Events or County's fault.

15.0 CHANGES TO AGREEMENT

15.1 Amendments

15.1.1 No representative of either County or Contractor, including those named in this Agreement, is authorized to make any changes in any of the terms, obligations, or conditions of this Agreement, except through the procedures set forth in this Section 15.0 (Changes to Agreement). County reserves the right to change any portion of the Services or other work required under this Agreement and to change any other provisions of this Agreement. All such changes shall be accomplished only as provided in this Section 15.0 (Changes to Agreement).

15.1.2 Except as otherwise provided in this Agreement, for any change which affects the scope of work, term, Maximum Agreement Sum, payments, or any term or condition included under this Agreement, a written amendment ("**Amendment**") shall be prepared, agreed to and executed by the Contractor and by the Board of Supervisors or its authorized designee.

15.1.3 The County's Board of Supervisors or Chief Executive Officer or designee may require the addition and/or change of certain terms and conditions in the Agreement during the term of this Agreement. The County reserves the right to add and/or change such provisions as required by the County's Board of Supervisors or Chief Executive Officer. To implement such changes, an Amendment to the Agreement shall be prepared, agreed to and executed by the Contractor and by Contractor's authorized representative(s).

15.1.4 Notwithstanding the foregoing provisions of this Section 15.1 (Amendments), the Director of DPH, may at his/her sole discretion, authorize extensions of time as defined in Section 7.0 (Term of Agreement). The Contractor agrees that such extensions of time shall not change any other term or condition of this Agreement during the period of such extensions. To implement an extension of time, an Amendment to the Agreement shall be prepared and executed by the County and by Contractor's authorized representative(s).

15.2 Change Notice

For any change which is clerical or administrative in nature and/or does not affect any term or condition of this Agreement, a written change notice ("**Change Notice**") may be prepared and executed by the Director of DPH or designee.

15.3 Change Order

For any change which requires Contractor to incur any additional costs or expenses using Pool Dollars, including for Optional Work, a written change order ("**Change Order**") may be prepared and executed by the Director of DPH or designee and Contractor's authorized representative(s). County is specifically authorized to execute Change Orders for expenditure of Pool Dollars for acquisition of Optional Work

under the Agreement. Any requests for the expenditure of Pool Dollars must be approved in writing by the Director of DPH or designee.

15.4 Changes to the Project Schedule

Changes to Exhibit D (Project Schedule), which do not affect the Term of the Agreement, shall be made upon mutual agreement, in writing, by the County's Project Manager or designee and the Contractor's Project Manager by Change Notice or otherwise, provided that the County's Project Manager or designee and the Contractor's Project Manager agreement to alter the Project Schedule shall not prejudice either Party's right to claim that such alterations constitute an Amendment to this Agreement that shall be governed by the terms of Section 15.1 (Amendments) above.

16.0 SUBCONTRACTING

The requirements of this Agreement may **not** be subcontracted by the Contractor without the advance approval of the County. Any attempt by the Contractor to subcontract without the prior consent of the County may be deemed a material breach of this Agreement. If the Contractor desires to subcontract, the Contractor shall provide the following information promptly at the County's request:

a) A description of the work to be performed by the subcontractor;
b) A draft copy of the proposed subcontract; and
c) Other pertinent information and/or certifications requested by the County.

The Contractor shall indemnify and hold the County harmless with respect to the activities of each and every subcontractor in the same manner and to the same degree as if such subcontractor(s) were the Contractor employees. The Contractor shall remain fully responsible for all performances required of it under this Agreement, including those that the Contractor has determined to subcontract, notwithstanding the County's approval of the Contractor's proposed subcontract.

The County's consent to subcontract shall not waive the County's right to prior and continuing approval of any and all personnel, including subcontractor employees, providing services under this Agreement. The Contractor is responsible to notify its subcontractors of this County right. The Director of DPH or designee is authorized to act for and on behalf of the County with respect to approval of any subcontract and subcontractor employees. After approval of the subcontract by the County, Contractor shall forward a fully executed subcontract to the County for their files.

The Contractor shall be solely liable and responsible for all payments or other compensation to all subcontractors and their officers, employees, agents, and successors in interest arising through services performed hereunder, notwithstanding the County's consent to subcontract.

The Contractor shall obtain certificates of insurance, which establish that the subcontractor

maintains all the programs of insurance required by the County from each approved subcontractor. The Contractor shall ensure delivery of all such documents to the address set forth in Exhibit E.1 (County's Administration) for DPH's Contracts & Grants Section before any subcontractor employee may perform any work hereunder.

17.0 ASSIGNMENT AND DELEGATION/MERGERS OR ACQUISITIONS

The Contractor must notify the County of any pending acquisitions/mergers of its company unless otherwise legally prohibited from doing so. If the Contractor is restricted from legally notifying the County of pending acquisitions/mergers, then it should notify the County of the actual acquisitions/mergers as soon as the law allows and provide to the County the legal framework that restricted it from notifying the County prior to the actual acquisitions/mergers.

The Contractor must not assign, exchange, transfer, or delegate its rights or duties under this Agreement, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment, delegation, or otherwise transfer of its rights or duties, without such consent will be null and void. For purposes of this paragraph, County consent will require a written Amendment to the Agreement, which is formally approved and executed by the parties. Any payments by the County to any approved delegate or assignee on any claim under this Agreement will be deductible, at County's sole discretion, against the claims, which the Contractor may have against the County.

Any assumption, assignment, delegation, or takeover of any of the Contractor's duties, responsibilities, obligations, or performance of same by any person or entity other than the Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, will be a material breach of the Agreement which may result in the termination of this Agreement. In the event of such termination, County will be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor.

18.0 COMPLIANCE WITH APPLICABLE LAW

In the performance of this Agreement, Contractor shall comply with all applicable Federal, State and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures, and all provisions required thereby to be included in this Agreement are hereby incorporated herein by reference.

Contractor shall indemnify, defend, and hold harmless County, its officers, employees, and agents, from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses, including, without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or subcontractors, to comply with any such laws, rules, regulations, ordinances, directives, guidelines, policies, or procedures. Any legal defense pursuant to Contractor's indemnification obligations under this Section 18.0

(Compliance with Applicable Law) shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own outside counsel and shall be entitled to seek reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction or other equitable relief, or make any admission, in each case, on behalf of County without County's prior written approval.

19.0 USERS' FEEDBACK AND COMMENTS

The Contractor shall develop, maintain and operate procedures for receiving, investigating and responding to feedback and comments related to Contractor's obligations or performance under this Agreement. Within twenty (20) Business Days after Agreement Effective Date, the Contractor shall provide the County with the Contractor's policy for receiving, investigating and responding to user feedback and comments. The County will review the Contractor's policy and provide the Contractor with approval of said plan or with requested changes. If the County requests changes in the Contractor's policy, the Contractor shall make such changes and resubmit the plan within ten (10) Business Days for County approval. If, at any time, the Contractor wishes to change the Contractor's policy, the Contractor shall submit proposed changes to the County for approval before implementation.

The Contractor shall preliminarily investigate all feedback and comments and notify the County's Project Manager of the status of the investigation within 10 Business Days of receiving the feedback and comments. When feedback and comments cannot be resolved informally, a system of follow-through shall be instituted which adheres to formal plans for specific actions and strict time deadlines. Copies of all written responses shall be sent to the County's Project Manager within five (5) Business Days of mailing to the user.

20.0 COUNTY'S QUALITY ASSURANCE PLAN

The County or its agent(s) will monitor the Contractor's performance under this Agreement on not less than an annual basis. Such monitoring will include assessing the Contractor's compliance with all Agreement terms and conditions and performance standards. Contractor deficiencies which the County determines are significant or continuing and that may place performance of the Agreement in jeopardy if not corrected will be reported to the Board and listed in the appropriate contractor performance database. The report to the Board will include improvement/corrective action measures taken by the County and the Contractor. If improvement does not occur consistent with the corrective action measures, the County may terminate this Agreement or impose other penalties as specified in this Agreement.

21.0 DISCLOSURE OF INFORMATION

21.1 Publicity

The Contractor shall not disclose any details in connection with this Agreement to any person or entity except as may be otherwise provided hereunder or required by law. However, in recognizing the Contractor's need to identify its services and related clients to sustain itself, the County shall not inhibit the Contractor from publishing its role under this Agreement within the following conditions:

a) The Contractor shall develop all publicity material in a professional manner; and

b) During the Term of this Agreement, the Contractor shall not, and shall not authorize another to, publish or disseminate any commercial advertisements, press releases, feature articles, or other materials using the name of the County without the prior written consent of the County's Project Director. The County shall not unreasonably withhold written consent.

The Contractor may, without the prior written consent of County, indicate in its proposals and sales materials that it has been awarded this Agreement with the County of Los Angeles, provided that the requirements of this Section 21.1 (Publicity) shall apply.

Notwithstanding any other provision of this Agreement, either Party may disclose information about the other that: (i) is lawfully in the public domain at the time of disclosure; (ii) is disclosed with the prior written approval of the Party to which such information pertains; or (iii) is required by law to be disclosed.

21.2 Public Records Act

Any documents submitted by the Contractor; all information obtained in connection with the County's right to audit and inspect the Contractor's documents, books, and accounting records pursuant to Section 8.9 (Record Retention and Inspection/Audit Settlement) of this Agreement become a matter of public record and shall be regarded as public records. Exceptions will be those elements which are exempted under the California Government Code Section 6250 et seq. (Public Records Act) and which are marked "trade secret", "confidential", or "proprietary". The County shall not in any way be liable or responsible for the disclosure of any such records including, without limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.

In the event the County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked "trade secret", "confidential", or "proprietary", the Contractor agrees to defend and indemnify the County from all costs and expenses, including reasonable attorney's fees, in action or liability arising under the Public Records Act. Any legal defense pursuant to Contractor's indemnification obligations under this Section 21.2 shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding

sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County exercising its reasonable judgment, County shall be entitled to retain its own counsel and shall be entitled to seek reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

22.0 CONTRACTOR RESPONSIBILITY AND DEBARMENT

22.1 Responsible Contractor

A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the Agreement. It is the County's policy to conduct business only with responsible Contractors.

22.2 Chapter 2.202 of the County Code

The Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if the County acquires information concerning the performance of the Contractor on this or other contracts which indicates that the Contractor is not responsible, the County may, in addition to other remedies provided in the Agreement, debar the Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years but may exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing Contracts the Contractor may have with the County.

22.3 Non-responsible Contractor

The County may debar a Contractor if the Board of Supervisors finds, in its discretion, that the Contractor has done any of the following: (1) violated a term of a contract with the County or a nonprofit corporation created by the County, (2) committed an act or omission which negatively reflects on the Contractor's quality, fitness or capacity to perform a contract with the County, any other public entity, or a nonprofit corporation created by the County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against the County or any other public entity.

22.4 Contractor Hearing Board

22.4.1 If there is evidence that the Contractor may be subject to debarment, DPH will notify the Contractor in writing of the evidence which is the basis for the proposed

debarment and will advise the Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

22.4.2 The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. The Contractor and/or the Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether the Contractor should be debarred, and, if so, the appropriate length of time of the debarment. The Contractor and DPH shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

22.4.3 After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

22.4.4 If a Contractor has been debarred for a period longer than five (5) years, that Contractor may after the debarment has been in effect for at least five (5) years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. The County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that the Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of the County.

22.4.5 The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) the Contractor has been debarred for a period longer than five (5) years; (2) the debarment has been in effect for at least five (5) years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures as for a debarment hearing.

22.4.6 The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the

Contractor Hearing Board.

22.5 Subcontractors of Contractor

These terms shall also apply to subcontractors of County contractors.

23.0 INDEMNIFICATION

23.1 General Indemnification

The Contractor shall indemnify, defend and hold harmless the County, its Special Districts, elected and appointed officers, employees, agents and volunteers ("**County Indemnitees**") from and against any and all liability, including but not limited to demands, claims, actions, fees, costs and expenses (including attorney and expert witness fees), arising from and/or relating to this Agreement, except for such loss or damage arising from the sole negligence or willful misconduct of the County Indemnitees. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as County exercising its reasonable judgment, County shall be entitled to retain its own counsel and shall be entitled to seek reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction or other equitable relief, or make any admission on behalf of County without the County's prior written approval.

23.2 Intellectual Property Indemnification

23.2.1 Notwithstanding any provision to the contrary, whether expressly or by implication, Contractor shall indemnify, hold harmless, and defend County Indemnitees from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses, including, but not limited to, defense costs and legal, accounting, and other expert, consulting, or professional fees and attorney's fees, as such are incurred, for or by reason of any actual or alleged infringement of any third party's patent, copyright, or other intellectual property right, or any actual or alleged unauthorized trade secret disclosure or misappropriation, arising from or related to the County's use of the Solution in accordance with the terms of this Agreement, including all Licensed Software, Third Party Products, Services, Background Intellectual Property, Work Product, and/or Deliverables (collectively, the "**Indemnified Items**") (collectively referred to for purposes of this Section 23.2 (Intellectual Property Indemnification) as "**Infringement Claim(s)**"). Any legal defense pursuant to Contractor's indemnification obligations under this Section 23.2 (Intellectual Property Indemnification) shall be conducted by Contractor and performed by counsel selected by Contractor. Notwithstanding the foregoing, County shall have the right to participate in any such defense at its sole cost and expense.

23.2.2 County shall notify Contractor, in writing, as soon as practicable of any claim

or action alleging such infringement or unauthorized disclosure. If any Indemnified Item hereunder becomes the subject of an Infringement Claim under Section 23.2 (Intellectual Property Indemnification), or in the County's judgment, having its access and use of the System impaired as a result of a pending or threatened Infringement Claim, prior to adjudication of the claim, then, in addition to defending the claim and paying any damages and attorneys' fees as required above in Section 23.2 (Intellectual Property Indemnification), Contractor shall, at its option and in its sole discretion and at no cost to County, as remedial measures, either: (i) procure the right, by license or otherwise, for County to continue to use the Indemnified Items or affected component(s) thereof, pursuant to this Agreement; or (ii) replace or modify the Indemnified Items or component(s) thereof with another software, service, item, or component(s) thereof of at least equivalent quality and performance capabilities, in County's determination, until it is determined by County that the Indemnified Items and all components thereof become non-infringing, non-misappropriating, and non-disclosing (hereinafter collectively for the purpose of this Section 23.2 (Intellectual Property Indemnification), "**Remedial Act(s)**").

23.2.3 If Contractor fails to complete the Remedial Acts described in Section 23.2.2 above within forty-five (45) Days of the determination by County that its use and access will be impaired as above, or immediately following Final Determination of the claim (and such time has not been extended by County in writing) then, County shall have the right, at its sole option, to elect to (i) terminate this Agreement with regard to the infringing Indemnified Items for default pursuant to Section 10.2 (Termination for Default), in which case, Contractor shall reimburse County for all Implementation Fees paid by County to Contractor for the infringing Indemnified Items under the Agreement.

24.0 DAMAGE TO COUNTY FACILITIES BUILDINGS, OR GROUNDS

24.1 The Contractor will repair, or cause to be repaired, at its own cost, all damage to County facilities, buildings, or grounds caused by the Contractor or employees or agents of the Contractor. Such repairs must be made immediately after the Contractor has become aware of such damage, but in no event later than thirty (30) Days after the occurrence.

24.2 If the Contractor fails to make timely repairs, County may make any necessary repairs. All costs incurred by County, as determined by County, for such repairs must be repaid by the Contractor by cash payment upon demand.

25.0 GENERAL PROVISIONS FOR ALL INSURANCE COVERAGE

Without limiting Contractor's indemnification of County, and in the performance of this Agreement and until all of its obligations pursuant to this Agreement have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in Sections 25.0 (General Provisions for All Insurance Coverage) and 26.0 (Insurance Coverage) of this Agreement. These minimum insurance coverage terms,

types and limits (the "**Required Insurance**") also are in addition to and separate from any other contractual obligation imposed upon Contractor pursuant to this Agreement. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Agreement.

25.1 Evidence of Coverage and Notice to County

Certificate(s) of insurance coverage (Certificate) on a standard ACORD form validated by County, and a copy of an Additional Insured endorsement confirming County and its Agents (defined below) has been given insured status under the Contractor's General Liability policy, shall be delivered to County at the address referenced below and provided prior to commencing services under this Agreement.

Renewal Certificates shall be provided to County not less than 10 Days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or subcontractor insurance policies at any time.

Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Agreement by name or number, and be signed by an authorized representative of the insurer(s). The insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Agreement. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, its financial rating, the amounts of any policy deductibles or self-insured retentions exceeding fifty thousand ($50,000.00) dollars, and list any County required endorsement forms.

Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions.

Certificates and copies of any required endorsements shall be sent to the addresses set forth in Exhibit E.1 (County's Administration) for DPH's Contracts & Grants Section.

Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor. Contractor also shall promptly notify County of any third party claim or suit filed against Contractor or any of its subcontractors which arises from or relates to this Agreement, and could result in the filing of a claim or lawsuit against Contractor and/or County.

25.2 Additional Insured Status and Scope of Coverage

The County of Los Angeles, its Special Districts, elected officials, officers, agents, employees and volunteers (collectively "**County and its Agents**") shall be provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. County and its Agents additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions. The full policy limits and scope of protection also shall apply to the County and its Agents as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

25.3 Cancellation of or Changes in Insurance

Contractor shall provide County with, or Contractor's insurance policies shall contain a provision that County shall receive, written notice of cancellation or any change in Required Insurance, including insurer, limits of coverage, term of coverage or policy period. The written notice shall be provided to County at least ten (10) Days in advance of cancellation for non-payment of premium and thirty (30) Days in advance for any other cancellation or policy change. Failure to provide written notice of cancellation or any change in Required Insurance may constitute a material breach of the Agreement, in the sole discretion of the County, upon which the County may suspend or terminate this Agreement.

25.4 Failure to Maintain Insurance

Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Agreement, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Agreement. County, at its sole discretion, may obtain damages from Contractor resulting from said breach. Alternatively, the County may purchase the Required Insurance, and without further notice to Contractor, deduct the premium cost from sums due to Contractor or pursue Contractor reimbursement.

25.5 Insurer Financial Ratings

Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.

25.6 Contractor's Insurance Shall Be Primary

Contractor's insurance policies, with respect to any claims related to this Agreement, shall be primary with respect to all other sources of coverage available to Contractor. Any County maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.

25.7 Waivers of Subrogation

To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Agreement. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

25.8 Subcontractor Insurance Coverage Requirements

Contractor shall include all subcontractors as insureds under Contractor's own policies, or shall provide County with each subcontractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Sub-Contractor complies with the Required Insurance provisions herein, and shall require that each subcontractor name the County and Contractor as additional insureds on the subcontractor's General Liability policy. Contractor shall obtain County's prior review and approval of any subcontractor request for modification of the Required Insurance.

25.9 Deductibles and Self-Insured Retentions (SIRs)

Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

25.10 Claims Made Coverage

If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the Effective Date of this Agreement. Contractor understands and agrees it shall maintain such coverage for a period of not less than three (3) years following Agreement expiration, termination or cancellation.

25.11 Application of Excess Liability Coverage

Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.

25.12 Separation of Insureds

All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with

no insured versus insured exclusions or limitations.

25.13 Alternative Risk Financing Programs

The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements and captive insurance to satisfy the Required Insurance provisions. The County and its Agents shall be designated as an Additional Covered Party under any approved program.

25.14 Compensation for County Costs

In the event that Contractor fails to comply with any of the indemnification or insurance requirements of this Contract, and such failure to comply results in any costs to County, Contractor shall pay full compensation for all costs incurred by County.

25.15 County Review and Approval of Insurance Requirements

The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

26.0 INSURANCE COVERAGE

26.1 Commercial General Liability

Commercial General Liability insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming County and its Agents as an additional insured, with limits of not less than:

General Aggregate:	$2 million
Products/Completed Operations Aggregate:	$1 million
Personal and Advertising Injury:	$1 million
Each Occurrence:	$1 million

26.2 Automobile Liability

If during the term of this Agreement, Contractor uses autos in order to carry out its obligations under this Agreement, Contractor will secure Automobile Liability insurance (providing scope of coverage equivalent to ISO policy form CA 00 01) with limits of not less than $1 million for bodily injury and property damage, in combined or equivalent split limits, for each single accident. Insurance shall cover liability arising out of Contractor's use of autos pursuant to this Agreement, including owned, leased, hired, and/or non-owned autos, as each may be applicable.

26.3 Workers Compensation and Employers' Liability

Contractor shall maintain insurance, or qualified self-insurance, satisfying statutory requirements; including employers' liability coverage with limits of not less than $1 Million per accident. If Contractor will provide leased employees, or, is: (1) an employee leasing temporary staffing firm; or (2) a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer. Written notice shall be provided to the County at least ten (10) Days in advance of cancellation for non-payment of premium and thirty (30) Days in advance for any other cancellation or policy change. If applicable to Contractor's operations, coverage shall be arranged to satisfy the requirements of any federal workers or workmen's compensation law or any federal occupational disease law.

26.4 Technology Errors and Omissions

Insurance for liabilities arising from errors, omissions, or negligent acts in rendering or failing to render computer or information technology services and technology products. Coverage for violation of software copyright should be included. Technology services should at a minimum include (1) systems analysis; (2) systems programming; (3) data processing; (4) systems integration; (5) outsourcing including outsourcing development and design; (6) systems design, consulting, development and modification; (7) training services relating to computer software or hardware; (8) management, repair and maintenance of computer products, networks and systems; (9) marketing, selling, servicing, distributing, installing and maintaining computer hardware or software; (10) data entry, modification, verification, maintenance, storage, retrieval or preparation of data output, and any other services provided by the vendor with limits of not less than $3 million.

26.5 Privacy and Network Security (Cyber) Liability

The Contractor shall secure and maintain cyber liability insurance coverage with limits of $2 million per occurrence and $5 million in the aggregate during the term of the Agreement, including coverage for: network security liability; privacy liability; privacy regulatory proceeding, defense, response, expenses and fines; technology professional liability (errors and omissions); privacy breach expense reimbursement (liability arising from the loss or disclosure of County Information no matter how it occurs); system breach; denial or loss of service; introduction, implantation, or spread of malicious software code; unauthorized access to or use of computer systems; and data/information loss and business interruption; any other liability or risk that arises out of the Agreement. The Contractor shall add the County as an additional insured to its cyber liability insurance policy and provide to the County certificates of insurance evidencing the foregoing upon the County's request. The procuring of the insurance described herein, or delivery of the certificates of insurance described herein, shall not be construed as a limitation upon the Contractor's liability or as full performance of its indemnification obligations hereunder. No exclusion/restriction for

unencrypted portable devices/media may be on the policy.

27.0 DISPUTE RESOLUTION PROCEDURE

It is the intent of the Parties that all disputes arising under this Agreement be resolved expeditiously, amicably, and at the level within each Party's organization that is most knowledgeable about the disputed issue. The Parties understand and agree that the procedures outlined in this Section 27.0 (Dispute Resolution Procedure) are not intended to supplant the routine handling of inquiries and complaints through informal contact with their respective Project Managers. Accordingly, for purposes of the procedures set forth in this Section 27.0 (Dispute Resolution Procedure), a "dispute" shall mean any action, dispute, claim, or controversy of any kind, whether in Agreement or tort, statutory or common law, legal or equitable, now existing or hereafter arising under or in connection with, or in any way pertaining to this Agreement.

Contractor and County agree to act with urgency to mutually resolve any disputes which may arise with respect to this Agreement. All such disputes shall be subject to the provisions of this Section 27.0 (Dispute Resolution Procedure) (such provisions shall be collectively referred to as the "**Dispute Resolution Procedure**"). Time is of the essence in the resolution of disputes.

Notwithstanding any other provision of this Agreement, County's right to terminate this Agreement or to seek injunctive relief to enforce the provisions of Section 14.1 (Confidentiality) shall not be subject to this Dispute Resolution Procedure. The preceding sentence is intended only as a clarification of County's rights and shall not be deemed to impair any claims that County may have against Contractor or County's rights to assert such claims after any such termination or such injunctive relief has been obtained.

Contractor shall bring to the attention of the County's Project Manager and/or County's Project Director any dispute between the County and the Contractor regarding the performance of Services and other work as stated in this Agreement.

In the event of the occurrence of any dispute arising out of or relating to this Agreement or any SOW or any services performed hereunder, either party may, by written notice to the other, have such dispute referred to the respective senior management of each Party. If they shall be unable to resolve the dispute by good faith negotiations by their senior management within thirty (30) days of the disputing party's notice, then the parties may agree to pursue mediation, or seek all available remedies at law or pursuant to this Agreement. Notwithstanding the foregoing, each Party shall be entitled to seek injunctive relief and specific performance in any court or arbitral tribunal without waiting for the expiration of any such thirty (30) day period.

28.0 MISCELLANEOUS

28.1 Prohibition Against Inducement or Persuasion

Notwithstanding the above, the Contractor and the County agree that, during the term of this Agreement and for a period of one year thereafter, neither Party shall in any way intentionally induce or persuade any employee of one Party to become an employee or agent of the other Party. No bar exists against any hiring action initiated through a public announcement.

28.2 Conflict of Interest

28.2.1 No County employee whose position with the County enables such employee to influence the award of this Agreement or any competing Agreement, and no spouse or economic dependent of such employee, shall be employed in any capacity by the Contractor or have any other direct or indirect financial interest in this Agreement. No officer or employee of the Contractor who may financially benefit from the performance of work hereunder shall in any way participate in the County's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence the County's approval or ongoing evaluation of such work.

28.2.2 The Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Agreement. The Contractor warrants that it is not now aware of any facts that create a conflict of interest. If the Contractor hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to the County. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances. Failure to comply with the provisions of this Section 28.2 (Conflict of Interest) shall be a material breach of this Agreement.

28.3 Force Majeure

28.3.1 Subject to this Section 28.3 (Force Majeure), neither Party shall be liable for such Party's failure to perform its obligations under and in accordance with this Agreement, if such failure arises out of fires, floods, epidemics, quarantine restrictions, other natural occurrences, strikes, lockouts (other than a lockout by such Party or any of such Party's subcontractors), freight embargoes, or other similar events to those described above, but in every such case the failure to perform must be totally beyond the control and without any fault or negligence of such Party (such events are referred to in this Section 28.3 (Force Majeure) as "**Force Majeure Events**").

28.3.2 Notwithstanding the foregoing, a default by a subcontractor of Contractor shall not constitute a Force Majeure Event, unless such default arises out of causes beyond the control of both Contractor and such subcontractor, and without any fault or negligence of either of them. In such case, Contractor shall not be liable for failure to perform, unless the goods or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit Contractor to meet the required performance schedule. As used in this Section 28.3 (Force Majeure), the term "subcontractor" and "subcontractors" mean subcontractors at any tier.

28.3.3 In the event Contractor's failure to perform arises out of a Force Majeure Event, Contractor agrees to use commercially reasonable efforts to obtain goods or services from other sources, if applicable, and to otherwise mitigate the damages and reduce the delay caused by such Force Majeure Event.

28.3.4 In the event a Force Majeure Event continues for more than five (5) Business Days, County may terminate this Agreement by providing written notice to Contractor. Notwithstanding the foregoing, a Force Majeure Event will not relieve Contractor of its obligations under Exhibit B (Service Level Agreement), Section 4.9 (Disaster Recovery/Business Continuity) and will not relieve either Party of its respective obligations under Section 14.1 (Confidentiality).

28.4 Notice of Delays

Except as otherwise provided under this Agreement, when either Party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Agreement, that Party shall, promptly give notice thereof, (and without limiting Contractor's obligation of prompt notification, in any event no later than fifteen (15) Days following such determination) including all relevant information with respect thereto, to the other Party.

28.5 Notices

All notices or demands required or permitted to be given or made under this Agreement shall be in writing and shall be hand delivered with signed receipt or mailed by first-class registered or certified mail, postage prepaid, addressed to the Parties as identified in Exhibit E (Administration of Agreement). Addresses may be changed by either Party giving ten (10) Days' prior written notice thereof to the other Party.

28.6 Governing Law, Jurisdiction, and Venue

This Agreement shall be governed by, and construed in accordance with, the laws of the State of California. The Contractor agrees and consents to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Agreement and further agrees and consents that venue of any action brought hereunder shall be exclusively in the County of Los Angeles.

28.7 Independent Contractor Status

28.7.1 This Agreement is by and between the County and the Contractor and is not intended, and shall not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or association, as between the County and the Contractor. The employees and agents of one Party shall not be, or be construed to be, the employees or agents of the other Party for any purpose whatsoever.

28.7.2 The Contractor shall be solely liable and responsible for providing to, or on behalf of, all persons performing work pursuant to this Agreement all compensation and benefits. The County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of the Contractor.

28.7.3 The Contractor understands and agrees that all persons performing work pursuant to this Agreement are, for purposes of Workers' Compensation liability, solely employees of the Contractor and not employees of the County. The Contractor shall be solely liable and responsible for furnishing any and all Workers' Compensation benefits to any person as a result of any injuries arising from or connected with any work performed by or on behalf of the Contractor pursuant to this Agreement.

28.7.4 The Contractor shall adhere to the provisions stated in Section 14.1 (Confidentiality).

28.8 Validity

If any provision of this Agreement or the application thereof to any person or circumstance is held invalid, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected thereby.

28.9 Waiver

No waiver by the County of any breach of any provision of this Agreement shall constitute a waiver of any other breach or of such provision. Failure of the County to enforce at any time, or from time to time, any provision of this Agreement shall not be construed as a waiver thereof. The rights and remedies set forth in this Section 28.9 (Waiver) shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

28.10 Non Exclusivity

Nothing herein is intended nor shall be construed as creating any exclusive arrangement with the Contractor. This Agreement shall not restrict County from acquiring similar, equal or like goods and/or services from other entities or sources.

28.11 Counterparts and Electronic Signature and Representations

This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement. The facsimile, email or electronic signature of the Parties shall be deemed to constitute original signatures, and facsimile or electronic copies hereof shall be

deemed to constitute duplicate originals. The County and the Contractor hereby agree to regard electronic representations of original signatures of authorized officers of each party, when appearing in appropriate places on the Amendments prepared pursuant to Section 15.0 (Changes to Agreement) and received via communications facilities, (e.g., facsimile, email or electronic signature), as legally sufficient evidence that such legally binding signatures have been affixed to Amendments to this Agreement.

28.12 Severability

If any provision of this Agreement or the application thereof to any person or circumstance is held invalid, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected thereby.

28.13 Agreement Drafted by All Parties

This Agreement is the result of arm's length negotiations between the Parties. Consequently, each Party has had the opportunity to receive advice from independent counsel of its own choosing. This Agreement shall be construed to have been drafted by all parties such that any ambiguities in this Agreement shall not be construed against either Party.

28.14 No Third Party Beneficiaries

Notwithstanding any other provision of this Agreement, the Contractor and County do not in any way intend that any person or entity shall acquire any rights as a third party beneficiary of this Agreement, except that this provision shall not be construed to diminish the Contractor's indemnification obligations hereunder.

28.15 Contractor Performance During Civil Unrest or Disaster

The Contractor recognizes that emergency systems such as the System are of particular importance at the time of a riot, insurrection, civil unrest, natural disaster, or similar event. Notwithstanding any other provision of this Agreement, including Section 28.3 (Force Majeure), full performance by Contractor during any riot, insurrection, civil unrest, natural disaster or similar event is not excused if such performance remains physically possible. Failure to comply with this requirement shall be considered a material breach by Contractor for which County may immediately terminate this Agreement.

29.0 ADDITIONAL TERMS

29.1 Time Off for Voting

The Contractor shall notify its employees, and shall require each subcontractor to

notify and provide to its employees, information regarding the time off for voting law (Elections Code Section 14000). Not less than 10 Days before every statewide election, every Contractor and subcontractors shall keep posted conspicuously at the place of work, if practicable, or elsewhere where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of Section 14000.

29.2 Recycled Bond Paper

Consistent with the Board of Supervisors' policy to reduce the amount of solid waste deposited at the County landfills, the Contractor agrees to use recycled- content paper to the maximum extent possible on this Agreement.

29.3 Contractor's Acknowledgement of County's Commitment to the Safely Surrendered Baby Law

The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all County Contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business located within Los Angeles County. The Contractor will also encourage its subcontractors, if any, to post this poster in a prominent position in the subcontractor's place of business located within Los Angeles County.

Information as to how to receive the poster can be found on the Internet at: https://lacounty.gov/residents/family-services/child-safety/safe-surrender/.

29.4 Notice to Employees Regarding the Safely Surrendered Baby Law

The Contractor shall notify and provide to its employees located within Los Angeles County, and shall require each subcontractor to notify and provide to its employees located within Los Angeles County, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. The fact sheet is set forth in Exhibit H (Safely Surrendered Baby Law) of this Agreement and is also available on the Internet at https://lacounty.gov/residents/family-services/child-safety/safe-surrender/ for printing purposes.

29.5 Notice to Employees Regarding the Federal Earned Income Credit

The Contractor shall notify its employees, and shall require each subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the Federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice No. 1015.

29.6 Fair Labor Standards

The Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act and shall indemnify, defend, and hold harmless the County and its agents, officers, and employees from any and all liability, including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys' fees arising under any wage and hour law, including, but not limited to, the Federal Fair Labor Standards Act, for work performed by the Contractor's employees for which the County may be found jointly or solely liable. Any legal defense pursuant to Contractor's indemnification obligations under this Section 29.6 shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County exercising its reasonable judgment, County shall be entitled to retain its own counsel and shall be entitled to seek reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

29.7 Compliance with Civil Rights Laws

The Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000 (e) (1) through 2000 (e) (17), to the end that no person shall, on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Agreement or under any project, program, or activity supported by this Agreement.

29.8 Warranty Against Contingent Fees

29.8.1 The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Agreement upon any contract or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business.

29.8.2 For breach of this warranty, the County shall have the right to terminate this Agreement and, at its sole discretion, deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

29.9 Contractor's Warranty of Adherence to County's Child Support Compliance Program

29.9.1 The Contractor acknowledges that the County has established a goal of

ensuring that all individuals who benefit financially from the County through contract are in compliance with their court-ordered child, family and spousal support obligations in order to mitigate the economic burden otherwise imposed upon the County and its taxpayers.

29.9.2 As required by the County's Child Support Compliance Program (County Code Chapter 2.200) and without limiting the Contractor's duty under this Agreement to comply with all applicable provisions of law, the Contractor warrants that it is now in compliance and shall during the term of this Agreement maintain in compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child, Family or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b).

29.10 Termination for Breach of Warranty to Maintain Compliance with County's Child Support Compliance Program

Failure of the Contractor to maintain compliance with the requirements set forth in Section 29.9 (Contractor's Warranty of Adherence to County's Child Support Compliance Program), shall constitute default under this Agreement. Without limiting the rights and remedies available to the County under any other provision of this Agreement, failure of the Contractor to cure such default within ninety (90) Days of written notice shall be grounds upon which the County may terminate this Agreement pursuant to Section 10.2 (Termination for Default) and pursue debarment of the Contractor, pursuant to County Code Chapter 2.202.

29.11 Warranty of Compliance with County's Defaulted Property Tax Reduction Program

Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from County through contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this Agreement will maintain compliance, with Los Angeles County Code Chapter 2.206.

29.12 Termination for Breach of Warranty to Maintain Compliance with County's Defaulted Property Tax Reduction Program

Failure of Contractor to maintain compliance with the requirements set forth in Section 29.11 (Warranty of Compliance with County's Defaulted Property Tax

Reduction Program) shall constitute default under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure of Contractor to cure such default within 10 Days of notice shall be grounds upon which County may terminate this Agreement and/or pursue debarment of Contractor, pursuant to County Code Chapter 2.206.

29.13 Compliance with the County's Jury Service Program

29.13.1 Jury Service Program

This Agreement is subject to the provisions of the County's ordinance entitled Contractor Employee Jury Service ("**Jury Service Program**") as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code, which is incorporated by reference into and made a part of this Agreement.

29.13.2 Written Employee Jury Service Policy.

Unless the Contractor has demonstrated to the County's satisfaction either that the Contractor is not a "Contractor" as defined under the Jury Service Program (Section 2.203.020 of the County Code) or that the Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of the County Code), the Contractor shall have and adhere to a written policy that provides that its Employees shall receive from the Contractor, on an annual basis, no less than five Days of regular pay for actual jury service. The policy may provide that Employees deposit any fees received for such jury service with the Contractor or that the Contractor deduct from the Employee's regular pay the fees received for jury service.

For purposes of this Section 29.13 (Compliance with the County's Jury Service Program), "Contractor" means a person, partnership, corporation or other entity which has a contract with the County or a subcontract with a County Contractor and has received or will receive an aggregate sum of $50,000 or more in any 12-month period under one or more County contracts or subcontracts. "Employee" means any California resident who is a full-time employee of the Contractor. "Full- time" means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of 90 Days or less within a 12- month period are not considered full-time for purposes of the Jury Service Program. If the Contractor uses any subcontractor to perform services for the County under the Agreement, the subcontractor shall also be subject to the provisions of this Section 29.13 (Compliance with the County's Jury Service Program). The provisions of this Section 29.13 (Compliance with the County's Jury Service Program) shall be inserted into any such subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.

29.13.3 If the Contractor is not required to comply with the Jury Service Program when the Agreement commences, the Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and the Contractor shall immediately notify the County if the Contractor at any time either comes within the Jury Service Program's definition of "Contractor" or if the Contractor no longer qualifies for an exception to the Jury Service Program. In either event, the Contractor shall immediately implement a written policy consistent with the Jury Service Program. The County may also require, at any time during the Agreement and at its sole discretion, that the Contractor demonstrate, to the County's satisfaction that the Contractor either continues to remain outside of the Jury Service Program's definition of "Contractor" and/or that the Contractor continues to qualify for an exception to the Program.

29.13.4 Contractor's violation of this Section 29.13 (Compliance with the County's Jury Service Program) of the Agreement may constitute a material breach of the Agreement. In the event of such material breach, County may, in its sole discretion, terminate the Agreement and/or bar the Contractor from the award of future County contracts for a period of time consistent with the seriousness of the breach.

29.14 Restrictions on Lobbying

If any Federal funds are to be used to pay for Contractor's services under this Agreement, Contractor shall fully comply with all certification and disclosure requirements prescribed by Section 319 of Public Law 101-121 (31 United States Code Section 1352) and any implementing regulations, and shall ensure that each of its subcontractors receiving funds provided under this Agreement also fully complies with all such certification and disclosure requirements.

29.15 Consideration of Hiring County Employees Targeted for Layoff or are on a County Re- Employment List

Should the Contractor require additional or replacement personnel after the Effective Date of this Agreement to perform the services set forth herein, the Contractor shall give first consideration for such employment openings to qualified, permanent County employees who are targeted for layoff or qualified, former County employees who are on a re-employment list during the life of this Agreement.

29.16 Consideration of Hiring GAIN/START Participants

29.16.1 Should the Contractor require additional or replacement personnel after the Effective Date of this Agreement, the Contractor will give consideration for any such employment openings to participants in the County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program or Skills and Training to Achieve Readiness for Tomorrow (START) Program who meet the contractor's

minimum qualifications for the open position. For this purpose, consideration will mean that the Contractor will interview qualified candidates. The County will refer GAIN/START participants by job category to the Contractor. Contractors must report all job openings with job requirements to: gainstart@dpss.lacounty.gov and BSERVICES@OPPORTUNITY.LACOUNTY.GOV and DPSS will refer qualified GAIN/START job candidates.

29.16.2 In the event that both laid-off County employees and GAIN/START participants are available for hiring, County employees shall be given first priority.

29.17 Nondiscrimination and Affirmative Action

29.17.1 The Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and shall be treated equally without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable Federal and State anti-discrimination laws and regulations.

29.17.2 The Contractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable Federal and State anti-discrimination laws and regulations. Such action shall include, but is not limited to: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

29.17.3 The Contractor certifies and agrees that it will deal with its subcontractors, bidders, or vendors without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation.

29.17.4 The Contractor certifies and agrees that it, its affiliates, subsidiaries, or holding companies shall comply with all applicable Federal and State laws and regulations to the end that no person shall, on the grounds of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Agreement or under any project, program, or activity supported by this Agreement.

29.17.6 If the County finds that any provisions of this Section 29.17 (Nondiscrimination and Affirmative Action) have been violated, such violation shall constitute a material breach of this Agreement upon which the County may terminate or suspend this Agreement. While the County reserves the right to determine independently that the anti- discrimination provisions of this Agreement have been

violated, in addition, a determination by the California Fair Employment and Housing Commission or the Federal Equal Employment Opportunity Commission that the Contractor has violated Federal or State anti- discrimination laws or regulations shall constitute a finding by the County that the Contractor has violated the anti-discrimination provisions of this Agreement.

29.17.7 The Parties agree that in the event the Contractor violates any of the anti-discrimination provisions of this Agreement, the County shall, at its sole option, be entitled to the sum of Five Hundred Dollars ($500) for each such violation pursuant to California Civil Code Section 1671 as liquidated damages in lieu of terminating or suspending this Agreement.

29.18 Federal Access to Records

If, and to the extent that, Section 1861(v) (1) (I) of the Social Security Act [42 United States Code ("U.S.C.") Section 1395x(v) (1) (I)] is applicable, Contractor agrees that for a period of seven (7) years following the furnishing of services under this Contract, Contractor shall maintain and make available, upon written request, to the Secretary of the United States Department of Health and Human Services or the Comptroller General of the United States, or to any of their duly authorized representatives, the contracts, books, documents, and records of Contractor which are necessary to verify the nature and extent of the cost of services provided hereunder. Furthermore, if Contractor carries out any of the services provided hereunder through any subcontract with a value or cost of ten thousand dollars ($10,000) or more over a 12-month period with a related organization (as that term is defined under Federal law), Contractor agrees that each such subcontract shall provide for such access to the subcontract, books, documents, and records of the subcontractor.

29.19 Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (45 C.F.R. Part 76)

Contractor hereby acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible, or excluded from securing federally funded contracts. By executing this Agreement, Contractor certifies that neither it nor any of its owners, officers, partners, directors, other principals, are currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Further, by executing this Agreement, Contractor certifies that, to its knowledge, none of its subcontractors, at any tier, or any owner, officer, partner, director, or other principal, of any subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor shall immediately notify County in writing, during the term of this Agreement, should it or any of its subcontractors or any principals of either being suspended, debarred, ineligible, or excluded from securing federally funded contracts. Failure of Contractor to comply with this provision shall constitute a material breach of this Agreement upon which the County may immediately terminate or suspend this Agreement.

29.20 Contractor's Exclusion from Participating in a Federally Funded Program

29.20.1 Contractor hereby warrants that neither it nor any of its staff members is restricted or excluded from providing services under any health care program funded by the federal government, directly or indirectly, in whole or in part, and that Contractor will notify Director within 30 calendar days in writing of: (1) any event that would require Contractor or a staff member's mandatory exclusion from participation in a federally funded health care program; and, (2) any exclusionary action taken by any agency of the federal government against Contractor or one or more staff members barring it or the staff members from participation in a federally funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

29.20.2 Contractor shall indemnify and hold County harmless against any and all loss or damage County may suffer arising from any federal exclusion of Contractor or its staff members from such participation in a federally funded health care program.

29.20.3 Failure by Contractor to meet the requirements of this Paragraph shall constitute a material breach of contract upon which County may immediately terminate or suspend this Contract.

29.21 Compliance with County's Zero Tolerance Human Trafficking

29.21.1 The Contractor acknowledges that the County has established a Zero Tolerance Human Trafficking Policy prohibiting Contractors from engaging in human trafficking.

29.21.2 If a Contractor or member of the Contractor's staff is convicted of a human trafficking offense, the County shall require that the Contractor or member of the Contractor's staff be removed immediately from performing services under this Agreement. The County will not be under any obligation to disclose confidential information regarding the offenses other than those required by law.

29.21.3 Disqualification of any member of the Contractor's staff pursuant to this Section 29.22 (Compliance with County's Zero Tolerance Human Trafficking) shall not relieve the Contractor of its obligation to complete all work in accordance with the terms and conditions of this Agreement.

29.22 Compliance with Fair Chances Employment Practices

If applicable, Contractor, and its subcontractors, must comply with fair chance employment hiring practices set forth in California Government Code Section 12952. Contractor's violation of this Section of the Agreement may constitute a material breach of the Agreement. In the event of such material breach, County may, in its sole discretion, terminate the Agreement.

29.23 Compliance with County's Policy of Equity

Contractor acknowledges that the County takes its commitment to preserving the dignity and professionalism of the workplace very seriously, as set forth in the County Policy of Equity ("**CPOE**") (https://ceop.lacounty.gov/). Contractor further acknowledges that the County strives to provide a workplace free from discrimination, harassment, retaliation and inappropriate conduct based on a protected characteristic, and which may violate the CPOE. Contractor, its employees and subcontractors acknowledge and certify receipt and understanding of the CPOE. Failure of Contractor, its employees or its subcontractors to uphold the County's expectations of a workplace free from harassment and discrimination, including inappropriate conduct based on a protected characteristic, may subject Contractor to termination of contractual agreements as well as civil liability.

29.24 Prohibition from Participation in Future Solicitations

A proposer, or a contractor or its subsidiary or subcontractor (in this Section 29.24, "Proposer/Contractor"), is prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Contractor has provided advice or consultation for the solicitation. A Proposer/Contractor is also prohibited from submitting a bid or proposal in a County solicitation if the Proposer/Contractor has developed or prepared any of the solicitation materials on behalf of the County. A violation of this provision will result in the disqualification of the Contractor/Proposer from participation in the County solicitation or the termination or cancellation of any resultant County contract. This provision will survive the expiration, or other termination of this Agreement.

29.25 Campaign Contribution Prohibition Following Final Decision in Agreement Proceeding

Pursuant to Government Code Section 84308, Contractor and its Subcontractors, are prohibited from making a contribution of more than $250 to a County officer for twelve (12) months after the date of the final decision in the proceeding involving this Contract. Failure to comply with the provisions of Government Code Section 84308 and of this paragraph, may be a material breach of this Contract as determined in the sole discretion of the County.

29.26 Compliance with County's Women in Technology Hiring Initiative

At the direction of the Board, the County has established a "Women in Technology" (WIT) Hiring Initiative focused on recruiting, training, mentoring and preparing all genders, including women, at-risk youth, and underrepresented populations (program participants) for County Information Technology (IT) careers. In support of the subject initiative, IT contractors currently offering certification, training, and/or mentoring programs must make such program(s) available to WIT program participants, if feasible. Contractors must report such programs available to: WITProgram@isd.lacounty.gov.

29.27 Survival

In addition to any provisions of this Agreement which specifically state that they will survive the termination or expiration of this Agreement and any rights and obligations under this Agreement which by their nature should survive, the following Sections shall survive any termination or expiration of this Agreement:

Section 3.0 (Licensed Software and Intellectual Property)

Section 8.2 (No Payment for Services Provided Following Expiration/Termination of Agreement)

Section 8.10 (Record Retention and Inspection/Audit Settlement)

Section 10.8 (Effect of Termination)

Section 10.9 (Termination Transition Services)

Section 12.6.2

Section 14.1 (Confidentiality)

Section 14.4 (Data Destruction)

Section 14.6 (Indemnification)

Section 14.7 (Remedies)

Section 16.0 (Subcontracting)

Section 18.0 (Compliance with Applicable Law)

Section 21.2 (Public Records Act)

Section 23.0 (Indemnification)

Section 25.0 (General Provisions for All Insurance Coverage)

Section 26.0 (Insurance Coverage)

Section 27.0 (Dispute Resolution Procedure)

Section 28.0 (Miscellaneous)

29.4 (Prohibition from Participation in Future Solicitations)

29.7 (Survival)

[Signature Page Follows]

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be executed by the County's Director of the Department of Public Health and Contractor has caused this Agreement to be executed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

RDE SYSTEM SUPPORT GROUP, LLC

By _____
Signature

_____
Printed Name

_____
Title

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
DAWYN R. HARRISON

County Counsel

By _____
Truc L. Moore, Principal Deputy County Counsel

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Public Health

By_____
Contracts and Grants Division Management

EXHIBIT A

STATEMENT OF WORK

1.0 INTRODUCTION

The Department of Public Health's Division of HIV and STD Programs (collectively, "DPH") is charged with developing and managing public health surveillance and programmatic responses to HIV in Los Angeles County (LAC). As of 2023, the LAC Eligible Metropolitan Area (EMA) was home to an estimated 57,000 people living with HIV (PLWH) (diagnosed and undiagnosed) —the second largest number of PLWH amongst the 52 Ryan White Program (RWP) Part A jurisdictions. LAC spans over 4,000 square miles and includes 26 health districts and a mix of urban, suburban and rural areas. With a population of approximately 10 million residents, many of them recent immigrants, LAC is amongst the most ethnically and economically diverse regions in the nation.

DPH provides HIV prevention and care services through more than 100 contracted community partners including hospitals, Federally Qualified Health Centers (FQHC), community clinics, and non-profit community-based organizations. In addition to providing screening and treatment of HIV and STDs, DPH's contracted entities provide five core and seven support services tied to HIV medical care for uninsured or underinsured PLWH including outpatient/ambulatory care (AOM), home and community-based health, mental health, oral health, medical case management/medical care coordination (MCC), non-medical case management (Benefits Specialty Services and Transitional Case Management-Jails), nutritional support, housing, medical transportation, legal, linguistic, and child care services. Services are contracted through a mix of cost-reimbursement, pay-for-performance, and fee-for-service structures.

Delivering these services effectively across hundreds of service delivery sites in the most populous County in the U.S. demands a data system/solution that provides user-friendly data collection for both direct entry and electronic health record (EHR) interfaces, efficient contract management and billing for our contracted community partners, client insurance eligibility, as well as reporting to the County's granters, the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA).

2.0 SCOPE SUMMARY

The County is in need of a state-of-the-art fully integrated SaaS solution that will allow it to continue to deliver the services described above, and has contracted with Contractor to provide the e2LosAngeles System (or "System"). This Exhibit A (Statement of Work) sets forth the tasks, subtasks, Deliverables, Services and other work to be provided by the Contractor pursuant to this Agreement, and includes implementation work to deliver the System pursuant to six (6) phases as summarized below:

Phase 1: Ryan White Program and Medical Care Coordination Version 1

Phase 2: Fiscal and Procurement Data system Enhancements

Phase 3: e2Training Data System Integration

Phase 4: Ryan White Program and Medical Care Coordination Version 2

Phase 5: e2Prevention Integrated Prevention Data System

Phase 6: e2Community Client Survey Data System

3.0 ADMINISTRATION

This project will be overseen and monitored by DPH, County Project Director and County Project Manager, all of whom will monitor Contractor activities, personnel and progress on this project pursuant to the Agreement. This project is being undertaken with the following responsibilities, including but not limited to the following:

3.1 County Resources

County will provide the following:

3.1.1 County's Project Director

The County's Project Director is responsible for oversight of the Agreement, and will oversee Contractor's performance on the Agreement. County's Project Director will have the authority to commit County resources to address all needs and responsibilities addressed in the Agreement. County Project Director may designate the County Project Manager as such person's designee.

3.1.2 County's Project Manager

The County's Project Manager will report directly to the County's Project Director. The County's Project Manager will serve as the primary point-of-contact between the County's Project Director and the Contractor. The County's Project Manager is responsible for the overall day-to-day management and coordination to ensure that all Deliverables and other requirements are completed successfully and that all Agreement dates are met, including but not limited to, conducting scheduled meetings with Contractor to address System implementation and management.

3.1.3 Designated County Staff

Staff responsible for certain project activities and/or who are subject matter experts (SMEs), as determined by County's Project Director and/or County Project Manager, and who will timely work with Contractor staff, provide certain subject matter expertise, and act as additional resources for workgroups, requirements validation, testing, and review of Deliverables and other work. Staff will provide appropriate knowledge transfer to the Contractor regarding County's existing systems, requirements, policies, and procedures.

3.2 Contractor Furnished Items

Unless expressly stated otherwise, Contractor will provide the System, all tasks, subtasks, Deliverables, Services, and other work to perform and complete such work as is set forth in the Agreement, including this Statement of Work. The purchase of all materials/equipment to provide the needed services is the responsibility of the Contractor. Contractor will use materials and equipment that are safe for the environment and safe for use by its employees and County personnel.

3.3 Contractor Personnel

Contractor will provide staff with the professional background, experience, and expertise necessary to perform the work required in this Statement of Work. All staff provided by Contractor will be qualified in accordance with all applicable Federal, State, and local laws, ordinances, regulations, and requirements.

3.4 Contractor Resources: Key Staff

The Contractor will provide sufficient and qualified/experienced staff to perform all work in accordance with this Statement of Work. The Contractor will provide technical support within the designated hours. The Contractor will provide the following key staff, which will be part of Contractor's project management team. All proposed staff must perform and render all Services within the continental United States.

3.4.1 Contractor Project Director

Will be a full-time employee of the Contractor responsible for the Contractor's overall performance of the Agreement and will have the authority to commit resources of the Contractor to address all needs and requirements addressed in the Agreement. The Contractor's Project Director must be employed by the Contractor and have more than five (5) years of related experience on similar projects (size, scope, and complexity). Contractor Project Director may designate the Contractor Project Manager as such person's designee.

3.4.2 Contractor's Project Manager

Will be a full-time employee of the Contractor and will be assigned to the Project. The Contractor's Project Manager will report directly to the Contractor's Project Director. The Contractor's Project Manager will serve as the primary point-of-contact between the County's Project Manager and the Contractor. The Contractor's Project Manager is responsible for the overall day-to-day management and coordination to ensure that all Deliverables and other requirements are completed successfully and that all Agreement dates are met. The Contractor's Project Manager will have full authority to act on behalf of the Contractor on all matters relating to the daily operation of the Agreement. The Contractor's Project Manager will be able to effectively communicate in English, both orally and in writing. The County must have access to the Contractor's Project Manager, either on-site or telephonically, from 8:00 a.m. to 4:00 p.m. PST, Monday through Friday. The Contractor's Project Manager must be employed by the Contractor and have more than five (5) years of related experience on similar projects (size, scope, and complexity).

4.0 TASKS AND DELIVERABLES

Throughout the Agreement Term, under the direction of the County Project Manager, the Contractor will apply requisite technical and management skills and techniques to assure satisfactory, timely completion of project tasks and Deliverables, and establish a project control

and reporting system which will provide routine and realistic assessments of progress against requirements of this Exhibit A (Statement of Work).

Contractor will provide one (1) electronic copy of all final versions of Hardcopy Deliverables, as applicable. The County's right to approve all Deliverables and other work, as set forth in this Contract, will not be limited in any way by the contents of any prior approved Deliverable by the County. Deliverables must be approved by County's Project Manager. In general, County requires a minimum of ten (10) business days to review each Deliverable, with a corresponding minimum ten (10) business days resolution period for Contractor to correct any Deficiencies regarding the Deliverable. However, Contractor and the County acknowledge and agree that some Deliverables may require a more extensive review and resolution. Contractor will identify such Deliverables and schedule Deliverable review/resolution periods accordingly in its proposed Project Plan for each Phase. County reserves the right to increase the review period prior to its final approval of the proposed Project Plan.

Each Deliverable described in Paragraph 4.0 (Task and Deliverables) will be deemed accepted upon County's formal approval of the Acceptance Certificate included at Exhibit A.6 (Acceptance Certificate), which will be submitted upon completion of each Deliverable, unless stated otherwise. Contractor will carry out the activities described in this Statement of Work. Deliverables will be reviewed and approved, in writing, by the County Project Manager, pursuant to the Acceptance Certificate.

4.1 PROJECT INITIATION AND PROJECT MANAGEMENT

Before Contractor may begin work on Phases 1-6, Contractor will complete the tasks, subtasks, and Deliverables below, and provide the needed project management to successfully perform on this Agreement.

4.1.1 Task 1: Project Plan and Disaster Recovery

The objective of this task is to ensure that adequate planning and project management are dedicated to this project. The Contractor will, in coordination with County oversight, provide project management, planning, monitoring, supervision, tracking, and control for all project activities during the term of the Agreement. The Contractor will employ good project management standards and practices in the performance of all work.

4.1.1.1 Subtask 1.1: Develop High Level Project Plan Document for all Phases

Contractor will provide a high-level Project Plan describing the tasks required to implement the System. This task will include the creation of a Project Plan Document (PPD). The PPD will be comprised of:

1. High-level Project Schedule listing anticipated start and end dates, anticipated durations, and dependencies for each Project Phase and cycle. The Project Schedule will include:

    - Overview of each Phase of the project;
    - Anticipated start date and completion date of each Phase;

- Proposed high-level project milestones for each Phase.
- What contingent work is needed to start and complete each Phase, if any; and
- Roles and responsibilities for the Contractor and County.

2. Project Governance Document that includes the following plans:

- Risk Management Plan – This plan will document Contractor's approach to risk analysis (e.g., the evaluation of risks and risk interactions to assess the range of possible project outcomes), risk mitigation (e.g., the identification of ways to minimize or eliminate project risks), and risk tracking/control (e.g., a method to ensure that all steps of the risk management process are being followed and, risks are being mitigated effectively). The plan shall have a clearly established process for problem escalation and shall be updated, as needed, through the term of the Agreement.
- Change Management Plan – This plan will discuss Contractor's approach to configuration management and change management. Changes, in this context, refer to changing the functionality of the System or adding additional functionality (e.g., changes to the project scope). The plan shall ensure that the impacts and rationale for each change are analyzed and coordinated prior to being approved. The change management process may vary from item to item, as determined by the County's Project Director.
- Quality Assurance Plan – This plan will discuss Contractor's quality assurance (QA) methodology and practices, and how it will implement QA measures that allow the delivery of high-quality Deliverables to the County for review and approval.
- Communication Plan – This plan will discuss Contractor's approach to project communications.

4.1.1.1.1 Deliverable 1.1: High-Level Project Plan Document (KEY)

Contractor will submit the High-Level Project Plan Document that meets the requirements of this Task 1 (Project Plan and Disaster Recovery) and Subtask 1.1, for DPH's review and Acceptance.

4.1.1.2 Subtask 1.2: Security Plan

Contractor will develop a Security Plan that includes the requirements below and in Exhibit I (Information Security and Privacy Requirements). Contractor's Security Plan will include:

- The plan for maintaining the security of all data in the system regardless of the data contain personal identifying information (PII) or protected health information (PHI)
- The minimum encryption standards that will be used throughout the course of the contract
- A detailed description of how zero knowledge encryption will be deployed across the system including:
  - Data at rest
  - Data in transit
  - Data in use
- Who is responsible for data breaches in various scenarios
- The Contractor's plan for reporting all security deficiencies

4.1.1.2.1 Deliverable 1.2: Security Plan

Contractor will submit the Security Plan that meets the requirements of this Task 1 (Project Plan and Disaster Recovery) and Subtask 1.2 for DPH's review and Acceptance.

4.1.1.3 Subtask 1.3: Incident Response and Disaster Recovery Plan

Contractor will develop an Incident Response and Disaster Recovery Plan that meets the requirements of Paragraph 4.9 of the Agreement and Exhibit I (Information Security and Privacy Requirements).

4.1.1.3.1 Deliverable 1.3: Incident Response and Disaster Recovery Plan

Contractor will prepare the Incident Response and Disaster Recovery Plan that meets the requirements of this Task 1 (Project Plan and Disaster Recovery) and Subtask 1.3, for DPH's review and Acceptance.

4.1.2 Task 2: Provide Project Management

Contractor will, in coordination with County oversight, provide project management, planning, monitoring, supervision, tracking, documentation, and control for all project activities during the term of the Agreement. The

Contractor will employ good project management standards and practices in the performance of all work.

Contractor will perform ongoing project administration during the term of the Agreement, which will include:

1. Manage all Contractor staff, including any Subcontractor staff, if any, assigned to the project.
2. Manage/resolve issues raised by the County and documented in status reports.
3. Provide planning and direction in accordance with the County approved Project Plan Document (PPD), ensuring that proper project management controls exist and are in use.
4. Provide routine and realistic assessments of progress as targeted in the Project Schedule.
5. Implement quality assurance measures that allow the delivery of high quality, effective Deliverables to the County; and
6. Participate in the Deliverable review/resolution process for all Deliverables.

Contractor Project Director will conduct weekly project status meetings as agreed upon and provide status reports in a County-specified format to the County's Project Director throughout the term of the Agreement. In each project status report, Contractor will include:

1. Reporting periods start and stop dates.
2. Date of report.
3. Highlights of the reporting period.
4. Tasks, subtasks and other work completed during the reporting period which were not scheduled.
5. Tasks, subtasks, and other work completed during the reporting period which were scheduled.
6. Tasks, subtasks, and other work started during the reporting period.
7. Tasks, subtasks, and other work in progress during the reporting period.
8. Tasks, subtasks, and other work scheduled for completion during the reporting period which were not completed.
9. Planned activities for the next reporting period.
10. Issues identified during that reporting period.
11. Issues resolved during that reporting period.
12. Corrections to the prior status report.
13. Meetings scheduled for the next reporting period; and
14. Any other items discussed with County's Project Director to be addressed from prior reporting period.

Contractor's Project Director will attend status meetings with the County's Project Director to review any issues, and the status of the Project

Schedule. The Contractor will deliver an updated Project Plan Document and include an indication of any variance from the current County-approved Project Schedule affecting the project's schedule, resources, or impacting the project's critical path. All variances will be presented to the County's Project Director for approval at status meetings or as directed by the County's Project Director. For purposes of this requirement, the current County-approved Project Schedule includes all changes to the Project Schedule approved by the County Project Manager under Section 15.4 of the Agreement. Contractor will send an updated copy of the Project Plan Document incorporating only County-approved variances to the County's Project Director for approval no later than twenty-four (24) hours prior to any subsequent status meeting.

4.1.2.1 Deliverable 2.1: Ongoing Project Administration

Contractor will provide ongoing project administration that meets the requirements of this Task 2 (Project Management) Contractor will deliver:

1. Project status reports; and
2. Updates to the Project Plan Document, including the Project Schedule.

4.2 PHASE 1: RYAN WHITE PROGRAM AND MEDICAL CARE COORDINATION VERSION 1

4.2.1 Task 3: Project Start-Up Work for Phase 1

Contractor will perform and successfully complete the project start-up work as part of implementation for Phase 1.

4.2.1.1 Subtask 3.1: Demo Hosting Environment for Phase 1

Contractor will establish a Demonstration Hosting Environment for Phase 1 of the System that includes the requirements listed in Exhibit A-1 (e2LosAngeles Solution Requirements), Section 2 (Scope Item LA-1) (Demo Environment). The Demo Hosting Environment site will need to be accessible by the County for completion of this Subtask.

4.2.1.1.1 Deliverable 3.1: Demo Hosting Environment for Phase 1 (KEY)

Contractor will prepare the Demo Hosting Environment for Phase 1 that meets the requirements of this Task 3 (Project Start-up Work for Phase 1) and Subtask 3.1, for DPH's review and Acceptance.

4.2.1.2 Subtask 3.2: Detailed Project Plan for Phase 1.

Contractor will provide a detailed Project Plan for Phase 1 describing the tasks required to implement the Phase 1 System.

This task will include the creation of a detailed Project Plan Document (PPD). The PPD will be comprised of:

- Project work plan for each Deliverable in Phase 1, including a work breakdown structure;
- Anticipated start date and completion date of each task;
- Proposed project milestones for Phase 1.
- Phase 1 Deliverables and proposed County review period for each;
- Entrance and exit criteria for each milestone in Phase 1; and
- Roles and responsibilities for the Contractor and County.

4.2.1.2.1 Deliverable 3.2: Detailed Project Plan for Phase 1 (KEY)

Contractor will prepare the Detailed Project Plan for Phase 1 that meets the requirements of this Task 3 (Perform Implementation Work for Phase 1) and Subtask 3.2, for DPH's review and Acceptance.

4.2.2 Task 4: Specifications Documents for Phase 1, Cycle 1

For all of the subtasks in this Task 4, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Data Sharing Rules and Permissions Specifications
- Client Search Specifications
- Client Deduplication and Merging Specifications
- Client Data Dictionary
- Contract Management Specs for Unit Costs Tracking
- Automated Eligibility Specs
- Revisions to Data Dictionary for Unit Types and Service Codes
- Referrals Management Specs
- Revisions to Automated Eligibility Specs for overrides/exemptions and 45-day submission window for Labs and Visits Submission
- Revisions to Data Sharing Specs for consent eSignature
- Referrals Report Specs
- Service Expenditures Report Specs
- Visual Analytics Specs
- Revisions to Data Dictionary for RSR report Mappings
- Data Extract Specs

DPH will also provide:

- Technical documentation specified by Contractor for Client-level Data Collection Fields for all client-level data modules in Components 1-4, as identified below.
- Technical documentation specified by Contractor for names and locations of providers/agencies that will use the System.
- A list of funding sources for Contract Management.
- A list of Service Categories and Sub-services for Contract Management.
- Technical workflow and data-collection requirements for the collection of Labs, Immunizations, and Medications in the System.
- De-identified sample data files containing data from legacy system for analysis by Contractor.
- Technical documentation for Unit cost tracking.
- A list of Document Types that will be tracked in the system
- All relevant eligibility manuals and technical information and other criteria pertaining to client eligibility.
- A full listing of Service CPT and Dental codes.
- Technical details about Unit Types that will be available in the system.
- Existing Consent Document(s) Templates
- Technical documentation of Referrals Data Collection Fields and workflow requirements.
- A List of external Agencies for Referral (Optional)
- Technical Documentation and requirements for aggregate-level tracking of Referrals completion statuses.
- Technical documentation of Reporting requirements for Reporting filters and indicators needed in Visual Analytics
- Technical Documentation of RSR data-mappings for collected fields, service categories, and funding sources.

4.2.2.1 Subtask 4.1: Workshops to Validate Phase 1, Cycle 1 System Requirements

The objective of this task is to ensure that the requirements for Phase 1, Cycle 1 meet the overall objective of the System and all stakeholder needs. Contractor will conduct System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.2.2.2 Subtask 4.2: Validation of Phase 1, Cycle 1 System Requirements

Contractor will validate the requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 1, Cycle 1 System and to provide the

level of detail and definition for all Phase 1, Cycle 1 requirements necessary for any further design, development, or implementation activities.

4.2.2.2.1 Deliverable 4.1: System Requirements Validation for Phase 1, Cycle 1

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 1, Cycle 1, that meets the requirements of this Task 4 (Specifications Documents for Phase 1, Cycle 1).

4.2.2.3 Subtask 4.3: Development of Detailed Specifications for Phase 1, Cycle 1, Component 1 - System Access and Client Core Data Entry

Contractor will develop detailed specifications for Phase 1, Cycle 1 Component 1 – System Access and Client Core Data Entry ("Component 1") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 1 Component 1, such specifications will automatically become part of the System Specifications. Phase 1, Cycle 1 Component 1 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 4.1 and 4.2:

- LA-4 - Terms And Condition
- LA-5 - Provider Management
- LA-6 - User Management
- LA-7 - User Roles & Permissions
- RDE_g2284 - LKM Encryption
- LA-9 - Contract Management Module Ver. 1 (RW + EHE + Non-Grant)
- LA-11 - System Announcements
- LA-12 - Client-Record Management - Deduplication & Merging
- LA-13 - Data Sharing Rules and Permissions
- LA-15 - Data Sharing - Client Search
- LA-16 - Client-Level Data – Intake
- LA_g2285 - RW Client Progress Notes
- LA-17 - Client-Level Data - Demographics
- LA-18 - Client-Level Data - HIV and Risk Factors
- LA-19 - Client-Level Data - Medications
- LA-20 - Client-Level Data - Diagnosis & Immunizations
- LA-21 - Client-Level Data - Primary Care Info and Appointments

- LA-22 - Client-Level Data - Housing, Income, Insurance
- LA-23 - Client-Level Data - Labs
- LA-24 - Client-Level Service Delivery and Tracking

4.2.2.4 Subtask 4.4: Development of Detailed Specifications for Phase 1, Cycle 1, Component 2 - Eligibility and Advanced Service Entry

Contractor will develop detailed specifications for Phase 1, Cycle 1 Component 2 - Eligibility and Advanced Service Entry ("Component 2") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 1, Component 2, such specifications will automatically become part of the System Specifications. Phase 1, Cycle 1 Component 2 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the following items listed in Exhibit A-1 (e2LosAngeles Solution Requirements) as validated under Subtasks 4.1 and 4.2:

- LA-77 - Contract Management: Unit Cost fixed or variable (Fee for Service vs. Line-Item)
- LA-26 - Client-Level Data - Document Tracker
- LA-27 - Automated RW Part A Eligibility Determination
- LA-28 - Automated RW Part B Eligibility Determination
- LA-29 - Automated EHE Eligibility Determination
- LA-75 - Service CPT and Dental - DPT Code Tracking
- LA-78 - Display of type of Units during service-entry

4.2.2.5 Subtask 4.5: Development of Detailed Specifications for Phase 1, Cycle 1, Component 3 - Advanced Eligibility, Data Sharing, and Referrals

Contractor will develop detailed specifications for Phase 1, Cycle 1 Component 3 - Advanced Eligibility, Data Sharing, and Referrals ("Component 3") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 1, Component 2, such specifications will automatically become part of the System Specifications. Phase 1, Cycle 1 Component 3 is comprised of without limitation to the extent that it is reasonably included in the items listed below, the below listed items in Exhibit A-1 (e2LosAngeles Solution Requirements) as validated under Subtasks 4.1 and 4.2:

- LA-14 - Data Sharing Rules and Permissions - Electronic Consent eSignature
- LA-25 - MCC - Client Services Entry - Service Encounter Multi-Entry of sub-services
- LA-85 - Automated Eligibility - 45-day window for Labs and Visits. (Charging them to EHE)
- LA-30 - Referrals Management
- LA-92 - Client-level Eligibility Override for Exemptions

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4.2.2.6 Subtask 4.6: Development of Detailed Specifications for Phase 1, Cycle 1, Component 4 - Standard Base Reports

Contractor will develop detailed specifications for Phase 1, Cycle 1 Component 4 - Standard Base Reports ("Component 4"). Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 1, Component 2, such specifications will automatically become part of the System Specifications. Phase 1, Cycle 1 Component 4 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed in Exhibit A-1 (e2LosAngeles Solution Requirements) as validated under Subtasks 4.1 and 4.2.

- LA-31 - Referrals Report
- LA-32 - Service Expenditures report
- LA-33 - Visual Analytics
- LA-35 - RSR
- LA-36 - RSR 2018-2019
- LA-38 - Real-Time Data Extract (MSACCESS Format)

4.2.2.7 Subtask 4.7: Updating Project Plan for Phase 1, Cycle 1, Components 1-4

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 1, if necessary, based on the final Detailed Specifications for Phase 1, Cycle 1 Components 1-4.

4.2.2.7.1 Deliverable 4.2: Specifications for Phase 1, Cycle 1 Components 1-4 and Revised Project Plan for Phase 1 (KEY)

Contractor will prepare the specifications for Phase 1, Cycle 1, Components 1-4 and revise the detailed Project Plan for Phase 1, if needed, that meets the requirements of this Task 4 (Specifications Documents for Phase 1, Cycle 1) and Subtasks 4.1 through 4.6, for DPH's review and Acceptance.

4.2.2.8 Subtask 4.8: Development of Detailed Specifications for Phase 1, Cycle 1, Security Requirements

Contractor will develop detailed specifications for Phase 1, Cycle 1 security requirements that will be used overall in the System. These security requirements will consist of:

1. Azure Active Directory (AD) integration requirements for all users consisting of the following;
2. Multi-factor authentication requirements for all users, Contractor undergoing SOC II annual audits, with full results and any remediation provided to the County upon completion; and Static and dynamic code scans of public facing website pages of the System annually, and as otherwise provided in this Statement of Work with full results provided to the County.

4.2.2.8.1 Deliverable 4.3: Specifications for Security Requirements, and Revised Project Plan for Phase 1 (KEY)

Contractor will prepare the specifications for Security Requirements and revise the detailed Project Plan for Phase 1, if needed, that meet the requirements of this Subtask 4.8 (Development of Detailed Specifications for Phase 1, Cycle 1, Security Requirements) for DPH's review and Acceptance.

4.2.2.9 Subtask 4.9: Prototype of AD Integration and MFA for System Users

4.2.2.9.1 Deliverable 4.4: Delivery of Prototype of AD Integration and MFA for System Users

Contractor will provide this deliverable for DPH's review and Acceptance.

4.2.2.10 Subtask 4.10: UAT of AD Integration and MFA for System Users

4.2.2.10.1 Deliverable 4.5: Completion of UAT of AD Integration and MFA for System Users

Contractor will provide this deliverable for DPH's review and Acceptance.

4.2.2.11 Subtask 4.11: Delivery of Launch-ready AD Integration and MFA for System Users

4.2.2.11.1 Deliverable 4.6: Delivery of Launch-ready AD Integration and MFA for System Users

Contractor will provide this deliverable for DPH's review and Acceptance.

4.2.3 Task 5: Testing and Delivery of Prototypes for Phase 1, Cycle 1.

This Task 5 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.2.3.1 Subtask 5.1: Testing and Delivery of Prototype for Phase 1, Cycle 1 Component 1.

Contractor will perform quality assurance testing on all modules and System features of Phase 1, Cycle 1 Component 1 of the System prior to delivering a prototype to the County to confirm the prototype meets Phase 1, Cycle 1 Component 1 System Requirements and Specifications.

This quality assurance testing will document in a Quality Assurance Testing Report what Contractor did with respect to:

- Overall test approach, including a summary of techniques used and summary of final results of testing.
- Timely completing the testing schedule, which should be aligned with the Project Schedule.
- Validating that all System Requirements for usability and functionality have been tested and verified.
- Justification for moving to UAT.

Upon successful completion of quality assurance testing, Contractor will deliver a prototype for Phase 1, Cycle 1 Component 1 of the System meeting all Phase 1, Cycle 1, Component 1 System Requirements and Specifications in the Demonstration Hosting Environment and will provide access to DPH for UAT.

4.2.3.2 Subtask 5.2: Testing and Delivery of Prototype for Phase 1, Cycle 1 Component 2.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 1 Component 2.

4.2.3.3 Subtask 5.3: Testing and Delivery of Prototype for Phase 1, Cycle 1 Component 3.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 1 Component 3.

4.2.3.4 Subtask 5.4: Testing and Delivery of Prototype for Phase 1, Cycle 1 Component 4

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 1 Component 4.

4.2.3.4.1 Deliverable 5.1: Completion of Quality Assurance Testing for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of the System that meets the requirements of this Task 5 (Testing and Delivery of Prototypes for Phase 1, Cycle 1) and Subtasks 5.1 through 5.4, for DPH's review and Acceptance.

4.2.3.4.2 Deliverable 5.2: Delivery of Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System.

Contractor will prepare Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of the System that meets the requirements of this Task 5 (Testing and Delivery of Prototypes for Phase 1, Cycle 1) and Subtasks 5.1 through 5.4, for DPH's review and Acceptance.

4.2.3.5 Subtask 5.5: UAT Testing for Prototypes for Phase 1, Cycle 1 Components 1, 2, 3 and 4 of System

UAT is a major project milestone during which DPH, with the assistance of the Contractor, comprehensively tests various phases of the System against the System Specifications with synthetic data loaded to determine if the System, or parts of the System, is ready for use by DPH.

Contractor will assist DPH in preparing a User Acceptance Test Plan for Phase 1, Cycle 1 Components 1, 2, 3 and 4 of the System, to include:

- A description of proposed test scripts to be conducted during UAT;
- A description of tools, environments, and controls to be used during UAT;
- A proposed test schedule;
- A description of the Contractor and DPH roles, responsibilities, and resources needed to perform UAT;
- A proposed training plan and schedule for DPH;
- A process for UAT problem reporting, tracking, and resolution process; and

- A proposed approach for the correction of Deficiencies identified by the Contractor or DPH during UAT.

Contractor will provide the tools, environment, and controls to be used during UAT. Contractor will assist DPH in the development of testing scenarios. The Contractor will assist DPH with the integration of County-developed scenarios reviewed by Contractor for the test scripts, and will deliver Phase 1, Cycle 1 Components 1, 2, 3 and 4 of the System to the County for UAT testing.

During UAT, Contractor shall provide support to County, including configuration of the Demo Hosting Environment for testing, training on testing tools or processes for County UAT team, management of test results, and performance of any corrective actions in the case of identified Deficiencies by the Contractor or the County. County staff will perform UAT using data sets representative of operational complexity. The County will complete UAT during the time period specified in the Detailed Project Plan. The County will record all UAT results, and Contractor shall prepare the reports that include a record of all successes, failures, and corrective actions taken by Contractor.

County will notify the Contractor of any Deficiencies identified by County during UAT. For each Deficiency identified by the Contractor or the County, the Contractor shall provide a corrective action plan, and correct all Deficiencies, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH.

4.2.3.5.1 Deliverable 5.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of the System that meets the requirements of this Task 5 (Testing and Delivery of Prototypes for Phase 1, Cycle 1) and Subtask 5.5, for DPH's review and Acceptance.

4.2.3.5.2 Deliverable 5.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of the System, in accordance with the requirements of this

Task 5 (Testing and Delivery of Prototypes for Phase 1, Cycle 1) and Subtask 5.5. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.2.4 Task 6: Specifications Documents for Phase 1, Cycle 2

For all of the subtasks in this Task 6, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Care Plan Specs
- Case Load and Case Assignment Specs
- Client MCC Assessment and Patient Acuity Score Specs
- Client MCC Enrollment Tracking Specs
- Client MCC Screening Tracking Specs
- Revisions to Case Load and Case Assignment Specs
- Revisions to Client MCC Enrollment Tracking Specs

DPH will also provide:

- Sample documentation and screenshots of existing Care Plan tracking.
- Sample documentation and screenshots of existing Case Load and Case Assignment Tracking.
- Existing forms for MCC Assessment tracking and technical documentation for calculating Patient Acuity Score.
- Technical documentation about MCC Enrollment tracking for Service Categories
- Sample forms and technical documentation for MCC Eligibility Screening.
- Technical documentation of MCC Rules/validations for blocking Service-Entry for a client.
- Technical documentation of needs for tracking clients' assignments to Care Teams.

4.2.4.1 Subtask 6.1: Workshops to Validate Phase 1, Cycle 2 System Requirements

The objective of this task is to ensure that the requirements for Phase 1, Cycle 2 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 1, Cycle 2 System requirement validation workshops with County subject

matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.2.4.2 Subtask 6.2: Validation of Phase 1, Cycle 2 System Requirements

Contractor will validate the Phase 1, Cycle 2 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 1, Cycle 2 System and to provide the level of detail and definition for all Phase 1, Cycle 2 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 1, Cycle 2 System requirements. Upon County's Acceptance of the documented Phase 1, Cycle 2 System requirements, such requirements will automatically become part of the System Requirements

4.2.4.2.1 Deliverable 6.1: System Requirements Validation for Phase 1, Cycle 2

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 1, Cycle 2, that meets the requirements of this Task 6 (Specifications Documents for Phase 1, Cycle 2) and Subtasks 6.1-6.2.

4.2.4.3 Subtask 6.3: Development of Detailed Specifications for Phase 1, Cycle 2, Component 10 - Base MCC Data Tracking

Contractor will develop detailed specifications for Phase 1, Cycle 2 Component 10 – Base MCC Data Tracking ("Component 10") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 2 Component 10, such specifications will automatically become part of the System Specifications. Component 10 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 6.1 and 6.2:

- LA-68 - Tracking of Care Plan
- LA-69 - Tracking of Case Load and Case Assignment
- LA-71 - Tracking of Client MCC Assessment and Patient Acuity Score (Auto-Calculated)
- LA-73 - Tracking of Active MCC Enrollment, per Service Category (With Service Locking when not enrolled.)

- LA-79 - MCC Eligibility Screening

4.2.4.4 Subtask 6.4: Development of Detailed Specifications for Phase 1, Cycle 2 Component 11 - Advanced MCC Data Tracking and Access Rules

Contractor will develop detailed specifications for Phase 1, Cycle 2 Component 11 – Advanced MCC Data Tracking and Access Rules ("Component 11") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 2 Component 10, such specifications will automatically become part of the System Specifications. Component 11 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 6.1 and 6.2:

- LA-70 - Tracking of Case Load and Case Assignment - with Agency Teams Mgmt.
- LA-74 - MCC - Advanced Rules for blocking Service entry.

4.2.4.5 Subtask 6.5: Updating Project Plan for Phase 1, Cycle 2, Components 10 and 11

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 1, if necessary, based on the final Detailed Specifications for Phase 1, Cycle 2 Components 10 and 11.

4.2.4.5.1 Deliverable 6.2: Completed Specifications for Phase 1, Cycle 2 Components 10 and 11 and Revised Project Plan for Phase 1 (KEY)

Contractor will prepare the specifications for Phase 1, Cycle 1, Components 10 and 11 and revise the detailed Project Plan for Phase 1, if needed, that meets the requirements of this Task 6 (Specifications Documents for Phase 1, Cycle 2) and Subtasks 6.3-6.5, for DPH's review and Acceptance.

4.2.5 Task 7: Testing and Delivery of Prototypes for Phase 1, Cycle 2.

This Task 7 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.2.5.1 Subtask 7.1: Testing and Delivery of Prototype for Phase 1, Cycle 2 Component 10

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 1 Component 10.

4.2.5.2 Subtask 7.2: Testing and Delivery of Prototype for Phase 1, Cycle 2 Component 11

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 1 Component 11.

4.2.5.2.1 Deliverable 7.1: Completion of Quality Assurance Testing for Phase 1, Cycle 2 Components 10 and 11 of System

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototypes for Phase 1, Cycle 2 Components 10 and 11 of the System that meets the requirements of this Task 7 (Testing and Delivery of Prototypes for Phase 1, Cycle 2) and Subtasks 7.1 through 7.2, for DPH's review and Acceptance.

4.2.5.2.2 Deliverable 7.2: Delivery of Prototypes for Phase 1, Cycle 1 Components 10 and 11 of System

Contractor will prepare Prototypes for Phase 1, Cycle 2 Components 10 and 11 of the System that meets the requirements of this Task 7 (Testing and Delivery of Prototypes for Phase 1, Cycle 2) and Subtasks 7.1 through 7.2, for DPH's review and Acceptance.

4.2.5.3 Subtask 7.3: UAT Testing for Prototypes for Phase 1, Cycle 2 Components 10 and 11 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 1, Cycle 2 Components 10 and 11.

4.2.5.3.1 Deliverable 7.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 2 Components 10 and 11 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototypes for Phase 1, Cycle 2 Components 10 and 11 of the System that meets the requirements of this Task 7 (Testing and Delivery of Prototypes for Phase 1, Cycle 2) and Subtask 7.3, for DPH's review and Acceptance.

4.2.5.3.2 Deliverable 7.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 2 Components 10 and 11 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototypes for Phase 1, Cycle 2 Components 10 and 11 of the System, in accordance with the requirements of this Task 7 (Testing and Delivery of Prototypes for Phase 1, Cycle 2) and Subtask 7.3. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.2.6 Task 8: Specifications Documents for Phase 1, Cycle 3.

For all of the subtasks in this Task 8, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Data Dictionary containing Fields and Value-mappings for One-Time Data Migration file format.
- Data Dictionary containing Fields and Values Mappings for Sunquest/PHL HL7 Interface
- Data Dictionary containing Fields and Values Mappings for recurring Casewatch Import File

DPH will also provide:

- Sample migration files from Casewatch.
- Fields and data mappings for One-Time migration file.
- Sample HL7 electronic Lab Record files from Sunquest/PHL
- Credentials and access to sFTP server where the HL7 data files from Sunquest/PHL will be retrieved by System.
- Gap Analysis for data fields and mappings between one-time migration and recurring import format for Casewatch data
- Sample recurring import files from Casewatch
- Data Dictionary containing Fields and Values Mappings for new System Data Import format.

4.2.6.1 Subtask 8.1: Workshops to Validate Phase 1, Cycle 3 System Requirements

The objective of this task is to ensure that the requirements for Phase 1, Cycle 3 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 1, Cycle 3

System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.2.6.2 Subtask 8.2: Validation of Phase 1, Cycle 3 System Requirements

Contractor will validate the Phase 1, Cycle 3 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 1, Cycle 3 System and to provide the level of detail and definition for all Phase 1, Cycle 3 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 1, Cycle 3 System requirements. Upon County's Acceptance of the documented Phase 1, Cycle 3 System requirements, such requirements will automatically become part of the System Requirements

4.2.6.2.1 Deliverable 8.1: System Requirements Validation for Phase 1, Cycle 3

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 1, Cycle 3, that meets the requirements of this Task 8 Specifications Documents for Phase 1, Cycle 3 and Subtasks 8.1 and 8.2, for DPH's review and Acceptance.

4.2.6.3 Subtask 8.3: Development of Detailed Specifications for Phase 1, Cycle 3 Component 5 - Legacy Data Migration

Contractor will develop detailed specifications for Phase 1, Cycle 3 Component 5 – Legacy Data Migration ("Component 5") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 3 Component 5, such specifications will automatically become part of the System Specifications. Component 5 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 8.1 and 8.2:

- LA-39 - One-Time Migration - e2LosAngeles Format (Casewatch)

The Contractor shall work with the County to extract data files from its current system, Casewatch, and provide or develop programs or scripts required to migrate the data files provided by the County into the new System. Once the County Data has been acquired from the County, Contractor shall map the County Data according to the component specifications provided by the County, load the County

Data into the System, and perform the necessary tests to ensure the data is structured properly and can be used to meet the functional requirements of this System. Contractor shall also track any County Data deficiencies encountered, and advise as to how any data issues encountered will be resolved. Once all County Data designated for the System has been migrated, properly mapped, tested, and made functionally available for use in the System, Contractor will provide County with a Data Migration Report confirming completion of this effort.

DPH will work with Casewatch's vendor in resolving potential data issues and technical questions impacting the functionality and/or quality of the one-time data migration, and will be responsible for overseeing the performance by Casewatch's vendor.

4.2.6.4 Subtask 8.4: Development of Detailed Specifications for Phase 1, Cycle 3 Component 6 - HL7 Electronic Lab Records (ELR)-Sunquest/PHL

Contractor will develop detailed specifications for Phase 1, Cycle 3 Component 6 – HL7 Electronic Lab Records (ELR)-Sunquest/PHL ("Component 6") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 3 Component 6, such specifications will automatically become part of the System Specifications. Component 6 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 8.1 and 8.2:

- LA-40 - Data Import of Daily HL7 Electronic Lab Records (ELR) - Sunquest/PHL

DPH will work with Sunquest/PHL's vendor in resolving potential data issues and technical questions impacting the functionality and/or quality of the HL7 interface, and will be responsible for overseeing the performance by Sunquest/PHL's vendor.

4.2.6.5 Subtask 8.5: Development of Detailed Specifications for Phase 1, Cycle 3 Component 7 - Recurring Import Using Legacy Casewatch Format

Contractor will develop detailed specifications for Phase 1, Cycle 3 Component 7 – Recurring Import Using Legacy Casewatch Format ("Component 7") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 3 Component 7, such specifications will automatically become part of the System Specifications. Component 7 is comprised of, without limitation to the extent that it is reasonably included in the items listed below,

the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 8.1 and 8.2:

- LA-42 - Recurring Import using Legacy Casewatch Format

Contractor shall build a recurring import tool based on the Legacy Casewatch Specifications provided in Exhibit A.1: (e2LosAngeles Solution Requirements). The import tool must process data files submitted by system users and return a line listing of any records that did not pass validation and were not successfully processed based on the Legacy Specifications provided. System users will be responsible for reviewing the line listing of invalid records, fixing errors, and resubmitting.

4.2.6.6 Subtask 8.6: Development of Detailed Specifications for Phase 1, Cycle 3 Component 8 - Data Import in Format Specified by RDE – version 1

Contractor will develop detailed specifications for Phase 1, Cycle 3 Component 8 – Data Import in Format Specified by Contractor – Version 1 ("Component 8") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 3 Component 8, such specifications will automatically become part of the System Specifications. Component 8 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 8.1 and 8.2:

- LA-41 - Data Import in Format Specified by RDE - v1

4.2.6.7 Subtask 8.7: Updating Project Plan for Phase 1, Cycle 3 Components 5, 6, 7, and 8

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 1, if necessary, based on the final Detailed Specifications for Phase 1, Cycle 3 Components 5, 6, 7, and 8.

4.2.6.7.1 Deliverable 8.2: Completed Specifications for Phase 1, Cycle 3 Components 5 through 8 and Revised Project Plan for Phase 1 (KEY)

Contractor will prepare the specifications for Phase 1, Cycle 3, Components 5 through 8 and revise the detailed Project Plan for Phase 1, if needed, that meets the requirements of this Task 8 (Specifications Documents for Phase 1, Cycle 3) and Subtasks 8.3 through 8.7, for DPH's review and Acceptance.

4.2.7 Task 9: Testing and Delivery of Prototypes for Phase 1, Cycle 3.

This Task 9 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.2.7.1 Subtask 9.1: Testing and Delivery of Prototype for Phase 1, Cycle 3 Component 5

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 3 Component 5.

4.2.7.2 Subtask 9.2: Testing and Delivery of Prototype for Phase 1, Cycle 3 Component 6

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 3 Component 6.

4.2.7.3 Subtask 9.3: Testing and Delivery of Prototype for Phase 1, Cycle 3 Component 7

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 3 Component 7.

4.2.7.4 Subtask 9.4: Testing and Delivery of Prototype for Phase 1, Cycle 3 Component 8

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 3 Component 8.

4.2.7.4.1 Deliverable 9.1: Completion of Quality Assurance Testing for Phase 1, Cycle 3 Components 5 through 8 of System

Contractor will prepare Quality Assurance Testing Reports and a Data Migration Report (applicable to Components 5 through 8 documenting its completion of quality assurance testing for Prototypes for Phase 1, Cycle 3 Components 5 through 8 of the System that meets the requirements of this Task 9 (Testing and Delivery of Prototypes for Phase 1, Cycle 3) and Subtasks 9.1 through 9.4, for DPH's review and Acceptance.

4.2.7.4.2 Deliverable 9.2: Delivery of Prototypes for Phase 1, Cycle 3 Components 5 through 8 of System

Contractor will prepare Prototypes for Phase 1, Cycle 3 Components 5 through 8 of the System that meets the requirements of this Task 9 (Testing and Delivery of

Prototypes for Phase 1, Cycle 3) and Subtasks 9.1 through 9.4, for DPH's review and Acceptance.

4.2.7.5 Subtask 9.5: UAT Testing for Prototypes for Phase 1, Cycle 3 Components 5 through 8 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 1, Cycle 3 Components 5 through 8.

4.2.7.5.1 Deliverable 9.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 3 Components 5 through 8 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototypes for Phase 1, Cycle 3 Components 5 through 8 of the System that meets the requirements of this Task 9 (Testing and Delivery of Prototypes for Phase 1, Cycle 3) and Subtask 9.5, for DPH's review and Acceptance.

4.2.7.5.2 Deliverable 9.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 3 Components 5 through 8 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion for Prototypes for Phase 1, Cycle 3 Components 5 through 8 of the System, in accordance with the requirements of this Task 9 (Testing and Delivery of Prototypes for Phase 1, Cycle 3) and Subtask 10.5. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.2.8 Task 10: Specifications Documents for Phase 1, Cycle 4.

For all of the subtasks in this Task 10, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Data Quality Report Specs
- Monthly Financial Report (MFR) Specs
- MCC Care Team Case Load Dashboard Specs

- Client Summary (Snapshot) Specs
- Data Admin Specs
- Revisions to Roles and Permissions Matrix Specs
- Revisions to Data Sharing Specs
- HAB Performance Measures Report Specs

DPH will also provide:

- Technical documentation for what data elements need to be displayed in the Client Summary Dashboard
- Technical documentation of Data Quality Indicators to be included in the Data Quality Report.
- Sample document and/or Technical documentation of indicators and filters for the Monthly Financial Report
- Technical documentation of workflow requirements, data-access rules, and permissions for Third-Party Admin Users.
- Technical review and documentation of reporting requirements and mappings for the HAB Performance Measures Report
- Technical documentation on the required level of tracking for Agency Contracts' Budgeted Amounts and spending limits for service-entry.
- Technical documentation about the monitoring and tracking of Client Service-Caps amounts.

4.2.8.1 Subtask 10.1: Workshops to Validate Phase 1, Cycle 4 System Requirements

The objective of this task is to ensure that the requirements for Phase 1, Cycle 4 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 1, Cycle 4 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.2.8.2 Subtask 10.2: Validation of Phase 1, Cycle 4 System Requirements

Contractor will validate the Phase 1, Cycle 4 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 1, Cycle 4 System and to provide the level of detail and definition for all Phase 1, Cycle 4 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 1, Cycle 4 System requirements. Upon County's Acceptance of the documented Phase 1, Cycle 4 System requirements, such requirements will automatically become part of the System Requirements

4.2.8.2.1 Deliverable 10.1: System Requirements Validation for Phase 1, Cycle 4

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 1, Cycle 4, that meets the requirements of this Task 10 (Specifications Documents for Phase 1, Cycle 4), for DPH's review and Acceptance.

4.2.8.3 Subtask 10.3: Development of Detailed Specifications for Phase 1, Cycle 4, Component 12 - Advanced Reporting and Data Admin.

Contractor will develop detailed specifications for Phase 1, Cycle 4 Component 12 - Advanced Reporting and Data Admin ("Component 12") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 4 Component 12, such specifications will automatically become part of the System Specifications. Component 12 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 10.1 and 10.2:

- LA-34 - Data Quality Report
- LA-37 - Monthly Financial Report (MFR) Version 1
- LA-72 - MCC Care Team Dashboard v1 - Case Load
- LA-76 - Client Summary Screen (Care Plan, Acuity Assessment)
- LA-86 - System Data Admin (Services/subservices, Medications, Labs, Immunizations)

4.2.8.4 Subtask 10.4: Development of Detailed Specifications for Phase 1, Cycle 4 Component 13 - Third-Party Admin User for Eligibility and Enrollment

Contractor will develop detailed specifications for Phase 1, Cycle 4 Component 13 – Third-Party Admin User for Eligibility and Enrollment ("Component 13") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 4 Component 13, such specifications will automatically become part of the System Specifications. Component 13 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 10.1 and 10.2:

- LA-84 - Data Sharing - 3rd party Admin User for Eligibility and Enrollment

4.2.8.5 Subtask 10.5: Development of Detailed Specifications for Phase 1, Cycle 4 Component 14 - HAB Measures Report

Contractor will develop detailed specifications for Phase 1, Cycle 4 Component 14 - HAB Measures Report ("Component 14") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 4 Component 14, such specifications will automatically become part of the System Specifications. Component 14 is comprised of without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 10.1 and 10.2:

- LA-47 - Visual HAB Performance Measures v1- HRSA CORE
- LA-48 - Visual HAB Performance Measures v1- HRSA System-Level
- LA-49 - Visual HAB Performance Measures v1 - HRSA Adult and Adolescent

4.2.8.6 Subtask 10.6: Development of Detailed Specifications for Phase 1, Cycle 4 Component 15 - Advanced Contract Management

Contractor will develop detailed specifications for Phase 1, Cycle 4 Component 15 - Advanced Contract Management ("Component 15") based on the validated Phase 1 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 1, Cycle 4 Component 15, such specifications will automatically become part of the System Specifications. Component 15 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 10.1 and 10.2:

- LA-51 - Contract Management Module ver. 2 - Budget Amount and Caps.
- LA-60 - Client Service-caps Cost-based & Frequency based x per day/week.
- LA-61 - Client Service Caps - Email Alert to user when cap is reached.

4.2.8.7 Subtask 10.7: Updating Project Plan for Phase 1, Cycle 4, Components 12, 13, 14, and 15

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 1, if necessary, based on the final Detailed Specifications for Phase 1, Cycle 4 Components 12, 13, 14, and 15.

4.2.8.7.1 Deliverable 10.2: Completed Specifications for Phase 1, Cycle 4 Components 12, 13, 14, and 15 and Revised Project Plan for Phase 1 (KEY)

Contractor will prepare the specifications for Phase 1, Cycle 4, Components 12 through 15 and revise the detailed Project Plan for Phase 1, if needed, that meets the requirements of this Task 10 (Specifications Documents for Phase 1, Cycle 4) and Subtasks 10.3 through 10.7, for DPH's review and Acceptance.

4.2.9 Task 11: Testing and Delivery of Prototype for Phase 1, Cycle 4.

This Task 11 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.2.9.1 Subtask 11.1: Testing and Delivery of Prototype for Phase 1, Cycle 4, Component 12

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 4 Component 12.

4.2.9.2 Subtask 11.2: Testing and Delivery of Prototype for Phase 1, Cycle 4 Component 13

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 4 Component 13.

4.2.9.3 Subtask 11.3: Testing and Delivery of Prototype for Phase 1, Cycle 4 Component 14

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 4 Component 14.

4.2.9.4 Subtask 11.4: Testing and Delivery of Prototype for Phase 1, Cycle 4 Component 15

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 1, Cycle 4 Component 15.

4.2.9.4.1 Deliverable 11.1: Completion of Quality Assurance Testing for Phase 1, Cycle 4 Components 12 through 15 of System

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototypes for Phase 1, Cycle 4 Components 12 through 15 of the System that meets the requirements of this Task 11 (Testing and Delivery of Prototypes for Phase 1, Cycle 4)

and Subtasks 11.1 through 11.4, for DPH's review and Acceptance.

4.2.9.4.2 Deliverable 11.2: Delivery of Prototypes for Phase 1, Cycle 4 Components 12 through 15 of System

Contractor will prepare Prototypes for Phase 1, Cycle 4 Components 12 through 15 of the System that meets the requirements of this Task 11 (Testing and Delivery of Prototypes for Phase 1, Cycle 4) and Subtasks 11.1 through 11.4, for DPH's review and Acceptance.

4.2.9.5 Subtask 11.5: UAT Testing for Prototypes for Phase 1, Cycle 2 Components 12 through 15 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 1, Cycle 2 Components 12 through 15.

4.2.9.5.1 Deliverable 11.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 4 Components 12 through 15 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototypes for Phase 1, Cycle 2 Components 12 through 15 of the System that meets the requirements of this Task 11 (Testing and Delivery of Prototypes for Phase 1, Cycle 4) and Subtask 11.5, for DPH's review and Acceptance.

4.2.9.5.2 Deliverable 11.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 4 Components 12 through 15 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototypes for Phase 1, Cycle 2 Components 12 through 15 of the System, in accordance with the requirements of this Task 11 (Testing and Delivery of Prototypes for Phase 1, Cycle 4) and Subtask 11.5. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.2.10 Task 12: Delivery of Launch-Ready System for Phase 1, Cycles 1, 2, 3, and 4

4.2.10.1 Subtask 12.1: Complete Revisions to Phase 1, Cycle 1 Components of the System and Deliver on the Staging Hosting Environment

Contractor will make any needed revisions to Phase 1 Cycle 1 Components to reflect feedback and comments received, following completion of UAT on the Phase 1 Cycle 1 components of the System by DPH. DPH will respond timely to any follow-up questions and requests for feedback from Contractor as it completes this task.

Once revisions are completed, Contractor will perform final quality assurance testing on the modules and System features of the Phase 1, Cycle 1 components of the System prior to delivering the Phase 1, Cycle 1 components to the Staging Hosting Environment. As part of this testing, Contractor will confirm the System meets all Phase 1, Cycle 1 System Requirements as defined by the Scope, final Specifications, and revised Detailed Project Plan. Once completed, Contractor will deliver Phase 1, Cycle 1 System modules and features on the Staging Hosting Environment for it to be ready for launch to the Production Hosting Environment for Production Use.

4.2.10.2 Subtask 12.2: Complete Revisions to Phase 1, Cycle 2 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 12.1 but specific for Phase 1, Cycle 2 Components of the System.

4.2.10.3 Subtask 12.3: Complete Revisions to Phase 1, Cycle 3 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 12.1 but specific for Phase 1, Cycle 3 Components of the System.

4.2.10.4 Subtask 12.4: Complete Revisions to Phase 1, Cycle 4 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 12.1 but specific for Phase 1, Cycle 4 Components of the System.

4.2.10.4.1 Deliverable 12.1: Delivery of Launch-ready System for Phase 1 (KEY)

Contractor will deliver Phase 1, Cycles 1 through 4 that meet the requirements of this Task 12 (Delivery of Launch-Ready

System for Phase 1, Cycles 1, 2, 3, and 4) and Subtasks 12.1 through 12.4, for DPH's review and Acceptance.

4.2.11 Task 13: Application Security Scan

4.2.11.1 Subtask 13.1. Application Security Scan is a necessary component of Launch. [LA_g2290]

The following work will be performed by Contractor prior to System Launch, and will be repeated annually for the overall System as required in Section 14.2.3 (Security Scan) of the Agreement:

- RDE sets up an environment to perform the security scans.
- RDE performs the required Security Scans to generate raw security scan results.
- RDE compiles the raw results into a table of findings classified by their root-cause and impact.
- Any findings considered to be a risk of breach will undergo immediate Impact Analysis and Remediation and will trigger the appropriate Incident Response procedures.
- Contractor will share a report of the Security Scan results and mitigations with the County.

4.2.11.1.1 Deliverable 13.1: Completion of Application Security Scan

Contractor will complete the Application Security Scan prior to System Launch that meets the requirements of this Task 13 (Application Security Scan) and Subtask 13.1, for DPH's review and Acceptance.

4.2.12 Task 14: System Launch for Phase 1 to Production Use

4.2.12.1 Subtask 14.1. Pre-Launch User Training for Phase 1 [LA-90]

Contractor will assist DPH in the development of a training PowerPoint for an online scenario-based training.

- Contractor will record the online training session and allow system users to view the video from the system’s help section.
- Contractor will perform a live walk-through based on training scenarios with collaborative input by DPH Team Members.

4.2.12.1.1 Deliverable 14.1: Training for Phase 1 System Prior to Production Use (KEY)

Contractor will deliver and complete training for the Phase 1 System that meets the requirements of Task 14 (System Launch for Phase 1 to Production Use) and Subtask 14.1 (Pre-Launch User Training for Phase 1).

4.2.12.2 Subtask 14.2: Deployment of all Phase 1 Code and Dependencies to FedRAMP Certified GovCloud Production Server

- Contractor purchases Domain Name and configures the system for Production Environment and domain.
- Contractor creates a joint-team support address that includes members of the DPH team.
- Contractor's Senior Software Developer performs code deployment to AWS during a period of time that will not cause disruption for users.

4.2.12.3 Subtask 14.3: Configuration of System Production Database

- Contractor's Senior Software Developer creates and configures the database that will be used by the production environment.
- Contractor's Senior Software Developer performs a database back-up and executes any database scripts required as part of launch.

4.2.12.4 Subtask 14.4: Configuration of System Production Application Server

- Contractor creates the initial DPH super-admin account.
- Contractor assists DPH with the one-time configuration of LKM which requires a secure passphrase known only by DPH.

4.2.12.5 Subtask 14.5: Smoke Test of System-Critical Phase 1 Components

- Contractor performs Smoke Testing, after every production update, to confirm that the deployment was successful and that there are no identifiable system errors caused by the deployment that would cause disruption in user access to the system.
- If any errors are identified, Contractor performs a “rollback” of the deployment.
- Contractor notifies DPH that launch is completed.
- DPH performs Smoke Testing by doing a review of functionalities available in the production environment.

4.2.12.5.1 Deliverable 14.2: Launch of Phase 1 for Production Use (KEY)

Contractor will deliver Phase 1 for Production Use that meets the requirements of this Task 14 (System Launch for Phase 1 to Production Use) and Subtasks 14.2 through 14.5, for DPH's review and Acceptance.

4.2.12.6 Subtask 14.6: Post-Production Use 90-Day Phase Acceptance Procedure

As set forth in Section 5.4 (Phase Acceptance) of the Agreement, following successful transitioning of Phase 1 of the System for Production Use for DPH, County will monitor for Deficiencies and Contractor shall maintain the System in Production Use for a minimum of ninety (90) consecutive days. Upon occurrence of a Deficiency of Severity Level 1-Critical or Severity Level 2-Severe, Contractor shall provide County with a diagnosis of the Deficiency and proposed solution(s), and Contractor shall correct such Deficiency by re-performance pursuant to, and subject to, the provisions of this Agreement. County and Contractor shall agree upon each such proposed solution to be used to correct a Deficiency(ies) prior to its implementation. Commencing with Phase Acceptance, any problems encountered by DPH in the use of the System shall be subject to the applicable terms under the Agreement as more fully described in Exhibit B (Service Level Agreement).

Phase 1 of the System will achieve Phase Acceptance when Section 5.4.3 (Phase Acceptance) of the Agreement is met. Contractor shall provide the Phase 1 Verification Report, documenting the achievement of Phase 1 Acceptance.

4.2.12.6.1 Deliverable 14.3: Phase 1 Acceptance (KEY)

Contractor will achieve Phase 1 Acceptance by meeting the requirements of this Task 14 (System Launch for Phase 1 to Production Use) and Subtask 14.6, for DPH's review and Acceptance.

4.3 PHASE 2: FISCAL AND PROCUREMENT DATA SYSTEM ENHANCEMENTS VERSION 1

4.3.1 Task 15: Project Start-Up Work for Phase 2

Contractor will perform and successfully complete the project start-up work as part of implementation for Phase 2.

4.3.1.1 Subtask 15.1: Demo Hosting Environment for Phase 2

Contractor will establish a Demonstration Hosting Environment for Phase 2 of the System that includes the requirements listed in Exhibit A-1 (e2LosAngeles Solution Requirements), Section 2 (Scope Item LA_g2320) (Demo Environment). The Demo Hosting Environment site will need to be accessible by the County for completion of this Subtask.

4.3.1.1.1 Deliverable 15.1: Demo Hosting Environment for Phase 2 (KEY)

Contractor will prepare the Demo Hosting Environment for Phase 2 that meets the requirements of this Task 15 (Project Start-up Work for Phase 2) and Subtask 15.1, for DPH's review and Acceptance.

4.3.1.2 Subtask 15.2: Detailed Project Plan for Phase 2

Contractor will provide a detailed Project Plan for Phase 2 describing the tasks required to implement the Phase 2 System. This task will include the creation of a detailed Project Plan Document (PPD). The PPD will be comprised of:

- Project work plan for each Deliverable in Phase 2, including a work breakdown structure;
- Anticipated start date and completion date of each task;
- Proposed project milestones for Phase 2.
- Phase 2 Deliverables and proposed County review period for each;
- Entrance and exit criteria for each milestone in Phase 2; and
- Roles and responsibilities for the Contractor and County.

4.3.1.2.1 Deliverable 15.2: Detailed Project Plan for Phase 2 (KEY)

Contractor will prepare the Detailed Project Plan for Phase 2 that meets the requirements of this Task 15 (Project Start-up Work for Phase 2) and Subtask 15.2, for DPH's review and Acceptance.

4.3.2 Task 16: Specifications Documents for Phase 2, Cycle 5.

For all of the subtasks in this Task 16, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Specifications for e2LA Fiscal & Procurement Contract Management

DPH will also provide:

- Samples of all fiscal and procurement data collection, workflows, and reporting instruments used to collect data that will be stored or generated by e2LA as part of the Fiscal and Procurement Components' requirements.
- Technical documentation of workflows and data collection requirements for the procurement process by e2LA system agencies when applying to LA-DPH for procurement of funding

relevant to e2LA's Ryan White Program client data management, eligibility, and services tracking.

- Technical documentation of workflows and data collection requirements for LA-DPH's process of reviewing, processing, and approving the data obtained from agency as part of the Fiscal and Procurement module.

4.3.2.1 Subtask 16.1: Workshops to Validate Phase 2, Cycle 5 System Requirements

The objective of this task is to ensure that the requirements for Phase 2, Cycle 5 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 2, Cycle 5 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.3.2.2 Subtask 16.2: Validation of Phase 2, Cycle 5 System Requirements

Contractor will validate the Phase 2, Cycle 5 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 2, Cycle 5 System and to provide the level of detail and definition for all Phase 2, Cycle 5 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 2, Cycle 5 System requirements. Upon County's Acceptance of the documented Phase 2, Cycle 5 System requirements, such requirements will automatically become part of the System Requirements

4.3.2.2.1 Deliverable 16.1: System Requirements Validation for Phase 2, Cycle 5

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 2, Cycle 5, that meets the requirements of this Task 16 (Specifications Documents for Phase 2, Cycle 5), for DPH's review and Acceptance.

4.3.2.3 Subtask 16.3: Development of Detailed Specifications for Phase 2, Cycle 5, Component 16 – Contract Management

Contractor will develop detailed specifications for Phase 2, Cycle 5 Component 16 – Contract Management ("Component 16") based on the validated Phase 2 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 2, Cycle 5 Component 16, such specifications will automatically become part of the System Specifications. Phase 2, Cycle 5 Component 16 is

comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 16.1 and 16.2:

- LA-100 - Contract Management Module - Approval Workflow
- LA-101 - Contract Management Module - Staff Roles
- LA-102 - Contract Management Module - Waves
- LA-103 - Contract Management Module – History
- LA-93 - Contract Management Module - Dashboard
- LA-94 - Contract Management Module - Contract Setup (i.e. Services/Subservices)
- LA-95 - Contract Management Module - Budget
- LA-96 - Contract Management Module - Employee Tracking
- LA-97 - Contract Management Module - Program Outcomes
- LA-98 - Contract Management Module - Agency Contact
- LA-99 - Contract Management Module – Uploader
- RDE_g2288 - Contract Management Module - Email Notifications

4.3.2.4 Subtask 16.4: Updating Project Plan for Phase 2, Cycle 5, Component 16

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 2, if necessary, based on the final Detailed Specifications for Phase 2, Cycle 5, Component 16.

4.3.2.4.1 Deliverable 16.2: Specifications for Phase 2, Cycle 5 Component 16 and Revised Project Plan for Phase 2 (KEY)

Contractor will prepare the specifications for Phase 2, Cycle 5, Components 16 and revise the detailed Project Plan for Phase 2, if needed, that meets the requirements of this Task 16 (Specifications Documents for Phase 2, Cycle 5) and Subtasks 16.3 through 16.4, for DPH's review and Acceptance.

4.3.3 Task 17: Testing and Delivery of Prototypes for Phase 2, Cycle 5.

This Task 17 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.3.3.1 Subtask 17.1: Testing and Delivery of Prototype for Phase 2, Cycle 5 Component 16.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 2, Cycle 5 Component 16.

4.3.3.1.1 Deliverable 17.1: Completion of Quality Assurance Testing for Phase 2, Cycle 5, Component 16 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 2, Cycle 5, Component 16 of the System that meets the requirements of this Task 17 (Testing and Delivery of Prototypes for Phase 2, Cycle 5) and Subtask 17.1, for DPH's review and Acceptance.

4.3.3.1.2 Deliverable 17.2: Delivery of Prototypes for Phase 2, Cycle 5, Component 16 of System.

Contractor will prepare Prototype for Phase 2, Cycle 5, Component 16 of the System that meets the requirements of this Task 17 (Testing and Delivery of Prototypes for Phase 2, Cycle 5) and Subtask 17.1, for DPH's review and Acceptance.

4.3.3.2 Subtask 17.2: UAT Testing for Prototype for Phase 2, Cycle 5, Component 16 of System

UAT is a major project milestone during which DPH, with the assistance of the Contractor, comprehensively tests various phases of the System against the System Specifications with synthetic data loaded to determine if the System, or parts of the System, is ready for use by DPH.

Contractor will assist DPH in preparing a User Acceptance Test Plan for Phase 2, Cycle 5, Component 16 of the System, to include:

- A description of proposed test scripts to be conducted during UAT;
- A description of tools, environments, and controls to be used during UAT;
- A proposed test schedule;
- A description of the Contractor and DPH roles, responsibilities, and resources needed to perform UAT;
- A proposed training plan and schedule for DPH;
- A process for UAT problem reporting, tracking, and resolution process; and
- A proposed approach for the correction of Deficiencies identified by the Contractor or DPH during UAT.

Contractor will provide the tools, environment, and controls to be used during UAT. Contractor will assist DPH in the development of testing scenarios. The Contractor will assist DPH with the integration of County-developed scenarios reviewed by Contractor for the test scripts, and will deliver Phase 2, Cycle 5, Component 16 of the System to the County for UAT testing.

During UAT, Contractor shall provide support to County, including configuration of the Demo Hosting Environment for testing, training on testing tools or processes for County UAT team, management of test results, and performance of any corrective actions in the case of identified Deficiencies by the Contractor or the County. County staff will perform UAT using data sets representative of operational complexity. The County will complete UAT during the time period specified in the Detailed Project Plan. The County will record all UAT results, and Contractor shall prepare the reports that include a record of all successes, failures, and corrective actions taken by Contractor.

County will notify the Contractor of any Deficiencies identified by County during UAT. For each Deficiency identified by the Contractor or the County, the Contractor shall provide a corrective action plan, and correct all Deficiencies, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH.

4.3.3.2.1 Deliverable 17.3: Recommended User Acceptance Test Plan of Prototype for Phase 2, Cycle 5, Component 16 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 2, Cycle 5, Component 16 of the System that meets the requirements of this Task 17 (Testing and Delivery of Prototypes for Phase 2, Cycle 5) and Subtask 17.2, for DPH's review and Acceptance.

4.3.3.2.2 Deliverable 17.4: Completion of Successful UAT for Prototype for Phase 2, Cycle 5, Component 16 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 2, Cycle 5, Component 16 of the System, in accordance with the requirements of this Task 17 (Testing and Delivery of Prototype for Phase 2, Cycle 5) and Subtask 17.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all

System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.3.4 Task 18: Specifications Documents for Phase 2, Cycle 6.

For all of the subtasks in this Task 18, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Specifications for e2LA Fiscal Line Items Invoicing
- Specifications for e2LA Service Units Invoicing
- Specifications for e2LA Line-Item-level Expenditures Report
- Specifications for e2LA Services-level Expenditures Report

DPH will also provide:

- Technical documentation of workflows and data collection requirements for fiscal Line Items Invoicing.
- Technical documentation of workflows and data collection requirements for fiscal Program Income Invoicing
- Technical documentation of workflows and data collection requirements for fiscal Service Units Items Invoicing.
- Technical documentation of indicators and filter requirements for Line-Item-level Expenditures Report
- Technical documentation of indicators and filter requirements for Services-level Expenditures Report

4.3.4.1 Subtask 18.1: Workshops to Validate Phase 2, Cycle 6 System Requirements

The objective of this task is to ensure that the requirements for Phase 2, Cycle 6 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 2, Cycle 6 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.3.4.2 Subtask 18.2: Validation of Phase 2, Cycle 6 System Requirements

Contractor will validate the Phase 2, Cycle 6 System requirements, which will include revising or augmenting the requirements as

needed to meet the County's requirements for the Phase 2, Cycle 6 System and to provide the level of detail and definition for all Phase 2, Cycle 6 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 2, Cycle 6 System requirements. Upon County's Acceptance of the documented Phase 2, Cycle 6 System requirements, such requirements will automatically become part of the System Requirements

4.3.4.2.1 Deliverable 18.1: System Requirements Validation for Phase 2, Cycle 6

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 2, Cycle 6, that meets the requirements of this Task 18 (Specifications Documents for Phase 2, Cycle 6).

4.3.4.3 Subtask 18.3: Development of Detailed Specifications for Phase 2, Cycle 6, Component 17 - Fiscal Line Items Invoicing

Contractor will develop detailed specifications for Phase 2, Cycle 6 Component 17 – Fiscal Line Items Invoicing ("Component 17") based on the validated Phase 2 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 2, Cycle 6 Component 17, such specifications will automatically become part of the System Specifications. Component 17 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 18.1 and 18.2:

- LA-104 - Fiscal Module - Invoicing
- LA-105 - Fiscal Module - Document Uploader
- LA-114 - Fiscal Module - Approval Workflow
- LA-107 - Fiscal Module - Electronic Signature
- LA-108 - Fiscal Module - Print Invoice
- LA-109 - Fiscal Module - Email Notifications
- RDE_g2287 - Fiscal Module - Program income

4.3.4.4 Subtask 18.4: Development of Detailed Specifications for Phase 2, Cycle 6, Component 18 - Fiscal Services Invoicing

Contractor will develop detailed specifications for Phase 2, Cycle 6 Component 18 – Fiscal Services Invoicing ("Component 18") based on the validated Phase 2 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 2, Cycle 6 Component 18, such specifications will automatically become part of the System Specifications. Component 18 is comprised of, without limitation to the extent that it is reasonably included in the

items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 18.1 and 18.2:

- LA-110 - Fiscal Module - Service Unit Invoicing
- LA-111 - Fiscal Module - Service Unit Contract Management
- LA-112 - Fiscal Module - Eligibility Tracking
- LA-113 - Fiscal Module - Eligibility Exceptions/Overrides
- LA-114 - Fiscal Module - Approval Workflow

4.3.4.5 Subtask 18.5: Development of Detailed Specifications for Phase 2, Cycle 6, Component 19 – Line-item Expenditures Report

Contractor will develop detailed specifications for Phase 2, Cycle 6 Component 19 – Line-item Expenditures Report ("Component 19") based on the validated Phase 2 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 2, Cycle 6 Component 19, such specifications will automatically become part of the System Specifications. Component 19 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 18.1 and 18.2:

- LA-116 - Fiscal - Expenditures Report - Line Item

4.3.4.6 Subtask 18.6: Development of Detailed Specifications for Phase 2, Cycle 6, Component 20 – Services Expenditures Report

Contractor will develop detailed specifications for Phase 2, Cycle 6 Component 20 – Services Expenditures Report ("Component 20") based on the validated Phase 2 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 2, Cycle 6 Component 20, such specifications will automatically become part of the System Specifications. Component 20 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 18.1 and 18.2:

- LA-117 - Fiscal - Expenditures Report - Services

4.3.4.7 Subtask 18.7: Updating Project Plan for Phase 2, Cycle 6, Components 17, 18, 19, and 20

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 2, if necessary, based on the final Detailed Specifications for Phase 2, Cycle 6 Components 17, 18, 19, and 20.

4.3.4.7.1 Deliverable 18.2: Specifications for Phase 2, Cycle 6 Components 17, 18, 19, and 20 and Revised Project Plan for Phase 2 (KEY)

Contractor will prepare the specifications for Phase 4, Cycle 16, Component 36 and revise the detailed Project Plan for Phase 4, if needed, that meets the requirements of this Task 18 (Specifications Documents for Phase 2, Cycle 6) and Subtasks 18.3 through 18.7, for DPH's review and Acceptance.

4.3.5 Task 19: Testing and Delivery of Prototypes for Phase 2, Cycle 6.

This Task 19 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.3.5.1 Subtask 19.1: Testing and Delivery of Prototype for Phase 2, Cycle 6 Component 17.

Contractor will perform quality assurance testing on all modules and System features of Phase 2, Cycle 6 Component 17 of the System prior to delivering a prototype to the County to confirm the prototypes meet Phase 2, Cycle 6 Component 17 System Requirements and Specifications.

This quality assurance testing will document in a Quality Assurance Testing Report what Contractor did with respect to:

- Overall test approach, including a summary of techniques used and summary of final results of testing.
- Timely completing the testing schedule, which should be aligned with the Project Schedule.
- Validating that all System Requirements for usability and functionality have been tested and verified.
- Justification for moving to UAT.

Upon successful completion of quality assurance testing, Contractor will deliver a prototype for Phase 2, Cycle 6 Component 17 of the System meeting all Phase 2, Cycle 6 Component 17

System Requirements and Specifications in the Demonstration Hosting Environment and will provide access to DPH for UAT.

4.3.5.2 Subtask 19.2: Testing and Delivery of Prototype for Phase 2, Cycle 6, Component 18.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 2, Cycle 6 Component 17.

4.3.5.3 Subtask 19.3: Testing and Delivery of Prototype for Phase 2, Cycle 6, Component 19.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 2, Cycle 6 Component 17.

4.3.5.4 Subtask 19.4: Testing and Delivery of Prototype for Phase 2, Cycle 6, Component 20.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 2, Cycle 6 Component 17.

4.3.5.4.1 Deliverable 19.1: Completion of Quality Assurance Testing for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of the System that meets the requirements of this Task 19 (Testing and Delivery of Prototypes for Phase 2, Cycle 6) and Subtasks 19.1 through 19.4, for DPH's review and Acceptance.

4.3.5.4.2 Deliverable 19.2: Delivery of Prototypes for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System.

Contractor will prepare Prototype for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of the System that meets the requirements of this Task 19 (Testing and Delivery of Prototypes for Phase 2, Cycle 6) and Subtasks 19.1 through 19.4, for DPH's review and Acceptance.

4.3.5.5 Subtask 19.5: UAT Testing for Prototype for Phase 2, Cycle 5, Components 17, 18, 19, and 20 of System

UAT is a major project milestone during which DPH, with the assistance of the Contractor, comprehensively tests various phases of the System against the System Specifications with synthetic data loaded to determine if the System, or parts of the System, is ready for use by DPH.

Contractor will assist DPH in preparing a User Acceptance Test Plan for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of the System, to include:

- A description of proposed test scripts to be conducted during UAT;
- A description of tools, environments, and controls to be used during UAT;
- A proposed test schedule;
- A description of the Contractor and DPH roles, responsibilities, and resources needed to perform UAT;
- A proposed training plan and schedule for DPH;
- A process for UAT problem reporting, tracking, and resolution process; and
- A proposed approach for the correction of Deficiencies identified by the Contractor or DPH during UAT.

Contractor will provide the tools, environment, and controls to be used during UAT. Contractor will assist DPH in the development of testing scenarios. The Contractor will assist DPH with the integration of County-developed scenarios reviewed by Contractor for the test scripts, and will deliver Phase 2, Cycle 6, Components 17, 18, 19, and 20 of the System to the County for UAT testing.

During UAT, Contractor shall provide support to County, including configuration of the Demo Hosting Environment for testing, training on testing tools or processes for County UAT team, management of test results, and performance of any corrective actions in the case of identified Deficiencies by the Contractor or the County. County staff will perform UAT using data sets representative of operational complexity. The County will complete UAT during the time period specified in the Detailed Project Plan. The County will record all UAT results, and Contractor shall prepare the reports that include a record of all successes, failures, and corrective actions taken by Contractor.

County will notify the Contractor of any Deficiencies identified by County during UAT. For each Deficiency identified by the Contractor or the County, the Contractor shall provide a corrective action plan, and correct all Deficiencies, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH.

4.3.5.5.1 Deliverable 19.3: Recommended User Acceptance Test Plan of Prototype for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of the System that meets the requirements of this Task 19 (Testing and Delivery of Prototypes for Phase 2, Cycle 6) and Subtask 19.5, for DPH's review and Acceptance.

4.3.5.5.2 Deliverable 19.4: Completion of Successful UAT for Prototype for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of the System, in accordance with the requirements of this Task 19 (Testing and Delivery of Prototype for Phase 2, Cycle 6) and Subtask 19.5. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.3.6 Task 20: Delivery of Launch-Ready System for Phase 2, Cycles 5 and 6

4.3.6.1 Subtask 20.1: Complete Revisions to Phase 2, Cycle 5 Components of the System and Deliver on the Staging Hosting Environment

Contractor will make any needed revisions to Phase 2 Cycle 5 Components to reflect feedback and comments received, following completion of UAT on the Phase 2 Cycle 5 components of the System by DPH. DPH will respond timely to any follow-up questions and requests for feedback from Contractor as it completes this task.

Once revisions are completed, Contractor will perform final quality assurance testing on the modules and System features of the Phase 2, Cycle 5 components of the System prior to delivering the Phase 2, Cycle 5 components to the Staging Hosting Environment. As part of this testing, Contractor will confirm the System meets all Phase 2, Cycle 5 System Requirements as defined by the Scope, final Specifications, and revised Detailed Project Plan. Once completed, Contractor will deliver Phase 2, Cycle 5 System modules and features on the Staging Hosting Environment for it to

be ready for launch to the Production Hosting Environment for Production Use.

4.3.6.2 Subtask 20.2: Complete Revisions to Phase 2, Cycle 6 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 20.1 but specific for Phase 2, Cycle 6 Components of the System.

4.3.6.2.1 Deliverable 20.1: Delivery of Launch-ready System for Phase 2 (KEY)

Contractor will deliver Phase 2, Cycles 5 and 6 that meet the requirements of this Task 20 (Delivery of Launch-Ready System for Phase 2, Cycles 5 and 6) and Subtasks 20.1 through 20.2, for DPH's review and Acceptance.

4.3.7 Task 21: Application Security Scan

4.3.7.1 Subtask 21.1: Application Security Scan is a necessary component of Launch. [LA_g2290]

The following work will be performed by Contractor prior to System Launch, and will be repeated annually for the overall System as required in Section 14.2.3 (Security Scan) of the Agreement:

- RDE sets up an environment to perform the security scans.
- RDE performs the required Security Scans to generate raw security scan results.
- RDE compiles the raw results into a table of findings classified by their root-cause and impact.
- Any findings considered to be a risk of breach will undergo immediate Impact Analysis and Remediation and will trigger the appropriate Incident Response procedures.
- Contractor will share a report of the Security Scan results and mitigations with the County.

4.3.7.1.1 Deliverable 21.1: Completion of Application Security Scan

Contractor will complete the Application Security Scan prior to System Launch that meets the requirements of this Task 21.1 (Application Security Scan) and Subtask 21.1, for DPH's review and Acceptance.

4.3.8 Task 22: System Launch for Phase 2 to Production Use

4.3.8.1 Subtask 22.1: Pre-Launch User Training for Phase 2 [LA-90]

Contractor will assist DPH in the development of a training PowerPoint for an online scenario-based training.

- Contractor will record the online training session and allow system users to view the video from the system's help section.
- Contractor will perform a live walk-through based on training scenarios with collaborative input by DPH Team Members.

4.3.8.1.1 Deliverable 22.1: Training for Phase 2 System Prior to Production Use (KEY)

Contractor will deliver and complete training for the Phase 2 System that meets the requirements of Task 22 (System Launch for Phase 2 to Production Use) and Subtask 22.1 (Pre-Launch User Training for Phase 2).

4.3.8.2 Subtask 22.2: Deployment of all Phase 2 Code and Dependencies to FedRAMP Certified GovCloud Production Server

- Contractor purchases Domain Name and configures the system for Production Environment and domain.
- Contractor creates a joint-team support address that includes members of the DPH team.
- Contractor's Senior Software Developer performs code deployment to AWS during a period of time that will not cause disruption for users.

4.3.8.3 Subtask 22.3: Smoke Test of System-Critical Phase 2 Components

- Contractor performs Smoke Testing, after every production update, to confirm that the deployment was successful and that there are no identifiable system errors caused by the deployment that would cause disruption in user access to the system.
- If any errors are identified, Contractor performs a "rollback" of the deployment.
- Contractor notifies DPH that launch is completed.
- DPH performs Smoke Testing by doing a review of functionalities available in the production environment.

4.3.8.3.1 Deliverable 22.2: Launch of Phase 2 for Production Use (KEY)

Contractor will deliver Phase 2 for Production Use that meets the requirements of this Task 22 (System Launch for Phase 2 to Production Use) and Subtasks 22.1 through 22.3, for DPH's review and Acceptance.

4.3.8.4 Subtask 22.4: Post-Production Use 90-Day Phase Acceptance Procedure

As set forth in Section 5.4 (Phase Acceptance) of the Agreement, following successful transitioning of Phase 2 of the System for Production Use for DPH, County will monitor for Deficiencies and Contractor shall maintain the System in Production Use for a minimum of ninety (90) consecutive days. Upon occurrence of a Deficiency of Severity Level 1-Critical or Severity Level 2-Severe, Contractor shall provide County with a diagnosis of the Deficiency and proposed solution(s), and Contractor shall correct such Deficiency by re-performance pursuant to, and subject to, the provisions of this Agreement. County and Contractor shall agree upon each such proposed solution to be used to correct a Deficiency(ies) prior to its implementation. Commencing with Phase Acceptance, any problems encountered by DPH in the use of the System shall be subject to the applicable terms under the Agreement as more fully described in Exhibit B (Service Level Agreement).

Phase 2 of the System will achieve Phase Acceptance when Section 5.4.3 (Phase Acceptance) of the Agreement is met. Contractor shall provide the Phase 2 Verification Report, documenting the achievement of Phase 2 Acceptance.

4.3.8.4.1 Deliverable 22.3: Phase 2 Acceptance (KEY)

Contractor will achieve Phase 2 Acceptance by meeting the requirements of this Task 22 (System Launch for Phase 2 to Production Use) and Subtask 22.4, for DPH's review and Acceptance.

4.4 PHASE 3: e2TRAINING DATA SYSTEM INTEGRATION

4.4.1 Task 23: Project Start-Up Work for Phase 3

Contractor will perform and successfully complete the project start-up work as part of implementation for Phase 3.

4.4.1.1 Subtask 23.1: Demo Hosting Environment for Phase 3

Contractor will establish a Demonstration Hosting Environment for Phase 3 of the System that includes the requirements listed in Exhibit A-1 (e2LosAngeles Solution Requirements), Section _ (Scope Item LA-g2333) (Demo Site Set-up - e2Training v1). The Demo Hosting Environment site will need to be accessible by the County for completion of this Subtask.

4.4.1.1.1 Deliverable 23.1: Demo Hosting Environment for Phase 3 (KEY)

Contractor will prepare the Demo Hosting Environment for Phase 3 that meets the requirements of this Task 23 (Project

Start-up Work for Phase 3) and Subtask 23.1, for DPH's review and Acceptance.

4.4.1.2 Subtask 23.2: Detailed Project Plan for Phase 3

Contractor will provide a detailed Project Plan for Phase 3 describing the tasks required to implement the Phase 3 System. This task will include the creation of a detailed Project Plan Document (PPD). The PPD will be comprised of:

- Project work plan for each Deliverable in Phase 3, including a work breakdown structure;
- Anticipated start date and completion date of each task;
- Proposed project milestones for Phase 3.
- Phase 3 Deliverables and proposed County review period for each;
- Entrance and exit criteria for each milestone in Phase 3; and
- Roles and responsibilities for the Contractor and County.

4.4.1.2.1 Deliverable 23.2: Detailed Project Plan for Phase 3 (KEY)

Contractor will prepare the Detailed Project Plan for Phase 3 that meets the requirements of this Task 23 (Project Start-up Work for Phase 3) and Subtask 23.2, for DPH's review and Acceptance.

4.4.2 Task 24: Specifications Documents for Phase 3, Cycle 7

For all of the subtasks in this Task 24, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- User Request Module Specifications
- User Request Form Workflow Specifications
- User Request Form Specifications

DPH will also provide:

- Sample forms and Technical Documentation of workflow and data-collection requirements for User Requests Creation, Processing and Approval. (User Request Form)

4.4.2.1 Subtask 24.1: Workshops to Validate Phase 3, Cycle 7 System Requirements

The objective of this task is to ensure that the requirements for Phase 3, Cycle 7 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 3, Cycle 7 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review

System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.4.2.2 Subtask 24.2: Validation of Phase 3, Cycle 7 System Requirements

Contractor will validate the Phase 3, Cycle 7 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 3, Cycle 7 System and to provide the level of detail and definition for all Phase 3, Cycle 7 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 3, Cycle 7 System requirements. Upon County's Acceptance of the documented Phase 3, Cycle 7 System requirements, such requirements will automatically become part of the System Requirements

4.4.2.2.1 Deliverable 24.1: System Requirements Validation for Phase 3, Cycle 7

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 3, Cycle 7, that meets the requirements of this Task 24 (Specifications Documents for Phase 3, Cycle 7) and Subtasks 24.1 through 24.2 for DPH's review and Acceptance.

4.4.2.3 Subtask 24.3: Development of Detailed Specifications for Phase 3, Cycle 7, Component 21 – User Request Module

Contractor will develop detailed specifications for Phase 3, Cycle 7, Component 21 – User Request Module ("Component 21") based on the validated Phase 3 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 3, Cycle 7, Component 21, such specifications will automatically become part of the System Specifications. Phase 3, Cycle 7, Component 21 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 24.1 and 24.2:

- LA-167 - User Request Module - Email Alerts for Admin and Agency Admins
- RDE_g811 - User Request Module

4.4.2.4 Subtask 24.4: Updating Project Plan for Phase 3, Cycle 7, Component 21

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 3, if necessary, based on the final Detailed Specifications for Phase 3, Cycle 7 Component 21.

4.4.2.4.1 Deliverable 24.2: Specifications for Phase 3, Cycle 7 Component 21 and Revised Project Plan for Phase 3 (KEY)

Contractor will prepare the specifications for Phase 3, Cycle 7, Component 21 and revise the detailed Project Plan for Phase 3, if needed, that meets the requirements of this Task 24 (Specifications Documents for Phase 3, Cycle 7) and Subtasks 24.3 through 24.4, for DPH's review and Acceptance.

4.4.3 Task 25: Testing and Delivery of Prototypes for Phase 3, Cycle 7.

This Task 25 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.4.3.1 Subtask 25.1: Testing and Delivery of Prototype for Phase 3, Cycle 7 Component 21.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 3, Cycle 7 Component 21.

4.4.3.1.1 Deliverable 25.1: Completion of Quality Assurance Testing for Phase 3, Cycle 7, Component 21 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 3, Cycle 7, Component 21 of the System that meets the requirements of this Task 25 (Testing and Delivery of Prototypes for Phase 3, Cycle 7) and Subtask 25.1, for DPH's review and Acceptance.

4.4.3.1.2 Deliverable 25.2: Delivery of Prototypes for Phase 3, Cycle 7, Component 21 of System.

Contractor will prepare Prototype for Phase 3, Cycle 7, Component 21 of the System that meets the requirements of this Task 25 (Testing and Delivery of Prototypes for Phase 3, Cycle 7) and Subtask 25.1, for DPH's review and Acceptance.

4.4.3.2 Subtask 25.2: UAT Testing for Phase 3, Cycle 7, Component 21 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 3, Cycle 7 Components 21.

4.4.3.2.1 Deliverable 25.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 7, Component 21 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 3, Cycle 7, Component 21 of the System that meets the requirements of this Task 25 (Testing and Delivery of Prototypes for Phase 3, Cycle 7) and Subtask 25.2, for DPH's review and Acceptance.

4.4.3.2.2 Deliverable 25.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 7, Component 21 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 3, Cycle 7, Component 21 of the System, in accordance with the requirements of this Task 25 (Testing and Delivery of Prototype for Phase 3, Cycle 7) and Subtask 25.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.4.4 Task 26: Specifications Documents for Phase 3, Cycle 8.

For all of the subtasks in this Task 26, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Revisions to Roles and Permissions Matrix Specs for Training Module
- Specifications for Data tracking of Training participant records
- Specifications and/or Data Dictionary for the tracking of Trainings and their Planning Information
- Specifications for the ability to Create and Search Trainings
- Specifications and /or Data Dictionary for administration of the content of trainings, including management of Video and PDF uploads.

- Specifications and/or Data Dictionary for administration of authorization/access criteria for participants.

DPH will also provide:

- Technical documentation for any roles and permissions required for the management and administration of the Training Module components
- Technical documentation of workflows and data collection requirements for the administration of trainings in e2Training.
- Technical documentation of workflows and data collection requirements for administration of the “Educational Contents” for trainings
- Technical documentation of workflows and data-collection requirements for managing which e2LA & e2Training users have access to which trainings.

4.4.4.1 Subtask 26.1: Workshops to Validate Phase 3, Cycle 8 System Requirements

The objective of this task is to ensure that the requirements for Phase 3, Cycle 8 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 3, Cycle 8 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.4.4.2 Subtask 26.2: Validation of Phase 3, Cycle 8 System Requirements

Contractor will validate the Phase 3, Cycle 8 System requirements, which will include revising or augmenting the requirements as needed to meet the County’s requirements for the Phase 3, Cycle 8 System and to provide the level of detail and definition for all Phase 3, Cycle 8 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 3, Cycle 8 System requirements. Upon County’s Acceptance of the documented Phase 3, Cycle 8 System requirements, such requirements will automatically become part of the System Requirements.

4.4.4.2.1 Deliverable 26.1: System Requirements Validation for Phase 3, Cycle 8

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 3, Cycle 8, that meets the requirements of this Task 26 (Specifications Documents for Phase 3, Cycle 8) and

Subtasks 26.1 through 26.2, for DPH's review and Acceptance.

4.4.4.3 Subtask 26.3: Development of Detailed Specifications for Phase 3, Cycle 8, Component 22 – User Management Module

Contractor will develop detailed specifications for Phase 3, Cycle 8, Component 22 – User Management Module ("Component 22") based on the validated Phase 3 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 3, Cycle 8, Component 22, such specifications will automatically become part of the System Specifications. Phase 3, Cycle 8, Component 22 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 26.1 and 26.2:

- LA-171 - Training Site - User Management
- LA-172 - Training User Management - Public Participant e2Training Registration Page

4.4.4.4 Subtask 26.4: Development of Detailed Specifications for Phase 3, Cycle 8, Component 23 – Training Records Management Module

Contractor will develop detailed specifications for Phase 3, Cycle 8, Component 23 – Training Records Management Module ("Component 23") based on the validated Phase 3 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 3, Cycle 8, Component 23, such specifications will automatically become part of the System Specifications. Phase 3, Cycle 8, Component 23 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 26.1 and 26.2:

- LA-173 - Training Admin - Training Records Management (Search/Create/Edit/Delete)
- LA-174 - Training Admin - Training Information and Planning

4.4.4.5 Subtask 26.5: Development of Detailed Specifications for Phase 3, Cycle 8, Component 24 – Training Content Management Module

Contractor will develop detailed specifications for Phase 3, Cycle 8, Component 24 – Training Content Module ("Component 24") based on the validated Phase 3 System Requirements. Upon County's

Acceptance of the detailed specifications for Phase 3, Cycle 8, Component 24, such specifications will automatically become part of the System Specifications. Phase 3, Cycle 8, Component 24 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 26.1 and 26.2:

- LA-176 - Training Admin - Base Content Management
- LA-177 - Training Admin - Content Mgmt - Video Player
- LA-178 - Training Admin - Content Mgmt - PDF Download

4.4.4.6 Subtask 26.6: Development of Detailed Specifications for Phase 3, Cycle 8, Component 25 – Advanced Training Access Management

Contractor will develop detailed specifications for Phase 3, Cycle 8, Component 25 – Advanced Training Access Management ("Component 25") based on the validated Phase 3 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 3, Cycle 8, Component 25, such specifications will automatically become part of the System Specifications. Phase 3, Cycle 8, Component 25 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 26.1 and 26.2:

- LA-175 - Training Admin - Advanced Training Access Management

4.4.4.7 Subtask 26.7: Updating Project Plan for Phase 3, Cycle 8, Components 22, 23, 24, and 25

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 3, if necessary, based on the final Detailed Specifications for Phase 3, Cycle 8 Components 22-25.

4.4.4.7.1 Deliverable 26.2: Specifications for Phase 3, Cycle 8 Components 22, 23, 24, and 25 and Revised Project Plan for Phase 3 (KEY)

Contractor will prepare the specifications for Phase 3, Cycle 8, Components 22-25 and revise the detailed Project Plan for Phase 3, if needed, that meets the requirements of this Task 26 (Specifications Documents for Phase 3, Cycle 8) and Subtasks 26.3 through 26.7, for DPH's review and Acceptance.

4.4.5 Task 27: Testing and Delivery of Prototypes for Phase 3, Cycle 8.

This Task 27 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.4.5.1 Subtask 27.1: Testing and Delivery of Prototype for Phase 3, Cycle 8 Component 22.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 3, Cycle 8 Component 22.

4.4.5.2 Subtask 27.2: Testing and Delivery of Prototype for Phase 3, Cycle 8 Component 23.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 3, Cycle 8 Component 23.

4.4.5.3 Subtask 27.3: Testing and Delivery of Prototype for Phase 3, Cycle 8 Component 24.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 3, Cycle 8 Component 24.

4.4.5.4 Subtask 27.4: Testing and Delivery of Prototype for Phase 3, Cycle 8 Component 25.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 3, Cycle 8 Component 25.

4.4.5.4.1 Deliverable 27.1: Completion of Quality Assurance Testing for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of the System that meets the requirements of this Task 27 (Testing and Delivery of Prototypes for Phase 3, Cycle 8) and Subtasks 27.1 through 27.4, for DPH's review and Acceptance.

4.4.5.4.1 Deliverable 27.2: Delivery of Prototypes for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System.

Contractor will prepare Prototype for Phase 3, Cycle 8, Component 22, 23, 24, and 25 of the System that meets the requirements of this Task 27 (Testing and Delivery of Prototypes for Phase 3, Cycle 8) and Subtasks 27.1 through 27.4, for DPH's review and Acceptance.

4.4.5.5 Subtask 27.5: UAT Testing for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 3, Cycle 8 Components 22, 23, 24 and 25.

4.4.5.5.1 Deliverable 27.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 3, Cycle 8, Component 22, 23, 24, and 25 of the System that meets the requirements of this Task 27 (Testing and Delivery of Prototypes for Phase 3, Cycle 8) and Subtask 27.5, for DPH's review and Acceptance.

4.4.5.5.2 Deliverable 27.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of the System, in accordance with the requirements of this Task 27 (Testing and Delivery of Prototype for Phase 3, Cycle 8) and Subtask 27.5. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.4.6 Task 28: Specifications Documents for Phase 3, Cycle 9.

For all of the subtasks in this Task 28, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Specifications for Single sign-on access between e2LA and e2Training user accounts
- Revisions to User Request Module specifications for the creation of a e2Training account.
- Specifications and/or Data Dictionary for the administration of training requirements and user alerts.

- Specifications for the layout and behavior of the training Overview Dashboard that is accessible by e2Training participants to view their relevant trainings.
- Specifications for the access restrictions and display layout of a training's content by an e2Training Participant
- Specifications and/or Data Dictionary for the administration of the Post-Training Questions
- Specifications and/or Data Dictionary for the administration of the Post-Training Quiz questions and answer scoring
- Specifications for the access and display of a training's post-training questions and quiz

DPH will also provide:

- Technical documentation of workflows and data collection requirements for integration of user management and Single Sign-On Access between e2LA and e2Trainings.
- Technical documentation of workflows and data collection requirements for administration of the "Educational Contents" for training's in e2Training.
- Technical documentation of workflows and data collection requirements for managing which e2Training trainings are required by to be taken by which users, and what are the timeframe criteria.
- Technical documentation of workflow and layout requirements for access to a training's content by e2Training participants.
- Technical documentation of workflows and data-collection requirements for the administration of questions for a training, which training participants will be asked to answer in e2Training upon completion.
- Technical documentation of workflows and data-collection requirements for the administration of training quiz questions and "scoring sheet".
- Technical documentation of workflow and layout requirements for the display and collection of post-training questions to the training participants.

4.4.6.1 Subtask 28.1: Workshops to Validate Phase 3, Cycle 9 System Requirements

The objective of this task is to ensure that the requirements for Phase 3, Cycle 9 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 3, Cycle 9 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.4.6.2 Subtask 28.2: Validation of Phase 3, Cycle 9 System Requirements

Contractor will validate the Phase 3, Cycle 9 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 3, Cycle 9 System and to provide the level of detail and definition for all Phase 3, Cycle 9 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 3, Cycle 9 System requirements. Upon County's Acceptance of the documented Phase 3, Cycle 9 System requirements, such requirements will automatically become part of the System Requirements

4.4.6.2.1 Deliverable 28.1: System Requirements Validation for Phase 3, Cycle 9

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 3, Cycle 9, that meets the requirements of this Task 28 (Specifications Documents for Phase 3, Cycle 9) and Subtasks 28.1 through 28.2, for DPH's review and Acceptance.

4.4.6.3 Subtask 28.3: Development of Detailed Specifications for Phase 3, Cycle 9, Component 26 – Training integration with e2LosAngeles

Contractor will develop detailed specifications for Phase 3, Cycle 9, Component 26 – Training integration with e2LosAngeles ("Component 26") based on the validated Phase 3 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 3, Cycle 9, Component 26, such specifications will automatically become part of the System Specifications. Phase 3, Cycle 9, Component 26 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 28.1 and 28.2:

- LA-168 - Integrated e2LA and e2Training User Access
- LA-169 - User Request Module - Automatic e2Training Account registration when request is approved
- LA-170 - User Alerts and/or restriction in e2LA when a required training expires

4.4.6.4 Subtask 28.4: Development of Detailed Specifications for Phase 3, Cycle 9, Component 27 – Base Participant Training View

Contractor will develop detailed specifications for Phase 3, Cycle 9, Component 27 – Base Participant Training View ("Component 27")

based on the validated Phase 3 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 3, Cycle 9, Component 27, such specifications will automatically become part of the System Specifications. Phase 3, Cycle 9, Component 27 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 28.1 and 28.2:

- LA-181 - Training Participant - Training Overview Dashboard
- LA-183 - Training Participant - Training Content View

4.4.6.5 Subtask 28.5: Development of Detailed Specifications for Phase 3, Cycle 9, Component 28 – Training Quiz/Evaluation Management and Participant Access

Contractor will develop detailed specifications for Phase 3, Cycle 9, Component 28 – Training Quiz/Evaluation Management and Participant Access ("Component 28") based on the validated Phase 3 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 3, Cycle 9, Component 28, such specifications will automatically become part of the System Specifications. Phase 3, Cycle 9, Component 28 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 28.1 and 28.2:

- LA-179 - Training Admin - Post-Training Questions Management (Post-Training Evaluation)
- LA-180 - Training Admin - Training Quiz and Scoring Management
- LA-184 - Training Participant - Post-Training Quiz/Evaluation Page

4.4.6.6 Subtask 28.6: Updating Project Plan for Phase 3, Cycle 9, Components 26, 27, and 28

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 3, if necessary, based on the final Detailed Specifications for Phase 3, Cycle 9 Components 26-28.

4.4.6.6.1 Deliverable 28.2: Specifications for Phase 3, Cycle 9 Components 26, 27, and 28 and Revised Project Plan for Phase 3 (KEY)

Contractor will prepare the specifications for Phase 3, Cycle 9, Components 26, 27, and 28 and revise the detailed

Project Plan for Phase 3, if needed, that meets the requirements of this Task 28 (Specifications Documents for Phase 3, Cycle 9) and Subtasks 28.3 through 28.6, for DPH's review and Acceptance.

4.4.7 Task 29: Testing and Delivery of Prototypes for Phase 3, Cycle 9.

This Task 29 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.4.7.1 Subtask 29.1: Testing and Delivery of Prototype for Phase 3, Cycle 9 Component 26.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 3, Cycle 9 Component 26.

4.4.7.2 Subtask 29.2: Testing and Delivery of Prototype for Phase 3, Cycle 9 Component 27.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 3, Cycle 9 Component 27.

4.4.7.3 Subtask 29.3: Testing and Delivery of Prototype for Phase 3, Cycle 9 Component 28.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 3, Cycle 9 Component 28.

4.4.7.3.1 Deliverable 29.1: Completion of Quality Assurance Testing for Phase 3, Cycle 9, Components 26, 27, and 28 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 3, Cycle 9, Components 26, 27, and 28 of the System that meets the requirements of this Task 29 (Testing and Delivery of Prototypes for Phase 3, Cycle 9) and Subtasks 29.1 through 29.3, for DPH's review and Acceptance.

4.4.7.3.2 Deliverable 29.2: Delivery of Prototypes for Phase 3, Cycle 9, Components 26, 27, and 28 of System.

Contractor will prepare Prototype for Phase 3, Cycle 9, Components 26, 27, and 28 of the System that meets the requirements of this Task 29 (Testing and Delivery of Prototypes for Phase 3, Cycle 9) and Subtasks 29.1 through 29.3, for DPH's review and Acceptance.

4.4.7.4 Subtask 29.4: UAT Testing for Phase 3, Cycle 9, Components 26, 27, and 28 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 3, Cycle 9, Components 26, 27, and 28.

4.4.7.4.1 Deliverable 29.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 9, Components 26, 27, and 28 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 3, Cycle 9, Components 26, 27, and 28 of the System that meets the requirements of this Task 29 (Testing and Delivery of Prototypes for Phase 3, Cycle 9) and Subtask 29.4, for DPH's review and Acceptance.

4.4.7.4.2 Deliverable 29.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 9, Components 26, 27, and 28 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 3, Cycle 9, Components 26, 27, and 28 of the System, in accordance with the requirements of this Task 29 (Testing and Delivery of Prototype for Phase 3, Cycle 9) and Subtask 29.4. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.4.8 Task 30: Specifications Documents for Phase 3, Cycle 10.

For all of the subtasks in this Task 30, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Specifications for the Layout and data fields used to generate a participant’s certificate after completion of a training.
- Specifications for Data Extract of Participant information for a training
- Specifications for reporting indicators and filters for the Aggregate Training Participants Count Report

DPH will also provide:

- Samples of any specific layout requirements and provide image files for any logos that must be present on the certificate.
- Technical documentation of workflow and layout requirements when generating a training certificate for an e2Training user.
- Technical documentation of requirements for the format of the data extract containing participant information for a training.
- Technical documentation of indicators and filters requirements for the Aggregate Training Participants Count Report

4.4.8.1 Subtask 30.1: Workshops to Validate Phase 3, Cycle 10 System Requirements

The objective of this task is to ensure that the requirements for Phase 3, Cycle 10 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 3, Cycle 10 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.4.8.2 Subtask 30.2: Validation of Phase 3, Cycle 10 System Requirements

Contractor will validate the Phase 3, Cycle 10 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 3, Cycle 10 System and to provide the level of detail and definition for all Phase 3, Cycle 10 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 3, Cycle 10 System requirements. Upon County's Acceptance of the documented Phase 3, Cycle 10 System requirements, such requirements will automatically become part of the System Requirements.

4.4.8.2.1 Deliverable 30.1: System Requirements Validation for Phase 3, Cycle 10

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 3, Cycle 10, that meets the requirements of this Task 30 (Specifications Documents for Phase 3, Cycle 10) and Subtasks 30.1 through 30.2, for DPH's review and Acceptance.

4.4.8.3 Subtask 30.3: Development of Detailed Specifications for Phase 3, Cycle 10, Component 29 – Participant Training Certificate Download

Contractor will develop detailed specifications for Phase 3, Cycle 10, Component 29 – Participant Training Certificate Download ("Component 29") based on the validated Phase 3 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 3, Cycle 10, Component 29, such specifications will automatically become part of the System Specifications. Phase 3, Cycle 10, Component 29 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 30.1 and 30.2:

- LA-182 - Training Participant - Training Certificate Download

4.4.8.4 Subtask 30.4: Development of Detailed Specifications for Phase 3, Cycle 10, Component 30 – Administrative Training Reports

Contractor will develop detailed specifications for Phase 3, Cycle 10, Component 30 – Administrative Training Reports ("Component 27") based on the validated Phase 3 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 3, Cycle 10, Component 30, such specifications will automatically become part of the System Specifications. Phase 3, Cycle 10, Component 30 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 30.1 and 30.2:

- LA-185 - Training Admin - Training Participants Extract
- LA-186 - Training Admin - Aggregate Training Participant Counts Report

4.4.8.5 Subtask 30.5: Updating Project Plan for Phase 3, Cycle 10, Components 29 and 30

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 3, if necessary, based on the final Detailed Specifications for Phase 3, Cycle 10 Components 29 and 30.

4.4.8.5.1 Deliverable 30.2: Specifications for Phase 3, Cycle 10 Components 29 and 30 and Revised Project Plan for Phase 3 (KEY)

Contractor will prepare the specifications for Phase 3, Cycle 10, Components 29 and 30 and revise the detailed Project Plan for Phase 3, if needed, that meets the requirements of this Task 30 (Specifications Documents for Phase 3, Cycle

10) and Subtasks 30.3 through 30.5, for DPH's review and Acceptance.

4.4.9 Task 31: Testing and Delivery of Prototypes for Phase 3, Cycle 10.

This Task 30 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.4.8.1 Subtask 31.1: Testing and Delivery of Prototype for Phase 3, Cycle 10 Component 29.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 3, Cycle 10 Component 29.

4.4.8.2 Subtask 31.2: Testing and Delivery of Prototype for Phase 3, Cycle 10 Component 30.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 3, Cycle 10 Component 30.

4.4.8.2.1 Deliverable 31.1: Completion of Quality Assurance Testing for Phase 3, Cycle 10, Components 29 and 30 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 3, Cycle 10, Components 29 and 30 of the System that meets the requirements of this Task 31 (Testing and Delivery of Prototypes for Phase 3, Cycle 10) and Subtasks 31.1 through 31.2, for DPH's review and Acceptance.

4.4.8.2.2 Deliverable 31.2: Delivery of Prototypes for Phase 3, Cycle 10, Components 29 and 30 of System.

Contractor will prepare Prototype for Phase 3, Cycle 10, Components 29 and 30 of the System that meets the requirements of this Task 31 (Testing and Delivery of Prototypes for Phase 3, Cycle 10) and Subtasks 31.1 through 31.2, for DPH's review and Acceptance.

4.4.8.3 Subtask 31.3: UAT Testing for Phase 3, Cycle 10, Components 29 and 30 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 3, Cycle 10, Components 29 and 30.

4.4.8.3.1 Deliverable 31.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 10, Components 29 and 30 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 3, Cycle 10, Components 29 and 30 of the System that meets the requirements of this Task 31 (Testing and Delivery of Prototypes for Phase 3, Cycle 10) and Subtask 31.3, for DPH's review and Acceptance.

4.4.8.3.2 Deliverable 31.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 10, Components 29 and 30 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 3, Cycle 10, Components 29 and 30 of the System, in accordance with the requirements of this Task 31 (Testing and Delivery of Prototype for Phase 3, Cycle 10) and Subtask 31.3. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.4.10 Task 32: Delivery of Launch-Ready System for Phase 3, Cycles 7, 8, 9, and 10

4.4.10.1 Subtask 32.1: Complete Revisions to Phase 3, Cycle 7 Components of the System and Deliver on the Staging Hosting Environment

Contractor will make any needed revisions to Phase 3 Cycle 7 Components to reflect feedback and comments received, following completion of UAT on the Phase 3, Cycle 7 components of the System by DPH. DPH will respond timely to any follow-up questions and requests for feedback from Contractor as it completes this task.

Once revisions are completed, Contractor will perform final quality assurance testing on the modules and System features of the Phase 3, Cycle 7 components of the System prior to delivering the Phase 3, Cycle 7 components to the Staging Hosting Environment.

As part of this testing, Contractor will confirm the System meets all Phase 3, Cycle 7 System Requirements as defined by the Scope, final Specifications, and revised Detailed Project Plan. Once completed, Contractor will deliver Phase 3, Cycle 7 System modules and features on the Staging Hosting Environment for it to be ready for launch to the Production Hosting Environment for Production Use.

4.4.10.2 Subtask 32.2: Complete Revisions to Phase 3, Cycle 8 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 32.1 but specific for Phase 3, Cycle 8 Components of the System.

4.4.10.3 Subtask 32.3: Complete Revisions to Phase 3, Cycle 9 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 32.1 but specific for Phase 3, Cycle 9 Components of the System.

4.4.10.4 Subtask 32.4: Complete Revisions to Phase 3, Cycle 10 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 32.1 but specific for Phase 3, Cycle 10 Components of the System.

4.4.10.4.1 Deliverable 32.1: Delivery of Launch-ready System for Phase 3 (KEY)

Contractor will deliver Phase 3, Cycles 7, 8, 9, and 10 that meet the requirements of this Task 32 (Delivery of Launch-Ready System for Phase 3, Cycles 7, 8, 9, and 10) and Subtasks 32.1 through 32.4, for DPH's review and Acceptance.

4.4.11 Task 33: Application Security Scan

4.4.11.1 Subtask 33.1: Application Security Scan is a necessary component of Launch. [LA_g2290]

The following work will be performed by Contractor prior to System Launch, and will be repeated annually for the overall System as required in Section 14.2.3 (Security Scan) of the Agreement:

- RDE sets up an environment to perform the security scans.
- RDE performs the required Security Scans to generate raw security scan results.

- RDE compiles the raw results into a table of findings classified by their root-cause and impact.
- Any findings considered to be a risk of breach will undergo immediate Impact Analysis and Remediation and will trigger the appropriate Incident Response procedures.
- Contractor will share a report of the Security Scan results and mitigations with the County.

4.4.11.1.1 Deliverable 33.1: Completion of Application Security Scan

Contractor will complete the Application Security Scan prior to System Launch that meets the requirements of this Task 33 (Application Security Scan) and Subtask 33.1, for DPH's review and Acceptance.

4.4.12 Task 34: System Launch for Phase 3 to Production Use

4.4.12.1 Subtask 34.1: Pre-Launch User Training for Phase 3 [LA-90]

Contractor will assist DPH in the development of a training PowerPoint for an online scenario-based training.

- Contractor will record the online training session and allow system users to view the video from the system's help section.
- Contractor will perform a live walk-through based on training scenarios with collaborative input by DPH Team Members.

4.4.12.1.1 Deliverable 34.1: Training for Phase 3 System Prior to Production Use (KEY)

Contractor will deliver and complete training for the Phase 3 System that meets the requirements of Task 34 (System Launch for Phase 3 to Production Use) and Subtask 34.1 (Pre-Launch User Training for Phase 3), for DPH's review and Acceptance.

4.4.12.2 Subtask 34.2: Deployment of all Phase 3 Code and Dependencies to FedRAMP Certified GovCloud Production Server

- Contractor purchases Domain Name and configures the system for Production Environment and domain.
- Contractor creates a joint-team support address that includes members of the DPH team.
- Contractor's Senior Software Developer performs code deployment to AWS during a period of time that will not cause disruption for users.

4.4.12.3 Subtask 34.3: Configuration of System Production Database

- Contractor's Senior Software Developer creates and configures the database that will be used by the production environment.
- Contractor's Senior Software Developer performs a database back-up and executes any database scripts required as part of launch.

4.4.12.4 Subtask 34.4: Configuration of System Production Application Server

- Contractor creates the initial DPH super-admin account.
- Contractor assists DPH with the one-time configuration of LKM which requires a secure passphrase known only by DPH.

4.4.12.5 Subtask 34.5: Smoke Test of System-Critical Phase 3 Components

- Contractor performs Smoke Testing, after every production update, to confirm that the deployment was successful and that there are no identifiable system errors caused by the deployment that would cause disruption in user access to the system.
- If any errors are identified, Contractor performs a “rollback” of the deployment.
- Contractor notifies DPH that launch is completed.
- DPH performs Smoke Testing by doing a review of functionalities available in the production environment.

4.4.12.5.1 Deliverable 34.2: Launch of Phase 3 for Production Use (KEY)

Contractor will deliver Phase 3 for Production Use that meets the requirements of this Task 34 (System Launch for Phase 3 to Production Use) and Subtasks 34.2 through 34.5, for DPH's review and Acceptance.

4.4.12.6 Subtask 34.6: Post-Production Use 90-Day Phase Acceptance Procedure

As set forth in Section 5.4 (Phase Acceptance) of the Agreement, following successful transitioning of Phase 3 of the System for Production Use for DPH, County will monitor for Deficiencies and Contractor shall maintain the System in Production Use for a minimum of ninety (90) consecutive days. Upon occurrence of a Deficiency of Severity Level 1-Critical or Severity Level 2-Severe, Contractor shall provide County with a diagnosis of the Deficiency and proposed solution(s), and Contractor shall correct such Deficiency by re-performance pursuant to, and subject to, the

provisions of this Agreement. County and Contractor shall agree upon each such proposed solution to be used to correct a Deficiency(ies) prior to its implementation. Commencing with Phase Acceptance, any problems encountered by DPH in the use of the System shall be subject to the applicable terms under the Agreement as more fully described in Exhibit B (Service Level Agreement).

Phase 3 of the System will achieve Phase Acceptance when Section 5.4.3 (Phase Acceptance) of the Agreement is met. Contractor shall provide the Phase 3 Verification Report, documenting the achievement of Phase 3 Acceptance.

4.4.12.6.1 Deliverable 34.3: Phase 3 Acceptance (KEY)

Contractor will achieve Phase 3 Acceptance by meeting the requirements of this Task 34 (System Launch for Phase 3 to Production Use) and Subtask 34.6, for DPH's review and Acceptance.

4.5 PHASE 4: RYAN WHITE PROGRAM AND MEDICAL CARE COORDINATION VERSION 2

4.5.1 Task 35: Project Start-Up Work for Phase 4

Contractor will perform and successfully complete the project start-up work as part of implementation for Phase 4.

4.5.1.1 Subtask 35.1: Detailed Project Plan for Phase 4

Contractor will provide a detailed Project Plan for Phase 4 describing the tasks required to implement the Phase 4 System. This task will include the creation of a detailed Project Plan Document (PPD). The PPD will be comprised of:

- Project work plan for each Deliverable in Phase 4, including a work breakdown structure;
- Anticipated start date and completion date of each task;
- Proposed project milestones for Phase 4.
- Phase 4 Deliverables and proposed County review period for each;
- Entrance and exit criteria for each milestone in Phase 4; and
- Roles and responsibilities for the Contractor and County.

4.5.1.1.1 Deliverable 35.1: Detailed Project Plan for Phase 4 (KEY)

Contractor will prepare the Detailed Project Plan for Phase 4 that meets the requirements of this Task 35 (Project Start-

Up Work for Phase 4) and Subtask 35.1, for DPH's review and Acceptance.

4.5.2 Task 36: Specifications Documents for Phase 4, Cycle 11.

For all of the subtasks in this Task 36, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- e2MyCare/e2MyHealth Specifications
- Client eSignature Portal Specifications

DPH will also provide:

- Technical Review of base e2MyCare/e2MyHealth specs and technical documentation regarding client-facing application requirements.
- Technical documentation of workflow and data-collection requirements for the sending of secure document links to clients by e2LA users and for the collection of electronic signatures from clients.

4.5.2.1 Subtask 36.1: Workshops to Validate Phase 4, Cycle 11 System Requirements

The objective of this task is to ensure that the requirements for Phase 4, Cycle 11 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 4, Cycle 11 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.5.2.2 Subtask 36.2: Validation of Phase 4, Cycle 11 System Requirements

Contractor will validate the Phase 4, Cycle 11 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 4, Cycle 11 System and to provide the level of detail and definition for all Phase 4, Cycle 11 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 4, Cycle 11 System requirements. Upon County's Acceptance of the documented Phase 4, Cycle 11 System requirements, such requirements will automatically become part of the System Requirements

4.5.2.2.1 Deliverable 36.1: System Requirements Validation for Phase 4, Cycle 11

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 4, Cycle 11, that meets the requirements of this Task 36 (Specifications Documents for Phase 4, Cycle 11) and Subtasks 36.1 through 36.2, for DPH's review and Acceptance.

4.5.2.3 Subtask 36.3: Development of Detailed Specifications for Phase 4, Cycle 11, Component 31 – e2MyCare

Contractor will develop detailed specifications for Phase 4, Cycle 11, Component 31 – e2MyCare ("Component 31") based on the validated Phase 4 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 4, Cycle 11, Component 31, such specifications will automatically become part of the System Specifications. Phase 4, Cycle 11, Component 31 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 36.1 and 36.2:

- LA-46 - Client Resources/Patient Portal - e2MyCare/e2MyHealth
- LA_g509 - HIPAA Compliant Client Portal & Client / Staff eSignature Module

4.5.2.4 Subtask 36.4: Updating Project Plan for Phase 4, Cycle 11, Component 31

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 4, if necessary, based on the final Detailed Specifications for Phase 4, Cycle 11 Component 31.

4.5.2.4.1 Deliverable 36.2: Specifications for Phase 4, Cycle 11 Component 31 and Revised Project Plan for Phase 4 (KEY)

Contractor will prepare the specifications for Phase 4, Cycle 11, Component 31 and revise the detailed Project Plan for Phase 4, if needed, that meets the requirements of this Task 36 (Specifications Documents for Phase 4, Cycle 11) and Subtasks 36.3 through 36.4, for DPH's review and Acceptance.

4.5.3 Task 37: Testing and Delivery of Prototypes for Phase 4, Cycle 11.

This Task 37includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are

being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.5.3.1 Subtask 37.1: Testing and Delivery of Prototype for Phase 4, Cycle 11 Component 31.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 4, Cycle 11 Component 31.

4.5.3.1.1 Deliverable 37.1: Completion of Quality Assurance Testing for Phase 4, Cycle 11, Component 31 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 4, Cycle 11, Component 31 of the System that meets the requirements of this Task 37 (Testing and Delivery of Prototypes for Phase 4, Cycle 11) and Subtask 37.1, for DPH's review and Acceptance.

4.5.3.1.2 Deliverable 37.2: Delivery of Prototypes for Phase 4, Cycle 11, Component 31 of System.

Contractor will prepare Prototype for Phase 4, Cycle 11, Component 31 of the System that meets the requirements of this Task 37 (Testing and Delivery of Prototypes for Phase 4, Cycle 11) and Subtask 37.1, for DPH's review and Acceptance.

4.5.3.2 Subtask 37.2: UAT Testing for Phase 4, Cycle 11, Component 31 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 4, Cycle 11 Component 31.

4.5.3.2.1 Deliverable 37.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 11, Component 31 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 4, Cycle 11, Component 31 of the System that meets the requirements of this Task 37 (Testing and Delivery of Prototypes for Phase 4, Cycle 11) and Subtask 37.2, for DPH's review and Acceptance.

4.5.3.2.2 Deliverable 37.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 11, Component 31 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for

Prototype for Phase 4, Cycle 11, Component 31 of the System, in accordance with the requirements of this Task 37 (Testing and Delivery of Prototype for Phase 4, Cycle 11) and Subtask 37.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.5.4 Task 38: Specifications Documents for Phase 4, Cycle 12.

For all of the subtasks in this Task 38, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Data Exchange Fields and Values Mappings Dictionary data file for Part B System

DPH will also provide:

- Technical documentation for data mappings and workflow rules for generating the Data Export file for the Part B system.

4.5.4.1 Subtask 38.1: Workshops to Validate Phase 4, Cycle 12 System Requirements

The objective of this task is to ensure that the requirements for Phase 4, Cycle 12 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 4, Cycle 12 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.5.4.2 Subtask 38.2: Validation of Phase 4, Cycle 12 System Requirements

Contractor will validate the Phase 4, Cycle 12 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 4, Cycle 12 System and to provide the level of detail and definition for all Phase 4, Cycle 12 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 4, Cycle 12 System

requirements. Upon County's Acceptance of the documented Phase 4, Cycle 12 System requirements, such requirements will automatically become part of the System Requirements.

4.5.4.2.1 Deliverable 38.1: System Requirements Validation for Phase 4, Cycle 12

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 4, Cycle 12, that meets the requirements of this Task 38 (Specifications Documents for Phase 4, Cycle 12), Subtasks 38.1 through 38.2, for DPH's review and Acceptance.

4.5.4.3 Subtask 38.3: Development of Detailed Specifications for Phase 4, Cycle 12, Component 32 – HRSA Part B California Data Export

Contractor will develop detailed specifications for Phase 4, Cycle 12, Component 32 – HRSA Part B California Data Export ("Component 32") based on the validated Phase 4 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 4, Cycle 12, Component 32, such specifications will automatically become part of the System Specifications. Phase 4, Cycle 12, Component 32 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 38.1 and 38.2:

- LA-43 - Data Export into State System - Part B

4.5.4.4 Subtask 38.4: Updating Project Plan for Phase 4, Cycle 12, Component 32

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 4, if necessary, based on the final Detailed Specifications for Phase 4, Cycle 12 Component 32.

4.5.4.4.1 Deliverable 38.2: Specifications for Phase 4, Cycle 12, and Revised Project Plan for Phase 4 (KEY)

Contractor will prepare the specifications for Phase 4, Cycle 12, Component 32 and revise the detailed Project Plan for Phase 4, if needed, that meets the requirements of this Task 38.2 (Specifications Documents for Phase 4, Cycle 12) and Subtasks 38.3 through 38.4, for DPH's review and Acceptance.

4.5.5 Task 39: Testing and Delivery of Prototype for Phase 4, Cycle 12.

This Task 39 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.5.5.1 Subtask 39.1: Testing and Delivery of Prototype for Phase 4, Cycle 12 Component 32.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 4, Cycle 12 Component 32.

4.5.5.1.1 Deliverable 39.1: Completion of Quality Assurance Testing for Phase 4, Cycle 12, Component 32 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 4, Cycle 12, Component 32 of the System that meets the requirements of this Task 39 (Testing and Delivery of Prototypes for Phase 4, Cycle 12) and Subtask 39.1, for DPH's review and Acceptance.

4.5.5.1.2 Deliverable 39.2: Delivery of Prototypes for Phase 4, Cycle 12, Component 32 of System.

Contractor will prepare Prototype for Phase 4, Cycle 12, Component 32 of the System that meets the requirements of this Task 39 (Testing and Delivery of Prototypes for Phase 4, Cycle 12) and Subtask 39.1, for DPH's review and Acceptance.

4.5.5.2 Subtask 39.2: UAT Testing for Phase 4, Cycle 12, Component 32 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 4, Cycle 12 Component 32.

4.5.5.2.1 Deliverable 39.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 12, Component 32 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 4, Cycle 12, Component 32 of the System that meets the requirements of this Task 39 (Testing and Delivery of Prototypes for Phase 4, Cycle 12 Component 32) and Subtask 39.2, for DPH's review and Acceptance.

4.5.5.2.2 Deliverable 39.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 12, Component 32 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 4, Cycle 12, Component 32 of the System, in accordance with the requirements of this Task 39 (Testing and Delivery of Prototype for Phase 4, Cycle 12 Component 32) and Subtask 39.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.5.6 Task 40: Specifications Documents for Phase 4, Cycle 13.

For all of the subtasks in this Task 40, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Revisions to HAB Performance Measures Specifications

DPH will also provide:

- Technical Review and Documentation of reporting requirements and mappings for the additional indicators for the HAB Performance Measures Report

4.5.6.1 Subtask 40.1: Workshops to Validate Phase 4, Cycle 13 System Requirements

The objective of this task is to ensure that the requirements for Phase 4, Cycle 13 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 4, Cycle 13 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.5.6.2 Subtask 40.2: Validation of Phase 4, Cycle 13 System Requirements

Contractor will validate the Phase 4, Cycle 13 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 4, Cycle 13 System and to provide the level of detail and definition for all Phase 4, Cycle 13 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 4, Cycle 13 System requirements. Upon County's Acceptance of the documented Phase 4, Cycle 13 System requirements, such requirements will automatically become part of the System Requirements

4.5.6.2.1 Deliverable 40.1: System Requirements Validation for Phase 4, Cycle 13

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 4, Cycle 13, that meets the requirements of this Task 40 (Specifications Documents for Phase 4, Cycle 13).

4.5.6.3 Subtask 40.3: Development of Detailed Specifications for Phase 4, Cycle 13, Component 33 – HIV/AIDS Bureau (HAB) Performance Measures Version 2

Contractor will develop detailed specifications for Phase 4, Cycle 13, Component 33 – HIV/AIDS Bureau (HAB) Performance Measures Version 2 ("Component 33") based on the validated Phase 4 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 4, Cycle 13, Component 33, such specifications will automatically become part of the System Specifications. Phase 4, Cycle 13, Component 33 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 40.1 and 40.2:

- LA-50 - Visual HAB Performance Measures v2 - Client defined (up to 10)

4.5.6.4 Subtask 40.4: Updating Project Plan for Phase 4, Cycle 13, Component 33

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 4, if necessary, based on the final Detailed Specifications for Phase 4, Cycle 13 Component 33.

4.5.6.4.1 Deliverable 40.2: Specifications for Phase 4, Cycle 13 Component 33 and Revised Project Plan for Phase 4 (KEY)

Contractor will prepare the specifications for Phase 4, Cycle 13, Components 33 and revise the detailed Project Plan for Phase 4, if needed, that meets the requirements of this Task 40 (Specifications Documents for Phase 4, Cycle 13) and Subtasks 40.3 through 40.4, for DPH's review and Acceptance.

4.5.7 Task 41: Testing and Delivery of Prototype for Phase 4, Cycle 13.

This Task 41 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.5.7.1 Subtask 41.1: Testing and Delivery of Prototype for Phase 4, Cycle 13 Component 33.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 4, Cycle 13 Component 33.

4.5.7.1.1 Deliverable 41.1: Completion of Quality Assurance Testing for Phase 4, Cycle 13, Component 33 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 4, Cycle 13, Component 33 of the System that meets the requirements of this Task 41 (Testing and Delivery of Prototypes for Phase 4, Cycle 13) and Subtask 41.1, for DPH's review and Acceptance.

4.5.7.1.2 Deliverable 41.2: Delivery of Prototypes for Phase 4, Cycle 13, Component 33 of System.

Contractor will prepare Prototype for Phase 4, Cycle 13, Component 33 of the System that meets the requirements of this Task 41 (Testing and Delivery of Prototypes for Phase 4, Cycle 13) and Subtask 41.1, for DPH's review and Acceptance.

4.5.7.2 Subtask 41.2: UAT Testing for Phase 4, Cycle 13, Component 33 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 4, Cycle 13, Component 33.

4.5.7.2.1 Deliverable 41.1: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 13, Component 33 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 4, Cycle 13, Component 33 of the System that meets the requirements of this Task 41 (Testing and Delivery of Prototypes for Phase 4, Cycle 13) and Subtask 41.2, for DPH's review and Acceptance.

4.5.7.2.2 Deliverable 41.2: Completion of Successful UAT for Prototype for Phase 4, Cycle 13, Component 33 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 4, Cycle 13, Component 33 of the System, in accordance with the requirements of this Task 41 (Testing and Delivery of Prototype for Phase 4, Cycle 13) and Subtask 41.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.5.8 Task 42: Specifications Documents for Phase 4, Cycle 14.

For all of the subtasks in this Task 42, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Secure Messaging Specs
- Eligibility Status Report Specs
- Semi-Annual Progress Report Specs
- Visual Care Continuum Dashboard Specs
- Revisions to MCC Care Team Case Load Dashboard Specs

DPH will also provide:

- Technical Review of the baseline Eligibility Status Report and documentation of revisions needed to meet county needs.
- Technical documentation and provide samples for the Progress Report format and data points that Agencies submit on a recurring basis to LA-DPH.
- Technical Review and Documentation of reporting requirements and mappings for the Care Continuum Report indicators and filters

- Technical Review and Documentation of revisions needed for the MCC Care Team Case Load Dashboard.

4.5.8.1 Subtask 42.1: Workshops to Validate Phase 4, Cycle 14 System Requirements

The objective of this task is to ensure that the requirements for Phase 4, Cycle 14 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 4, Cycle 14 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.5.8.2 Subtask 42.2: Validation of Phase 4, Cycle 14 System Requirements

Contractor will validate the Phase 4, Cycle 14 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 4, Cycle 14 System and to provide the level of detail and definition for all Phase 4, Cycle 14 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 4, Cycle 14 System requirements. Upon County's Acceptance of the documented Phase 4, Cycle 14 System requirements, such requirements will automatically become part of the System Requirements.

4.5.8.2.1 Deliverable 42.1: System Requirements Validation for Phase 4, Cycle 14

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 4, Cycle 14, that meets the requirements of this Task 42 (Specifications Documents for Phase 4, Cycle 14), Subtasks 42.1 through 42.2, for DPH's review and Acceptance.

4.5.8.3 Subtask 42.3: Development of Detailed Specifications for Phase 4, Cycle 14, Component 34 – RWP and MCC Version 2 Advanced Reporting Part 1

Contractor will develop detailed specifications for Phase 4, Cycle 14, Component 34 – RWP and MCC Version 2 Advanced Reporting Part 1 ("Component 34") based on the validated Phase 4 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 4, Cycle 14, Component 34, such specifications will automatically become part of the System Specifications. Phase 4, Cycle 14, Component 34 is comprised of, without limitation to the extent that it is reasonably included in the

items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 42.1 and 42.2:

- LA-53 - Secure Messaging
- LA-54 - Eligibility Status Report
- LA-56 - Semi-annual Progress Report
- LA-57 - e2Visual Care Continuum Dashboard and Report
- RDE_g538 - MCC Care Team Dashboard v2

4.5.8.4 Subtask 42.4: Updating Project Plan for Phase 4, Cycle 14, Component 34

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 4, if necessary, based on the final Detailed Specifications for Phase 4, Cycle 14 Component 34.

4.5.8.4.1 Deliverable 42.2: Specifications for Phase 4, Cycle 14 Component 34 and Revised Project Plan for Phase 4 (KEY)

Contractor will prepare the specifications for Phase 4, Cycle 14, Component 34 and revise the detailed Project Plan for Phase 4, if needed, that meets the requirements of this Task 41 (Specifications Documents for Phase 4, Cycle 14) and Subtasks 42.3 through 42.4, for DPH's review and Acceptance.

4.5.9 Task 43: Testing and Delivery of Prototypes for Phase 4, Cycle 14.

This Task 43 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.5.9.1 Subtask 43.1: Testing and Delivery of Prototype for Phase 4, Cycle 14 Component 34.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 4, Cycle 14 Component 34.

4.5.9.1.1 Deliverable 43.1: Completion of Quality Assurance Testing for Phase 4, Cycle 14, Component 34 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 4, Cycle 14, Component 34 of the System that meets the requirements of this Task 43 (Testing

and Delivery of Prototypes for Phase 4, Cycle 14) and Subtask 43.1, for DPH's review and Acceptance.

4.5.9.1.2 Deliverable 43.2: Delivery of Prototypes for Phase 4, Cycle 14, Component 34 of System.

Contractor will prepare Prototype for Phase 4, Cycle 14, Component 34 of the System that meets the requirements of this Task 43 (Testing and Delivery of Prototypes for Phase 4, Cycle 14) and Subtask 43.1, for DPH's review and Acceptance.

4.5.9.2 Subtask 43.2: UAT Testing for Phase 4, Cycle 14, Component 34 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 4, Cycle 14, Component 34.

4.5.9.2.1 Deliverable 43.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 14, Component 34 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 4, Cycle 14, Component 34 of the System that meets the requirements of this Task 43 (Testing and Delivery of Prototypes for Phase 4, Cycle 14) and Subtask 43.2, for DPH's review and Acceptance.

4.5.9.2.2 Deliverable 43.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 14, Component 34 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 4, Cycle 14, Component 34 of the System, in accordance with the requirements of this Task 43 (Testing and Delivery of Prototype for Phase 4, Cycle 14) and Subtask 43.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.5.10 Task 44: Specifications Documents for Phase 4, Cycle 15.

For all of the subtasks in this Task 44, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Automated sFTP Import Specifications

DPH will also provide:

- Technical Review of Automated sFTP Import Specifications
- Set-up and provide Credentials to an sFTP Server hosted by LA-DPH to store data import files that e2LA will automatically fetch and import data from.

4.5.10.1 Subtask 44.1: Workshops to Validate Phase 4, Cycle 15 System Requirements

The objective of this task is to ensure that the requirements for Phase 4, Cycle 15 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 4, Cycle 15 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.5.10.2 Subtask 44.2: Validation of Phase 4, Cycle 15 System Requirements

Contractor will validate the Phase 4, Cycle 15 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 4, Cycle 15 System and to provide the level of detail and definition for all Phase 4, Cycle 15 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 4, Cycle 15 System requirements. Upon County's Acceptance of the documented Phase 4, Cycle 15 System requirements, such requirements will automatically become part of the System Requirements

4.5.10.2.1 Deliverable 44.1: System Requirements Validation for Phase 4, Cycle 15

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 4, Cycle 15, that meets the requirements of this Task 44 (Specifications Documents for Phase 4, Cycle 15) and Subtasks 44.1 through 44.2, for DPH's review and Acceptance.

4.5.10.3 Subtask 44.3: Development of Detailed Specifications for Phase 4, Cycle 15, Component 35 – RWP and MCC Version 2 Automated Import

Contractor will develop detailed specifications for Phase 4, Cycle 15, Component 35 – RWP and MCC Version 2 Automated Import ("Component 35") based on the validated Phase 4 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 4, Cycle 15, Component 35, such specifications will automatically become part of the System Specifications. Phase 4, Cycle 15, Component 35 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 44.1 and 44.2:

- LA-59 - Data Import in Format Specified by RDE - Version 2
- LA-88 - Data Import in Format Specified by RDE - v2 - Automated sFTP Import

4.5.10.4 Subtask 44.4: Updating Project Plan for Phase 4, Cycle 15, Component 35

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 4, if necessary, based on the final Detailed Specifications for Phase 4, Cycle 15 Component 35.

4.5.10.4.1 Deliverable 44.2: Specifications for Phase 4, Cycle 15 Component 35 and Revised Project Plan for Phase 4 (KEY)

Contractor will prepare the specifications for Phase 4, Cycle 15, Component 35 and revise the detailed Project Plan for Phase 4, if needed, that meets the requirements of this Task 44 (Specifications Documents for Phase 4, Cycle 15) and Subtasks 44.3 through 44.4, for DPH's review and Acceptance.

4.5.11 Task 45: Testing and Delivery of Prototypes for Phase 4, Cycle 15.

This Task 45 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.5.11.1 Subtask 45.1: Testing and Delivery of Prototype for Phase 4, Cycle 15 Component 35.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 4, Cycle 15 Component 35.

4.5.11.1.1 Deliverable 45.1: Completion of Quality Assurance Testing for Phase 4, Cycle 15, Component 35 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 4, Cycle 15, Component 35 of the System that meets the requirements of this Task 45 (Testing and Delivery of Prototypes for Phase 4, Cycle 15) and Subtask 45.1, for DPH's review and Acceptance.

4.5.11.1.2 Deliverable 45.2: Delivery of Prototypes for Phase 4, Cycle 15, Component 35 of System.

Contractor will prepare Prototype for Phase 4, Cycle 15, Component 35 of the System that meets the requirements of this Task 45 (Testing and Delivery of Prototypes for Phase 4, Cycle 15) and Subtask 45.1, for DPH's review and Acceptance.

4.5.11.2 Subtask 45.2: UAT Testing for Phase 4, Cycle 15, Component 35 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 4, Cycle 15, Component 35.

4.5.11.2.1 Deliverable 45.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 15, Component 35 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 4, Cycle 15, Component 35 of the System that meets the requirements of this Task 45 (Testing and Delivery of Prototypes for Phase 4, Cycle 15) and Subtask 45.2, for DPH's review and Acceptance.

4.5.11.2.2 Deliverable 45.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 15, Component 35 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 4, Cycle 15, Component 35 of the System, in accordance with the requirements of this Task 45 (Testing and Delivery of Prototype for Phase 4, Cycle 15) and Subtask 45.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all

System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.5.12 Task 46: Specifications Documents for Phase 4, Cycle 16.

For all of the subtasks in this Task 46, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- EHE Tri-Annual Report Specs
- Proactive QM Alerts Specs
- Revisions to Visual analytics Specs for Geo-Mapping Support

DPH will also provide:

- Technical Review and Documentation of reporting requirements and mappings for the EHE Tri-Annual Report indicators and filters
- Technical documentation of reporting requirements for Quality Management indicators and Alerts.

4.5.12.1 Subtask 46.1: Workshops to Validate Phase 4, Cycle 16 System Requirements

The objective of this task is to ensure that the requirements for Phase 4, Cycle 16 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 4, Cycle 16 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.5.12.2 Subtask 46.2: Validation of Phase 4, Cycle 16 System Requirements

Contractor will validate the Phase 4, Cycle 16 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 4, Cycle 16 System and to provide the level of detail and definition for all Phase 4, Cycle 16 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 4, Cycle 16 System requirements. Upon County's Acceptance of the documented Phase 4, Cycle 16 System requirements, such requirements will automatically become part of the System Requirements

4.5.12.2.1 Deliverable 46.1: System Requirements Validation for Phase 4, Cycle 16

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 4, Cycle 16, that meets the requirements of this Task 46 (Specifications Documents for Phase 4, Cycle 16), Subtask 46.1 through 46.2, for DPH's review and Acceptance.

4.5.12.3 Subtask 46.3: Development of Detailed Specifications for Phase 4, Cycle 16, Component 36 – RWP and MCC Version 2 Advanced Reporting Part 2

Contractor will develop detailed specifications for Phase 4, Cycle 16, Component 36 – RWP and MCC Version 2 Advanced Reporting Part 2 ("Component 36") based on the validated Phase 4 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 4, Cycle 16, Component 36, such specifications will automatically become part of the System Specifications. Phase 4, Cycle 16, Component 36 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtask 46.1 through 46.2:

- LA-64 - EHE Tri-Annual Report
- LA-55 - Visual Client Eligibility Graph
- LA-62 - Proactive QM Alerts and Reminders
- LA-63 - Visual Analytics Improvement (Geo-mapping)

4.5.12.4 Subtask 46.4: Updating Project Plan for Phase 4, Cycle 16, Component 36

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 4, if necessary, based on the final Detailed Specifications for Phase 4, Cycle 14 Component 34.

4.5.12.4.1 Deliverable 46.2: Specifications for Phase 4, Cycle 16 Component 36 and Revised Project Plan for Phase 4 (KEY)

Contractor will prepare the specifications for Phase 4, Cycle 16, Component 36 and revise the detailed Project Plan for Phase 4, if needed, that meets the requirements of this Task 46 (Specifications Documents for Phase 4, Cycle 16) and Subtasks 46.3 through 46.4, for DPH's review and Acceptance.

4.5.13 Task 47: Testing and Delivery of Prototypes for Phase 4, Cycle 16.

This Task 47 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.5.13.1 Subtask 47.1: Testing and Delivery of Prototype for Phase 4, Cycle 16 Component 36.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 4, Cycle 16 Component 36.

4.5.13.1.1 Deliverable 47.1: Completion of Quality Assurance Testing for Phase 4, Cycle 16, Component 36 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 4, Cycle 16, Component 36 of the System that meets the requirements of this Task 47 (Testing and Delivery of Prototypes for Phase 4, Cycle 16) and Subtask 47.1, for DPH's review and Acceptance.

4.5.13.1.2 Deliverable 47.2: Delivery of Prototypes for Phase 4, Cycle 16, Component 36 of System.

Contractor will prepare Prototype for Phase 4, Cycle 16, Component 36 of the System that meets the requirements of this Task 47 (Testing and Delivery of Prototypes for Phase 4, Cycle 16) and Subtask 47.1, for DPH's review and Acceptance.

4.5.13.2 Subtask 47.2: UAT Testing for Phase 4, Cycle 16, Component 36 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 4, Cycle 16, Component 36.

4.5.13.2.1 Deliverable 47.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 16, Component 36 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 4, Cycle 16, Component 36 of the System that meets the requirements of this Task 47 (Testing and Delivery of Prototypes for Phase 4, Cycle 16) and Subtask 47.2, for DPH's review and Acceptance.

4.5.13.2.2 Deliverable 47.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 16, Component 36 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 4, Cycle 16, Component 36 of the System, in accordance with the requirements of this Task 47 (Testing and Delivery of Prototype for Phase 4, Cycle 16) and Subtask 47.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.5.14 Task 48: Delivery of Launch-Ready System for Phase 4, Cycles 11, 12, 13, 14, 15, and 16

4.5.14.1 Subtask 48.1: Complete Revisions to Phase 4, Cycle 11 Components of the System and Deliver on the Staging Hosting Environment

Contractor will make any needed revisions to Phase 4 Cycle 11 Components to reflect feedback and comments received, following completion of UAT on the Phase 4, Cycle 11 components of the System by DPH. DPH will respond timely to any follow-up questions and requests for feedback from Contractor as it completes this task.

Once revisions are completed, Contractor will perform final quality assurance testing on the modules and System features of the Phase 4, Cycle 11 components of the System prior to delivering the Phase 4, Cycle 11 components to the Staging Hosting Environment. As part of this testing, Contractor will confirm the System meets all Phase 4, Cycle 11 System Requirements as defined by the Scope, final Specifications, and revised Detailed Project Plan. Once completed, Contractor will deliver Phase 4, Cycle 11 System modules and features on the Staging Hosting Environment for it to be ready for launch to the Production Hosting Environment for Production Use.

4.5.14.2 Subtask 48.2: Complete Revisions to Phase 4, Cycle 12 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 48.1 but specific for Phase 4, Cycle 12 Components of the System.

4.5.14.3 Subtask 48.3: Complete Revisions to Phase 4, Cycle 13 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 48.1 but specific for Phase 4, Cycle 13 Components of the System.

4.5.14.4 Subtask 48.4: Complete Revisions to Phase 4, Cycle 14 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 48.1 but specific for Phase 4, Cycle 14 Components of the System.

4.5.14.5 Subtask 48.5: Complete Revisions to Phase 4, Cycle 15 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 48.1 but specific for Phase 4, Cycle 15 Components of the System.

4.5.14.6 Subtask 48.6: Complete Revisions to Phase 4, Cycle 16 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 48.1 but specific for Phase 4, Cycle 16 Components of the System.

4.5.14.6.1 Deliverable 48.1: Delivery of Launch-ready System for Phase 4 (KEY)

Contractor will deliver Phase 4, Cycles 11, 12, 13, 14, 15, and 16 that meet the requirements of this Task 48 (Delivery of Launch-Ready System for Phase 4, Cycles 11, 12, 13, 14, 15, and 16) and Subtasks 48.1 through 48.6, for DPH's review and Acceptance.

4.5.15 Task 49: Application Security Scan

4.5.15.1 Subtask 49.1: Application Security Scan is a necessary component of Launch. [LA_g2290]

The following work will be performed by Contractor prior to System Launch, and will be repeated annually for the overall System as required in Section 14.2.3 (Security Scan) of the Agreement:

- RDE sets up an environment to perform the security scans.
- RDE performs the required Security Scans to generate raw security scan results.

- RDE compiles the raw results into a table of findings classified by their root-cause and impact.
- Any findings considered to be a risk of breach will undergo immediate Impact Analysis and Remediation and will trigger the appropriate Incident Response procedures.
- Contractor will share a report of the Security Scan results and mitigations with the County.

4.5.15.1.1 Deliverable 49.1: Completion of Application Security Scan

Contractor will complete the Application Security Scan prior to System Launch that meets the requirements of this Task 49 (Application Security Scan) and Subtask 49.1, for DPH's review and Acceptance.

4.5.16 Task 50: System Launch for Phase 4 to Production Use

4.5.16.1 Subtask 50.1: Pre-Launch User Training for Phase 4 [LA-90]

Contractor will assist DPH in the development of a training PowerPoint for an online scenario-based training.

- Contractor will record the online training session and allow System users to view the video from the System's help section.
- Contractor will perform a live walk-through based on training scenarios with collaborative input by DPH Team Members.

4.5.16.1.1 Deliverable 50.1: Training for Phase 4 System Prior to Production Use (KEY)

Contractor will deliver and complete training for the Phase 4 System that meets the requirements of Task 50 (System Launch for Phase 4 to Production Use) and Subtask 50.1 (Pre-Launch User Training for Phase 4).

4.5.16.2 Subtask 50.2: Deployment of all Phase 4 Code and Dependencies to FedRAMP Certified GovCloud Production Server

- Contractor purchases Domain Name and configures the system for Production Environment and domain.
- Contractor creates a joint-team support address that includes members of the DPH team.
- Contractor's Senior Software Developer performs code deployment to AWS during a period of time that will not cause disruption for users.

4.5.16.3 Subtask 50.3: Configuration of System Production Database

- Contractor's Senior Software Developer creates and configures the database that will be used by the production environment.
- Contractor's Senior Software Developer performs a database back-up and executes any database scripts required as part of launch.

4.5.16.4 Subtask 50.4: Configuration of System Production Application Server

- Contractor creates the initial DPH super-admin account.
- Contractor assists DPH with the one-time configuration of LKM which requires a secure passphrase known only by DPH.

4.5.16.5 Subtask 50.5: Smoke Test of System-Critical Phase 4 Components

- Contractor performs Smoke Testing, after every production update, to confirm that the deployment was successful and that there are no identifiable system errors caused by the deployment that would cause disruption in User access to the System.
- If any errors are identified, Contractor performs a “rollback” of the deployment.
- Contractor notifies DPH that Launch is completed.
- DPH performs Smoke Testing by doing a review of functionalities available in the Production Environment.

4.5.16.5.1 Deliverable 50.2: Launch of Phase 4 for Production Use (KEY)

Contractor will deliver Phase 4 for Production Use that meets the requirements of this Task 50 (System Launch for Phase 4 to Production Use) and Subtasks 50.2 through 50.5, for DPH's review and Acceptance.

4.5.16.6 Subtask 50.6: Post-Production Use 90-Day Phase Acceptance Procedure

As set forth in Section 5.4 (Phase Acceptance) of the Agreement, following successful transitioning of Phase 4 of the System for Production Use for DPH, County will monitor for Deficiencies and Contractor shall maintain the System in Production Use for a minimum of ninety (90) consecutive days. Upon occurrence of a Deficiency of Severity Level 1-Critical or Severity Level 2-Severe, Contractor shall provide County with a diagnosis of the Deficiency and proposed solution(s), and Contractor shall correct such Deficiency by re-performance pursuant to, and subject to, the

provisions of this Agreement. County and Contractor shall agree upon each such proposed solution to be used to correct a Deficiency(ies) prior to its implementation. Commencing with Phase Acceptance, any problems encountered by DPH in the use of the System shall be subject to the applicable terms under the Agreement as more fully described in Exhibit B (Service Level Agreement).

Phase 4 of the System will achieve Phase Acceptance when Section 5.4.3 (Phase Acceptance) of the Agreement is met. Contractor shall provide the Phase 4 Verification Report, documenting the achievement of Phase 4 Acceptance.

4.5.16.6.1 Deliverable 50.3: Phase 4 Acceptance (KEY)

Contractor will achieve Phase 4 Acceptance by meeting the requirements of this Task 50 (System Launch for Phase 4 to Production Use) and Subtask 50.6, for DPH's review and Acceptance.

4.6 PHASE 5: e2PREVENTION INTEGRATED PREVENTION DATA SYSTEM

4.6.1 Task 51: Project Start-Up Work for Phase 5

Contractor will perform and successfully complete the project start-up work as part of implementation for Phase 5.

4.6.1.1 Subtask 51.1: Demo Hosting Environment for Phase 5

Contractor will establish a Demonstration Hosting Environment for Phase 5 of the System that includes the requirements listed in Exhibit A-1 (e2LosAngeles Solution Requirements), Section X (Scope Item LA-g2340) (Demo Environment). The Demo Hosting Environment site will need to be accessible by the County for completion of this Subtask.

4.6.1.1.1 Deliverable 51.1: Demo Hosting Environment for Phase 5 (KEY)

Contractor will prepare the Demo Hosting Environment for Phase 5 that meets the requirements of this Task 51 (Project Start-up Work for Phase 5) and Subtask 51.1, for DPH's review and Acceptance.

4.6.1.2 Subtask 51.2: Detailed Project Plan for Phase 5.

Contractor will provide a detailed Project Plan for Phase 5 describing the tasks required to implement the Phase 5 System. This task will include the creation of a detailed Project Plan Document (PPD). The PPD will be comprised of:

- Project work plan for each Deliverable in Phase 5, including a work breakdown structure;
- Anticipated start date and completion date of each task;
- Proposed project milestones for Phase 5.
- Phase 5 Deliverables and proposed County review period for each;
- Entrance and exit criteria for each milestone in Phase 5; and
- Roles and responsibilities for the Contractor and County.

4.6.1.2.1 Deliverable 51.2: Detailed Project Plan for Phase 5 (KEY)

Contractor will prepare the Detailed Project Plan for Phase 5 that meets the requirements of this Task 51 (Perform Start-up Work for Phase 5) and Subtask 51.2, for DPH's review and Acceptance.

4.6.2 Task 52: Specifications Documents for Phase 5, Cycle 17

For all of the subtasks in this Task 52, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Prevention User Roles and Permissions Matrix Specs
- Prevention Provider Management Specs
- Prevention User Management Specs
- Revisions to Data Dictionary for tracking of Prevention Service Categories and funding sources
- Revisions to Data Dictionary for tracking of Prevention Clients' Intake and Demographics information
- Revisions to Client Deduplication and Merging Specs for Prevention Clients
- Revisions to Data Sharing Specs for Prevention Clients
- Revisions to Client Search Specs for Prevention Clients
- Specs for Integrated sign-on between Prevention and Ryan White environments.

DPH will also provide:

- Feedback from review of the demo site by staff
- Provide any survey instrument requirements for questions and answer choices of the Pre-Launch Survey
- Technical documentation for Roles, Permissions, and access requirements for Prevention Users and requirements for differentiation against Ryan White Roles and Permissions.

- Technical documentation for management of Prevention Providers in the system and requirements for differentiation against Ryan White Providers.
- Technical documentation for management of Prevention Users and requirements for differentiation against Ryan White User Management
- Technical documentation of Contract Management workflow requirements for the Prevention Program
- Technical documentation of requirements for differentiation between Ryan White Contracts and Prevention Contracts.
- Provide list of Prevention Service Categories, Subservices, and Funding Sources.
- Technical documentation of Client Deduplication and Merging requirements for Prevention clients such as fields used for matching and cross-program merge restrictions.
- Technical documentation of requirements for Deduplication and Merging between Ryan White and Prevention Client
- List of Prevention Agencies' Locations
- List of Prevention Referrals Locations and referral service categories.
- List of Prevention Referrals Locations and referral service categories.
- List of Prevention Funding Sources and Service Categories

4.6.2.1 Subtask 52.1: Workshops to Validate Phase 5, Cycle 17 System Requirements

The objective of this task is to ensure that the requirements for Phase 5, Cycle 17 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 5, Cycle 17 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.6.2.2 Subtask 52.2: Validation of Phase 5, Cycle 17 System Requirements

Contractor will validate the Phase 5, Cycle 17 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 5, Cycle 17 System and to provide the level of detail and definition for all Phase 5, Cycle 17 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 5, Cycle 17 System requirements. Upon County's Acceptance of the documented Phase 5, Cycle 17 System requirements, such requirements will automatically become part of the System Requirements

4.6.2.2.1 Deliverable 52.1: System Requirements Validation for Phase 5, Cycle 17

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 5, Cycle 17, that meets the requirements of this Task 52 (Specifications Documents for Phase 5, Cycle 17).

4.6.2.2 Subtask 52.3: Development of Detailed Specifications for Phase 5, Cycle 17, Component 37 – User Access Management and Integration

Contractor will develop detailed specifications for Phase 5, Cycle 17, Component 37 – User Access Management and Integration ("Component 37") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 17, Component 37, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 17, Component 37 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 52.1 and 52.2:

- LA-8 - User Roles & Permissions - Prevention Users
- LA-118 - Prevention Provider Management
- LA-121 - Prevention User Management
- LA-122 - Prevention LKM Encryption
- LA-126 - Prevention - System Announcements

4.6.2.3 Subtask 52.4: Development of Detailed Specifications for Phase 5, Cycle 17, Component 38 – Base Prevention Clients Records Management Version 2 – Additional Prevention Funding Sources

Contractor will develop detailed specifications for Phase 5, Cycle 17, Component 38 – Base Prevention Client Records Management ("Component 38") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 17, Component 38, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 17, Component 38 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 52.1 and 52.2:

- LA-52 - Contract Management Module ver. 2 – Additional Prevention Funding Sources

- LA-123 - Contract Management - Prevention Program Access Checks
- LA-125 - Contract Management - Prevention Service Categories and Funding Sources
- LA-132 - Prevention Client-Level Data - Intake
- LA-133 - Prevention Client-Level Data – Demographics
- LA-127 - Prevention Client-Record Management - Deduplication & Merging
- LA-128 - Prevention Data Sharing Rules and Permissions
- LA-130 - Prevention Data Sharing - Client Search
- LA-119 - RW + Prevention Environments Single Sign-On

4.6.2.4 Subtask 52.4: Updating Project Plan for Phase 5, Cycle 17, Components 37 and 38

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 5, if necessary, based on the final Detailed Specifications for Phase 5, Cycle 17 Components 37 and 38.

4.6.2.4.1 Deliverable 52.2: Specifications for Phase 5, Cycle 17 Components 37 and 38 and Revised Project Plan for Phase 5 (KEY)

Contractor will prepare the specifications for Phase 5, Cycle 17, Component 37 and 38 and revise the detailed Project Plan for Phase 5, if needed, that meets the requirements of this Task 52 (Specifications Documents for Phase 5, Cycle 17) and Subtasks 52.3 through 52.4, for DPH's review and Acceptance.

4.6.3 Task 53: Testing and Delivery of Prototypes for Phase 5, Cycle 17.

This Task 52 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.6.3.1 Subtask 53.1: Testing and Delivery of Prototype for Phase 5, Cycle 17 Components 37 and 38.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 5, Cycle 17 Component 37 and 38.

4.6.3.1.1 Deliverable 53.1: Completion of Quality Assurance Testing for Phase 5, Cycle 17, Components 37 and 38 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 5, Cycle 17, Components 37 and 38 of the System that meets the requirements of this Task 52 (Testing and Delivery of Prototypes for Phase 5, Cycle 17) and Subtask 53.1, for DPH's review and Acceptance.

4.6.3.1.2 Deliverable 53.2: Delivery of Prototypes for Phase 5, Cycle 17, Components 37 and 38 of System.

Contractor will prepare Prototype for Phase 5, Cycle 17, Component 37 and 38 of the System that meets the requirements of this Task 52 (Testing and Delivery of Prototypes for Phase 5, Cycle 17) and Subtask 53.1, for DPH's review and Acceptance.

4.6.3.2 Subtask 53.2: UAT Testing for Phase 5, Cycle 17, Component 37 and 38 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 5, Cycle 17 Component 37 and 38.

4.6.3.2.1 Deliverable 53.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 17, Components 37 and 38 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 5, Cycle 17, Components 37 and 38 of the System that meets the requirements of this Task 53 (Testing and Delivery of Prototypes for Phase 5, Cycle 17) and Subtask 53.2, for DPH's review and Acceptance.

4.6.3.2.2 Deliverable 53.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 17, Components 37 and 38 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 5, Cycle 17, Components 37 and 38 of the System, in accordance with the requirements of this Task 53 (Testing and Delivery of Prototype for Phase 5, Cycle 17) and Subtask 53.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such

Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.6.4 Task 54: Specifications Documents for Phase 5, Cycle 18.

For all of the subtasks in this Task 54, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Specifications for the integrated LA County Portal Password Authentication
- Specifications for Prevention eSignature & Document Upload portal
- Online PrEP Application data dictionary and/or Specifications

DPH will also provide:

- Technical documentation of workflow requirements for authentication through the LA County Portal
- Technical documentation of workflow and data collection requirements for the creation of a Document Portal link by Prevention Staff
- Technical documentation of workflow and data collection requirements for submission of documents and eSignature by clients through a Document Portal
- Technical documentation of existing workflows and data-collection requirements for the receipt, processing, and approval of Online PrEP Application from the public.

4.6.4.1 Subtask 54.1: Workshops to Validate Phase 5, Cycle 18 System Requirements

The objective of this task is to ensure that the requirements for Phase 5, Cycle 18 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 5, Cycle 18 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.6.4.2 Subtask 54.2: Validation of Phase 5, Cycle 18 System Requirements

Contractor will validate the Phase 5, Cycle 18 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 5, Cycle 18 System and to provide the level of detail and definition for all Phase 5, Cycle 18 requirements necessary for any further design, development, or implementation activities.

Contractor will document all validated Phase 5, Cycle 18 System requirements. Upon County's Acceptance of the documented Phase 5, Cycle 18 System requirements, such requirements will automatically become part of the System Requirements

4.6.4.2.1 Deliverable 54.1: System Requirements Validation for Phase 5, Cycle 18

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 5, Cycle 18, that meets the requirements of this Task 54 (Specifications Documents for Phase 5, Cycle 18).

4.6.4.3 Subtask 54.3: Development of Detailed Specifications for Phase 5, Cycle 18, Component 39 – Advanced User Access Management and Integration

Contractor will develop detailed specifications for Phase 5, Cycle 18, Component 39 – Advanced User Access Management and Integration ("Component 39") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 18, Component 39, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 18, Component 39 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 54.1 and 54.2:

- LA-120 - LA County Portal Password authentication
- LA-129 - Prevention Data Sharing Rules and Permissions – Electronic Consent eSignature

4.6.4.4 Subtask 54.4: Development of Detailed Specifications for Phase 5, Cycle 18, Component 40 – Prevention Online Consent Signature

Contractor will develop detailed specifications for Phase 5, Cycle 18, Component 40 – Prevention Online Consent Signature ("Component 40") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 18, Component 40, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 18, Component 40 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 54.1 and 54.2:

- LA-131 - Prevention Client eSignature & Document Portal - Upload Access Link

4.6.4.5 Subtask 54.5: Development of Detailed Specifications for Phase 5, Cycle 18, Component 41 – Prevention Online PrEP Form Submission

Contractor will develop detailed specifications for Phase 5, Cycle 18, Component 41 – Prevention Online PrEP Form Submission ("Component 41") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 18, Component 41, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 18, Component 41 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 54.1 and 54.2:

- LA-165 - Uni-directional PrEP Online Form Submission Page

4.6.4.6 Subtask 54.6: Updating Project Plan for Phase 5, Cycle 18, Components 39, 40, and 41

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 5, if necessary, based on the final Detailed Specifications for Phase 5, Cycle 18 Components 39, 40, and 41.

4.6.4.6.1 Deliverable 54.2: Specifications for Phase 5, Cycle 18 Components 39, 40, and 41 and Revised Project Plan for Phase 5 (KEY)

Contractor will prepare the specifications for Phase 5, Cycle 18, Components 39, 40, and 41 and revise the detailed Project Plan for Phase 5, if needed, that meets the requirements of this Task 54 (Specifications Documents for Phase 5, Cycle 18) and Subtasks 54.3 through 54.6, for DPH's review and Acceptance.

4.6.5 Task 55: Testing and Delivery of Prototypes for Phase 5, Cycle 18.

This Task 55 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.6.5.1 Subtask 55.1: Testing and Delivery of Prototype for Phase 5, Cycle 18 Components 39, 40, and 41.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 5, Cycle 18 Components 39, 40, and 41.

4.6.5.1.1 Deliverable 55.1: Completion of Quality Assurance Testing for Phase 5, Cycle 18, Components 39, 40, and 41 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 5, Cycle 18, Components 39, 40, and 41 of the System that meets the requirements of this Task 55 (Testing and Delivery of Prototypes for Phase 5, Cycle 18) and Subtask 55.1, for DPH's review and Acceptance.

4.6.5.1.2 Deliverable 55.2: Delivery of Prototypes for Phase 5, Cycle 18, Components 39, 40, and 41 of System.

Contractor will prepare Prototype for Phase 5, Cycle 18, Components 39, 40, and 41 of the System that meets the requirements of this Task 55 (Testing and Delivery of Prototypes for Phase 5, Cycle 18) and Subtask 55.1, for DPH's review and Acceptance.

4.6.5.2 Subtask 55.2: UAT Testing for Phase 5, Cycle 18, Components 39, 40, and 41 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 5, Cycle 18 Components 39, 40, and 41.

4.6.5.2.1 Deliverable 55.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 18, Components 39, 40, and 41 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 5, Cycle 18, Components 39, 40, and 41 of the System that meets the requirements of this Task 55 (Testing and Delivery of Prototypes for Phase 5, Cycle 18) and Subtask 55.2, for DPH's review and Acceptance.

4.6.5.2.2 Deliverable 55.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 18, Components 39, 40, and 41 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 5, Cycle 18, Components 39, 40, and 41 of the System, in accordance with the requirements of this Task 55 (Testing and Delivery of Prototype for Phase 5, Cycle 18) and Subtask 55.2. Contractor will provide a UAT

report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.6.6 Task 56: Specifications Documents for Phase 5, Cycle 19.

For all of the subtasks in this Task 56, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Data Exchange Fields and Values Mappings Dictionary
- Data Exchange Fields and Values Mappings Dictionary for HIV Testing Positive and Negative Results agency import files.

DPH will also provide

- Technical documentation for data mappings and workflow rules for Extraction of HIV Testing XML Data for submission to CDC Evaluation Web
- LA-DPH must provide File Sample and Data Mappings Documentation for Agency import of Positive STI and Hepatitis Testing Results
- LA-DPH must provide File Sample and Data Mappings Documentation for Agency import of Negative STI and Hepatitis Results

4.6.6.1 Subtask 56.1: Workshops to Validate Phase 5, Cycle 19 System Requirements

The objective of this task is to ensure that the requirements for Phase 5, Cycle 19 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 5, Cycle 19 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.6.6.2 Subtask 56.2: Validation of Phase 5, Cycle 19 System Requirements

Contractor will validate the Phase 5, Cycle 19 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 5, Cycle 19 System and to provide the level of detail and

definition for all Phase 5, Cycle 19 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 5, Cycle 19 System requirements. Upon County's Acceptance of the documented Phase 5, Cycle 19 System requirements, such requirements will automatically become part of the System Requirements.

4.6.6.2.1 Deliverable 56.1: System Requirements Validation for Phase 5, Cycle 19

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 5, Cycle 19, that meets the requirements of this Task 56 (Specifications Documents for Phase 5, Cycle 19).

4.6.6.3 Subtask 56.3: Development of Detailed Specifications for Phase 5, Cycle 19, Component 42 – CDC Evaluation Web Export

Contractor will develop detailed specifications for Phase 5, Cycle 19, Component 42 – CDC Evaluation Web Export ("Component 42") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 19, Component 42, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 19, Component 42 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 56.1 and 56.2:

- LA-147 - Export of HIV Testing in XML format for latest EvaluationWeb

4.6.6.4 Subtask 56.4: Development of Detailed Specifications for Phase 5, Cycle 19, Component 43 – Prevention Agency Imports

Contractor will develop detailed specifications for Phase 5, Cycle 19, Component 43 – Prevention Agency Imports ("Component 43") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 19, Component 43, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 19, Component 43 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 56.1 and 56.2:

- LA-150 - Prevention Agency users import Positive HIV Testing Results

- LA-151 - Prevention Agency users import Negative HIV Testing Results

4.6.6.5 Subtask 56.5: Updating Project Plan for Phase 5, Cycle 19, Components 42 and 43

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 5, if necessary, based on the final Detailed Specifications for Phase 5, Cycle 19 Components 42 and 43.

4.6.6.5.1 Deliverable 56.2: Specifications for Phase 5, Cycle 19 Components 42 and 43 and Revised Project Plan for Phase 5 (KEY)

Contractor will prepare the specifications for Phase 5, Cycle 19, Components 42 and 43 and revise the detailed Project Plan for Phase 5, if needed, that meets the requirements of this Task 56 (Specifications Documents for Phase 5, Cycle 19) and Subtasks 56.3 through 56.5, for DPH's review and Acceptance.

4.6.7 Task 57: Testing and Delivery of Prototypes for Phase 5, Cycle 19.

This Task 57 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.6.7.1 Subtask 57.1: Testing and Delivery of Prototype for Phase 5, Cycle 19 Components 42 and 43.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 5, Cycle 19 Components 42 and 43.

4.6.7.1.1 Deliverable 57.1: Completion of Quality Assurance Testing for Phase 5, Cycle 19, Components 42 and 43 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 5, Cycle 19, Components 42 and 43 of the System that meets the requirements of this Task 57 (Testing and Delivery of Prototypes for Phase 5, Cycle 19) and Subtask 57.1, for DPH's review and Acceptance.

4.6.7.1.2 Deliverable 57.2: Delivery of Prototypes for Phase 5, Cycle 19, Components 42 and 43 of System.

Contractor will prepare Prototype for Phase 5, Cycle 19, Components 42 and 43 of the System that meets the requirements of this Task 57 (Testing and Delivery of Prototypes for Phase 5, Cycle 19) and Subtask 57.1, for DPH's review and Acceptance.

4.6.7.2 Subtask 57.2: UAT Testing for Phase 5, Cycle 19, Components 42 and 43 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 5, Cycle 19 Components 42 and 43.

4.6.7.2.1 Deliverable 57.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 19, Components 42 and 43 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 5, Cycle 19, Components 42 and 43 of the System that meets the requirements of this Task 57 (Testing and Delivery of Prototypes for Phase 5, Cycle 19) and Subtask 57.2, for DPH's review and Acceptance.

4.6.7.2.2 Deliverable 57.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 19, Components 42 and 43 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 5, Cycle 19, Components 42 and 43 of the System, in accordance with the requirements of this Task 57 (Testing and Delivery of Prototype for Phase 5, Cycle 19) and Subtask 57.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.6.8 Task 58: Specifications Documents for Phase 5, Cycle 20.

For all of the subtasks in this Task 58, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Data Dictionary for PrEP Enrollment, Medical Assistance, and Program withdrawal data-collection
- Revisions to Prevention Data Dictionary for tracking of community-level STI and Hepatitis Testing Records
- Revisions to Data Dictionary for tracking of Client-Level Effective Behavioral Intervention enrollments and activities
- Revisions to Data Dictionary for tracking of Community-level Interventions

DPH will also provide:

- Technical Documentation and sample forms for tracking of
  - PrEP Enrollment
  - PrEP Medical Assistance
  - PrEP Program withdrawal
- Technical Documentation and sample forms for current HIV Testing data-collection requirements
- Technical documentation of existing workflows and data collection requirements for Client-Level Effective Behavioral Intervention
- List of Client-level Behavioral Interventions Programs for Enrollment
- List of Client-level Behavioral Interventions Activities

4.6.8.1 Subtask 58.1: Workshops to Validate Phase 5, Cycle 20 System Requirements

The objective of this task is to ensure that the requirements for Phase 5, Cycle 20 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 5, Cycle 20 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles **Solution Requirements).**

4.6.8.2 Subtask 58.2: Validation of Phase 5, Cycle 20 System Requirements

Contractor will validate the Phase 5, Cycle 20 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 5, Cycle 20 System and to provide the level of detail and definition for all Phase 5, Cycle 20 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 5, Cycle 20 System requirements. Upon County's Acceptance of the documented Phase 5, Cycle 20 System requirements, such requirements will automatically become part of the System Requirements

4.6.8.2.1 Deliverable 58.1: System Requirements Validation for Phase 5, Cycle 20

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 5, Cycle 20, that meets the requirements of this Task 58 (Specifications Documents for Phase 5, Cycle 20).

4.6.8.3 Subtask 58.3: Development of Detailed Specifications for Phase 5, Cycle 20, Component 44 – Base PrEP Tracking

Contractor will develop detailed specifications for Phase 5, Cycle 20, Component 44 – Base PrEP Tracking ("Component 44") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 20, Component 44, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 20, Component 44 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 58.1 and 58.2:

- LA-137 - PrEP Enrollment Information
- LA-140 - Medication Assistance Program eligibility (PrEP)
- LA-141 - PrEP Program withdrawal

4.6.8.4 Subtask 58.4: Development of Detailed Specifications for Phase 5, Cycle 20, Component 45 – STI and Hepatitis Testing Services Tracking

Contractor will develop detailed specifications for Phase 5, Cycle 20, Component 45 – STI and Hepatitis Testing Tracking ("Component 45") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 20, Component 45, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 20, Component 45 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 58.1 and 58.2:

- LA-145 - Prevention - Community-Level HIV Testing Services Data-Entry

4.6.8.5 Subtask 58.5: Development of Detailed Specifications for Phase 5, Cycle 20, Component 46 – Base Behavioral Programs Tracking

Contractor will develop detailed specifications for Phase 5, Cycle 20, Component 46 – Base Behavioral Programs Tracking ("Component 46") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 20, Component 46, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 20, Component 46 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 58.1 and 58.2:

- LA-143 - Prevention - Client-Level Effective Behavioral Interventions Tracking
- LA-144 - Prevention - Community Level Intervention Data Entry

4.6.8.6 Subtask 58.6: Updating Project Plan for Phase 5, Cycle 20, Components 44, 45, and 46

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 5, if necessary, based on the final Detailed Specifications for Phase 5, Cycle 20 Components 44, 45, and 46.

4.6.8.6.1 Deliverable 58.2: Specifications for Phase 5, Cycle 20 Components 44, 45, and 46 and Revised Project Plan for Phase 5 (KEY)

Contractor will prepare the specifications for Phase 5, Cycle 20, Components 44, 45, and 46 and revise the detailed Project Plan for Phase 5, if needed, that meets the requirements of this Task 59 (Specifications Documents for Phase 5, Cycle 20) and Subtasks 58.3-58.6, for DPH's review and Acceptance.

4.6.9 Task 59: Testing and Delivery of Prototypes for Phase 5, Cycle 20.

This Task 59 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.6.9.1 Subtask 59.1: Testing and Delivery of Prototype for Phase 5, Cycle 20 Components 44, 45, and 46.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 5, Cycle 20 Components 44, 45, and 46.

4.6.9.1.1 Deliverable 59.1: Completion of Quality Assurance Testing for Phase 5, Cycle 20, Components 44, 45, and 46 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 5, Cycle 20, Components 44, 45, and 46 of the System that meets the requirements of this Task 59 (Testing and Delivery of Prototypes for Phase 5, Cycle 20) and Subtask 59.1, for DPH's review and Acceptance.

4.6.9.1.2 Deliverable 59.2: Delivery of Prototypes for Phase 5, Cycle 20, Components 44, 45, and 46 of System.

Contractor will prepare Prototype for Phase 5, Cycle 20, Components 44, 45, and 46 of the System that meets the requirements of this Task 59 (Testing and Delivery of Prototypes for Phase 5, Cycle 20) and Subtask 59.1, for DPH's review and Acceptance.

4.6.9.1 Subtask 59.2: UAT Testing for Phase 5, Cycle 20, Components 44, 45, and 46 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 5, Cycle 20 Components 44, 45, and 46.

4.6.9.1.1 Deliverable 59.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 20, Components 44, 45, and 46 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 5, Cycle 20, Components 44, 45, and 46 of the System that meets the requirements of this Task 59 (Testing and Delivery of Prototypes for Phase 5, Cycle 20) and Subtask 59.2, for DPH's review and Acceptance.

4.6.9.1.2 Deliverable 59.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 20, Components 44, 45, and 46 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 5, Cycle 20, Components 44, 45, and 46 of the System, in accordance with the requirements of this Task 59 (Testing and Delivery of Prototype for Phase 5, Cycle 20) and Subtask 59.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results

have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.6.10 Task 60: Specifications Documents for Phase 5, Cycle 21.

For all of the subtasks in this Task 60, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Revisions to Prevention Data Dictionary for PrEP Risk assessment and Eligibility Screening tracking
- Revisions to Prevention Data Dictionary for Client Acuity Assessment tracking
- Revisions to Prevention Data Dictionary for PrEP Encounters tracking

- Specs for tracking of HIV Testing Quarterly Goals
- Revisions to Prevention Data Dictionary for tracking of Housing, Income, Insurance Status, and HIV Risk Factors
- Revisions to Data Dictionary and Data Sharing Specs for Prevention Progress Notes

DPH will also provide:

- Technical Documentation of data elements and logic for tracking of PrEP Risk Assessment and Eligibility Screening records.
- Technical Documentation of data elements and score calculations criteria for PrEP Acuity Assessment.
- Technical Documentation of data collection requirements for tracking PrEP Encounter Records
- Technical documentation of workflow and data elements collected to track HIV Testing Quarterly Goals
- Revisions to Prevention Data Dictionary for tracking of Housing, Income, Insurance Status, and HIV Risk Factors
- Revisions to Data Dictionary and Data Sharing Specs for Prevention Progress Notes
- Technical Documentation of data collection requirements for tracking of Housing, Income, Insurance Status, and HIV Risk Factors for Prevention Clients
- Technical documentation of data collection and workflow requirements for tracking of Prevention Progress Notes and differentiation between Ryan White and Prevention Progress Notes

4.6.10.1 Subtask 60.1: Workshops to Validate Phase 5, Cycle 21 System Requirements

The objective of this task is to ensure that the requirements for Phase 5, Cycle 21 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 5, Cycle 21 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.6.10.2 Subtask 60.2: Validation of Phase 5, Cycle 21 System Requirements

Contractor will validate the Phase 5, Cycle 21 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 5, Cycle 21 System and to provide the level of detail and definition for all Phase 5, Cycle 21 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 5, Cycle 21 System requirements. Upon County's Acceptance of the documented Phase 5, Cycle 21 System requirements, such requirements will automatically become part of the System Requirements

4.6.10.2.1 Deliverable 60.1: System Requirements Validation for Phase 5, Cycle 21

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 5, Cycle 21, that meets the requirements of this Task 60 (Specifications Documents for Phase 5, Cycle 21) and Subtasks 60.1 through 60.2, for DPH's review and Acceptance.

4.6.10.3 Subtask 60.3: Development of Detailed Specifications for Phase 5, Cycle 21, Component 47 – Advanced PrEP Tracking

Contractor will develop detailed specifications for Phase 5, Cycle 21, Component 47 – Advanced PrEP Tracking ("Component 47") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 21, Component 47, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 21, Component 47 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 60.1 and 60.2:

- LA-138 - Client PrEP Risk Assessment and Eligibility screening
- LA-139 - Client Acuity Assessment (PrEP)
- LA-142 - PrEP Encounter Record

4.6.10.4 Subtask 60.4: Development of Detailed Specifications for Phase 5, Cycle 21, Component 48 – Advanced STI and Hepatitis Tracking

Contractor will develop detailed specifications for Phase 5, Cycle 21, Component 48 – Advanced STI and Hepatitis Tracking ("Component 48") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 21, Component 48, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 21, Component 48 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 60.1 and 60.2:

- LA-124 - Contract Management - HIV Testing Quarterly Goals

4.6.10.5 Subtask 60.5: Development of Detailed Specifications for Phase 5, Cycle 21, Component 49 – Advanced Prevention Client Records Management

Contractor will develop detailed specifications for Phase 5, Cycle 21, Component 49 – Advanced Prevention Client Records Management ("Component 49") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 21, Component 49, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 21, Component 49 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 60.1 and 60.2:

- LA-134 - Prevention Client-Level Data - Housing, Income, Insurance
- LA-135 - Prevention Client-Level Data - HIV and Risk Factors
- LA-136 - Prevention Progress Notes
- LA-156 - Prevention Client Document Tracker

4.6.10.6 Subtask 60.6: Updating Project Plan for Phase 5, Cycle 21, Components 47, 48, and 49

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 5, if necessary, based on the final Detailed Specifications for Phase 5, Cycle 21 Components 47, 48, and 49.

4.6.10.6.1 Deliverable 60.2: Specifications for Phase 5, Cycle 21 Components 47, 48, and 49 and Revised Project Plan for Phase 5 (KEY)

Contractor will prepare the specifications for Phase 5, Cycle 21, Components 47, 48 and 49 and revise the detailed Project Plan for Phase 5, if needed, that meets the requirements of this Task 60 (Specifications Documents for Phase 5, Cycle 21) and Subtasks 60.3- through 60.6, for DPH's review and Acceptance.

4.6.11 Task 61: Testing and Delivery of Prototypes for Phase 5, Cycle 21.

This Task 60 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.6.11.1Subtask 61.1: Testing and Delivery of Prototype for Phase 5, Cycle 21 Components 47, 48 and 49.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 5, Cycle 21 Components 47, 48 and 49.

4.6.11.1.1 Deliverable 61.1: Completion of Quality Assurance Testing for Phase 5, Cycle 21, Components 47, 48 and 49 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 5, Cycle 21, Components 47, 48 and 49 of the System that meets the requirements of this Task 61 (Testing and Delivery of Prototypes for Phase 5, Cycle 21) and Subtask 61.1for DPH's review and Acceptance.

4.6.11.1.2 Deliverable 61.2: Delivery of Prototypes for Phase 5, Cycle 21, Components 47, 48 and 49 of System.

Contractor will prepare Prototype for Phase 5, Cycle 21, Components 47, 48 and 49 of the System that meets the requirements of this Task 61 (Testing and Delivery of

Prototypes for Phase 5, Cycle 21) and Subtask 61.1, for DPH's review and Acceptance.

4.6.11.2 Subtask 61.2: UAT Testing for Phase 5, Cycle 21, Components 47, 48 and 49 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 5, Cycle 21 Components 47, 48 and 49.

4.6.11.2.1 Deliverable 61.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 21, Components 47, 48 and 49 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 5, Cycle 21, Components 47, 48 and 49 of the System that meets the requirements of this Task 61 (Testing and Delivery of Prototypes for Phase 5, Cycle 21) and Subtask 61.2, for DPH's review and Acceptance.

4.6.11.2.2 Deliverable 61.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 21, Components 47, 48 and 49 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 5, Cycle 21, Components 47, 48 and 49 of the System, in accordance with the requirements of this Task 61 (Testing and Delivery of Prototype for Phase 5, Cycle 21) and Subtask 61.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.6.12 Task 62: Specifications Documents for Phase 5, Cycle 22.

For all of the subtasks in this Task 62, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Revisions to Data Admin Specs
- Specifications for PrEP Center of Excellence (CoE) Performance Measures Quarterly Report

- Specifications for HIV Testing Report
- Specifications for Aggregate Client Behavioral Interventions Report

DPH will also provide:

- Technical documentation of existing workflows and data-collection requirements for administration of
    - Prevention Agencies' Locations
    - Prevention Referrals Locations and referral service categories
    - RW & Prevention Funding Sources
- Technical documentation for:
    - Reporting indicators, workflows, and filters requirements for the PrEP CoE Performance Measures Quarterly Report.
    - Workflows, reporting indicators, and filters requirements for the HIV Testing Report
    - Workflows, reporting indicators, and filters requirements for the Aggregate Client Behavioral Interventions Report

4.6.12.1 Subtask 62.1: Workshops to Validate Phase 5, Cycle 22 System Requirements

The objective of this task is to ensure that the requirements for Phase 5, Cycle 22 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 5, Cycle 22 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.6.12.2 Subtask 62.2: Validation of Phase 5, Cycle 22 System Requirements

Contractor will validate the Phase 5, Cycle 22 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 5, Cycle 22 System and to provide the level of detail and definition for all Phase 5, Cycle 22 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 5, Cycle 22 System requirements. Upon County's Acceptance of the documented Phase 5, Cycle 22 System requirements, such requirements will automatically become part of the System Requirements

4.6.12.2.1 Deliverable 62.1: System Requirements Validation for Phase 5, Cycle 22

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 5, Cycle 22, that meets the requirements of this Task 62 (Specifications Documents for Phase 5, Cycle 22).

4.6.12.3 Subtask 62.3: Development of Detailed Specifications for Phase 5, Cycle 22, Component 50 – Prevention Data Administration

Contractor will develop detailed specifications for Phase 5, Cycle 22, Component 50 – Prevention Data Administration ("Component 50") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 22, Component 50, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 22, Component 50 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 62.1 and 62.2:

- LA-152 - Data Admin - Prevention Agency Locations
- LA-153 - Data Admin - Prevention Behavioral Program Services and Referral Types
- LA-154 - Data Admin - Prevention PrEP Referral Locations/Categories
- LA-155 - Data Admin - RW and Prevention Funding Sources

4.6.12.4 Subtask 62.4: Development of Detailed Specifications for Phase 5, Cycle 22, Component 51 – Prevention Program Data Reports

Contractor will develop detailed specifications for Phase 5, Cycle 22, Component 51 – Prevention Program Data Reports ("Component 51") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 22, Component 51, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 22, Component 51 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 62.1 and 62.2:

- LA-157 - PrEP Center of Excellence Performance Measures Quarterly Report
- LA-158 - HIV Testing Report
- RDE_g2286 - Aggregate Client Behavioral Interventions Report

4.6.12.5 Subtask 62.5: Updating Project Plan for Phase 5, Cycle 22, Components 50 and 51

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 5, if necessary, based on the final Detailed Specifications for Phase 5, Cycle 22 Components 50 and 51.

4.6.12.5.1 Deliverable 62.2: Specifications for Phase 5, Cycle 22 Components 50 and 51 and Revised Project Plan for Phase 5 (KEY)

Contractor will prepare the specifications for Phase 5, Cycle 22, Components 50 and 51 and revise the detailed Project Plan for Phase 5, if needed, that meets the requirements of this Task 62 (Specifications Documents for Phase 5, Cycle 22) and Subtasks 62.3 through 62.5, for DPH's review and Acceptance.

4.6.13 Task 63: Testing and Delivery of Prototypes for Phase 5, Cycle 22.

This Task 63 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.6.13.1 Subtask 63.1: Testing and Delivery of Prototypes for Phase 5, Cycle 22 Components 50 and 51.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 5, Cycle 22 Components 50 and 51.

4.6.13.1.1 Deliverable 63.1: Completion of Quality Assurance Testing for Phase 5, Cycle 22, Components 50 and 51 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 5, Cycle 22, Components 50 and 51 of the System that meets the requirements of this Task 63 (Testing and Delivery of Prototypes for Phase 5, Cycle 22) and Subtask 63.1, for DPH's review and Acceptance.

4.6.13.1.2 Deliverable 63.2: Delivery of Prototypes for Phase 5, Cycle 22, Components 50 and 51 of System.

Contractor will prepare Prototype for Phase 5, Cycle 22, Components 50 and 51 of the System that meets the requirements of this Task 63 (Testing and Delivery of

Prototypes for Phase 5, Cycle 22) and Subtask 63.1, for DPH's review and Acceptance.

4.6.13.2 Subtask 63.2: UAT Testing for Phase 5, Cycle 22, Components 50 and 51 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 5, Cycle 22 Components 50 and 51.

4.6.13.2.1 Deliverable 63.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 22, Components 50 and 51 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 5, Cycle 22, Components 50 and 51 of the System that meets the requirements of this Task 63 (Testing and Delivery of Prototypes for Phase 5, Cycle 22) and Subtask 63.3, for DPH's review and Acceptance.

4.6.13.2.2 Deliverable 63.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 22, Components 50 and 51 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 5, Cycle 22, Components 50 and 51 of the System, in accordance with the requirements of this Task 63 (Testing and Delivery of Prototype for Phase 5, Cycle 22) and Subtask 63.4. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.6.14 Task 64: Specifications Documents for Phase 5, Cycle 23.

For all of the subtasks in this Task 14, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Revisions to Referrals Management Specs
- Revisions to Referrals Report Specs
- Revisions to Visual analytics Specs

- Revisions to Data Extract Specs

DPH will also provide:

- Technical documentation of:
  - Existing workflows and data-collection requirements for tracking of referrals across prevention and Ryan White Programs.
  - Indicators and filters for integrating the tracking of Prevention Referrals within the referrals report.
  - Reporting requirements for Reporting filters and indicators needed in Visual Analytics

4.6.14.1 Subtask 64.1: Workshops to Validate Phase 5, Cycle 23 System Requirements

The objective of this task is to ensure that the requirements for Phase 5, Cycle 23 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 5, Cycle 23 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.6.14.2 Subtask 64.2: Validation of Phase 5, Cycle 23 System Requirements

Contractor will validate the Phase 5, Cycle 23 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 5, Cycle 23 System and to provide the level of detail and definition for all Phase 5, Cycle 23 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 5, Cycle 23 System requirements. Upon County's Acceptance of the documented Phase 5, Cycle 23 System requirements, such requirements will automatically become part of the System Requirements

4.6.14.2.1 Deliverable 64.1: System Requirements Validation for Phase 5, Cycle 23

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 5, Cycle 23, that meets the requirements of this Task 64 (Specifications Documents for Phase 5, Cycle 23) and Subtasks 64.1 through 64.2, for DPH's review and Acceptance.

4.6.14.3 Subtask 64.3: Development of Detailed Specifications for Phase 5, Cycle 23, Component 52 – Cross-Program Referral Management

Contractor will develop detailed specifications for Phase 5, Cycle 23, Component 52 – Cross-Program Referral Management ("Component 52") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 23, Component 52, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 23, Component 52 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 64.1 and 64.2:

- LA-159 - Prevention Centralized Cross-Program Referrals Management Dashboard
- LA-160 - Prevention Centralized Aggregate Referrals Report
- LA-161 - Prevention Visual Analytics
- LA-163 - Prevention Data Extract (MSACCESS)

4.6.14.4 Subtask 64.4: Updating Project Plan for Phase 5, Cycle 23, Component 52

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 5, if necessary, based on the final Detailed Specifications for Phase 5, Cycle 23 Component 52.

4.6.14.4.1 Deliverable 64.2: Specifications for Phase 5, Cycle 23 Component 52 and Revised Project Plan for Phase 5 (KEY)

Contractor will prepare the specifications for Phase 5, Cycle 23, Component 52 and revise the detailed Project Plan for Phase 5, if needed, that meets the requirements of this Task 64 (Specifications Documents for Phase 5, Cycle 23) and Subtasks 64.3 through 64.4, for DPH's review and Acceptance.

4.6.15 Task 65: Testing and Delivery of Prototypes for Phase 5, Cycle 23.

This Task 65 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.6.15.1 Subtask 65.1: Testing and Delivery of Prototype for Phase 5, Cycle 23 Component 52.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 5, Cycle 23 Component 52.

4.6.15.1.1 Deliverable 65.1: Completion of Quality Assurance Testing for Phase 5, Cycle 23, Component 52 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 5, Cycle 23, Component 52 of the System that meets the requirements of this Task 65 (Testing and Delivery of Prototypes for Phase 5, Cycle 23) and Subtasks X through X, for DPH's review and Acceptance.

4.6.15.1.2 Deliverable 65.2: Delivery of Prototypes for Phase 5, Cycle 23, Component 52 of System.

Contractor will prepare Prototype for Phase 5, Cycle 23, Component 52 of the System that meets the requirements of this Task 65 (Testing and Delivery of Prototypes for Phase 5, Cycle 23) and Subtask 65.1, for DPH's review and Acceptance.

4.6.15.2 Subtask 65.2: UAT Testing for Phase 5, Cycle 23, Component 52 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 5, Cycle 23 Component 52.

4.6.15.2.1 Deliverable 65.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 23, Component 52 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 5, Cycle 23, Component 52 of the System that meets the requirements of this Task 65 (Testing and Delivery of Prototypes for Phase 5, Cycle 23) and Subtask 65.2, for DPH's review and Acceptance.

4.6.15.2.2 Deliverable 65.3: Completion of Successful UAT for Prototype for Phase 5, Cycle 23, Component 52 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 5, Cycle 23, Component 52 of the System, in accordance with the requirements of this Task 65

(Testing and Delivery of Prototype for Phase 5, Cycle 23) and Subtask 65.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.6.16 Task 66: Specifications Documents for Phase 5, Cycle 24.

For all of the subtasks in this Task 66, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Specifications for Prevention Data Quality Report
- Specifications for Prevention Client-Level Summary Screen

DPH will also provide:

- Technical documentation for
    - Workflows, reporting indicators, and filters requirements for the Prevention Data Quality Report
    - Data elements need to be displayed in the Prevention Client Summary Dashboard

4.6.16.1 Subtask 66.1: Workshops to Validate Phase 5, Cycle 24 System Requirements

The objective of this task is to ensure that the requirements for Phase 5, Cycle 24 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 5, Cycle 24 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.6.16.2 Subtask 66.2: Validation of Phase 5, Cycle 24 System Requirements

Contractor will validate the Phase 5, Cycle 24 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 5, Cycle 24 System and to provide the level of detail and definition for all Phase 5, Cycle 24 requirements necessary for any further design, development, or implementation activities.

Contractor will document all validated Phase 5, Cycle 24 System requirements. Upon County's Acceptance of the documented Phase 5, Cycle 24 System requirements, such requirements will automatically become part of the System Requirements

4.6.16.2.1 Deliverable 66.1: System Requirements Validation for Phase 5, Cycle 24

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 5, Cycle 24, that meets the requirements of this Task 66 (Specifications Documents for Phase 5, Cycle 24).

4.6.16.3 Subtask 66.3: Development of Detailed Specifications for Phase 5, Cycle 24, Component 53 – Advanced Prevention Reports

Contractor will develop detailed specifications for Phase 5, Cycle 24, Component 53 – Advanced Prevention Reports ("Component 53") based on the validated Phase 5 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 5, Cycle 24, Component 53, such specifications will automatically become part of the System Specifications. Phase 5, Cycle 24, Component 53 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 66.1 and 66.2:

- LA-162 - Prevention Data Quality Report
- LA-164 - Prevention Client-Level Summary Screen

4.6.16.4 Subtask 66.4: Updating Project Plan for Phase 5, Cycle 24, Component 53

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 5, if necessary, based on the final Detailed Specifications for Phase 5, Cycle 24 Component 53.

4.6.16.4.1 Deliverable 66.2: Specifications for Phase 5, Cycle 24 Component 53 and Revised Project Plan for Phase 5 (KEY)

Contractor will prepare the specifications for Phase 5, Cycle 24, Component 53 and revise the detailed Project Plan for Phase 5, if needed, that meets the requirements of this Task 66 (Specifications Documents for Phase 5, Cycle 24) and Subtasks 66.3 through 66.4, for DPH's review and Acceptance.

4.6.17 Task 67: Testing and Delivery of Prototypes for Phase 5, Cycle 24.

This Task 67 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.6.17.1 Subtask 67.1: Testing and Delivery of Prototype for Phase 5, Cycle 24 Component 53.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 5, Cycle 24 Component 53.

4.6.17.1.1 Deliverable 67.1: Completion of Quality Assurance Testing for Phase 5, Cycle 24, Component 53 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 5, Cycle 24, Component 53 of the System that meets the requirements of this Task 67 (Testing and Delivery of Prototypes for Phase 5, Cycle 24) and Subtask 67.1, for DPH's review and Acceptance.

4.6.17.1.2 Deliverable 67.2: Delivery of Prototypes for Phase 5, Cycle 24, Component 53 of System.

Contractor will prepare Prototype for Phase 5, Cycle 24, Component 53 of the System that meets the requirements of this Task 67 (Testing and Delivery of Prototypes for Phase 5, Cycle 24) and Subtask 67.1, for DPH's review and Acceptance.

4.6.17.2 Subtask 67.2: UAT Testing for Phase 5, Cycle 24, Component 53 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but specific for Phase 5, Cycle 24 Component 53.

4.6.17.2.1 Deliverable 67.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 24, Component 53 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 5, Cycle 24, Component 53 of the System that meets the requirements of this Task 67 (Testing and Delivery of Prototypes for Phase 5, Cycle 24) and Subtask 67.2, for DPH's review and Acceptance.

4.6.17.2.2 Deliverable 67.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 24, Component 53 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 5, Cycle 24, Component 53 of the System, in accordance with the requirements of this Task 67 (Testing and Delivery of Prototype for Phase 5, Cycle 24) and Subtask 67.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.6.18 Task 68: Delivery of Launch-Ready System for Phase 5, Cycles 17, 18, 19, 20, 21, 22, 23, and 24

4.6.18.1 Subtask 68.1: Complete Revisions to Phase 5, Cycle 17 Components of the System and Deliver on the Staging Hosting Environment

Contractor will make any needed revisions to Phase 5 Cycle 17 Components to reflect feedback and comments received, following completion of UAT on the Phase 5, Cycle 17 components of the System by DPH. DPH will respond timely to any follow-up questions and requests for feedback from Contractor as it completes this task.

Once revisions are completed, Contractor will perform final quality assurance testing on the modules and System features of the Phase 5, Cycle 17 components of the System prior to delivering the Phase 5, Cycle 17 components to the Staging Hosting Environment. As part of this testing, Contractor will confirm the System meets all Phase 5, Cycle 17 System Requirements as defined by the Scope, final Specifications, and revised Detailed Project Plan. Once completed, Contractor will deliver Phase 5, Cycle 17 System modules and features on the Staging Hosting Environment for it to be ready for launch to the Production Hosting Environment for Production Use.

4.6.18.2 Subtask 68.2: Complete Revisions to Phase 5, Cycle 18 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 68.1 but specific for Phase 5, Cycle 18 Components of the System.

4.6.18.3 Subtask 68.3: Complete Revisions to Phase 5, Cycle 19 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 68.1 but specific for Phase 5, Cycle 19 Components of the System.

4.6.18.4 Subtask 68.4: Complete Revisions to Phase 5, Cycle 20 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 68.1 but specific for Phase 5, Cycle 20 Components of the System.

4.6.18.5 Subtask 68.5: Complete Revisions to Phase 5, Cycle 21 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 68.1 but specific for Phase 5, Cycle 21 Components of the System.

4.6.18.6 Subtask 68.6: Complete Revisions to Phase 5, Cycle 22 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 68.1 but specific for Phase 5, Cycle 22 Components of the System.

4.6.18.7 Subtask 68.7: Complete Revisions to Phase 5, Cycle 23 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 68.1 but specific for Phase 5, Cycle 23 Components of the System.

4.6.18.8 Subtask 68.8: Complete Revisions to Phase 5, Cycle 24 Components of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 68.1 but specific for Phase 5, Cycle 24 Components of the System.

4.6.18.8.1 Deliverable 68.1: Delivery of Launch-ready System for Phase 5 (KEY)

Contractor will deliver Phase 5, Cycles 17, 18, 19, 20, 21, 22, 23, and 24 that meet the requirements of this Task 68(Delivery of Launch-Ready System for Phase 5, Cycles

17, 18, 19, 20, 21, 22, 23, and 24) and Subtasks 68.1-68.8, for DPH's review and Acceptance.

4.6.19 Task 69: Application Security Scan

4.6.19.1 Subtask 69.1. Application Security Scan is a necessary component of Launch. [LA_g2290]

The following work will be performed by Contractor prior to System Launch, and will be repeated annually for the overall System as required in Section 14.2.3 (Security Scan) of the Agreement:

- RDE sets up an environment to perform the security scans.
- RDE performs the required Security Scans to generate raw security scan results.
- RDE compiles the raw results into a table of findings classified by their root-cause and impact.
- Any findings considered to be a risk of breach will undergo immediate Impact Analysis and Remediation and will trigger the appropriate Incident Response procedures.
- Contractor will share a report of the Security Scan results and mitigations with the County.

4.6.19.1.1 Deliverable 69.1: Completion of Application Security Scan

Contractor will complete the Application Security Scan prior to System Launch that meets the requirements of this Task 69 (Application Security Scan) and Subtask 69.1, for DPH's review and Acceptance.

4.6.20 Task 70: System Launch for Phase 5 to Production Use

4.6.20.1 Subtask 70.1. Pre-Launch User Training for Phase 5 [LA-90]

Contractor will assist DPH in the development of a training PowerPoint for an online scenario-based training.

- Contractor will record the online training session and allow system users to view the video from the system’s help section.
- Contractor will perform a live walk-through based on training scenarios with collaborative input by DPH Team Members.

4.6.20.1.1 Deliverable 70.1: Training for Phase 5 System Prior to Production Use (KEY)

Contractor will deliver and complete training for the Phase 5 System that meets the requirements of Task 70 (System Launch for Phase 5 to Production Use) and Subtask 70.1 (Pre-Launch User Training for Phase 5).

4.6.20.2 Subtask 70.2: Deployment of all Phase 5 Code and Dependencies to FedRAMP Certified GovCloud Production Server

- Contractor purchases Domain Name and configures the system for Production Environment and domain.
- Contractor creates a joint-team support address that includes members of the DPH team.
- Contractor's Senior Software Developer performs code deployment to AWS during a period of time that will not cause disruption for users.

4.6.20.3 Subtask 70.3: Smoke Test of System-Critical Phase 5 Components

- Contractor performs Smoke Testing, after every production update, to confirm that the deployment was successful and that there are no identifiable system errors caused by the deployment that would cause disruption in user access to the system.
- If any errors are identified, Contractor performs a “rollback” of the deployment.
- Contractor notifies DPH that launch is completed.
- DPH performs Smoke Testing by doing a review of functionalities available in the production environment.

4.6.20.3.1 Deliverable 70.2: Launch of Phase 5 for Production Use (KEY)

Contractor will deliver Phase 5 for Production Use that meets the requirements of this Task 70 (System Launch for Phase 5 to Production Use) and Subtasks 70.2 through 70.3, for DPH's review and Acceptance.

4.6.20.4 Subtask 70.4: Post-Production Use 90-Day Phase Acceptance Procedure

As set forth in Section 5.4 (Phase Acceptance) of the Agreement, following successful transitioning of Phase 5 of the System for Production Use for DPH, County will monitor for Deficiencies and Contractor shall maintain the System in Production Use for a minimum of ninety (90) consecutive days. Upon occurrence of a Deficiency of Severity Level 1-Critical or Severity Level 2-Severe, Contractor shall provide County with a diagnosis of the Deficiency and proposed solution(s), and Contractor shall correct such Deficiency by re-performance pursuant to, and subject to, the provisions of this Agreement. County and Contractor shall agree upon each such proposed solution to be used to correct a Deficiency(ies) prior to its implementation. Commencing with Phase

Acceptance, any problems encountered by DPH in the use of the System shall be subject to the applicable terms under the Agreement as more fully described in Exhibit B (Service Level Agreement).

Phase 5 of the System will achieve Phase Acceptance when Section 5.4.3 (Phase Acceptance) of the Agreement is met. Contractor shall provide the Phase 5 Verification Report, documenting the achievement of Phase 5 Acceptance.

4.6.20.4.1 Deliverable 70.3: Phase 5 Acceptance (KEY)

Contractor will achieve Phase 5 Acceptance by meeting the requirements of this Task 70 (System Launch for Phase 5 to Production Use) and Subtask 70.4, for DPH's review and Acceptance.

4.7 PHASE 6: e2COMMUNITY

4.7.1 Task 71: Project Start-Up Work for Phase 6

Contractor will perform and successfully complete the project start-up work as part of implementation for Phase 6.

4.7.1.1 Subtask 71.1: Demo Hosting Environment for Phase 6

Contractor will establish a Demonstration Hosting Environment for Phase 6 of the System that includes the requirements listed in Exhibit A-1 (e2LosAngeles Solution Requirements), Section 2 (Scope Item LA-1) (Demo Environment). The Demo Hosting Environment site will need to be accessible by the County for completion of this Subtask.

4.7.1.1.1 Deliverable 71.1: Demo Hosting Environment for Phase 6 (KEY)

Contractor will prepare the Demo Hosting Environment for Phase 6 that meets the requirements of this Task 71 (Project Start-up Work for Phase 6) and Subtask 71.1, for DPH's review and Acceptance.

4.7.1.2 Subtask 71.2: Detailed Project Plan for Phase 6.

Contractor will provide a detailed Project Plan for Phase 6 describing the tasks required to implement the Phase 6 System. This task will include the creation of a detailed Project Plan Document (PPD). The PPD will be comprised of:

- Project work plan for each Deliverable in Phase 6, including a work breakdown structure;
- Anticipated start date and completion date of each task;
- Proposed project milestones for Phase 6.
- Phase 6 Deliverables and proposed County review period for each;
- Entrance and exit criteria for each milestone in Phase 6; and
- Roles and responsibilities for the Contractor and County.

4.7.1.2.1 Deliverable 71.2: Detailed Project Plan for Phase 6 (KEY)

Contractor will prepare the Detailed Project Plan for Phase 6 that meets the requirements of this Task 71 (Perform Implementation Work for Phase 6) and Subtask 71.2, for DPH's review and Acceptance.

4.7.2 Task 72: Specifications Documents for Phase 6, Cycle 25

For all of the subtasks in this Task 72, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Client Satisfaction Survey Specifications
- Client Satisfaction Survey Incentives Distribution Specifications

DPH will also provide:

- Technical documentation of Survey Instrument containing all questions and answer choices that will be included as well as any additional logic for the Client Satisfaction survey.
- Data File containing Purchased Electronics Incentives Codes that will be distributed by the system.

4.7.2.1 Subtask 72.1: Workshops to Validate Phase 6, Cycle 25 System Requirements

The objective of this task is to ensure that the requirements for Phase 6, Cycle 25 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 6, Cycle 25 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.7.2.2 Subtask 72.2: Validation of Phase 6, Cycle 25 System Requirements

Contractor will validate the Phase 6, Cycle 25 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 6, Cycle 25 System and to provide the level of detail and definition for all Phase 6, Cycle 25 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 6, Cycle 25 System requirements. Upon County's Acceptance of the documented Phase 6, Cycle 25 System requirements, such requirements will automatically become part of the System Requirements

4.7.2.2.1 Deliverable 72.1: System Requirements Validation for Phase 6, Cycle 25

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 6, Cycle 25, that meets the requirements of this Task 72 (Specifications Documents for Phase 6, Cycle 25) and Subtasks 72.1 through 72.2, for DPH's review and Acceptance.

4.7.2.3 Subtask 72.3: Development of Detailed Specifications for Phase 6, Cycle 25, Component 54 – Client Satisfaction Survey

Contractor will develop detailed specifications for Phase 6, Cycle 25, Component 54 – Client Satisfaction Survey ("Component 54") based on the validated Phase 6 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 6, Cycle 25, Component 54, such specifications will automatically become part of the System Specifications. Phase 6, Cycle 25, Component 54 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 72.1 and 72.2:

- LA-87 - Client Satisfaction Survey
- LA-91 - Client Satisfaction Survey - Incentives Distribution

4.7.2.4 Subtask 72.4: Updating Project Plan for Phase 6, Cycle 25, Component 54

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 6, if necessary, based on the final Detailed Specifications for Phase 6, Cycle 25 Component 54.

4.7.2.4.1 Deliverable 72.2: Specifications for Phase 6, Cycle 25 Component 54 and Revised Project Plan for Phase 6 (KEY)

Contractor will prepare the specifications for Phase 6, Cycle 25, Component 54 and revise the detailed Project Plan for Phase 6, if needed, that meets the requirements of this Task 72 (Specifications Documents for Phase 6, Cycle 25) and Subtasks 72.3 through 72.4, for DPH's review and Acceptance.

4.7.3 Task 73: Testing and Delivery of Prototype for Phase 6, Cycle 25.

This Task 73 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.7.3.1 Subtask 73.1: Testing and Delivery of Prototype for Phase 6, Cycle 25 Component 54.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 6, Cycle 25 Component 54.

4.7.3.1.1 Deliverable 73.1: Completion of Quality Assurance Testing for Phase 6, Cycle 25, Component 54 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 6, Cycle 25, Component 54 of the System that meets the requirements of this Task 73 (Testing and Delivery of Prototypes for Phase 6, Cycle 25) and Subtask 73.1, for DPH's review and Acceptance.

4.7.3.1.2 Deliverable 73.2: Delivery of Prototypes for Phase 6, Cycle 25, Component 54 of System.

Contractor will prepare Prototype for Phase 6, Cycle 25, Component 54 of the System that meets the requirements of this Task 73 (Testing and Delivery of Prototypes for Phase 6, Cycle 25) and Subtask 73.1, for DPH's review and Acceptance.

4.7.3.2 Subtask 73.2: UAT Testing for Phase 6, Cycle 25, Component 54 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 6, Cycle 25, Component 54.

4.7.3.2.1 Deliverable 73.3: Recommended User Acceptance Test Plan of Prototype for Phase 6, Cycle 25, Component 54 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 6, Cycle 25, Component 54 of the System that meets the requirements of this Task 73 (Testing and Delivery of Prototypes for Phase 6, Cycle 25) and Subtask 73.2, for DPH's review and Acceptance.

4.7.3.2.2 Deliverable 73.4: Completion of Successful UAT for Prototype for Phase 6, Cycle 25, Component 54 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines such Deficiency is not critical for UAT completion, for Prototype for Phase 6, Cycle 25, Component 54 of the System, in accordance with the requirements of this Task 73 (Testing and Delivery of Prototype for Phase 6, Cycle 25) and Subtask 73.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the

Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.7.4 Task 74: Specifications Documents for Phase 6, Cycle 26

For all of the subtasks in this Task 74, DPH will provide the following completed Baseline Specifications Documents based on templates provided by Contractor, with assistance from Contractor as needed:

- Consumer Needs Assessment Survey Specifications
- Consumer Needs Assessment Survey Incentives Distribution Specifications

DPH will also provide:

- Technical documentation of Survey Instrument containing all questions and answer choices that will be included as well as any additional logic for the Consumer Needs Assessment survey.
- Data File containing Purchased Electronics Incentives Codes that will be distributed by the system.

4.7.4.1 Subtask 74.1: Workshops to Validate Phase 6, Cycle 26 System Requirements

The objective of this task is to ensure that the requirements for Phase 6, Cycle 26 meet the overall objective of the System and all stakeholder needs. Contractor will conduct Phase 6, Cycle 26 System requirement validation workshops with County subject matter experts (SME) identified by Project Manager to review System requirements outlined in Exhibit A-1 (e2LosAngeles Solution Requirements).

4.7.4.2 Subtask 74.2: Validation of Phase 6, Cycle 26 System Requirements

Contractor will validate the Phase 6, Cycle 26 System requirements, which will include revising or augmenting the requirements as needed to meet the County's requirements for the Phase 6, Cycle 26 System and to provide the level of detail and definition for all Phase 6, Cycle 26 requirements necessary for any further design, development, or implementation activities. Contractor will document all validated Phase 6, Cycle 26 System requirements. Upon County's Acceptance of the documented Phase 6, Cycle 26 System requirements, such requirements will automatically become part of the System Requirements

4.7.4.2.1 Deliverable 74.1: System Requirements Validation for Phase 6, Cycle 26

Contractor will prepare the System Requirements validation, and document the System Requirements, for Phase 6, Cycle 26, that meets the requirements of this Task 74 (Specifications Documents for Phase 6, Cycle 26) and Subtasks 74.1 through 74.2, for DPH's review and approval.

4.7.4.3 Subtask 74.3: Development of Detailed Specifications for Phase 6, Cycle 26, Component 55 – Client Satisfaction Survey

Contractor will develop detailed specifications for Phase 6, Cycle 26, Component 55 – Client Satisfaction Survey ("Component 55") based on the validated Phase 6 System Requirements. Upon County's Acceptance of the detailed specifications for Phase 6, Cycle 26, Component 55, such specifications will automatically become part of the System Specifications. Phase 6, Cycle 26, Component 55 is comprised of, without limitation to the extent that it is reasonably included in the items listed below, the items listed below from Exhibit A-1 (e2LosAngeles Solution Requirements), as validated under Subtasks 74.1 and 74.2:

- LA-65 - e2 Community Needs Assessment Survey
- LA_g2294 e2 Community Needs Assessment Survey Incentives
- LA_g2291 - Consumer Needs Assessment - SMS Alerts

4.7.4.4 Subtask 74.4: Updating Project Plan for Phase 6, Cycle 26, Component 55.

DPH and Contractor will mutually agree to revisions to the Project Plan for Phase 6, if necessary, based on the final Detailed Specifications for Phase 6, Cycle 26 Component 55.

4.7.4.4.1 Deliverable 74.2: Specifications for Phase 6, Cycle 26 Component 55 and Revised Project Plan for Phase 6 (KEY)

Contractor will prepare the specifications for Phase 6, Cycle 26, Component 55 and revise the detailed Project Plan for Phase 6, if needed, that meets the requirements of this Task 74 (Specifications Documents for Phase 6, Cycle 26) and Subtasks 74.3 through 74.4, for DPH's review and Acceptance.

4.7.5 Task 75: Testing and Delivery of Prototypes for Phase 6, Cycle 26.

This Task 75 includes Contractor building, testing and delivering the various prototypes described below; developing, assisting with and completing test plans and procedures for all stages of quality assurance testing, including

integration testing, and System testing, that ensure all requirements are being tested and verified; and conducting the testing for all stages, evaluating test results, correcting problems, and re-testing, as needed.

4.7.5.1 Subtask 75.1: Testing and Delivery of Prototype for Phase 6, Cycle 26 Component 55.

For this subtask, Contractor will repeat the steps in Subtask 5.1, but specific for Phase 6, Cycle 26 Component 55.

4.7.5.1.1 Deliverable 75.1: Completion of Quality Assurance Testing for Phase 6, Cycle 26, Component 55 of System.

Contractor will prepare Quality Assurance Testing Reports documenting its completion of quality assurance testing for Prototype for Phase 6, Cycle 26, Component 55 of the System that meets the requirements of this Task 75 (Testing and Delivery of Prototypes for Phase 6, Cycle 26) and Subtask 75.1, for DPH's review and Acceptance.

4.7.5.1.2 Deliverable 75.2: Delivery of Prototypes for Phase 6, Cycle 26, Component 55 of System.

Contractor will prepare Prototype for Phase 6, Cycle 26, Component 55 of the System that meets the requirements of this Task 75 (Testing and Delivery of Prototypes for Phase 6, Cycle 26) and Subtask 75.1, for DPH's review and Acceptance.

4.7.5.2 Subtask 75.2: UAT Testing for Phase 6, Cycle 26, Component 55 of System

For this subtask, Contractor will repeat the steps in Subtask 5.5, but for Phase 6, Cycle 26, Component 55.

4.7.5.2.1 Deliverable 75.3: Recommended User Acceptance Test Plan of Prototype for Phase 6, Cycle 26, Component 55 of System

Contractor will assist DPH in the preparation of the Recommended User Acceptance Test Plan for Prototype for Phase 6, Cycle 26, Component 55 of the System that meets the requirements of this Task 75 (Testing and Delivery of Prototypes for Phase 6, Cycle 26) and Subtask 75.2, for DPH's review and Acceptance.

4.7.5.2.2 Deliverable 75.4: Completion of Successful UAT for Prototype for Phase 6, Cycle 26, Component 55 of System (KEY)

Contractor will assist with UAT and correct any Deficiencies identified by DPH or the Contractor, unless DPH determines

such Deficiency is not critical for UAT completion, for Prototype for Phase 6, Cycle 26, Component 55 of the System, in accordance with the requirements of this Task 75 (Testing and Delivery of Prototype for Phase 6, Cycle 26) and Subtask 75.2. Contractor will provide a UAT report of successful completion to DPH documenting that: (i) all System Requirements have been meet and test results have been verified, (ii) Deficiencies identified by the Contractor or DPH have been corrected by the Contractor and approved by DPH, unless DPH determines such Deficiency is not critical for UAT completion and such Deficiency is scheduled for resolution by another date approved by DPH, and (iii) all other UAT–related activities have been completed.

4.7.6 Task 76: Delivery of Launch-Ready System for Phase 6, Cycle 25 and 26

4.7.6.1 Subtask 76.1: Complete Revisions to Phase 6, Cycle 25 Component of the System and Deliver on the Staging Hosting Environment

Contractor will make any needed revisions to Phase 6 Cycle 25 Components to reflect feedback and comments received, following completion of UAT on the Phase 6, Cycle 25 components of the System by DPH. DPH will respond timely to any follow-up questions and requests for feedback from Contractor as it completes this task.

Once revisions are completed, Contractor will perform final quality assurance testing on the modules and System features of the Phase 6, Cycle 25 components of the System prior to delivering the Phase 6, Cycle 25 components to the Staging Hosting Environment. As part of this testing, Contractor will confirm the System meets all Phase 6, Cycle 25 System Requirements as defined by the Scope, final Specifications, and revised Detailed Project Plan. Once completed, Contractor will deliver Phase 6, Cycle 25 System modules and features on the Staging Hosting Environment for it to be ready for launch to the Production Hosting Environment for Production Use.

4.7.6.2 Subtask 76.2: Complete Revisions to Phase 6, Cycle 26 Component of the System and Deliver on the Staging Hosting Environment

For this subtask, Contractor will repeat the steps in Subtask 76.1 but specific for Phase 6, Cycle 26 Components of the System.

4.7.6.2.1 Deliverable 76.1: Delivery of Launch-ready System for Phase 6

Contractor will deliver Phase 6, Cycle 25 and 26 that meet the requirements of this Task 76 (Delivery of Launch-Ready System for Phase 6, Cycle 25 and 26) and Subtasks 76.1 through 76.2, for DPH's review and Acceptance.

4.7.7 Task 77: Application Security Scan

4.7.7.1 Subtask 77.1. Application Security Scan is a necessary component of Launch. [LA_g2290]

The following work will be performed by Contractor prior to System Launch, and will be repeated annually for the overall System as required in Section 14.2.3 (Security Scan) of the Agreement:

- RDE sets up an environment to perform the security scans.
- RDE performs the required Security Scans to generate raw security scan results.
- RDE compiles the raw results into a table of findings classified by their root-cause and impact.
- Any findings considered to be a risk of breach will undergo immediate Impact Analysis and Remediation and will trigger the appropriate Incident Response procedures.
- Contractor will share a report of the Security Scan results and mitigations with the County.

4.7.7.1.1 Deliverable 77.1: Completion of Application Security Scan

Contractor will complete the Application Security Scan prior to System Launch that meets the requirements of this Task 77 (Application Security Scan) and Subtask 77.1, for DPH's review and Acceptance.

4.7.8 Task 78: System Launch for Phase 6 to Production Use

4.7.8.1 Subtask 78.1: Pre-Launch User Training for Phase 6 [LA-90]

Contractor will assist DPH in the development of a training PowerPoint for an online scenario-based training.

- Contractor will record the online training session and allow system users to view the video from the system's help section.
- Contractor will perform a live walk-through based on training scenarios with collaborative input by DPH Team Members.

4.7.8.1.1 Deliverable 78.1: Training for Phase 6 System Prior to Production Use (KEY)

Contractor will deliver and complete training for the Phase 6 System that meets the requirements of Task 78 (System Launch for Phase 6 to Production Use) and Subtask 78.1 (Pre-Launch User Training for Phase 6).

4.7.8.2 Subtask 78.2: Deployment of all Phase 6 Code and Dependencies to FedRAMP Certified GovCloud Production Server

- Contractor purchases Domain Name and configures the system for Production Environment and domain.
- Contractor creates a joint-team support address that includes members of the DPH team.
- Contractor's Senior Software Developer performs code deployment to AWS during a period of time that will not cause disruption for users.

4.7.8.3 Subtask 78.3: Configuration of System Production Database

- Contractor's Senior Software Developer creates and configures the database that will be used by the production environment.
- Contractor's Senior Software Developer performs a database back-up and executes any database scripts required as part of launch.

4.7.8.4 Subtask 78.4: Configuration of System Production Application Server

- Contractor creates the initial DPH super-admin account.
- Contractor assists DPH with the one-time configuration of LKM which requires a secure passphrase known only by DPH.

4.7.8.5 Subtask 78.5: Smoke Test of System-Critical Phase 6 Components

- Contractor performs Smoke Testing, after every production update, to confirm that the deployment was successful and that there are no identifiable system errors caused by the deployment that would cause disruption in user access to the system.
- If any errors are identified, Contractor performs a “rollback” of the deployment.
- Contractor notifies DPH that launch is completed.
- DPH performs Smoke Testing by doing a review of functionalities available in the production environment.

4.7.8.5.1 Deliverable 78.2: Launch of Phase 6 for Production Use (KEY)

Contractor will deliver Phase 6 for Production Use that meets the requirements of this Task 78 (System Launch for Phase 6 to Production Use) and Subtasks 78.2-78.5, for DPH's review and Acceptance.

4.7.8.6 Subtask 78.6: Post-Production Use 90-Day Phase Acceptance Procedure

As set forth in Section 5.4 (Phase Acceptance) of the Agreement, following successful transitioning of Phase 6 of the System for Production Use for DPH, County will monitor for Deficiencies and Contractor shall maintain the System in Production Use for a minimum of ninety (90) consecutive days. Upon occurrence of a Deficiency of Severity Level 1-Critical or Severity Level 2-Severe, Contractor shall provide County with a diagnosis of the Deficiency and proposed solution(s), and Contractor shall correct such Deficiency by re-performance pursuant to, and subject to, the provisions of this Agreement. County and Contractor shall agree upon each such proposed solution to be used to correct a Deficiency(ies) prior to its implementation. Commencing with Phase Acceptance, any problems encountered by DPH in the use of the System shall be subject to the applicable terms under the Agreement as more fully described in Exhibit B (Service Level Agreement).

Phase 6 of the System will achieve Phase Acceptance when Section 5.4.3 (Phase Acceptance) of the Agreement is met. Contractor shall provide the Phase 6 Verification Report, documenting the achievement of Phase 6 Acceptance.

4.7.8.6.1 Deliverable 78.3: Phase 6 Acceptance (KEY)

Contractor will achieve Phase 6 Acceptance by meeting the requirements of this Task 78 (System Launch for Phase 6 to Production Use) and Subtask 78.3, for DPH's review and Acceptance.

4.8 FINAL ACCEPTANCE OF SYSTEM

4.8.1 Task 79: Final Acceptance

As set forth in Section 5.4.4 (Final Acceptance) of the Agreement, following successful transitioning of all Phases of the System for Production Use for DPH, County will monitor for Deficiencies and Contractor shall maintain the System in Production Use for a minimum of ninety (90) consecutive days. Upon occurrence of a Deficiency of Severity Level 1-Critical or Severity Level 2-Severe, Contractor shall provide County with a diagnosis of the Deficiency and proposed solution(s), and Contractor shall correct such Deficiency by re-performance pursuant to, and subject to, the provisions of this Agreement. County and Contractor shall agree upon each such

proposed solutions to be used to correct a Deficiency(ies) prior to its implementation. Commencing with Phase Acceptance, any problems encountered by DPH in the use of the System shall be subject to the applicable terms under the Agreement as more fully described in Exhibit B (Service Level Agreement).

The System shall achieve Final Acceptance when there is (i) successful completion of implementation of all Phases 1-6 of the System; (ii) successful completion of all work necessary for the System to be available for production use by County with Phases 1-6 in Production use together; (iii) Deficiencies identified by Contractor or County have been corrected by Contractor in accordance with this Agreement; (iv) corrections of such Deficiencies have been approved by County Project Director; and (v) following County Project Director's approval of all such corrections, the System has performed for ninety (90) consecutive days in compliance with the Agreement, including all performance requirements, without any Deficiencies of Severity Level 1-Critical or Severity Level 2-Severe. Contractor shall provide documentation of each of these requirements in a Final Acceptance Report, documenting the achievement of Final Acceptance.

4.8.1 Deliverable 79.1: Final Acceptance (KEY)

Contractor shall carry out the activities and meet the requirements described in Task 79 to achieve Final Acceptance, and submit the Final Acceptance Report to DPH for its review and Acceptance.

5.0 SUMMARY OF DELIVERABLES TABLE

#	Task	Paragraph #	Deliverable	Due Date
PROJECT INITIATION AND PROJECT MANAGEMENT				
1	Task 1: Project Plan and Disaster Recovery	4.1.1.1.1	Deliverable 1.1: High Level Project Plan Document (KEY)	
2	Task 1: Project Plan and Disaster Recovery	4.1.1.2.1	Deliverable 1.2: Security Plan	
3	Task 1: Project Plan and Disaster Recovery	4.1.1.3.1	Deliverable 1.3: Incident Response and Disaster Recovery Plan	
4	Task 2: Provide Project Management	4.1.2.1	Deliverable 2.1: Ongoing Project Administration	
5	Task 3: Project Start-Up Work for Phase 1	4.2.1.1.1	Deliverable 3.1: Demo Hosting Environment for Phase 1 (KEY)	
6	Task 3: Project Start-Up Work for Phase 1	4.2.1.2.1	Deliverable 3.2: Detailed Project Plan for Phase 1 (KEY)	

#	Task	Paragraph #	Deliverable	Due Date
PHASE 1: RYAN WHITE PROGRAM AND MEDICAL CARE COORDINATION VERSION 1				
7	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.2.1	Deliverable 4.1: System Requirements Validation for Phase 1, Cycle 1	
8	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.7.1	Deliverable 4.2: Specifications for Phase 1, Cycle 1 Components 1-4 and Revised Project Plan for Phase 1 (KEY)	
9	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.8.1	Deliverable 4.3: Specifications for Security Requirements, and Revised Project Plan for Phase 1 (KEY)	
10	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.9.1	Deliverable 4.4: Delivery of Prototype of AD Integration and MFA for System Users	
11	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.10.1	Deliverable 4.5: Completion of UAT of AD Integration and MFA for System Users	
12	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.11.1	Deliverable 4.6: Delivery of Launch-ready AD Integration and MFA for System Users	
13	Task 5: Testing and Delivery of Prototypes for Phase 1, Cycle 1	4.2.3.4.1	Deliverable 5.1: Completion of Quality Assurance Testing for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System	
14	Task 5: Testing and Delivery of Prototypes for Phase 1, Cycle 1	4.2.3.4.2	Deliverable 5.2: Delivery of Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System	
15	Task 5: Testing and Delivery of Prototypes for Phase 1, Cycle 1	4.2.3.5.1	Deliverable 5.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System	
16	Task 5: Testing and Delivery of Prototypes for Phase 1, Cycle 1	4.2.3.5.2	Deliverable 5.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System (KEY)	
17	Task 6: Specifications Documents for Phase 1, Cycle 2	4.2.4.2.1	Deliverable 6.1: System Requirements Validation for Phase 1, Cycle 2	
18	Task 6: Specifications Documents for Phase 1, Cycle 2	4.2.4.5.1	Deliverable 6.2: Completed Specifications for Phase 1, Cycle 2 Components 10 and 11 and Revised Project Plan for Phase 1 (KEY)	

#	Task	Paragraph #	Deliverable	Due Date
19	Task 7: Testing and Delivery of Prototypes for Phase 1, Cycle 2	4.2.5.2.1	Deliverable 7.1: Completion of Quality Assurance Testing for Phase 1, Cycle 2 Components 10 and 11 of System	
20	Task 7: Testing and Delivery of Prototypes for Phase 1, Cycle 2	4.2.5.2.2	Deliverable 7.2: Delivery of Prototypes for Phase 1, Cycle 1 Components 10 and 11 of System	
21	Task 7: Testing and Delivery of Prototypes for Phase 1, Cycle 2	4.2.5.3.1	Deliverable 7.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 2 Components 10 and 11 of System	
22	Task 7: Testing and Delivery of Prototypes for Phase 1, Cycle 2	4.2.5.3.2	Deliverable 7.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 2 Components 10 and 11 of System (KEY)	
23	Task 8: Specifications Documents for Phase 1, Cycle 3	4.2.6.2.1	Deliverable 8.1: System Requirements Validation for Phase 1, Cycle 3	
24	Task 8: Specifications Documents for Phase 1, Cycle 3	4.2.6.7.1	Deliverable 8.2: Completed Specifications for Phase 1, Cycle 3 Components 5 through 8 and Revised Project Plan for Phase 1 (KEY)	
25	Task 9: Testing and Delivery of Prototypes for Phase 1, Cycle 3	4.2.7.4.1	Deliverable 9.1: Completion of Quality Assurance Testing for Phase 1, Cycle 3 Components 5 through 8 of System	
26	Task 9: Testing and Delivery of Prototypes for Phase 1, Cycle 3	4.2.7.4.2	Deliverable 9.2: Delivery of Prototypes for Phase 1, Cycle 3 Components 5 through 8 of System	
27	Task 9: Testing and Delivery of Prototypes for Phase 1, Cycle 3	4.2.7.5.1	Deliverable 9.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 3 Components 5 through 8 of System	
28	Task 9: Testing and Delivery of Prototypes for Phase 1, Cycle 3	4.2.7.5.2	Deliverable 9.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 3 Components 5 through 8 of System (KEY)	
29	Task 10: Specifications Documents for Phase 1, Cycle 4	4.2.8.2.1	Deliverable 10.1: System Requirements Validation for Phase 1, Cycle 4	
30	Task 10: Specifications Documents for Phase 1, Cycle 4	4.2.8.7.1	Deliverable 10.2: Completed Specifications for Phase 1, Cycle 4 Components 12, 13, 14, and 15 and Revised Project Plan for Phase 1 (KEY)	
31	Task 11: Testing and Delivery of Prototype for Phase 1, Cycle 4	4.2.9.4.1	Deliverable 11.1: Completion of Quality Assurance Testing for Phase 1, Cycle 4 Components 12 through 15 of System	

#	Task	Paragraph #	Deliverable	Due Date
32	Task 11: Testing and Delivery of Prototype for Phase 1, Cycle 4	4.2.9.4.2	Deliverable 11.2: Delivery of Prototypes for Phase 1, Cycle 4 Components 12 through 15 of System	
33	Task 11: Testing and Delivery of Prototype for Phase 1, Cycle 4	4.2.9.5.1	Deliverable 11.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 4 Components 12 through 15 of System	
34	Task 11: Testing and Delivery of Prototype for Phase 1, Cycle 4	4.2.9.5.2	Deliverable 11.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 4 Components 12 through 15 of System (KEY)	
35	Task 12: Delivery of Launch-Ready System for Phase 1, Cycles 1, 2, 3, and 4	4.2.10.4.1	Deliverable 12.1: Delivery of Launch-ready System for Phase 1 (KEY)	
36	Task 13: Application Security Scan	4.2.11.1.1	Deliverable 13.1: Completion of Application Security Scan	
37	Task 14: System Launch for Phase 1 to Production Use	4.2.12.1.1	Deliverable 14.1: Training for Phase 1 System Prior to Production Use (KEY)	
38	Task 14: System Launch for Phase 1 to Production Use	4.2.12.5.1	Deliverable 14.2: Launch of Phase 1 for Production Use (KEY)	
39	Task 14: System Launch for Phase 1 to Production Use	4.2.12.6.1	Deliverable 14.3: Phase 1 Acceptance (KEY)	
PHASE 2: FISCAL AND PROCUREMENT DATA SYSTEM ENHANCEMENTS VERSION 1				
40	Task 15: Project Start-Up Work for Phase 2	4.3.1.1.1	Deliverable 15.1: Demo Hosting Environment for Phase 2 (KEY)	
41	Task 15: Project Start-Up Work for Phase 2	4.3.1.2.1	Deliverable 15.2: Detailed Project Plan for Phase 2 (KEY)	
42	Task 16: Specifications Documents for Phase 2, Cycle 5	4.3.2.2.1	Deliverable 16.1: System Requirements Validation for Phase 2, Cycle 5	
43	Task 16: Specifications Documents for Phase 2, Cycle 5	4.3.2.4.1	Deliverable 16.2: Specifications for Phase 2, Cycle 5 Component 16 and Revised Project Plan for Phase 2 (KEY)	
44	Task 17: Testing and Delivery of Prototypes for Phase 2, Cycle 5	4.3.3.1.1	Deliverable 17.1: Completion of Quality Assurance Testing for Phase 2, Cycle 5, Component 16 of System	

#	Task	Paragraph #	Deliverable	Due Date
45	Task 17: Testing and Delivery of Prototypes for Phase 2, Cycle 5	4.3.3.1.2	Deliverable 17.2: Delivery of Prototypes for Phase 2, Cycle 5, Component 16 of System	
46	Task 17: Testing and Delivery of Prototypes for Phase 2, Cycle 5	4.3.3.2.1	Deliverable 17.3: Recommended User Acceptance Test Plan of Prototype for Phase 2, Cycle 5, Component 16 of System	
47	Task 17: Testing and Delivery of Prototypes for Phase 2, Cycle 5	4.3.3.2.2	Deliverable 17.4: Completion of Successful UAT for Prototype for Phase 2, Cycle 5, Component 16 of System (KEY)	
48	Task 18: Specifications Documents for Phase 2, Cycle 6	4.3.4.2.1	Deliverable 18.1: System Requirements Validation for Phase 2, Cycle 6	
49	Task 18: Specifications Documents for Phase 2, Cycle 6	4.3.4.7.1	Deliverable 18.2: Specifications for Phase 2, Cycle 6 Components 17, 18, 19, and 20 and Revised Project Plan for Phase 2 (KEY)	
50	Task 19: Testing and Delivery of Prototypes for Phase 2, Cycle 6	4.3.5.4.1	Deliverable 19.1: Completion of Quality Assurance Testing for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System	
51	Task 19: Testing and Delivery of Prototypes for Phase 2, Cycle 6	4.3.5.4.2	Deliverable 19.2: Delivery of Prototypes for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System	
52	Task 19: Testing and Delivery of Prototypes for Phase 2, Cycle 6	4.3.5.5.1	Deliverable 19.3: Recommended User Acceptance Test Plan of Prototype for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System	
53	Task 19: Testing and Delivery of Prototypes for Phase 2, Cycle 6	4.3.5.5.2	Deliverable 19.4: Completion of Successful UAT for Prototype for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System (KEY)	
54	Task 20: Delivery of Launch-Ready System for Phase 2, Cycles 5 and 6	4.3.6.2.1	Deliverable 20.1: Delivery of Launch-ready System for Phase 2 (KEY)	
55	Task 21: Application Security Scan	4.3.7.1.1	Deliverable 21.1: Completion of Application Security Scan	
56	Task 22: System Launch for Phase 2 to Production Use	4.3.8.1.1	Deliverable 22.1: Training for Phase 2 System Prior to Production Use (KEY)	
57	Task 22: System Launch for Phase 2 to Production Use	4.3.8.3.1	Deliverable 22.2: Launch of Phase 2 for Production Use (KEY)	

#	Task	Paragraph #	Deliverable	Due Date
58	Task 22: System Launch for Phase 2 to Production Use	4.3.8.4.1	Deliverable 22.3: Phase 2 Acceptance (KEY)	
PHASE 3: e2TRAINING DATA SYSTEM INTEGRATION				
59	Task 23: Project Start-Up Work for Phase 3	4.4.1.1.1	Deliverable 23.1: Demo Hosting Environment for Phase 3 (KEY)	
60	Task 23: Project Start-Up Work for Phase 3	4.4.1.2.1	Deliverable 23.2: Detailed Project Plan for Phase 3 (KEY)	
61	Task 24: Specifications Documents for Phase 3, Cycle 7	4.4.2.2.1	Deliverable 24.1: System Requirements Validation for Phase 3, Cycle 7	
62	Task 24: Specifications Documents for Phase 3, Cycle 7	4.4.2.4.1	Deliverable 24.2: Specifications for Phase 3, Cycle 7 Component 21 and Revised Project Plan for Phase 3 (KEY)	
63	Task 25: Testing and Delivery of Prototypes for Phase 3, Cycle 7	4.4.3.1.1	Deliverable 25.1: Completion of Quality Assurance Testing for Phase 3, Cycle 7, Component 21 of System	
64	Task 25: Testing and Delivery of Prototypes for Phase 3, Cycle 7	4.4.3.1.2	Deliverable 25.2: Delivery of Prototypes for Phase 3, Cycle 7, Component 21 of System	
65	Task 25: Testing and Delivery of Prototypes for Phase 3, Cycle 7	4.4.3.2.1	Deliverable 25.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 7, Component 21 of System	
66	Task 25: Testing and Delivery of Prototypes for Phase 3, Cycle 7	4.4.3.2.2	Deliverable 25.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 7, Component 21 of System (KEY)	
67	Task 26: Specifications Documents for Phase 3, Cycle 8	4.4.4.2.1	Deliverable 26.1: System Requirements Validation for Phase 3, Cycle 8	
68	Task 26: Specifications Documents for Phase 3, Cycle 8	4.4.4.7.1	Deliverable 26.2: Specifications for Phase 3, Cycle 8 Components 22, 23, 24, and 25 and Revised Project Plan for Phase 3 (KEY)	
69	Task 27: Testing and Delivery of Prototypes for Phase 3, Cycle 8	4.4.5.4.1	Deliverable 27.1: Completion of Quality Assurance Testing for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System	
70	Task 27: Testing and Delivery of Prototypes for Phase 3, Cycle 8	4.4.5.4.1	Deliverable 27.2: Delivery of Prototypes for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System	

#	Task	Paragraph #	Deliverable	Due Date
71	Task 27: Testing and Delivery of Prototypes for Phase 3, Cycle 8	4.4.5.5.1	Deliverable 27.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System	
72	Task 27: Testing and Delivery of Prototypes for Phase 3, Cycle 8	4.4.5.5.2	Deliverable 27.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System (KEY)	
73	Task 28: Specifications Documents for Phase 3, Cycle 9	4.4.6.2.1	Deliverable 28.1: System Requirements Validation for Phase 3, Cycle 9	
74	Task 28: Specifications Documents for Phase 3, Cycle 9	4.4.6.6.1	Deliverable 28.2: Specifications for Phase 3, Cycle 9 Components 26, 27, and 28 and Revised Project Plan for Phase 3 (KEY)	
75	Task 29: Testing and Delivery of Prototypes for Phase 3, Cycle 9	4.4.7.3.1	Deliverable 29.1: Completion of Quality Assurance Testing for Phase 3, Cycle 9, Components 26, 27, and 28 of System	
76	Task 29: Testing and Delivery of Prototypes for Phase 3, Cycle 9	4.4.7.3.2	Deliverable 29.2: Delivery of Prototypes for Phase 3, Cycle 9, Components 26, 27, and 28 of System	
77	Task 29: Testing and Delivery of Prototypes for Phase 3, Cycle 9	4.4.7.4.1	Deliverable 29.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 9, Components 26, 27, and 28 of System	
78	Task 29: Testing and Delivery of Prototypes for Phase 3, Cycle 9	4.4.7.4.2	Deliverable 29.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 9, Components 26, 27, and 28 of System (KEY)	
79	Task 30: Specifications Documents for Phase 3, Cycle 10	4.4.8.2.1	Deliverable 30.1: System Requirements Validation for Phase 3, Cycle 10	
80	Task 30: Specifications Documents for Phase 3, Cycle 10	4.4.8.5.1	Deliverable 30.2: Specifications for Phase 3, Cycle 10 Components 29 and 30 and Revised Project Plan for Phase 3 (KEY)	
81	Task 31: Testing and Delivery of Prototypes for Phase 3, Cycle 10	4.4.8.2.1	Deliverable 31.1: Completion of Quality Assurance Testing for Phase 3, Cycle 10, Components 29 and 30 of System	
82	Task 31: Testing and Delivery of Prototypes for Phase 3, Cycle 10	4.4.8.2.2	Deliverable 31.2: Delivery of Prototypes for Phase 3, Cycle 10, Components 29 and 30 of System	
83	Task 31: Testing and Delivery of Prototypes for Phase 3, Cycle 10	4.4.8.3.1	Deliverable 31.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 10, Components 29 and 30 of System	

#	Task	Paragraph #	Deliverable	Due Date
84	Task 31: Testing and Delivery of Prototypes for Phase 3, Cycle 10	4.4.8.3.2	Deliverable 31.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 10, Components 29 and 30 of System (KEY)	
85	Task 32: Delivery of Launch-Ready System for Phase 3, Cycles 7, 8, 9, and 10	4.4.10.4.1	Deliverable 32.1: Delivery of Launch-ready System for Phase 3 (KEY)	
86	Task 33: Application Security Scan	4.4.11.1.1	Deliverable 33.1: Completion of Application Security Scan	
87	Task 34: System Launch for Phase 3 to Production Use	4.4.12.1.1	Deliverable 34.1: Training for Phase 3 System Prior to Production Use (KEY)	
88	Task 34: System Launch for Phase 3 to Production Use	4.4.12.5.1	Deliverable 34.2: Launch of Phase 3 for Production Use (KEY)	
89	Task 34: System Launch for Phase 3 to Production Use	4.4.12.6.1	Deliverable 34.3: Phase 3 Acceptance (KEY)	
PHASE 4: RYAN WHITE PROGRAM AND MEDICAL CARE COORDINATION VERSION 2				
90	Task 35: Project Start-Up Work for Phase 4	4.5.1.1.1	Deliverable 35.1: Detailed Project Plan for Phase 4 (KEY)	
91	Task 36: Specifications Documents for Phase 4, Cycle 11	4.5.2.2.1	Deliverable 36.1: System Requirements Validation for Phase 4, Cycle 11	
92	Task 36: Specifications Documents for Phase 4, Cycle 11	4.5.2.4.1	Deliverable 36.2: Specifications for Phase 4, Cycle 11 Component 31 and Revised Project Plan for Phase 4 (KEY)	
93	Task 37: Testing and Delivery of Prototypes for Phase 4, Cycle 11	4.5.3.1.1	Deliverable 37.1: Completion of Quality Assurance Testing for Phase 4, Cycle 11, Component 31 of System	
94	Task 37: Testing and Delivery of Prototypes for Phase 4, Cycle 11	4.5.3.1.2	Deliverable 37.2: Delivery of Prototypes for Phase 4, Cycle 11, Component 31 of System	
95	Task 37: Testing and Delivery of Prototypes for Phase 4, Cycle 11	4.5.3.2.1	Deliverable 37.2: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 11, Component 31 of System	
96	Task 37: Testing and Delivery of Prototypes for Phase 4, Cycle 11	4.5.3.2.2	Deliverable 37.3: Completion of Successful UAT for Prototype for Phase 4, Cycle 11, Component 31 of System (KEY)	

#	Task	Paragraph #	Deliverable	Due Date
97	Task 38: Specifications Documents for Phase 4, Cycle 12	4.5.4.2.1	Deliverable 38.1: System Requirements Validation for Phase 4, Cycle 12	
98	Task 38: Specifications Documents for Phase 4, Cycle 12	4.5.4.4.1	Deliverable 38.2: Specifications for Phase 4, Cycle 12, and Revised Project Plan for Phase 4 (KEY)	
99	Task 39: Testing and Delivery of Prototype for Phase 4, Cycle 12	4.5.5.1.1	Deliverable 39.1: Completion of Quality Assurance Testing for Phase 4, Cycle 12, Component 32 of System	
100	Task 39: Testing and Delivery of Prototype for Phase 4, Cycle 12	4.5.5.1.2	Deliverable 39.2: Delivery of Prototypes for Phase 4, Cycle 12, Component 32 of System	
101	Task 39: Testing and Delivery of Prototype for Phase 4, Cycle 12	4.5.5.2.1	Deliverable 39.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 12, Component 32 of System	
102	Task 39: Testing and Delivery of Prototype for Phase 4, Cycle 12	4.5.5.2.2	Deliverable 39.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 12, Component 32 of System (KEY)	
103	Task 40: Specifications Documents for Phase 4, Cycle 13	4.5.6.2.1	Deliverable 40.1: System Requirements Validation for Phase 4, Cycle 13	
104	Task 40: Specifications Documents for Phase 4, Cycle 13	4.5.6.4.1	Deliverable 40.2: Specifications for Phase 4, Cycle 13 Component 33 and Revised Project Plan for Phase 4 (KEY)	
105	Task 41: Testing and Delivery of Prototype for Phase 4, Cycle 13	4.5.7.1.1	Deliverable 41.1: Completion of Quality Assurance Testing for Phase 4, Cycle 13, Component 33 of System	
105a	Task 41: Testing and Delivery of Prototype for Phase 4, Cycle 13	4.5.7.1.2	Deliverable 41.2 Delivery of Prototypes for Phase 4, Cycle 13, Component 33 of System	
106	Task 41: Testing and Delivery of Prototype for Phase 4, Cycle 13	4.5.7.2.1	Deliverable 41.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 13, Component 33 of System	
107	Task 41: Testing and Delivery of Prototype for Phase 4, Cycle 13	4.5.7.2.2	Deliverable 41.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 13, Component 33 of System (KEY)	
108	Task 42: Specifications Documents for Phase 4, Cycle 14	4.5.8.2.1	Deliverable 42.1: System Requirements Validation for Phase 4, Cycle 14	

#	Task	Paragraph #	Deliverable	Due Date
109	Task 42: Specifications Documents for Phase 4, Cycle 14	4.5.8.4.1	Deliverable 42.2: Specifications for Phase 4, Cycle 14 Component 34 and Revised Project Plan for Phase 4 (KEY)	
110	Task 43: Testing and Delivery of Prototypes for Phase 4, Cycle 14	4.5.9.1.1	Deliverable 43.1: Completion of Quality Assurance Testing for Phase 4, Cycle 14, Component 34 of System	
111	Task 43: Testing and Delivery of Prototypes for Phase 4, Cycle 14	4.5.9.1.2	Deliverable 43.2: Delivery of Prototypes for Phase 4, Cycle 14, Component 34 of System	
112	Task 43: Testing and Delivery of Prototypes for Phase 4, Cycle 14	4.5.9.2.1	Deliverable 43.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 14, Component 34 of System	
113	Task 43: Testing and Delivery of Prototypes for Phase 4, Cycle 14	4.5.9.2.2	Deliverable 43.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 14, Component 34 of System (KEY)	
114	Task 44: Specifications Documents for Phase 4, Cycle 15	4.5.10.2.1	Deliverable 44.1: System Requirements Validation for Phase 4, Cycle 15	
115	Task 44: Specifications Documents for Phase 4, Cycle 15	4.5.10.4.1	Deliverable 44.2: Specifications for Phase 4, Cycle 15 Component 35 and Revised Project Plan for Phase 4 (KEY)	
116	Task 45: Testing and Delivery of Prototypes for Phase 4, Cycle 15	4.5.11.1.1	Deliverable 45.1: Completion of Quality Assurance Testing for Phase 4, Cycle 15, Component 35 of System	
117	Task 45: Testing and Delivery of Prototypes for Phase 4, Cycle 15	4.5.11.1.2	Deliverable 45.2: Delivery of Prototypes for Phase 4, Cycle 15, Component 35 of System	
118	Task 45: Testing and Delivery of Prototypes for Phase 4, Cycle 15	4.5.11.2.1	Deliverable 45.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 15, Component 35 of System	
119	Task 45: Testing and Delivery of Prototypes for Phase 4, Cycle 15	4.5.11.2.2	Deliverable 45.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 15, Component 35 of System (KEY)	
120	Task 46: Specifications Documents for Phase 4, Cycle 16	4.5.12.2.1	Deliverable 46.1: System Requirements Validation for Phase 4, Cycle 16	
121	Task 46: Specifications Documents for Phase 4, Cycle 16	4.5.12.4.1	Deliverable 46.2: Specifications for Phase 4, Cycle 16 Component 36 and Revised Project Plan for Phase 4 (KEY)	

#	Task	Paragraph #	Deliverable	Due Date
122	Task 47: Testing and Delivery of Prototypes for Phase 4, Cycle 16	4.5.13.1.1	Deliverable 47.1: Completion of Quality Assurance Testing for Phase 4, Cycle 16, Component 36 of System	
123	Task 47: Testing and Delivery of Prototypes for Phase 4, Cycle 16	4.5.13.1.2	Deliverable 47.2: Delivery of Prototypes for Phase 4, Cycle 16, Component 36 of System	
124	Task 47: Testing and Delivery of Prototypes for Phase 4, Cycle 16	4.5.13.2.1	Deliverable 47.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 16, Component 36 of System	
125	Task 47: Testing and Delivery of Prototypes for Phase 4, Cycle 16	4.5.13.2.2	Deliverable 47.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 16, Component 36 of System (KEY)	
126	Task 48: Delivery of Launch-Ready System for Phase 4, Cycles 11, 12, 13, 14, 15, and 16	4.5.14.6.1	Deliverable 48.1: Delivery of Launch-ready System for Phase 4 (KEY)	
127	Task 49: Application Security Scan	4.5.15.1.1	Deliverable 49.1: Completion of Application Security Scan	
128	Task 50: System Launch for Phase 4 to Production Use	4.5.16.1.1	Deliverable 50.1: Training for Phase 4 System Prior to Production Use (KEY)	
129	Task 50: System Launch for Phase 4 to Production Use	4.5.16.5.1	Deliverable 50.2: Launch of Phase 4 for Production Use (KEY)	
130	Task 50: System Launch for Phase 4 to Production Use	4.5.16.6.1	Deliverable 50.3: Phase 4 Acceptance (KEY)	
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131	Task 51: Project Start-Up Work for Phase 5	4.6.1.1.1	Deliverable 51.1: Demo Hosting Environment for Phase 5 (KEY)	
132	Task 51: Project Start-Up Work for Phase 5	4.6.1.2.1	Deliverable 51.2: Detailed Project Plan for Phase 5 (KEY)	
133	Task 52: Specifications Documents for Phase 5, Cycle 17	4.6.2.2.1	Deliverable 52.1: System Requirements Validation for Phase 5, Cycle 17	
134	Task 52: Specifications Documents for Phase 5, Cycle 17	4.6.2.4.1	Deliverable 52.2: Specifications for Phase 5, Cycle 17 Components 37 and 38 and Revised Project Plan for Phase 5 (KEY)	

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135	Task 53: Testing and Delivery of Prototypes for Phase 5, Cycle 17	4.6.3.1.1	Deliverable 53.1: Completion of Quality Assurance Testing for Phase 5, Cycle 17, Components 37 and 38 of System	
136	Task 53: Testing and Delivery of Prototypes for Phase 5, Cycle 17	4.6.3.1.2	Deliverable 53.2: Delivery of Prototypes for Phase 5, Cycle 17, Components 37 and 38 of System	
137	Task 53: Testing and Delivery of Prototypes for Phase 5, Cycle 17	4.6.3.2.1	Deliverable 53.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 17, Components 37 and 38 of System	
138	Task 53: Testing and Delivery of Prototypes for Phase 5, Cycle 17	4.6.3.2.2	Deliverable 53.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 17, Components 37 and 38 of System (KEY)	
139	Task 54: Specifications Documents for Phase 5, Cycle 18	4.6.4.2.1	Deliverable 54.1: System Requirements Validation for Phase 5, Cycle 18	
140	Task 54: Specifications Documents for Phase 5, Cycle 18	4.6.4.6.1	Deliverable 54.2: Specifications for Phase 5, Cycle 18 Components 39, 40, and 41 and Revised Project Plan for Phase 5 (KEY)	
141	Task 55: Testing and Delivery of Prototypes for Phase 5, Cycle 18	4.6.5.1.1	Deliverable 55.1: Completion of Quality Assurance Testing for Phase 5, Cycle 18, Components 39, 40, and 41 of System	
142	Task 55: Testing and Delivery of Prototypes for Phase 5, Cycle 18	4.6.5.1.2	Deliverable 55.2: Delivery of Prototypes for Phase 5, Cycle 18, Components 39, 40, and 41 of System	
143	Task 55: Testing and Delivery of Prototypes for Phase 5, Cycle 18	4.6.5.2.1	Deliverable 55.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 18, Components 39, 40, and 41 of System	
144	Task 55: Testing and Delivery of Prototypes for Phase 5, Cycle 18	4.6.5.2.2	Deliverable 55.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 18, Components 39, 40, and 41 of System (KEY)	
145	Task 56: Specifications Documents for Phase 5, Cycle 19	4.6.6.2.1	Deliverable 56.1: System Requirements Validation for Phase 5, Cycle 19	
146	Task 56: Specifications Documents for Phase 5, Cycle 19	4.6.6.5.1	Deliverable 56.2: Specifications for Phase 5, Cycle 19 Components 42 and 43 and Revised Project Plan for Phase 5 (KEY)	
147	Task 57: Testing and Delivery of Prototypes for Phase 5, Cycle 19	4.6.7.1.1	Deliverable 57.1: Completion of Quality Assurance Testing for Phase 5, Cycle 19, Components 42 and 43 of System	

#	Task	Paragraph #	Deliverable	Due Date
148	Task 57: Testing and Delivery of Prototypes for Phase 5, Cycle 19	4.6.7.1.2	Deliverable 57.2: Delivery of Prototypes for Phase 5, Cycle 19, Components 42 and 43 of System	
149	Task 57: Testing and Delivery of Prototypes for Phase 5, Cycle 19	4.6.7.2.1	Deliverable 57.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 19, Components 42 and 43 of System	
150	Task 57: Testing and Delivery of Prototypes for Phase 5, Cycle 19	4.6.7.2.2	Deliverable 57.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 19, Components 42 and 43 of System (KEY)	
151	Task 58: Specifications Documents for Phase 5, Cycle 20	4.6.8.2.1	Deliverable 58.1: System Requirements Validation for Phase 5, Cycle 20	
152	Task 58: Specifications Documents for Phase 5, Cycle 20	4.6.8.6.1	Deliverable 58.2: Specifications for Phase 5, Cycle 20 Components 44, 45, and 46 and Revised Project Plan for Phase 5 (KEY)	
153	Task 59: Testing and Delivery of Prototypes for Phase 5, Cycle 20	4.6.9.1.1	Deliverable 59.1: Completion of Quality Assurance Testing for Phase 5, Cycle 20, Components 44, 45, and 46 of System	
154	Task 59: Testing and Delivery of Prototypes for Phase 5, Cycle 20	4.6.9.1.2	Deliverable 59.2: Delivery of Prototypes for Phase 5, Cycle 20, Components 44, 45, and 46 of System	
155	Task 59: Testing and Delivery of Prototypes for Phase 5, Cycle 20	4.6.9.1.1	Deliverable 59.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 20, Components 44, 45, and 46 of System	
156	Task 59: Testing and Delivery of Prototypes for Phase 5, Cycle 20	4.6.9.1.2	Deliverable 59.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 20, Components 44, 45, and 46 of System (KEY)	
157	Task 60: Specifications Documents for Phase 5, Cycle 21	4.6.10.2.1	Deliverable 60.1: System Requirements Validation for Phase 5, Cycle 21	
158	Task 60: Specifications Documents for Phase 5, Cycle 21	4.6.10.6.1	Deliverable 60.2: Specifications for Phase 5, Cycle 21 Components 47, 48, and 49 and Revised Project Plan for Phase 5 (KEY)	
159	Task 61: Testing and Delivery of Prototypes for Phase 5, Cycle 21	4.6.11.1.1	Deliverable 61.1: Completion of Quality Assurance Testing for Phase 5, Cycle 21, Components 47, 48 and 49 of System	
160	Task 61: Testing and Delivery of Prototypes for Phase 5, Cycle 21	4.6.11.1.2	Deliverable 61.2: Delivery of Prototypes for Phase 5, Cycle 21, Components 47, 48 and 49 of System	

#	Task	Paragraph #	Deliverable	Due Date
161	Task 61: Testing and Delivery of Prototypes for Phase 5, Cycle 21	4.6.11.2.1	Deliverable 61.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 21, Components 47, 48 and 49 of System	
162	Task 61: Testing and Delivery of Prototypes for Phase 5, Cycle 21	4.6.11.2.2	Deliverable 61.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 21, Components 47, 48 and 49 of System (KEY)	
163	Task 62: Specifications Documents for Phase 5, Cycle 22	4.6.12.2.1	Deliverable 62.1: System Requirements Validation for Phase 5, Cycle 22	
164	Task 62: Specifications Documents for Phase 5, Cycle 22	4.6.12.5.1	Deliverable 62.2: Specifications for Phase 5, Cycle 22 Components 50 and 51 and Revised Project Plan for Phase 5 (KEY)	
165	Task 63 (Testing and Delivery of Prototypes for Phase 5, Cycle 22)	4.6.13.1.1	Deliverable 63.1: Completion of Quality Assurance Testing for Phase 5, Cycle 22, Components 50 and 51 of System	
166	Task 63 (Testing and Delivery of Prototypes for Phase 5, Cycle 22)	4.6.13.1.2	Deliverable 63.2: Delivery of Prototypes for Phase 5, Cycle 22, Components 50 and 51 of System	
167	Task 63 (Testing and Delivery of Prototypes for Phase 5, Cycle 22)	4.6.13.2.1	Deliverable 63.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 22, Components 50 and 51 of System	
168	Task 63 (Testing and Delivery of Prototypes for Phase 5, Cycle 22)	4.6.13.2.2	Deliverable 63.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 22, Components 50 and 51 of System (KEY)	
169	Task 64: Specifications Documents for Phase 5, Cycle 23	4.6.14.2.1	Deliverable 64.1: System Requirements Validation for Phase 5, Cycle 23	
170	Task 64: Specifications Documents for Phase 5, Cycle 23	4.6.14.4.1	Deliverable 64.2: Specifications for Phase 5, Cycle 23 Component 52 and Revised Project Plan for Phase 5 (KEY)	
171	Task 65: Testing and Delivery of Prototypes for Phase 5, Cycle 23	4.6.15.1.1	Deliverable 65.1: Completion of Quality Assurance Testing for Phase 5, Cycle 23, Component 52 of System	
172	Task 65: Testing and Delivery of Prototypes for Phase 5, Cycle 23	4.6.15.1.2	Deliverable 65.2: Delivery of Prototypes for Phase 5, Cycle 23, Component 52 of System	
173	Task 65: Testing and Delivery of Prototypes for Phase 5, Cycle 23	4.6.15.2.1	Deliverable 65.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 23, Component 52 of System	

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174	Task 65: Testing and Delivery of Prototypes for Phase 5, Cycle 23	4.6.15.2.2	Deliverable 65.3: Completion of Successful UAT for Prototype for Phase 5, Cycle 23, Component 52 of System (KEY)	
175	Task 66: Specifications Documents for Phase 5, Cycle 24	4.6.16.2.1	Deliverable 66.1: System Requirements Validation for Phase 5, Cycle 24	
176	Task 66: Specifications Documents for Phase 5, Cycle 24	4.6.16.4.1	Deliverable 66.2: Specifications for Phase 5, Cycle 24 Component 53 and Revised Project Plan for Phase 5 (KEY)	
177	Task 67: Testing and Delivery of Prototypes for Phase 5, Cycle 24	4.6.17.1.1	Deliverable 67.1: Completion of Quality Assurance Testing for Phase 5, Cycle 24, Component 53 of System	
178	Task 67: Testing and Delivery of Prototypes for Phase 5, Cycle 24	4.6.17.1.2	Deliverable 67.2: Delivery of Prototypes for Phase 5, Cycle 24, Component 53 of System	
179	Task 67: Testing and Delivery of Prototypes for Phase 5, Cycle 24	4.6.17.2.1	Deliverable 67.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 24, Component 53 of System	
180	Task 67: Testing and Delivery of Prototypes for Phase 5, Cycle 24	4.6.17.2.2	Deliverable 67.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 24, Component 53 of System (KEY)	
181	Task 68: Delivery of Launch-Ready System for Phase 5, Cycles 17, 18, 19, 20, 21, 22, 23, and 24	4.6.18.8.1	Deliverable 68.1: Delivery of Launch-ready System for Phase 5 (KEY)	
182	Task 69: Application Security Scan	4.6.19.1.1	Deliverable 69.1: Completion of Application Security Scan	
183	Task 70: System Launch for Phase 5 to Production Use	4.6.20.1.1	Deliverable 70.1: Training for Phase 5 System Prior to Production Use (KEY)	
184	Task 70: System Launch for Phase 5 to Production Use	4.6.20.3.1	Deliverable 70.2: Launch of Phase 5 for Production Use (KEY)	
185	Task 70: System Launch for Phase 5 to Production Use	4.6.20.4.1	Deliverable 70.3: Phase 5 Acceptance (KEY)	
PHASE 6: e2COMMUNITY				
186	Task 71: Project Start-Up Work for Phase 6	4.7.1.1.1	Deliverable 71.1: Demo Hosting Environment for Phase 6 (KEY)	

#	Task	Paragraph #	Deliverable	Due Date
187	Task 71: Project Start-Up Work for Phase 6	4.7.1.2.1	Deliverable 71.2: Detailed Project Plan for Phase 6 (KEY)	
188	Task 72: Specifications Documents for Phase 6, Cycle 25	4.7.2.2.1	Deliverable 72.1: System Requirements Validation for Phase 6, Cycle 25	
189	Task 72: Specifications Documents for Phase 6, Cycle 25	4.7.2.4.1	Deliverable 72.2: Specifications for Phase 6, Cycle 25 Component 54 and Revised Project Plan for Phase 6 (KEY)	
190	Task 73: Testing and Delivery of Prototype for Phase 6, Cycle 25	4.7.3.1.1	Deliverable 73.1: Completion of Quality Assurance Testing for Phase 6, Cycle 25, Component 54 of System	
191	Task 73: Testing and Delivery of Prototype for Phase 6, Cycle 25	4.7.3.1.2	Deliverable 73.2: Delivery of Prototypes for Phase 6, Cycle 25, Component 54 of System	
192	Task 73: Testing and Delivery of Prototype for Phase 6, Cycle 25	4.7.3.2.1	Deliverable 73.3: Recommended User Acceptance Test Plan of Prototype for Phase 6, Cycle 25, Component 54 of System	
193	Task 73: Testing and Delivery of Prototype for Phase 6, Cycle 25	4.7.3.2.2	Deliverable 73.4: Completion of Successful UAT for Prototype for Phase 6, Cycle 25, Component 54 of System (KEY)	
194	Task 74: Specifications Documents for Phase 6, Cycle 26	4.7.4.2.1	Deliverable 74.1: System Requirements Validation for Phase 6, Cycle 26	
195	Task 74: Specifications Documents for Phase 6, Cycle 26	4.7.4.4.1	Deliverable 74.2: Specifications for Phase 6, Cycle 26 Component 55 and Revised Project Plan for Phase 6 (KEY)	
196	Task 75: Testing and Delivery of Prototypes for Phase 6, Cycle 26	4.7.5.1.1	Deliverable 75.1: Completion of Quality Assurance Testing for Phase 6, Cycle 26, Component 55 of System	
197	Task 75: Testing and Delivery of Prototypes for Phase 6, Cycle 26	4.7.5.1.2	Deliverable 75.2: Delivery of Prototypes for Phase 6, Cycle 26, Component 55 of System	
198	Task 75: Testing and Delivery of Prototypes for Phase 6, Cycle 26	4.7.5.2.1	Deliverable 75.3: Recommended User Acceptance Test Plan of Prototype for Phase 6, Cycle 26, Component 55 of System	
199	Task 75: Testing and Delivery of Prototypes for Phase 6, Cycle 26	4.7.5.2.2	Deliverable 75.4: Completion of Successful UAT for Prototype for Phase 6, Cycle 26, Component 55 of System (KEY)	

#	Task	Paragraph #	Deliverable	Due Date
200	Task 76: Delivery of Launch-Ready System for Phase 6, Cycle 25 and 26	4.7.6.2.1	Deliverable 76.1: Delivery of Launch-ready System for Phase 6	
201	Task 77: Application Security Scan	4.7.7.1.1	Deliverable 77.1: Completion of Application Security Scan	
202	Task 78: System Launch for Phase 6 to Production Use	4.7.8.1.1	Deliverable 78.1: Training for Phase 6 System Prior to Production Use (KEY)	
203	Task 78: System Launch for Phase 6 to Production Use	4.7.8.5.1	Deliverable 78.2: Launch of Phase 6 for Production Use (KEY)	
204	Task 78: System Launch for Phase 6 to Production Use	4.7.8.6.1	Deliverable 78.3: Phase 6 Acceptance (KEY)	
FINAL ACCEPTANCE				
205	Task 79: Final Acceptance	4.8.1	Deliverable 79.1: Final Acceptance (KEY)	

EXHIBIT A-1

E2Los Angeles Solution Requirements

Part I

e2LosAngeles Scope of Work

Ryan White Data System

Phase 1 - RW & MCC v1

Contents

1. Project Planning and Technical Specifications

a. RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA-2]

b. RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.

   i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.

c. RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA-3]

d. RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the "RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

2. Project-Start Demo Site set-up [LA-1]

a. RDE launches a Demo site by cloning a "blank-slate" copy of a Reference Model that is chosen by RDE based on best-fit with the project components.

b. RDE grants Super-Admin access to the Demo Site for LA County to create accounts for County staff, as needed, based on Project needs for finalization of specifications.

   i. The Reference Model Demo site is for limited use by LA County Staff and only fake/randomized data can be used.

c. The list of Expected Reference Model modules will vary if another "best-fit" Reference Model is chosen in agreement between the LA-County and RDE Project Teams.

d. Relevant Modules based on current Reference Model (e2SanAntonio):

   i. LA-5 - Provider Management
   ii. LA-6 - User Management
   iii. LA-7 - User Roles & Permissions
   iv. LA-9 - Contract Management Module Ver. 1
   v. LA-77 - Contract Management: Unit Cost fixed or variable
   vi. LA_g2284 - LKM Encryption
   vii. LA_g2285 - RW Client Progress Notes
   viii. LA-11 - System Announcements
   ix. LA-12 - Client-Record Management - Deduplication & Merging
   x. LA-13 - Data Sharing Rules and Permissions
   xi. LA-15 - Data Sharing - Client Search
   xii. LA-16 - Client-Level Data - Intake
   xiii. LA-17 - Client-Level Data - Demographics
   xiv. LA-18 - Client-Level Data - HIV and Risk Factors
   xv. LA-19 - Client-Level Data – Medications
   xvi. LA-20 - Client-Level Data - Diagnosis & Immunizations
   xvii. LA-21 - Client-Level Data - Primary Care Info and Appointments
   xviii. LA-22 - Client-Level Data - Housing, Income, Insurance
   xix. LA-23 - Client-Level Data - Labs
   xx. LA-24 - Client-Level Service Delivery and Tracking
   xxi. LA-26 - Client-Level Data - Document Tracker
   xxii. LA-27 - Automated RW Part A Eligibility Determination
   xxiii. LA-28 - Automated RW Part B Eligibility Determination
   xxiv. LA-32 - Service Expenditures report
   xxv. LA-33 - Visual Analytics
   xxvi. LA-35 – RSR
   xxvii. LA-38 - Real-Time Data Extract (MSACCESS Format)
   xxviii. LA-41 - Data Import in Format Specified by RDE - v1
   xxix. LA-68 - Tracking of Care Plan

3. System Administration

a. Provider Management [LA-5]

   i. Ability for Los Angeles County to add/edit providers to e2LosAngeles.
   ii. Upon creation, new providers will immediately become available for user creation, and contract management.
      1. Provider information will be used for data sharing rules and service delivery

iii. Limited fields about providers will be available, such as address and person of interest

b. User Management [LA-6]

i. Ability for County Super-Administrators to search/add/edit/void system user accounts.
ii. Ability for Super-Administrators to add/edit user accounts' roles and permissions.
iii. Ability for Super-Administrators to grant/deny LKM Permissions (permission to view sensitive (level 1) data) for system users.
    1. Automated emails will be sent based on user LKM unlock requests
iv. Ability for Users to reset their own passwords. The password reset will remove users' permission to view sensitive (level 1) data as a security measure.
    1. Match County Requirements for Passwords, time-outs, password expiration.
v. Ability for Super-Administrators to "Login As" different users to track user perspectives
vi. A Terms and conditions screen appears when a user first logs-in to e2LA and must be accepted by the user before continuing access to the system. (LA-4)

c. User Roles & Permissions [LA-7]

i. Ability for System Administrators to assign/change specific role for each User
ii. Permissions must be role-based with granular roles and permissions defined for each level of user access. Permissions for each role will be determined during technical specifications phase.
iii. User Roles and Permissions for Ryan White Users

d. Advanced Encryption Model LKMv2.2 Data [LA_g2284]

i. Encryption for protecting sensitive client records (level 1 data) using e2's Advanced Encryption Model LKMv2.2.
ii. All RW level 1 data (list of level 1 fields will be determined during technical specifications phase) will be encrypted using LKMv2.2. Please see the attached document to view the "Local Key Module Version 2.2."
iii. A L1 Passphrase will be generated and secured by Los Angeles County Super-Administrators
    1. The L1 passphrase will allow user accounts to unlock their LKM outside of the typical LKM unlock process, specified in User Management
    2. RDE will assist Los Angeles County in LKM setup, including instructions on how to generate the L1 Passphrase and sharing best practices to secure the L1 Passphrase

e. Contract Management Module [LA-9]

i. Ability for Los Angeles County to add/edit/delete/terminate unit-cost based Contracts for sub-recipients for funded services and sub-services.
    1. Ability to specify whether a contract subservice is entered with a Unit Cost fixed or specified during service-entry. (Fee for Services vs. Line-Item) [LA-77]

ii. Support for program-specific funding sources and service types across:
    1. HRSA Part A
    2. HRSA Part B
    3. EHE
    4. Non-Grant Funded Services (Fee for Service)
iii. Ability to add/edit/delete unit costs contracts for RW sub-services under each Service Contract.
iv. Ability to track and Search RW Subservices provided by their CPT Code. [LA-75]
v. Ability to track and search RW Subservices provided by their Dental - DPT Code [LA-75]
vi. Ability to add/edit contract periods, budget amounts and caps for each Service Contract. [LA-51]

f. System Announcements [LA-11]
    i. Ability for Los Angeles County to manage and create system announcements that will be displayed for a specified group of users the next time they log-in.
    ii. New announcements may be marked as important and will require users to acknowledge them when logging-in.

4. Ryan White Client Data Sharing Rules and Permissions [LA-13]

a. Ability to limit client data sharing based on RW agency and RW program.
b. Data sharing will vary based on RW fields and between RW medical and RW service data.
c. Client consent will be required for each RW Agency.
    i. Client Consent Upload for RW Data Sharing.
d. RW Client consent electronic signature as presented and described in e2Genie Client Consent Electronic Signature module functionality overview [LA-14]
e. RW Search screen restrictions on access to RW Client search results may be added during development of detailed specs. [LA-15]
f. Special RW client search and data access rule for a third party administrator user acting on behalf of LA-DPH to perform administrative review of a RW client's eligibility and enrollment. [LA-84]
    i. Ability for that user to delete any uploaded RW agency document tracker document.

5. Client Deduplication and Merging [LA-12]

a. A robust de-duplication algorithm allows the system to identify potential duplicate clients across all programs. The same algorithm checks for duplicates during client intake.
b. The algorithm displays a similarity score, so the user can see what percentage of identifying data in the two records is the same.
c. Administrators will have the ability to merge the potential duplicates, or keep them separate if they are in fact two different individuals.

6. Integrated Ryan White Client-Level Data

a. Ability to search/add/edit RW Client Intake Information [LA-16]
b. Ability to search/add/edit RW Client Demographics Information [LA-17]
c. Ability to add/edit RW Client Housing, income, and insurance information [LA-22]

d. Ability to add/edit RW Client HIV and Risk Factors Information [LA-18]
e. Ability to add/edit RW Client Primary Care information and Appointments [LA-21]
f. Ability to add/edit/delete RW Client Medications required by each RW program. [LA-19]
    i. Ability to track RW medications by type (ex: PCP, MAC, ART)
g. Ability to add/edit/delete RW Client Labs required by each RW program [LA-23]
    i. Ability to add/edit/delete RW test panel, date, and results
h. Ability to add/edit/delete RW Client Diagnosis and immunization records required by each program. [LA-20]
i. Ability to add/edit RW Client Progress Notes [LA_g2285]

7. RW Client Service Delivery and Tracking [LA-24]

a. Ability to add/edit/delete RW Services delivered to a client.
    i. Ability to track the Unit count and cost during service entry.
b. Ability to track RW Labs as services delivered.
c. Ability to view history of services entered.
d. Ability to enter multiple sub-services and their units and cost at once during service-entry [LA-25]
e. Robust cross validations with Contract Management screen to allow users only to enter services and sub-services under funded contracts.
f. Robust cross validation with Client Eligibility Plans:
    i. HRSA Part A Eligibility Determination [LA-27]
    ii. HRSA Part B Eligibility Determination [LA-28]
    iii. EHE Eligibility Determination [LA-29]
g. Ability to add/edit Client Service Notes. Service notes will also be displayed in the Progress Notes section. Notes are Agency/Sub-recipient specific. That is, e.g., Agency A users cannot view notes entered by users of Agency B.
h. Display the Type of the Units being entered alongside each subservice during Service-Entry [LA-78]

8. System Data Admin

a. Ability for County super-admins to add/edit/delete system options and import mappings for:
    i. RW Data Admin Elements [LA-86]
        1. RW Services/subservices
        2. RW Medications
        3. RW Labs,
        4. RW Immunizations

9. RW Client Document Tracker/Uploader [LA-26]

a. Ability for users to track and upload Client Documents.
b. Users can select document type and sub-type (e.g. SSN Proof, Driving license etc.) from an available list (list TBD during technical specifications phase).
c. Users can enter an “effective signage date” for each document. The effective signage date is critical to determine Eligibility Start Date. The behavior of this functionality will be determined during technical specifications phase.
d. Users can view history of uploaded documents based on data sharing rules.

10. Automated Ryan White Program Eligibility Determination

- **a.** e2LosAngeles's automated eligibility module will provide users with real-time client eligibility status and requirements directly from a patient's record as presented and describes in the e2Genie Eligibility module functionality overview.
- **b.** A client's program eligibility periods are automatically updated during data-entry.
    - i. HRSA Part A Eligibility Determination [LA-27]
    - ii. HRSA Part B Eligibility Determination [LA-28]
    - iii. EHE Eligibility Determination [LA-29]
- **c.** Eligibility with 45 days window for Service Labs and Visits. (Charging them to EHE) [LA-85]
- **d.** Ability for Super admins to set Client-level Eligibility Override for Exemptions for certain contract sub-service categories [LA-92]

11. RW Referrals Management [LA-30]

- **a.** Ability for users to add/edit/delete client referrals across RW programs.
- **b.** Ability for each sub-recipient to view a specific RW client's "incoming referrals", mark them as "complete" and link them to RW service delivery.
- **c.** Ability for each sub-recipient to review all incoming and outgoing RW client referrals from the main screen.

12. RW Referrals Report [LA-31]

- **a.** Ability to view aggregate count of referrals by completion status.
- **b.** Ability to filter by date range, and service category.
- **c.** Ability for Los Angeles County to filter by Agency.

13. RW e2 Visual Analytics Report [LA-33]

- **a.** Perform dynamic charting of client-level data across e2LosAngeles.
- **b.** Display real time graphical demographics reports of client data across programs.
- **c.** Ability to use multiple filters.
- **d.** Ability to save custom reports.
- **e.** Ability to export data in PDF and Excel.
- **f.** Ability to drill down to list of clients.
- **g.** Provider level reporting and Administrative system-wide reporting capability

14. RW Data Quality Report [LA-34]

- **a.** Ability to report clients with duplicate services or screenings
- **b.** Ability to report clients with missing required fields
- **c.** Ability to report clients with duplicate labs
- **d.** Ability to report clients missing certain labs
- **e.** Ability to report clients with duplicate medications
- **f.** Ability to report clients Prescribed a PCP or MAC Prophylaxis with CD4 under 200
- **g.** Ability to report clients NOT Prescribed a PCP or MAC Prophylaxis with CD4 ABOVE 200
- **h.** Ability to report clients with duplicate immunizations
- **i.** Ability to report clients with services provided by the wrong staff

15. RW Service Expenditures Report [LA-32]

- **a.** e2LosAngeles's Service Expenditure Report will allow users to view, in real-time, the status of each Service Contract across all programs. The system will automatically calculate and display balance for each Contract based on encumbered amount entered by users in the Client Services screen.
- **b.** Administrators will have the ability to run this report for any number of sub-recipients.
- **c.** Filters will provide the ability to specify one or many program types, contracts, founding sources, and service types.
- **d.** Exact Features and capabilities of the report will be determined during the development of detailed specifications.

16. Ryan White HIV/AIDS Program Services Report (RSR) [LA-35]

- **a.** Full functionality of the eCOMPAS RSR Module to include HRSA-specific RSR validations, completeness report, ineligibility client list and data mapping screens
- **b.** Ability to view real-time RSR ready data for each client
- **c.** RW Part A, B, C Eligible Clients and their services will be reported in the RSR as per HRSA specifications.
- **d.** Ability to view RSR data in graphical format.
- **e.** Contains an automated data validation engine and data quality management that complies with HRSA specifications (Errors, warnings and Alerts).
- **f.** Ability to easily export RSR XML file for HRSA as per HRSA specifications, and generate a completeness report.
- **g.** Ability to drill down to list of clients.
- **h.** Legacy support for 2018-2019 RSR [LA-36]

17. e2 RW Visual HAB Performance Measures Report v1

- **a.** Perform dynamic charting of HAB core indicators. [LA-47]
  1. HIV Viral Load Suppression,
  2. Prescription of HIV Antiretroviral Therapy (ART),
  3. HIV Medical Visit Frequency,
  4. Gap in HIV Medical Visits
  5. PCP Prophylaxis
  6. Annual Retention in Care

- **b.** Perform dynamic charting of HAB System-Level indicators. [LA-48]
  1. Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care
  2. HIV Test Results for People Living with HIV
  3. HIV Positivity
  4. Late HIV Diagnosis
  5. Linkage to HIV Medical Care
  6. Housing Status

- **c.** Perform dynamic charting of HAB Adult & Adolescent indicators. [LA-49]
  1. Cervical Cancer Screening
  2. Chlamydia Screening
  3. Gonorrhea Screening
  4. Hepatitis B Screening
  5. Hepatitis B Vaccination

6. Hepatitis C Screening
7. HIV Risk Counseling
8. Oral Exam
9. Pneumococcal Vaccination
10. Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
11. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
12. Substance Abuse Screening
13. Syphilis Screening

d. Display real time graphical demographics reports of client data with customizable filters
e. Ability to save custom reports.
f. Ability to export data in PDF and Excel.
g. Ability to drill down to list of clients.

18. RW Monthly Financial Report (MFR) Version 1 [LA-37]

a. Automated Monthly Financial Report will auto populate with data entered into e2LosAngeles.
b. A "provider view" will enable each subrecipient to view report data in real time for that agency only.
c. A "county view" will enable Los Angeles County Super-Administrators to view report data in real time for each subrecipient and aggregate data for all subrecipients.
d. Reports can be filtered by service category, funding source and date range.
e. Ability to produce the MCC Monthly Report with the following Sections
    i. "Patients by Enrollment Status" with Staff breakdown
    ii. Screener Outcomes and Enrollment Tracker Status
    iii. Patient Acuity Summary with Staff breakdown
    iv. Brief Intervention Activities with Staff breakdown
    v. Referrals and Linkages with Staff breakdown
    vi. Overdue Item Status

19. Real-Time Data Extract (RW [LA-38])

a. Available in the "Reports" Section of the site.
b. File format: Microsoft Access File. The data extracted will be saved in tables.
c. Data type in tables within the file: Text, numeric. Numeric codes have a master table "tlk_Master" in the extract that has the definitions.
d. Data Extract will be available for System Administrators and other users depending on roles and permissions.
e. Data Extract Filters:
    i. **Providers**: List of providers. Additional "All Providers" options for System Administrators.
    ii. **Report Date Range/Date filters:** Users can pick a date range. Difference between start and end date of the date filters must be less than or equal to 12 months. If the system finds data entered by any user of the selected sub-recipient (s) between the reporting dates, then only those clients' records, their demographics, HIV, H&I, clinical, referrals, services, will be in the Data Extract.
f. Specific behavior and data that will be included in the extract:

i. **Services**- service record with service date, entered by any user of the selected sub-recipient(s), that falls within the date range selected then those service records will be included in the extract.
ii. **LABs**- if LAB records with result dates, entered by any user of that sub-recipient (s), fall within the date range selected then that record will be included in the extract.
iii. **Immunizations/Diagnosis/Medications**- if records with immunization or diagnosis or medication dates, entered by any user of the selected sub-recipient(s), falls within the date range selected then those medical/clinical client records will be included in the extract.
iv. **Referrals**- if referrals with referral date entered by any user of the selected sub-recipient(s), falls within the date range then that record will be included in the extract.
v. Latest (even if the data was entered after the end date of the report date range) HIV status, Risk Factors, Demographics, Housing, Income and Insurance for clients will be included in the extract.

g. "Include Level 1" filter- By default the Data Extract will only include Level 2 data (Level 2 data = data not encrypted by LKM). If user wishes to include Level 1 data (data encrypted by LKM) he can pick "Yes" option from this filter. This filter will be available only to users who have LKM permissions.

h. Security
i. e2LosAngeles will be set/programmed by default to prompt the user to select a "download option" instead of immediately saving it in the "downloads folder" but this behavior is completely dependent on the browser. Instructions on how to configure browsers to control 'download' options will be added to the site for users but it's the user's responsibility to save files securely on their machines

i. File will be deleted from e2 server once user completes the download.

20. RW Data Import of ELR – Sunquest/PHL [LA-40]

a. e2LosAngeles will automatically pull daily files to perform a daily import of Daily import of HL7 messages. Those HL7 messages will be generated and uploaded to the sFTP by Sunquest/PHL
b. The HL7 Messages processed by e2LosAngeles will contain demographics, medications, labs, immunizations, and service data.
c. A report will be available in e2LosAngeles to review the status of successful and failed imports.
d. RDE to host sFTP server file listener protected by Zero-Knowledge LKM encryption

21. RW Data Import in Format Specified by RDE - Version 1 [LA-41]

a. e2LosAngeles will provide a module that the recipient can use to import client data from a file compatible with e2LosAngeles
b. Data Crosswalk will be worked on collaboratively during the Project's Technical Specifications phase.

22. RW Recurring Import using Legacy Casewatch Format [LA-42]

- **a.** e2LosAngeles will provide a module to allow manual import from Agency Admin Users (data for a single agency at a time)
- **b.** No hard-limit on frequencies of upload.
- **c.** RW Eligibility checks for Service Import
- **d.** Same or Similar format as the One-Time Migration

23. One-Time Data Migration (RW) [LA-39]

- **a.** The launch of e2LosAngeles will include a one-time data migration (Files for 110 agencies) to be performed using a file format compatible with eCOMPAS, provided by RDE during the development of detailed specifications. (Flat File)
    1. Data migration files will contain basic RSR client-level and service-level Ryan White data with searchable identifiers.Data elements
        a. Registry of person records
        b. Most recent client assessment carry-over data
        c. RW Eligibility
        d. Engagement – Re-Rengagement
        e. Minimal Clinical Indicators
    2. Using Casewatch format

    ii. Import of Legacy RW Contracts for system setup
- **b.** Data Crosswalk will be worked on collaboratively during the Project's Technical Specifications phase.

24. RW Client MCC Eligibility Screening [LA-79]

- **a.** Ability to add/edit/delete MCC Eligibility screening with calculation of recommended eligibility screening outcome from data entered

25. RW Client MCC Acuity Assessment [LA-71]

- **a.** Tracking of Client MCC Assessment and Patient Acuity Score (Auto-Calculated)
- ***b.*** *Ability to export Assessment results in a PDF*

26. RW Client Care Plan Tracking [LA-68]

- **a.** Ability for users to track client-level care plan information in a format consistent with the existing paper-based data collection instrument used by LA-County

27. RW Client Case Load and Assignments [LA-69]

- **a.** Ability to track multiple Staff Assignments by Role for a client
- **b.** The following reports will have a filter for Staff Assigned
    i. Visual Analytics
    ii. HAB – All Measures

28. Case Load Report – MCC Dashboard [LA-72]

- **a.** Referrals Pending
- **b.** Services
- **c.** Appointments Pending

29. RW Client Assignments – Care Teams [LA-70]

- **a.** Ability for County Super-admins to add/edit/delete Care Teams by agency.
- **b.** Ability to assign a Care Team through Client Assignments.
- **c.** Ability to filter for a Care Team

30. RW Tracking of Active Client Enrollment, per Service Category [LA-73]

- **a.** Ability to add/edit/delete MCC Enrollment Records
    - i. Tracking history of withdrawals and reason for withdraw for each Service Category.
- **b.** Some service categories will not allow enrollment and/or disenrollment.

31. Advanced Rules for blocking Client data-entry based on Enrollment (RW) [LA-74]

- **a.** Disable access to Assessments for clients without a Screening
- **b.** System Validations limiting the number of time a client can be enrolled into a Service Category.
- **c.** Service-entry will be blocked for certain service categories, based on contract funding source and on the Client's "Active" MCC enrollment into a Service Category.
- **d.** Additional Validations to support Transitional Services enrollment.

32. RW Client-Level Summary Screen [LA-76]

- **a.** Ability for users to download/print to PDF
- **b.** Display of a RW client's latest:
    - i. Income Data
    - ii. Insurance Data
    - iii. Residency Data
    - iv. Labs, by type
    - v. Immunizations, by type
    - vi. Current Medications
    - vii. Client Service Enrollments
    - viii. Staff Assigned
    - ix. Services Delivered
    - x. MCC Screening Results
    - xi. MCC Acuity Score

33. Client Service Caps [LA-60]

- **a.** e2 will calculate service-caps for the following service categories:
    - i. Oral health

ii. Health Insurance Assistance
iii. Mental Health

b. Limitation of 1-per-week or 1-per-day on service categories
c. e2 will enforce Caps with a warning or error during service-entry.
d. Email alert sent to assigned staff if cap is reached for a client. [LA-61]

34. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

35. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards
b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.
c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.
d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2290]

36. Pre- and Post-Launch Subrecipient Surveys

a. Online surveys will be presented to Ryan White funded subrecipients to elicit feedback on subrecipient data management needs and use of the system. [LA-44] [LA-45]
b. Online surveys for Agency Data Managers to respond as an Agency Data Exchange Capacity Assessment [LA-89]

37. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server
b. Configuration of e2LosAngeles PRODUCTION Database
c. Configuration of e2LosAngeles PRODUCTION Application Server
d. Smoke Test of System-Critical Components
e. Pre-Launch User Training [LA-90]
f. Application Security Scan is a necessary component of Launch. [LA_g2290]

A. <u>Summary of Services Included in the Software as a Service (SaaS) License Fee.</u>

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis. The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

1. <u>List of services provided</u>

I. Licensing

II. Hosting
III. Maintenance
IV. Security monitoring, scanning and logging
V. Performance monitoring and logging
VI. Application exception reporting
VII. Stability monitoring

2. **Licensing**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

3. **Hosting**. e2LosAngeles is hosted on Amazon Web Services GovCloud, a FedRAMP-certified hosting service provider. The cost of FedRAMP-certified AWS GovCloud hosting for this instance is included in the SaaS license fee for e2LosAngeles. Additional information about AWS GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

4. **Maintenance**. RDE is responsible for the maintenance and support of the AWS GovCloud servers used for e2LosAngeles, as well as maintenance of the e2LosAngeles data base and e2LosAngeles software. The cost of all maintenance is included in the SaaS license fee for e2LosAngeles, regardless of the time spent or number of activities performed. Maintenance and support performed by RDE includes the following tasks:

    1. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    2. Monitor and maintain Database Backups.
    3. Review, approve and install WSUS (Windows operating system) Updates
    4. Reboot / Refresh network services and equipment.
    5. Review, approve and install Java Updates and application server Updates across all application Web Servers.
    6. Check log shipping status on database servers.
    7. Review, approve and install Cisco ASA updates
    8. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.
    9. Review, approve and install other software updates across all Servers.
    10. Configure and maintain automated server monitoring uptime and downtime alerts.
    11. Configure and maintain secure administrative controls.
    12. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
    13. Configure and maintain network firewall.
    14. Monitoring system performance and resource usage on all servers and performing updates accordingly.

15. Check, monitor, and ensure that all of our TLS certifications are valid, up to date, and are encrypted to the highest standard accepted by HIPAA.

More information on monitoring and scanning is provided in **Security Monitoring, Scanning and Logging**, below.

Maintenance of the e2LosAngeles software also includes annual updates and revisions to keep the e2LosAngeles RSR Module compliant with HRSA's data dictionary, XML schema and Validations. These updates, which in some years are very extensive, are included in the SaaS license fee, and are performed by RDE at no additional cost to Los Angeles County. The review and approval of updates is an exacting process which requires the evaluation all updates issued, in order to ensure no incompatibilities or other system issues (such as slowness) will be introduced. After a thorough initial review, updates are installed on the staging environment, which mirrors the production environment, and are carefully tested, before being finally installed on the live e2LosAngeles site.

The tasks described above are performed through the joint efforts of a multidisciplinary, cross-functional team, which includes the RDE IT Team and RDE's e2LosAngeles Software Development Team, as coordinated by the Project Manager for e2LosAngeles and supervised by RDE's Project Director. Behind the scenes, this team performs tasks on a continual basis, which are necessary to keep the e2LosAngeles sites finely tuned and functioning optimally. Every update and system change are subjected to the same rigorous quality assurance process, performed by RDE's team of IT specialists, software developers and security experts, all of whom speak the language of HIV and are well-versed in the HIV data collection, reporting and analysis needs of Federal Ryan White recipients.

5. **Security Monitoring, Scanning and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application. System monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage, and detect and report suspicious activity. A high-level list of System monitoring activities includes the following:
    1. Host HTTP/HTTPS web checks: monitors reachability of the website.
    2. User IP address monitoring: logs IP addresses for each user visit to e2LosAngeles.
    3. System Services: Checks to ensure critical services such as IIS, ColdFusion, SQL Agents, etc. are running.
    4. CloudWatch Remote Login Monitoring: logs users who access the servers, reports suspicious activity.
    5. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
    6. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

6. **Performance Monitoring and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application performance. System performance monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage. A high-level list of System performance monitoring and logging activities includes the following:
    a. Monthly Web Performance: monitors individual webpages for (MaxTime, MinTime, AVG, TotalRequests, etc.)
    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

7. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

8. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

e2LosAngeles Scope of Work

Fiscal & Procurement Data System Enhancements

Phase 2 - Fiscal v1

Contents

38. Project Planning and Technical Specifications

- **a.** RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA_g2321]
- **b.** RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.
    - i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.
- **c.** RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA_g2323]
- **d.** RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the "RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

39. Project-Start Demo Site set-up [LA_g2320]

- **a.** RDE launches a Demo site by cloning a "blank-slate" copy of a Reference Model that is chosen by RDE based on best-fit with the project components.
- **b.** RDE grants Super-Admin access to the Demo Site for LA County to create accounts for County staff, as needed, based on Project needs for finalization of specifications.
    - i. The Reference Model Demo site is for limited use by LA County Staff and only fake/randomized data can be used.
- **c.** The list of Expected Reference Model modules will vary if another "best-fit" Reference Model is chosen in agreement between the LA-County and RDE Project Teams.
- **d.** Relevant Modules based on current Reference Model (e2Fulton):

40. Fiscal Contract Management Modules

i. Ability for administrators to add/edit/delete/terminate unit-cost based Contracts for sub-recipients for funded services and sub-services. [LA-94]
ii. Ability to track personnel across multiple contracts [LA-96]
    1. Validation FTE cannot go over 100%
iii. Ability to add/edit/delete line items in contracts for sub-services under each Service Contract. [LA-95]
    1. Ability to view a summary of the administrative budget
    2. Ability to extract contract budget details to an excel file.
    3. Salaries
        a. Available data entry fields:
            i. Name
            ii. Title
            iii. Employment Status
            iv. Fringe Rate
            v. Custom Fringe Rate
            vi. Hourly Rate (two field available for data entry)
            vii. Hours Per Month (two field available for data entry)
            viii. Total Monthly Salary (two field available for data entry)
            ix. FTE (two field available for data entry)
            x. Number of Months (two field available for data entry)
            xi. Subtotal (two field available for data entry) (auto calculated field)
            xii. Position Description
    4. Ability to track multiple service categories under a salary record (sub gird)
        a. Available data entry fields:
            i. Service Category
            ii. Percentage of Salary
            iii. Salary Total (auto calculated field)
            iv. Fringe Total (auto calculated field)
            v. Admin Percentage
            vi. Requested Admin Budget (auto calculated field)
            vii. Requested Budget (auto calculated field)
            viii. Other Funding
            ix. Justifications/Methodology
    5. Employee Benefits
        a. Ability to enter primary and secondary fringe rates
        b. Available fringe components:
            i. F.I.C.A.
            ii. Health Insurance
            iii. Life Insurance
            iv. Unemployment Insurance
            v. Workers Compensation
            vi. Disability Insurance
            vii. Other
        c. Additional data entry fields:
            i. Justifications/Methodology
    6. Travel
        a. Available data entry fields:

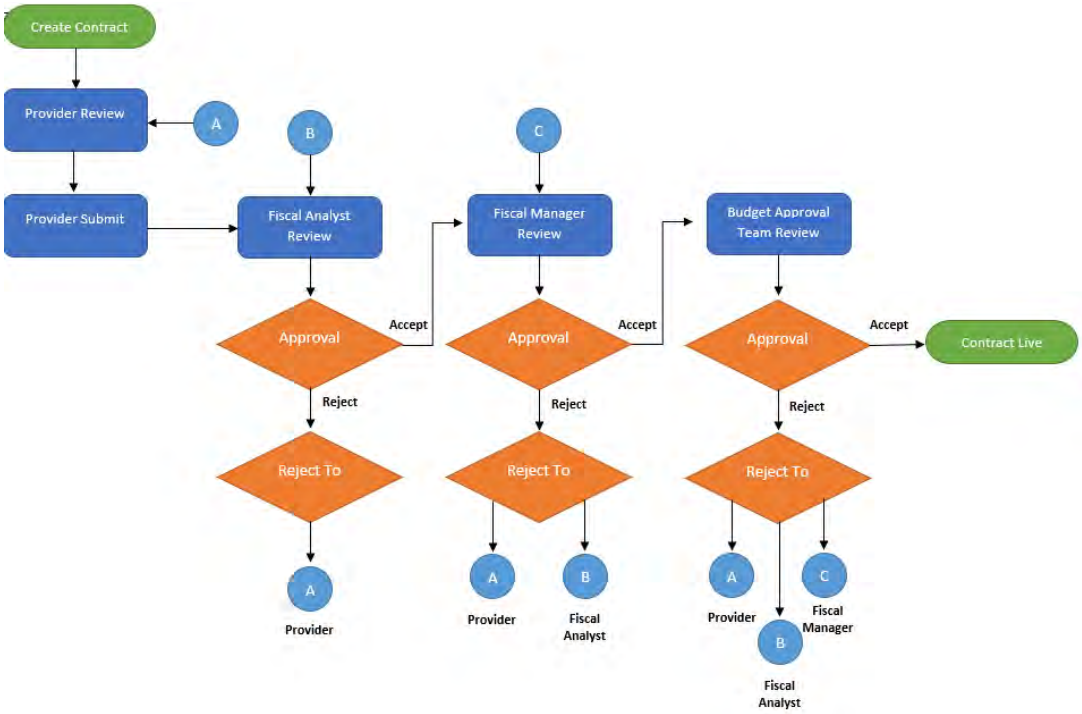
i. Service Category
ii. Line Item
iii. Contract Amount Requested
iv. Admin Percentage
v. Requested Admin Budget (auto calculated field)
vi. Other Funding
vii. Requested Budget (auto calculated field)
viii. Justifications/Methodology

7. Equipment
    a. Available data entry fields:
        i. Service Category
        ii. Line Item
        iii. Contract Amount Requested
        iv. Admin Percentage
        v. Requested Admin Budget (auto calculated field)
        vi. Other Funding
        vii. Requested Budget (auto calculated field)
        viii. Justifications/Methodology
8. Supplies
    a. Available data entry fields:
        i. Service Category
        ii. Line Item
        iii. Contract Amount Requested
        iv. Admin Percentage
        v. Requested Admin Budget (auto calculated field)
        vi. Other Funding
        vii. Requested Budget (auto calculated field)
        viii. Justifications/Methodology
9. Other
    a. Available data entry fields:
        i. Service Category
        ii. Line Item
        iii. Contract Amount Requested
        iv. Admin Percentage
        v. Requested Admin Budget (auto calculated field)
        vi. Other Funding
        vii. Requested Budget (auto calculated field)
        viii. Justifications/Methodology
10. Consultant/Subcontractor
    a. Available data entry fields:
        i. Service Category
        ii. Consultant/Contractor Name
        iii. Type of Service
        iv. Rate and Terms of Service
        v. Contract Amount Requested
        vi. Admin Percentage
        vii. Requested Admin Budget (auto calculated field)
        viii. Other Funding
        ix. Requested Budget (auto calculated field)

x. Justifications/Methodology

11. Ability to track Indirect Cost
12. Ability to add notes to individual line items.

b. Ability to track Service Targets (Program Outcomes) [LA-97]
   i. Priority categories based on contract services
   ii. Ability to track unit and client targets
   iii. Ability to enter notes per priority category
   iv. Ability to track targets by month
   v. Additional fields
   vi. Justifications/Methodology
   vii. Ability to track Agency Contact [LA-98]
      1. Available data entry fields:
         a. Contract/Committee Designee
         b. Name
         c. Phone
         d. Email
   viii. Ability to upload/download/view supporting documentation [LA-99]
      1. Available data entry fields:
         a. Document Name
         b. Document
         c. Notes
   ix. Ability for administrators to add/edit/delete contract waves. [LA-102]
      1. Ability to control start and end date for modification process.
      2. Ability to open or close a modification process.
      3. Ability to control contract modification process.
         a. Contract Renewal
         b. New Contract Negotiation
         c. Contract Modification
      4. The automatic close of waves based on end date.
      5. Available data entry fields:
         a. Process Type
         b. Source Grant
         c. Destination Grant
         d. Start Date
         e. End Date
         f. Wave Status
   x. Ability to accept/reject contracts through the contract negotiation process based on staff role. [LA-101]
   xi. Robust tracking of events that a contract must follow in order to be approved. [LA-100]
      1. Ability for super administrators to bypass contract navigation and make a contract live or contract changes take effect immediately.



xii. Ability to view contract history. [LA-103]
    1. Ability to track and view milestones in the contract negotiation process.
    2. Ability to monitor contract negotiation status.

xiii. Ability for users to monitor tasks assigned to them through the contract negotiation process. [LA-93]
    1. Provider side dashboard
    2. Admin dashboard

xiv. Ability for users to receive email notifications when action is required by them through the contract negotiation process. [LA_g2288]

xv. Robust contract validations upon submission
    1. 10% administrative cap across contract

xvi. Ability for administrators to freeze and unfreeze line items
    1. Delay invoicing for frozen line items, budget will remain the same but line item will be unavailable for invoicing

xvii. Ability to add electronic signature

41. Fiscal Line-Item Invoicing Modules

i. Ability to track monthly expenditures by line item [LA-104]

ii. Salary budget category
    a. Available data entry fields:
        i. Personnel
        ii. Service Category
        iii. Expenditure
        iv. FTE Actual
        v. Adjustment
        vi. Disallowance
        vii. Budget (auto calculated field)

viii. Available Funds (auto calculated field)
ix. Contract Cost (auto calculated field)
x. Admin Cost (auto calculated field)
xi. Fringe Rate (auto calculated field)
xii. Fringe Cost (auto calculated field)
xiii. Ability to override/manually enter the Fringe Rates.
xiv. Allowing negative fringe rates.

iii. All other budget categories (Travel, Equipment, Supplies, Other, Consultant/Subcontractor)
    a. Available data entry fields:
        i. Contract Item
        ii. Service Category
        iii. Expenditure
        iv. Adjustment
        v. Disallowance
        vi. Budget (auto calculated field)
        vii. Available Funds (auto calculated field)
        viii. Contract Cost (auto calculated field)
        ix. Admin Cost (auto calculated field)
        x. Description
        xi. Notes
iv. Ability to view budget summary report
    a. Columns
        i. Budget Category
        ii. Contract Cost This Period
        iii. Total Contract Costs Prior Periods
        iv. Contract Costs YTD
        v. Contract Budget
        vi. Remaining Balance
        vii. Admin Costs
v. Ability to view the full report
    a. Displays all expenditures entered for month/contract
    b. Administrators will have the ability to filter by sub-recipient.
    c. Filters will provide the ability to specify funding source.
    d. Filters will provide the ability to filter by month
    e. Ability for subrecipients to submit a report.
vi. Ability to track program income [possibility, may not be needed] [LA_g2287]
vii. Ability for administrators to accept/reject a report. [LA-114]
viii. Ability for administrators to make edits to submitted reports
ix. Ability to view report submission history.
x. Ability to auto submit a report.
    a. Reports that exceed the submission deadline will be late/auto submitted by the system. Reports that have been submitted/auto submitted/approved will become locked. Administrators may reject a report to allow for resubmission by the provider.
xi. Ability to add notes to individual line items.
xii. Ability to upload/download/view supporting documentation [LA-105]
xiii. Available data entry fields:
    a. Document Name
    b. Document

c. Notes

xiv. Fiscal Invoicing eSignature [LA-107]
xv. Ability to add electronic signature when submitting a report
xvi. Ability to add electronic signature when accepting a report on the admin side
xvii. Ability to add electronic signature when submitting a fiscal report for Service Units
xviii. Ability for users to receive email notifications when action is required by them through the fiscal approval process. [LA-109]
xix. Ability to print a formatted monthly invoice. [LA-108]
xx. Includes the following:
    a. Vendor information
    b. Budget summary
    c. Line-item details
    d. Provider side signatures
    e. Admin side signatures

42. Line-Item Expenditures Report [LA-116]

i. The Line-Item Expenditures Report will allow users to view, in real-time, a detailed budget summary for each Service Contract. The system will automatically calculate and display balance for each Contract based on the invoiced amount entered by users in the Fiscal Module (the report will only display approved invoices) and the latest approved budget from the Contract Management Module.
ii. Administrators will have the ability to run this report for any number of sub-recipients.
iii. Filters will provide the ability to specify funding source and month
iv. Ability to extract the report into PDF and Excel

43. Fiscal Service Units Invoicing (Medical Patients)

i. Ability for administrators to manage service contract information on the Contract Management screen. [LA-111]

    a. Integration of Program-level Contract Service Caps and fiscal invoicing module.
    b. Ability to select service unit type.
        i. Dollar amount
        ii. Fixed dollar amount
    c. Ability to set budget cap.

ii. Service Unit Invoicing [LA-110]

    a. Ability for users to add/edit expenditure amounts in the Client Services screen.
    b. Ability for invoiced service units to be reimbursed in the proceeding billing cycle.
        i. Reimbursement will be based on eligibility and insurance requirements (rules TBD, during technical specifications phase).
        ii. 45-day grace period for new HIV patients.

iii. Integration of the existing e2 Automated Eligibility Module to determine each Client's fiscal eligibility start date and end date based on LA County's eligibility rules/criteria (rules TBD, during technical specifications phase). [LA-112]
iv. Ability for administrators to set eligibility overrides/exceptions for patients. [LA-113]
v. Ability for administrators to lock/unlock a reporting month.

44. Service Costs Expenditures Report [LA-117]

i. The Service Expenditure Report will allow users to view, in real-time, the status of each Service Contract across all programs. The system will automatically calculate and display balance for each Contract based on encumbered amount entered by users in the Client Services screen.
ii. Administrators will have the ability to run this report for any number of sub-recipients.
iii. Filters will provide the ability to specify one or many program types, funding sources, and service types.
iv. Exact Features and capabilities of the report will be determined during the development of detailed specifications.
v. Ability to extract the report into PDF and Excel

45. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

46. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards
b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.
c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.
d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2326]

47. Pre- and Post-Launch Subrecipient Surveys

a. Online surveys will be presented to Ryan White funded subrecipients to elicit feedback on subrecipient data management needs and use of the system. [LA_g2322] [LA_g2324]

48. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server
b. Configuration of e2LosAngeles PRODUCTION Database
c. Configuration of e2LosAngeles PRODUCTION Application Server
d. Smoke Test of System-Critical Components
e. Pre-Launch User Training [LA_g2325]
f. Application Security Scan is a necessary component of Launch. [LA_g2326]

49. Summary of Services Included in the Software as a Service (SaaS) License Fee.

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis. The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

9. List of services provided

VIII. Licensing
IX. Hosting
X. Maintenance
XI. Security monitoring, scanning and logging
XII. Performance monitoring and logging
XIII. Application exception reporting
XIV. Stability monitoring

10. **Licensing**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

11. **Hosting**. e2LosAngeles is hosted on Amazon Web Services GovCloud, a FedRAMP-certified hosting service provider. The cost of FedRAMP-certified AWS GovCloud hosting for this instance is included in the SaaS license fee for e2LosAngeles. Additional information about AWS GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

12. **Maintenance**. RDE is responsible for the maintenance and support of the AWS GovCloud servers used for e2LosAngeles, as well as maintenance of the e2LosAngeles data base and e2LosAngeles software. The cost of all maintenance is included in the SaaS license fee for e2LosAngeles, regardless of the time spent or number of activities performed. Maintenance and support performed by RDE includes the following tasks:

    16. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    17. Monitor and maintain Database Backups.
    18. Review, approve and install WSUS (Windows operating system) Updates
    19. Reboot / Refresh network services and equipment.
    20. Review, approve and install Java Updates and application server Updates across all application Web Servers.
    21. Check log shipping status on database servers.
    22. Review, approve and install Cisco ASA updates
    23. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.

24. Review, approve and install other software updates across all Servers.
25. Configure and maintain automated server monitoring uptime and downtime alerts.
26. Configure and maintain secure administrative controls.
27. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
28. Configure and maintain network firewall.
29. Monitoring system performance and resource usage on all servers and performing updates accordingly.
30. Check, monitor, and ensure that all of our TLS certifications are valid, up to date, and are encrypted to the highest standard accepted by HIPAA.

More information on monitoring and scanning is provided in **Security Monitoring, Scanning and Logging**, below.

Maintenance of the e2LosAngeles software also includes annual updates and revisions to keep the e2LosAngeles RSR Module compliant with HRSA's data dictionary, XML schema and Validations. These updates, which in some years are very extensive, are included in the SaaS license fee, and are performed by RDE at no additional cost to Los Angeles County. The review and approval of updates is an exacting process which requires the evaluation all updates issued, in order to ensure no incompatibilities or other system issues (such as slowness) will be introduced. After a thorough initial review, updates are installed on the staging environment, which mirrors the production environment, and are carefully tested, before being finally installed on the live e2LosAngeles site.

The tasks described above are performed through the joint efforts of a multidisciplinary, cross-functional team, which includes the RDE IT Team and RDE's e2LosAngeles Software Development Team, as coordinated by the Project Manager for e2LosAngeles and supervised by RDE's Project Director. Behind the scenes, this team performs tasks on a continual basis, which are necessary to keep the e2LosAngeles sites finely tuned and functioning optimally. Every update and system change are subjected to the same rigorous quality assurance process, performed by RDE's team of IT specialists, software developers and security experts, all of whom speak the language of HIV and are well-versed in the HIV data collection, reporting and analysis needs of Federal Ryan White recipients.

13. **Security Monitoring, Scanning and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application. System monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage, and detect and report suspicious activity. A high-level list of System monitoring activities includes the following:
    7. Host HTTP/HTTPS web checks: monitors reachability of the website.
    8. User IP address monitoring: logs IP addresses for each user visit to e2LosAngeles.
    9. System Services: Checks to ensure critical services such as IIS, ColdFusion, SQL Agents, etc. are running.

10. CloudWatch Remote Login Monitoring: logs users who access the servers, reports suspicious activity.
11. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
12. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

14. **Performance Monitoring and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application performance. System performance monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage. A high-level list of System performance monitoring and logging activities includes the following:
    a. Monthly Web Performance: monitors individual webpages for (MaxTime, MinTime, AVG, TotalRequests, etc.)
    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

15. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

16. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

e2LosAngeles Scope of Work

e2Training Data System Integration

Phase 3 – e2Training v1

Contents

50. Project Planning and Technical Specifications

a. RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA_g2334]

b. RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.

   i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.

c. RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA_g2336]

d. RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the "RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

51. Project-Start Demo Site set-up [LA_g2333]

a. RDE launches a Demo site by cloning a "blank-slate" copy of a Reference Model that is chosen by RDE based on best-fit with the project components.

b. RDE grants Super-Admin access to the Demo Sites for LA County to create accounts for County staff, as needed, based on Project needs for finalization of specifications.

i. The Reference Model Demo sites are for limited use by LA County Staff and only fake/randomized data can be used.

c. The list of Expected Reference Model modules will vary if another "best-fit" Reference Model is chosen in agreement between the LA-County and RDE Project Teams.

d. Relevant Modules based on current Reference Models (e2Training, and e2AETC):

52. User Request Module [RDE_g811]

a. This module allows Agency Administrator users to view and submit new requests for the creation/update/deletion of user accounts in e2LA.

i. The User Request Entry screen will collect data points required for LA-DPH to process and approve the request.
   1. Ability to attach a document as part of the request (I.e., Signed User agreement)

ii. User Creation Requests
   1. Collection of data in relation to requesting the creation of a new user account in e2LA

iii. User Deletion Requests
   1. Collection of data in relation to requesting the deletion of an existing user account in e2LA

iv. User Update Requests
   1. Collection of data in relation to updating an existing user account in e2LA, such as a change in email address, phone number, User Role/Permission … etc.

b. Ability for Super-administrators to track data about the status of the request.

i. Ability for agency admins users to view the status of their requests through the review screen.

c. Module Email Alerts [LA-167]

i. Super-Administrators will receive an alert when a new request is created

ii. Agency Administrators will receive status updates alerts from the system when their request is updated

53. e2Training Integration with e2LA [LA-168]

- **a.** e2LA Super-Admin users will have direct access to the training site without having to login again.
- **b.** e2LA Agency Users will have direct access to the training site without having to login again.
- **c.** Integration with User Request Module to automatically register an e2Training Account when request is approved [LA-169]
- **d.** User Alerts and/or restriction in e2LA if required training expires [LA-170]

54. Training Site User Management [LA-171]

- **a.** Users can self-register to e2Training and select their Agency, Program, and Role [LA-172]
- **b.** Super-administrators can view/update/delete e2Training user accounts.
- **c.** Separate user management from e2LA, see "e2Training Integration with e2LA" for any interactions with e2LA's user management.

55. Administrative Training Management [LA-173]

- **a.** Ability for Administrators to search/create/edit/delete Trainings

56. Training Information and Planning [LA-174]

- **a.** Ability to specify a Title and Description for the Training
- **b.** Ability to add text for the training Time and Location (Physical Address or Virtual Meeting Link)
- **c.** Ability to specify a Start and End Date for training

57. Advanced Training Access Management [LA-175]

- **a.** Ability to select which user groups will have access to each training
- **b.** Ability to set training as recurring and needing to be redone by each user group at a certain frequency (Yearly, Every 6-Months … etc.)
- **c.** Ability to make a Training Required or Optional for all or some specific User groups
    - i. Required Training will be displayed prominently and prioritized over Optional training.
- **d.** See Also "e2Training Integration with e2LA" for any restrictions or alerts to e2LA user accounts from Required Trainings.

58. Training Content Management

- **a.** Ability to add/edit/create pieces of content for a training [LA-176]
    - i. Ability to track and edit Training Content Records' Name, Description, and Instruction that will be displayed to the Trainees
    - ii. Ability to set a Training Content record as "Hidden" from the Training
    - iii. Ability to set and modify the order in which Training Content is displayed when accessing the Training.
- **b.** Ability to upload a Video as part of training Content [LA-177]

i. The video will be played in the trainee's browser when accessing the training

c. Ability to upload a PDF as part of training content. [LA-178]

i. The PDF file will be downloaded by trainees when accessing the training.

59. Training Evaluation and Quiz Management

a. Ability to add a set of questions to the training that users will be prompted to respond to after watching the training Content. [LA-179]

i. Ability to select the Question Type and Options
   1. Single-Choice
   2. Open-Ended Text

60. Training Quiz and Scoring Management [LA-180]

a. Ability to specify a single "Correct" answer for any Dropdown questions' answer.

b. Ability for administrators to specify a required "Passing Score" as a percentage.

i. All Training Questions with a specified correct Answer will be weighted equally to calculate the Result Score.

ii. Users can repeat the quiz as many times as they like.

61. Training Participant – Training Overview Dashboard [LA-181]

a. The user Training Dashboard will display all available training for the user based on Training Start/End Dates, requirement, and user group.

b. Users will be able to see which Trainings have been completed along with their most recent Quiz Score (if applicable)

c. Ability to view/download electronic training certificates. [LA-182]

i. Training Certificates are generated for each training by using a standard template with the name of the training, and information about training attendance printed on the electronic document.

62. Training Participant - Training Content View [LA-183]

a. Ability for users to access the Content for a selected training

b. See "Training Content Management" for details on the type of content available.

63. Training Participant – Post-Training Quiz/Evaluation Page [LA-184]

a. Ability for users to respond to a set of questions for a specific training after having accessed all the Training's Content.

b. See "Training Evaluation and Quiz Management" for details about the post-training Quiz/Evaluation Questions.

64. Administrative Report – Training Participants Extract [LA-185]

a. Ability for administrators to view a list of users with all their completed Trainings and Quiz Scores.

b. Ability to filter by Training Date, user groups, required trainings, and agencies.

65. Administrative Report – Aggregate Training Participant Counts Report [LA-186]

a. Ability to filter by Date, user groups, training requirements, and agencies.
b. Ability for administrators to view an aggregated count report of total participants by Training
c. Ability to access a drilldown to view the participant-list for a selected aggregate-count indicator.

66. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

67. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards
b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.
c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.
d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2339]

68. Pre- and Post-Launch Subrecipient Surveys

a. Online surveys will be presented to Ryan White funded subrecipients to elicit feedback on subrecipient data management needs and use of the system. [LA_g2335] [LA_g2337]

69. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server
b. Configuration of e2LosAngeles PRODUCTION Database
c. Configuration of e2LosAngeles PRODUCTION Application Server
d. Smoke Test of System-Critical Components
e. Pre-Launch User Training [LA_g2338]
f. Application Security Scan is a necessary component of Launch. [LA_g2339]

B. <u>Summary of Services Included in the Software as a Service (SaaS) License Fee.</u>

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis.

The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

17. **List of services provided**
    - XV. Licensing
    - XVI. Hosting
    - XVII. Maintenance
    - XVIII. Security monitoring, scanning and logging
    - XIX. Performance monitoring and logging
    - XX. Application exception reporting
    - XXI. Stability monitoring

18. **Licensing**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

19. **Hosting**. e2LosAngeles is hosted on Amazon Web Services GovCloud, a FedRAMP-certified hosting service provider. The cost of FedRAMP-certified AWS GovCloud hosting for this instance is included in the SaaS license fee for e2LosAngeles. Additional information about AWS GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

20. **Maintenance**. RDE is responsible for the maintenance and support of the AWS GovCloud servers used for e2LosAngeles, as well as maintenance of the e2LosAngeles data base and e2LosAngeles software. The cost of all maintenance is included in the SaaS license fee for e2LosAngeles, regardless of the time spent or number of activities performed. Maintenance and support performed by RDE includes the following tasks:

    31. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    32. Monitor and maintain Database Backups.
    33. Review, approve and install WSUS (Windows operating system) Updates
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    35. Review, approve and install Java Updates and application server Updates across all application Web Servers.
    36. Check log shipping status on database servers.
    37. Review, approve and install Cisco ASA updates
    38. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.
    39. Review, approve and install other software updates across all Servers.
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    41. Configure and maintain secure administrative controls.

42. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
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More information on monitoring and scanning is provided in **Security Monitoring, Scanning and Logging**, below.

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    13. Host HTTP/HTTPS web checks: monitors reachability of the website.
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17. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
18. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

22. **Performance Monitoring and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application performance. System performance monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage. A high-level list of System performance monitoring and logging activities includes the following:
    a. Monthly Web Performance: monitors individual webpages for (MaxTime, MinTime, AVG, TotalRequests, etc.)
    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

23. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

24. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

e2LosAngeles Scope of Work

Phase 4 - RW & MCC v2

Contents

70. Project Planning and Technical Specifications

a. RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA_g2327]

b. RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.

i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.

c. RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA_g2328]

d. RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the “RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

71. HIPAA Compliant Client Portal & Client / Staff e-Signature Module [LA_g509]

a. An administrative interface will allow case managers to send an electronic request for one or more documents to a client with a record in e2. The documents available for selection will be consistent with the Client Document Tracker/Uploader module above.
b. The administrative interface will also allow case managers to review documents the client has submitted, and either accept or reject them. Accepted documents will be transferred to the Document Tracker/Uploader for the client in question, and the client's eligibility status will be updated accordingly. Rejected documents may be re-requested.
c. Ability for Clients to access the portal using a link emailed to them by the e2. The portal will present the client with any language from the physical form (either on screen or as a downloadable PDF) and allow them to upload, photograph, and/or provide eSignatures for the requested documentation as appropriate.

72. Client Resources/Patient Portal Secure Patient Access (see e2MyHealth module) [LA-46]

a. Client Application for Services, Enrollment and Eligibility Certification/Recertification, Medication and Appt Reminders, Prescription services
b. Patient Self-Reporting – clients can report adherence and it can be tracked in eCOMPAS, can report appt attendance, can receive messages and incentives for successful adherence
c. Links to resources can be provided to clients through patient portal
d. Admin features to for recipients and subrecipients to create and manage accounts for client users, with roles and permissions to protect confidentiality.
e. Access to Data for Adherence Tracking, Alerts, Reminders and QM for Recipient and Sub-recipient staff. Brings the self-reported data into eCOMPAS for reporting and data analysis and for Visual Analytics and HAB Measures report. Case managers can also get alerts where client reported data indicates a client is not adherence or at risk for falling out of care

73. MCC Care Team Dashboard v2 [RDE_g538]

a. Based on NYP Clinical Care Team dashboard.
b. Updates to Case Load Report with Care Coordination Indicators

74. Secure Messaging [LA-53]

a. Ability for users to send and receive messages from other e2 users through an integrated inbox module.
b. Users will have the ability to send messages directly to other e2LosAngeles users by searching for their name or agency.
c. Users will have the ability to track and organize multiple messages as part of a conversation.
d. Ability for messages to contain a direct client link, if the recipients have data sharing access.
e. Ability to upload a file as an attachment to a message.
f. All messages and attachment will be protected with LKM encryption.

75. Data Export into State System [LA-43]

a. e2LosAngeles will provide an interface that the recipient can use to export client data in a file format compatible with the [State System] for HRSA Part B grant deliverables.

b. Data Crosswalk will be worked on collaboratively during the Project's Technical Specifications phase.

76. Eligibility Status Report [LA-54]

a. Ability to generate a report listing clients with past-due or upcoming gaps in eligibility.

77. Semi-annual Progress Report [LA-56]

a. Ability to produce a semi-annual progress report conforming with Los Angeles County requirements.

78. e2 Visual HAB Performance Measures Report v2 [LA-50]

a. Perform dynamic charting of Los Angeles County CQM indicators.

i. [Los Angeles County to fill-in; up to 10 indicators]

79. e2 Visual Care Continuum Dashboard and Report [LA-57]

a. Perform dynamic charting of HIV Care Continuum Measures

i. Enrolled
ii. Linked to Care
iii. Retained in Care
iv. Rx of ARV Therapies
v. VL Suppress

b. Display real time graphical demographics reports of client data with customizable filters

c. Ability to save custom reports.

d. Ability to export data in PDF and Excel.

e. Ability to drill down to list of clients.

f. Advanced visual graphs and breakdowns for gaps within continuum stages and by priority populations.

80. Data Import in Format Specified by RDE - Version 2 [LA-59]

a. Adjustments to the Data Import v1 format to support new data collection capabilities based on County needs.

b. Once a file is uploaded, a summary report allows the user to review how many records are contained within the file along with the number of warnings and errors.

c. A Validations Report displays a detailed list of errors and data quality issues found in the uploaded file and identifies the client records where the errors were found. Any errors found must first be corrected before the file can be imported.

d. Support for automated sFTP Imports by connecting to the secured LKM sFTP hosted by RDE where agencies will be uploading their data files. [LA-88]

81. EHE Tri-annual Report [LA-64]

. Ability to produce a report containing indicators in accordance with Los Angeles County's EHE Tri-annual Report requirements.

a. Ability for Los Angeles County to filter by agency

b. Ability to export data in PDF and Excel.

c. Ability to drill down to list of clients.

d. Ability to breakdown by priority populations.

82. Proactive QM Alerts and Reminders [LA-62]

. Ability for administrators to view system-wide QM alerts.

a. Ability to view all QM alerts for a particular client.

b. Users are auto-emailed QM Alerts Summary report on a weekly basis.

c. Ability to set QM alerts based on Core HAB Performance Measures

83. Geo-mapping capabilities for Visual Analytics [LA-63]

. Ability to produce heatmaps for supported Visual Analytics Indicators.

84. Visual Client Eligibility Graph [LA-55]

. Provides users with real-time access to an interactive gantt-chart visualization of a client's entire eligibility history, including periods of gaps in eligibility alongside time-based requirements such as periodic re-certification, consent expiration, and applicable grace periods for provisional enrollment and other time-limited exceptions.

85. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

86. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards

b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.

c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.

d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2329]

87. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server

b. Configuration of e2LosAngeles PRODUCTION Database

c. Configuration of e2LosAngeles PRODUCTION Application Server
d. Smoke Test of System-Critical Components
e. Application Security Scan is a necessary component of Launch. [LA_g2329]

C. <u>Summary of Services Included in the Software as a Service (SaaS) License Fee.</u>

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis. The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

25. <u>List of services provided</u>

XXII. Licensing
XXIII. Hosting
XXIV. Maintenance
XXV. Security monitoring, scanning and logging
XXVI. Performance monitoring and logging
XXVII. Application exception reporting
XXVIII. Stability monitoring

26. **<u>Licensing</u>**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

27. **<u>Hosting</u>**. e2LosAngeles is hosted on Amazon Web Services GovCloud, a FedRAMP-certified hosting service provider. The cost of FedRAMP-certified AWS GovCloud hosting for this instance is included in the SaaS license fee for e2LosAngeles. Additional information about AWS GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

28. **<u>Maintenance</u>**. RDE is responsible for the maintenance and support of the AWS GovCloud servers used for e2LosAngeles, as well as maintenance of the e2LosAngeles data base and e2LosAngeles software. The cost of all maintenance is included in the SaaS license fee for e2LosAngeles, regardless of the time spent or number of activities performed. Maintenance and support performed by RDE includes the following tasks:

    46. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    47. Monitor and maintain Database Backups.
    48. Review, approve and install WSUS (Windows operating system) Updates
    49. Reboot / Refresh network services and equipment.

50. Review, approve and install Java Updates and application server Updates across all application Web Servers.
51. Check log shipping status on database servers.
52. Review, approve and install Cisco ASA updates
53. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.
54. Review, approve and install other software updates across all Servers.
55. Configure and maintain automated server monitoring uptime and downtime alerts.
56. Configure and maintain secure administrative controls.
57. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
58. Configure and maintain network firewall.
59. Monitoring system performance and resource usage on all servers and performing updates accordingly.
60. Check, monitor, and ensure that all of our TLS certifications are valid, up to date, and are encrypted to the highest standard accepted by HIPAA.

More information on monitoring and scanning is provided in **Security Monitoring, Scanning and Logging**, below.

Maintenance of the e2LosAngeles software also includes annual updates and revisions to keep the e2LosAngeles RSR Module compliant with HRSA's data dictionary, XML schema and Validations. These updates, which in some years are very extensive, are included in the SaaS license fee, and are performed by RDE at no additional cost to Los Angeles County. The review and approval of updates is an exacting process which requires the evaluation all updates issued, in order to ensure no incompatibilities or other system issues (such as slowness) will be introduced. After a thorough initial review, updates are installed on the staging environment, which mirrors the production environment, and are carefully tested, before being finally installed on the live e2LosAngeles site.

The tasks described above are performed through the joint efforts of a multidisciplinary, cross-functional team, which includes the RDE IT Team and RDE's e2LosAngeles Software Development Team, as coordinated by the Project Manager for e2LosAngeles and supervised by RDE's Project Director. Behind the scenes, this team performs tasks on a continual basis, which are necessary to keep the e2LosAngeles sites finely tuned and functioning optimally. Every update and system change are subjected to the same rigorous quality assurance process, performed by RDE's team of IT specialists, software developers and security experts, all of whom speak the language of HIV and are well-versed in the HIV data collection, reporting and analysis needs of Federal Ryan White recipients.

29. **Security Monitoring, Scanning and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application. System monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system

usage, and detect and report suspicious activity. A high-level list of System monitoring activities includes the following:

19. Host HTTP/HTTPS web checks: monitors reachability of the website.
20. User IP address monitoring: logs IP addresses for each user visit to e2LosAngeles.
21. System Services: Checks to ensure critical services such as IIS, ColdFusion, SQL Agents, etc. are running.
22. CloudWatch Remote Login Monitoring: logs users who access the servers, reports suspicious activity.
23. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
24. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

30. **Performance Monitoring and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application performance. System performance monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage. A high-level list of System performance monitoring and logging activities includes the following:
    a. Monthly Web Performance: monitors individual webpages for (MaxTime, MinTime, AVG, TotalRequests, etc.)
    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

31. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

32. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

e2LosAngeles Scope of Work

Integrated Prevention Data System

Phase 5 – e2Prevention v1

Contents

88. Project Planning and Technical Specifications

a. RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA_g2341]

b. RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.

i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.

c. RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA_g2343]

d. RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the "RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

89. Project-Start Demo Site set-up [LA_g2340]

a. RDE launches a Demo site by cloning a "blank-slate" copy of a Reference Model that is chosen by RDE based on best-fit with the project components.

b. RDE grants Super-Admin access to the Demo Site for LA County to create accounts for County staff, as needed, based on Project needs for finalization of specifications.

i. The Reference Model Demo site is for limited use by LA County Staff and only fake/randomized data can be used.

c. The list of Expected Reference Model modules will vary if another "best-fit" Reference Model is chosen in agreement between the LA-County and RDE Project Teams.

d. Relevant Modules based on current Reference Model (e2CTPrevention):

90. System Administration

a. Prevention Provider Management [LA-118]

i. Ability for Los Angeles County to track Prevention Providers in a shared interface but independently from Ryan White Providers

b. Prevention User Management [LA-121]

i. Ability for County Super-Administrators to search/add/edit/void system user accounts.

ii. Ability for Super-Administrators to add/edit user accounts' roles and permissions.

iii. Ability for Super-Administrators to grant/deny LKM Permissions (permission to view sensitive (level 1) data) for system users.
    1. Automated emails will be sent based on user LKM unlock requests
iv. Ability for Users to reset their own passwords. The password reset will remove users' permission to view sensitive (level 1) data as a security measure.
    1. Match County Requirements for Passwords, time-outs, password expiration.
v. Ability for Super-Administrators to "Login As" different users to track user perspectives
vi. Ability for a User with access to both the Ryan White and Prevention to use a single log-in and choose which environment (Prevention Vs. Ryan White) to use when accessing e2LosAngeles. [LA-119]
vii. Ability for LA-County to choose if a user's password must be authenticated through the "Single Sign-on" LA-County Portal when that user starts a new session in e2LosAngeles. [LA-120]
    1. Technical Details on Network Architecture and Security Analysis will be performed as part of project planning and technical specifications phases. (VPN architecture TBD.)

c. Prevention User Roles & Permissions [LA-8]
i. Ability for System Administrators to assign/change specific role for each User
ii. Permissions must be role-based with granular roles and permissions defined for each level of user access. Permissions for each role will be determined during technical specifications phase.
iii. User Roles and Permissions for Prevention Users
iv. Prevention and Ryan White Permissions are defined and maintained separately from each other depending on the Environment of the user (RW or Prevention).

d. Prevention Advanced Encryption Model LKMv2.2 Data [LA-122]
i. Encryption for protecting sensitive client records (level 1 data) using e2's Advanced Encryption Model LKMv2.2.
ii. All Prevention level 1 data (list of level 1 fields will be determined during technical specifications phase) will be encrypted using LKMv2.2. Please see the attached document to view the "Local Key Module Version 2.2."
iii. A L1 Passphrase will be generated and secured by Los Angeles County Super-Administrators
    1. The L1 passphrase will allow user accounts to unlock their LKM outside of the typical LKM unlock process, specified in User Management
    2. RDE will assist Los Angeles County in LKM setup, including instructions on how to generate the L1 Passphrase and sharing best practices to secure the L1 Passphrase
iv. Prevention and Ryan White Environments will share the same L1 Passphrase
    1. List of Prevention L1 fields will be defined during technical specifications

e. Prevention Contract Management Module [LA-125]

i. Ability for Los Angeles County to add/edit/delete/terminate Contracts for sub-recipients for funded services and sub-services.
ii. Ability to view and manage Prevention Contracts separately from Ryan White Contracts.
iii. Ability to track and search the following Prevention Subservices:
    1. HIV Testing Subservices
    2. HIV Testing Partner Services Subservices
    3. PrEP Navigation Subservices
    4. Behavioral Program Subservices
iv. Prevention Funding Sources
    1. PrEP Center of Excellence
    2. Behavioral Services
v. Additional Prevention Funding Sources [LA-52]
    1. CDC 18-1802 HIV Testing Partner Services
    2. CDC EHE
vi. Prevention Contracts will be used by LA-County to grant Program-access for an agency to enter client-level data associated with the contract's Prevention Subservices. [LA-123]
vii. Ability for by LA-County to track HIV Testing Quarterly Goals for each Agency Contract. [LA-124]

f. System Announcements [LA-126]
iii. Ability for Los Angeles County to manage and create system announcements that will be displayed for a specified group of users the next time they log-in.
iv. New announcements may be marked as important and will require users to acknowledge them when logging-in.
v. Ability to manage and target announcements separately between Ryan White and Prevention

91. Prevention Client Data Sharing Rules and Permissions

a. Ryan White and Prevention Clients will be accessed and managed separately from each other. Access to a RW Clients will first require the user to access the e2LosAngeles RW Environment as described in User Management above.
b. Ability to limit Prevention client data sharing based on Prevention-Specific Rules for prevention agencies and Prevention programs. [LA-128]
c. Data sharing will vary based on prevention fields and between Prevention Programs.
d. Prevention Client consent will be required for each Agency.
e. Prevention Client Consent Upload for Data Sharing. [LA-129]
f. Prevention Search screen restrictions on access to Prevention Client search results may be added during development of detailed Prevention specs. [LA-130]
g. Prevention-Specific Client consent electronic signature as presented and described in e2Genie Client Consent Electronic Signature module functionality overview [LA-131]

92. Prevention Client Deduplication and Merging [LA-127]

- **a.** A robust de-duplication algorithm allows the system to identify potential duplicate clients across all programs. The same algorithm checks for duplicates during client intake.
- **b.** The algorithm displays a similarity score, so the user can see what percentage of identifying data in the two records is the same.
- **c.** Administrators will have the ability to merge the potential duplicates, or keep them separate if they are in fact two different individuals.
- **d.** Prevention and Ryan White Clients are deduplicated separately and cannot be merged across.
- **e.** Prevention-specific Deduplication Algorithm based on fields and identifiers collected during a Prevention Client-Intake.

93. Integrated Prevention Client-Level Data

- **a.** Prevention Data Collection and Data Dictionary will be defined separately from each other, with independent field definitions and requirements
- **b.** Ability to search/add/edit Prevention Client Specific Intake Information [LA-132]
- **c.** Ability to search/add/edit Prevention Client Specific Demographics Information [LA-133]
- **d.** Ability to add/edit Client Housing, income, and insurance information [LA-134]
- **e.** Ability to add/edit Client HIV and Risk Factors Information [LA-135]
- **f.** Ability to add/edit Prevention Client Progress Notes [LA-136]

94. e2Prevention PrEP Client-Level Data

- **a.** Ability to track PrEP Enrollment Information [LA-137]
- **b.** Ability to add/edit/delete additional Client PrEP Risk Assessment and Eligibility screening [LA-138]
    - i. Screenings for substantial risk for HIV infection data entry
    - ii. HIV Status (PrEP Eligibility)
    - iii. Recent exposure to HIV
    - iv. Patient Interest in PrEP
- **c.** Ability to add/edit/delete additional Client Acuity Assessment (PrEP) [LA-139]
    - i. Date Completed
    - ii. Scores for indicators (TBD)
    - iii. Notes
    - iv. Auto calculate Acuity Score and level
- **d.** Ability to add/edit/delete Medication Assistance Program eligibility (PrEP) [LA-140]
    - i. Name of Medication Assistance Program
    - ii. Eligibility Status
    - iii. Application/Referral Start Date
    - iv. Process Notes
    - v. Approval Start Date
    - vi. Expiration Date
- **e.** Ability to add/edit/delete PrEP Program withdrawal. [LA-141]
    - i. Date of withdrawal
    - ii. Reason (by clinician /self)
- **f.** Ability to add/edit/delete Encounter Record (services) [LA-142]
    - i. Encounter Date and Type

ii. Navigation Staff
iii. Minutes Spent
iv. Encounter Goal Selection
v. Encounter Outcome Selection
vi. Date, Purpose, and Outcome of Previous Visit
vii. Date, and Purpose of next visit
viii. Ability to add/edit/delete Client Barriers
    1. Type of Barrier
    2. Action 1 & 2
    3. Current Status
    4. Notes
    5. New Barrier?
    6. Date barrier was first identified.
ix. Ability to add/edit PrEP use motivations/facilitators Form
    1. Behavioral Factors Multi-Selection
    2. Partner Factors Multi-Selection
    3. Psychologic Factors Multi-Selection
    4. Other Factors/Notes
x. Ability to add/edit Client reason against PrEP
    1. Behavioral Factors Multi-Selection
    2. Partner Factors Multi-Selection
    3. Psychological Factors Multi-Selection
    4. Other Factors/Notes

95. e2Prevention Effective Behavioral Intervention (EBI) Client Data Entry [LA-143]

a. Ability to add/edit/delete Individual Client Level Intervention Records
    i. Ability to enroll a client into various EBI programs
    ii. Ability to add/edit/delete intervention (service) for a client
        1. Ability to add/edit/delete referrals and activities for each enrollment within each entry
        2. Ability to add/edit/delete Notes for each entry
        3. Ability to track medical screenings and results (self-reported) information.
    iii. Specific data fields/options to be determined during technical specifications phase.

96. e2Prevention Community-Level Interventions Data Entry [LA-144]

a. Ability to add/edit/delete Community Level Intervention Records with aggregate-level data on number of events, and population reached by community Interventions during the month.
b. Specific aggregate data fields and priority categories to be determined during technical specifications phase.

97. Community-Level HIV Testing Services Data-Entry [LA-145]

a. Ability for users to add/edit/delete HIV Testing Records
    i. Support for CDC 18-1802 HIV Testing data fields

ii. Support for upcoming CDC Grant's HIV Testing data fields defined by CDC DVS standards.
iii. Support for LA-County Identifiers Data Fields
iv. Form ID auto-generated during data-entry, expected 19 in length and Unique.

b. e2LosAngeles will be designed to allow users to perform a partial-submission and return at a later point to continue Data-Entry of an existing HIV Testing Record
i. The data-entry screen will display a summary table to users listing all partially submitted HIV testing Records.

98. Export from e2LosAngeles to XML for EvaluationWeb [LA-147]

a. Export of HIV Testing in XML format for latest EvaluationWeb file format at time of implementation.

99. Prevention Imports

a. Ability for Prevention Agency users to import HIV Testing data for **Positive** HIV Testing Results in a format defined during technical specifications (Expected Flat file, pipe-delimited) [LA_150]

b. Ability for Prevention Agency users to import HIV Testing data for **Negative** HIV Testing Results in a format defined during technical specifications (Expected Flat file, pipe-delimited) [LA_151]

100. System Data Admin

a. Ability for County super-admins to add/edit/delete system options and import mappings for:
i. RW and Prevention Founding Sources [LA-155]
ii. Prevention Agency Locations [LA-152]
iii. Prevention Behavioral Program Services and Referral Types [LA-153]
iv. Prevention PrEP Referral Locations/Categories [LA-154]

101. Prevention Client Document Tracker/Uploader [LA-156]

a. Ability for users to track and upload Prevention Client Documents for:
i. PrEP navigation
ii. Effective Behavioral Interventions

b. Users can select Prevention-Specific document type and sub-type (e.g. SSN Proof, Driving license etc.) from an available list (list TBD during technical specifications phase).

c. Users can enter an "effective signage date" for each document.

d. Users can view history of uploaded prevention documents based on prevention data sharing rules.

102. PrEP Center of Excellence Performance Measures Quarterly Report [LA-157]

a. Produce a table-format of PrEP Clients Activities Record entries
i. Expected 4 Measures TBD

b. Ability to filter the report for one or multiple Prevention agencies and locations

c. The report will calculate each Performance Measure "Goal" based on a percentage value that is the same across all agencies based on Pay for Performance Guidelines.

103. HIV Testing Report [LA-158]

a. Produce a table-format aggregate report for Volume of Tests Performed HIV Testing Records entries
    i. Standard Measures
b. Ability to filter the report for one or multiple Prevention agencies and locations
c. Ability to filter the report for one or multiple Prevention Contracts and/or funding Sources
d. The report will display the total Contract Quarterly Goals based on the date and Contract/Funding Source filters selected

104. Aggregate Client Behavioral Interventions Report [LA_g2286]

105. Prevention Centralized Cross-Program Referrals Management Dashboard [LA-159]

a. This module provides users with a client-wide and agency-wide summary of all pending/completed Referral Records collected through the following program-specific data-entry screens:
    i. PrEP Navigation
    ii. Effective Behavioral Intervention
    iii. HIV Testing
    iv. HIV Partner Services
b. Ability for each sub-recipient to view a specific prevention clients incoming and outgoing referrals and to click on a link to directly access the relevant Program data screen.
c. Ability for each sub-recipient to review all incoming and outgoing Prevention client referrals from the main screen.

106. Centralized Prevention Referrals Report [LA-160]

a. Ability to view aggregate count of Prevention referrals by completion status across:
    i. PrEP Navigation
    ii. Effective Behavioral Intervention
    iii. HIV Testing
    iv. HIV Partner Services
b. Ability to filter by date range, and Prevention Program.
c. Ability for Los Angeles County to filter by Prevention Provider Agency and Location.

107. Prevention e2 Visual Analytics Report Prevention [LA-161]

a. Perform dynamic charting of client-level data across e2LosAngeles Prevention Clients
b. Display real time graphical demographics reports of client data across Prevention programs.
c. Ability to use multiple Prevention filters.
d. Ability to save custom reports.
e. Ability to export data in PDF and Excel.
f. Ability to drill down to list of Prevention clients.

g. Provider level reporting and Administrative system-wide Prevention reporting capability

108. Prevention Data Quality Report [LA-162]

a. Ability to report clients with duplicate services or screenings
b. Ability to report clients with missing required fields
c. Ability to report clients with duplicate Prevention Visit or Screening Records
d. Ability to report clients with services provided by the wrong staff

109. Prevention Real-Time Data Extract [LA-163]

a. Available in the "Reports" Section of the site.
b. File format: Microsoft Access File. The data extracted will be saved in tables.
c. Data type in tables within the file: Text, numeric. Numeric codes have a master table "tlk_Master" in the extract that has the definitions.
d. Data Extract will be available for System Administrators and other users depending on roles and permissions.
e. Data Extract Filters:
    i. **Providers**: List of providers. Additional "All Providers" options for System Administrators.
    ii. **Report Date Range/Date filters:** Users can pick a date range. Difference between start and end date of the date filters must be less than or equal to 12 months. If the system finds data entered by any user of the selected sub-recipient (s) between the reporting dates, then only those clients' records, their demographics, HIV, H&I, clinical, referrals, services, will be in the Data Extract.
f. Specific behavior and data that will be included in the extract:
    i. **Services**- service record with service date, entered by any user of the selected sub-recipient(s), that falls within the date range selected then those service records will be included in the extract.
    ii. **Screening and Visits**- if Screenings and/or Visit records with result dates, entered by any user of that sub-recipient (s), fall within the date range selected then that record will be included in the extract.
    iii. **Referrals**- if referrals with referral date entered by any user of the selected sub-recipient(s), falls within the date range then that record will be included in the extract.
    iv. Latest (even if the data was entered after the end date of the report date range) HIV status, Risk Factors, Demographics, Housing, Income and Insurance for clients will be included in the extract.
g. "Include Level 1" filter- By default the Data Extract will only include Level 2 data (Level 2 data = data not encrypted by LKM). If user wishes to include Level 1 data (data encrypted by LKM) he can pick "Yes" option from this filter. This filter will be available only to users who have LKM permissions.
h. Security
    i. e2LosAngeles will be set/programmed by default to prompt the user to select a "download option" instead of immediately saving it in the "downloads folder" but this behavior is completely dependent on the browser. Instructions on how

to configure browsers to control 'download' options will be added to the site for users but it's the user's responsibility to save files securely on their machines

i. File will be deleted from e2 server once user completes the download.

110. Prevention Client-Level Summary Screen [LA-164]

a. Ability for users to download/print to PDF

b. Display of a Prevention Client's Latest:

i. PrEP Data:

1. PrEP Enrollment Status
2. PrEP Risk Screening
3. PrEP Encounter
4. PrEP Medication Assistance Eligibility by Program
5. PrEP Client Acuity Assessment

ii. Behavioral Programs

1. EBI Enrollment Status by Program
2. EBI Recent Activities
3. EBI Recent Referrals

111. Uni-directional PrEP Online Form Submission Page [LA-165]

a. The PrEP Online Submission page is mobile-friendly (IOS, Windows, and Android Devices) and includes useful tips and resources to assist clients in using cell phones and other mobile devices to complete the application process and securely upload documents.

i. Applicants can submit their information electronically and submit documents directly through the web form.

1. LKM Encryption for Online PrEP Application Data and Document Upload
2. Ability for clients to submit risk assessment information along with their intake and demographics data as part of online form.
3. Ability for clients to submit their required documents through the online form. Document types and number of documents per application to be determined during specifications development.
4. Ability for Clients to Electronically sign consent form, for the Online PrEP Application Process, as part of the submission.

ii. Once submitted, clients cannot come back to review or complete their application or documents previously entered. Clients cannot view messages from e2LosAngeles users or view their application status once it's been submitted.

iii. Public-Facing Screen design will follow LA County guidelines (Logo, Branding and Color-scheme to be provided by LA County)

b. Administrative Submitted Web Form Review Screen

i. A screen for staff to review all submitted web forms' data.

1. Data from the web forms will automatically create new records in the table with the appropriate data once submitted by a public user.
2. Staff can make edits to the submitted form to correct obvious errors or changes based on outreach to the client by phone or email.
3. Web Form Review screen will allow staff to sort and search for applications by status.

ii. When the client has submitted his/her information, the recipient staff can view the information and documentation in eCOMPAS.
    1. Deduplication and updates to Prevention client records will be performed manually by Staff.

112. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

113. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards
b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.
c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.
d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2346]

114. Pre- and Post-Launch Subrecipient Surveys

a. Online surveys will be presented to Ryan White funded subrecipients to elicit feedback on subrecipient data management needs and use of the system. [LA_g2342] [LA_g2344]

115. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server
b. Configuration of e2LosAngeles PRODUCTION Database
c. Configuration of e2LosAngeles PRODUCTION Application Server
d. Smoke Test of System-Critical Components
e. Pre-Launch User Training [LA_g2345]
f. Application Security Scan is a necessary component of Launch. [LA_g2346]

D. <u>Summary of Services Included in the Software as a Service (SaaS) License Fee.</u>

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis. The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

33. <u>List of services provided</u>

XXIX. Licensing
XXX. Hosting
XXXI. Maintenance
XXXII. Security monitoring, scanning and logging

XXXIII. Performance monitoring and logging
XXXIV. Application exception reporting
XXXV. Stability monitoring

34. **Licensing**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

35. **Hosting**. e2LosAngeles is hosted on Amazon Web Services GovCloud, a FedRAMP-certified hosting service provider. The cost of FedRAMP-certified AWS GovCloud hosting for this instance is included in the SaaS license fee for e2LosAngeles. Additional information about AWS GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

36. **Maintenance**. RDE is responsible for the maintenance and support of the AWS GovCloud servers used for e2LosAngeles, as well as maintenance of the e2LosAngeles data base and e2LosAngeles software. The cost of all maintenance is included in the SaaS license fee for e2LosAngeles, regardless of the time spent or number of activities performed. Maintenance and support performed by RDE includes the following tasks:

    61. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    62. Monitor and maintain Database Backups.
    63. Review, approve and install WSUS (Windows operating system) Updates
    64. Reboot / Refresh network services and equipment.
    65. Review, approve and install Java Updates and application server Updates across all application Web Servers.
    66. Check log shipping status on database servers.
    67. Review, approve and install Cisco ASA updates
    68. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.
    69. Review, approve and install other software updates across all Servers.
    70. Configure and maintain automated server monitoring uptime and downtime alerts.
    71. Configure and maintain secure administrative controls.
    72. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
    73. Configure and maintain network firewall.
    74. Monitoring system performance and resource usage on all servers and performing updates accordingly.
    75. Check, monitor, and ensure that all of our TLS certifications are valid, up to date, and are encrypted to the highest standard accepted by HIPAA.

More information on monitoring and scanning is provided in **Security Monitoring, Scanning and Logging**, below.

Maintenance of the e2LosAngeles software also includes annual updates and revisions to keep the e2LosAngeles RSR Module compliant with HRSA's data dictionary, XML schema and Validations. These updates, which in some years are very extensive, are included in the SaaS license fee, and are performed by RDE at no additional cost to Los Angeles County. The review and approval of updates is an exacting process which requires the evaluation all updates issued, in order to ensure no incompatibilities or other system issues (such as slowness) will be introduced. After a thorough initial review, updates are installed on the staging environment, which mirrors the production environment, and are carefully tested, before being finally installed on the live e2LosAngeles site.

The tasks described above are performed through the joint efforts of a multidisciplinary, cross-functional team, which includes the RDE IT Team and RDE's e2LosAngeles Software Development Team, as coordinated by the Project Manager for e2LosAngeles and supervised by RDE's Project Director. Behind the scenes, this team performs tasks on a continual basis, which are necessary to keep the e2LosAngeles sites finely tuned and functioning optimally. Every update and system change are subjected to the same rigorous quality assurance process, performed by RDE's team of IT specialists, software developers and security experts, all of whom speak the language of HIV and are well-versed in the HIV data collection, reporting and analysis needs of Federal Ryan White recipients.

37. **Security Monitoring, Scanning and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application. System monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage, and detect and report suspicious activity. A high-level list of System monitoring activities includes the following:
    25. Host HTTP/HTTPS web checks: monitors reachability of the website.
    26. User IP address monitoring: logs IP addresses for each user visit to e2LosAngeles.
    27. System Services: Checks to ensure critical services such as IIS, ColdFusion, SQL Agents, etc. are running.
    28. CloudWatch Remote Login Monitoring: logs users who access the servers, reports suspicious activity.
    29. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
    30. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

38. **Performance Monitoring and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application performance. System performance monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage. A high-level list of System performance monitoring and logging activities includes the following:
    a. Monthly Web Performance: monitors individual webpages for (MaxTime, MinTime, AVG, TotalRequests, etc.)
    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

39. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

40. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

e2LosAngeles Scope of Work

e2Community Client-Survey Data System

Phase 6 – e2Community v1

Contents

116. Project Planning and Technical Specifications

- **a.** RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA_g2348]
- **b.** RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.
    - i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.
- **c.** RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA_g2350]
- **d.** RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the "RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

117. Project-Start Demo Site set-up [LA_g2347]

- **a.** RDE launches a Demo site by cloning a "blank-slate" copy of a Reference Model that is chosen by RDE based on best-fit with the project components.
- **b.** RDE grants Super-Admin access to the Demo Site for LA County to create accounts for County staff, as needed, based on Project needs for finalization of specifications.
    - i. The Reference Model Demo site is for limited use by LA County Staff and only fake/randomized data can be used.
- **c.** The list of Expected Reference Model modules will vary if another "best-fit" Reference Model is chosen in agreement between the LA-County and RDE Project Teams.
- **d.** Relevant Modules based on current Reference Model (e2SanAntonio):

118. Consumer Needs Assessment and e2Community Platform [LA-65]

a. Develop and maintain web-based system (with mobile-friendly option) for client needs assessment/survey.

b. Provide and maintain multiple user accounts and one or more System Administrator accounts with the following permissions:
    i. Text editing within and audio recording of existing survey questions and answers.
    ii. Raw data export in Excel.
    iii. Visual Analytics Reporting Module.
    iv. Incentive Management & Distribution Module. [LA_g2294]
c. Develop, distribute, and track respondent codes for incentive disbursement.
d. Ability for system to generate QR codes to associate a survey with a Provider
e. Develop and enforce skip logic and field validations as specified by Los Angeles County.
f. Allow for video introduction playback at the start of the survey.
g. Computer-generated audio files for texts.
h. Allow the real-time querying of collected data in graphical format:
    i. Number of surveys completed
    ii. Time for clients to complete survey
    iii. Correlation and regression analyses
i. Linkage of survey data to e2LosAngeles client records.
j. Ability to distribute survey to Clients by phone text message and/or Email Address [LA_g2291]

119. Client Satisfaction Survey using e2Community Platform [LA-87]

a. Launch of web-based Client Satisfaction survey using the e2Commuity Platform.

b. Ability to link e2 client records with a Satisfaction Survey and its responses.

120. Client Satisfaction Survey – Electronic Incentives [LA-91]

a. e2Community Electronic Incentives management and distribution Module.

121. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

122. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards

b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.

c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.

d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2353]

123. Pre- and Post-Launch Subrecipient Surveys

a. Online surveys will be presented to Ryan White funded subrecipients to elicit feedback on subrecipient data management needs and use of the system. [LA_g2349] [LA_g2351]

124. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server

b. Configuration of e2LosAngeles PRODUCTION Database

c. Configuration of e2LosAngeles PRODUCTION Application Server

d. Smoke Test of System-Critical Components

e. Pre-Launch User Training [LA_g2352]

f. Application Security Scan is a necessary component of Launch. [LA_g2353]

E. Summary of Services Included in the Software as a Service (SaaS) License Fee.

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis. The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

41. List of services provided

XXXVI. Licensing
XXXVII. Hosting
XXXVIII. Maintenance
XXXIX. Security monitoring, scanning and logging
XL. Performance monitoring and logging
XLI. Application exception reporting
XLII. Stability monitoring

42. **Licensing**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

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GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

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    76. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    77. Monitor and maintain Database Backups.
    78. Review, approve and install WSUS (Windows operating system) Updates
    79. Reboot / Refresh network services and equipment.
    80. Review, approve and install Java Updates and application server Updates across all application Web Servers.
    81. Check log shipping status on database servers.
    82. Review, approve and install Cisco ASA updates
    83. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.
    84. Review, approve and install other software updates across all Servers.
    85. Configure and maintain automated server monitoring uptime and downtime alerts.
    86. Configure and maintain secure administrative controls.
    87. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
    88. Configure and maintain network firewall.
    89. Monitoring system performance and resource usage on all servers and performing updates accordingly.
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45. **Security Monitoring, Scanning and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application. System monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage, and detect and report suspicious activity. A high-level list of System monitoring activities includes the following:
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    33. System Services: Checks to ensure critical services such as IIS, ColdFusion, SQL Agents, etc. are running.
    34. CloudWatch Remote Login Monitoring: logs users who access the servers, reports suspicious activity.
    35. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
    36. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

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    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

47. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

48. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

PART II

COUNTY SYSTEM REQUIREMENTS

Attachment A-1: County System Requirements

Client Consent and Data Sharing Requirements

The system is required to allow sharing of client personal identifying information such as first name, last name, date of birth, for the purposes of client search by users of agencies contracted with DPH regardless of service category. For Ambulatory Outpatient Medical (AOM) services, the system is required to allow for sharing of all client information including medical services and laboratory results across all agencies contracted with DPH for AOM services (Task 4: Data Sharing Rules and Permissions Specifications).

The system is required to track client consent to receive any services. Users must be able to check client eligibility and register clients in the system but no services can be entered for clients without client consent being completed. (Task 4: Data Sharing Rules and Permissions Specifications).

Client Consent

I, _____, *(print full name)* wish to register with Ryan White Program in order to receive services funded by the Ryan White Program or the Department of Public Health (DPH), Division of HIV and STD Programs (DHSP). During registration, I will be asked to provide information about myself, including my name, race, gender, birth date, income and other demographic data. Depending upon the agency or program I am registering with, I may also be asked questions about my CD4 cell count, viral load, use of HIV medications, risk behaviors, my general physical and medical condition and medical history.

In addition to providing information, I will provide an original letter of diagnosis signed and dated by my doctor, or have a blood test that shows that I am HIV positive. By signing this form, I verify that I reside in Los Angeles County.

I understand that certain services may be available to HIV-negative partners, family members, or other caregivers affected by HIV, and registration and service information for these clients will not be shared between agencies regardless of my own share status. I understand that my name and information will not be shared outside the Ryan White Program unless I provide my specific, informed consent for such a disclosure. A list of Ryan White Program agencies is available upon request.

Additionally, as a condition of receiving Ryan White Program services, I agree that my information will be made available to my local health department, to fiscal agents that fund services I receive, to DPH/DHSP, and to the State of California Department of Public Health (CDPH), Office of AIDS for mandated care and treatment reporting, program monitoring, statistical analysis and research activities. This information includes the minimum necessary, but is not limited to gender, ethnicity, birth date, zip code, diagnosis status, and service data. No identifying information, such as name and social security number, will be released, published, or used against me without my consent, except as allowed by law.

By checking the "I AGREE and UNDERSTAND" box below, I understand that my relevant health, including HIV status, and income information will be shared with my local health department, fiscal agents that fund services I receive, the Department of Public Health, Division of HIV and STD Programs, and the State of California Department of Public Health (CDPH) when I request enrollment in care or access to services at a Ryan White Program agency. Only authorized personnel at each agency will have access to my information on a need-to-know basis. The information shared may include information about services received or my treatment at a particular agency. Mental health, legal and/or substance abuse services will only be shared as allowed by law. In most cases, I will not need to re-register or provide a letter of HIV diagnosis when I require services from an agency providing services funded by the Ryan White Program or the DPH/Division of HIV and STD Programs.

☐ **AGREE AND UNDERSTAND**

My registration in Ryan White Program does not guarantee services from any agency. Waiting lists or eligibility requirements may exclude me from services at other Ryan White Program agencies.

By signing this form I acknowledge that I have been offered a copy of this consent form, and have discussed it with the staff person indicated below. I understand that this form will be stored in my paper file and that this consent form remains in effect for three (3) years from the date I sign this form.

Eligibility Criteria by Service Category

Clients must meet the following eligibility criteria to receive Ryan White Program services in the system:

Criterion	**Documentation Requirement**
HIV-positive diagnosis	Diagnosis confirmation at initial registration
Resident of Los Angeles County	Annual proof of residency
Household income <=500% FPL*	Annual income verification
Client consent	Annual confirmation of consent

*200% FPL for Nutrition and Transportation service categories

The only eligibility criteria for STI and Hepatitis screening is confirmation of client consent (Task 4: Client Eligibility Criteria by Service Category).

Service Categories

The system should provide for data collection, contract management, fee-for-service billing and reporting for the following service categories (Task 4: Client Services):

- AIDS Drug Assistance Program (ADAP) Enrollment
- Ambulatory Outpatient Medical (AOM)
- Benefits Specialty Services
- Child Care Services
- Emergency Financial Assistance (EFA)
- Early Intervention Program Services
- Home-Based Case Management Services
- Hospice Services
- Housing, Temporary Services
- Housing, Permanent Supportive
- Language Interpretation Services
- Legal Services
- Medical Care Coordination
- Medical Nutrition Therapy
- Mental Health Services
- Non-Medical Case Management
- Nutrition Support Services
- Oral Health Care Services
- Outreach Services
- Permanency Planning Services
- Psychosocial Support Services
- Referral Services
- Skilled Nursing Facilities
- Substance Use Residential and Treatment Services
- Transportation Services
- Treatment Education Services
- Transitional Case Management Services, Youth
- Transitional Case Management Services, Justice-Involved Individuals

Rapid Ambulatory Outpatient Medical (AOM) Services

Contractors have a 45-day grace period to enter AOM services and receive payment in the System without client eligibility criteria being completed. Contractors will assist clients with insurance needs including eligibility determination to continue to receive services under the Ryan White Program. Payments to contractors during the 45-day grace period are expected to be reduced from subsequent invoices in the case that the client met eligibility criteria for other insurance AND contractors were reimbursed for those services which were paid under the Ryan White Program during the grace period (Task X: Rapid Ambulatory Outpatient Medical (AOM) Eligibility Criteria).

Person Record Search Specifications

The system should provide a robust person record search using a minimum of the following criteria (Task 4: Client Search Specifications):

- First name
- Middle name/initial
- Last name
- Date of birth
- Social Security Number, including only last 4 digits

- System person record ID/client ID
- Medical record number
- Phone numbers (including home and mobile)
- Client address

Client Deduplication and Merging

The system should prevent duplicate person and services records from being created inadvertently by users. The system should review user input on new person record creation and return a warning regarding potential duplicates using fields indicated for person record search criteria. The system should also review user input on new service record creation and return a warning of potential duplicates using service date and service category data fields.

In addition to active deduplication, the system should provide automated reports on potential person and service record duplicates as well as provide quality assurance tools for merging duplicate records (Task 2.4: Client Deduplication and Merging Specifications).

Data Collection Requirements (Ryan White Program)

The System is required to collect the following data elements for the Ryan White Program (Task 2.4 Requirements: Ryan White Program Client Data Dictionary)

1. Client Insurance Eligibility, Registration, Demographics

Field#	Field Name	Field Description	Field Type	Max Length	Values
1	CIS#	CIS#	ALPHA	9	
2	HRSAURN	RDR URN	ALPHA	9	
3	HIV-EPI	HIV EPI Soundex	ALPHA	4	
4	REGAT	Registered At	ALPHA	45	
5	EligAt	Eligiblity Site	ALPHA	45	
6	F7	Gender	DICT	45	(1)=Male; (2)=Female; (3)=Unknown; (6)=Other; (7)=Transgender:M to F; (8)=Intersex; (9)=Transgender:F to M; (11)=No Sexual Partners; (12)=Gender Variant; (14)=Gender Non-Binary, Gender Non-Conforming; (15)=Another gender category/another identity; (16)=Prefer not to state; (17)=Non-binary or X; (18)=Transgender Male/Trans Man; (19)=Transgender Female/Trans Woman;
7	F8	DOB	DATE	11	
8	F23466	Race	DICT	45	(1)=White; (2)=Black or African American; (3)=Asian; (4)=Native American / Alaskan Native; (6)=Unknown; (8)=Native Hawaiian /

					Pacific Islander; (9)=Hispanic; (10)=Refused;
9	F96884	Latino/a [Y/N/U]	YNR NAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
10	F43	Ethnicity	DICT	45	(1)=White (Non-Hispanic); (2)=African American/Black (Non-Hispanic); (4)=Asian/Pacific Islander; (5)=Native American; (6)=Filipino; (7)=Other Non-White; (8)=Other; (9)=Unknown; (11)=African Black; (12)=Haitian; (13)=Cuban; (14)=Puerto Rican; (15)=Other Hispanic; (16)=Declined to Answer; (17)=Armenian; (18)=Brazilian; (19)=Arabic; (21)=Mexican / Mexican American; (22)=Central American; (23)=South American; (24)=Spanish; (25)=East Indian; (26)=Pakistani; (27)=Southeast Asian; (28)=Pacific Islander; (29)=Caribbean (not Puerto Rican or Cuban); (30)=Middle Eastern; (31)=Dominican; (32)=Canadian; (33)=American; (34)=Other/European; (37)=Cambodian; (38)=Taiwanese; (39)=Japanese; (40)=Korean; (41)=Vietnamese; (42)=Thai; (43)=Burmese; (44)=Other Asian; (45)=Guamanian; (46)=Hawaiian; (47)=Samoan; (48)=Other Pacific Islander; (51)=Asian Indian; (52)=Laotian; (54)=Indonesian; (55)=Hmong; (56)=Bangladeshi; (57)=Sri Lankan; (58)=Malayan; (59)=Okianowan; (60)=Singaporean; (61)=Tongan; (62)=Tahitian; (63)=N Mariana; (64)=Palauan; (65)=Fijian; (66)=Micronesian; (67)=Asian; (68)=Portugese; (69)=Cape Verdean; (70)=Russian;
11	F70	Language	DICT	45	(1)=Chinese; (2)=English; (3)=French; (4)=German; (5)=Hebrew; (6)=Japanese; (7)=Spanish; (8)=Tagalog; (9)=Other; (10)=Asl; (11)=Not Applicable; (14)=Arabic; (15)=Haitian/Creole; (16)=Cape Verdian; (17)=Portuguese; (18)=Korean; (19)=Vietnamese; (20)=Cantonese; (21)=Mandarin; (22)=Cambodian; (23)=American Indian; (28)=Italian; (29)=Slavic; (30)=Turkish; (32)=Lebanese; (33)=Other Sign Language; (34)=Hmong, Lao; (35)=Hungarian; (36)=Armenian; (37)=Welsh; (38)=Afrikaans; (39)=Russian;

					(41)=Farsi; (42)=Hindi; (43)=Dutch; (44)=Filipino; (45)=Thai; (46)=Yiddish; (47)=Greek; (48)=Polish; (49)=Samoan; (50)=Laotian; (51)=Swahili; (52)=Urdu; (53)=Czech; (54)=Indonesian; (55)=Malay; (56)=Tongan; (57)=Nigerian; (58)=Albanian; (59)=Assam; (60)=Assyrian; (61)=Bihari; (62)=Breton; (63)=Bulgarian; (64)=Burmese; (65)=Hawaiian; (66)=None; (67)=White-Russian; (68)=Walloon; (69)=Ukranian; (70)=Tshiluba; (71)=Swedish; (72)=Slovenian; (73)=Slovak; (74)=Sinhelese (Ceylon); (75)=Sindi; (76)=Serbo-Croatian (Yugo); (77)=Rumanian; (78)=Ojibway; (79)=Pashid; (80)=Norwegian; (81)=Maltese; (82)=Malagasy; (83)=Macedonian (Yugoslav); (84)=Lithuanian; (85)=Lingala; (86)=Latvian (Lettish); (87)=Kirghiz; (88)=Javanese; (89)=Iranian; (90)=Icelandic; (91)=Gaelic; (92)=Frisian (Germanic); (93)=Flemish; (94)=Finnish; (95)=Catalan; (96)=Danish; (97)=Estonian; (98)=Faeroese (Germanic); (99)=Carpatho-Russian; (100)=Celtic; (101)=Amharic; (102)=Ethiopian; (103)=Taiwanese; (104)=Luganda; (105)=Tigrinya; (106)=Chamorro; (107)=Quiche; (108)=Bemba; (109)=Yoruba; (110)=Shona; (111)=Somali; (112)=Nepali; (113)=Cebuano;
12	F93069	Monolingual Spanish?	YNR NAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
13	F23142	Fluent in English?	YNR NAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
14	F93110	Reads English	YNR NAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
15	F7196	Birth Country	DIC T	30	(2)=Argentina; (3)=Australia; (4)=Austria; (5)=Bahamas; (6)=Belgium; (7)=Bermuda; (8)=Belize; (9)=Bolivia; (10)=Brazil; (11)=Canada; (14)=Chile; (15)=China; (16)=Colombia; (17)=Costa Rica; (18)=Cuba; (19)=Czechoslovakia; (20)=Denmark; (21)=Dominican Republic; (22)=Ecuador; (23)=Egypt; (24)=El Salvador; (26)=Finland; (27)=Fiji Islands; (28)=France; (29)=Germany; (30)=Greece; (31)=Greenland; (32)=Guatemala;

(33)=Haiti; (34)=Honduras;
(35)=Hungary; (36)=Iceland;
(37)=India; (38)=Indonesia; (39)=Iraq;
(40)=Iran; (41)=Ireland; (42)=Israel;
(43)=Italy; (44)=Jamaica; (45)=Japan;
(46)=Jordan; (47)=Korea, South;
(48)=Lebanon; (49)=Mexico;
(50)=Netherlands; (51)=New Zealand;
(52)=Nicaragua; (53)=Norway;
(55)=Panama; (57)=Paraguay;
(58)=Peru; (59)=Philippines;
(60)=Poland; (61)=Portugal;
(63)=Russia; (64)=Samoa;
(66)=Spain; (67)=Sweden;
(68)=Switzerland; (69)=Thailand;
(70)=Trinidad and Tobago;
(71)=Turkey; (72)=United Arab
Emirates; (73)=United Kingdom;
(74)=Uruguay; (75)=Venezuela;
(76)=Vietnam; (78)=Yugoslavia;
(83)=USA; (84)=Puerto Rico;
(86)=Antigua/Barbuda; (87)=Grenada;
(88)=Guyana; (89)=Morocco;
(90)=South Africa; (91)=Bulgaria;
(94)=Pakistan; (95)=Ethiopia;
(96)=Zimbabwe; (97)=Afghanistan;
(98)=Cameroon; (99)=Burma;
(100)=Armenia; (101)=Nigeria;
(102)=Taiwan; (103)=Botswana;
(104)=Sudan; (105)=Ghana;
(106)=Bhutan; (107)=Uganda;
(108)=Laos; (109)=Surinam;
(110)=American Samoa;
(111)=Navassa Island; (112)=Jarvis
Island; (113)=Micronesia;
(114)=Baker Island; (115)=Howland
Island; (116)=Guam; (117)=Johnston
Atoll; (118)=Kingman Reef;
(119)=Mariana Island; (120)=Palmyra
Atoll; (121)=Midway Island;
(123)=Marshall Island; (124)=Swan
Island; (125)=Pacific Trust Terr.;
(126)=U.S. Misc. Caribbean;
(127)=U.S. Misc. Pacific #1;
(128)=U.S. Virgin Islands;
(129)=Wake Island; (130)=Aruba;
(131)=Azerbaijan; (132)=Albania;
(133)=Algeria; (134)=Andorra;
(135)=Angola; (136)=Anguilla;
(137)=Antarctica; (138)=Ashmore &
Cartier is.; (139)=Bahrain;
(140)=Bangladesh; (141)=Barbados;
(142)=Bosnia/Hercegovina;
(143)=Bassas Da India;
(144)=Cambodia; (145)=Belarus;
(146)=Bouvet Island; (147)=British

Ind. Ocean Terr.; (148)=Solomon Islands; (149)=British Virgin Islands; (150)=Brunei; (151)=Burundi; (152)=Cape Verde Island; (153)=Cayman Island; (154)=Central African Rep.; (155)=Sri Lanka; (156)=Chad; (157)=Clipperton Island; (158)=Keeling Island; (159)=Comoro Islands; (160)=Congo; (161)=Zaire; (162)=Cook Island; (163)=Cyprus; (164)=Benin; (165)=Djibouti; (166)=Dominica; (167)=Estonia; (168)=Equatorial Guinea; (169)=Europa Island; (170)=Faeroe Islands; (171)=Falkland Islands; (172)=French Guiana; (173)=French Polynesia; (174)=FR So & Antarctic LNDS; (175)=Afars and Issas; (176)=Gabon; (177)=Gambia; (178)=Georgia; (179)=Gaza Strip; (180)=Gibraltar; (181)=Kiribati; (182)=Glorioso Islands; (183)=Guadaloupe; (184)=Guernsey; (185)=Guinea; (186)=Heard & Mcdonald is.; (187)=Hong Kong; (188)=Croatia; (189)=Iraq-Saudi Arabia; (190)=West Bank; (191)=Ivory Coast; (192)=Jan Mayen Island; (193)=Jersey; (194)=Juan De Nova Island; (195)=Kenya; (196)=Kyrgyzstan; (197)=Christmas Island; (198)=Kuwait; (199)=Kazakhstan; (200)=Latvia; (201)=Lithuania; (202)=Lesotho; (203)=Liberia; (204)=Slovak Republic; (205)=Libya; (206)=Liechtenstein; (207)=Luxembourg; (208)=Macau; (209)=Macedonia; (210)=Madagascar; (211)=Moldova; (212)=Malawi; (213)=Coral Sea Islands; (214)=Malaysia; (215)=Maldives; (216)=Mali; (217)=Isle of Man; (218)=Malta; (219)=Martinique; (220)=Mauritania; (221)=Mauritius; (222)=Mayotte; (223)=Monaco; (224)=Mongolia; (225)=Montserrat; (226)=Montenegro; (227)=Mozambique; (228)=Muscat and Oman; (229)=Nauru; (230)=Nepal; (231)=Netherlands Antilles; (232)=New Caledonia; (233)=Vanuatu; (234)=Niger; (235)=Niue; (236)=Norfolk Island; (237)=Papua-New Guinea; (238)=Paracel Island; (239)=Pitcairn Island; (240)=Guinea-Bissau;

					(241)=Portuguese Timor; (242)=Qatar; (243)=Reunion; (244)=Rwanda; (245)=St. Christopher; (246)=St. Helena; (247)=St. Lucia; (248)=St. Pierre & Miquelon; (249)=St. Vincent; (250)=San Marino; (251)=Sao Tome; (252)=Tajikistan; (253)=Saudi Arabia; (254)=Senegal; (255)=Seychelles; (256)=Slovenia; (257)=Sierra Leone; (258)=Singapore; (259)=Somali Republic; (260)=Romania; (261)=Serbia; (262)=Korea, North; (263)=Southern Yemen; (264)=Namibia; (265)=Western Sahara; (266)=Spanish North Africa; (267)=Spratly Islands; (268)=Svalbard; (269)=Swaziland; (270)=Syria; (271)=Tanzania; (272)=Togo; (273)=Tokelau Islands; (274)=Tonga; (275)=Tromelin Island; (276)=Tunisia; (277)=Turks & Caicos is.; (278)=Tuvalu; (279)=Turkmenistan; (280)=Burkina Faso; (281)=Ukraine; (282)=Uzbekistan; (283)=Vatican City; (284)=Wallis and Futuna; (285)=S.Georgia/S.Sandwic is; (288)=Yemen; (289)=Zambia; (999)=Unknown; (1)=<3 Months; (2)=3-6 Months; (3)=7-12 Months; (4)=13-24 Months; (5)=25-36 Months; (6)=37-48 Months; (7)=49-60 Months; (8)=>60 Months;
16	F93125	Time in USA	DICT	30	
17	F12	ZIP	NUM	10	
18	F91862	HIV+ Diagnosis	DICT	50	(1)=HIV-positive, not AIDS; (2)=HIV-positive, AIDS status unknown; (3)=CDC-Defined AIDS; (4)=HIV-negative (affected); (6)=Indeterminate (Client <2 years old); (7)=HIV Negative (High Risk); (10)=HIV Negative;
19	F20228	Diagnosis Date	DATE	11	
20	F91862A	AIDS Status	DICT	50	(1)=HIV-positive, not AIDS; (2)=HIV-positive, AIDS status unknown; (3)=CDC-Defined AIDS; (4)=HIV-negative (affected); (6)=Indeterminate (Client <2 years old); (7)=HIV Negative (High Risk); (10)=HIV Negative;
21	F20228A	Diagnosis Date	DATE	11	
22	F80123	First HIV+ Test	DATE	14	

23	F23086	Primary HIV Exposure	DICT	80	(2)=Perinatal Transmission; (5)=Transfusion; (10)=Male who has sex with Male(s); (11)=Injection Drug Use (IDU); (12)=Male sex with Male and Injection Drug Use; (13)=Hemophilia / coagulation disorder; (15)=Heterosexual contact; (19)=Undetermined/Unknown, risk not reported or identified;
24	F11570	CD4 Ct	ALPHA	20 0	
25	F11573	CD4 Ct Test Dt	DATE	14	
26	F92517	Viral Load	ALPHA	20 0	
27	F92518	Viral Load Test Dt	DATE	11	
28	F81240	ADAP	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
29	F96528	Medi-Cal	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
30	F80412	Medi-Cal applied	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
31	F97974	Medi-Cal applied date	DATE	10	
32	F80566	Medi-Cal Application Status	DICT	15	(1)=Pending; (2)=Approved; (3)=Closed; (4)=Appeal; (5)=Request For Exception; (6)=Submitted; (7)=Wait List; (8)=Reinstated; (9)=Denied; (10)=Disenrolled; (11)=Cancelled;
33	F80422	Medi-Cal-referred to apply	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
34	F80432	Medi-Cal-referred to apply date	DATE	10	
35	F80449	Medi-Cal why not referred	ALPHA	77	
36	F97982	Medi-Cal Elig. Date	DATE	10	
37	F93089	Medi-Cal Type	DICT	30	(1)=Share of Cost; (2)=No share of cost; (3)=Hipp; (4)=Emergency; (5)=PHC; (6)=HMO; (7)=PPO; (8)=Unknown;
38	F96529	Medicare?	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
39	F98024	Medicare Elig. Date	DATE	10	
40	F96533	VA?	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
41	F92924	VA Elig. Date	DATE	10	
42	F5190	HMO	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
43	F96532	HMO Name	ALPHA	30	

44	F92929	HMO Elig. Date	DATE	10	
45	F92931	HMO Monthly Payment $	MONEY	10	
46	F96530	Private?	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
47	F97950	Private Carrier	ALPHA	50	
48	F92934	Private Elig. Date	DATE	10	
49	F92936	Other Insurance	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
50	F92937	Other Insurance Name	ALPHA	40	
51	F92939	Other Insurance Elig. Date	DATE	10	
52	F93070	Client has income?	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
53	F23524	Household Size	NUM	2	
54	F99831	Household Income	MONEY	12	
55	F93537	Annual Out-of-Pocket Healthcare Expenses	MONEY	12	
56	F96612	Income Level	DICT	60	(4)=Equal to or below Federal poverty level; (5)=101-200% of Federal poverty level; (6)=201-300% of Federal poverty level; (7)=301-400% of Federal poverty level; (8)=401-500% of Federal poverty level; (9)=>500% of Federal poverty level;
57	F6828	Food Stamps	ALPHA	3	
58	F5593	Monthly salary from employment ($)	MONEY	10	
59	F17016	Medically Unable to Work [Y/N/U]	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
60	F5591	SSD	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
61	F5471	SSD Amount per month	MONEY	10	
62	F5584	SSI	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
63	F4917	SSI Amount per month	MONEY	10	
64	F92903	CalWORKS	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
65	F92905	CalWORKS Amount per month	MONEY	10	
66	F5585	SDI	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
67	F5008	SDI Amount per month	MONEY	10	
68	F5586	General Relief	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)

69	F5509	General Relief Amount per month	MONEY	10	
70	F92909	CAPI	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
71	F92911	CAPI Amount per month	MONEY	10	
72	F92914	Unemployment	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
73	F23157	Unemployment Amount per month	MONEY	10	
74	F5589	Veteran's Compensation	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
75	F5555	Veteran's Compensation Amount per month	MONEY	10	
76	F5595	Other Income	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
77	F5596	Other Income Amount per month	MONEY	10	
78	F92919	Other Income 2	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
79	F92921	Other Income 2 Amount per month	MONEY	10	
80	F7097	Annual Income	MONEY	10	
81	F98277	Clinic/Hospital	ALPHA	80	
82	F7472	Physician Name	ALPHA	45	
83	F4780	Physician Phone	TEL	20	
84	F4794	Physician Address Line 1	ALPHA	40	
85	F4795	Physician Address Line 2	ALPHA	40	
86	F4796	Physician City	ALPHA	40	
87	F4797	Physician State	ALPHA	2	
88	F4773	Physician ZIP	DICT	5	
89	F10671	Current Risk Factor(s)	DICT	75	(1)=Injection Drug Use; (2)=Sex in exchange; (3)=Unprotected Sex; (4)=Non-Injection Substance Use; (6)=Receipt of transfusion of blood, blood components, or tissue; (7)=Other; (8)=Undetermined; (9)=Declined to State; (10)=No current risk factor(s); (11)=Crystal Meth User;
90	F91907	Primary Source of Medical Insurance	DICT	60	(1)=Private; (2)=Medicare; (3)=Medicaid/Medi-Cal/Medicaid Waiver; (4)=Other public (e.g., Champus, VA); (5)=No insurance; (6)=Other; (7)=Unknown; (10)=Covered CA: Bronze; (11)=My Health LA; (12)=Covered CA: Silver;

					(13)=Covered CA: Gold; (14)=Covered CA: Platinum; (1)=Stable/Permanent; (2)=Non-permanent (includes homeless, transient, or transitional);
91	F90638	Housing/living Arrangements	DICT	60	(3)=Institution (includes residential, health care, correctional);
92	F10676	Dependent Children [Y/N]	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
93	F13141	# of Dependent Children	NUM	2	
94	F92990	Sexual Partners' Gender	DICT	90	(1)=Male; (2)=Female; (3)=Unknown; (6)=Other; (7)=Transgender:M to F; (8)=Intersex; (9)=Transgender:F to M; (11)=No Sexual Partners; (12)=Gender Variant; (14)=Gender Non-Binary, Gender Non-Conforming; (15)=Another gender category/another identity; (16)=Prefer not to state; (17)=Non-binary or X; (18)=Transgender Male/Trans Man; (19)=Transgender Female/Trans Woman;
95	F93003	Severely Chronically Mentally Ill [Y/N]	YNRNAU	90	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
96	F91937	Mental Health History	DICT	60	(1)=Yes, active history within last 12 months; (2)=Yes, but not active within the last 12 months; (3)=Unknown; (4)=No history;
97	F91926	Substance Abuse History	DICT	60	(1)=Yes, active history within last 12 months; (2)=Yes, but not active within the last 12 months; (3)=Unknown; (4)=No history;
98	F92991	Incarceration History	DICT	90	(1)=Incarcerated within the last 24 months.; (2)=Incarcerated over 2 years ago; (3)=No history of incarceration;
99	F92010	HRSA Enrollment Status	DICT	80	(3)=Deceased; (6)=Active, client continuing in program; (8)=Unknown/Unreported; (11)=Referred to another program or service or discharged because self-sufficient; (12)=Removed from treatment due to violation of rules; (13)=Incarcerated; (14)=Relocated; (15)=Alive;
100	F14071	Case Closed On	DATE	11	
101	F70246	Date of Death	DATE	11	
102	F150141	Primary Source of Medical Care	DICT	60	(1)=Solo/Group Private Practice, Not HMO; (2)=HMO (Kaiser, CIGNA, etc.); (3)=County Clinic; (5)=Community Clinic; (6)=Emergency Room; (7)=Other; (8)=None; (9)=Unknown; (10)=Public-

					Funded Community Health Center; (11)=Refused to Answer; (12)=Hospital Outpatient Clinic/Department; (13)=Other Public Clinic or Department; (14)=VA or Military Hospital, Outpatient Clinic or Department; (15)=Other Private Community-Based Organization; (16)=Other Ryan White Provider;
103	F80853	Primary Source of Medical Care Other	ALPHA	20	
104	F91936	Substance Abuse Treatment Status	DICT	60	(1)=In treatment; (2)=Waiting list for treatment; (3)=Refused treatment; (4)=Completed treatment; (5)=Pre-treatment process; (6)=Dropped out of treatment; (7)=No active treatment or counseling; (8)=Other; (9)=Unknown; (10)=Not applicable;
105	F91938	Mental Health Treatment Status	DICT	60	(1)=In treatment; (2)=Waiting list for treatment; (3)=Refused treatment; (4)=Completed treatment; (5)=Pre-treatment process; (6)=Dropped out of treatment; (7)=No active treatment or counseling; (8)=Other; (9)=Unknown; (10)=Not applicable;
106	F90648	TB Skin Test during the year	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
107	F93484	TB Skin Test on	DATE	10	
108	F93194	TB Skin Test Results	DICT	80	(1)=Negative; (2)=Positive; (3)=Unknown (didn't return for reading; lost to follow-up);
109	F93211	TB Treatment Received	DICT	80	(1)=Prophylaxis for latent TB infection; (2)=Treatment for active TB disease; (3)=Unknown/lost to follow-up;
110	F93123	TB Treatment Completed	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
111	F93120	TB Reason for no Test	DICT	80	(1)=Previous positive TB test.; (2)=Previous treatment for TB.; (3)=Patient didn't return for reading; (4)=Non-compliant; (5)=Not Applicable; (6)=Patient <1 year old.;
112	F93499	Sexually active	YNRNAU	8	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
113	F93501	Sexually active as of	DATE	12	
114	F90640	Syphilis Screened/tested	YNRNAU	30	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
115	F93472	Syphilis Screened/tested on	DATE	12	
116	F90641	Syphilis Treated	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
117	F93106	Gonorrhea Screened/tested	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)

118	F93473	Gonorrhea Screened/tested on	DATE	10	
119	F93107	Gonorrhea Positive Site(s)	DICT	80	(5)=Nasopharyngeal; (7)=Eye; (8)=Conjunctival Swab; (11)=Cerebrospinal Fluid; (12)=Penis; (15)=Perineum; (99)=Not stated / Not clear; (901)=Cervix; (902)=Urethra; (903)=Rectum; (905)=Nasopharynx; (906)=Vagina; (907)=Lower extremities; (908)=Opthalmia/Conjunctiva; (909)=Throat; (910)=From positive GC culture; (911)=Upper extremities; (912)=Joint; (913)=Vulva; (914)=Mouth; (916)=Urogenital; (917)=Both lower & upper extremities; (918)=Placenta; (919)=Cord Blood; (920)=Other (not listed); (921)=Stomach; (922)=Lungs; (923)=Cutaneous; (924)=CSF; (925)=Blood; (926)=Extragenital Lesion; (927)=Genital Lesion; (928)=Lymph node; (929)=Penile; (930)=Urine; (931)=Other Aspiration Site; (932)=Unknown; (933)=Not Applicable;
120	F93108	Chlamydia screened/tested	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
121	F93474	Chlamydia screened/tested on	DATE	10	
122	F93109	Chlamydia Positive Site(s)	DICT	80	(5)=Nasopharyngeal; (7)=Eye; (8)=Conjunctival Swab; (11)=Cerebrospinal Fluid; (12)=Penis; (15)=Perineum; (99)=Not stated / Not clear; (901)=Cervix; (902)=Urethra; (903)=Rectum; (905)=Nasopharynx; (906)=Vagina; (907)=Lower extremities; (908)=Opthalmia/Conjunctiva; (909)=Throat; (910)=From positive GC culture; (911)=Upper extremities; (912)=Joint; (913)=Vulva; (914)=Mouth; (916)=Urogenital; (917)=Both lower & upper extremities; (918)=Placenta; (919)=Cord Blood; (920)=Other (not listed); (921)=Stomach; (922)=Lungs; (923)=Cutaneous; (924)=CSF; (925)=Blood; (926)=Extragenital Lesion; (927)=Genital Lesion; (928)=Lymph node; (929)=Penile; (930)=Urine; (931)=Other Aspiration Site; (932)=Unknown; (933)=Not Applicable;
123	F90642	Other STI screened/tested	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)

124	F90643	STI Treated	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
125	F93486	Lipid Screen	DICT	10	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
126	F93475	Hepatitis A screened/tested	YNRNAU	10	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
127	F93476	Hepatitis A screened/tested on	DATE	10	
128	F93477	Hepatitis B screened/tested	YNRNAU	30	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
129	F93478	Hepatitis B screened/tested on	DATE	10	
130	F93507	Hepatitis C ever screened/tested	YNRNAU	10	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
131	F93479	Hepatitis C screened/tested on	DATE	10	
132	F90644	Hepatitis C screened/tested	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
133	F81404	Hepatitis C Tested Positive	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
134	F90645	Hepatitis C Treated	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
135	F93480	Alcohol Cessation Counseling	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
136	F93481	Alcohol Cessation Counseling on	DATE	10	
137	F93482	HCV Education	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
138	F93483	HCV Education on	DATE	10	
139	F93488	PCP Prophylaxis RDR	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
140	F93489	PCP Prophylaxis RDR on	DATE	10	
141	F93490	Mental Health Assessment	DICT	30	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
142	F93491	Mental Health Assessment on	DATE	10	
143	F93492	Substance Abuse in last 6 mths	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
144	F93524	Substance Abuse on	DATE	10	
145	F93493	Substance Abuse referred for treatment	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
146	F93494	Substance Abuse referred for treatment on	DATE	10	
147	F93495	Substance Abuse 6 to 24 mths	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;

148	F93525	Substance Abuse 6 to 24 mths on	DATE	10	
149	F93496	Substance Abuse prevention/ongoing treatment discussed	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
150	F93497	Substance Abuse prevention/ongoing treatment discussed on	DATE	10	
151	F93498	Dental Assessment	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
152	F93500	Dental Assessment on	DATE	10	
153	F93502	Tobacco Use	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
154	F93503	Tobacco use discussed	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
155	F93506	Tobacco use discussed on	DATE	12	
156	F93504	Nutrition Screening	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
157	F93505	Nutrition Screening on	DATE	10	
158	F93508	Nutrition Screening by	DICT	15	(1)=Registered Dietician; (2)=Physician; (3)=RN; (4)=Other; (5)=Unknown;
159	F93517	Nutritional Therapy Referral	DICT	15	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
160	F93518	Nutritional Therapy Referral on	DATE	15	
161	F93520	Nutritional Therapy Received	DICT	15	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
162	F93521	Nutritional Therapy Received on	DATE	10	
163	F91997	Pelvic Exam and PAP Smear	DICT	80	(1)=Yes; (2)=No, client refused; (3)=Not applicable; (4)=Unknown/unreported;
164	F90686	Pregnant at any time	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
165	F90923	Entered Care	DICT	80	(1)=First trimester; (2)=Second trimester; (3)=Third trimester; (4)=At time of delivery; (5)=Unknown;
166	F90941	Received antiretroviral meds	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
167	F90951	Number of children born	NUM	1	
168	F93212	HIV positive, confirmed	NUM	1	
169	F93213	HIV indeterminate	NUM	1	
170	F93214	HIV negative, confirmed	NUM	1	

171	F93119	Genotype Test Done On	DATE	11	
172	F93122	Phenotype Test Done On	DATE	11	
173	F90233	Baseline Chest Xray Done on	DATE	12	
174	F92265	Pre-HIV test counseling	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
175	F92266	Tested for HIV antibodies	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
176	F92267	HIV Test Result Positive	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
177	F92268	Post-HIV test counseling	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
178	F80852	At-Risk Partners notified	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
179	F92274	Number of Sex Partners Notified	NUM	3	
180	F80867	Part C Service Received	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
181	F80868	Part D Service Received	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
182	F80857	Referred Outside EIS for Services?	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
183	F91958	Anti-retroviral Therapy	DICT	80	(1)=Highly Active Anti-retroviral Therapy (HAART); (2)=Combination antiretrovirals but not HAART; (3)=Monotherapy; (4)=Unknown/Unreported; (6)=Other (mono or dual therapy); (7)=None;
184	F5	Registration Date	DATE	14	
185	HIRSID	HIRS ID#	ALPHA	12	
186	HIRSDATE	Referral Receipt Date	DATE	11	
187	F14685-NUM	HIRS Referral 1 Num	ALPHA	50	
188	F14685-NAM	HIRS Referral 1 - Name	ALPHA	50	
189	F14686-NUM	HIRS Referral 2 Num	ALPHA	50	
190	F14686-NAM	HIRS Referral 2 - Name	ALPHA	50	
191	F14687-NUM	HIRS Referral 3 Num	ALPHA	50	
192	F14687-NAM	HIRS Referral 3 - Name	ALPHA	50	
193	ELIGDATE	Eligibility Review Date	DATE	10	
194	LASTMED	Last Medical Visit	DATE	10	
195	F14450	Proof of HIV+ Status	DICT	90	(1)=Copy of the client's sero+ test result from the test provider.; (2)=Signed document from a physician verifying the client is HIV+;

					(3)=Written verification from a case manager who has the documents; (4)=On File; (6)=Proof pending HIV+ status confirmation;
19 6	F32211	Referred from EIP Program	YES NO	3	(1)=Yes; (0)=No
19 7	F1900044	Private Insurance Deductible/Co-Pay $	MO NEY	9	
19 8	F80541	Income Affidavit	ALP HA	7	(1)=Yes; (0)=No
19 9	F82100	Homeless	DIC T	77	(1)=Not Homeless - Has a permanent living situation indoors; (2)=Living outside (sleeping outdoors); (3)=Staying at a shelter; (4)=Other living arrangements (i.e. sleeping in car); (5)=Unable to specify further (cannot or will not give out more detail); (6)=Unable to determine - unable or unwilling to give any information as to status;
20 0	F11578	Additional Risk Factors	DIC T	20 0	(2)=Perinatal Transmission; (5)=Transfusion; (10)=Male who has sex with Male(s); (11)=Injection Drug Use (IDU); (12)=Male sex with Male and Injection Drug Use; (13)=Hemophilia / coagulation disorder; (15)=Heterosexual contact; (19)=Undetermined/Unknown, risk not reported or identified;
20 1	F31794	Client's ZIP Code (for Geographic Unit):	NU M	5	
20 2	F31786	Insurance Unknown	YES NO	3	(1)=Yes; (0)=No
20 3	F31787	No insurance	YES NO	3	(1)=Yes; (0)=No
20 4	F31795	HIV Risk Reduction/Counseling provided	YNU	7	(1,)=Yes; (2,)=No; (9,)=Unknown
20 5	F31796	First visit date	DAT E	12	
20 6	F91961	PCP Prophylaxis?	DIC T	80	(1)=Not medically indicated.; (3)=Yes; (4)=No, client refused; (5)=No;
20 7	F31925	Prescribed HAART	DIC T	80	(1)=Yes; (3)=No, not ready (as determined by a clinician); (4)=No, client refused; (5)=No, intolerance, side-effect, toxicity; (6)=No, ART payment assistance unavailable; (7)=No, other reason; (8)=Unknown; (9)=No;
20 8	F31797	TB Screen	DIC T	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
20 9	F31798	TB Screen Ever	DIC T	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;

210	F31942	Syphilis Screen	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
211	F31799	Hepatitis B Screen	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
212	F31943	Hepatitis B Screen Ever	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
213	F31800	Hepatitis B Vaccine Completed	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
214	F31801	Hepatitis C Screen	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
215	F31944	Hepatitis C Screen Ever	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
216	F31802	Substance Abuse Screen	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
217	F31804	Mental Health Screen	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
218	F93522	Height in Feet	ALPHA	1	
219	F93523	Height in Inches	NUM	4	
220	F6584	Weight	ALPHA	8	
221	F31803	Pap Smear Received	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Not applicable;
222	F32355	Antiretrovirals Received	DICT	80	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;
223	F32354	Adherence Assessment & Counseling	YES NO	12	(1)=Yes; (0)=No
224	F32375	Hepatitis/HIV Alcohol Counseling	YES NO	12	(1)=Yes; (0)=No
225	F32376	Tobacco Cessation Counseling	YES NO	3	(1)=Yes; (0)=No
226	F32377	Lipid Screening	YNR	10	(1)=Yes; (2)=No; (9)=Refused
227	F32378	Oral Exam	YNR	10	(1)=Yes; (2)=No; (9)=Refused
228	F32351	TB Screen RSR8	DICT	15	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;
229	F32352	MAC Prophylaxis	DICT	15	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;
230	F32353	Ophthalmology Screen	DICT	15	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;

23 1	F32379	Chlamydia screen	DICT	15	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;
23 2	F32388	Gonorrhea screen	DICT	15	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;
23 3	F32356	Toxoplasmosis Screen	YESNO	10	(1)=Yes; (0)=No
23 4	F32357	Hepatitis A Vaccination	DICT	80	(1)=Yes; (2)=No; (3)=Documented immunity to Hepatitis A; (4)=Client refused; (5)=Hypersensitivity to Hepatitis A vaccine or its components;
23 5	F91995	Pneumococcal Vaccine?	DICT	80	(1)=Not documented in medical record/unknown; (2)=Yes; (3)=No, client refused; (4)=No, not medically indicated (client had vaccine in last 5 years); (5)=No - patient hypersensitive to pneumococcal vaccine or its components;
23 6	F32366	Influenza Vaccination	DICT	80	(1)=Yes; (2)=No; (3)=Client refused; (4)=Hypersensitivity to flu vaccine or allergy to its components; (5)=Previous diagnosis of Guillain-Barre Syndrome;
23 7	F16613	Pre-HIV Test Counseling Received	ALPHA	7	(1,)=Yes; (2,)=No; (8,)=N/A; (9,)=Unknown
23 8	F16615	Positive HIV Test Result	ALPHA	7	(1,)=Yes; (2,)=No; (8,)=N/A; (9,)=Unknown
23 9	F16616	Post-HIV Test Counseling Received	ALPHA	7	(1,)=Yes; (2,)=No; (8,)=N/A; (9,)=Unknown
24 0	F16617	Client's at-risk partners notified	ALPHA	7	(1,)=Yes; (2,)=No; (8,)=N/A; (9,)=Unknown
24 1	F16620	Referred to HIV Medical Care	YESNO	3	(1)=Yes; (0)=No
24 2	F92253	HIV -/+ Relationship	DICT	10	(1)=Child of HIV+ parent; (2)=Parent of HIV+ child; (3)=Sibling of HIV+ family member; (4)=Grandparent of HIV+ child; (5)=Non-related caregiver of HIV+ child; (6)=Spouse/partner of HIV+ spouse/partner; (7)=Other relative; (8)=Other;
24 3	F98799	Durable Power of Attorney	YESNO	3	(1)=Yes; (0)=No
24 4	F32191	New client brought in by Outreach	YESNO	3	(1)=Yes; (0)=No
24 5	F31602	Reason Left Care Program	DICT	80	(1)=Other; (2)=Staff turnover; (3)=Lack of symptoms, no medical need; (4)=Dissatisfaction / conflicts with case manager; (5)=Dissatisfaction / conflicts with medical provider; (6)=Left town; (7)=Unstable housing; (8)=Incarcerated; (9)=Hospitalized / re-hab / in substance abuse treatment; (10)=Too depressed to

					come to treatment; (11)=Transportation problems; (12)=Changes in eligibility; (13)=Not ready to get engaged in treatment; (14)=Didn't want treatment where people would know HIV status; (15)=Objected to paperwork, loss of privacy, intrusive questions; (16)=Language barriers; (17)=Afraid because of being undocumented; (18)=Failure to pick up medications.;
246	F31603	Reason Left Care Program Other	ALPHA	80	
247	AI	Agency_ID	ALPHA		
248	WHE	West_Hollywood_Eligibility	DICT	60	(1)=Lives; (2)=Works; (4)=Op; (5)=No; (6)=School;
249	WHEED	West_Hollywood_Eligibility_Effective_Date	DATE	11	
250	MT	Medicaid_Type	DICT	30	(1)=Share of Cost; (2)=No share of cost; (3)=Hipp; (4)=Emergency; (5)=PHC; (6)=HMO; (7)=PPO; (8)=Unknown;
251	CHRB	Client_HIV_Risk_Behaviors	DICT	80	(2)=Perinatal Transmission; (5)=Transfusion; (10)=Male who has sex with Male(s); (11)=Injection Drug Use (IDU); (12)=Male sex with Male and Injection Drug Use; (13)=Hemophilia / coagulation disorder; (15)=Heterosexual contact; (19)=Undetermined/Unknown, risk not reported or identified;
252	HRF	HIV_Risk_Factor	DICT	200	(2)=Perinatal Transmission; (5)=Transfusion; (10)=Male who has sex with Male(s); (11)=Injection Drug Use (IDU); (12)=Male sex with Male and Injection Drug Use; (13)=Hemophilia / coagulation disorder; (15)=Heterosexual contact; (19)=Undetermined/Unknown, risk not reported or identified;
253	CHBVs	Completed_Hep_B_Vaccine_series	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
254	SfHCR	0	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
255	PaatR	Pregnant_at_any_time_RSR	YNU013	80	(1,)=Yes; (2,)=No; (9,)=Unknown
256	Dtpcecnc	Did_the_pregnant_client_enter_care	YNU013	80	(1,)=Yes; (2,)=No; (9,)=Unknown
257	HIV_negative,_confirmed"	YESNO	500		

25			YNU		(1,)=Yes; (2,)=No; (8,)=N/A;
8	CXTD	Chest_Xray_Test_Date	NA	8	(9,)=Unknown
25		Tobacco_Cessation_Couns	YNU		
9	TCC	eling	NA	3	(1)=Yes; (0)=No; (8)=N/A
26			YES		
0	IC	Informed_Consent	NO	3	(1)=Yes; (0)=No
26		Informed_Consent_Last_Si	DAT		
1	ICLS	gned	E	11	
26			ALP		
2	RY	Reporting_Year	HA		
26		Receive_antiret_meds_RS	DIC		(1)=Highly Active Anti-retroviral Therapy (HAART); (2)=Combination antiretrovirals but not HAART; (3)=Monotherapy; (4)=Unknown/Unreported; (6)=Other
3	RamR	R	T	80	(mono or dual therapy); (7)=None;
26		Client_prescribed_HAART_	DIC		(1)=Yes; (3)=No, not ready (as determined by a clinician); (4)=No, client refused; (5)=No, intolerance, side-effect, toxicity; (6)=No, ART payment assistance unavailable; (7)=No, other reason; (8)=Unknown;
4	CpHR	RSR	T	80	(9)=No;
26			DIC		(1)=Not medically indicated.; (3)=Yes;
5	PPR	PCP_Prophylaxis_RSR	T	80	(4)=No, client refused; (5)=No;
26		Adherence_Assessment_R	YNU		
6	AAR	SR	NA	12	(1)=Yes; (0)=No; (8)=N/A
26		Screened_for_Syphilis_RS	DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
7	SfSR	R	T	30	refused test;
26			DIC		(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously
8	CsR	Chlamydia_screen_RSR	T	15	Tested Positive;
26			DIC		(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously
9	GsR	Gonorrhea_screen_RSR	T	15	Tested Positive;
27		Pap_Smear_Received_RS	DIC		(1)=Yes; (2)=No; (3)=Not medically
0	PSRR	R	T	30	indicated; (4)=Not applicable;
27		Screened_for_Hepatitis_C_	DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
1	SfHCR	RSR	T	30	refused test;
27		Screened_for_Hepatitis_B_	DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
2	SfHBR	RSR	T	30	refused test;
27			DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
3	SfTR	Screened_for_TB_RSR	T	30	refused test;
27		Screen_for_substance_ab_	DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
4	SfsaR	RSR	T	30	refused test;
27		Screened_for_mental_hea_	DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
5	SfmhR	RSR	T	30	refused test;
27			YNU		
6	TCC	Tobacco_Cessation_Couns	NA	3	(1)=Yes; (0)=No; (8)=N/A

277	CHBVR	Completed_Hep_B_Vaccine_RSR	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
278	PVR	Pneumococcal_Vaccine__RSR	DICT	80	(1)=Not documented in medical record/unknown; (2)=Yes; (3)=No, client refused; (4)=No, not medically indicated (client had vaccine in last 5 years); (5)=No - patient hypersensitive to pneumococcal vaccine or its components;
279	IVR	Influenza_Vaccination_RSR	DICT	80	(1)=Yes; (2)=No; (3)=Client refused; (4)=Hypersensitivity to flu vaccine or allergy to its components; (5)=Previous diagnosis of Guillain-Barre Syndrome;
280	CPR	Care_Plan_During_Period	YNUNA		
281	AR	Adherence_RSR	YESNO	12	(1)=Yes; (0)=No
282	LNAME	Client_Last_Name	HALP	30	
283	FNAME	Client_First_Name	HALP	30	
284	MINITIAL	Client_Middle_Name/Initial	HALP	20	
285	SSN	Social_Security_Number	HALP	11	
286	ADDRESS1	Residence_Address_Line 1	HALP	45	
287	ADDRESS2	Residence_Address_Line 2	HALP	45	
288	CITY	Residence_City	HALP	35	
289	STATE	Residence_State	HALP	2	
290	OKMAIL	OK_To_Send_Mail	YNUA	3	(1)=Yes; (0)=No
291	COUNTY	Residence_County	HALP	45	
292	COUNTYEFF	Residence_County_Effective_Date	DATE	11	
293	F92695	Verification_of_Residency	DICT	90	(1)=State Driver's License/ID Card/Passport/Foreign Consulate ID; (2)=Rent receipt; (3)=Copy of lease; (4)=Utility bill; (5)=Voter registration card; (6)=Vehicle registration; (7)=Property tax statement; (8)=Current W-2 or 1099, State Income Tax Return; (9)=Paycheck stub from the individual's local employer; (10)=Letter from a residential services provider verifying residency; (11)=Correctional Institutional Identification; (12)=Signed affidavit, no other verification available; (15)=Public

					Benefits Letter or Bank Statement Indicates Address;
29 4	F4591	Client_Day_Telephone	TEL	20	
29 5	F20184	Client_Cell_Phone	TEL	60	
29 6	F4592	OK_to_Leave_Message_Day	YES NO	3	(1)=Yes; (0)=No
29 7	F93083	OK_to_Leave_Message_Cell	YES NO	3	(1)=Yes; (0)=No
29 8	F96524	Phone_Contact_Names	ALP HA	80	
29 9	F92839	E-mail_Address	ALP HA	30	
30 0	F93430	E-mail_for_personal_correspondence_only	YES NO	3	(1)=Yes; (0)=No
30 1	F126	Medi-Cal_Number	YES NO	20	
30 2	F7087	Medicare_Number	YES NO	11	
30 3	F91714	Vac_Number	ALP HA	15	
30 4	F7292	HMO/PPO_Policy_ID	ALP HA	20	
30 5	F92933	Policy_Number	ALP HA	15	
30 6	F92938	Other_Medical_Insurance_Policy_Number	ALP HA	20	
30 7	F31788	Had_Private_Insurance_during_reporting_period_RSR	YES NO	3	(1)=Yes; (0)=No
30 8	F31789	Medicare_a_source_of_insurance_RSR	YES NO	3	(1)=Yes; (0)=No
30 9	F31790	Is_Medi-Cal_a_source_of_insurance_RSR	YES NO	3	(1)=Yes; (0)=No
31 0	F31791	Did_client_receive_other_public_insurance_RSR	YES NO	3	(1)=Yes; (0)=No
31 1	F31792	Had_other_insurance_during_reporting_period_RSR	YES NO	3	(1)=Yes; (0)=No
31 2	F91862	HIV/AIDS Status	DICT	50	(1)=HIV-positive, not AIDS; (2)=HIV-positive, AIDS status unknown; (3)=CDC-Defined AIDS; (4)=HIV-negative (affected); (6)=Indeterminate (Client <2 years old); (7)=HIV Negative (High Risk); (10)=HIV Negative;
31 3	F20228	HIV/AIDS Status Effective Date	DATE	11	
31 4	F84932	Preferred Pronoun	ALP HA	15	
31 5	F84933	Chosen Name	NA ME	50	
31 6	F4583	Sexual Orientation	DICT	45	(1)=Gay or Lesbian; (2)=Straight or Heterosexual; (3)=Bisexual; (4)=Unknown; (6)=Not Applicable;

(8)=Pediatric/Not Applicable;
(9)=Refused to answer; (10)=Not Sure; (11)=Something else;
(12)=Don't understand the question;
(13)=Prefer not to state;

2. Client Services

Field #	Field Name	Field Description	Field Type	Max Length	Values
1	Record#	Sequential Record #	NUM		
2	Total#	Total # of Records	NUM		
3	SiteID	Service Entered by Site	ALPHA	70	
4	Contract#	Bill to Contract	ALPHA	45	
5	ClientID	Patient/Client ID#	ALPHA	10	
6	ServiceDt	Date of Encounter	DATE	10	
7	Serv.Code	CPT4 or Other Code	ALPHA		
8	Quantity	Encounter Units	ALPHA	10	
9	Charge	Encounter Cost	ALPHA	10	
10	MCCProbName	AHF MCC Problem Name	ALPHA	78	
11	NDCCode	Nat. Drug Code (NDC)	ALPHA	20	
12	PriDiag	Primary Diagnosis	DICT	10	
16	Provider	Encounter With	ALPHA		
17	Internal#	Client's Internal ID#	ALPHA		
18	Group#	Encounter Link ID#	ALPHA	20	
19	Time	Time of Encounter	TIME24	10	
20	Department	Encounter Department	ALPHA	40	(5)=Mental Health; (7)=Food Prog County; (56)=Tarzana Rehab L2 F (84)=Specialty Medical; (87)=Oral Medical; (122)=Linkage Case Mar Food Store in Long Beach (NOLP) (NOLP); (139)=Project New Hope Angeles (NOLP); (145)=Casa del (APLA); (7331011)=Clientline; (73
21	ZIPCode	Place of Encounter ZIP	ZIP		
22	SPA	SPA	ALPHA		
23	Payer	Payer/Guarantor	DICT	45	(1)=Los Angeles County; (2)=Los Hold; (20)=Medicare Advantage; ((30)=Other Insurance; (31)=Vetera (38)=Pending Verification; (39)=Bl Ipa; (46)=Pan American Life, Prior Group Ipa; (54)=Midland National Drug Employee Ben; (64)=APPLE First; (72)=New Patient; (73)=Phys Health Plans; (81)=Pcip; (82)=Delt Atlantic Medical Group Ipa; (91)=A Medical Group; (99)=Apple Medica (107)=Healthcare Partners Ipa HM Western Health Newtwor; (123)=V Group (703); (131)=Seaside Healt Health Physicians Of PIH; (140)=F Francisco Health Plan; (148)=Pinn

					(157)=Preferred Ipa of Calif; (158) (164)=Centinella Valley Ipa; (165)= Group; (173)=Family Care Special Care Covered California LACC; (1 13; (189)=AKA Medical Group; (19 (197)=Inland Empire Health Plan; (205)=Medi-Medi Managed Care; Group; (212)=Santa Monica Here (220)=(MHLA) My Health LA; (221 Group; (228)=Blue Cross Blue Shi (234)=Molina ACA California; (235 Partners Ipa; (242)=Health Net Co Health; (250)=Contra Costa Health (257)=In-Home Supportive Service CTR; (265)=Scan Health Plan; (26 (273)=Superior Choice Medical Gr Partners Valencia; (281)=Health N Company; (288)=High Desert Med B Only; (320)=Mental Health (S/D) (351)=ATP with Liability; (352)=Ge 1011; (381)=CCS; (383)=Law Enfo (410)=Mcal Crossover Ip & Op; (4 (Psych); (432)=Medi-Cal Pend AT (461)=Accident Litigation; (464)=S (476)=Mandated Programs/PH; (4 (485)=Health Care LA. IPA; (486)= Valley Physicians Ipa Medi-Cal; (4 of county/country; (502)=Group & PPO; (510)=Medicaid; (511)=IA (W Health; (518)=Anthem BC CA HMO (527)=Anthem BC CA Alta Med Ip Insurance; (550)=Cal Optima HMO (583)=Blue Shield of California; (5 HMOProspect Health S.; (620)=Ae Care; (628)=Anthem BC CA Allied (634)=Anthem BC CA Eastland M Exception Care MG HMO; (647)=W San Gabriel Medi-Cal; (654)=Anth (662)=HCP Medical Group-San An (674)=Santa Clara Family Health I PPO; (682)=Allied Greater Alhamb (689)=Alignment HP Med Adv HM Ipa Medi-Cal; (697)=Care 1ST Ca Administrators; (707)=Lifeshield N Managed Care; (715)=Blue Cross (721)=COVID19 HRSA Uninsured Medicare; (728)=Molina Managed (735)=Myhealth LA; (736)=Pace M
24	TransID	Service Transaction ID	ALPHA	40	
25	TOOTH	Tooth/Teeth for Procedure	DICT	200	(1)=1; (2)=2; (3)=3; (4)=4; (5)=5; (0
26	Bill	Bill for Procedure?	YESNO	3	(1)=Yes; (0)=No
27	POS	Place of Service	DICT	45	
28	Modifier	CPT4 Modifier	DICT	10	(1)=1; (2)=2; (3)=TC; (4)=RT; (5)= (55)=55; (56)=56; (57)=57; (58)=5 (180)=180; (181)=181; (182)=182;

					(203)=203; (204)=204; (205)=205; (226)=226; (227)=227; (228)=228; (249)=249; (250)=250; (251)=251; (272)=272; (273)=273; (274)=274; (295)=295; (296)=296; (297)=297; (318)=318; (319)=319; (320)=320; (341)=341; (342)=342; (343)=343; (364)=364; (365)=365; (366)=366; (387)=387; (388)=388; (389)=389; (410)=410; (411)=411; (412)=412; (433)=63; (434)=27; (435)=73; (43 (458)=Am; (459)=Ap; (460)=Aq; (4 (482)=Em; (483)=Ep; (484)=Et; (4 (506)=506; (507)=F4; (508)=F5; (5 (531)=GF; (532)=GJ; (533)=GK; (5 (555)=HH; (556)=HI; (557)=HJ; (5 (580)=K4; (581)=Ka; (582)=KB; (5 (605)=P5; (606)=P6; (607)=Pl; (60 (629)=QT; (630)=QV; (631)=QW; (653)=Su; (654)=SV; (655)=SW; ((677)=U3; (678)=U4; (679)=U5; (6
29	Medi-CalNO	Medi-Cal Didn't Pay	TRUEFALSE	3	
30	MedicareNO	Medicare Didn't Pay	TRUEFALSE	3	
31	PrivateNO	Private Didn't Pay	TRUEFALSE	3	
32	VANO	VA Didn't Pay	TRUEFALSE	3	
33	OTHERNO	Other Insurance No Pay	TRUEFALSE	3	
34	HWLANO	HWLA Didn't Pay	TRUEFALSE	3	
35	STRENGTH	Drug Strength	ALPHA	20	
36	LETTER	Letter on Bottle	ALPHA	5	
37	PRESCRIBER	Prescriber Name	ALPHA	70	
38	PRESCDEA	Prescriber DEA	ALPHA	30	
39	DRUGNAME	Drug Name	ALPHA	30	
40	CONTTYPE	Encounter Contact Type	DICT	70	(1)=Telephone Client; (2)=Face-to Client's Case - No Direct Contact;
41	RAPIDVISIT	Rapid Visit	YESNO	3	(1)=Yes; (0)=No

3. Annual Performance Measures

Field#	Field Name	Field Description	Field Type	Max Length	Valu
1	F14436	CIS#	ALPHA	9	
2	F*PMDATE	Reporting period start date	DATE		
3	F84929	2.1 PCV13 Pneumococcal vaccine	YESNO	3	(1)=Y
4	F84946	2.1 Date	DATE	10	
5	F84931	2.2 Two doses of MenACWY Meningococcal vaccine since HIV DX	YESNO	3	(1)=Y
6	F84944	2.2 Date1	DATE	10	
7	F84947	2.2 Date2	DATE	10	

8	F84918	2.3 Annual Hepatitis C screen	YESNO	30	(1)=Y
9	F84936	2.3 Date	DATE	10	
10	F84919	2.4 Annual urogenital Gonorrhea/Chlamydia screen	YESNO	30	(1)=Y
11	F84937	2.4 Date	DATE	10	
12	F84922	2.5 Annual pharyngeal Gonorrhea screen	YESNO	3	(1)=Y
13	F84940	2.5 Date	DATE	10	
14	F84920	2.6 Annual rectal Gonorrhea screen	YESNO	3	(1)=Y
15	F84938	2.6 Date	DATE	10	
16	F84924	2.7 Annual HIV risk assessment	YESNO	3	(1)=Y
17	F84942	2.7 Date	DATE	10	
18	F84923	2.8 Biannual Syphilis screen	YESNO	3	(1)=Y
19	F84939	2.8 Date 1	DATE	10	
20	F84941	2.8 Date 2	DATE	10	
21	F84925	2.9 Annual substance use screen	YESNO	3	(1)=Y
22	F84943	2.9 Date	DATE	10	
23	F84926	2.10 Annual depression screen	YESNO	3	(1)=Y
24	F84945	2.10 Date	DATE	10	

Data Collection Requirements (STI and Hepatitis Screening)

The system should collect data required for STI and Hepatitis screening. These requirements can be found in Attachment A-1-1 (Task 52: Prevention Data Collection Requirements).

Dra

Task 2.4: Agency and Site Listing by Contract, Service Category, and Funding Source

Laboratory Specifications

The system must interface with Public Health Laboratory to receive the following laboratory data. The system must track laboratory costs and reimburse contracted agencies based on the Medi-Cal cost or actual cost, whichever is less. (Task 4: Laboratory Specifications).

Field #	Field Name	Field Description	Field Type	Max Length	Values
1	SiteID	Lab Result Entered by Site	ALPHA	45	
2	ClientID	Medical Record Number	ALPHA		
3	ResultDate	Lab Result Date	DATE	45	

4	TestName	Lab Test Name	ALPHA	77	(3)=Chest X-Ray; (9)=Lymphocyte #; (14)=WBC; (16 Count; (46)=CD3 %; (47)=CD3 Count; (48)=CD4 / CD (57)=Hepatitis A Virus AB (IGM); (58)=Hepatitis C Vir Fasting triglycerides/cholesterol; (69)=CHOL/HDL Ra (80)=T. Gondii IgG; (81)=T. Gondii IgM; (82)=C. Trac GONDII IgM, ELISA; (92)=HIV IFA Confirmation; (93 Count; (101)=Viral Load; (102)=DFA - Chlamydia trac (112)=VDRL Qualitative; (113)=VDRL Titer; (114)=Sy (123)=TRUST - Qualitative; (124)=HIV Western Blot; (132)=Culture - Neisseria gonorrhoeae; (133)=PCR - Calymmatobacterium granulomatis; (141)=HIV Rna E (152)=Hepatitis A Antibody, Total; (153)=Hepatitis B (163)=Unknown Amplified-CT; (164)=TMA-Chlamydia (172)=Cholesterol/HDL Ratio Serum %; (173)=Hepat Index; (181)=HSV 2 IgG Interpretation; (182)=HCV G Mutations; (188)=PTT (Partial Prothrombin); (189)=H (198)=HCV S/Co Value; (199)=HCV S/Co Value; (20 NON-AFR. AMERICAN; (1006)=eGFR AFRICAN AM (1017)=Bilirubin, Total; (1018)=Alkaline Phosphatase (1030)=Platelet Count; (1031)=Absolute Neutrophils; (1041)=RPR (DX) W/Refl Titer and Confirmatory Tes (1049)=Comment(S); (1050)=Microalbumin; (1051)=I Additional Marker; (1060)=Signal to Cut-Off; (1061)=S (1070)=Number of Markers:; (1071)=3 Additional Mar (1082)=Bilirubin; (1083)=Ketones; (1084)=Occult Blo (1095)=P40; (1096)=GP41; (1097)=P51; (1098)=P55 (1107)=LMP:; (1108)=Prev. Pap:; (1109)=Prev. BX:; (1120)=Hepatitis B Surface Antigen (Refl); (1121)=Fe (1131)=T4, Free; (1132)=HIV 1/2 EIA Ab Screen; (11 Specimen; (1141)=10001327; (1142)=Glucose, CSF; (1152)=Cryptococcus Ag Titer; (1153)=Inr; (1154)=PT (1165)=CK-BB; (1166)=Fecal Fat, Qualitative; (1167) (1176)=Coccidioides Antibody, CF; (1177)=Hepatitis (Toxoplasma Ab (Igg,Igm)); (1185)=Comprehensive I Only (Urinalysis, Complete); (1196)=CBC (Includes D Only (Chlamydia Trachomatis Dna, Sda); (1204)=Cu (1214)=Tissue Pathology; (1215)=Report Notes; (121 (1226)=Ampicillin; (1227)=Cefazolin; (1228)=Cefepim Sal/Shig/Campy and Shiga Toxins EIA W/RFL E.Coli (1247)=HCG, Total, QL; (1248)=LH; (1249)=HSV Cu Panel With Reflex to Direct LDL; (1260)=Triglyceride METABOLITES (50 ng/mL SCREEN); (1268)=Metha (1278)=Surepath-FP and HPV; (1279)=Iron and Tota (1285)=Copies/ML; (1286)=Direct LDL; (1287)=Fta-A (1296)=Leukocyte Esterase; (1297)=WBC; (1298)=B (1307)=Amphetamine; (1308)=Methamphetamine; (1 (1316)=T3, Total; (1317)=Heptimax (R) HCV Rna; (1 (1330)=Calcium Oxalate Crystals; (1331)=Triple Pho (1345)=HSV 2 Igg, Herpeselect Type Specific Ab; (13 (1355)=Absolute Promyelocytes; (1356)=Absolute Bl (1368)=Ampicillin/Sulbactam; (1369)=Vancomycin; (1 (1393)=Hepatitis B Surface Ag W/Refl Confirm (Refl) (1414)=Candida:; (1418)=Titer [Cryptococcal Ag, Lat (1438)=Status; (1439)=Specimen Submitted; (1440)= (1452)=Test Name:; (1453)=Test Code:; (1454)=Clie Antibody; (1462)=SM/RNP Antibody; (1463)=Sjogren

(1479)=Beta Globulins; (1480)=Gamma Globulins; (1
Panel; (1488)=Ana Ifa Screen W/Refl to Titer and Pa
(1502)=Helper/Suppressor Ratio; (1507)=Hepatitis P
(1517)=Heptimax(R) HCV Rna W/RFL to HCV Genot
Antibodies (Igg,Igm); (1545)=Hev Igg; (1546)=Hev Ig
Urethra; (1574)=C. Trac/N. Gono Screen:; (1575)=C.
Fetoprotein, Tumor Marker; (1588)=Yeast Phase Ant
(VZV) Dna, QL RT PCR; (1597)=HSV 1 Dna, QN PC
(1605)=Thyroglobulin Antibodies; (1606)=Thyroglobu
(1630)=Ritonavir; (1633)=Hepatitis B Virus Genotype
Henselae Igg Screen; (1642)=B. Henselae Igm Scree
(1651)=58 KD (Igg) Band; (1652)=66 KD (Igg) Band;
(1683)=Bilirubin, Fractionated; (1684)=Aldosterone, L
(1693)=Caffeine; (1695)=Ampicillin; (1696)=Ciproflox
Cytology; (1711)=Status; (1712)=Specimen Submitte
Virus Antibody (Igg); (1781)=Hepatitis B Surface Anti
(1829)=10001357; (1830)=CA 19-9; (1834)=Protein,
(1841)=Abnormal Protein Band 3; (1842)=Interpretati
Hour Urine; (1853)=Calcium/Creatinine Ratio; (1854)
Interpretation; (1878)=Lead, Blood (Osha); (1889)=H
W/Fluorochrome Smear; (1897)=Wet Mount; (1898)=
(1905)=Culture, Campylobacter; (1906)=Shiga Toxin
Specimens; (1913)=B Clinical Impression; (1914)=B
(1921)=Immunoglobulin M; (1922)=Gram Stain:; (192
(1930)=Rifampin; (1931)=Moxifloxacin; (1932)=Spec
Titer and Ag; (1942)=Testosterone, Total, LC/MS/MS
Screen, Comprehensive (Serum/Plasma)); (1951)=A
(1956)=Measles Ab Igm, if; (1957)=Rubella Antibody
(1965)=Concentrate Result 2:; (1966)=Trichrome Res
WITH REFLEX TO HIV-1 GENOTYPE; (1973)=Copie
(1979)=Tissue Transglutaminase (Igg,Iga); (1980)=T
HR Urine; (1989)=Phosphate, 24 Hour Urine; (1990)=
(2001)=Hepatitis C Viral Rna Genotype, Lipa; (2003)=
QN; (2013)=HCV Rna, PCR, QN; (2014)=Extra Gray
Panel 10-50 + Ethanol; (2022)=Alcohol, Ethyl (U); (20
(2029)=HEPATITIS C VIRAL RNA, QN bDNA WITH
Trough; (2037)=Test in Question- Misc Question; (20
Ab Iga; (2044)=H. Pylori Ab Igg; (2045)=H. Pylori Ab
(2052)=Surepath and CT/NG Dna, Sda, Pap Vial; (20
(2062)=Tppa Confirmatory; (2063)=HBsAg HEP. B S
Estimated (Calc); (2073)=Globulin (CALC); (2074)=G
Lymphocyte Count; (2083)=Absolute Neutrophil Cou
(2091)=HEP.A Ab.Total; (2092)=HbV DNA UltraQuan
T3; (2103)=TSH III(Ultra Sensitive); (2104)=Free T4;
(2113)=Test Cancelled; (2114)=CD3 % (Mature T Ce
(2122)=FSH (Foll. Stim. Horm.); (2123)=Pathology; (
(2131)=Complement-C4; (2132)=LH (Luteinizing Hor
(2141)=C.Difficile Toxin A; (2142)=CT Genprobe (Su
Iron Binding Cap.; (2154)=HBsAg HEP.B SURFACE
(2163)=IgA Random Urine; (2164)=IgG Random Urin
(2174)=Protein Total Urine; (2175)=Protein, TOTAL U
NITROGEN-Urine; (2184)=Volume; (2185)=Note Onl
(2191)=Cytomegalovirus Dna, QN Real Time PCR; (
PD, RBC; (2198)=Glucose, Random (P); (2199)=Pro
Order 3; (2204)=Thyroid Panel; (2205)=Digoxin; (220
(2218)=00600; (2219)=019620; (2220)=03370; (2221

Creatinine, Random Urine; (2228)=Sodium/Creat Ra
Urine; (2235)=Test in Question- Ambiguous Order; (2
(2241)=Protein/Creatinine Ratio; (2242)=Protein, Tot
Signature; (2252)=Sureswab(TM) Chlamydia/ N. Gon
1 Virtual Phenotyping; (2259)=JAK2 V617F,QL,Leum
Gonorrhoeae Rna, Tma, Rectal; (2267)=Chlamydia T
Respiratory; (2273)=HSV 1/2 Igg, Herpeselect Type
(2280)=HIV 1/2 Plus O AB ADVIA Centau; (2281)=H
Serum; (2290)=GEN PROBE APTIMA Combo 2 Assa
(2302)=GP160; (2303)=Result; (2304)=HIV 1 EIA Sc
(2313)=Calcium-Urine; (2314)=CPK; (2315)=Oxalate
Acid, Random Urine; (2326)=Hepatitis Be Antigen; (2
RFX HR HPV

5	TestResult	Test Result	ALPHA	45
6	TestName	Lab Test Name	ALPHA	
7	TestResult	Test Result	ALPHA	
8	Internal#	Client's Internal ID#	ALPHA	

Field#	Field Name	Field Description	Field Type	Max Length
1	LABCODE	Lab Code	ALPHA	
2	INVOICE#	Invoice #	NUM	15
3	INVOICEDAT	Invoice date	DATE	10
4	CLIENT#	Quest Client #	NUM	10
5	REFERRINGC	Referring Client #	ALPHA	
6	REFERRINGC	Referring Client Name	ALPHA	
7	REFERRINGC	Referring Client City	ALPHA	
8	LAB#	Lab #	NUM	10

9	PATIENTNAM	Patient Name	NAME	45
10	PATIENTID	Patient ID	ALPHA	
11	DATEOFSERV	Date of Service	DATE	10
12	DESCRIPTIO	Description of Serv	ALPHA	
13	CPTCODES	CPT Codes	ALPHA	
14	SERVICECOD	Service Code	NUM	10
15	REF.PHY.	Ref. Phy.	ALPHA	
16	PRICE	Price	ALPHA	20
17	BLANK	Blank header	ALPHA	
18	CS01	CS01	ALPHA	
19	CS02	CS02	ALPHA	
20	CS03	CS03	ALPHA	
21	CS04	CS04	ALPHA	
22	DATEOFBIRTH	Date of Birth	DATE	11
23	SendOut	Send Out	ALPHA	
24	TNP	TNP	ALPHA	
25	P_O_C	Parent_Order_Code	ALPHA	

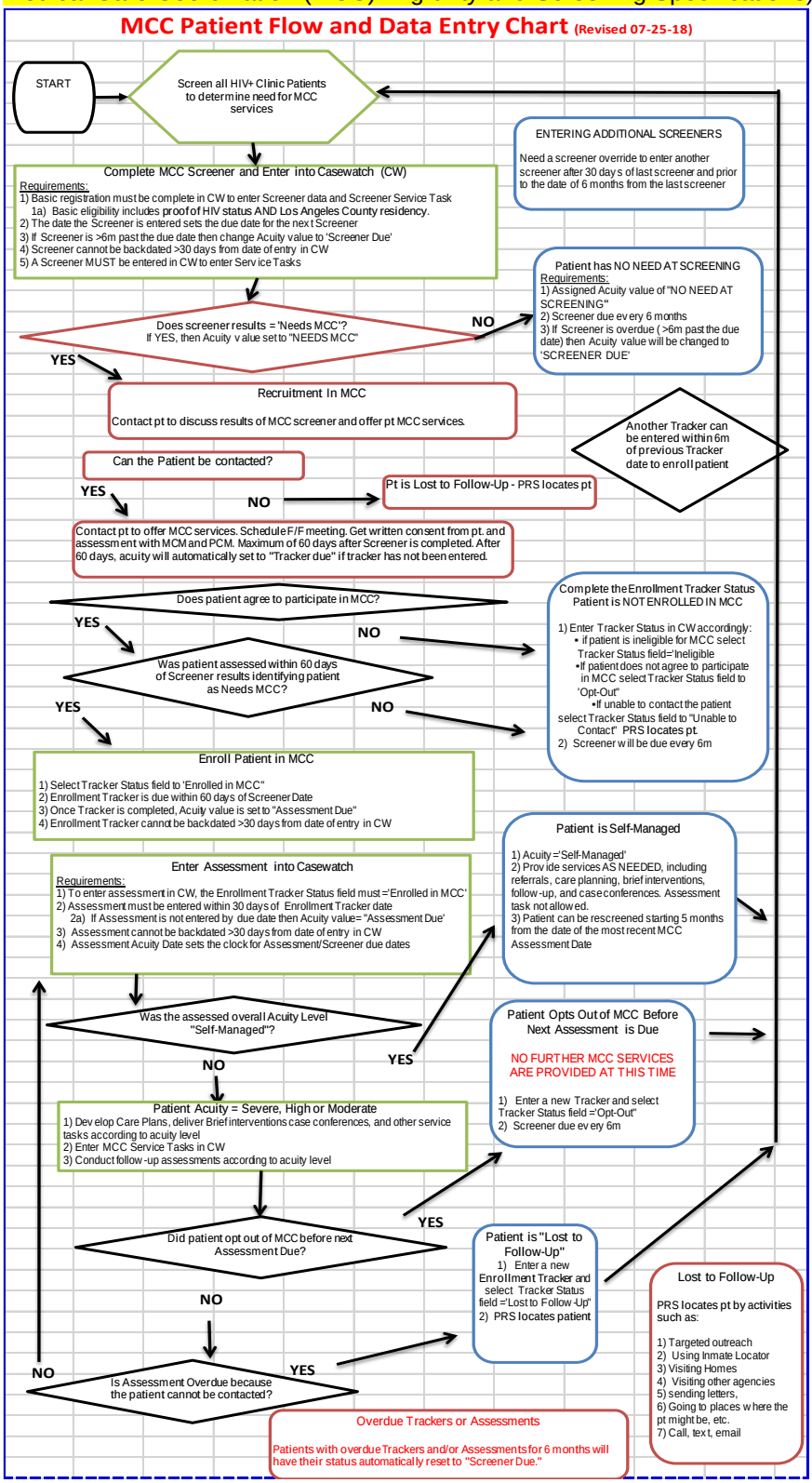
Task X: Drug and Immunization Specifications

Los Angeles County Comprehensive HIV/STD Plan

The system must conform to all standards outlined in the Los Angeles County Comprehensive HIV/STD Plan. See Attachment A-1-2 (Task 6: Los Angeles County Care Plan).

Medical Care Coordination (MCC) Eligibility and Screening Specifications

The system should provide eligibility and screening for all RWP clients using the following criteria (Task 6: Medical Care Coordination (MCC) Eligibility and Screening Specifications):



ATTACHMENT A-1-1
STI AND HEPATITIS DATA COLLECTION SPECIFICATION
[SEE ATTACHED]

STI and Hepatitis Data Collection Specifications

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Client Intake (client_intake)			
1	[record_id]	HTS Client ID	text
2	[intakedate]	Client Intake Date:	text (date_mdy, Min: 2024-01-01), Required Field Annotation: @FORCE-MINMAX @NOTFUTURE
3	[mrn]	Section Header: *Client Identification* Client's program ID or Medical Record Number (MRN)	text (number, Min: 10) Field Annotation: @CHARLIMIT=10
4	[name_embed]	Client's Name First Name* {first_name} Middle Initial {middle_name} Last Name* {last_name}	descriptive
5	[first_name]	First Name	text, Required, Identifier Field Annotation: @CHARLIMIT=20
6	[middle_name]	Middle Initial	text Field Annotation: @CHARLIMIT=1
7	[last_name]	Last Name	text, Required, Identifier Field Annotation: @CHARLIMIT=40
8	[dob_housing_embed]	Date of Birth* {dob} Current Housing Status* {homeless} Client's Zip Code* (use '99999' if unknown) {clientzipcode} Calculated Age {age_display} {clientzipcode_declined}	descriptive
9	[dob]	Date of Birth	text (date_mdy, Min: 1930-01-01, Max: 2012-12-30), Required, Identifier Field Annotation: @HIDEBUTTON @NOTFUTURE @FORCE-MINMAX
10	[age_display]	Calculated age at session date	calc Calculation: round(datediff([sessiondate],[dob],'y'),0)
11	[homeless]	Current Housing Status	dropdown, Required 1, Not Homeless/Has a permanent living situation indoors 2, Homeless, living outdoors 3, Homeless, staying in a shelter or transitional housing 4, Homeless, sleeping in a car or temporary indoor 5, Homeless, but cannot or will not give more detail 6, Unable/unwilling to give any information as to housing status
12	[address_embed] Show the field ONLY if: [homeless] = '1' or [homeless] = '3'	Client's Full Address House Number {clienthousenumber} Street {clientstreetname} (St, Ave, Blv, Dr) {clientstreetsuffix} Unit {clientunit} City {clientcity} ZipCode [clientzipcode]	descriptive
13	[clienthousenumber]	House Number	text (number, Max: 99999) Custom alignment: LV Field Annotation: @CHARLIMIT=5
14	[clientstreetname]	Street	text Field Annotation: @CHARLIMIT=25
15	[clientstreetsuffix]	Suffix	text Field Annotation: @CHARLIMIT=3
16	[clientunit]	Unit *include just the unit, omit "Apt", "Unit", "Suite"*	text Field Annotation: @CHARLIMIT=7
17	[clientcity]	City	text Field Annotation: @CHARLIMIT=25
18	[clientzipcode]	Zip Code *if unable to obtain, enter 99999*	text (zipcode), Required
19	[address_crossstrs] Show the field ONLY if: [clientzipcode_declined] = '99999' or [clientzipcode] = '99999'	Address Cross Streets (if zip code not collected)	text Field Annotation: @CHARLIMIT=50
20	[clientzipcode_declined]		radio

			99999 | Unable to obtain client's zip code
21	[phone_embed]	Phone Number (cell) {phone_cell} Phone Number (home) {phone}	descriptive
22	[phone]	Client's home telephone number	text (phone) Field Annotation: @CHARLIMIT=14
23	[phone_cell]	Client's cellular telephone number	text (phone) Field Annotation: @CHARLIMIT=14
24	[gend_race_embed]	Section Header: *Client Demographics* Gender Identity* {currentgendervaluecode} Sex at Birth* {birthgendervaluecode} Ethnicity* {ethnicity} Race* {racevaluecode} {racevaluecode77} Sexual Orientation {sexualorientation} Health Insurance Status {insurance_status}	descriptive
25	[currentgendervaluecode]	What is the client's current gender identity?	dropdown, Required 1 | Male 2 | Female 3 | Transgender Female/Trans Woman 4 | Transgender Male/Trans Man 6 | Another gender category or another identity 7 | Gender non-binary, gender non-conforming 77 | Prefer not to state
26	[birthgendervaluecode]	What was the client's assigned sex at birth?	dropdown, Required 1 | Male 2 | Female 33 | Non-binary or X 77 | Declined 88 | Other
27	[ethnicity]	What is the client's ethnicity?	dropdown, Required E1 | Hispanic/Latinx E2 | Non-Hispanic/Non-Latinx 77 | Declined 99 | Don't Know
28	[racevaluecode]	What is the client's race? (check all that apply)	checkbox R3 | racevaluecode___r3 | African-American/Black R1 | racevaluecode___r1 | American Indian/ Alaska Native R2 | racevaluecode___r2 | Asian R4 | racevaluecode___r4 | Native Hawaiian/ Pacific Islander R5 | racevaluecode___r5 | White
29	[racevaluecode77] Show the field ONLY if: [racevaluecode(R3)] = '0' and [racevaluecode(R1)] = '0' and [racevaluecode(R2)] = '0' and [racevaluecode(R4)] = '0' and [racevaluecode(R5)] = '0'	Did client decline to specify race?	radio 55 | Not Specified 77 | Declined Custom alignment: LV
30	[sexualorientation]	What is the client's sexual orientation?	dropdown 2 | Bisexual 3 | Gay or Lesbian 1 | Straight or Heterosexual 4 | Something else 99 | Not Sure 77 | Prefer not to state 98 | Don't understand the question
31	[insurance_status]	Health Insurance Status	dropdown 1 | Insured 0 | Uninsured

			99 | Don't know
32	[client_intake_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete/Needs Review 1 | Incomplete/Reviewed and Closed 2 | Complete
Instrument: Risk Assessment (risk_assessment)			
33	[risk_instruction]	Note: This form must be completed once during the calendar year. Testing records for this client will not count until this form is marked "Complete".	descriptive Field Annotation: @HIDEREPEAT-FORM
34	[riskassessmentdate]	Risk Assessment Date	text (date_mdy, Min: 2024-01-01), Required Field Annotation: @FORCE-MINMAX @NOTFUTURE
35	[client_identification_em2]	Client Identification[last_name], [first_name], DOB: [dob]	descriptive
36	[pep_ever]	Has client ever used PEP for HIV prevention?	radio 1 | Yes 0 | No 77 | Declined 99 | Don't Know Custom alignment: RH
37	[everheardofprep]	Has client ever heard of PrEP, the medicine taken to reduce the risk for getting HIV?	radio 1 | Yes 0 | No Custom alignment: RH
38	[prep_ever]	Has client ever used PrEP?	radio 1 | Yes 0 | No Custom alignment: RH
39	[sexualcontact]	Did the client have sexual contact in the last 12 months?	yesno 1 | Yes 0 | No
40	[sexcontact_embed_2] Show the field ONLY if: [sexualcontact]=1	Type(s) of sexual contact (mark all that apply) {sextype} Gender of client's sex partner(s) (mark all that apply) {sexwith} {sexwithdeclined}	descriptive
41	[sextype] Show the field ONLY if: [sexualcontact] = '1'	Type of sexual contact in the past 12 months (mark all that apply)	checkbox 1 | sextype___1 | Anal Insertive 2 | sextype___2 | Anal Receptive 3 | sextype___3 | Gave Oral 4 | sextype___4 | Got Oral 5 | sextype___5 | Vaginal
42	[sexwith] Show the field ONLY if: [sexualcontact] = '1'	Gender of client's sexual partners (check all that apply)	checkbox 1 | sexwith___1 | Female 2 | sexwith___2 | Male 3 | sexwith___3 | Transgender Female/Trans Woman 4 | sexwith___4 | Transgender Male/Trans Man 5 | sexwith___5 | Gender Non-Binary, Gender Non-Conforming 6 | sexwith___6 | Another gender category or another identity
43	[sexwithdeclined] Show the field ONLY if: [sexualcontact] = '1' and [sexwith(1)] != '1' and [sexwith(2)] != '1' and [sexwith(3)] != '1' and [sexwith(4)] != '1' and [sexwith(5)] != '1' and [sexwith(6)] != '1'	Sex with declined	radio 9 | Declined

44	[sexual_behavior_embed] Show the field ONLY if: [sexualcontact] = '1'	In the past 12 months, has client had Anal or Vaginal Sex: Without a condom {sexwithnocondom} With a person on PrEP {sexwithprep} In exchange for money, drugs,shelter, etc. {sexformoney} While using alcohol {sexwithalcohol} While using methamphetamines {sexwithmeth} With a partner who injectsnon-prescribed drugs or substances {sexwithidu} With an HIV positive person {sexwithhiv}	descriptive
45	[sexwithnocondom]	In the past 12 months, has client had anal or vaginal sex without a condom?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
46	[sexwithprep]	In the past 12 months, has client had anal or vaginal sex with a person on PrEP?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
47	[sexformoney]	In the past 12 months, has client had anal or vaginal sex in exchange for money, drugs, shelter, etc?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
48	[sexwithalcohol]	In the past 12 months, has client had anal or vaginal sex while using alcohol?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
49	[sexwithmeth]	In the past 12 months, has client had anal or vaginal sex while using methamphetamines?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
50	[sexwithidu]	In the past 12 months, has client had anal or vaginal sex with a partner who injects non-prescribed drugs or substances?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
51	[sexwithhiv]	In the past 12 months, has client had anal or vaginal sex with an HIV positive person?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
52	[substance_use_embed]	In the past 12 months, has client: Injected a non-prescribed drug/substance(narcotics, hormones, etc.)* {injectiondruguse_2020} Shared any injection equipment {sharedruginjectionequipment} Used cocaine (including crack cocaine) {cocaineuse2} Used heroin {heroinuse} Used marijuana {marijuanause} Used	descriptive

		methamphetamine {methuse} Used prescription opioids {opioiduse}	
53	[injectiondruguse_2020]	In the past 12 months, has client injected a non-prescribed drug or substance (e.g. narcotics, hormones, etc.)?	radio, Required 1, Yes 0, No 77, declined Custom alignment: RH
54	[sharedruginjectionequipment]	In the past 12 months, has client shared any injection equipment?	radio 1, Yes 0, No 77, declined Custom alignment: RH
55	[cocaineuse2]	In the past 12 months, has client used cocaine (including crack cocaine)?	radio 1, Yes 0, No 77, declined Custom alignment: RH
56	[heroinuse]	In the past 12 months, has client used heroin?	radio 1, Yes 0, No 77, declined Custom alignment: RH
57	[marijuanause]	In the past 12 months, has client used marijuana?	radio 1, Yes 0, No 77, declined Custom alignment: RH
58	[methuse]	In the past 12 months, has client used methamphetamine?	radio 1, Yes 0, No 77, declined Custom alignment: RH
59	[opioiduse]	In the past 12 months, has client used opioids?	radio 1, Yes 0, No 77, declined Custom alignment: RH
60	[clientcounseling]	Was client provided risk reduction counseling?	radio 1, Yes 0, No Custom alignment: RH
61	[risk_assessment_complete]	Section Header: *Form Status* Complete?	dropdown 0, Incomplete/Needs Review 1, Incomplete/Reviewed and Closed 2, Complete
Instrument: Testing Form (testing_form)			
62	[testid_display]	The Test ID can be used on the consent form, QA Log, and any other documentation. It is a short number that is unique to your agency for this test record.	descriptive Field Annotation: @HIDEREPEAT-FORM
63	[startdatetime]	Form Creation Date:	text (date_mdy) Field Annotation: @IF([record_id] = '',@TODAY, '')

			@READONLY @HIDDEN-FORM
64	[testsessionid_embed] Show the field ONLY if: [sessiondate]!='' and [siteid]!=''	Test Session ID: [testsessionid] User: [username]	descriptive
65	[testsessionid]	Test Session ID	calc Calculation: if (find("-",[record_id])=0, concat("2024","1","0",[record_id],[current-instance]), concat("2024","1", left([record_id],find("-",[record_id])-1), right([record_id],length([record_id]) - find("-",[record_id])), [current-instance])) Field Annotation: @HIDDEN
66	[username]	User Name:	text Field Annotation: @HIDDEN @DEFAULT='[user-fullname]'
67	[dateidcounselor_embed]	Section Header: *Program and Site Information* Session Date* {sessiondate} Site ID* {siteid} Counselor ID* {counselorid}	descriptive
68	[sessiondate]	Session Date	text (date_mdy, Min: 2024-01-01), Required Field Annotation: @FORCE-MINMAX @NOTFUTURE
69	[siteid]	Site ID *Specific site where test was performed*	dropdown, Required 19460070 | Bienestar Storefront Pomona - 19460070 19460077 | Bienestar Harm Reduction Drop-In Center - 19460077 19892041 | Venice Family Clinic Storefront Common Ground - 19892041 99030001 | DHSP Staff Only - DO NOT USE - 99030001
70	[counselorid]	Counselor ID	dropdown, Required 2891 | Andrea D. Smith, 2891 3637 | Andrea Aguilar, 3637 2346 | Bertell Ferguson, 2346 2672 | Cyndi Blackman; 2672 3450 | Elham Jalayer, 3450 3638 | Isaiah Tercero, 3638 2990 | Juan Carlos Lee Villacorta, 2990 2140 | Leslie O'Hara, 2140 3480 | Quatrel'e Smith, 3840 2147 | Ralph Pacheco, 2147 2754 | Silvia Valerio, 2754 5009 | Ying-Tung Chen, 5009 8096 | Giovanna Santana, 8096 9001 | DO NOT USE FOR REAL DATA, 1999
71	[client_identification_em]	Client Identification [last_name], [first_name], DOB: [dob]	descriptive
72	[syphilisever]	Section Header: *Client Behavior* Has the client ever had syphilis?	radio 1 | Yes 0 | No 99 | Don't know Custom alignment: RH
73	[exposedsyphilis12mo]	Has the client had sexual exposure to a person with syphilis in the past 12 months?	radio 1 | Yes 0 | No 99 | Don't Know 77 | Declined
74	[syphilis_embed]	Did the client report any of the following in the past 3 months?(self-report only, mark all that apply) {symptomshx} {symptomshx_nosymptoms}	descriptive
75	[symptomshx]	Did the client report any of the following in the past 3 months? (only self-report, mark all that apply)	checkbox SymptomsHx_GenitalSore | symptomshx___symptomshx_

			SymptomsHx_MouthSore: symptomshx___symptomshx_ SymptomsHx_BodyRash: symptomshx___symptomshx_ SymptomsHx_HairLoss: symptomshx___symptomshx_ SymptomsHx_PalmarPlantar: symptomshx___symptomshx_ SymptomsHx_BlurredVision: symptomshx___symptomshx_
76	[symptomshx_nosymptoms]		radio 1 Did not report symptoms
77	[pep_exposure]	Section Header: *PrEP/PEP Current Information* Was client exposed to HIV within the past 72 hours (3 days)?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
78	[pep_referral] Show the field ONLY if: [pep_exposure]=1	If client was exposed to HIV within the past 72 hours (3 days), was client referred to PEP services?	radio 1 Yes 0 No Custom alignment: RH
79	[prep_currently]	Is client currently on daily PrEP medication?	radio 1 Yes 0 No Custom alignment: RH
80	[usedprepinlast12months] Show the field ONLY if: [prep_currently]='0'	If client is not currently on PrEP, has client used PrEP at any time in the past 12 months?	radio 1 Yes 0 No Custom alignment: RH
81	[previoushivtestvaluecode]	Section Header: *Testing Services* Has client tested for HIV in the past?	radio 1 Yes 0 No 99 Don't know Custom alignment: RH
82	[hivstatusvaluecode] Show the field ONLY if: [previoushivtestvaluecode]='1'	If client has tested for HIV in the past, what was the last HIV test result (self-reported)?	radio 1 Positive 2 Negative 77 Declined 99 Don't Know Custom alignment: LV
83	[testtypes]	Which tests are being performed?*	checkbox, Required 1 testtypes___1 Rapid Tests 2 testtypes___2 Lab-based Tests
84	[rapidtesting_embed] Show the field ONLY if: [testtypes(1)]='1'	Rapid Tests* Type Test Performed Test Result Rapid HIV {test1performed_rapidonsite} {test1result_rapidonsite} Rapid Syphilis {syphilisrapidtest} {testresult_syphilisrapidtest} Rapid Pregnancy {pregnancyrapidtest} {testresult_pregnancyrapidtest} Rapid Hepatitis C {rapid_hepatitisc_testperformed} {testresult_rapidhepc} *Please see package insert for instructions on CLIA-waived tests	descriptive
85	[hepc_embed_2] Show the field ONLY if: [testtypes(1)]='1' and [testresult_rapidhepc]=1	Were referrals provided for Hep C? {hepc_referral}	descriptive
86	[test1performed_rapidonsite]	HIV rapid test performed	yesno

			1 Yes 0 No Custom alignment: RH
87	[syphilisrapidtest]	Syphilis rapid test performed	yesno 1 Yes 0 No Custom alignment: RH
88	[pregnancyrapidtest] Show the field ONLY if: [birthgendervaluecode]=2	Rapid pregnancy test performed	yesno 1 Yes 0 No Custom alignment: RH
89	[testresult_syphilisrapidtest] Show the field ONLY if: [syphilisrapidtest] = '1'	Rapid syphilis test result	radio 1 Positive 3 Negative 99 Unknown Custom alignment: RH
90	[test1result_rapidonsite] Show the field ONLY if: [test1performed_rapidonsite]=1	If an on-site rapid test was conducted as the first HIV test, what was the result?	radio 1 Positive/Reactive 3 Negative Custom alignment: RH
91	[testresult_pregnancyrapidtest] Show the field ONLY if: [pregnancyrapidtest] = '1' and [birthgendervaluecode]='2'	Rapid pregnancy test result	radio 1 Positive 3 Negative 99 Unknown Custom alignment: RH
92	[referredconfirmsytest] Show the field ONLY if: [testresult_syphilisrapidtest]=1	Was client referred for a confirmatory Syphilis test?	radio 1 Yes, to DHSP 2 Yes, to DHS 3 Yes, to another agency 0 No 9 Not applicable
93	[referredstdtx] Show the field ONLY if: [syphilis_testperformed]	Was client referred to STD treatment?	radio 1 Yes 0 No 9 Not applicable
94	[labtesting_embed] Show the field ONLY if: [testtypes(2)]='1'	Instrument/Lab-based Tests Type Test Performed Test Result HIV {test1performed_lab4gen} {test1result_lab4gen} Syphilis {syphilis_testperformed} {syphilis_testresult} Hepatitis C confirmatory RNA test {hepatitisc_testperformed} {hepatitisc_testresult} GC/CT GC CT Throat {gcct_throat_testperformed} {gc_throat_testresult} {ct_throat_testresult} Vaginal {gcct_vaginal_testperformed} {gc_vaginal_testresult} {ct_vaginal_testresult} Rectal {gcct_rectal_testperformed} {gc_rectal_testresult} {ct_rectal_testresult} Urine {gcct_urine_testperformed} {gc_urine_testresult} {ct_urine_testresult}	descriptive
95	[test1performed_lab4gen]	Lab-based HIV test performed	yesno 1 Yes 0 No Custom alignment: RH
96	[gcct_throat_testperformed]	Lab-based GC/CT throat test performed	yesno 1 Yes 0 No

			Custom alignment: RH
97	[gcct_vaginal_testperformed]	Lab-based vaginal GC/CT test performed	yesno 1, Yes 0, No Custom alignment: RH
98	[gcct_rectal_testperformed]	Lab-based rectal GC/CT test performed	yesno 1, Yes 0, No Custom alignment: RH
99	[gcct_urine_testperformed]	Lab-based Urine GC/CT test performed	yesno 1, Yes 0, No Custom alignment: RH
100	[gc_throat_testresult] Show the field ONLY if: [gcct_throat_testperformed]='1'	GC throat test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
101	[ct_throat_testresult] Show the field ONLY if: [gcct_throat_testperformed]='1'	CT throat test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
102	[gc_vaginal_testresult] Show the field ONLY if: [gcct_vaginal_testperformed]='1'	GC vaginal test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
103	[ct_vaginal_testresult] Show the field ONLY if: [gcct_vaginal_testperformed]='1'	CT vaginal test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
104	[gc_rectal_testresult] Show the field ONLY if: [gcct_rectal_testperformed]='1'	GC rectal test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
105	[ct_rectal_testresult] Show the field ONLY if: [gcct_rectal_testperformed]='1'	CT rectal test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
106	[gc_urine_testresult] Show the field ONLY if: [gcct_urine_testperformed]='1'	GC urine test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH

107	[ct_urine_testresult] Show the field ONLY if: [gcct_urine_testperformed]='1'	CT urine test result	radio 1 Positive 3 Negative 99 Unknown Custom alignment: RH
108	[othertest_embed] Show the field ONLY if: [testtypes(2)]='1'	Name of additional test performed (if applicable) {othertestname} Reactive organism {reactiveorganism}	descriptive
109	[othertestname]	Additional test performed: other	text Custom alignment: RH Field Annotation: @CHARLIMIT=50
110	[reactiveorganism]	Other test performed: reactive organism	text Custom alignment: RH Field Annotation: @CHARLIMIT=50
111	[test1result_hometest] Show the field ONLY if: [testtypes(1)]=1	If an in-home HIV Test was conducted as the first HIV test, what was the result?	radio 1 Positive/Reactive 3 Negative 99 Unknown Custom alignment: RH
112	[test1result_lab4gen]	If an HIV Ag/Ab Combo Assay laboratory test was conducted as the first HIV test, what was the result?	radio 1 Positive/Reactive 3 Negative Custom alignment: RH
113	[provisionofresultvaluecode] Show the field ONLY if: [test1performed_rapidonsite]=1 or [test1performed_lab4gen]=1	Was client informed of the HIV test result? If HIV test was self-administered by the client, through a home-based test kit, leave blank.	radio 1 Yes 0 No 2 Yes, client obtained the result from another agency Custom alignment: RH
114	[syphilis_testperformed]	Was client tested for syphilis?	radio 1 Yes 0 No Custom alignment: RH
115	[syphilis_testresult] Show the field ONLY if: [syphilis_testperformed]='1'	If a syphilis test was conducted, what was the result?	radio 1 Positive/Reactive 3 Negative 99 Unknown Custom alignment: RH
116	[rapid_hepatitisc_testperformed]	Was client tested for hepatitis C using a rapid test?	radio 1 Yes 0 No Custom alignment: RH
117	[testresult_rapidhepc] Show the field ONLY if: [rapid_hepatitisc_testperformed]='1'	If a Rapid Hepatitis C test was conducted, what was the result?	radio 1 Positive/Reactive 3 Negative 99 Unknown Custom alignment: RH
118	[hepc_referral] Show the field ONLY if: [testresult_rapidhepc]='1'	If a Rapid Hepatitis C test was conducted, were referrals provided?	radio 1 Yes 0 No Custom alignment: RH

119	[hepatitisc_testperformed]	Was client tested for hepatitis C using a lab-based test?	radio 1, Yes 0, No Custom alignment: RH
120	[hepatitisc_testresult] Show the field ONLY if: [hepatitisc_testperformed]='1'	If a hepatitis C test was conducted, what was the result?	radio 1, Positive/Reactive 3, Negative 99, Unknown Custom alignment: RH
121	[linkedtohcvcare] Show the field ONLY if: [hepatitisc_testresult] = '1'	Was client linked to Hepatitis C (HCV) care?	radio 1, Yes 0, No
122	[prep_serv_embed] Show the field ONLY if: [test1result_rapidonsite]!='1' AND [test1result_hometest]!='1' AND [test1result_lab4gen]!='1'	Section Header: *PrEP Referral* Is client interested in starting PrEP? {prepinterest} Was client referred to a PrEPprovider (navigator or medical provider)? {referredtoprepprovider}	descriptive
123	[prepinterest]	Is client interested in starting PrEP?	radio 1, Yes 0, No Custom alignment: RH
124	[referredtoprepprovider]	Was client referred to a PrEP provider (navigator or medical provider)?	radio 1, Yes 0, No 77, Declined Custom alignment: RH
125	[prev_serv_embed_2] Show the field ONLY if: [referredtoprepprovider]=1	Where was the client referred for PrEP? Write name of PrEP Provider (navigator or medical provider) {prep_referredagencyname} Was client provided with linkage services to a PrEP provider (navigator or medical provider)? {providedassistancetoprepprovider}	descriptive
126	[prep_referredagencyname]	Name of PrEP clinic where the client was referred to for PrEP services.	text
127	[providedassistancetoprepprovider]	Was client provided with linkage services to a PrEP provider (navigator or medical provider)?	radio 1, Yes 0, No Custom alignment: RH
128	[prev_serv_embed_3] Show the field ONLY if: [providedassistancetoprepprovider]=1	Who did you (the counselor) speak with? (provide name of PrEP staff) {prep_linkedcontact} PrEP Appointment Date (mm/dd/yyyy) {prep_appointmentdate}	descriptive
129	[prep_linkedcontact]	Name of person at PrEP clinic who verified the client's PrEP appointment date and/or whether or not the client attended the PrEP appointment.	text Custom alignment: RH
130	[prep_appointmentdate]	PrEP Appointment Date	text (date_mdy, Min: 2024-01-01) Custom alignment: RH Field Annotation: @FORCE-MINMAX
131	[oth_serv_embed]	Section Header: *Other Service Referrals* Was client referred to any of the following services? Evidence-basedRisk Reduction Health Benefits Navigationand Enrollment Services Mental HealthServices Social Services Substance UseTreatment Services Syringe ServicesProgram {refrraintervention} {refhealthbenefits} {mentalhealth_referred} {ssreferred} {substanceuse_referred} {syringeservices_referred}	descriptive
132	[refrraintervention]	Was client referred to evidence-based risk reduction intervention services?	radio 1, Yes 0, No

			Custom alignment: RH
133	[refhealthbenefits]	Was client referred to health benefits navigation and enrollment services?	radio 1, Yes 0, No Custom alignment: RH
134	[mentalhealth_referred]	Was client referred to mental health services?	radio 1, Yes 0, No Custom alignment: RH
135	[ssreferred]	Was client referred to social services?	radio 1, Yes 0, No Custom alignment: RH
136	[substanceuse_referred]	Was client referred to substance use treatment services?	radio 1, Yes 0, No Custom alignment: RH
137	[syringeservices_referred]	Was client referred to syringe services?	radio 1, Yes 0, No Custom alignment: RH
138	[pregnantstatusvaluecode_1b] Show the field ONLY if: [birthgendervaluecode]!=1	Section Header: *Pregnancy Information* Is client currently pregnant?	radio 1, Yes 0, No 99, Don't Know 77, Declined
139	[preg_info_embed] Show the field ONLY if: [birthgendervaluecode]!=1 and [pregnantstatusvaluecode_1b]=1	In prenatal care? Provided referral? If pregnant, what is the due date? {prenatalcarestatusvaluecode_1b} {referredtoprenatalcare_1b} {pregnancyduedate_1b}	descriptive
140	[pregnancy_test_warning] Show the field ONLY if: [pregnantstatusvaluecode_1b] ='99' and [pregnancyrapidtest]! ='1'	Client should be given a pregnancy test.	descriptive
141	[prenatalcarestatusvaluecode_1b] Show the field ONLY if: [pregnantstatusvaluecode_1b] ='1'	If client is currently pregnant, is client in prenatal care?	radio 1, Yes 0, No 99, Don't Know 77, Declined 66, Not asked
142	[referredtoprenatalcare_1b] Show the field ONLY if: [pregnantstatusvaluecode_1b] ='1' and [prenatalcarestatusvaluecode_1b]='0'	If client is pregnant and not in prenatal care, was client provided a referral?	radio 1, Yes 0, No
143	[pregnancyduedate_1b] Show the field ONLY if: [pregnantstatusvaluecode_1b] ='1'	If pregnant, what is the due date?	text (date_mdy, Min: 2024-01-01) Field Annotation: @HIDEBUTTON @FORCE-MINMAX
144	[alter_contactinfo_embed] Show the field ONLY if:	Section Header: *Alternate Contact Information* First Name {firstname_alternatecontact} Last Name {lastname_alternatecontact} Phone Number {phone_alternate2}	descriptive

	[test1result_rapidonsite]=1 or [test1result_lab4gen]=1		
145	[firstname_alternatecontact]	First name for alternate contact person	text Field Annotation: @CHARLIMIT=20
146	[lastname_alternatecontact]	Last name for alternate contact person	text Field Annotation: @CHARLIMIT=30
147	[phone_alternate2]	Telephone number for alternate contact person	text (phone) Field Annotation: @CHARLIMIT=10
148	[kngtst] Show the field ONLY if: [test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1'	Section Header: *HIV Testing & Treatment History* Has client ever tested negative?	radio Y, Yes N, No U, Don't Know R, Declined
149	[klstnd] Show the field ONLY if: ([test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1') and [kngtst] = 'Y'	If client has ever tested negative, what was the date of the last HIV negative test?	text (date_mdy, Min: 1983-01-01) Field Annotation: @HIDEBUTTON @NOTFUTURE @FORCE-MINMAX
150	[dateofpreviouspositivetest] Show the field ONLY if: [test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1'	Date of first positive HIV test	text (date_mdy, Min: 1983-01-01), Required Field Annotation: @HIDEBUTTON @NOTFUTURE @FORCE-MINMAX
151	[seenmedicalcareprovider] Show the field ONLY if: ([test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1') and [dateofpreviouspositivetest] < [sessiondate]	Has client seen an HIV medical care provider in the past 6 months?	radio, Required 1, Yes 0, No 99, Don't Know 77, Declined
152	[lab_procedure] Show the field ONLY if: [test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1'	Section Header: *HIV Laboratory Results* Did client receive a confirmatory HIV laboratory test?	radio 1, Yes 0, No Custom alignment: RH
153	[provisionofresultvaluecode2] Show the field ONLY if: ([test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1') and [lab_procedure] = 1	Was client informed of the confirmatory HIV laboratory test results?	radio 1, Yes 0, No Custom alignment: RH
154	[referredtomedicalcare] Show the field ONLY if: [test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1'	Section Header: *HIV Treatment & Service Referrals* Was client referred to HIV medical care?	radio, Required 1, Yes 0, No
155	[reasonfornomedicalcarereferral] Show the field ONLY if: ([test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1') AND [referredtomedicalcare]=0	Reason why a referral to medical care for HIV-positive client was not made	radio 1, Client already in care 2, Client declined care Custom alignment: RH
156	[tx_referral_embed] Show the field ONLY if: [test1result_rapidonsite]=1 or [test1result_lab4gen]=1	Was client provided individualized behavioral risk-reduction counseling?* {behaviorriskreductioncounseling} Was client linked to rapid ART services? {ltcservices_hivrapidartlinked} Was client provided with linkage services to HIV medical care?* {ltcserviceshivmedcareprovided} Where was the client linked to HIV medical care? (write name of medical clinic) {hivmedicalagencylinked} Who did you (the counselor) speak with? (write name of medical staff) {hivmedicallinkedcontact} First Medical Care Appointment Date {dateofmedicalcare}	descriptive
157	[behaviorriskreductioncounseling]	Was client provided individualized behavioral risk-reduction counseling?	radio, Required 1, Yes

			0 No Custom alignment: RH
158	[ltcservices_hivrapidartlinked]	Was Client linked to rapid ART services?	radio 1 Yes 0 No 77 Refused Custom alignment: RH
159	[ltcserviceshivmedcareprovided]	Was client provided with linkage services to HIV medical care?	radio, Required 1 Yes 0 No Custom alignment: RH
160	[hivmedicalagencylinked]	Where was the client linked to HIV medical care? (write name of medical clinic)	text Custom alignment: RH
161	[hivmedicallinkedcontact]	Name of person at medical clinic who verified the client's first medical care appointment date and/or whether or not the client attended the medical care appointment	text Custom alignment: RH
162	[dateofmedicalcare]	First Medical Care Appointment Date	text (date_mdy, Min: 2024-01-01) Field Annotation: @FORCE-MINMAX
163	[attendhivmedicalcare] Show the field ONLY if: [ltcserviceshivmedcareprovided]=1	Did client attend the first medical care appointment?	radio, Required 2 Yes, base on client's self report 1 Yes, base on confirmation with medical care provider, medical records review, surveillance, etc. 3 No 99 Don't Know
164	[referred_gcct_tx] Show the field ONLY if: [gcct_throat_testperformed]=1 or [gcct_vaginal_testperformed]=1 or [gcct_rectal_testperformed]=1 or [gcct_urine_testperformed]=1	Section Header: *STD Treatment* (ONLY IF A CLINICIAN IS PRESENT) Was the client treated for Gonorrhea or Chlamydia?	radio 1 Yes 0 No 9 Not applicable
165	[gcct_txdate] Show the field ONLY if: [referred_gcct_tx]='1'	Gonorrhea/Chlamydia treatment date	text (date_mdy, Min: 2024-01-01), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX
166	[referredsyphilistx] Show the field ONLY if: ([syphilisrapidtest]=1 or [syphilis_testperformed]=1) and [testresult_syphilisrapidtest]!=3	(ONLY IF A CLINICIAN IS PRESENT) Was the client treated for Syphilis?	radio 1 Yes 0 No 9 Not applicable
167	[syphilistxdate] Show the field ONLY if: [referredsyphilistx]='1'	Syphilis treatment date	text (date_mdy, Min: 2024-01-01), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX
168	[eop_hub_referral]	Section Header: *EOP Hub Referral* For tester only - Do not ask client: Was client referred from the EOP Hub?	radio, Required 1 Yes 0 No 99 Don't Know Custom alignment: RH
169	[partner_elicit]	Section Header: *Partner Services* Did you elicit partners from this client?	yesno 1 Yes 0 No Custom alignment: RH
170	[pregnancy_test_warning_2] Show the field ONLY if: [partner_elicit]=1 and [partner_elicitationdate]=''	Complete Partner Elicitation Form for each partner identified.	descriptive

171	[notes]	Section Header: *Notes*	notes Custom alignment: RH
172	[testing_form_complete]	Section Header: *Form Status* Complete?	dropdown 0, Incomplete/Needs Review 1, Incomplete/Reviewed and Closed 2, Complete
Instrument: Partner Elicitation (partner_elicitation)			
173	[testsessionid_embed2]	Test Session ID: [testsessionid]	descriptive
174	[partner_elicitationdate]	Partner Elicitation Date	text (date_mdy, Min: 2024-01-01), Required Custom alignment: LH Field Annotation: @NOTFUTURE @FORCE-MINMAX
175	[name_dob_embed]	Contact First Name {partner_firstname} Middle Initial {partner_middlename} Contact Last Name {partner_lastname} Date of Birth {partner_dob}	descriptive
176	[partner_firstname]	Partner's first name	text Field Annotation: @CHARLIMIT=20
177	[partner_middlename]	Partner's Middle Initial	text Field Annotation: @CHARLIMIT=1
178	[partner_lastname]	Partner's last name	text Field Annotation: @CHARLIMIT=30
179	[partner_dob]	Partner's Date of Birth	text (date_mdy, Min: 1930-01-01) Field Annotation: @HIDEBUTTON
180	[partner_contactinfo_embed]	House Number {partner_housenumber} Street {partner_streetname} (St, Ave, Blv, Dr) {partner_streetdirection} Unit {partner_unit} City {partner_city} Zipcode {partner_zipcode} {partner_zipode_declined} Country of Birth {partner_birthcountry} County of Residence {partner_countyid} Phone Number (main) {partner_phone} Phone Number (cell) {partner_phonecell} E-mail Address {partner_email}	descriptive
181	[partner_housenumber]	Partner's home address	text (number, Max: 99999) Field Annotation: @CHARLIMIT=5
182	[partner_streetname]	Street	text Field Annotation: @CHARLIMIT=25
183	[partner_streetdirection]	Suffix	text Field Annotation: @CHARLIMIT=3
184	[partner_unit]	Unit	text Field Annotation: @CHARLIMIT=7
185	[partner_city]	City	text Field Annotation: @CHARLIMIT=25
186	[partner_zipcode]	Zip Code	text (zipcode) Field Annotation: @CHARLIMIT=25
187	[partner_zipode_declined]		radio 99999, Unable to obtain client's zip code
188	[partner_birthcountry]	Partner's country of birth	text
189	[partner_countyid]	Partner's County of Residence	text
190	[partner_phone]	Partner's home telephone number	text (phone)
191	[partner_phonecell]	Partner's cellular telephone number	text (phone)
192	[partner_email]	Partner's e-mail address	text
193	[partner_addresscrossstrs] Show the field ONLY if: [partner_zipcode]='99999' or [partner_zipode_declined]='99999'	Partner's home address cross streets (if zip code not collected)	text
194	[partner_info_embed]	Gender Identity {partner_currentgendervaluecode} Race {partner_racevaluecode} {partner_racevaluecode77} Ethnicity {partner_ethnicity} Marital Status {partner_maritalstatus} Currently Pregnant {partner_pregnantstatusvaluecode} Notes {notes_form_b}	descriptive
195	[partner_currentgendervaluecode]	What is the partner's current gender identity?	radio 1, Male 2, Female

			3 Transgender Female/Trans Woman 4 Transgender Male/Trans Man 6 Another gender category or another identity 7 Gender non-binary, gender non-conforming 77 Prefer not to state
196	[partner_ethnicity]	What is the partner's ethnicity?	radio E1 Hispanic/Latino(a) E2 Non-Hispanic/Non-Latino(a) 77 Declined 99 Don't Know
197	[partner_racevaluecode]	What is the partner's race? (check all that apply)	checkbox R3 partner_racevaluecode___r3 African-American/Black R1 partner_racevaluecode___r1 American Indian/ Alaska Native R2 partner_racevaluecode___r2 Asian R4 partner_racevaluecode___r4 Native Hawaiian/ Pacific Islander R5 partner_racevaluecode___r5 White
198	[partner_racevaluecode77] Show the field ONLY if: [partner_racevaluecode(R3)] = '0' and [partner_racevaluecode (R1)] = '0' and [partner_racevalu ecode(R2)] = '0' and [partner_rac evaluecode(R4)] = '0' and [partn er_racevaluecode(R5)] = '0'	Did partner decline to specify race?	radio 77 Declined Custom alignment: LV
199	[partner_maritalstatus]	What is the partner's marital status?	radio 1 Single 2 Married/Living with a partner 3 Widowed 4 Divorced/Separated 5 Other 99 Don't Know
200	[partner_pregnantstatusvaluec ode]	Is partner currently pregnant?	radio 1 Yes 0 No 99 Don't Know
201	[notes_form_b]		notes Custom alignment: RH
202	[partner_elicitation_complet e]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete/Needs Review 1 Incomplete/Reviewed and Closed 2 Complete

ATTACHMENT A-1-2
LA COUNTY CARE PLAN
[SEE ATTACHED]

Los Angeles County
Integrated HIV Prevention and Care Plan, 2022-2026

December 2022

County of Los Angeles Public Health

Los Angeles County Commission on HIV

County of Los Angeles California

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Section I: Executive Summary of Integrated Plan

The *Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026* is Los Angeles County's third integrated HIV services plan. Led by the Los Angeles County Commission on HIV's Priorities, Planning and Allocations (PP&A) Committee, this plan was developed in partnership with the Los Angeles County Department of Public Health Division of HIV and STD Programs (DHSP) and a vast array of community and organizational partners. The plan is developed in response to the *Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026* disseminated by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), and as such presents a blueprint for HIV service coordination along the entire spectrum of HIV prevention and care.

The Integrated Plan is designed to reflect local vision, values, needs and strengths. It is also designed to align with *California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026,* and *The National HIV/AIDS Strategy (2022–2025).* In 2020, the *Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025*[1] (EHE Plan) was developed and disseminated. As described in more detail below, this document served as the core of the Integrated Plan.

The Integrated Plan's seven priority populations are:

1. Latinx men who have sex with men (MSM)
2. Black/African American MSM
3. Transgender persons
4. Cisgender women of color
5. People who inject drugs (PWID)
6. People under the age of 30, and
7. People living with HIV who are 50 years of age or older

These populations were prioritized given the disproportionate impact of HIV and other STDs that they endure, as substantiated by the most current data, and as described in more detail throughout this document. With the exception of people living with HIV who are 50 years of age or older, these priority populations mirror the priority populations found in the EHE Plan. The latter category was included given the aging of the HIV-positive population and concerns related to the long-term impact of living with HIV and co-morbidities.

a. Approach

The EHE Plan formed the foundation for the Integrated Plan and provided Los Angeles County (LAC) an opportunity to add goals, objectives and strategies in response to newer data and more recent developments in the field since the EHE was originally crafted. The EHE Plan was also written and structured in accordance with the CDC's requirements and guidelines for *Notice of Funding Opportunity (NOFO) PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States Component B*: *Accelerating State and Local HIV Planning to End the HIV Epidemic* and does not include descriptions of the entire existing LAC HIV portfolio. The Integrated Plan herein contains sections of the EHE Plan, including the situational analysis and the goals and objectives, that have been updated and expanded since 2020.

[1]https://www.lacounty.hiv/wp-content/uploads/2021/04/EHE-Plan-Final-2021.pdf

b. Documents submitted to meet requirements

The Integrated Plan fully meets submission requirements for each section (see Appendix 1 Checklist) through the use of existing materials, updated materials and newly developed materials, including the following: [2]

- Section I: Executive Summary of Integrated Plan: New material is submitted for this section.
- Section II: Community Engagement and Planning Process: A combination of new material and narrative from the EHE Plan are used in this section. The description of the Jurisdictional Planning Process includes material from the EHE Plan and a description of planning process steps that were taken since the EHE Plan was released.
- Section III: Contributing Data Sets and Assessments: The Data Sharing and Use subsection contains new material. The Epidemiological Snapshot is material largely based on the most recent HIV surveillance report, the *HIV Surveillance Annual Report 2021*,[3] as well as STD data provided by DHSP. The Resource Inventory and Needs Assessment consists largely of new material, including new HIV testing data.
- Section IV: Situational Analysis: The Situational Analysis is updated material based on the EHE Plan with new narrative in some sections.
- Section V: 2022-2026 Goals and Objectives: Goals and Objectives are updated based on the EHE Plan.
- Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up: The Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up is new material.
- Section VII: Letters of Concurrence: The Letter of Concurrence is new material.

Section II: Community Engagement and Planning Process

Jurisdictional Planning Process*:* Because the EHE Plan forms the core of the Integrated Plan, the narrative below first describes the EHE community engagement process followed by the Integrated Plan community engagement process.

EHE Community Engagement Process: Prior to the launch of *Ending the HIV Epidemic: A Plan for America* (EHE), LAC developed and released its own jurisdictional plan in November 2017, the *Los Angeles County HIV/AIDS Strategy for 2020 and Beyond* (LACHAS), which offered a framework of policies, recommended strategies, and numerical targets that collectively we sought to achieve.

In February 2019, fifteen months after the release of LACHAS, the federal administration announced its plan to launch EHE, providing LAC with the opportunity to adapt and expand the goals and activities described in LACHAS and requiring LAC to align its current efforts with the national EHE initiative. LAC DHSP secured input and guidance on services and activities critical to LACHAS and necessary for EHE implementation through a series of listening sessions and planning meetings with community stakeholders. Stakeholders included the LAC Commission on HIV (local Ryan White Program (RWP) planning body), LAC Substance Abuse Prevention and Control (SAPC), LAC Acute Communicable Disease Control (ACDC), the California Department of Public Health Office of AIDS (California OA), the University

[2] See Appendix 1: *Integrated Prevention and Care Plan Guidance Checklist* for more information

[3] Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. Published June 29, 2022. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf. Accessed 7/3/22.

of California at Los Angeles (UCLA) Center for HIV Identification, Prevention, and Treatment Services (CHIPTS), the local EHE Steering Committee,[4] people living with HIV/AIDS (PLWH) and a broad network of community-based service providers. Planning meetings also took place in Oakland and San Diego. In addition, LAC DHSP engaged in meetings and site visits with multiple federal partners to inform local EHE efforts.

Local Prevention and Care Integrated Planning Body: The LAC Commission on HIV (Commission) is the local, federally mandated Ryan White Program community planning body that sets program priorities and funding allocations for HIV prevention, care, and treatment services throughout the County. The Commission is comprised of 36 members (all appointed by the Board of Supervisors) who represent the diversity of LAC and communities impacted by HIV. Currently, 42% of the commissioners identify as PLWH, 25% identify as Latinx MSM; 14% identify as women of color; and 6% identify as transgender. Other EHE and Integrated Plan priority populations are well represented on the various caucuses, including the Black/African American Caucus, the Transgender Caucus, the Aging Caucus, the Women's Caucus, and the Consumer Caucus.

After the release of the LAC HIV/AIDS Strategy (LACHAS), DHSP continued to collaborate with the Commission to disseminate, promote, and engage a broader set of community stakeholders to build knowledge and awareness of LACHAS strategies and goals, and to recruit new partners and voices into this effort. The Commission helped spearhead over a dozen call-to-action meetings, held in various communities and jurisdictions across the County, to inform, engage, and empower community stakeholders and residents to participate in LACHAS implementation. Through extensive outreach and promotion to the existing network of HIV planning, program and service partners as well as special invites to key stakeholders and elected officials not traditionally engaged in HIV efforts, over 750 community stakeholders were reached in the call-to-action meetings. Summary reports from these meetings included health district demographics, key takeaways, and top insights from the group discussions were developed and distributed to the community. The Commission was integral in promoting LACHAS, encouraging community involvement, and identifying non-traditional partners to join the movement to end the HIV epidemic. The ongoing community engagement and input conducted for LACHAS provided valuable perspectives on needed services and activities and helped drive the development of the EHE Plan.

In response to the announcement of EHE Plan, the Commission held an all-day community meeting in November 2019 with over 190 participants to: 1) Directly hear from community partners on an EHE Plan for LAC, 2) Determine the best way to engage the community moving forward while transitioning from LACHAS to the EHE Plan, and 3) Garner input on the leadership necessary to achieve EHE goals. Attendees included community stakeholders, PLWH, service providers, elected officials and/or their representatives, community clinics, County partners (Department of Mental Health, Department of Public Health, Department of Health Services and Substance Abuse and Prevention Control), universities, neighborhood associations, and faith-based organizations.

The meeting included a panel of representatives from the California OA; DHSP leadership; the Office of Assistant Secretary of Health's Region IX Prevention through Active Community Engagement (PACE) Team; UCLA CHIPTS, among other important HIV stakeholders. Key takeaways included the importance

[4] http://publichealth.lacounty.gov/dhsp/EHE/Biosketches_EHE_SteeringCommittee_040521.pdf

of multi-sector commitment to achieve EHE goals, a commitment to being disruptively innovative with new and expanded interventions and policies, ensuring transparency and accountability from all partners, and lifting voices of communities most impacted by HIV.

In January 2020, the Commission reinforced its commitment to EHE efforts by providing dedicated space for Commissioners and members of the public to participate in in discussions focused on innovative community engagement and mobilization efforts that include bringing new voices to the table to end the epidemic. Participants broke out into small groups to discuss and address several key questions, including: 1) How can community members take individual action in EHE efforts, 2) Which sectors should partners prioritize for new or increased mobilization around EHE, and 3) How can the development of a new EHE Steering Committee be used to support efforts to recruit new perspectives, enlist change agents and spur more action. As a follow up to these community-driven discussions, the Commission is also working to increase membership on its planning body with persons representing pharmaceutical companies, commercial health plans, and California's Medicaid program.

In September 2020, LAC DHSP released the draft EHE plan to community stakeholders as part of a 30-day public comment period and partnered with the Commission to ensure individuals and communities were aware of the input opportunity. In addition, Commissioners were provided an opportunity to submit written feedback as a complement to the listening sessions facilitated by Commission staff. The Commission submitted 13 pages of public comments to be considered for inclusion in the EHE Plan including recommendations from the Black/African American Community Taskforce.

Local Service Provider Partners: Local service providers, including those who represent federally qualified health centers (FQHCs), medical providers in private practices and community clinics, and a variety of community-based organizations (CBOs) are represented and engaged through various committees, coalitions, working groups, and networks across LAC. There is a strong network of LAC DHSP funded CBOs that serve people living with and affected by HIV in diverse communities across the County. In addition, there are several public facing listservs that disseminate information for trainings, webinars, and events related to HIV and the social determinants of health that impact HIV outcomes. Service providers are also represented on the Commission, the EHE Steering Committee, and Service Provider Networks (SPNs) in specific jurisdictions across the County. There are strong coalitions and groups in LAC such as the LAC PrEP/PEP Working Group and the Ending the Epidemic's Statewide Coalition that address policy and advocacy on the intersection between HIV, sexually transmitted diseases (STDs), and viral hepatitis. By actively working with these groups and coalitions, LAC DHSP gained input and guidance on HIV prevention, care, and treatment efforts. Service providers were actively engaged in the various community listening sessions and health district discussions that were facilitated as part of the development and release of LACHAS; and most were active in the development and refinement of the EHE Plan. LAC DHSP continues to partner and collaborate with two city health departments that exist within the County (Long Beach Department of Health and Human Services and the Pasadena Public Health Department) to advance EHE strategies. We collectively work to ensure that existing HIV plans, programs and related goals in these jurisdictions are aligned with the LAC EHE Plan.

In addition to the existing service provider network, LAC DHSP has been working to enlist its five Regional Health Offices that oversee all public health issues in specific geographic service planning areas throughout the county as well as the LAC Community Prevention and Population Health Task Force which focuses on the social determinants of health but has not yet identified HIV as a priority public health issue. New potential EHE partners were also identified through the UCLA CHIPTS Regional EHE

Coordination meeting held January 2020. In addition, LAC DHSP will continue to work with the LAC Departments of Mental Health and Health Services to develop systems and processes that more effectively align goals, strategies, and programming to optimize HIV-related services for clients and communities. The PACE Program has been an important resource to help advance local EHE community engagement efforts. Separately, the LAC DHSP HIV Medical Advisory Committee (which includes medical leadership from Ryan White Program-funded HIV Clinics across the County) and the Medical Care Coordination (MCC) Learning Collaborative (which provides feedback on all HIV prevention and treatment activities for high acuity clients in the MCC program) also provided valuable feedback and perspectives tied to the EHE Plan.

Integrated Plan Community Engagement Process: The development of the Integrated Plan was a collaborative process between the Commission on HIV (the local HIV planning council), LAC DHSP, and community stakeholders. As part of its existing structure, the Commission's Planning, Priorities and Allocations (PP&A) Committee leads needs assessment activities, planning, and resource allocations. As such, the PP&A Committee spearheaded the Integrated Plan planning process with the assistance of a contracted consultant. It was decided early on that, rather than have a dedicated task force to develop the plan, planning steps would be integrated into the overall work of the Commission.

The development of the Integrated Plan began in July of 2021 with a presentation at the Commission on HIV monthly meeting. During this meeting, the purpose and requirements of the Integrated Plan were presented to all attendees including Commission members and the public. The history of planning and the blueprint for plan development were also discussed, particularly given that many members had not previously been a part of any planning process. Following this initial meeting, the consultant leading the planning process met with numerous groups and individuals to develop each section of the plan, as described below.

To develop the needs assessment section, DHSP and Commissioners were hesitant to engage in any new assessment activities, given that much assessment had recently taken place to develop the EHE Plan and other local HIV/STD reports. However, as planning progressed, issues related to system and workforce capacity began to emerge as key barriers to achieving HIV-related goals. Thus, it was decided to take steps to assess this particular issue by developing and distributing an online survey in English and Spanish. The survey was developed with a team of stakeholders including PLWH, academic partners, and staff representing CBOs, FQHCs, and DHSP. To ensure that the voices and perspectives of priority population members and PLWH were reflected in the Integrated Plan, listening sessions were conducted with members of priority population groups (Black MSM, women of color, trans persons, people who inject drugs (PWID), people younger than 30 and PLWH 50 and older). The consultant worked with various community stakeholders to organize and facilitate these groups. For example, to convene a group of Black MSM, the consultant worked with staff at a community-based organization that primarily serves Black gay and bisexual men to recruit 16 participants. This listening session was co-facilitated by a staff member and the consultant. The other listening sessions were convened in a similar manner. These listening sessions attracted 86 community members, many of whom identified as PLWH. Survey and listening session findings, largely qualitative in nature, complimented the use of secondary data sources.

The EHE goals and objectives served as a foundational starting point to develop the Goals and Objectives section. A series of five workgroup meetings designed to capture ideas for additional goals, objectives, and strategies were convened. Workgroup participants included co-chairs of the Commission, the PP&A Committee, the Public Policy Committee, and community members, including PLWH.

a. **Entities involved in process**: Representatives from the following entities and population groups met to develop the Integrated Plan:
   - The Los Angeles County Department of Public Health, Division of HIV and STD Programs
   - The City of Long Beach Health Department
   - The City of West Hollywood Health Department
   - The California State Office of AIDS
   - The AIDS Coordinator for the City of Los Angeles
   - Service providers and Commission members that represented at least 20 different community-based organizations, hospitals or universities serving PLWH or at risk for HIV
   - People with HIV including members of a Federally recognized Indian tribe as represented in the population, and individuals co-infected with hepatitis C
   - Ryan White Program Part C and D HIV clinical providers
   - Ryan White Program Part F – AETC providers
   - Faith-based CBOs
   - Community health clinics and Federally Qualified Health Centers (FQHCs)
   - Substance use treatment providers
   - Hospital planning agencies and health care planning agencies
   - Mental health providers
   - Formerly incarcerated PLWH
   - Social services providers including housing and homeless services representatives

b. **Role of the RWHAP Part A Planning Council/Planning Body**: The Los Angeles County Commission on HIV serves as the local Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council. The Commission's Priorities, Planning and Allocations (PP&A) Committee spear-headed the development of the Integrated Plan. Commission staff and PP&A leadership met regularly with the consultant to oversee the development of the Integrated Plan. The consultant provided updates at the monthly Commission meeting and PP&A meeting.

c. **Role of Planning Bodies and Other Entities**: Throughout the development of the Integrated Plan, the consultant and/or Commission leadership met with members of the EHE Steering Committee and DHSP staff that are tasked with implementation of the EHE Plan. EHE Steering Committee members expressed an interest in making sure that the Integrated Plan was aligned with the EHE Plan, that community stakeholders were engaged in the planning process and that the Integrated Plan reflected new developments in the field (e.g. the use of long acting injectables for PrEP and HIV treatment). The consultant and other planning team members also convened and/or participated in over 35 meetings to engage with a variety of groups, caucuses and task forces throughout the County including:

   - The Commission on HIV's:
   - Aging Caucus
   - Women's Caucus
   - Transgender Caucus
   - Black/African American Community Task Force (Later renamed the Black Caucus)
   - Consumer Caucus

- Prevention Planning Work Group
- Standards and Best Practices Committee
- Public Policy Committee

- Long Beach Community Planning Group
- Service Planning Area (SPA) 2 HIV/AIDS Consortium Meeting
- SPA 4 Provider Meeting
- Los Angeles County Department of Public Health, DHSP
- Los Angeles County Department of Public Health, Acute Communicable Disease Control (ACDC)
- Community groups consisting of priority population members (outlined in more detail in the Needs Assessment section)

d. **Collaboration with RWHAP Parts**: Providers from Ryan White HIV/AIDS Program Parts B, C, D and F were engaged in the planning process in a variety of ways. In early 2022, a meeting was convened with 12 representatives from seven different RWP Part C, D and F recipient organizations. Participants identified several key topics to be included in the Integrated Plan including a need to focus on social determinants of health and co-occurring disorders (especially syphilis, methamphetamine use and mental health issues); workforce development and capacity issues; culturally congruent services; and an aging population of PLWH.

   Planning team members also met with stakeholders that were involved in the development of other Integrated HIV Plans within or inclusive of LAC in order to ensure alignment and avoid duplication of efforts. These plans included *California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026; the Long Beach HIV/STD Strategy, 2019-2021 and the West Hollywood HIV Zero Strategic Plan, 2016-2021.* Although the time frame for the latter two plans had ended, it was important to meet with the planners to learn from their experiences and identify any priority areas to highlight in the LAC Integrated Plan. Key issues identified included a need to focus on stigma, social determinants of health and co-occurring disorders (including housing, mental health and meth use), and broadening harm reduction efforts.

e. **Engagement of People with HIV:** PLWH were engaged in all stages of the planning process, including needs assessment, priority setting, development of goals and objectives, and development of the implementation plan. As noted above, 42% (or 15) of the 36 Commissioners are PLWH. Each of the six community listening sessions included PLWH and 57% of the community survey participants identified as PLWH. Priority setting took place at PP&A Committee meetings which are chaired by two PLWH. Goals and objectives and an accompanying implementation plan were developed over the course of several meetings, all of which included PLWH as active participants. In addition, the Integrated Plan was a key agenda item at the Commission's Annual Planning meeting with many people with HIV in attendance. There was also a public comment period of 30 days whereby PLWH and other key stakeholders were invited to review the Plan and provide feedback. All feedback obtained was used to help shape the final version of the Plan. The monitoring, evaluation and improvement of the Plan will be spearheaded by the PP&A Committee, with PLWH serving as active participants.

f. **Priorities:** Key priorities that arose out of the planning and community engagement process included the need to:
   - Embrace a status neutral approach to planning and implementation – equally respecting PLWH

and people at risk for HIV, their strengths, and their needs
- Address social determinants of health, especially housing
- Address co-occurring disorders including other STDs, mental health issues and meth use disorder
- Expand harm reduction services
- Address HIV-related disparities, particularly the disparities experienced by Black/African Americans
- Increase health literacy among PLWH and people at risk for HIV
- Increase workforce capacity
- Meet the needs of PLWH age 50 years old and older and/or long-term survivors
- Create more holistic services, especially for cisgender and transgender women
- Align funding streams and resources to ensure that PLWH and people at risk for HIV are able to seamlessly access high quality services

g. **Updates to Other Strategic Plans Used to Meet Requirements**: As noted, portions of the LA County EHE Plan were utilized to develop the Integrated Plan. LA County uses surveillance data, assessment data, and the ongoing feedback of key stakeholders, including PLWH to update plans on a regular basis, typically annually.

Section III: Contributing Data Sets and Assessments

The *Contributing Data Sets and Assessments* section is comprised of four major sub-sections: (1) Data Sharing and Use; (2) Epidemiologic Snapshot; (3) HIV Prevention, Care and Treatment Resource Inventory; and (4) Needs Assessment.

DATA SHARING AND USE

Multiple data sources are utilized in LAC to monitor the HIV and STD epidemics, track service utilization, better understand service needs and assess progress in achieving county-wide and national HIV-related goals. The County uses the Electronic HIV Reporting System (eHARS), a CDC-developed information system for collecting, storing, and retrieving HIV surveillance data. In addition to eHARS, the main data sources include HIV incidence surveillance and molecular surveillance. Collectively, these data sources give LAC the ability to track the extent of the County's HIV epidemic including persons who are diagnosed and receiving care as well as those who are diagnosed and not in care. They also provide the data needed to develop the HIV Care Continuum measures, including the number of PLWH who are linked to care, in receipt of care, retained in care, and virally suppressed.

Data from population-based surveys conducted among key populations at increased risk for HIV and people living with HIV (PLWH) were also used to inform the Integrated Plan. This includes LAC data collected for the CDC-funded National HIV Behavioral Surveillance System from 2004 to 2019 and Medical Monitoring Project from 2015 to 2019.

National HIV Behavioral Surveillance (NHBS): LAC is one of 20 sites participating in this national CDC-funded HIV biobehavioral surveillance effort that allows state and local health departments to monitor HIV prevalence and risk behaviors among select populations at risk for HIV infection. These populations include men who have sex with men (MSM), persons who inject drugs (PWID), heterosexuals at increased risk for HIV infection (HET), and transgender (TG) women. NHBS participants were residents of

LAC and at least 18 years of age. Participants who provided informed consent completed an interviewer-administered anonymous standardized questionnaire about HIV-related behaviors and underwent confidential rapid HIV and standard Hepatitis B and C testing. In this document, key findings from NHBS available to date in LAC are reported. Results may not be generalizable to the broader population groups represented.

Medical Monitoring Project (MMP): The MMP is a national HIV surveillance system funded by the CDC and implemented by local health departments. The aim of MMP is to provide locally and nationally representative data on behavioral and clinical outcomes in a sample of persons receiving HIV medical care. MMP uses a two-stage probability-based sampling strategy that draws from the National HIV Surveillance System (NHSS) to select survey participants: the first stage is selecting the geographic areas to participate, and the second stage is selecting adults diagnosed with HIV and reported to NHSS within those participating areas. Sampled persons were recruited to participate in person, by telephone, or by mail. To be eligible for MMP, the person had to be living with diagnosed HIV infection, aged ≥18 years, and residing in an MMP project area. Participants were recruited via telephone, by mail, or in person. Interview questions include demographic information, health care use, met and unmet needs for ancillary services, sexual behavior, depression and anxiety, gynecologic and reproductive history (females only), drug and alcohol use, and use of prevention services.

Other datasets that LAC uses that contribute to the assessment of need and HIV-related health outcomes among people at risk for or living with HIV within the County include:

(1) Ryan White Program (RWP) client and service utilization data through Casewatch (LAC's RWP client data system);
(2) HIV testing data for testing conducted through DHSP's contracted providers;
(3) STD Casewatch data; and
(4) U.S. Census Bureau data, including data from the annual American Community Survey

LAC utilizes an evidence-based approach to planning that relies on an understanding of HIV surveillance and other sources of data. To ensure that planning participants, including Commission members and members of the community were well-versed in the most recent data, an HIV epidemiology training was conducted during the Planning, Priorities and Allocation Committee meeting in July 2022. This training presented key epidemiology terms as well as their application in examining the current LAC HIV epidemiology profile of PLWH, people at risk for HIV, and trends in the epidemic.

EPIDEMIOLOGIC SNAPSHOT

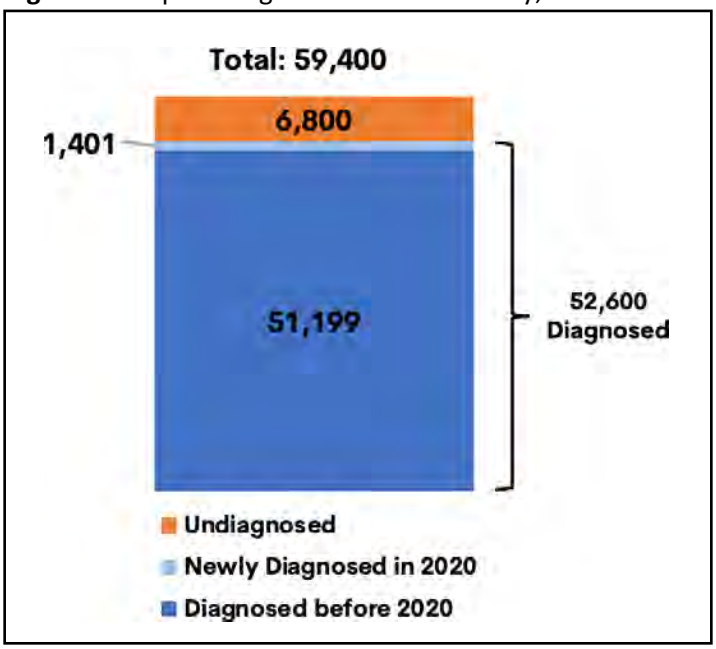
The Gabrielino Tongva, Fernandeño Tataviam, and Ventureño Chumash are the First People and original stewards of the land that today we call Los Angeles County, California. As the most populous county in the United States, LAC is home to an estimated 9,861,224 residents as of 2022. The County's urban, suburban and rural communities span over 4,000 square miles and comprise 88 incorporated cities and approximately 140 unincorporated areas. LAC is among the most ethnically and economically diverse regions in the nation with immigrants making up over a third of the County's population.[5] An estimated 69,144 Angelenos are homeless on any given night[6] and over 14,000 inmates are housed in county jails - the largest jail system in the U.S.[7]

[5] https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia/POP645220
[6] https://www.lahsa.org/documents?id=6515-lacounty-hc22-data-summary
[7] https://www.prisonpolicy.org/origin/ca/2020/report.html

I. People Living with HIV in LA County

At the end of 2020, there was an estimated 59,400[8] PLWH,[9] aged 13 years and older in LAC, including 1,401 who had been newly diagnosed (in 2020) and an estimated 6,800[10] persons who were unaware of their infection (Figure 1). As described in more detail below, HIV continues to be driven by social determinants of health and co-occurring disorders and disproportionately impacts some population groups more than others.

Figure 1: People Living with HIV in LA County, 2020



a) Geographic Distribution of People Living with Diagnosed HIV (PLWDH): The County is made up of 26 different health districts which overlay eight distinct Service Planning Areas (SPAs).[11] As depicted in Figure 2, HIV diagnoses and prevalence are unevenly distributed geographically across the County with the highest density of both those newly diagnosed with HIV (between 2016-2020) and all PLWDH found in the central and southern regions. Among all 26 Health Districts, Hollywood-Wilshire, Central, and Long Beach are considered the three epicenters for HIV, reporting the largest numbers of new HIV diagnoses (170, 126 and 92, respectively) and PLWDH at year-end 2021 (9,352, 6,708 and 4,237 respectively).

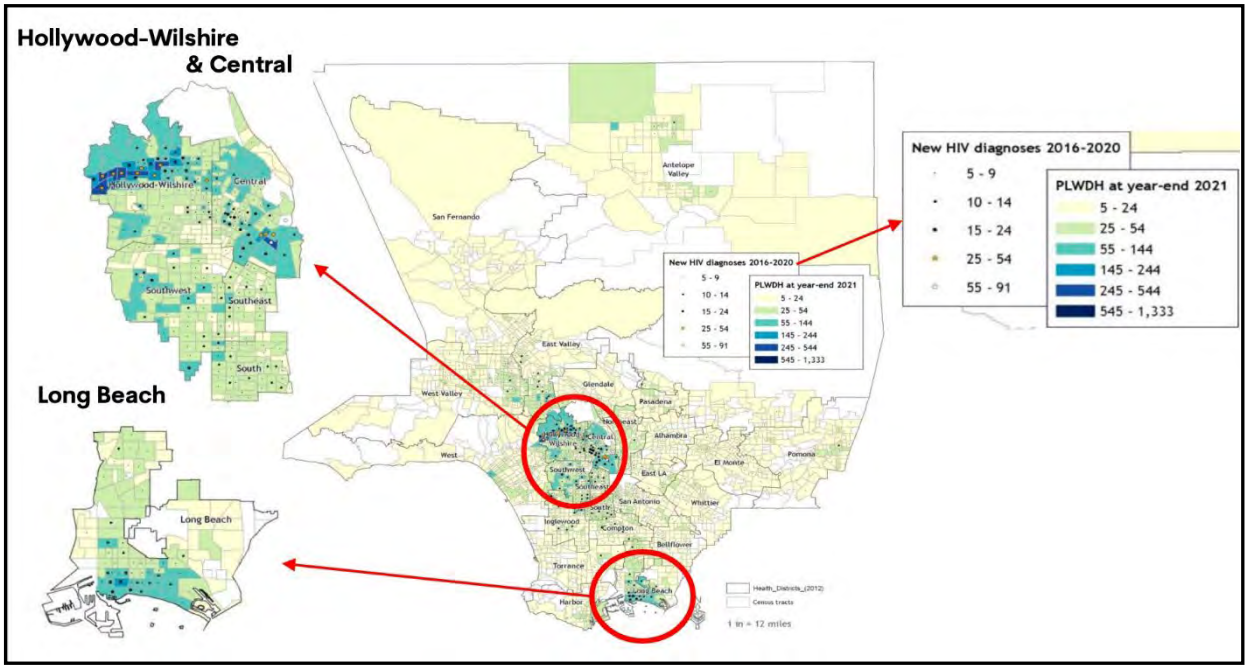
[8] 95% Confidence Interval: 57,500 – 61,300

[9] Throughout this document, "People Living with HIV," or "PLWH," is meant to denote *all* people living with HIV, whether or not they are diagnosed. This figure is always an estimation given that we are unsure of the exact number of people with HIV who are undiagnosed. By contrast, "People Living with Diagnosed HIV," or "PLWDH," is meant to denote all people who have been diagnosed with HIV and are living in LAC. This number does not include those who are undiagnosed.

[10] 95% Confidence Interval: 4,800 – 8,700

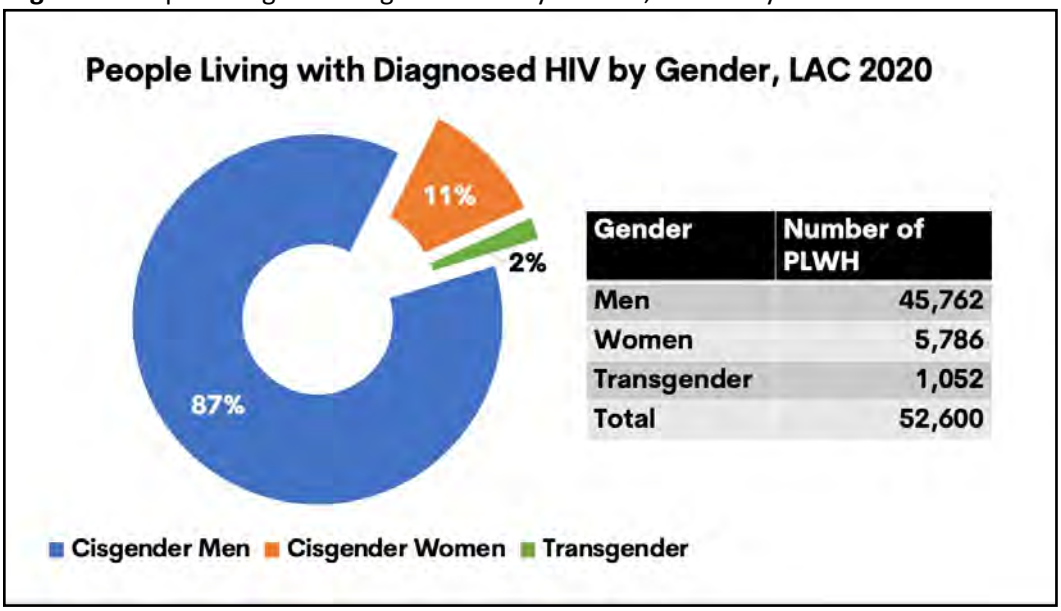
[11] (1) SPA 1: Antelope Valley, (2) SPA 2: San Fernando Valley, (3) SPA 3: San Gabriel Valley, (4) SPA 4: Metro, (5) SPA 5: West, (6) SPA 6: South, (7) SPA 7: East, and (8) SPA 8: South Bay

Figure 2: Geographic Distribution of PLWDH at year-end 2021 & Persons Newly Diagnosed with HIV, 2016-2020, LA County



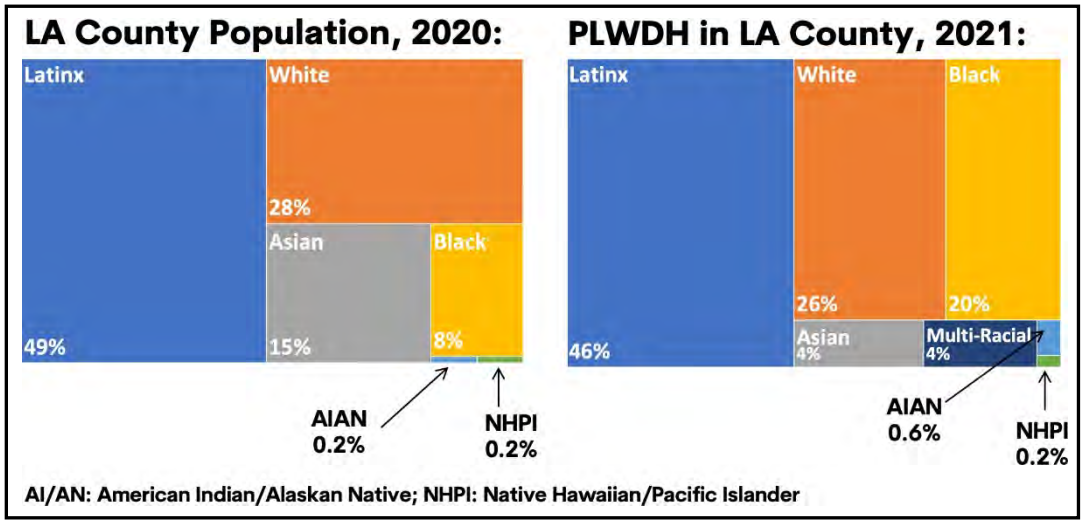
b) People Living with Diagnosed HIV in LA County, 2020: Of the 52,600 PLWDH in 2020, 87% were cisgender men, 11% were cisgender women and 2% were transgender persons (Figure 3). With respect to race/ethnicity, Latinx people make up the greatest proportion of PLWDH (46%), followed by the White population (26%), the Black/African American population (20%), the Asian population (4%), and those who identify as multi-racial (4%). The American Indian/Alaskan Native (AI/AN) and Native Hawaiian/ Pacific Islander (NH/PI) populations collectively make-up less than 1% of PLWDH. The Black/African American population is significantly over-represented among PLWHD, given that Black/African Americans make up 8% of the County's overall population, but 20% of the population of PLWDH. AI/AN people are also over-represented among PLWDH, given that they make up 0.2% of the overall population, but 0.6% of PLWDH (Figure 4).

Figure 3: People Living with Diagnosed HIV by Gender, LA County 2020



Gender	Number of PLWH
Men	45,762
Women	5,786
Transgender	1,052
Total	52,600

Figure 4: Racial/Ethnic Composition of LA County,[12] 2020 Compared to Racial/Ethnic Composition of PLWDH in 2021

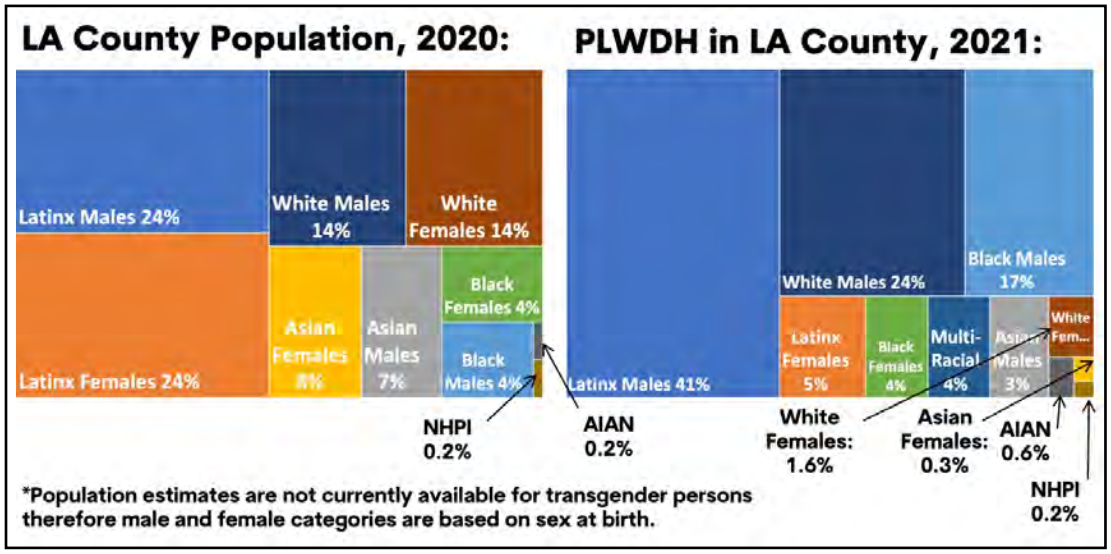


With respect to sex at birth and race/ethnicity (Fig. 5), the populations most impacted by HIV are Latinx males who represented 41% of all PLWDH followed by White males (24%) and Black males (17%). Combined, these groups represent 82% of all PLWDH in LAC. HIV disparities are even more pronounced when the population of PLWDH is compared to the overall population. For example, Latinx males represent 24% of the LAC population and 41% of PLWDH; Black males represent 4% of the population, and 17% of PLWDH; and White males represent 14% of the population and 24% of PLWDH. Altogether, AI/AN, NH/PI and multi-racial men and women represented less than 5% of PLWHD. [13]

[12] Based on the 2020 population estimates provided by LAC ISD & contracted through Hedderson Demographic Services.

[13] PLWDH with unknown race/ethnicity were not presented in the graph (n=69). NH/PI and AI/AN represented less than 1% and were presented for males and females combined due to limited visibility on the graph. Population estimates for multi-racial persons are not available.

Figure 5: Race/Ethnicity and Sex at Birth among LA County Residents, 2020, Compared to Race/Ethnicity and Sex at Birth among PLWDH in 2021

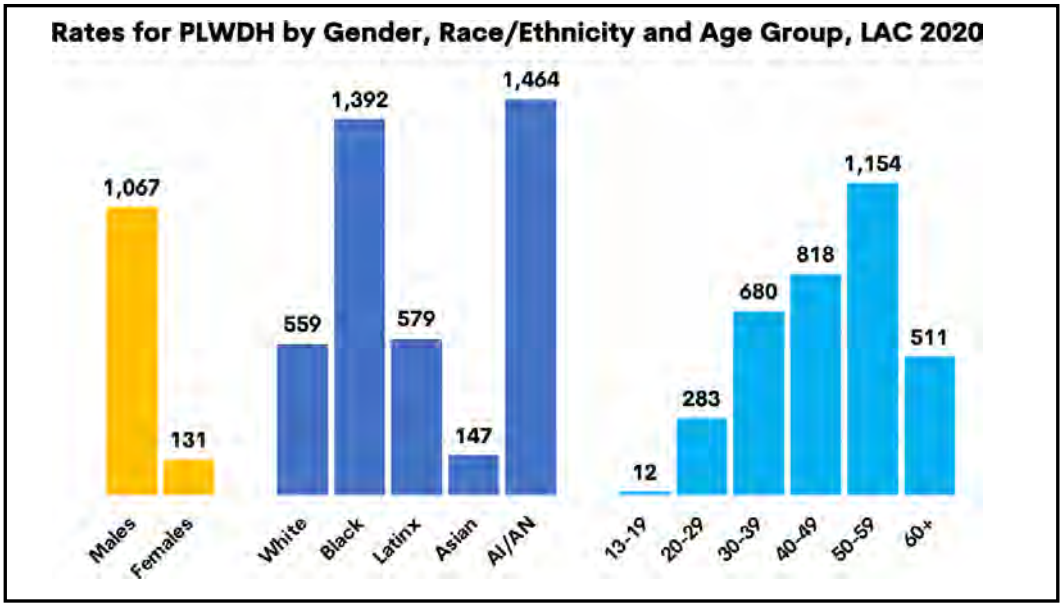


While Latinx people make up the largest *proportion* of PLWDH, AI/AN people have the highest *rates* of HIV.[14] The Black/African American population also has extremely high rates of HIV per 100,000 population (1,392) compared to Latinx (579), White (559) and Asian (147) populations. Rates are also significantly higher among males (1,067) versus females (131); and among those aged 50-59 (1,154) and 40-49 (818) compared to other age groups (Fig. 6).

Rates for transgender people are not typically calculated, given the lack of reliable population estimates and the relatively small population size compared to cisgender men and women. However, the UCLA School of Law Williams Institute has recently published transgender population estimates based on data from the CDC's Behavior Risk Factor Surveillance System and Youth Risk Behavior Survey.[15] They estimate that in California, among adults, 0.49% (150,100) identify as transgender and among youth ages 13 to 17 in the U.S., 1.93% (49,100) identify as transgender. They also report that of those that identify as transgender in the U.S., 38.5% are transgender women, 35.9% are transgender men, and 25.6% reported they are gender nonconforming. If we were to apply these percentages to LAC, we would find that there are approximately 38,050 people 18 or older in LAC that identify as transgender (7,765,339 people 18 or older in LAC x 0.49%); and that approximately 14,649 (38,050 x 38.5%) of them identify as transwomen, that 13,660 (38,050 x 35.9%) of them identify as transmen, and that 9,741 (38,050 x 25.6%) of them identify as gender nonconforming. Given that there are approximately 1,052 transgender PLWDH in LAC, the rate of HIV infection among trans persons would be 2,764 per 100,000 population. Assuming that approximately 90% of all transgender PLWDH are transwomen (1,052 x 90% = 947), the HIV rate among transwomen would be 6,464.

[14] Given the relatively small population size of AI/AN people, rates may not be fully accurate.
[15] Herman, J., Flores, A. & O'Neill, K. (2022). *How Many Adults and Youth Identify as Transgender in the United States?* The Williams Institute, UCLA, Los Angeles, CA.

Figure 6: Rates for PLWDH by Gender, Race/Ethnicity and Age Group, LA County, 2020



c) People Newly Diagnosed with HIV: In 2020, 1,401 persons aged 13 years and older were newly diagnosed with HIV, down from 1,560 persons in 2019. Since 2016, the overall diagnosis rate has decreased from 22 (per 100,000 population) to 16. The gap between male and female new diagnoses rates has also decreased slightly although the rate among males is still ten times that of females (Figure 7). Rates have also decreased across all race/ethnicities although Black/African Americans continue to have the highest rates compared to other groups (Figure 8). Those aged 20-29 and 30-39 also continue to have the highest rates compared to other age groups (Figure 9).

Figure 7: HIV Diagnoses Rate by Sex at Birth[16], LA County, 2016-2020

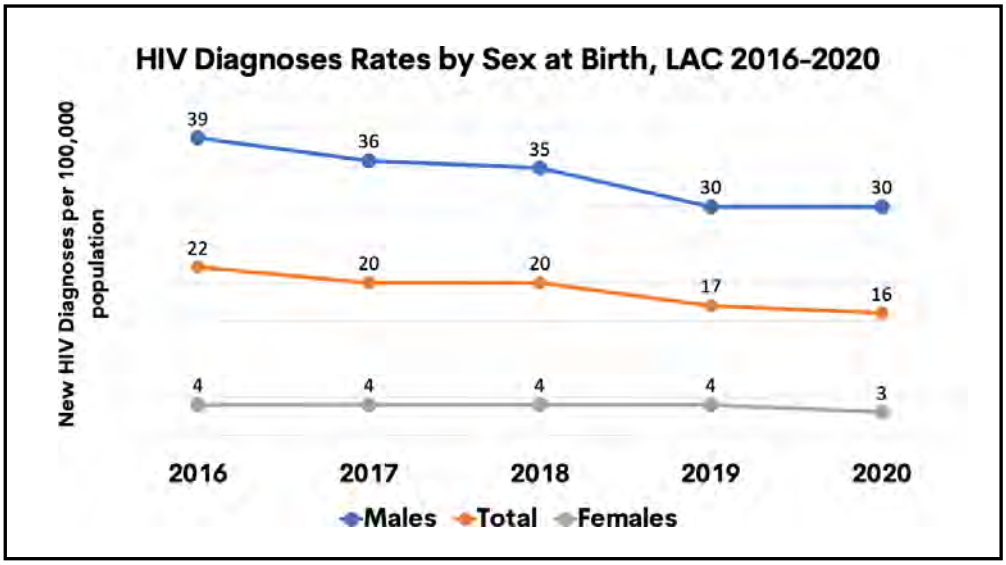


Figure 8: HIV Diagnoses Rate by Race/Ethnicity[17], LA County, 2016-2020

[16] Rates are not available for trans persons given their small population size
[17] Rate is unknown for AI/AN in 2019

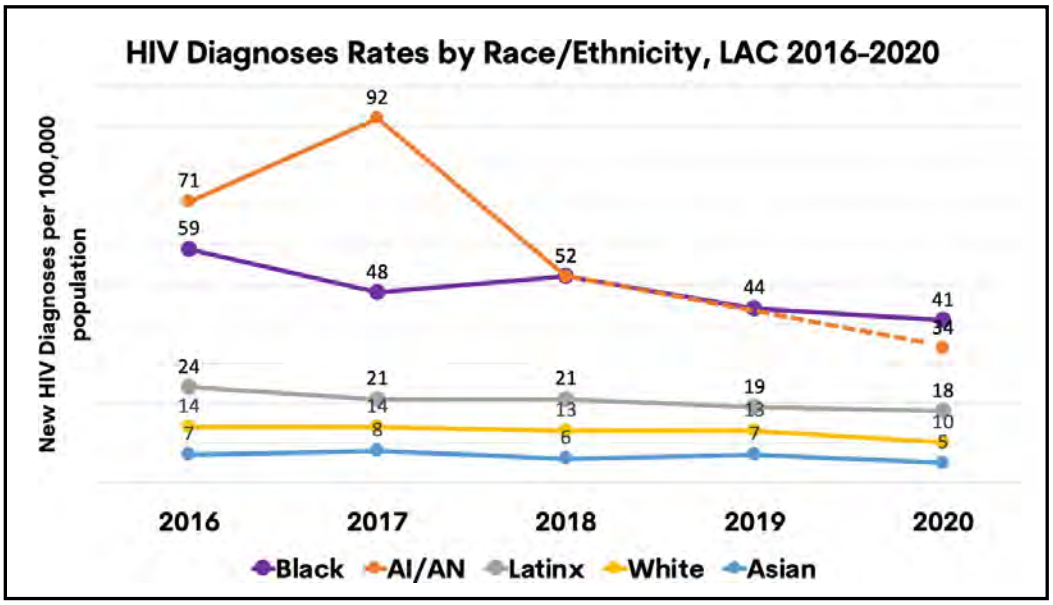


Figure 9: HIV Diagnoses Rate by Age Group, LA County, 2016-2020

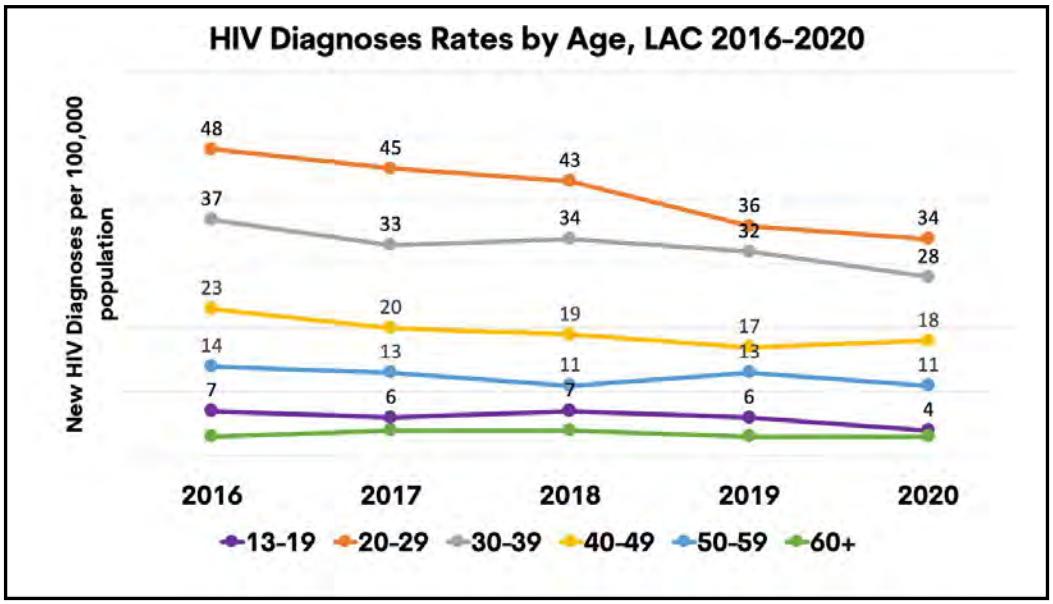
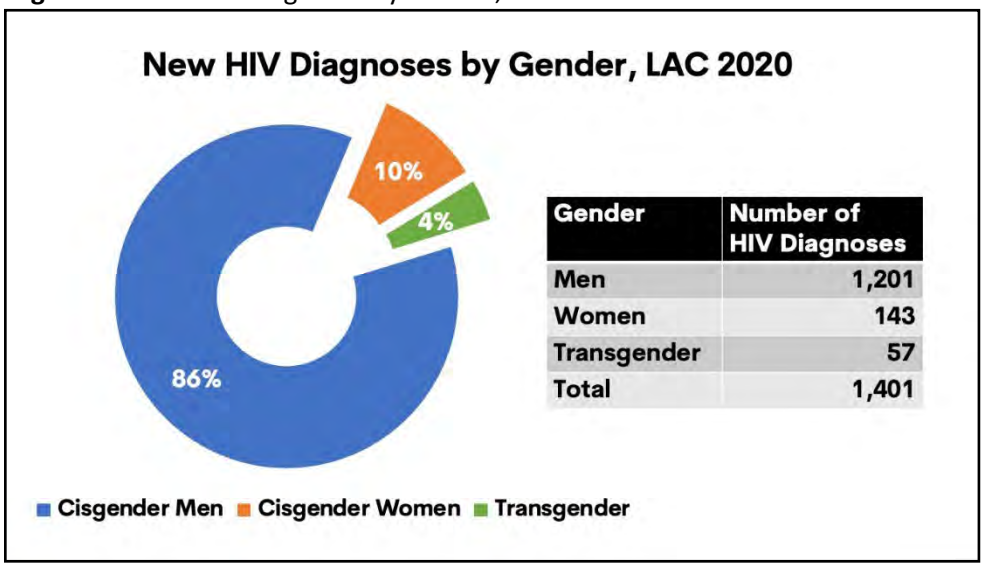


Figure 10: New HIV Diagnoses by Gender, LAC 2020



Gender	Number of HIV Diagnoses
Men	1,201
Women	143
Transgender	57
Total	1,401

Cisgender men made up most of the new HIV diagnoses in 2020 (N=1,201, 86%). Cisgender women (N=143) and transgender persons (N=57) represented 10% and 4% respectively of new HIV diagnoses in 2020 (Figure 10). Among the 57 transgender persons newly diagnosed with HIV in 2020, notably, all identified as transgender women.

In 2020, among males, those aged 20-29 (65) and 30-39 (48); and Black/African Americans (76) had the highest rates of new HIV diagnoses. Among females, those aged 30-39 (7) and Black/African Americans (10) had the highest rates of new HIV diagnoses (Figures 11 and 12).

Figure 11: HIV Diagnoses Rates among Males & Females by Age Group, LAC 2020

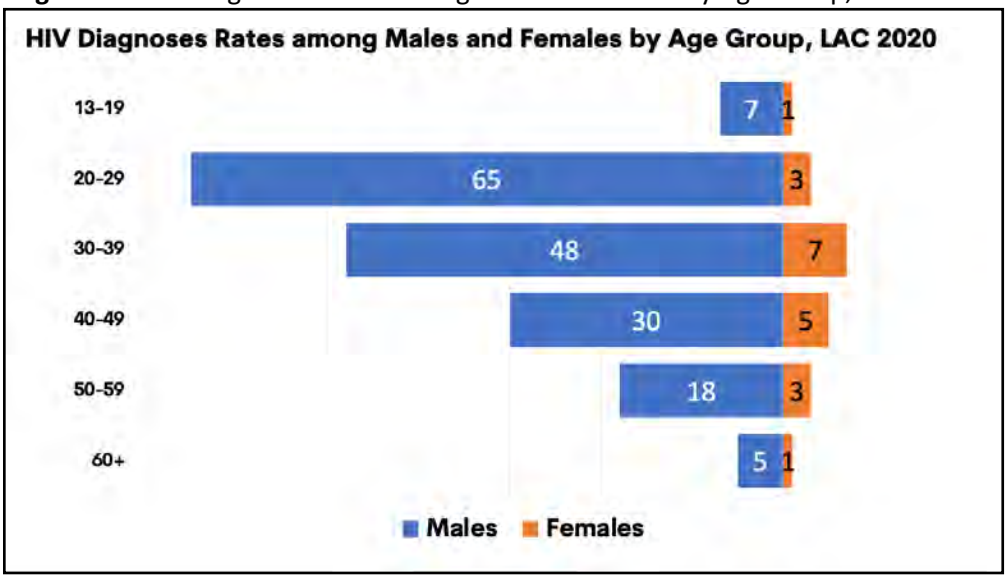
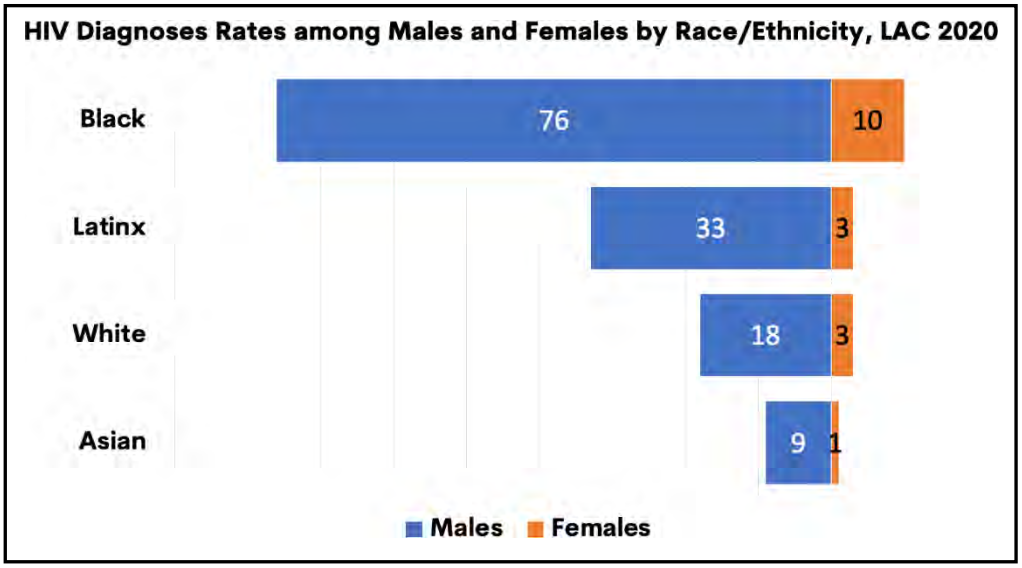
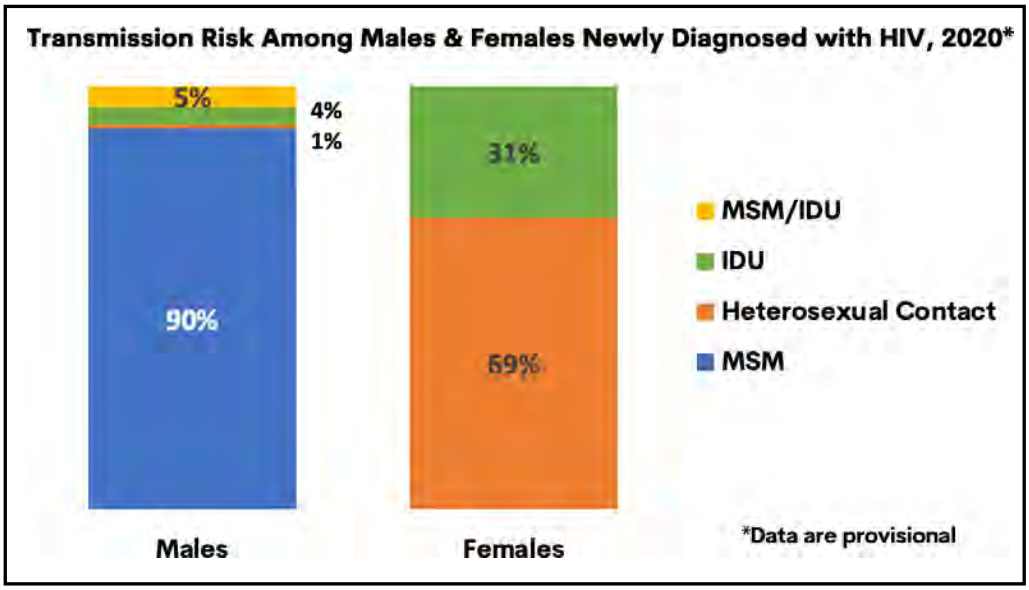


Figure 12: HIV Diagnoses Rates among Males & Females by Race/Ethnicity, LAC 2020



In 2020, the primary HIV transmission risk for newly diagnosed males was having sex with other men (90%), followed by IDU (5%), MSM/IDU (4%) and heterosexual contact (1%). The primary HIV transmission route among females newly diagnosed with HIV was heterosexual contact (69%). In 2020, the percentage of cases with IDU as the primary transmission route among females increased to 31% compared to 25% in the previous year (Figure 13).

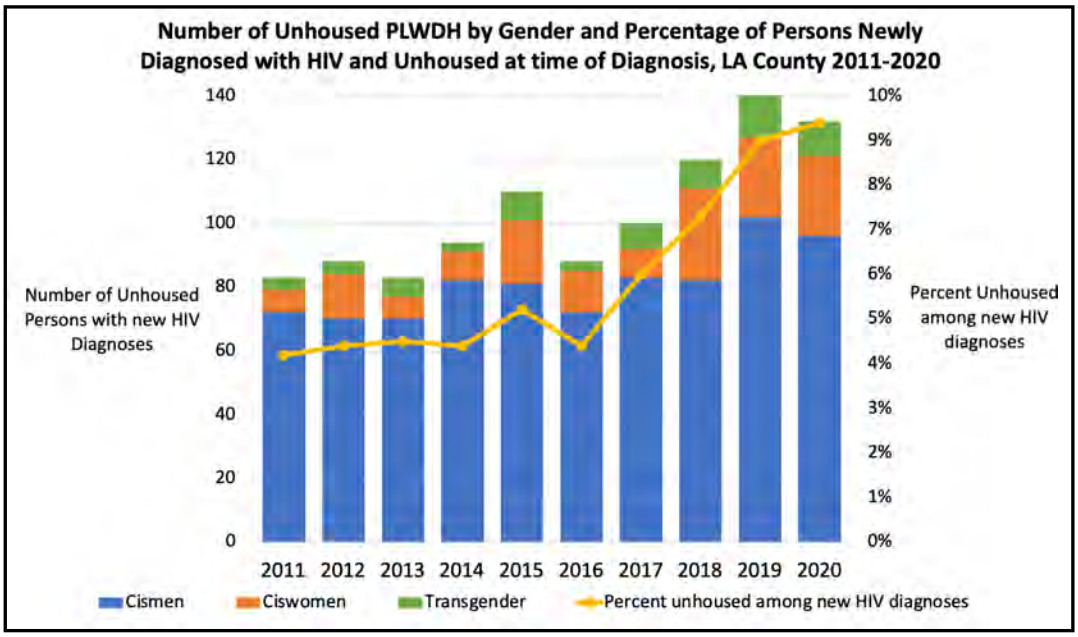
Figure 13: Transmission Risk Among Males & Females Newly Diagnosed with HIV, LAC 2020



Perinatal Transmission: In LAC, although the number of HIV-positive pregnant women has decreased over time, the number of perinatal HIV transmissions is increasing. In 2020 there were four infants who acquired HIV perinatally resulting in a rate of 8 per 100 HIV-exposed infants. Notably, common maternal risk factors included meth use (n=3), being unhoused (n=3), mental illness (n=3), syphilis (n=3) and a history of incarceration (n=2).

Unhoused: Since 2011, the percentage of persons newly diagnosed with HIV who were unhoused has more than doubled from 4.2% to 9.4%. In 2020, among 132 unhoused persons with a new HIV diagnosis, 73% were cisgender men, 19% were cisgender women and 8% were transgender. However, the HIV diagnoses rates of the unhoused have been relatively stable over this time, indicating that the increase in the unhoused population likely explains the increases in HIV diagnoses (Figure 14).

Figure 14: Number of Unhoused PLWDH by Gender and Percentage of Persons Newly Diagnosed and Unhoused at time of Diagnosis, LA County, 2020



Stage of HIV disease among Newly Diagnosed: Information on stage of HIV disease at the time of diagnosis provides direct insight into the timeliness of an HIV diagnosis. The HIV surveillance case definition of HIV has four stages: Stage 0, 1, 2, and 3. Stage 0 includes those with acute infection at diagnoses (Acute HIV) and those with no evidence of acute infection at diagnosis. Acute HIV is based on the difference in days between the first HIV-positive test result and last HIV-negative test result. If the difference falls within 60 days, HIV is classified as acute HIV.[18] The criterion for Stage 1 disease is CD4 ≥ 500 cells/µL within 90 days of diagnosis. Stage 2 is CD4 between 200-499 cells/µL within 90 days of diagnosis. Stage 3 criteria include either CD4 < 200 cells/µL within 90 days of HIV diagnosis or a diagnosis of an opportunistic illness within 90 days of HIV diagnosis.

In 2020, 15% of new HIV diagnoses were diagnosed at Stage 0, with over half of those diagnosed at Stage 0 having acute HIV at diagnosis (Figure 15). The proportion of PLWDH with acute HIV was highest among men, persons aged 20-29 years, and MSM. One in five new HIV diagnoses presented with CD4+ T-cells < 200 cells/µL at the time of diagnosis in 2020, indicative of late-stage HIV disease. The proportion of PLWDH with late-stage disease (Stage 3) was highest among females, those who identified as Latinx or multi-racial, those over 40 years of age, and those with IDU or heterosexual transmission risk (Figure 16).

[18] The number of newly diagnosed persons with stage 0 are likely underestimated due to under-reporting of HIV-negative test results.

Figure 15: Stage of HIV Disease among Newly Diagnosed PLWH, LA County 2020

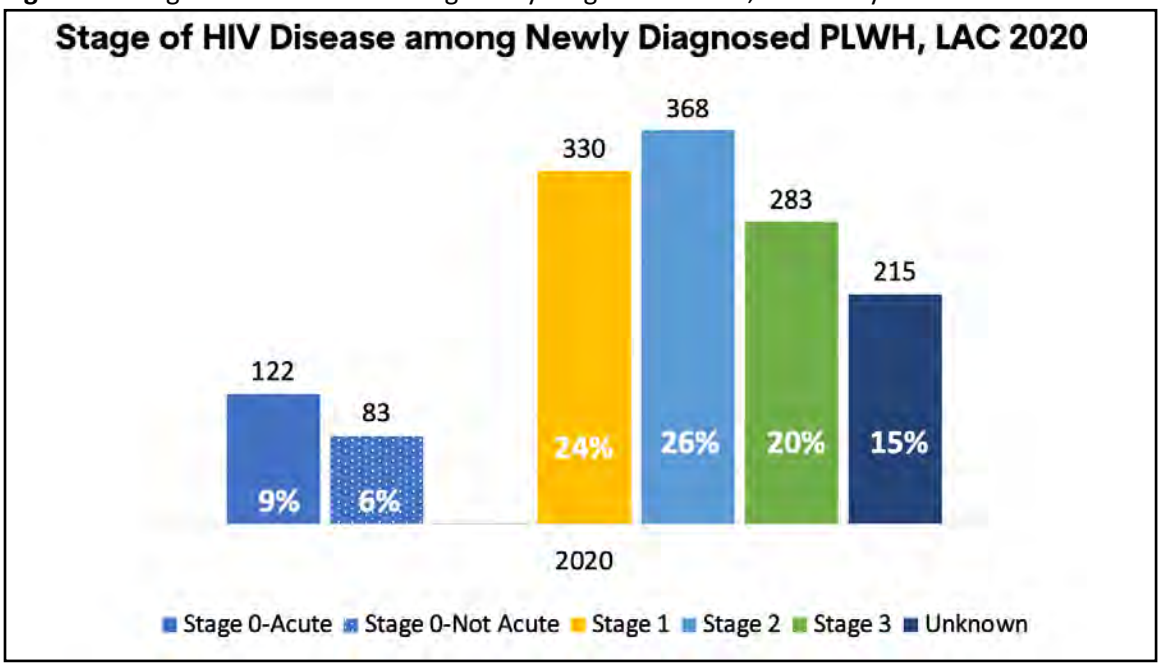
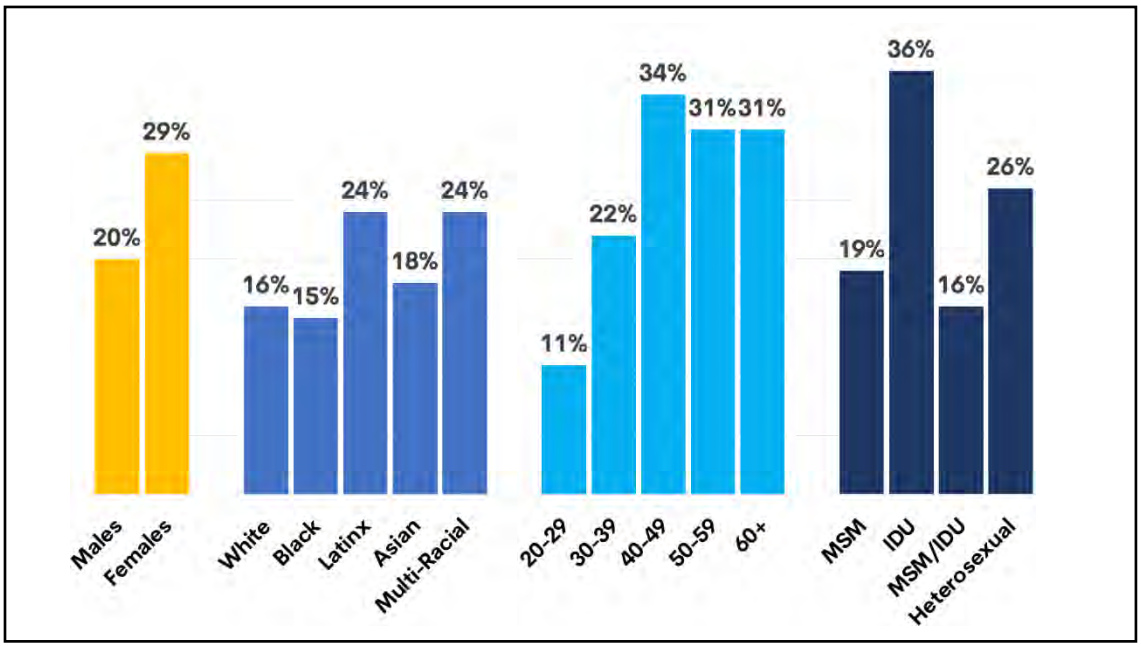


Figure 16: Percentage of Newly Diagnosed Presenting with Late-Stage Disease (Stage 3) at Time of Diagnosis, by Gender, Race/Ethnicity, Age Group and Transmission Category, LAC 2020



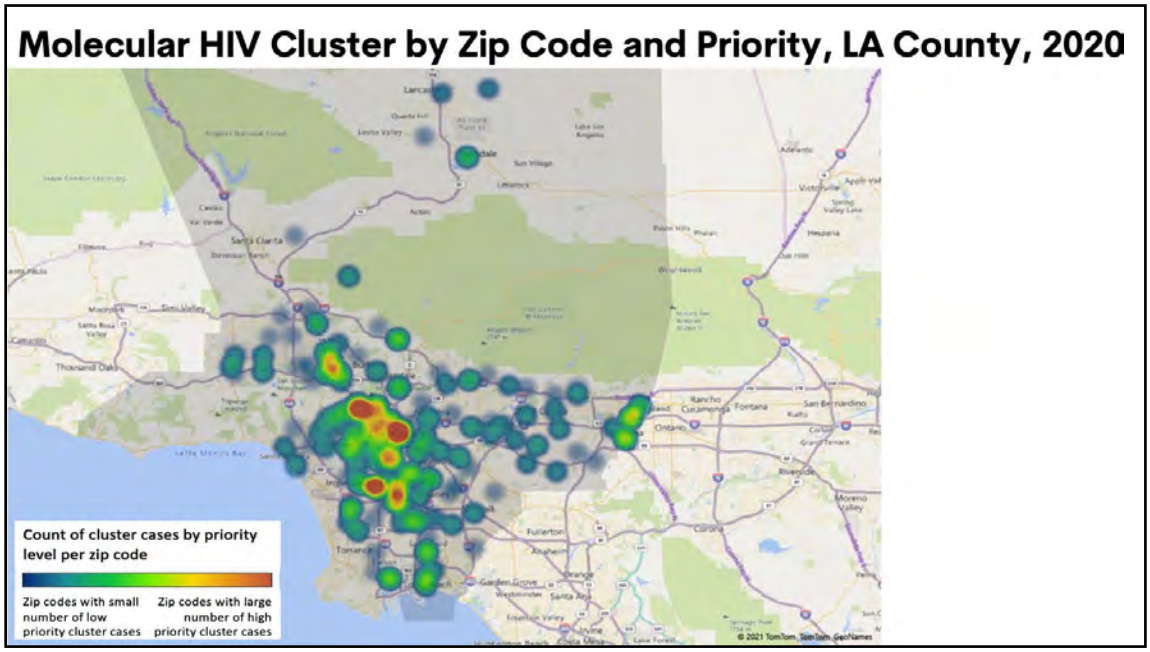
*Stage 3: Either CD-4 <200 w/in 90 days of diagnosis or diagnosis of opportunistic illness w/in 90 days

High Priority Cluster Areas: Federal guidelines for the care and treatment of PLWDH recommend HIV viral genotype testing at initiation of HIV care to determine whether an individual's HIV strain is resistant to certain drugs. The genotype testing, which results in a genetic sequence report reflecting an individual's HIV viral strain, is reported to DPH along with other HIV laboratory and clinical test results.

Molecular HIV Surveillance is the collection and analysis of HIV genotype data generated through HIV drug resistance testing. Through a comparison of the viral genotype reports of PLWDH in the local area, it can be determined if there are multiple people with a highly similar HIV strain. Because HIV's genetic sequence constantly evolves, people whose viral strains are highly similar are likely to be in the same social HIV transmission network (i.e., transmission cluster).[19] Transmission clusters with numerous newly HIV diagnosed individuals may indicate that recent and rapid HIV transmission is occurring among a group of individuals. When a cluster is identified, it can inform the delivery of services and interventions to minimize transmission in a geographic area and prioritize efforts to those who need them the most.

In 2020, 7% of persons newly diagnosed with HIV were associated with a priority transmission cluster. These persons were more likely to be aged 13-29 years, Latinx, and have MSM transmission risk compared with persons newly diagnosed with HIV who were not associated with a priority cluster. Persons associated with a priority transmission cluster were also more likely to reside in the Southeast, San Antonio, Northeast, and Antelope Valley Health Districts; report methamphetamine use and anonymous partners; and have syphilis co-infection. The geographic distribution of the transmission clusters and priority level for follow-up are presented below in Figure 17. The blue clusters are low priority (< 5 persons with new HIV diagnoses between 2018-2020), the green as medium priority (≥ 5 persons with new HIV diagnoses between 2018- 2020), and the red as high priority (≥ 5 cases diagnosed in 2020).

Figure 17: Molecular HIV Cluster by Zip Code and Priority, LA County, 2020



d) New HIV Infections[20]: The annual number of new HIV infections reflect infections acquired in a

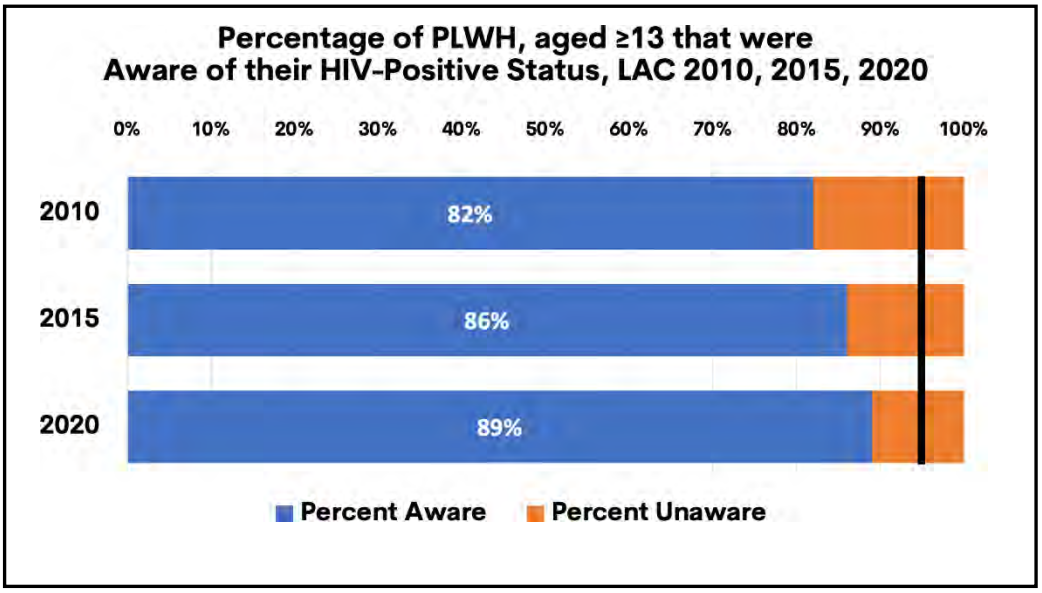
[19] It is important to note that this information cannot be used to determine either direct transmission or the direction of transmission between any two individuals.

[20] HIV incidence is approximated using CDC's CD4 depletion model, which uses HIV surveillance data and the first CD4 value after HIV diagnosis to estimate HIV incidence, HIV prevalence, and percentage of undiagnosed HIV. The date of HIV acquisition is estimated for each person with a CD4 test using the model. To account for persons without a CD4 test result, persons with CD4 test results are assigned a weight based on the year of HIV diagnosis,

calendar year. Some new infections are diagnosed soon after acquiring HIV, but the majority are not. When the number of new HIV infections is high, HIV continues to spread, because most people with a new infection are not aware they are living with HIV. New infections provide information on recent transmission and serve as a barometer to assess whether HIV prevention strategies are reducing transmission. Trends in new infections generally track with trends in new diagnoses unless transmission is very low or high in the population. An estimated 1,400 persons aged 13 years and older acquired HIV in 2020. These new infections may or may not have been diagnosed that year.[21] Estimates are not considered true values and should be interpreted along with a range of values that is likely to contain the true value with a certain degree of confidence (such as a 95% confidence interval). In 2020, the 95% confidence interval for the estimated number of new infections ranged from a low of 900 infections to a high of 1,990 infections. The number of persons newly diagnosed and the estimated number of persons who acquired HIV (new infection) have declined between 2010 and 2020. In 2010, there were an estimated 2,300 new infections and 2,186 new HIV diagnoses. In 2020, 1,404 persons were newly diagnosed with HIV, reflecting both new and old infections. An estimated 1,400 persons acquired HIV in 2020, reflecting new infections, some of whom were not diagnosed.

e) People Living with Undiagnosed HIV: In 2020, an estimated 11% of PLWH, or 6,800, were unaware of their HIV status.[22] Since 2010, awareness of HIV has increased among PLWH from 82% to 89% (Fig. 18), however, since 2019, awareness of HIV-positive status decreased across all age, sex and race/ethnicity categories, with the largest decrease observed among cisgender women (-6 percentage points).

Figure 18: Percentage of PLWH that were Aware of their HIV Status, 2010, 2015, 2020



Bolded line indicates the EHE Plan and Integrated Plan goal of 95% awareness by 2025

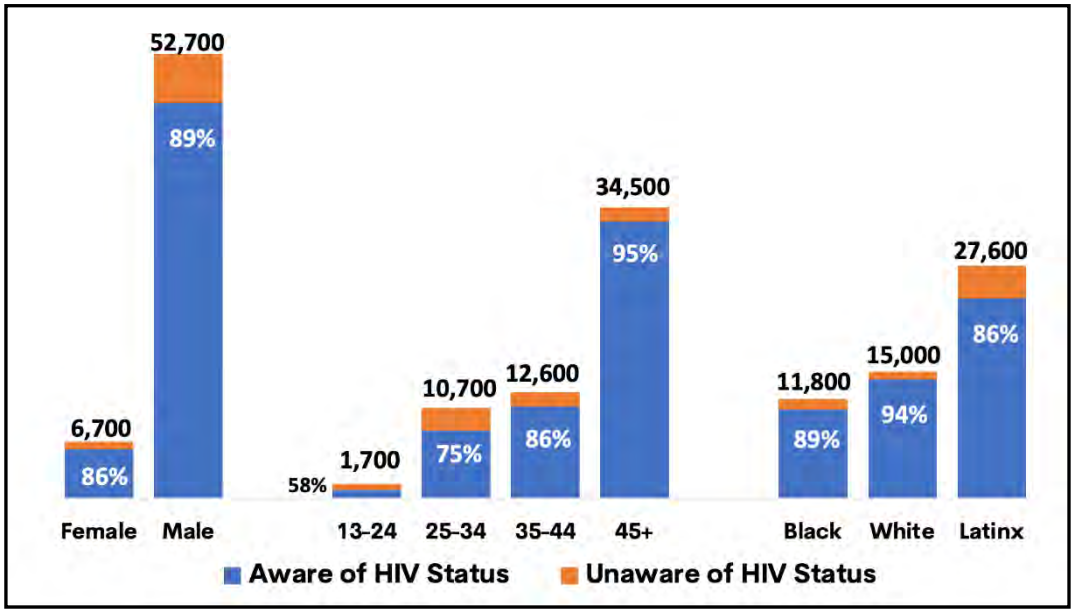
sex, race/ethnicity, transmission category, age at diagnosis, disease classification, and vital status at the end of the specified year.

[21] The annual number of new HIV diagnoses is the number of PLWH who received an HIV diagnosis in a calendar year. A new HIV diagnosis is *not* equivalent to a new infection that was acquired in a calendar year. Many people live years before they are diagnosed while some are diagnosed soon after acquiring HIV. Based on local data, the majority of new HIV diagnoses each year were infections acquired over a year ago.

[22] Estimated using the CD4-based model developed by the Centers for Disease Control and Prevention. https://journals.lww.com/jaids/Fulltext/2017/01010/Using_CD4_Data_to_Estimate_HIV_Incidence,.2.aspx.

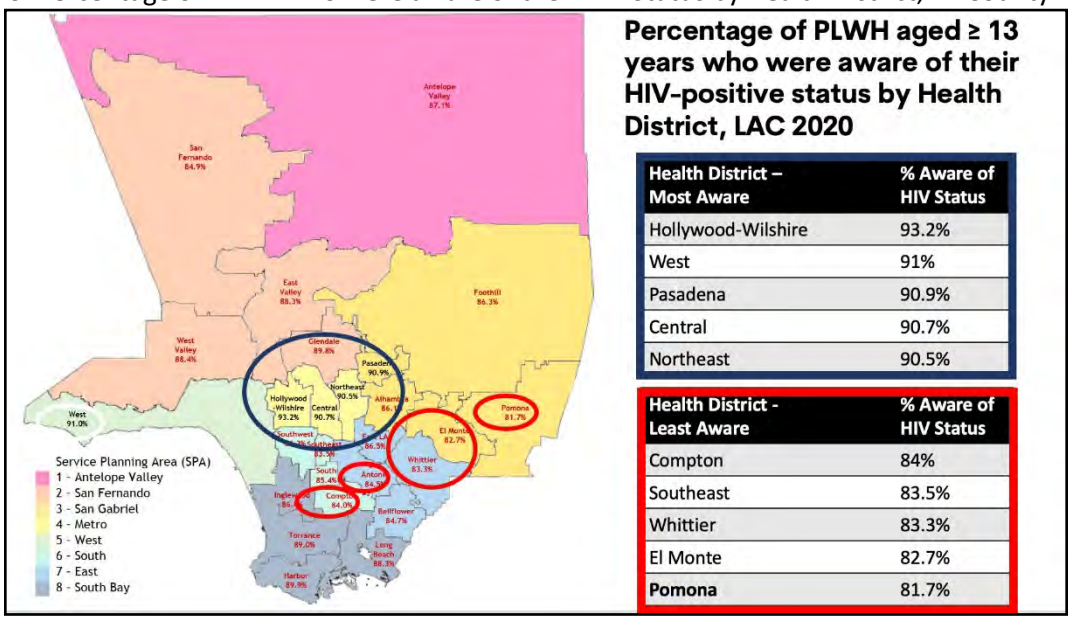
Among PLWH in 2020, the largest gaps in knowledge of HIV-positive status existed for younger persons, where approximately 42% of persons aged 13-24 years and 25% of persons aged 25-34 years with HIV were not aware of their HIV-positive status. Females and people who were Latinx or Black were also more likely to be unaware of their status compared to other groups (Figure 19).

Figure: 19: Awareness of HIV-Positive Status among PLWH by Sex at Birth, Age Group and Race/Ethnicity, LAC 2020



The percentage of PLWH who were aware of their HIV-positive status also varied by location. There were five Health Districts with at least 90% of PLWH aware of their HIV status - Hollywood-Wilshire, West, Central, Northeast and Pasadena. Conversely, the five Health Districts with the least percentage of PLWH aware of their status were Compton, Southeast, Whittier, El Monte and Pomona (Figure 20).

Figure 20: Percentage of PLWH who were aware of their HIV Status by Health District, LA County 2020



Percentage of PLWH aged ≥ 13 years who were aware of their HIV-positive status by Health District, LAC 2020

Health District – Most Aware	% Aware of HIV Status
Hollywood-Wilshire	93.2%
West	91%
Pasadena	90.9%
Central	90.7%
Northeast	90.5%

Health District - Least Aware	% Aware of HIV Status
Compton	84%
Southeast	83.5%
Whittier	83.3%
El Monte	82.7%
Pomona	81.7%

II. Clinical & Behavioral Characteristics of PLWH and People at Risk for HIV

Clinical and behavioral characteristics of PLWH and people at-risk for HIV are largely compiled through the use two biobehavioral surveillance efforts, the National HIV Behavioral Surveillance (NHBS) and the Medical Monitoring Program (MMP).

Since 2016, the NHBS has surveyed four different population groups: MSM, persons who inject drugs (PWID), heterosexuals at increased risk for HIV and transgender women. Across all NHBS participants living with HIV, 83% of MSM and 80% of transwomen were aware of their HIV-positive status. In contrast, only 63% of PWID were aware of their status[23].

MSM: Among MSM, over the course of five rounds of NHBS spanning over a decade, HIV prevalence has consistently been highest among Black MSM. In the most recent surveillance round (2017), 36% of Black MSM were living with HIV compared with 18% of Latinx MSM and 15% of White MSM. In 2017, HIV testing within the previous 12 months was high among MSM of all race/ethnicity groups, with 90% of White MSM reporting testing, and 83% of both Latinx and Black MSM reporting testing. Reports of condomless anal sex ranged from 71% among Black MSM to 79% among Latinx MSM. Twenty-eight percent of Black MSM, 25% of Latinx MSM and 24% of White MSM reported having an STD diagnosis. Exchanging sex for money or drugs was also highest among Black MSM (11%), compared to Latinx (7%) and White MSM (7%). Knowledge of PrEP was high (>92%) among MSM irrespective of race/ethnicity. Among participants who reported HIV-negative or unknown HIV status, 36% of White MSM had used PrEP within the past 12 months compared with 29% of Latinx MSM and 22% of Black MSM. Among MSM, the overlapping epidemic of meth use contributes to increased risk of HIV acquisition. Methamphetamine use is frequently associated with increased unsafe sexual activity and meth-using MSM are much more likely to have multiple sexual partners and report inconsistent condom use than MSM who do not use meth.

Transgender Women: NHBS data found that in 2019, transwomen had the highest HIV positivity rate (1 in 3 were HIV-positive) compared with other populations at elevated risk of HIV, with Black transwomen having the highest positivity rate (52%), compared with Latinx (30%) and White (9%) transwomen. Black transwomen were more likely to practice condomless anal sex and exchange sex for drugs or money but less likely to test recently for HIV than their Latinx and White counterparts. Meth use was also high among transwomen, with 33% of White transwomen, 28% of Black transwomen, and 17% of Latinx transwomen reporting use. PrEP knowledge was also high, however use of PrEP among HIV-negative transwomen in the past 12 months was low. The majority (91%) of HIV-negative transgender women had heard of PrEP and a little over half (55%) had discussed PrEP with a healthcare provider. Twenty-seven percent had taken PrEP in the last 12 months and 21% were PrEP persistent. Most respondents (70%) in the 2019 cycle reported a household income at or below the FPL and 42% were currently unemployed. Nearly 1 out of 2 participants (47%) reported being homeless at the time of the interview and 23% had been incarcerated in the previous 12 months. Over half of participants reported anal sex without a condom in the past 12 months (57%) and 35% reported having sex in exchange for food, shelter, money, or drugs. Nearly 2 out of 3 transwomen participating in NHBS reported having experienced verbal harassment over the last 12 months because of their gender identity or presentation. One out of 5 participants reported having seriously considered suicide. Recent sexual abuse was also reported by nearly 1 out of 5 respondents.

[23] Results for PWID may be unstable due to small numbers and should be interpreted with caution.

People Who Inject Drugs (PWID): Substantial disparities exist among PWID along the diagnosis and care cascade. About one in three PWID living with HIV did not know they were infected (compared to one in five transwomen and one in six MSM). Once diagnosed, PWID had lower levels of receipt of care, retention in care and viral suppression than those with MSM and heterosexual contact transmission risk. A higher percentage of PWID aged 18-29 years reported sharing syringes or injection equipment (50% and 74%) compared with PWID aged >30 years (32% and 56%). Conversely, 15% of those 30 or older and 10% of those 18-29 reported exchanging sex for money or drugs. Injection of methamphetamines during the past 12 months increased from 59% in the 2015 IDU NHBS cycle to 68% in the 2018 IDU cycle. Non-injection use of methamphetamine also increased significantly (32% to 75%).

At-Risk Heterosexuals: In the 2016 heterosexual cycle, a total of 526 persons ≥ age 18 who reported having vaginal or anal sex with a partner of the opposite sex in the past 12 months were surveyed. Of these, 54% were male and 46% female. Of the women surveyed, 57% were Black, 36% Latina and 2% were White. Eighty-three percent reported no more than a high school diploma/GED and 82% reported a household income at or below the FPL. Eighty-four percent had health insurance, 11% reported being homeless at the time of the interview, and 14% had been incarcerated in the previous 12 months. Heterosexual cisgender women were more likely to have tested for HIV and STDs than heterosexual men. Among women, more Black women reported condomless sex with a casual partner, receiving money or drugs in exchange for sex, and having concurrent sexual partnerships that Latinx women. More recently, data suggest that meth is also contributing to increased HIV risk among heterosexual people with syphilis.

III. Other STDs[24]

In recent years, STD rates have dramatically increased in LAC. According to provisional 2021 data, 28,115 gonorrhea cases and 5,746 early syphilis cases were reported to LAC - continuing the overall trend of increases in annual cases. In the last decade, there has been an 847% increase in syphilis rates among females and a 128% increase among males. Alarmingly, the number of reported congenital syphilis cases increased over 20 times between 2012 and 2021.

Chlamydia: In 2021, of the 52,121 cases, more than half were seen in cisgender females (56%) and 20-29 years old (54%). Hollywood-Wilshire (959 cases per 100,000), Central (1,035 cases per 100,000), South (987 cases per 100,000) and Southwest (956 cases per 100,000) Health Districts had rates about two times the rate of infection in LAC (545 cases per 100,000).

Gonorrhea: In 2021, the rate among African Americans (769 per 100,000) was more than four times that of Whites and Latinx people (168 and 185 per 100,000, respectively). The Hollywood-Wilshire and Central Health Districts had rates (906 and 796 per 100,000, respectively) that were approximately three times the rate of infection in LAC (294 per 100,000). Most of the gonorrhea case were among cisgender males (71%) and those aged 20-34 (63%).

Syphilis: In LAC, 5,746 early syphilis cases were reported in 2021 with a rate of 60 per 100,000, reflecting a 2% rate increase compared with the 2019[25] rate and a 161% increase compared with 2012. Rates were

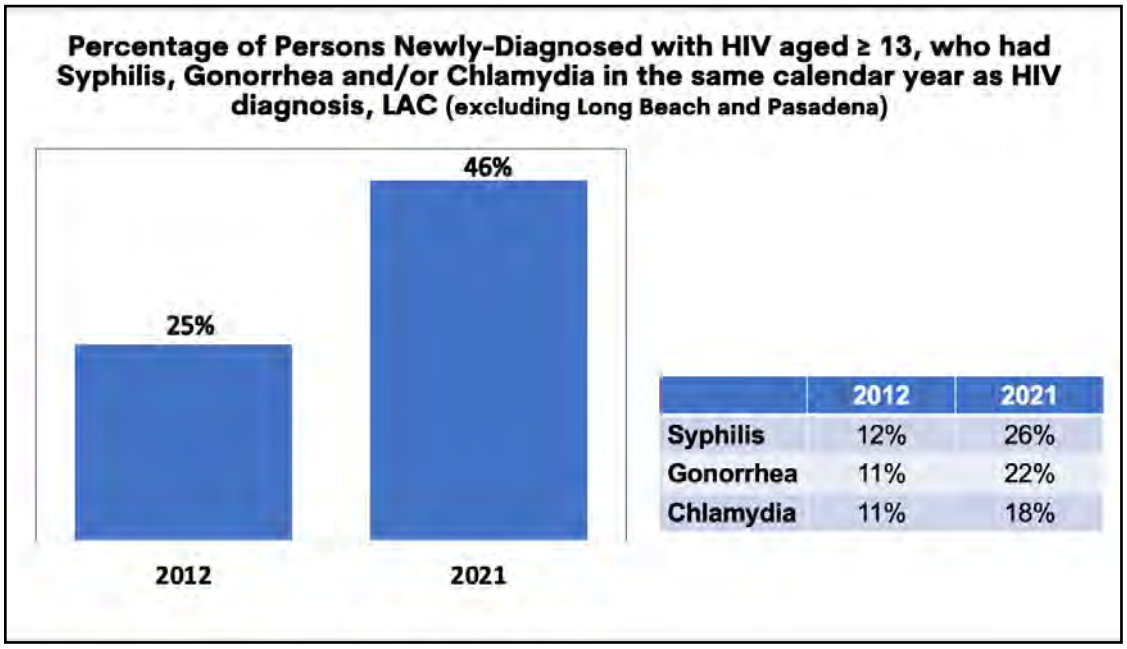
[24] All 2021 data are provisional, and 2020 population estimates were used as a proxy for 2021

[25] Due to underreporting of STDS in 2020 due to the COVID-19 pandemic, a comparison with 2020 STD data may be unreliable.

higher among males (99 per 100,000) compared to females (18 per 100,000); however, from 2019 to 2021, there was a 64% increase in early syphilis rates among females compared to a 5% decrease among males. Transgender individuals represented 3.4% of the early syphilis cases. Rates were highest in persons aged 25-29 among females (56 per 100,000) and among males aged 30-34 (265 per 100,000). The rate among African Americans (142 per 100,000) was more than three times that of Whites (46 per 100,000) and more than four times that of Latinos (60 per 100,000). Hollywood-Wilshire and Central Health Districts had a rate (205 per 100,000) that was more than three times the rate of infection in LAC (60 per 100,000). Increasing rates of syphilis among MSM/W, women and newborns (congenital syphilis) represent a concurrent epidemic with meth use disorder in LAC. As syphilis rates increase rapidly among women, LAC has reported 113 and 123 congenital syphilis (CS) cases in 2020 and 2021, respectively. After a rapid decline since 2006, LA County also had a perinatal HIV transmission rate of 7% in 2020, the highest ever seen, with three of the four babies also co-infected with CS. Maternal risk factors for congenital syphilis include meth use, unstable housing, mental illness, and lack of prenatal care.

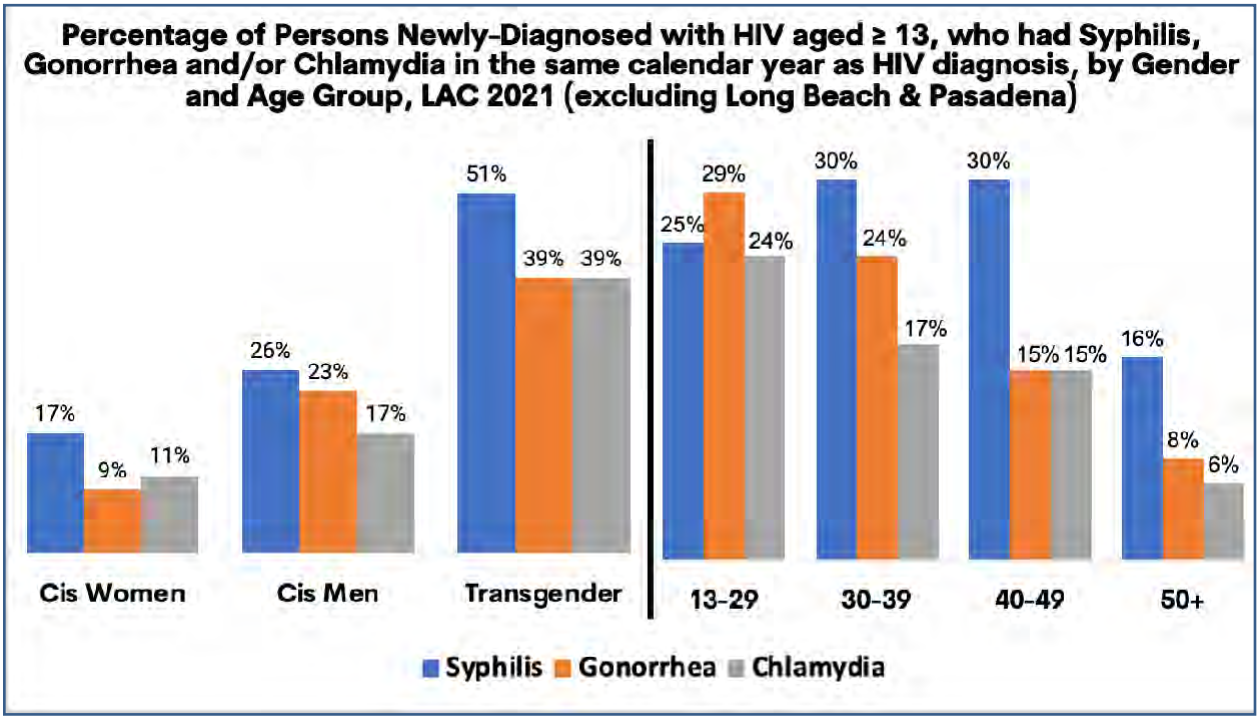
STD and HIV Co-infection: Persons with syphilis, gonorrhea, and/or chlamydia are at an increased risk of acquiring HIV due to biological and behavioral factors. STDs among PLWH can also increase HIV viral load and the risk of forward HIV transmission. The percentage of persons newly diagnosed with HIV who had one or more STDs in the same year nearly doubled from 25% in 2012 to 46% in 2021. In 2012, 11% of those newly diagnosed with HIV had chlamydia in the same year; 11% had gonorrhea and 12% had syphilis. By 2021, those percentages grew to 18%, 22% and 26%, respectively. This reflects a rapid rise in the total number of syphilis cases in LAC over the same period (Figure 21).

Figure 21: Percentage of Persons Newly Diagnosed with HIV who had Syphilis, Gonorrhea and/or Chlamydia in the Same Calendar Year as HIV Diagnosis, LA County, 2012 and 2021



In 2021, percentages of syphilis, gonorrhea and/or chlamydia co-infections among people newly diagnosed with HIV were highest in the transgender population. Among both cisgender women and cisgender men with newly diagnosed HIV, syphilis co-infection was higher than co-infection with other STDs. By age group, syphilis co-infection was highest among people aged 30-49 years old, while co-infection with gonorrhea and chlamydia was highest among people aged 13-29 years (Figure 22).

Figure 22: Percentage of persons newly diagnosed with HIV who had syphilis, gonorrhea, and/or chlamydia in the same calendar year as HIV diagnosis by STD, gender and age group, LAC (excluding Long Beach and Pasadena) 2021



Hepatitis C Virus: In the U.S., the majority of persons become infected with hepatitis C virus (HCV) by sharing needles or other equipment used in injecting drugs.[26] In 2019, among the 1,952 (47%) reported acute cases in the U.S. that included risk information for injection drug use, 1,302 (67%) reported injection drug use. Since the early 2000s there have been notable increases in HCV incidence among young people (15–29 years old), mostly associated with increases in opioid and injection drug use (IDU).[27] Subpopulations with higher injection drug use typically include unhoused persons and criminal justice-involved individuals. In the most recent (2018) NHBS survey cycle targeting PWID, of the 510 people screened for HCV, HCV antibody prevalence was 58% and the prevalence of HCV and HIV co-infection was 1%. PLWDH who are co-infected with HCV are more likely than those with HCV alone to develop end-stage liver disease, and higher viral loads for both HIV and HCV results in increased transmission risks.

COVID-19: Between January 2021 to March 2022, there were 6,048 cases of COVID-19 among PLWDH, representing a rate of 1,249 cases of COVID-19 and HIV co-infection per 10,000 PLWD.[3] Rates of COVID-19 and HIV co-infection among PLWDH were highest among females, persons aged 18-29 years, Latinx persons, residents of SPA 8 (South Bay), persons with MSM/IDU transmission risk and unhoused persons. Persons with HIV and COVID-19 co-infection had higher levels of hospitalization, intensive care

[26] https://www.cdc.gov/hepatitis/statistics/2019surveillance/Introduction.htm

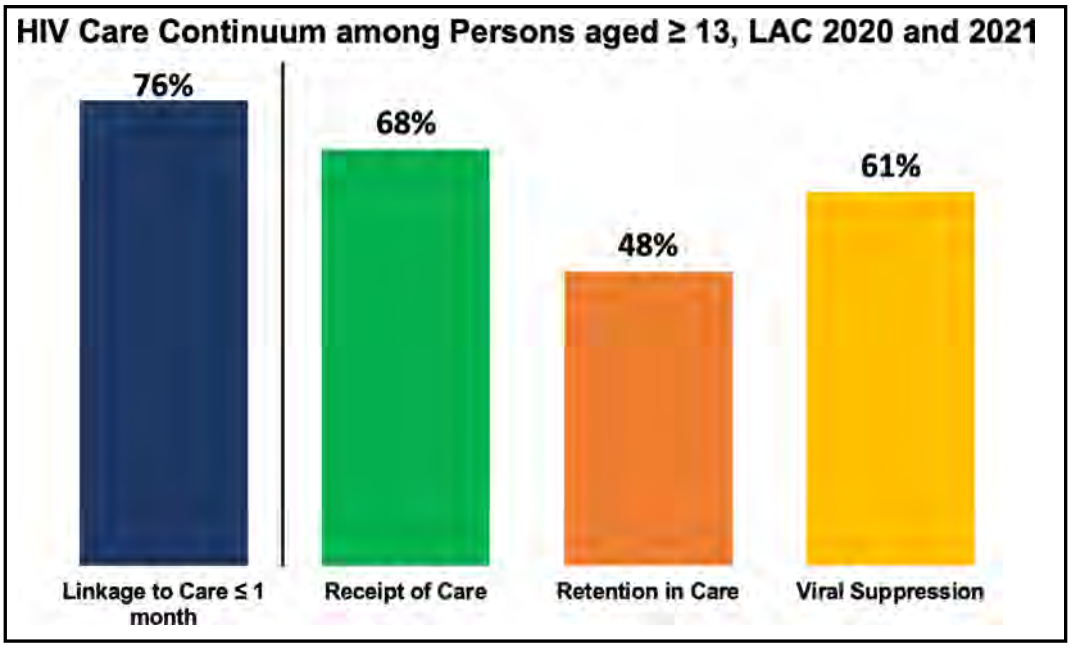
[27] Gicquelais RE, Foxman B, Coyle J, Eisenberg MC. Hepatitis C transmission in young people who inject drugs: Insights using a dynamic model informed by state public health surveillance. Epidemics. 2019; 27:86–95. doi: 10.1016/J.EPIDEM.2019.02.003.

unit admission, intubation, and death compared with all COVID-19 patients, regardless of COVID-19 vaccination status. However, COVID-19 vaccination reduced the risk of these severe outcomes for both HIV and COVID-19 co-infected patients and COVID-19 patients.

IV. HIV Care Continuum

The HIV Care Continuum is a series of steps starting from when a PLWH receives a HIV-positive diagnosis through the achievement of viral suppression. The HIV care continuum includes the following: (1) among persons receiving a diagnosis of HIV in a given calendar year, the percentage of persons who were linked to HIV care within 1 month of diagnosis (defined as ≥ 1 CD4/VL/Genotype test reported within 1 month of HIV diagnosis); and (2) among all persons living with diagnosed HIV, the percentage of persons who (a) received HIV care (defined as ≥ 1 CD4/VL/Genotype test per year)[28], (b) were retained in HIV care (defined as ≥ 2 CD4/VL/ Genotype tests at least three months apart per year), and (c) were virally suppressed (defined using most recent viral load) per year. The base population for measuring linkage to HIV care is persons who received a HIV-positive diagnosis in a given calendar year, whereas the base population for the downstream steps in the continuum of care is all persons who were diagnosed with HIV through the prior calendar year and living in LAC with diagnosed HIV in the current year. The latter ensures that there is at least one year of follow-up to measure receipt in care, retention in care, and viral suppression.

Figure 23: HIV Care Continuum, LA County 2020 and 2021



As depicted in Figure 23, 76% of people newly diagnosed with HIV **in 2020** were linked to care within one month; and among all PLWDH **in 2021**, 68% received HIV care at least once in the calendar year, 48% were retained in care, and 61% were virally suppressed. Table 1 provides an overview of HIV Care Continuum outcomes across different characteristics of PLWDH, with the poorest outcomes in each group highlighted in red font.

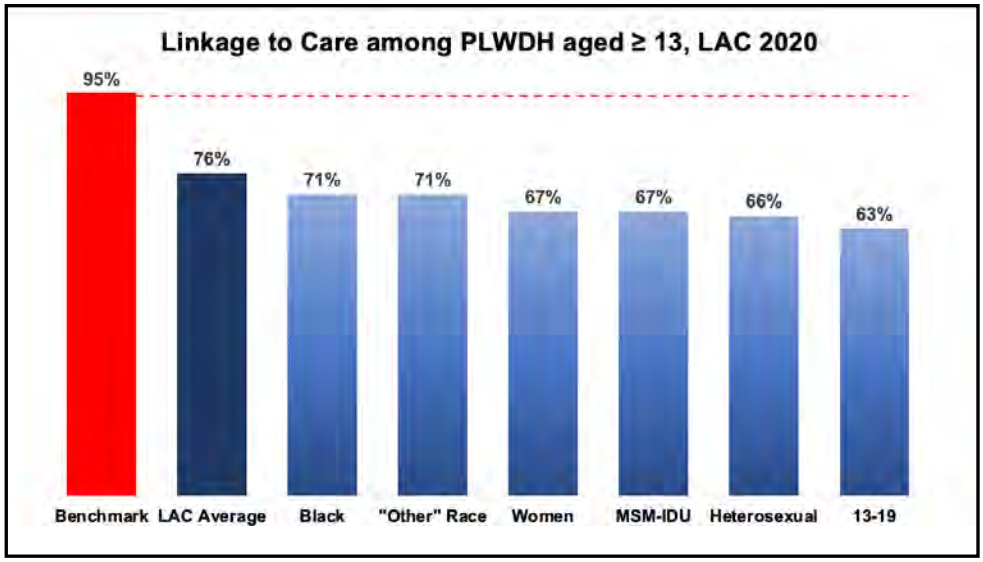
[28] "Receipt of Care" and "Engagement in Care" are synonymous terms

Table 1: HIV Care Continuum Outcomes among Select Characteristics of PLWDH, 2020-21

Characteristic	Linked to Care within 1 month	Engaged in Care	Retained in Care	Virally Suppressed
Men	77%	68%	48%	61%
Women	**67%**	**67%**	**47%**	59%
Transgender	81%	69%	49%	**56%**
13-19	63%	85%	59%	78%
20-29	76%	74%	45%	64%
30-39	78%	68%	**43%**	**59%**
40-49	73%	**66%**	47%	59%
50-59	78%	68%	50%	62%
60+	76%	67%	51%	62%
Black	**71%**	**63%**	**42%**	**54%**
Latinx	79%	68%	49%	61%
White	73%	69%	48%	63%
Asian	90%	72%	51%	68%
NH/PI	--	73%	47%	63%
AI/AN	86%	66%	**42%**	57%
Multi-race	**69%**	81%	55%	71%
MSM	78%	69%	48%	62%
IDU	75%	**57%**	**40%**	**48%**
MSM/IDU	67%	67%	47%	56%
Heterosexual	**66%**	66%	48%	60%
Total	**76%**	**68%**	**48%**	**61%**

Linkage to Care: Linkage to HIV care is typically tracked as being linked to HIV care within one month of HIV diagnosis. However, initiating HIV care services should occur faster, ideally within one week, to ensure that HIV treatment can start immediately. Though timeliness of linkage to care has improved, only 76% of persons who were newly diagnosed in 2020 were linked to HIV care within one month and only 54% were linked to HIV care within one week. Among persons aged 13 years and older newly diagnosed with HIV in 2020, groups that were least likely to be linked to care within one month of diagnosis were cisgender women (67%), Black/African Americans (71%), those whose race/ethnicity was classified as "Other" (71%), persons aged 13-19 years (63%), and persons with heterosexual (66%) and MSM/IDU (67%) transmission risk (Figure 24).

Figure 24: Linkage to Care within 1 Month of Diagnosis, among PLWDH, LAC 2020



Receive Care/Retained in Care/Viral Suppression: Once linked to HIV care, performance along the HIV care continuum remains low. In 2021, only seven in ten PLWDH received care services, five in ten were retained in care, and six in ten were virally suppressed. The percentage of PLWDH who were receiving HIV care and retained in care were similar across gender groups, while the percentage who were virally suppressed was slightly lower among transgender persons. Adolescents had better HIV care outcomes than their counterparts, while persons aged 30-49 had the poorest outcomes across all age groups. With respect to race/ethnicity, Blacks/African Americans had the worst HIV care outcomes compared with other groups. Persons whose transmission risk was IDU had the lowest levels of receipt of care, retention in care and viral suppression. The greatest disparities in viral suppression were among Black sub-populations, cisgender women and transgender persons, persons aged 30-49 years, and persons whose transmission risk included injection drug use (Figure 26). By geographic area, unsuppressed viral load was highest in the Central Health District, followed by the South, Southeast, Harbor, Hollywood-Wilshire, West, and Northeast.

Figure 25: HIV Care Continuum, LA County, 2021

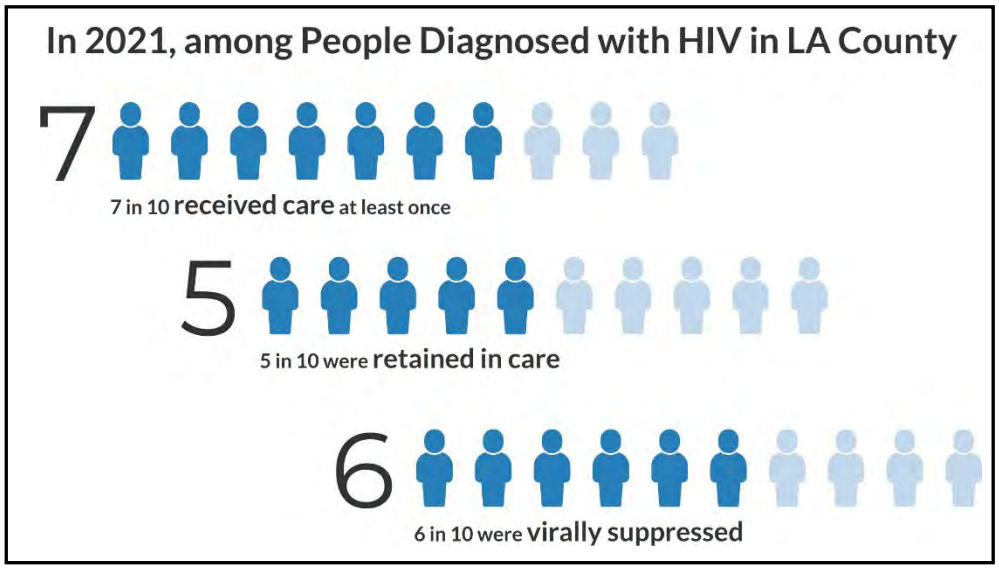


Figure 26: Viral Suppression among PLWDH, LA County 2021

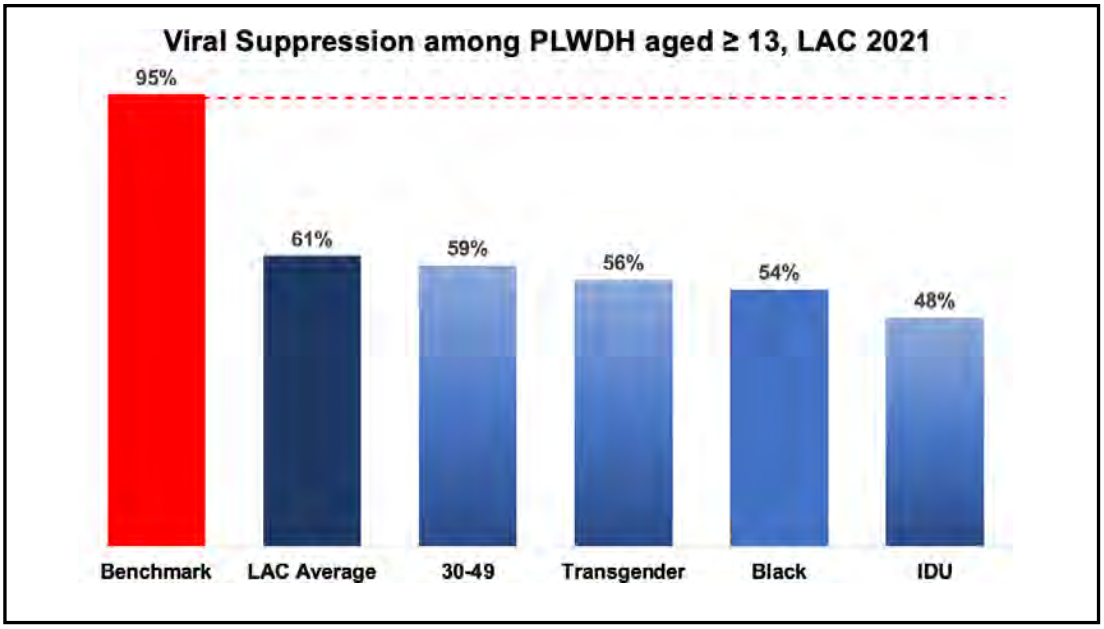
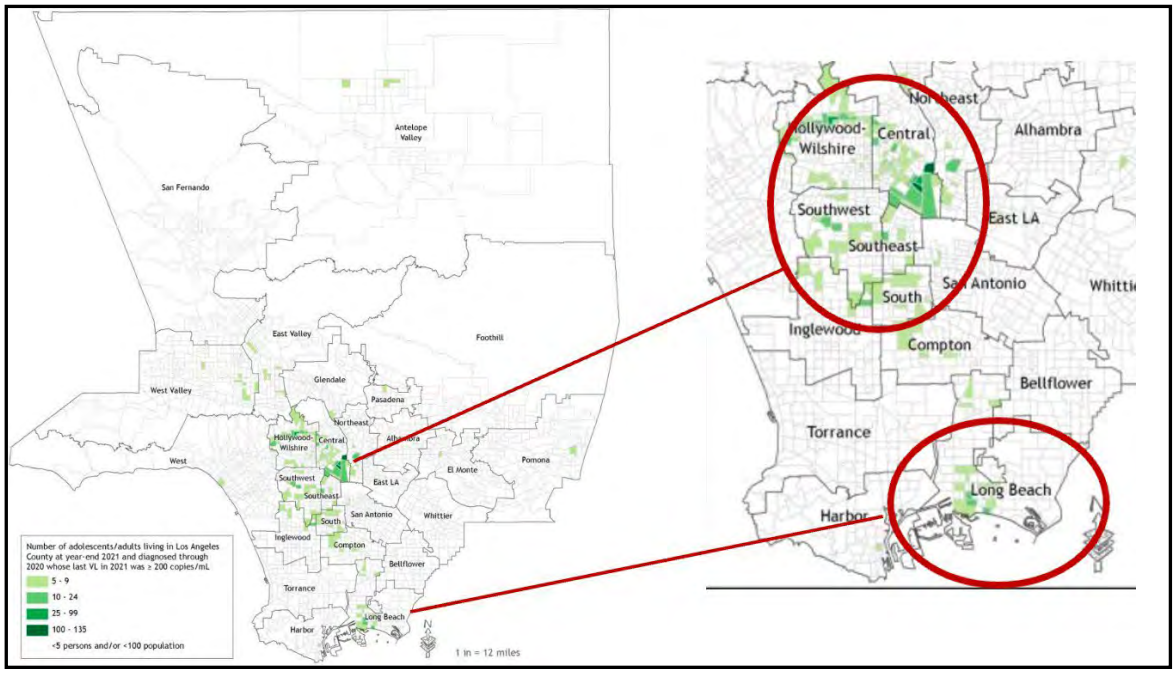


Figure 27: Unsuppressed Viral Load[29] by Census Tract among persons diagnosed through 2020 and living in LAC at year-end 2021 (N=1,687)*

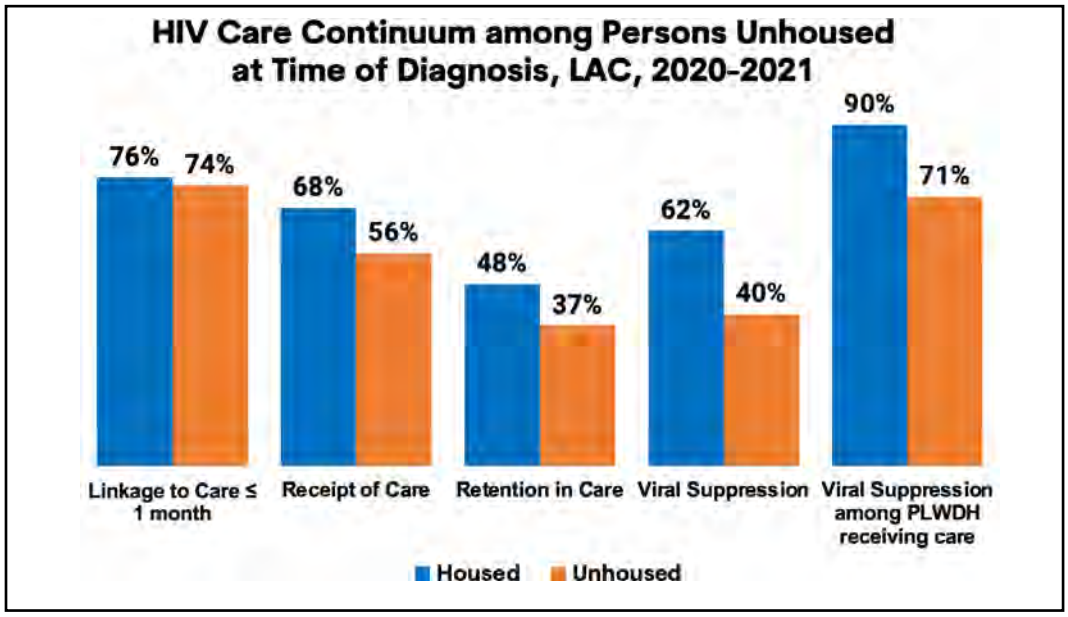


[29] Unsuppressed viral load: numerator includes PLWDH whose last VL test in 2021 was unsuppressed (HIV-1 RNA ≥ 200 copies/mL; denominator includes PLWDH diagnosed through 2020 and living in LAC at year-end 2021 based on most recent residence. PLWDH without a VL test in 2021 were considered virally unsuppressed. Analysis excludes PLWDH diagnosed through 2020 and living at year-end 2021 who (1) had missing census tract information, (2) were receiving care but never had a viral load test, (3) were not receiving care for >12 months at year-end 2021, or (4) were in census tracts with small sample sizes. Exclusions represented 68% of PLWDH diagnosed through 2020 and living in 2021 whose last viral load was unsuppressed.

Timeliness of Care and Viral Suppression: Among persons newly diagnosed with HIV in 2020 with treatment information included in their case reports, 74% had initiated treatment within one month of diagnosis and 89% within three months of diagnosis. Timeliness from HIV diagnosis to viral suppression has improved over time, but early viral suppression is lagging. In 2021, only 51% of PLWDH were virally suppressed within three months of diagnosis while 76% of PLWDH were virally suppressed within 12 months of diagnosis.

Unhoused: Persons living with HIV who are unhoused continue to experience suboptimal outcomes along the HIV care continuum. Compared with housed persons, unhoused persons had lower rates of receiving HIV care, retention in care, and achieving viral suppression in 2021.

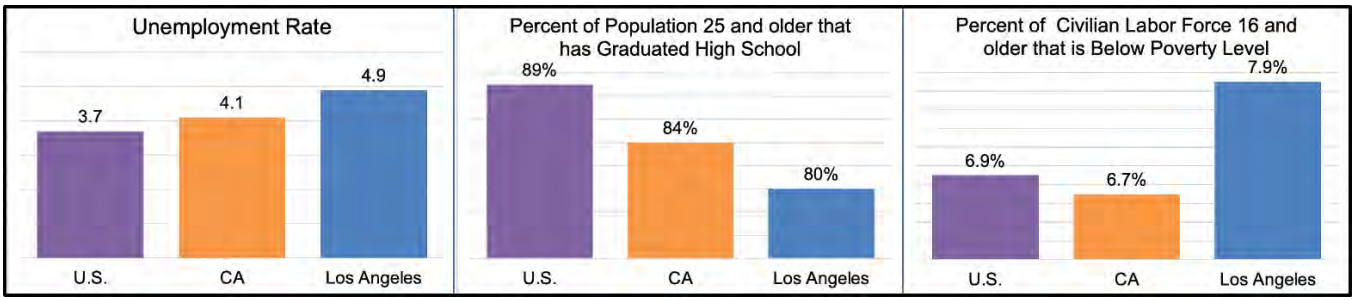
Figure 28: HIV Care Continuum among Persons Unhoused at Time of Diagnosis, LAC, 2020-21



V. Social Determinants of Health

Key social determinants of health including housing status, poverty, and recent incarceration, increase the risk of HIV acquisition and transmission. While data for social determinants of health are not as widely or consistently collected as demographic information, it is critically important to understand how these factors contribute to the experience of people at increased risk for HIV and those living with HIV. As depicted in the figure below, compared to both the state of California and the U.S., LAC fares worse with respect to key social determinants of health. LAC has a higher unemployment rate, a higher percent of its population living in poverty, and a lower percentage of its adult population that has graduated high school.

Figure 29: Select Social Determinants of Health, LA County Compared to California and U.S., 2021



Limited socio-economic data is collected on the HIV case report forms that are used to populate the population-level case surveillance, therefore, additional data from the MMP, NHSB, and RWP Part A programmatic data are utilized to better understand the impact of social determinants of health on people at risk for and living with HIV in LAC. The MMP data is intended to be representative of all PLWDH in LAC. The RWP Part A data is representative of PLWDH in LAC who received at least one RWP-funded service in Year 31 (March 1, 2021-February 28, 2022). A total of 21,877 clients, or approximately two out of every five PLWDH in LAC, received at least one core or support RWP service in Year 31.

Poverty: Based on data collected in MMP, it was estimated that nearly half of PLWDH in LAC from 2015-19 were living at or below the Federal Poverty Level (FPL) in the past 12 months. Among RWP clients in Year 31, 64% were living at or below FPL. RWP subpopulations who were the most impacted by poverty were those recently incarcerated (85.4%), transgender persons (78.4%), and cisgender women (75.7%). Of the 501 transgender women who participated in the LAC NHBS in 2019, 70% reported living in poverty in the past year. Likewise, of the 511 PWID who participated in the LAC NHBS in 2018, 75% reported a household income below the federal poverty level.

Housing Status: Based on estimates from MMP, approximately 11% of PLWDH in 2015-19 experienced homelessness in the past 12 months. Among RWP clients experiencing homelessness, most (80%) were living at or below FPL in the past 12 months and nearly half were MSM of color (47%). The largest percentages of RWP clients experiencing homelessness were among recently incarcerated (33%), trans persons (25%), and PWID (23%). Among the transgender NHBS participants, 47% had experienced homelessness in the past year; and 64% of the PWID participants were currently homeless.

Experience with the Justice System: MMP estimates that approximately 2% of PLWDH in 2015-19 were incarcerated in the past 12 months. Information on experience with the justice system for RWP clients is collected as "recent incarceration" (in the past 24 months) and "ever-incarcerated," and in Year 30 was reported for 16,656 clients. Of these, 8% were recently incarcerated and 18% were ever-incarcerated. Among clients who were recently incarcerated, 85% were living at or below FPL in the past 12 months and one-third were experiencing homelessness. The largest percentages of RWP clients recently incarcerated were among those experiencing homelessness, using injection drugs, and identify as transgender. Twenty-three percent of the transgender NHBS participants and 46% of the PWID participants reported recent incarceration (within past 12 months).

VI. Priority Populations

Based on HIV and STD disparities detailed above, the priority populations for the Integrated HIV Prevention and Care Plan, 2022-2026 are: Black MSM; Latinx MSM; Women of Color; Persons of Trans Experience; PLWH Aged 50 and Older; Persons Under 30; and PWID. This mirrors the EHE priority

populations, with the added category of PLWH Aged 50 and Older. These priority populations are also aligned with the National HIV/AIDS Strategy: 2022–2025 priority populations: gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men; Black women; transgender women; youth aged 13–24 years; and people who inject drugs.

HIV PREVENTION, CARE AND TREATMENT RESOURCE INVENTORY

The LAC HIV Prevention, Care and Treatment Resource Inventory is depicted in Table 2. Los Angeles County has identified an estimated $425,945,143 in HIV-related funding, 57% of which is attributed to Medi-Cal ($242,424,556) expenditures. Although comprehensive in nature, the inventory is a point- in-time estimate and is still incomplete, given that some financial data are not available (e.g. Medicare and private insurance companies' financial data are not available). As local private fundraising can vary dramatically from year to year, this information was not collected and is also excluded from this report.

Organizations and Agencies Providing HIV Care and Prevention Services in Los Angeles County: There are at least 52 organizations/agencies that are not a part of the County system and at least 14 different County departments that provide HIV care and/or prevention services in LAC.

HRSA and CDC Funding Sources: HRSA and CDC funding is detailed in Table 2 and summarized below:

HRSA Funding:

- Part A: $42,142,230 for RWP Year 32 -Year 1 of a 3-year award. The direct recipient of Part A funding, DHSP, contracts with 27 subrecipients to deliver Part A core and support services. All Ryan White funds are used as 'payor of last resort' and are designed to fill the gaps where other resources are insufficient or do not exist at all. Ryan White Part A funds are an integral part of LAC's safety net of services targeting PLWH at all stages of the HIV Care Continuum. Part A grant funds core and support services for PLWH including AOM, Oral Health, Early Intervention Services (EIS), Emergency Financial Assistance Services, Home and Community Based Health Services, Mental Health Services, Medical Case Management (Medical Care Coordination or MCC), Non-medical Case Management (Benefits Specialty), Food Bank and Home Delivered Meals, Housing Services - Residential Care Facility for the Chronically Ill (RCFCI) and Transitional Residential Care Facility (TRCF), Legal Services, Linguistic Services, Medical Transportation, and Outreach Services (Linkage and Reengagement Program). The Commission on HIV conducts a priority setting and resource allocation process in which they review existing and anticipated funding from all other public and private sources, including other Ryan White funds (Parts B, C, D, and F). DHSP manages funds from local, state, and federal sources to avoid duplication. Client eligibility screening for Ryan White services is entered into LAC's current Ryan White client database, Casewatch. This client-level data system enables service providers to ensure that Part A funds are used as a last resort. Using non-medical case management funding, LAC funds "Benefits Specialty" services, which help PLWH identify the non-Ryan White resources for which they are eligible.

- Minority AIDS Initiative (MAI) - $3,780,205, March 1, 2022-February 28, 2023 - Year 1 of a 3-year award. DHSP, the direct recipient of MAI funds, contracts with subrecipients to provide Housing (permanent supportive housing), and Non-medical Case Management (Transitional Case Management) in LAC.

- Part B: $5,446,809, April 1, 2022- March 31, 2023 - Year 4 of a 5-year award. DHSP receives Part B base grant funds, and contracts with subrecipients to fund Housing Services (RCFCI and TRCF), and Substance Use Residential services. The Commission on HIV allocates Part A and Part B funds

together through its priority and allocation process.

- Part C-Early Intervention Services (EIS): $5,859,855. HRSA provides Part C-EIS funds directly to 13 organizations throughout LAC. As many of these organizations also receive Part A funds, DHSP requires that they allocate Part C and Part A resources individually for services supported by both funding streams, and they are required to provide detailed budgets for each to prevent overlap. Part C EIS funds provide comprehensive outpatient primary health care to PLWH. Appropriate use of Part C funds includes HIV counseling and testing; monitoring of disease progression; treatment of HIV; diagnosis and treatment of related infections; and case management and assistance accessing other federal, state, and local programs that could provide needed health and support services to PLWH.

- Part D: Women, Infants, Children, and Youth: $1,777,658. HRSA directly funds three organizations in Los Angeles County to provide Part D services targeting women, infants, children, and youth (Table 2). Part D funds can be used similarly to Part A and C funds with the difference being the intended target population of women, infants, children, and youth. Similar to Part C, the three organizations funded for Part D also receive Ryan White Part A funding. DHSP requires that funding allocations and services delivered are tracked separately to ensure there is no duplication.

- Part F – Dental Reimbursement Program: $1,975,156. HRSA directly funds three dental schools in Los Angeles County. For the schools that also receive Part A funding for oral health services, DHSP requires that Part A and Part F funds do not duplicate services.

- Part F – AIDS Education and Training Center (AETC): $788,056.00. The Los Angeles office of the Pacific AETC provides a wide variety of training and education to healthcare providers. DHSP and the Commission on HIV collaborate with the AETC in training sessions, conferences, and consultations on various topics, and plan on working closely with the AETC to build workforce capacity and educate providers about emerging issues as part of its work over the next five years.

- Part F – Special Projects of National Significance: $410,000 – September 30, 2022 – September 29, 2023 – Year 3 of a 3-year grant. Two CBOs in LAC were funded with this grant: Building Capacity to Implement Rapid Start to Improve Care Engagement Initiative, the purpose of which is to accelerate the initiation of ART and entry into HIV medical care for people with HIV who are newly diagnosed, new to care, or out of care.

- Ending the HIV Epidemic - $6,168,850, March 1, 2022-February 28, 2023 - Year 3 of a 5-year grant. HRSA's EHE grant awarded to DHSP supports 1) data system infrastructure development and systems linkages; 2) surveillance improvements and building organizational capacity, 3) emerging practices, evidence-informed and evidence-based interventions for diagnosis and rapid linkage to care; 4) reengagement in care and viral suppression; and 5) community engagement, information dissemination specifically calling attention to the activities for PLWH who are not virally suppressed.

- Ending the HIV Epidemic- Primary Care HIV Prevention - $8,159,376 –April 1, 2022-March 31, 2023. Year 1 or Year 2 of a 2-year grant. In LAC, 17 FQHCs were awarded EHE funding in 2021 and 7 were awarded EHE funding in 2022 (15 other FQHCs were awarded funds in 2020, but those grant terms have ended). This grant is used to expand access to medication to prevent HIV (including PrEP and related services), connect people to care, and ensure care services are well coordinated. Funds are

also used to strengthen partnerships with community organizations such as HRSA's Ryan White HIV/AIDS Program-funded organizations and health departments.

CDC Funding:

- Ending the HIV Epidemic - $3,360,658 – August 1, 2022-July 31, 2023 – Year 3 of a 5-year grant. This grant supports HIV prevention strategies, including 1) HIV self-testing; 2) community engagement; 3) increased access to syringe services; 4) increased screening for PrEP; 5) HIV prevention media campaigns; and 6) improved surveillance data for real-time HIV cluster detection and response.

- Integrated HIV Surveillance and Prevention - $17,950,095 – January 1, 2022-December 31, 2022 – Year 5 of a 5-year grant. This grant awarded to DHSP supports 11 HIV surveillance and prevention strategies including active and passive surveillance; outbreak investigation; data management, analysis and reporting; comprehensive individual-level and community-level HIV-related prevention services; and data-driven planning.

- HIV Treatment Improvement Demonstration Project - $597,083 - January 1, 2022-December 31, 2022 - Year 5 (1-year extension in 2022) of a 4-year grant. The two goals of this project are 1) increase infrastructure to improve classification of provider-level HIV surveillance data and 2) provide technical assistance on quality improvement to increase viral suppression, retention in care, and durable viral suppression among low performing providers in Los Angeles County.

- National HIV Behavioral Survey & TG supplement - $716,168 - January 1, 2022-December 31, 2022 - Year 1 of a 5-year grant. This grant supports Los Angeles County's participation in this four-cycle national survey (MSM, IDU, Heterosexuals, and TG). Survey findings are used for the planning purposes, program development, and resource allocation.

- Medical Monitoring Project - $728,648 - June 1, 2022-May 31, 2023 - Year 3 of a 5-year grant. This grant supports Los Angeles County's participation in the national surveillance project designed to learn more about the experiences and needs of PLWH (in and out of care).

- Strengthening STD Prevention and Control for Health Departments - $3,356,049 - January 1, 2022-December 31, 2022 - Year 4 of a 5-year grant. This grant is used to support five strategy areas: STD surveillance, disease investigation and intervention, screening and treatment, promotion and policy, and data management and utilization. No more than 10% of grant funds support contracts.

- STD Prevention and Control for Health Departments –Disease Investigation Specialist (DIS) Workforce Development Infrastructure - $6,598,516 - January 1, 2022-December 31, 2022 – Year 2 of a 5-year grant. This grant supports expanding, training, and sustaining local DIS workforce to support increased capacity to conduct disease investigation, linkage to prevention and treatment, case management and oversight, and outbreak response for COVID-19 and other infectious diseases.

- Gonococcal Isolates Surveillance Project - $15,000 - August 1, 2019-July 31, 2020. This Epidemiology and Laboratory Capacity (ELC) grant supports participation in the national sentinel surveillance system to monitor trends in antimicrobial susceptibilities of Neisseria gonorrhoeae strains in the US among selected STD clinics and covers salary, fringe benefits and supplies.

- Transgender Status-Neutral Community-to-Clinic Models to End the HIV Epidemic (CDC-RFA-PS22-2209) - $500,000 – September 30, 2022 – September 29, 2023, Year 1 of a 4-year grant. This grant was awarded to St. John's Well Child and Family Center to develop a community-to-clinic model for integrated status-neutral HIV prevention and care services, gender-affirming services including hormone therapy, and primary health care. Navigation will also be used to link TG persons to services as needed for mental health and substance use disorder and other essential support services. This model will increase use of HIV prevention and treatment by TG persons to decrease HIV transmission and improve overall health and wellbeing.

- Comprehensive High-Impact HIV Prevention Programs for YMSM and YTG Persons of Color (CDC-RFA-PS22-2203) - $2,500,000 – April 1, 2022 – March 31, 2023 – Year 1 of a 5-year grant. Four CBOs in LAC were awarded with funding to implement comprehensive high-impact HIV prevention programs to address health disparities among YMSM of color, YTG persons of color, and their partners with the goal of reducing HIV transmission and HIV-associated morbidity and mortality.

- Comprehensive High-Impact HIV Prevention Programs for CBOs (CDC-RFA-PS21-2102) - $3,000,000 – July 1, 2022 – June 30, 2023 – Year 1 of a 5-year grant. Six CBOs in LAC were awarded with funding to implement comprehensive high-impact HIV prevention programs to enhance their capacity to increase HIV testing and referrals to Partner Services, link PLWH to HIV medical care and ART, provide or refer prevention and essential support services, including SSPs, for persons with HIV and persons at risk for acquiring HIV, and increase program monitoring and accountability.

Additional Funding Sources: Additional sources of HIV funding include HUD's HOPWA program, Substance Abuse and Mental Health Services Administration (SAMHSA) programs, and funding from the State of California:

HUD:

- HOPWA Program – $27,323,580 - Fiscal Year 2021 -The City of Los Angeles receives HOPWA funding for Short-term Rent, Mortgage and Utility assistance payments, Tenant-based Rental Assistance, Transitional Housing Units and Permanent Housing Units.

SAMHSA:

- MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS - $2,999,994 – September 30, 2022 – September 29, 2023 – Year 1 of a 5-year grant. Six CBOs in LAC are funded with this grant to increase engagement in care for racial and ethnic underrepresented individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for or living with HIV/AIDS and receive HIV/AIDS services/treatment.

- MAI: High Risk Populations- $1,500,000 – September 30, 2022 – September 29, 2023 – Year 1 of a 5-year grant. Three CBOs in LAC are funded with this grant to increase engagement in care for racial and ethnic underrepresented individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for or are living with HIV/AIDS and receive HIV/AIDS services/treatment.

- The Substance Abuse and HIV Prevention Navigator Program- $3,177,012– September 30, 2022 – September 29, 2023 – Year 1 of a 5-year grant. Fifteen CBOs in LAC are funded with this grant to provide services to those at highest risk for HIV and substance use disorders. The program proposes to use a navigation approach (Community Health Workers, Neighborhood Navigators, and Peer

Support Specialists) to expedite services for these populations.

- Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults- $1,582,000– August 30, 2022 – August 29, 2023 – Year 1 of a 5-year grant. Eight CBOs in LAC are funded with this grant to build solid foundations for delivering and sustaining quality and accessible state of the science substance abuse and HIV prevention services.

- MAI: Service Integration- $485,000– September 30, 2022 – September 29, 2023 – Year 1 of a 5-year grant. One CBO in LAC is funded with this grant to reduce the co-occurring epidemics of HIV, Hepatitis, and mental health challenges through accessible, evidence-based, culturally appropriate treatment that is integrated with HIV primary care and prevention services.

- TCE-HIV: High Risk Populations- $500,000– September 30, 2022 – September 29, 2023 – Year 1 of a 5-year grant. One CBO in LAC is funded with this grant to focus on high risk populations including racial/ethnic minority populations, such as black young men who have sex with men (YMSM) (ages 18-29), and other high-risk populations such as Latino YMSM and men who have sex with men (MSM) (ages 30 years and older), and gay, bisexual, and transgender individuals who have a SUD or COD who are HIV positive or at risk for HIV/AIDS.

- Harm Reduction Program- $1,196,880 – September 30, 2022 – September 29, 2023 – Year 1 of a 3-year grant. Two CBOs and DPH-SAPC in LAC are funded with this grant to support community-based overdose prevention programs, syringe services programs, and other harm reduction services.

State of CA:

- DPH State Block Grant - HIV Surveillance CA Surveillance - $1,972,378.00 - July 1, 2022-June 30, 2023. This grant supports active and passive HIV surveillance, data management, analysis and reporting.

- STD General Funds Allocation - $547,050- July 1-June 30 - Year 4 of a 5-year grant. These funds support CT/GC Patient Delivered Partner Therapy (PDPT) Demonstration Project, condom distribution, training for PHNs and PHIs and DHSP staff.

- STD Management and Collaboration Project - $1,952,013 - July 1, 2022-June 30, 2023 - Year 4 of 5-year grant. These funds support condom distribution, rapid syphilis test kits, and screening and treatment of new STD infections among persons at high risk for HIV. These include, but are not limited to; MSM, MSM that report substance use, Cis-gender women of color, Transgender Individuals and Young Men of color.

Strategy for coordinating the provision of substance use prevention and treatment services: DHSP works very closely with the Department of Public Health's Substance Abuse and Prevention Control (SAPC) division to coordinate the provision of substance use disorder prevention and treatment services. Examples of ongoing collaborations with SAPC include cross-training staff in integrating HIV and STD testing in harm reduction and substance use prevention and treatment programs; addressing methamphetamine and HIV in outreach, services, and policy interventions; and working with the City of Los Angeles to expand safe consumption sites.

Services and activities provided by organizations in the jurisdiction; and how services will maximize the quality of health and support services available to people at-risk for or with HIV: Collectively, the CBOs, FQHCs, clinics, faith-based organizations, universities, hospitals, and County departments provide comprehensive HIV prevention and care services including: HIV testing and treatment, STD screening and treatment, HCV screening and treatment, linkage to and reengagement in care, medication adherence, retention in care, PrEP/PEP, social marketing, health education and risk reduction, case management, partner services, medical care coordination, syringe services, sexual and reproductive health, substance use disorder treatment, harm reduction, mental health, housing, transportation, legal services, and more.

The Commission on HIV and DHSP are responsible for planning the continuum of HIV prevention and care services in Los Angeles County. As part of this responsibility, they conduct various needs assessment activities to understand the extent of need for services, as well as barriers to accessing those services. They also gather as much financial data that is available regarding HIV-related resources to identify gaps in current resources and are responsible for prioritizing and allocating Ryan White Part A and CDC funding to address service gaps, of which DHSP is the grantee. Through these oversight and coordination processes, DHSP and the Commission on HIV work in tandem to maximize the quality of health and support services available to people at-risk for or with HIV.

a. **Strengths and Gaps:** The strength and resilience of the Los Angeles County HIV service system has been demonstrated over the past few years as we continue to weather complex public health and social challenges. These challenges include competing public health crises that tax our systems (e.g. COVID-19, Mpox, overdose, etc.); HIV and STD disparities across multiple domains; waning workforce capacity to meet the needs of the HIV, STD, behavioral health syndemic; and persistent social struggles, including the housing crisis and racial and reproductive injustice. In spite of these challenges, we have maintained high-quality HIV and STD continuity of care, we have tested and adopted new models of service delivery (e.g. HIV self-test kits, telehealth, etc.), and we have expanded the number and diversity of HIV service partners. We have also witnessed technological and administrative advances in the field, including the arrival of long-acting injectables, and the expansion of revenue streams (e.g. Medi-Cal and EHD funding).

b. Approaches and Partnerships: Most of the data gathered to complete the HIV prevention, care and treatment inventory is publicly available online through various websites (e.g., CDC, HRSA, SAMHSA, etc.). The State of California Medi-Cal data for HIV positive individuals was also obtained online. Additional follow-up with individual grantees was conducted to obtain information regarding funding amount, contract period, services delivered, and/or impact along the HIV continuum to complete missing data. Additional information was obtained by talking to a number of key partners to understand the nature of some of their projects as well as to learn how they contribute currently to the continuum of services in Los Angeles County. These partners included the Cities of Los Angeles, West Hollywood and Long Beach, and the Pacific AIDS Education and Training Center, Los Angeles Region. The Division of HIV and STD Programs (DHSP) provided more detailed data on their funding for contracted services.

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

Table 2: HIV Resources Inventory

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	**Funding Source**	**Organization Receiving the Funding**	**Annual Award Amount**	**Services Delivered**	**HIV Diagnosis**	**Linkage to Care**	**Engagement or Retention in Care**	**Prescription of ART**	**Viral Suppression**	**Diagnose**	**Treat**	**Prevent**	**Respond**
HRSA	Ryan White Part A	DPH - DHSP	$42,142,230.00	Home Health Care, Medical Case Management, including Treatment Adherence Services, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Food Bank/Home Delivered Meals, Housing, Linguistic Services, Medical Transportation, Non-Medical Case Management Services, Early Intervention Services, Substance Abuse Residential, Emergency Financial Assistance, Other Professional Services Outreach	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part B	DPH - DHSP	$5,446,809.00	Housing, Substance Abuse Services (residential)			✓	✓	✓		✓		
HRSA	Ryan White Part C	AIDS Healthcare Foundation	$299,983.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ryan White Part C	AltaMed Health Services Corporation	$918,952.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Bartz-Altadonna Community Health Center	$280,589.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Charles R. Drew University of Medicine and Science	$403,977.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Dignity Health - St. Mary Medical Center	$881,556.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	JWCH Institute, Inc.	$262,990.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Northeast Valley Health Corporation	$447,805.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	T.H.E. Clinic, Inc.	$307,859.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Tarzana Treatment Centers, Inc.	$356,514.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	University of Southern California, School of Medicine	$325,259.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Venice Family Clinic	$319,569.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Watts Healthcare Corporation	$275,727.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Los Angeles LGBT Center	$779,075.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part D	AltaMed Heath Services Corporation	$139,246.00	Outpatient/Ambulatory Health Services	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part D	University of California, Los Angeles	$732,979.00	Outpatient/Ambulatory Health Services	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part D	University of Southern Caliifoma	$905,433.00	Outpatient/Ambulatory Health Services	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part F	University of California, Los Angeles	$1,245,924.00	Oral Health Care			✓		✓		✓		
HRSA	Ryan White Part F	University of Southern California	$728,752.00	Oral Health Care			✓		✓		✓		
HRSA	Ryan White Part F	Western University of Health Sciences	$480.00	Oral Health Care			✓		✓		✓		
HRSA	Ryan White Part F AETC	Univerity of California, Los Angeles	$788,056.00	Capacity building/technical assistance		✓	✓	✓	✓		✓	✓	

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Services Delivered	HIV Diagnosis	Linkage to Care	Engagement or Retention in Care	Prescription of ART	Viral Suppression	Diagnose	Treat	Prevent	Respond
HRSA	Ryan White Program Part F, SPNS	AltaMed Health Services Corporation	$205,000.00	Capacity building/technical assistance			✓	✓	✓		✓		
HRSA	Ryan White Program Part F, SPNS	St. John's Well Child and Family Center	$205,000.00	Capacity building/technical assistance			✓	✓	✓		✓		
HRSA	Ryan White Minority AIDS Initiative	DPH-DHSP	$3,780,205.00	Outreach, Housing, Non-Medical Case Management Services		✓	✓	✓	✓		✓		✓
HRSA	Ending the HIV Epidemic	DPH-DHSP	$6,168,850.00	Medical Case Management, including Treatment Adherence Services, Surveillance, Data system infrastructure, EBIs for diagnosis and LTC, community engagement	✓	✓	✓	✓	✓	✓	✓		✓
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	All-Inclusive Community Health Center	$342,098.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Center for Family Health & Education, Inc.	$345,137.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Central Neighborhood Health Foundation	$348,808.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Eisner Pediatric & Family Medical Center	$365,537.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Harbor Community Clinic	$341,063.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Health Access For All, Inc.	$344,157.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Los Angeles Christian Health Centers	$347,216.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Mission City Community Network, Inc.	$342,198.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Pomona Community Health Center DBA Parktree CHC	$345,963.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	San Fernando Community Hospital	$340,405.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	South Central Family Health Center	$353,475.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Southern California Medical Center, Inc.	$346,672.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	The Los Angeles Free Clinic	$348,195.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Services Delivered	HIV Diagnosis	Linkage to Care	Engagement or Retention in Care	Prescription of ART	Viral Suppression	Diagnose	Treat	Prevent	Respond
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Universal Community Health Center	$342,870.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Via Care Community Health Center	$346,411.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Westside Family Health Center	$345,390.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Yehowa Medical Services	$338,781.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Community Medical Wellness Centers USA	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	The Children's Clinic Serving Children and Their Families	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Asian Pacific Healthcare Venture, Inc.	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	University Muslim Medical Association, Inc.	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Benevolence Industries, Inc.	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Chinatown Service Center	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Community Health Alliance of Pasadena	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
CDC	Integrated HIV Surveillance and Prevention Programs	DPH - DHSP	$17,950,095.00	PrEP delivery, Surveillance	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDC	Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States	DPH - DHSP	$3,360,658.00		✓	✓	✓	✓	✓	✓	✓	✓	✓
CDC	HIV Treatment Demonstration Project	DPH-DHSP	$597,083.00	Capacity building/technical assistance, Surveillance			✓	✓	✓		✓		
CDC	National HIV Behavioral Survey and TG Supplement	DPH-DHSP	$716,168.00	Surveillance	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDC	Medical Monitoring Project	DPH-DHSP	$728,648.00	Surveillance			✓	✓	✓		✓	✓	✓
CDC	Strengthening STD Prevention and Control for Health Departments	DPH-DHSP	$3,356,049.00	STD screening, diagnosis and treatment, STD surveillance, Disease Investigation and Intervention									

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Services Delivered	HIV Diagnosis	Linkage to Care	Engagement or Retention in Care	Prescription of ART	Viral Suppression	Diagnose	Treat	Prevent	Respond
CDC	STD Prevention and Control for Health Departments- DIS Workforce Development Infrastructure	DPH-DHSP	$6,598,516.00	Disease Investigation and Intervention, STD Outbreak Response									
CDC	Gonococcal Isolates Surveillance Project	DHP-DHSP	$15,000.00	STD surveillance									
CDC	Comprehensive High-Impact HIV Prevention Programs for YMSM and YTG Persons of Color	AltaMed Health Services Corporation	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for YMSM and YTG Persons of Color	APLA Health & Wellness	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for YMSM and YTG Persons of Color	Los Angeles LGBT Center	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for YMSM and YTG Persons of Color	Special Services for Groups	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	Via Care Community Health Center	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	Los Angeles LGBT Center	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	AltaMed Health Services Corporation	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	Bienestar Human Services	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	JWCH Institute, Inc.	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	APLA Health & Wellness	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Transgender Status-Neutral Community-to-Clinic Models to End the HIV Epidemic	St. John's Well Child and Family Center	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	Bienestar Human Services	$499,999.00	SUD Treatment	✓					✓		✓	

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Services Delivered	HIV Diagnosis	Linkage to Care	Engagement or Retention in Care	Prescription of ART	Viral Suppression	Diagnose	Treat	Prevent	Respond
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	Special Services for Groups	$499,995.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	Via Care Community Health Center	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	Children's Hospital Los Angeles	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	JWCH	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	St. John's Well Child and Family Center	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: High Risk Populations	St. John's Well Child and Family Center	$500,000.00	SUD Treatment	✓				✓			✓	
SAMHSA	MAI: High Risk Populations	Tarzana Treatment Centers	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: High Risk Populations	Volunteers of America, LA	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	AIDS Healthcare Corporation	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Center for Health Justice	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Los Angeles Gay & Lesbian Center	$182,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Los Angeles Centers for Alcohol and Drug Abuse	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Public Health Foundation Enterprises	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Reach, LA	$195,304.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Via Care Community Health Center	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Volunteers of America, Los Angeles	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Services Delivered	HIV Diagnosis	Linkage to Care	Engagement or Retention in Care	Prescription of ART	Viral Suppression	Diagnose	Treat	Prevent	Respond
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Central City	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Children's Hospital Los Angeles	$250,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Sunrise Community Counseling Center	$250,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Special Services for Groups	$250,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	St. John's Well Child and Family Center	$250,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Azusa Pacific University	$199,708.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Tarzana Treatment Centers	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	AIDS Healthcare Corporation	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Center for Health Justice, Inc.	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Central City Neighborhood Partners	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Los Angeles Gay & Lesbian Center	$182,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Los Angeles Centers for Alcohol and Drug Abuse	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Public Health Foundation Enterprises	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	**Funding Source**	**Organization Receiving the Funding**	**Annual Award Amount**	**Services Delivered**	**HIV Diagnosis**	**Linkage to Care**	**Engagement or Retention in Care**	**Prescription of ART**	**Viral Suppression**	**Diagnose**	**Treat**	**Prevent**	**Respond**
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Via Care Community Health Center	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Volunteers of America, Los Angeles	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	MAI: Service Integration	Tarzana Treatment Centers	$485,000.00	Mental Health Services, SUD Treatment	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	TCE-HIV: High Risk Populations	Behavioral Health Services, Inc.	$500,000.00	Mental Health Services, SUD Treatment	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Harm Reduction Program	LA County Public Health Department - SAPC	$398,960.00	Syringe services programs	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Harm Reduction Program	St. John's Well Child and Family Center	$398,960.00	Syringe services programs	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Harm Reduction Program	Tarzana Treatment Centers, Inc.	$398,960.00	Syringe services programs	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	SAMHSA Continuations	Special Services for Groups	$257,354.00	Mental Health Services, SUD Treatment	✓	✓	✓		✓	✓	✓	✓	
HUD	HOPWA	City of Los Angeles	$27,323,580.00	Mental Health Services, Housing			✓		✓		✓		
State of CA	State Block Grant - HIV Surveillance	DHP-DHSP	$1,972,378.00	Surveillance		✓					✓		
State of CA	STD General Funds Allocation	DHP-DHSP	$547,050.00	Condom distribution, CT/GC Patient Delivered Partner Therapy, Capacity building									
State of CA	STD Management and Collaboration Project	DPH-DHSP	$1,952,013.00	Condom distribution, Rapid Syphilis test kits									
Los Angeles County DPH Substance Abuse and Prevention Control (SAPC)	SAPC Non-Drug Medi-Cal	DPH-SAPC	$3,249,000.00	Substance Abuse Outpatient Care, Health Education/Risk Reduction, Substance Abuse Services - Residential	✓	✓	✓	✓	✓	✓	✓	✓	
Los Angeles County Net County Costs (NCC)	Net County Cost	DPH-DHSP	$18,467,000.00	Medical Case Management, including Treatment Adherence Services, Health Education/Risk Reduction, Referral for Health Care and Support Services , PrEP delivery	✓	✓	✓	✓	✓	✓	✓	✓	✓

NEEDS ASSESSMENT

Needs Assessment Activities and Data/Information Used to Inform Goals and Objectives: To assess the needs of PLWH and persons at risk for HIV in LAC, multiple assessment activities and methods were utilized. In addition to the review and analysis of secondary data listed below, primary qualitative data were collected for planning purposes via facilitated listening sessions for six priority population groups; an online survey to assess the capacity of the HIV workforce and service system from both provider and community member perspectives (HIV Workforce Capacity and Service System Survey); and facilitated stakeholder meetings (see c. Approach, below). The numerous secondary data sources and reports that were reviewed include, but are not limited to:

(1) Local and national HIV surveillance data, including various reports presenting data from LAC's National HIV Behavioral Survey (NHBS) and Medical Monitoring Project (MMP);
(2) HIV Care Continuum measures for LAC by subpopulation;
(3) Sexually Transmitted Disease (STD) surveillance data;
(4) LAC PrEP data;
(5) 2021 HIV testing data for DHSP publicly funded testing;
(6) 2020 Unmet Need report;
(7) Ryan White Program Year 31 Care Utilization Data;
(8) Black/African American Taskforce PrEP Focus Groups Report[30];
(9) DHSP-Funded Biomedical Prevention Services, Year 6 Report;
(10) Project Fierce Community Survey on STD Prevention Needs of Young Women of Color;
(11) Assessment of Unmet Mental Health Needs of PLWH; and
(12) CHIPTS' Study on Optimizing PrEP Delivery to Immigrant Latino MSM

Informing a Status-Neutral Approach to Develop Goals and Objectives: LAC is committed to a status neutral approach to addressing the needs of PLWH and of those at high-risk for HIV. This means that although the *types* of services that both groups need may vary, the *commitment* to making sure that people are able to access and remain engaged in those services is equal and unwavering, regardless of their HIV status. *Status neutral* also means that LAC is committed to providing high-quality services, regardless of a person's HIV status. Summarized below are the needs and barriers related to the services necessary to access HIV testing, to engage in prevention activities (for those who test negative), and to link to and remain engaged in HIV care and prevention (for those who test positive). Data analysis also rendered needs and barriers that were applicable *across pillars.* These include the need to address mental health challenges, substance use disorders and social determinants of health; and build the capacity of the HIV workforce.

Services People Need to Access HIV Testing: The need for HIV testing is clear as it is the first step to accessing necessary and appropriate prevention and/or treatment services, ultimately resulting in reduced transmission and improved health outcomes. Analysis of LAC NHBS data tells us that 15% of transgender respondents had *not* tested for HIV in the past 12 months; nor had 16% of MSM; 45% of PWID and 70% of high-risk heterosexuals. Testing rates varied across race/ethnicities with lower testing rates found among Black transgender respondents (80%); Latino and Black MSM (83%); White PWID (47%); and Latino heterosexuals (27%). HIV status awareness also differed across population groups with 83% of MSM, 80% of trans persons, 63% of PWID and 0% of heterosexuals[31] aware of their HIV-positive status (Table 3).

[30] Prepared by Equity & Impact Solutions
[31] However, only 1 person in the HET category was HIV-positive

Table 3: HIV Prevalence, Status Awareness, Testing & PrEP Use by NHBS Participants, LAC, 2017-19

	MSM	PWID	HET	TG
Survey Year	2017	2018	2019	2019
Sample Size	525	511	509	497
HIV Prevalence	21%	1.6%	0.2%	33%
Aware of Status Among HIV+	83%	63%	0%	80%
Tested Ever	99%	90%	73%	98%
Tested Past 12 Months	84%	55%	30%	85%
Current PrEP Use	29%	1%	0%	26%

In LAC, people living with undiagnosed HIV need low-barrier access to a variety of testing modalities in both clinical and non-clinical settings.

Clinical HIV Testing: HIV screening within clinical settings is crucial to increasing the number of PLWH who are aware of their status. In 2006, the Centers for Disease Control and Prevention (CDC) issued recommendations that screening for HIV should be performed routinely for all patients aged 13 to 64 years at least once in their lifetime, and at least once a year for those at higher risk. While typically the HIV positivity rates of routine screening programs in clinical settings is much lower than targeted HIV testing modalities that focus services on individuals with elevated HIV rates, they remain an important way to destigmatize HIV testing and infection. In LAC, clinical HIV testing takes place in primary care clinics, emergency departments, and sexual and reproductive health clinics.

Non-Clinical HIV Testing: Since the beginning of the epidemic, community members have advocated for non-clinical testing venues as settings in which individuals can seek HIV testing, sexual health education, and other services in a culturally affirming and confidential space. Settings include storefronts; mobile testing units; commercial sex venues, syringe service programs; and jails. Non-clinical HIV testing also increasingly relies on the distribution of HIV self-test kits. Targeted HIV testing identifies priority populations based on risk of acquiring HIV and often taps into social and sexual networks to do so. Through this model, community-based organizations (CBOs) leverage their relationships with community members and can utilize a wide range of outreach modalities to reach priority populations. County of Los Angeles-contracted HIV testing providers are selected for their expertise and strong track record of successfully reaching priority populations. All contracted providers are expected to provide 1) targeted HIV testing services, 2) hands-on assistance with linkage to HIV care for people testing HIV positive, and 3) education and referrals to PrEP and other prevention services for those who test negative but are at elevated risk of acquiring HIV. In 2021, DHSP-funded HIV testing had a 1.3% overall new HIV positive rate among the total 51,713 tests conducted in that year. However, this rate ranged by type of testing. Testing in healthcare settings rendered a 1.0% overall seropositive rate, while non-clinical testing rendered a 1.9% seropositive rate. Within the healthcare test setting, hospitals and primary care clinics had the highest positivity rates with 2.5% and 1.8%, respectively. Within non-clinical testing settings, HIV testing sites and community settings had the highest new positive rates, 2.4% and 1.3%, respectively (Table 4).

Table 4: DHSP Contracted Agencies HIV Testing[32] Volume, Positivity, Linkage to Care by Test Setting, 2021

	HIV Test Events		Positive HIV Tests – All Diagnoses			
Test Setting	**No. Tests**	**%**	**No. Positive Tests**	**%**	**Test Positivity %**	**LTC w/in 30 days %**
Healthcare Test Setting	**31,884**	**62%**	**334**	**48%**	**1.0%**	**65%**
Community STD Clinic	18,028	35%	153	22%	0.8%	69%
Community Health Center	6,843	13%	77	11%	1.1%	56%
Substance Abuse Treatment Facility	3,316	6%	35	5%	1.1%	43%
Primary Care Clinic	3,236	6%	58	8%	1.8%	78%
Hospital	444	1%	11	2%	2.5%	64%
Other	17	<1%	0	0%	0.0%	---
Non-healthcare Test Setting	**17,188**	**33%**	**331**	**48%**	**1.9%**	**29%**
HIV Testing Site	9,327	18%	228	33%	2.4%	27%
Community Setting	7,755	15%	102	15%	1.3%	33%
Correctional Facility	106	<1%	<5	0%	0.9%	0%-
Mobile Test Setting	**2,641**	**5%**	**29**	**4%**	**1.1%**	**17%**
Overall	**51,713**	**100%**	**694**	**100%**	**1.3%**	**46%**

HIV Self-Test Kits: Self-test kits provide an important low barrier option for individuals to confirm their HIV status. At the beginning of the COVID-19 pandemic, DHSP increased its investment in self-testing options by participating in a national self-test kit program, Take Me Home, and purchasing self-test kits for distribution through local providers. TakeMeHome provides an online platform by which health departments can provide free HIV self-tests. Between August 2020 to August 2022, 2,938 HIV self-test kits were requested via the TakeMeHome website. Among those that requested a test, over one-third reported to have never been tested for HIV; of those individuals, over 80% identified as men, and approximately 49% were under 30 years old. To date, over 15,000 self-test kits have been distributed.

Late Diagnoses: The number and percentage of late diagnoses among people newly diagnosed with HIV is indicative of a gap with respect to HIV testing. Late diagnosed HIV is based on the first CD4 test result (<200 cells/mL or a CD4 percentage of total lymphocytes of <14) or documentation of an AIDS-defining condition σ; 3 months after a diagnosis of HIV infection. Among the 1,404 new diagnoses in LAC between January 1, 2020, and December 31, 2020, 286 (20.4%) were late diagnoses (Table).

- Among each of the three geographic epicenters of HIV: 15% of PLWDH in Hollywood-Wilshire Health District, in Central Health District, and in Long Beach Health District had a late diagnosis.
- The majority of late diagnoses were male (84%). Within each gender category 20% of males, 30% of females, and 7% of trans persons had a late diagnosis.
- Latinx were the largest racial/ethnic group among persons who were diagnosed late (62%); the highest percentages within each racial/ethnic group were among Latinx (24.1%) and those who identified as multiracial (23.8%).
- The highest number of late diagnoses were in people ages 25-34 years old, but the proportion of persons diagnosed late within each age group increased with age with 30% of persons 45-54, 31% of persons 55-64 years, and 44% of persons aged 65 or older being diagnosed late.

[32] Data from DHSP Contracted Agencies HIV Testing Programs as of November 10, 2022

Table 5: Numbers and Percentages of Late Diagnoses, Unmet Need and Unsuppressed Viral Load by Key Characteristics, LA County, 2020

	# PLWDH*	# New Diagnoses	# Late Diagnoses	# Unmet Need	# In Care, Not VS	Within Categories			Across Categories		
						% Late Diagnose	% Unmet Need	% In Care, Not VS	% Late Diagnose	% Unmet Need	% In Care, Not VS
LA County	44,090	1401	286	7279	4563	20.4%	16.5%	12.4%	100%	100%	100%
Priority Health Districts											
Central	5,097	128	19	973	695	14.8%	**19.1%**	**16.9%**	6.6%	13.4%	152%
Hollywood-Wilshire	7,925	171	26	1,312	891	15.2%	16.6%	13.5%	**9.1%**	**18%**	**19.4**
Long Beach	3,565	91	14	521	288	**15.4%**	14.6%	9.5%	4.9%	7.2%	6.3%
Gender Identity											
Male	38,464	1,201	239	6,319	3,937	19.9%	16.4%	12.2%	**83.6%**	**86.8%**	**86.3%**
Female	4,752	143	43	812	494	**29.7%**	**17.1%**	12.5%	15.0%	11.2%	10.8%
TG	871	57	4	146	132	6.8%	16.8%	**18.2%**	1.4%	2.0%	2.9%
Race/Ethnicity											
AI/AN	40	5	0	7	3	0.0%	17.5%	9.1%	0.0%	0.1%	0.1%
Asian	1,637	54	7	281	105	13.0%	17.2%	7.7%	2.4%	3.9%	2.3%
Black/AA	8,647	297	47	1,853	1,099	15.8%	21.4%	**16.2%**	16.4%	25.5%	24.1%
Latinx	19,315	735	177	2,673	1,867	**24.1%**	13.8%	11.2%	**61.9%**	**36.7%**	**40.9%**
NH/PI	43	1	0	13	4	0.0%	**30.2%**	13.3%	0.0%	0.2%	0.1%
White	11,772	261	44	1,851	1,179	16.9%	15.7%	11.9%	15.4%	25.4%	25.8%
Multi-Racial	2,182	42	10	340	266	23.8%	15.6%	14.4%	3.5%	4.7%	5.8%
Age											
13-24	1,063	226	16	220	155	7.1%	20.7%	**18.4%**	5.6%	3.0%	3.4%
25-34	7,643	571	97	1,735	954	16.9%	**22.7%**	16.1%	**33.9%**	23.8%	20.9%
35-44	9,279	298	77	1,834	1,072	25.8%	19.8%	14.4%	26.9%	**25.2%**	**23.5%**
45-54	10,875	199	60	1,622	1,062	30.2%	14.9%	11.5%	21.0%	22.3%	23.3%
55-64	10,889	84	26	1,363	996	**31.0%**	12.5%	10.5%	9.1%	18.7%	21.8%
65+	4,341	23	10	505	324	43.5%	11.6%	8.4%	3.5%	6.9%	7.1%

* Number of PLWDH reflects those who have had an HIV diagnosis, or any lab data reported over the last 5 years

To reach the estimated 6,800 people living with undiagnosed HIV, it will require at least 850,000 HIV tests at a 0.8% seropositive rate. This estimate, however, assumes that testing will reach undiagnosed individuals and that all have equitable access to HIV testing. Unfortunately, there are many barriers that prevent this equitable access, as described below in the *Barriers* section.

Services People At-Risk for HIV Need to Stay HIV Negative: For individuals who test negative for HIV, the testing encounter provides an opportunity to reenforce prevention behaviors and facilitate access to prevention tools and interventions including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs).

PrEP/PEP: DHSP estimates that 76,000 people in LAC could benefit from PrEP, 72% of whom (54,500) are Black and/or Latinx. Using several data sources, DHSP estimates that, overall, 39% of people in priority populations with an indication for PrEP are currently prescribed PrEP.

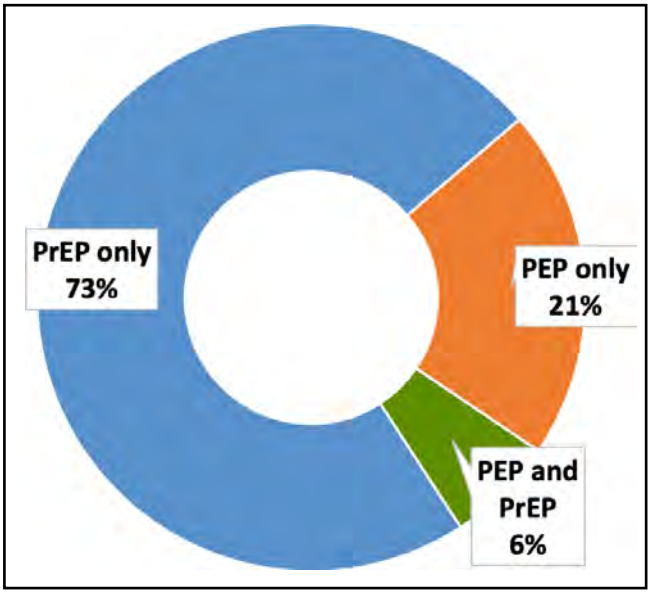
An assessment of PrEP knowledge, attitudes and behaviors among Black MSM, Latino MSM, and transgender persons was conducted between 2016-2020 via an app-based survey for the CDC PrIDE initiative.[33] Participants were asked about their awareness of PrEP, willingness to use PrEP, and PrEP use in the past 12 months. Between 2016-2020, awareness of PrEP increased from 86% to 92%, willingness to take PrEP increased from 73% to 93% and PrEP use increased from 20% to 31% collectively. PrEP awareness significantly increased among Latino MSM and trans persons through 2020 but remained relatively unchanged among Black MSM.

PrEP/PEP Centers of Excellence: In 2016, DHSP funded nine PrEP/PEP Centers of Excellence (COE) across LAC with the primary goal of increasing access to and use of PrEP among Black/ African American and Latino MSM, transgender persons and cisgender women. Today, there are 12 COEs funded by DHSP that offer multiple services, including insurance application assistance, medication adherence support, primary medical care, and referrals to other services (Figure 30). Through March 2022, 9,810 unique clients had received biomedical services through one or more COEs with 73% receiving PrEP services, 21% receiving PEP services, and 6% receiving both PrEP and PEP (Figure 31).

Analysis of utilization data gives us insights into the PrEP/PEP needs of at-risk individuals in LAC. According to the DHSP-Funded Biomedical Prevention Services Year 6 Report, between July 1, 2020-June 30, 2021, 3,235 clients were prescribed PrEP at a COE, including 2,250 new enrollees. The majority of PrEP clients were Latino (53%), MSM (88%) (Table 6). Fifty-three percent of enrolled clients were retained in PrEP services at a COE clinic for at least six months. Retention rates were impacted by both the type and duration of services accessed. For example, those who were retained, on average, received 25 minutes of education activities, 34 minutes of adherence activities and 57 minutes of retention activities. Comparatively, those who were lost to follow-up only received about half as many service minutes with an average of 12, 13 and 28 minutes, respectively.

Figure 30: PrEP/PEP Centers of Excellence

Figure 31: Biomedical Services Provided at COEs



[33] https://www.cdc.gov/hiv/research/demonstration/projectpride.html

Table 6: Centers of Excellence: Clients Prescribed PrEP between 7/1/20-6/30/22 (N=3,235)

HIV RISK GROUP				AGE GROUP						RACE/ETHNICITY				
MSM	Trans	PWID	HET	13-19	20-24	25-29	30-34	35-39	40+	Latino	B/AA	White	Asian	Other*
88%	12%	1%	1%	<1%	7%	21%	27%	19%	25%	53%	18%	15%	12%	<2%

*"Other" includes American Indian/Alaskan Native (<1%) & Native Hawaiian/Pacific Islander (1%)

Among the PrEP priority populations, retention rates and adherence rates were worse for Latino MSM, trans persons and cisgender women than they were for Black MSM.

- Among Black MSM, 538 were screened for biomedical HIV prevention, including 465 screened for PrEP only, 32 screened for PEP only, and 41 screened for PEP and PrEP. The top three indicators for PrEP were multiple partners, condomless receptive sex and anogenital STD. Forty-three percent of Black MSM were retained in PrEP services at a COE for at least 6 months.
- Among Latino MSM, 1,560 were screened for biomedical HIV prevention, including 1,377 screened for PrEP only, 69 screened for PEP only, and 69 screened for PEP and PrEP. The top three indicators for PrEP were multiple partners, condomless receptive sex and anogenital STD. Forty percent of Latino MSM were retained in PrEP services at a COE for at least six months.
- Among trans persons, 462 were screened for biomedical HIV prevention, including 374 screened for PrEP only, 63 screened for PEP only, and 25 screened for PEP and PrEP. The top three indicators for PrEP were multiple partners, condomless receptive sex and previous PEP and ongoing behavioral risk. Thirty-six percent of trans persons were retained in PrEP services at a COE for at least 6 months.
- Of the 377 people between the ages of 14-24 that were screened for PrEP, the top three indicators were multiple partners; condomless receptive sex; and anogenital STD/syphilis.

Harm Reduction and Syringe Services Programs

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. It is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.[34] Syringe Services Programs (SSPs) are excellent vehicles for harm reduction. Despite consistent evidence that SSPs, and needle-exchange in particular, work to reduce infections and save lives, [35] there remains a great deal of misinformation and stigma surrounding their existence. Contrary to some beliefs, SSPs do *not* increase the number of used syringes in communities, the use of drugs, or drug-related crimes. In addition to providing access to and disposal of syringes and injection equipment, SSPs are comprehensive community-based prevention programs that often provide vaccination, testing, education, case management and linkage to care, substance use treatment and PrEP. SSPs also serve as an important overdose prevention mechanism by providing low-barrier access to Medically Assisted Treatment (MAT) for opioid use disorder, and overdose prevention and response trainings; and distributing Naloxone kits and fentanyl information and test strips. Although there was a ban on using federal funds for syringe exchange until 2016, the City of Los Angeles has provided funding for syringe services since 1994 and the County of Los Angeles since 2006. Because SSPs provide a comprehensive set of services, as described above, the County now refers to the SSPs they fund as *Engagement and Overdose Prevention (EOP) Hubs* to more fully reflect the scope of the work they do. DPH-SAPC currently funds seven EOPs across the County that distribute close to a million sterile syringes and thousands of Naloxone kits every year. EOP services are provided through storefronts, street-based mobile sites and outreach efforts. In LAC, EOPs funded by the County are required to provide:

[34] https://harmreduction.org/about-us/principles-of-harm-reduction/

[35] Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.

- Needs-based/low threshold access to syringes
- Sharps containers and education on disposal
- Naloxone
- Safe injection supplies (tourniquets, alcohol swabs, water, band aids, cotton balls, cookers)
- Safe smoking supplies (pipes, lip balm, straight shooters)
- Wound care supplies
- Direct or referred testing for: HIV and HCV
- Referrals for treatment for HIV/HCV, substance use treatment, specialized mental health, or medical care.

In 2021, among the six[36] EOPs that were operating in LAC:

- 924,164 clean syringes were distributed (a 32% increase from 2017)
- All provided injection supplies and safer sex supplies;
- 5 out of 6 five provided overdose treatment (e.g. Naloxone), and HIV risk reduction counseling; a
- 4 out of 6 provided HIV testing

The majority of clients served were 30 years of age or older (90%) and cisgender males (76%). Thirty-nine percent were Latinx, 36% were White, 20% were Black/African American, and 5% were classified as "Other" race. In addition to the EOPs there are three SSPs in LAC that are certified by DPH-SAPC but not currently funded by them bringing the total amount of EOPs/SSPs operating in LAC to ten. Although the majority of EOPs and SSPs provide HIV testing, only two currently provide HIV, STD and HCV testing.

Services People Need to Rapidly Link to HIV Care: Linkage to care is an essential step to ensuring viral suppression. In 2020, 54% of people newly diagnosed with HIV were linked to care within seven days and 76% were linked within one month of diagnosis. Populations with lowest linkage to care rates were cisgender women (67%), Black/African Americans (71%) and those classified as "multi-racial" (69%), persons 13-19 years old (63%) and persons whose transmission risk included heterosexual contact (66%) or MSM/IDU (67%). Populations with the highest linkage to care rates were transgender persons (81%), those aged 30-39 and 50-59 (78%), Asians (90%), AI/ANs (86%) and those whose transmission risk was MSM (78%).

HIV testing providers assume primary responsibility for linking a newly diagnosed person to HIV care by setting up appointments and following up with the client until the first appointment is completed. As depicted in Table 4, the percentages of those newly diagnosed with HIV who were linked to care within 30 days varied by test setting. The highest percentages were found among primary care clinics (78%), followed by community STD clinics (69%) and hospitals (64%). Conversely, the test settings that had the lowest linkage to care percentages were mobile test settings (17%), HIV testing sites (27%) and community settings (33%).

In addition to HIV testing services, linkage to care is achieved through other targeted programs. One such program is DHSP's Linkage and Re-engagement Program (LRP) designed to identify HIV-positive persons out of care, and their partners for linkage/re-engagement to HIV care. LRP receives referrals from a broad base of countywide partners and also uses data-to-care reports to identify potential LRP clients. LRP often works to locate persons hardest to find and acts as a service of last resort after all other outreach efforts have failed. Because LRP clients are not on ART it is essential that they are located and connected to care in order to improve their health outcomes and prevent transmission of HIV. With LRP clients reaching undetectable levels, partners are less likely to contract and further

[36] One more EOP was recently funded in 2022 to bring the total to seven.

transmit HIV. Furthermore, partners are then able to receive support to get tested and take actions to address their status, whether negative or positive. LRP also supports Partner Services follow-up by taking on cases of clients who have been difficult to locate.

Services PLWH Need to Stay in HIV Care and Treatment and Achieve Viral Suppression: Once initially linked to care, it is imperative that HIV-positive persons remain engaged in care to improve their health outcomes and prevent transmission. Concerted efforts are also needed to re-engage into care PLWH who are diagnosed but not in care. The use of surveillance data to identify those who are lost to care is critical. Since the inception of the Ryan White Program, HRSA has funded a comprehensive set of medical and related services targeting low-income PLWH. Although the local utilization rates of Ryan White services don't tell us the complete picture of the needs of all PLWH, they serve as a starting point for examining needs related to engagement in care. Ryan White Program clients totaled 21,877 in Year 31 (3/1/21-2/28/22), representing 41% of all PLWDH in LA County. The services most utilized by RWP clients were Medical Outpatient (70%), Medical Care Coordination (38%), and Non-Medical Case Management (24%) (Table 7).

Table 7: Ryan White Program Services Utilization, 3/1/21-2/28/22

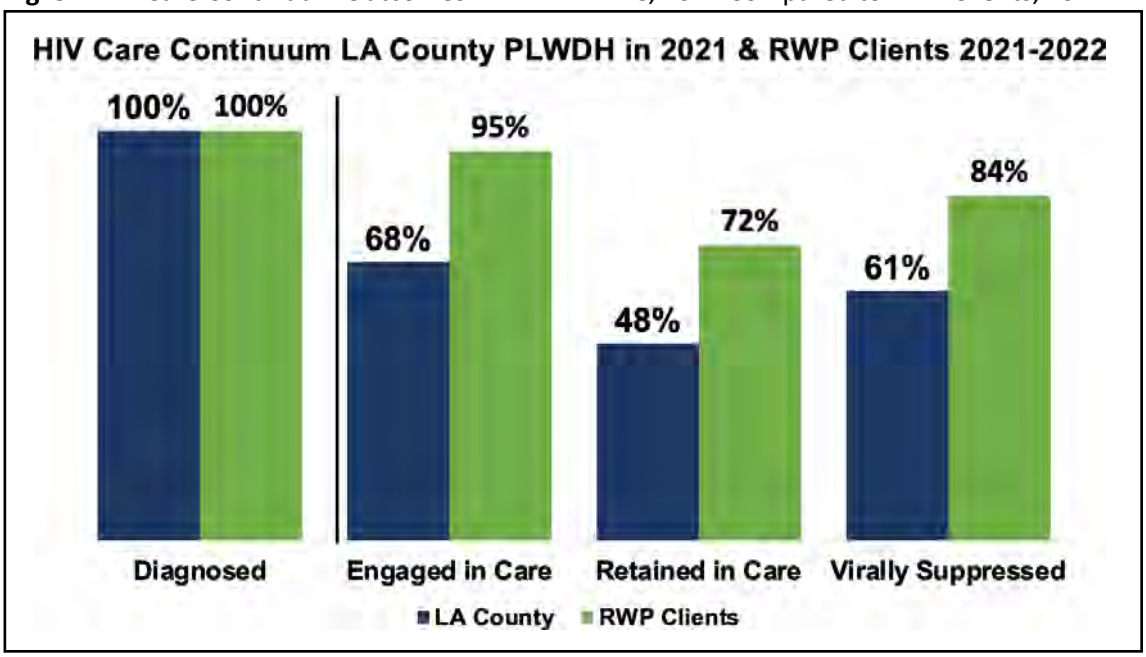
Service Category	Unique Clients	Percentage of RW Clients	Units Per Client
Total Unduplicated Clients*	21,877	--	--
Medical Outpatient	**15,272**	**69.8%**	**3**
Supplemental AOM Procedures	10,396	47.5%	25
Medical Outpatient	15,272	69.8%	3
Medical Care Coordination	**8,244**	**37.7%**	**14**
Non-Medical CM	**5,181**	**23.7%**	**4**
Benefits Specialty	4,658	21.3%	4
Transitional CM – Jails	563	2.6%	6
Oral Health Care	**4,153**	**19.0%**	**11**
General Oral Health	3,849	17.6%	7
Specialty Oral Health	3,477	15.9%	5
Nutrition Support	**1,988**	**9.2%**	**193**
Food Bank	1,582	7.2%	97
Delivered Meals	560	2.6%	410
Mental Health Services	**756**	**3.5%**	**7**
Home-Based Case Management	**280**	**1.3%**	**321**
Case Management	279	1.3%	43
Homemaker	184	0.8%	354
Nutrition	54	0.3%	108
Psychotherapy CM	70	0.3%	29
Attendant Care	20	0.1%	237
Durable Medical Equipment	4	0.02%	3
Housing Services	**237**	**1.08%**	**287**
Permanent Supportive Housing	151	0.7%	323
Residential Care Facilities for the Chronically	60	0.3%	238
Transitional Residential Care Facilities	28	0.1%	180
Substance Abuse Services – Residential	**90**	**0.4%**	**123**
Outreach Services (LRP Program)	**26**	**0.1%**	**11**

*Receiving Fundable RW Program Services

Los Angeles County is also funded through HRSA's Minority AIDS Initiative (MAI) and has selected three subpopulations of focus based on local epidemiologic and programmatic data: cisgender men of color aged 30 or older who have sex with men (MSM of color); cisgender men of color aged 18-29 years who have sex with men (YMSM of color); and transgender persons of color (Trans clients). MAI subpopulations totaled 11,721, representing 55% of clients receiving at least one RWP service in Year 31. The top four services that were disproportionately utilized (compared to their population size) by the MAI population were benefits specialty (60%), mental health (58%), non-medical case management (58%), and oral health care (56%).

As depicted in Figure 32, HIV Care Continuum outcomes for RWP patients were better than for the larger population of PLWDH. However, disparities persist among certain subpopulations, again speaking to the need to target services to these populations. Among the RWP clients in Year 31, engagement in care rates were lowest for those who were homeless (90%), recently incarcerated (91%), people aged 18-29 (92%) and African Americans (92%). Retention in care rates were lowest for those between the ages of 18-29 (59%), currently homeless (60%), recently incarcerated (65%) and African American (66%). Viral suppression rates were lowest among currently homeless (67%), recently incarcerated (70%), people who inject drugs (77%) and people aged 18-29 (77%).

Fig. 32: HIV Care Continuum Outcomes: PLWDH in LAC, 2021 Compared to RWP Clients, 2021-22



Unmet Need (Not in Care): Based on the five-year population estimate (2016-2020) of 44,090 PLWDH in LAC, 7,279 (17%) were estimated to have unmet need (not in HIV medical care) as indicated by there being no evidence of a viral load or CD4 reported in 2020 (Table 5).

- Among each of the three epicenters of HIV: 19% of PLWDH in Central, 17% of PLWDH in Hollywood-Wilshire, and 15% of PLWDH in Long Beach had unmet need.

- The majority of persons with unmet need were male (87%). Within each gender category 16% of males, 17% of females, and 17% of trans persons were aware of their HIV status and did not receive recent laboratory testing.

- Within each racial/ethnic group, Native Hawaiian/Pacific Islander Non-Hispanic had the highest percentage of PLWDH with unmet need (30%), followed by Blacks/African Americans (21%), and American Indian and Alaskan Natives (18%).

- The percentage of unmet need was highest within younger age groups; 23% of PLWDH 25-34 years, 21% of PLWDH 13-24, and 20% of PLWDH age 35-44 years.

In Care, Not Virally Suppressed (VS): Among the 36,811 PLWDH who were in care, 4,563 (12%) were not virally suppressed (viral load ≥200 copies/mL on the most recent test reported) between January 1, 2020, and December 31, 2021.

- Among the three epicenters of HIV: 17% of PLWDH in Central, 14% of PLWDH in Hollywood-Wilshire, and 10% of PLWDH in Long Beach were not virally suppressed.

- More than one out of five transgender persons (18%) were in care, but not virally suppressed compared to 12% of cisgender males and 13% of cisgender females.

- Within each racial/ethnic group, Black/African Americans had the highest percentage of PLWDH in care and not virally suppressed (16%), followed by multiracial (not Hispanic) group (14%) and Native Hawaiian/Pacific Islanders (13%).

- The percentage of unsuppressed viral load was highest within younger age groups; 18% of PLWDH 13-24 years, 16% of PLWDH 25-34 years, and 14% of PLWDH age 35-44 years.

Barriers to Services

The HIV Workforce Capacity and Service System Survey[37] respondents, both providers and community members, were asked to rank a set of barriers to accessing or remaining engaged in a variety of HIV-related services including HIV testing, PrEP and HIV care, and to add any other significant barriers not listed. Listening session participants were also asked to discuss any barriers related to diagnosing HIV and accessing HIV treatment and prevention services.

Top Five 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

Other related barriers that respondents identified included:

- (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

In addition to the barriers listed above, survey and listening session participants identified barriers relating to lack of urgency about HIV, not having enough testing sites, concern about HIV stigma and lack of health literacy or knowing they're at risk.

[37] Workforce Capacity and Service System Survey is described in more detail in the Approach section below.

"We should learn from COVID – they had testing on every corner. Why can't we do that with HIV?"

"I already experience stigma for being Black and Gay. I don't want to add to that by being HIV positive."

"A lot of people still don't know they can get HIV – and once they're positive, they don't understand a lot of the language. U equals U means nothing to them."

Top Five 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

Other/related barriers included:

- Lack of social support and not having role models who take PrEP
- Stigma/Internalized homophobia

PrEP Needs among Black/African American MSM, Transgender and Cisgender Women

In 2019, the Commission on HIV's Black/African American Task Force developed a set of recommendations that included developing a targeted PrEP marketing campaign for Black/African American communities, given less than optimal PrEP uptake. In response to this recommendation, a series of focus groups were held for Black/African American MSM, transwomen and cisgender women to inform the development of a PrEP campaign.[38]

Among MSM, common barriers to accessing PrEP included:

- Provider barriers – difficulty getting a provider to prescribe PrEP; not having providers close by; and not a lot of people in the clinics who "look like us"
- Miseducation and mistrust – not knowing where and how to get PrEP and not fully understanding PrEP and its side effects
- Mental fatigue – having to constantly take medication can be overwhelming; having to take medications to have sex reinforces there is shame in having sex

Among transwomen, common barriers to accessing PrEP included:

- Discrimination - trans and nonbinary people face an extreme amount of discrimination in trying to not only utilize PrEP, but in every aspect of life
- Providers/Access – poor access to facilities; lack of eligibility for PrEP/cost; lack of Black trans/nonbinary people who work at facilities.
- Side effects: physical and mental – including a recognition that even preparing to take meds is challenging
- Stigma - association of PrEP use with being promiscuous

Among cisgender women, common barriers to accessing PrEP included:

- Stigma - questions about number of partners can feel shaming; scared family or friends might find out they're taking it; they might be stereotyped for using PrEP

[38] Facilitated by *Equity & Impact Solutions*

- Access - can't afford it if it's not free; not the same availability that MSM have
- Pill Burden - taking a pill everyday can be burdensome
- Social Determinants - having to deal with poverty, housing insecurity, etc., makes it hard to focus on PrEP
- Medical Mistrust - believing the medications only work for MSM; believing only HIV+ people take medications; not understanding why PrEP takes longer to work in women than men
- Lack of Support - no PrEP support groups in LA for Black cis women
- Messaging/Marketing - not enough campaigns with Black cis women in clinics and publicly
- Lack of holistic focus - not enough focus on general well-being, access to healthcare and social support services everyone deserves

Optimizing PrEP Delivery to Immigrant Latino MSM in LAC: The Center for HIV Identification, Prevention and Treatment Services (CHIPTS) recently led a collaborative research project to understand the barriers to PrEP access, and to develop strategies to enhance PrEP delivery, among immigrant Latino MSM (LMSM) in LAC. Given that LMSM comprised the largest percentage (51%) of all new HIV infections among MSM of all racial/ethnic groups in LAC in 2019, and that nationally, since 2010, foreign born LMSM have comprised the majority of new annual HIV infections among LMSM, researchers were intent to understand any additional barriers to accessing HIV prevention services immigrant LMSM may face that are not experienced by US-born LMSM. The study included in-depth interviews with 15 Spanish-speaking and 10 English-speaking immigrant LMSM, 7 key informant in-depth interviews and a concept mapping process[39] with 19 panelists.[40] Key barriers were identified at the agency-, and client-level, including:

Agency-Level Barriers

Language

- Lack of Spanish-speaking staff and PrEP navigators
- Lack of services offered in Spanish
- Lack of properly translated Spanish language materials
- Difficulty completing English language forms
- No standardized way to talk about PrEP in Spanish

Provider bias/knowledge/comfort

- Not receptive to providing PrEP services
- Hold perception that PrEP will lead to promiscuity
- Lack knowledge of PrEP
- Not proactive about offering PrEP to this population
- Not comfortable delivering PrEP to this population

Outreach doesn't reflect population

- Lack of PrEP outreach materials or public awareness campaigns tailored for immigrant LMSM
- Outreach materials are not intentionally created for immigrant Latino MSM

[39] Concept mapping is a mixed methods approach that integrates qualitative perspectives of individuals with multivariate statistical methods to visually depict the composite thinking of the group. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5451901/

[40] Key informant and concept mapping participant inclusion criteria: Staff member from a medical care facility or community-based organization that provides PrEP services to immigrant Latino MSM; Person with experience working with or advocating on behalf of immigrant Latino MSM; Person with knowledge of issues affecting access to HIV prevention services such as PrEP among immigrant Latino MSM.

Client-Level Barriers

Lack of knowledge about PrEP and available PrEP services

- Unaware of PrEP
- Don't know that PrEP is for them
- Don't know where or how to access PrEP
- Unaware of medication assistance programs (e.g., Gilead's Advancing Access Program, PrEP-AP)

Structural/logistical barriers

- Lack of health insurance
- Cost of services not covered by assistance programs
- Lack of transportation
- Unable to get release time to attend medical appointments
- Clinic hours (i.e., no weekends or evening hours)

Language

- Difficulty communicating with non-Spanish speaking providers
- Not enough services offered in Spanish
- Unaware of where to access services in Spanish

Cultural

- Don't use healthcare services unless absolutely necessary and don't use preventive services
- Uncomfortable talking about sexual behaviors with providers
- Homophobia in the Latinx community (e.g., needing to hide sexuality)

Immigration status

- Fear that information about use of PrEP services and/or HIV testing will be reported to immigration authorities
- Fear that use of public benefits will impact immigration process
- Fear of deportation if accessing PrEP services

PrEP-related stigma

- PrEP is only for gay men or men who are promiscuous
- Fear of being outed when accessing PrEP
- Fear of family, friends, or partners finding a PrEP bottle
- Fear of being thought of as HIV-positive

Individual perceptions/beliefs

- Fear of side effects
- Don't recognize their own HIV risk
- Providers assume they are having sex with women because some immigrant LMSM identify as heterosexual

The concept mapping process was used to develop implementation strategies to enhance PrEP delivery to immigrant LMSM. After identifying a list of strategies, the top five that were determined to be most feasible and important were recommended for prioritization:

1. Provide immediate access to and enrollment in PrEP services (e.g., same-day PrEP, PrEP walk-in clinic), so that there isn't a delay in receiving services.
2. Gather testimonials from immigrant Latino MSM who have buy-in to PrEP services and are willing to showcase their stories on social media.

3. Deliver comprehensive PrEP education and training to every staff member at the clinic, from front desk staff to providers.
4. Provide support to help undocumented individuals enroll in insurance programs that cover PrEP services.
5. Develop campaigns informing people that they can access PrEP (e.g., through PrEP-AP) regardless of their current documentation status and without affecting their future chances for documentation.

Additional themes identified from survey and listening session participants related to accessing PrEP included discomfort/ unfamiliarity with taking medication when you're not sick, thinking PrEP is for other people because of lack of authentic advertising, and not being able to store the medication because of being unhoused.

"We only go to the doctor when we're sick."

"I don't see any pictures of people that look like me on those billboards that I drive by every day."

"How can I take medication every day? Where am I supposed to keep it when I'm on the street?"

Top Five 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

Other:

- Lack of HIV-positive peers to talk to
- Need a warm hand-off and walked to services without having to wait
- Stigma
- Transportation
- Unfriendly insensitive waiting rooms
- Fear of people thinking they're gay

Survey and listening session participants expressed not wanting to access care due to bad experiences with providers in the past and not feeling comfortable in the clinic's physical space. They also expressed concern over administrative hurdles.

"I've had bad experiences with providers before. Why would I go back to be judged again?"

"When I'm in the waiting room, I feel like I'm in someone else's space."

"If it were easy to see the doctor, I think more people would do it, but I think there are too many administrative and logistic barriers. Right now, it feels like the opposite of "express" linkage."

Top Five 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

Other:

- 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, homeless and other downtrodden
- Stigma
- Transportation

Participants also identified barriers related to medical mistrust, not having providers who look like them, lack of transportation and childcare and the need for peer advocates.

"We need to have a list of providers that are people of color and LGBT and we need to have more of them."

"There are a lot of reasons why we don't remain in care – we need help with transportation and help with childcare. And I need to see a provider who gets me."

"Doctor appointments are fifteen minutes. If I want to know what my labs mean, or why I'm given a particular pill, or how to manage side effects, I go to my peer-led support group, which is not funded by the County or by my health insurance. We need peer advocates. We need treatment advocates."

Co-occurring Disorders, Social Determinants of Health and Stigma

Across all categories of service, the top two barriers identified were substance use and mental health challenges. We also recognize that HIV disparities in LA County, like the rest of the nation are fueled by stigma and social determinants, including housing instability and incarceration. Each of these is described in more detail below.

Mental Health Disorders: Mental health disorders can affect the progression of HIV disease, medication adherence and the likelihood of engaging in high-risk behaviors that may result in HIV transmission.[41] Based on 2015-2019 Medical Monitoring Project (MMP) data, between 10.4% -16.5% of PLWDH in LA County report moderate to severe depressive symptoms. Effective treatment of mental health disorders requires regular screening and diagnosis. Using a subset of RWP clients, we compared diagnosis and screening data to describe the prevalence of undiagnosed depressive disorder among Medical Care Coordination (MCC) services patients from 2013- 2019. As part of routine assessment, patients were screened for depressive symptoms using the Patient Health Questionnaire (PHQ-9) and their medical record reviewed for any depressive disorder diagnosis. Among the 9,178 MCC clients, 29% met the screener criteria for a depressive disorder and 33% had

[41] Remien RH, Stirratt MJ, Nguyen N, Robbins RN, Pala AN, Mellins CA. Mental health and HIV/AIDS: the need for an integrated response. AIDS. 2019 Jul 15;33(9):1411-1420.

been previously diagnosed. Among those with depressive symptoms, only 57% had a corresponding diagnosis. Compared to patients with depressive symptoms and a concurrent diagnosis, those with symptoms and no diagnosis were more likely to be male, younger (12-24 years compared to 24- 39 years of age), higher assessed acuity, and have unsuppressed viral load in the past six months.

Assessment of Unmet Mental Health Needs of PLWH

A recent key accomplishment under the EHE Initiative was a formal assessment of the unmet mental health needs of PLWH and the LAC mental health services and delivery system. Conducted by HMA Community Strategies, the assessment sought to identify barriers at the systems-, provider-, and client-level. Key stakeholder interviews (15 agencies), surveys (35 provider and 29 client respondents), and a review of secondary data rendered the following key findings and recommendations:

KEY FINDINGS	RECOMMENDATIONS
DATA LIMITATIONS	
•There is a lack of access to data and a lack of integrated data across the BH system – prevents comprehensive analysis of service utilization among PLWH. •Within the DMH data set, SOGIE was unknown for a slight majority of patients with both HIV and a BH diagnosis. This SOGIE data gap make it more difficult to tailor public health messaging and interventions.	•Establish a data infrastructure that enables the extraction and analysis of client-level data across county departments to identify who and which subgroups are not receiving services •Develop data sharing protocols and/or platforms that would allow patient health information to be more efficiently shared between DMH, DHS and DPH to avoid delays in data request •Add sexual orientation/gender identity and expression (SOGIE) data fields to ongoing data collection and data systems •Collect comorbid health condition data as part of the data collection to track other major life stressors of PLWH in order to provide client-centered, whole person care.
ELIGIBILITY AND SERVICE UTILIZATION	
•The increase of health care coverage and decline in aggregate HIV incidence result in a decline of the number of individuals eligible for Ryan White; fewer PLWH are eligible under current guidelines. •The current system is more successful in reaching Hispanic/Latinx population despite the prevalence of HIV being more prominent in the Black community.	•Revise regulations to allow Ryan White services to individuals who are Medi-Cal eligible •Reduce the administrative burden on providers and clients by minimizing or streamlining intake and reporting requirements •Encourage and incentivize providers to hire peers, community health workers (CHWs) or navigators to assist with insurance and paperwork
SERVICE DELIVERY AND COORDINATION	
•Linkages between MH and primary care remain an issue for many providers. •Most providers have difficulty ensuring PLWH can receive timely referrals to MH services, as well as difficulties referring clients to both psychiatric and SUD services. •Many providers reported difficulty matching PLWH to a licensed clinician on their staff with whom they identify	•Modify screening tools to enhance alignment with Trauma Informed Care and Gender Affirming Care •Improve cross agency referrals by using the Los Angeles Network for Enhanced Services (LANES) to have more accurate patient data and facilitate referral communication. •Design and convene forums that bring together providers to discuss and plan improvements (e.g.,

•Providers have difficulty coping with rules and regulations that limit how they can staff clinical care for PLWH. •Many MH service clients not currently accessing received MH services via telehealth indicated they would be interested in starting services via telehealth. •Clients often experience difficulties navigating the current MH system. •Clients lack awareness of the services available and experience long wait times and excessive paperwork to access these services.	how to strengthen implementation of "No Wrong Door"). •Develop a resource guide that provides detailed information on providers' services, capacity, and specialty services to enhance cross-agencies referrals.
FINANCE AND FUNDING	
•Many MH providers do not receive Ryan White funding, nor do they have a DMH contract to provide MH services. •Providing wrap-around services is unsustainable for most providers. •Providers are challenged by the current billing system; the opaque nature of reimbursement poses a significant barrier for service providers.	•Develop and offer training to providers intended to clarify and standardize reimbursement policies, including guidance on CPT codes, rates, and proper documentation. •Advocate for subsidizing BH services for individuals who are above the RW eligibility threshold but do not have other sources as payment of last resort.
WORKFORCE AND STAFF CAPACITY	
•Staff retention is a significant issue at both the provider and systems levels; excessive turnover and inability to recruit and retain staff is a barrier to provision of MH services to PLWH. •Nearly all providers have difficulty assessing relevant staff training resources and/or staff training opportunities. •There is a need for more professional development of the MH workforce, as well as reconsideration of the content and emphasis of training efforts.	•Leverage current efforts of the *Zeroing In: Ending the HIV* consortium and other EHE capacity building organizations to provide better quality, relevant workforce training opportunities that prioritize the following: •Models of collaborative, holistic care •Co-occurring disorders (e.g., the intersection of HIV and SUD) •SMI/high acuity mental health conditions •Advanced trauma-informed care and practices •Innovations in telehealth •Resources to improve workforce retention •Coordinate training offerings among DHSP, DMH, SAPC, and the clinical provider organizations •Explore whether LMFTs could be cross credentialed to provide services now restricted to LCSWs •Collect data on the diversity and lived experience of staff working with PLWH •Expand Spanish-language providers

STDs: Project Fierce Community Survey

Project Fierce is a community-based project funded by the CDC designed to reduce STD disparities and promote sexual health among young (18-24) cisgender and transgender women of color in LAC. As a project of Community Health Councils and WeCanStopSTDsLA, the Project Fierce Community Advisory Board implemented a community survey in 2021 to better understand the sexual health

needs of young women of color. The 27 survey respondents identified as cisgender women (82%) and transgender/gender non-conforming (18%); straight/heterosexual (63%), bisexual (19%), and pansexual/queer (13%); Latinx (70%), Black/African American (22%), Asian (7%), and American Indian/Indigenous (7%). Key findings included:

- 73% were offered an STD screening by a healthcare provided; 27% were not offered one
- 52% would be more likely to get screened for STDs if it was mailed to their home rather than walking into a clinic; 33% would be equally likely; and 15% would be less likely
- 26% would be more likely to get screened for STDs if it was offered through mobile services rather than walking into a clinic; 41% would be equally likely; and 33% would be less likely
- 33% had never been tested for STDs. Of those that were tested: 37% had previously been tested for chlamydia; 30% for HIV; 22% for gonorrhea; and 15% for HPV
- 30% reported that their healthcare provider had never educated them on STIs, associated risks, and ways to stay healthy
- 33% were not sure which questions to ask their provider during appointments
- Factors that influenced their likelihood of discussing their sexual health history and concerns with their provider included: having a consistent healthcare provider (67%); the healthcare provider's age (48%), gender identify (48%), race/ethnicity (33%), and experience (26%).
- 48% reported that they never (26%) or not very often (22%) have a consistent healthcare provider
- 52% reported that celebrities, social media, and media influencers shaped their view or understanding of sex and sexual relations
- 29% reported that they had felt/been pressured to have unprotected sex in a monogamous relationship

Substance Use Disorder (SUD) and the Meth Epidemic: In contrast to other parts of the U.S. where the HIV epidemic is driven significantly by sharing of needles and other equipment among PWID and other substances[42], the nexus between substance use and HIV in LAC centers on unprotected sex while under the influence of alcohol or other drugs. Based on MMP data (2015-2019), it is estimated that between 33.9% and 42.1% of PLWDH used non-injection drugs, and 1.9% to 4.9% used injection drugs in the past 12 months. Among a subset of 9,021 RWP clients receiving MCC services in LAC from 2013-2018 who were screened, approximately one out of five had indication of a SUD.

In LAC an estimated 18% of young adults aged 18-25 and 8.4% of adults aged 26 and older were estimated to have a SUD. Based on data from the LAC SAPC program, approximately 1 in 5 people treated for SUDs in the county are treated for meth use disorder and only 47% of these clients successfully completed treatment.

In the U.S, the increased risk of adverse outcomes associated with meth use (vs. non-use), include depression (1.3 times), HIV infection (1.5 times) and HCV infection (3.4 times). Between 2010 and 2020, meth-related overdose deaths in LAC have increased 1,185% and percent of all drug deaths has increased by 345%. Latinos made up the majority of patients with primary meth problem admitted to a treatment facility (65%), while Blacks had the highest rate (223). Patients admitted to treatment whose primary drug problem was meth had higher rates of STDs than clients with other primary drug problems. The difference was greatest with respect to syphilis, with 1.2% of those with meth as a primary problem having syphilis compared to 0.3% of those with other drugs as a primary problem – a five-fold difference.[43] The connection between meth use and syphilis is further illustrated through the analysis of Partner Services (PS) data. Between 2011 and 2019: meth use

[42] Syringes and equipment may also be shared to administer hormones, steroids and/or vitamins
[43] http://www.publichealth.lacounty.gov/sapc/MDU/MDBrief/MethBrief.pdf

among the early syphilis cases referred to PS increased among men who have sex with women, by 7 to 22%, and women who have sex with men, by 0% to 21%.

Among MSM in LAC, meth use is frequently associated with increased unsafe sexual activity. Meth-using MSM are much more likely to have multiple sexual partners and report inconsistent condom use than MSM who do not use meth. Meth users have numerous clinical challenges such as poor treatment engagement rates, high drop-out rates, high relapse rates, severe paranoia, and declining oral health. The medical and psychiatric aspects of meth dependence often exceed the capabilities of existing SUD programs, requiring significant cost for training and education for staff to improve service delivery.

Homeless/Unstably Housed: There are more than 69,000 homeless persons in LA County on any given night.[44] Since 2019, there has been a 12.7% increase in the homeless population in LA County and over 70% of the homeless were unsheltered. Nearly half (44%) of the homeless people in the county were found in areas with the highest rates of HIV/ AIDS, poverty, and uninsured. Approximately 41% percent of LA County's homeless were chronically homeless, 2% had HIV/AIDS, 26% had a SUD, and 25% had a serious mental illness. Nine percent of RWP clients in Year 31 were experiencing homelessness. Among clients enrolled in MCC services at Ryan White clinics from 2013-2019 (n=8,438), 24% reported experiencing homelessness in the past six months at enrollment. Clients who reported recent homelessness were significantly more likely to be Black/African American, recently incarcerated (in the past six months), have depressive symptoms, and have used injection drugs in the past six months compared to clients who did not report recent homelessness. In addition, those who reported recent homelessness were more likely to be male and heterosexual, live below the federal poverty level (FPL), be US natives, and have less than a high school diploma compared to clients who did not report recent homelessness. These data suggest that MCC clients experiencing homelessness were from communities disproportionately impacted by HIV (e.g., persons of Black race/ethnicity), impacted by multiple determinants of health (e.g., experience with the justice system, low educational attainment, poverty) and comorbid conditions (e.g., mental health and IDU). Of particular interest is that these clients were more likely to be non-MSM and IDU – both populations in which HIV prevalence has historically been lower but could contribute to potential HIV clusters or outbreaks.

Incarceration: Incarceration is associated with harmful effects on viral suppression, lower CD4+ T-cell counts, and accelerated disease progression.[45] HIV prevalence among men in LA County jails is estimated to be between 1% and 2% and approximately 300 PLWH are housed in the jails at any one time. Based on the MMP data from 2015-2019, between 1.1% and 3.2% of PLWDH reported being incarcerated in the past year. Among RWP clients in 2021, 8% had been incarcerated in the past two years. High percentages of these clients were living at or below FPL (85%), experiencing current homelessness (33%), MSM of color (44%), and African American (36%). These clients also had some of the lowest levels of engagement and retention in care and viral suppression.

Beyond the direct association of incarceration and poor health outcomes among PLWH, we also recognize incarceration as a force in LA and across the country that destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for already marginalized populations. The LA County Sheriff's Department (LASD) operates the largest municipal jail system in the US, and the US, in turn "imprisons more people than any other nation on

[44] https://www.lahsa.org/documents?id=6515-lacounty-hc22-data-summary

[45] Fuge TG, Tsourtos G, Miller ER. A systematic review and meta-analyses on initiation, adherence and outcomes of antiretroviral therapy in incarcerated people. PLoS ONE. 2020;15(5):e0233355.

Earth." [46] There are more than 250,000 people who cycle through the county justice system annually, roughly 14,500 daily, and 500 inmates classified each day. In addition to the sheer volume of people in LA County jails, there are stark racial disparities. Black/African Americans, while making up only 9% of the LA County population, represent over 29% of the jail population. The justice system is clearly ill-equipped to deal with the thousands of people it imprisons who are typically struggling with poverty, homelessness, substance use disorders and mental health challenges. As a result, people cycle in and out of jail, not able to get the care they need to live healthy and productive lives.

In 2020, LA County voters approved Measure J, which dedicated no less than ten percent of the County's locally generated unrestricted funding to address the disproportionate impact of racial injustice through community investments such as youth development, job training, small business development, supportive housing services and alternatives to incarceration.[47] As a result, the LA County Board of Supervisors adopted the Care First Community Investment spending plan[48] (aka Measure J), an unprecedented $187.7 million spending package to advance its care first, jails last vision with a series of direct community investments and funding for alternatives to incarceration—accelerating the transformative process of creating a more just and equitable Los Angeles County for all residents. The plan was developed with an equity lens with a primary focus on chronically under-resourced communities to address negative outcomes caused by racially-driven criminal justice inequities and long-term community economic disinvestment. As such, the plan supports a wide range of programs including interim and permanent supportive housing, grants to community-based organizations, and employment opportunities for adults and youth. Highlights of the funding plan include:

- $42 million to support the closure of Men's Central Jail
- $16 million for housing and related services to meet a variety of needs including for people experiencing homelessness with complex health needs and people with substance use disorder;
- $15 million to support residents returning to the community after incarceration

Stigma: Since the beginning of the epidemic, stigma in all its forms has served as a constant barrier to people being able to access HIV care and prevention services. HIV-related stigma is compounded by stigma associated with LGBTQ identities and sexual behaviors, using drugs, injecting drugs, mental health disorders, being homeless and being incarcerated. Given its pervasiveness and sometimes insidious nature, stigma is hard to pinpoint and even harder to address. A recent example of how stigma impacts the lives of PLWH and the communities most impacted by HIV is the messaging and reaction to Monkeypox. In late 2022, LA County, like many urban areas across the country, is struggling to combat the monkeypox virus as we continue to grapple with COVID-19. To date, the vast majority of the 1,836 monkeypox cases have been identified among cisgender men (97%), most of whom identify as gay/bi or other MSM. However, risk is not limited to MSM, given that available evidence suggests that those who are most at risk are those who have had close physical contact with someone with monkeypox. Unfortunately, early messaging about monkeypox may have inadvertently led to people believing they are not at risk if they are not gay or transgender identified. There is also concern locally and globally that some communications and commentary on monkeypox have used language and imagery that reinforce homophobic and racist stereotypes and

[46] https://www.lacounty.hiv/wp-content/uploads/2018/11/LACHAS2018-English.pdf
[47] https://ceo.lacounty.gov/ati/
[48] In response to recommendations put forth by the *Measure J Reimagine LA Advisory Committee,* since transformed into the *Care First and Community Investment Advisory Committee*

exacerbate stigma.[49] We recognize that such stigma and misinformation can severely undermine outbreak response. Indeed, we are reminded of the early days of the HIV epidemic when racism, homophobia, transphobia and stigma led to the failure to prioritize the communities most impacted by HIV/AIDS – gay men, people of color, trans persons and PWID - early on in the course of the epidemic. This resulted in the steady and deadly spread of HIV/AIDS most profoundly in these groups and a failure to - as of yet - end the HIV epidemic nationally.

The monkeypox outbreak creates both another health burden and another social burden for the LGBTQ population and for people living with HIV. The evolution of monkeypox remains to be seen, but even after the current wave of this particular health threat subsides, we likely will not be spared from future outbreaks, epidemics or pandemics of other infectious diseases. To protect PLWH and the communities most impacted by HIV from both the health and social burdens brought about by current and future pandemics, we urge public health leaders and elected officials to respond to outbreaks with an approach that avoids stigma and blame. To do so, we encourage the infusion of community voices and perspectives, particularly among those most impacted, in the development of such responses and messaging. We need to ensure that public health leaders and governments work with communities to find local solutions. Disproportionately impacted populations must not bear the brunt of increased stigma and discrimination as a result of any health threat or the response to it. Moving forward, we will work to ensure that these key principles[50] guide future public health responses in LA County:

- Affected communities must be actively engaged in identifying and implementing strategies in response to threats to their health and well-being.

- Stigma and fear are constant companions of infectious disease pandemics; proactive steps must be taken to minimize their negative consequences.

- To reduce health disparities, proactively identify groups and communities at disproportionate risk of developing disease or poor health outcomes and design interventions to reduce these disparities and to promote health equity.

Overall Service System and Workforce Capacity

Additional data were captured through assessment activities that pertained to the HIV service system and workforce capacity. Participants cited numerous strengths with the HIV service system in LA County, including addressing the epidemic through a social justice lens, multiple free and accessible services, and the dedication of those who work in the field.

"The HIV workforce tends to be comprised of passionate and committed workers. They feel their job is meaningful and believe in helping others to the best of their ability."

"It's beginning to acknowledge the impact of systemic racism in all aspects of care and as a driver of health disparities."

Relatedly, community members who had received HIV-related services over the past year had mostly positive feedback about the services they received:

- 98% either strongly agreed or agreed that they were treated with respect;

[49]https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/may/20220522_PR_Monkeypox

[50] Valdiserri, R.O., Holtgrave, D.R. Responding to Pandemics: What We've Learned from HIV/AIDS. *AIDS Behav* 24, 1980–1982 (2020). https://doi.org/10.1007/s10461-020-02859-5

- 93% either strongly agreed or agreed that they did not feel judged;
- 97% either strongly agreed or agreed that the staff made them feel welcome and comfortable
- 97% either strongly agreed or agreed that the provider met their needs and answered their questions.

Needs/Areas for Improvement

Community members appreciated when their providers treated them more holistically, but some reported frustration with having to advocate to be screened for STDs, not being able to receive whole-person care, and not receiving culturally competent services.

"My clinic screen for other issues I may have and that was important to me."

"I used to be screened for STDs every three months. Now that I see my ID doc twice a year, the tests have been added to my labs once, at my request."

"My HIV provider used to be the only doctor I saw. My current and past physician is no longer willing to treat my cholesterol or other non-HIV issues. As an older person with HIV, I'm also dealing with other comorbidities. My healthcare is siloed, I'm taking ten different medications and I only see doctors who advocate for their disease, with no one advocating for the whole person."

"The location was cyberspace, so I didn't visit the therapist's office. I took three months to see the therapist. The therapist had no experience working with gay men, HIV, or cancer survivors."

"Case managers spend more time doing paperwork than servicing clients. LA County loves data driven programs, but all that paperwork means some people are denied access to services or have to wait three months."

The majority (79%) of respondents strongly agreed or agreed that there needs to be more people living with HIV delivering HIV-related services. Among those who identified as HIV-positive, the percentage jumped to 93%. Additionally, 80% of respondents strongly agreed or agreed that "there needs to be more people who look like me delivering HIV-related services." This included 86% of respondents who identified as Black/African American and 88% who identified as Latinx.

In addition to increasing the diversity of the workforce, the greatest needs with respect to the workforce and service system included addressing provider burnout; addressing turnover that stems from a variety of issues; the need for expedited services, especially for those with complex needs; training needs; building a better pipeline for providers; and addressing administrative barriers.

"Hire more people, more staff that look like us and can relate to our needs. Don't require a Master's degree in social work. Let people with an Associate's degree take a little training. If you hire more people that are HIV and give them training, you'll get better results."

"Do they employ members of the populations in positions other than outreach? For example, do they have trans front desk staff or a gay black MA? Or do these folks only get hired to do outreach to their "target" population?"

"They (providers) are overworked / forced to wear multiple hats and many of them have unhealed trauma that directly impacts the quality of their services."

"The turnover in organizations is high due to low pay and other factors. More free training is needed that offers certification and licensing. Experience is frequently underappreciated vs college degrees."

"What we really need are housing resources, access to expedited mental health services and substance use disorder resources, linkage to care of vulnerable populations especially those experiencing homelessness."

"The greatest need is to cross train programs regarding their services and systems to connect clients to services."

"(There are) no clear pipelines or educational training programs (in colleges or in the community) to prepare for positions in the HIV field (HIV counselors, HIV prevention workers, PrEP navigators, Linkage to Care, Case Managers, Case Watch Data Managers, ADAP enrollers, Benefits Counselors, etc.)."

"At meetings, it often feels like there is adequate resource allocation especially for housing, yet as a provider, it feels that those resources are difficult to obtain or are not available in real time. There is so much red tape and ultimately, the patients suffer or there is delay in receiving care. This also applies to mental health resources."

"*(We need) one database for all services, once registered data like income can be updated and people get automatically enrolled for needed services like affordable housing."*

a. Priorities – The needs assessment process helped us to identify the following key priorities:

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

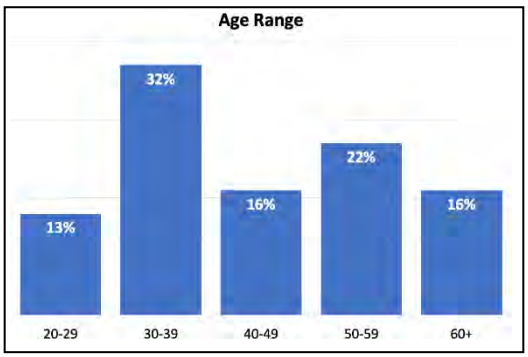
b. Actions Taken - In response to needs and barriers identified during the development of both the Integrated Plan and the EHE, LA County has undertaken a number of activities, including:

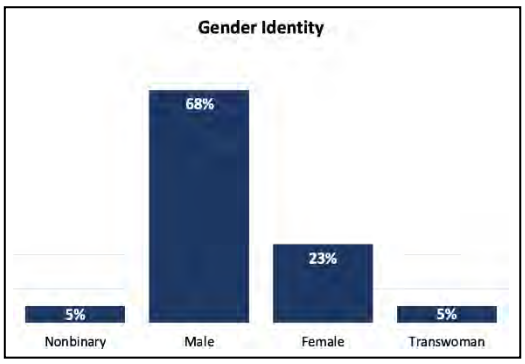
- Distributed over 15,000 HIV self-test kits
- An Assessment of Unmet Mental Health Needs of PLWH
- Assessment activities to develop PrEP campaigns in the Black/African American community
- Began initial activities for comprehensive workforce capacity assessment
- Increased Tele-PrEP capacity for PrEP/PEP Centers of Excellence
- DHSP began implementing *Addressing Implicit Bias & Medical Mistrust, and Cultural Humility* training
- Emergency Financial Assistance for PLWH – developed for clients at risk of losing housing or in need of one-time or short-term financial assistance
- Exploring ways to improve Partner Services efforts
- Development of a Cluster Detection and Response Community Advisory Board
- Community meetings and trainings on Cluster Detection and Response
- DHSP implemented EHE community mobilization project through a partnership with the AMAAD Institute, focused on highly impacted populations
- Implemented iCARE Contingency Management project
- Implemented Rapid and Ready Linkage to Care project

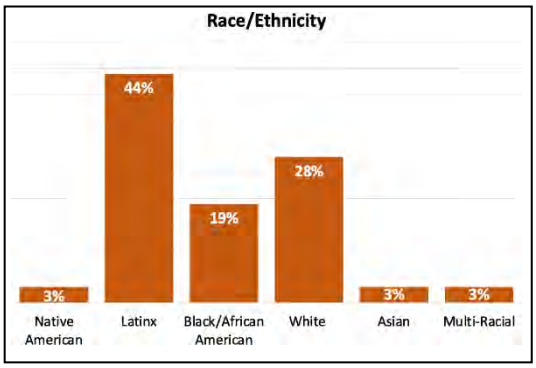
c. Approach - At the onset of planning, stakeholders expressed concern related to "over-assessing" both community members and providers, and that we should strive to utilize the data, recommendations and reports that had recently been collected and compiled through various means. For example, the recent development of the LA County EHE, the local *Act Now Against Meth* campaign; and the recommendations from the Commission's Black/African American Task Force, Women's Caucus, Transgender Caucus, Consumer Caucus, Prevention Planning Workgroup, and Aging Task Force rendered useful information for our planning purposes. In addition to the analysis of existing reports and data, we also collected primary qualitative data from priority populations, community members and providers through listening sessions, an online survey and facilitated stakeholder meetings.

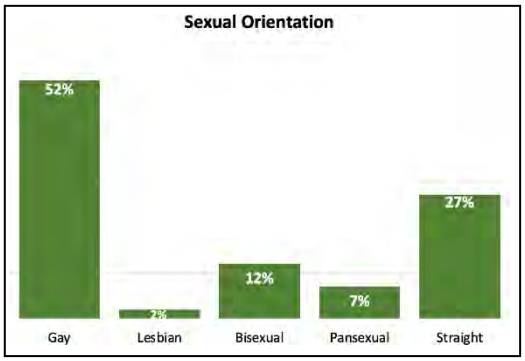
Listening Sessions: To ensure the voices and perspectives of communities most impacted by HIV were used to drive the Integrated Plan's goals and objectives, we conducted facilitated "listening sessions" with priority population groups. A total of 86 participants attended the listening sessions for Black MSM; People of Trans Experience; Cisgender Women of Color; People who Inject Drugs and their Stakeholders; PLWH 50 years of age and Older; and People Under 30 years of age. The listening sessions were 90-120 minutes long and included discussions about what the HIV service system does well; and barriers and solutions related to each pillar. Participants each received a $25 gift card for their participation.

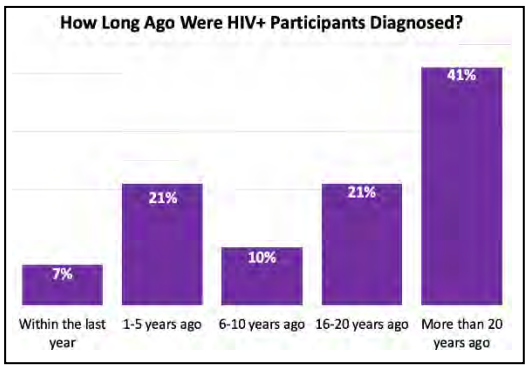
Survey: Two online surveys were also disseminated to capture perspectives from providers and community members (defined as anyone who had accessed any type of HIV-related service in LA County in the past 12 months). Community members each received a $25 gift card for completing the survey and providers had the option of entering a raffle to win one of two $50 gift cards. Both the provider and community surveys were available in English and Spanish. Fifty-one community members completed the survey, however, only 13 providers responded to the survey, which may be due to being "over-assessed" as described above. The demographic profile of community survey participants include:

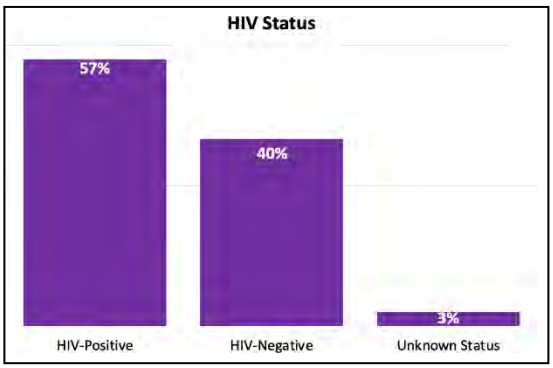












Facilitated Stakeholder Meetings: To capture feedback from key stakeholders, the planning team (PP&A leadership, Commission staff and Consultant) facilitated a number of structured discussions to ascertain how to build upon the existing EHE to develop the new Integrated Plan. Stakeholders represented the following entities and/or population groups:

- EHE Steering Committee members
- Community-based organizations serving PLWH and at-risk for HIV
- Health department staff from LA County, the CA State Office of AIDS, and the Cities of Long Beach, and Pasadena
- People living with HIV, including members of a Federally recognized Indian tribe and individuals co-infected with hepatitis C
- Members from priority population groups including Black MSM, Latinx MSM, Women of Color, Trans and nonbinary persons, PWID, people 50 and older, people under 30
- Health department epidemiologists
- HIV clinical care providers including those who represent RWHAP Part C and D
- Providers from STD clinics
- Non-elected community leaders including faith community members and business/labor representatives
- FQHC and Community Health Centers
- Substance use treatment providers
- Hospital planning agencies and health care planning agencies
- Mental health providers
- Individuals (or representatives) with an HIV diagnosis during a period of incarceration (within the last three years) at a federal, state, or local correctional facility
- HOPWA Coordinator
- City of Los Angeles AIDS Coordinator
- Social services providers including housing and homeless services representatives*
- Service Planning Area (SPA) 2 (San Fernando Valley) HIV and social service providers
- SPA 4 (Metro) HIV and social service providers
- Long Beach HIV Community Planning members
- City of West Hollywood HIV service coordinators/staff
- Part F/AETC

Section IV: Situational Analysis

Overall, the LA County HIV prevention and care system has many strengths and providers, advocates, consumers and community members can be proud of key achievements over the course of the HIV epidemic that have undoubtedly saved lives and improved the quality of life for those living with or at-risk for HIV. More recently, although COVID-19 has devastated Angelinos and greatly stretched the public health infrastructure, the HIV system has shown great resiliency and continues to diagnose and treat people living with HIV and prevent HIV transmission through the provision of high-quality services. Although the number of people living with HIV continues to climb, the number of annual HIV infections continue to decrease, as does the HIV death rate. Unfortunately, HIV-related disparities persist across race/ethnicity, gender identity, sexual orientation and age group. These disparities are driven largely by structural and systemic issues including housing status, poverty, recent incarceration, and co-morbid conditions such as STD coinfection, substance use disorders and mental health disorders. Our commitment to ending HIV means we must also be committed to confronting harmful practices and oppressive systems that fuel these disparities.

a. Diagnose all People with HIV as early as Possible: An HIV diagnosis as close to the period of infection as possible is a crucial first step to achieving optimal HIV-related health outcomes and reducing the likelihood of HIV transmission. In LA County, an estimated 6,800 people or 11% of all people living with HIV, are undiagnosed and therefore unaware of their status. Additionally, one out of five people who were newly diagnosed with HIV in 2020 were diagnosed in the “late stage” of the disease, increasing the risk of transmission and poorer health outcomes. To increase the proportion of people living with HIV who are diagnosed to at least 95%, and to increase the timeliness of diagnosis, LA County DPH, community health clinics, non-traditional community-based HIV testing partners, and other private and public entities must jointly support a robust and widespread HIV testing strategy, including testing in new and innovative ways. Critical in this effort is increasing the number of testing services access points to meet clients where they are in their readiness to engage in testing services in clinical, non-clinical and other community settings.

LA County DPH supports a cross-section of organizations to conduct HIV testing in a variety of settings, including non-clinical venues that serve priority populations, community-based HIV/STD clinics, social and sexual network testing programs, and commercial sex venues. Overall, DPH supports 42 HIV testing providers with annual goals to provide over 80,000 HIV tests and with the goal of diagnosing more than 800 individuals with HIV each year. In addition, LAC DPH staff directly provides HIV testing in the county jails and STD Clinics. These public-sector supported HIV testing and diagnosis efforts are an important complement to private sector HIV testing efforts supported by commercial health plans.

Routine HIV Testing: Expanding routine HIV testing within emergency departments, hospitals in highly HIV impacted geographic areas, FQHCs, and other clinical settings is crucial to meet HIV testing goals. While targeted testing often provides the highest positivity rate, implementing routine testing in health care settings is an important component to not only move towards destigmatizing HIV, but also allowing individuals who do not recognize their HIV risk to be tested for HIV. Given the co-occurrence of HIV and other STDs and substance use, it is essential that we continue to promote HIV testing as a part of routine STD screenings and at substance use disorder treatment facilities and SSPs. Routine testing in a subset of clinical settings can have an acceptable yield while leveraging multiple revenue streams, including public and private health plans, to cover testing costs. Despite these opportunities and benefits, launching new routine HIV testing programs in healthcare settings in LAC has been difficult. To catalyze routine HIV testing, a variety of policy changes are needed

including changes that require low barrier reimbursement for HIV screening and strong annual screening mandates. In addition, we must address several non-financial routine HIV testing barriers, including broad scale training and technical assistance of routine HIV testing staff, broad scale adaptation of electronic medical records to incorporate HIV testing prompts and export critical HIV testing data, the development of protocols to ensure the immediate linkage of newly-diagnosed HIV- positive persons to care, and incentives to recruit and maintain a county-wide cadre of health care settings based routine HIV testing "champions."

Primary Care Clinics: As part of the national EHE initiative, since 2020 39 FQHCs and community health clinics were funded directly by HRSA's Bureau of Primary Health Care to adopt routine HIV screening, increase PrEP provision, and implement other HIV prevention services within their clinics. LA County DHSP works with the funded clinics in partnership with the Community Clinic Association of Los Angeles County to support these efforts.

Emergency Departments (EDs), Urgent Care Centers and Hospitals: EDs are entry points into healthcare services for many individuals, including people living with diagnosed and undiagnosed HIV. Thus, EDs, urgent care settings, and hospitals are important locations to offer HIV testing, especially for those who don't access primary care. Routine HIV screening in these settings is also conducive to the identification of persons with acute HIV infection and high linkage to care rates. In 2020, DPH received HIV case reports for a total of 2,338 new HIV diagnoses, and 2,006 cases were matched to a reporting health care facility. Approximately three out of every five new diagnoses were identified at one of the top eight HIV diagnosing hospitals or outpatient clinics.

Sexual & Reproductive Health Clinics: Screening sexually active persons for HIV when they present for STD testing is imperative, particularly given that HIV and other STDs often co-occur. Sexual health providers in LA County include community and DPH STD clinics, family planning providers, and HIV PrEP clinics. DPH currently operates 11 STD clinics and funds four community-based LGBT focused STD clinics that provide no-cost specialized STD and HIV services in a confidential, non-judgmental setting. Family planning providers include Planned Parenthood as well as a network of many smaller clinics. These providers have and continue to provide comprehensive STD and family planning services to patients of all genders for uninsured or underinsured persons. Since 2012, the number of clinics offering PrEP either in a separate PrEP focused clinic or integrated into their regular services has increased. Increased PrEP use results in increased HIV testing given CDC guidelines that clients prescribed PrEP should be tested for HIV every three months. The top six sexual and reproductive health clinics diagnosed nearly one-third (30%) of all new diagnoses in 2020.

In the past, DHSP has conducted Public Health Detailing (a method of targeting and reaching providers who will benefit from a short, focused public health message) related to HIV, PrEP, and syphilis among women to influence practice patterns for established community medical providers. This effective intervention, however, remains both resource and time intensive for a jurisdiction the size of LAC. A more targeted approach of connecting with medical schools and training programs, including residency programs, nurse practitioner and physician assistant training programs, may be a more cost- effective way to support sustained clinical practices with public health benefit. By reaching clinicians at the beginning of their healthcare training and careers, the importance of HIV prevention and HIV testing can be included as a fundamental element of routine clinical practice that spans the life of medical careers and can be used to identify and develop HIV champions.

Rescreening individuals with elevated HIV risk: Both national and local data indicate that many people at higher risk for HIV infection are not screened according to clinical guidelines (e.g. CDC recommendation of at least once per year). Among CDC's NHBS participants, 15% of transwomen, 16% of MSM and 45% of PWID had not had a test in the past 12 months; and a lower proportion of

persons with ongoing HIV risk received an HIV test every three or six months as recommended by the CDC.

The link between STDs and elevated HIV risk is clear, and we must ensure that health care providers are not missing opportunities to conduct HIV testing with clients who are seeking STD screening, diagnosis and treatment services. The wide-scale adoption of technology to allow HIV testing providers to track and communicate with clients via text or a secure portal when they are due for repeat testing in an automated fashion and could accelerate efforts to ensure that clients who are newly diagnosed are promptly linked to care. The adoption of this technology and the use of digital forms of communications is congruent with how younger individuals prefer to exchange information, particularly given their ease and the higher levels of confidentiality they provide.

Self-Test Kits: Alternative HIV testing approaches are necessary to ensure that HIV diagnoses continue among individuals who may be HIV-positive but who may be less inclined to seek in-person services. The U.S. Food and Drug Administration (FDA) has approved HIV self-test kits, that while less sensitive than other rapid tests, provide an important low barrier option for individuals to confirm their HIV status. In response to this alternate testing strategy, LA County DHSP joined the multi-jurisdictional Take Me Home initiative. Take Me Home is a timely and innovative HIV self-test kit ordering program that centralizes advertising, data collection, and test kit distribution to clients, relieving health departments from coordinating and hiring staff during the COVID crisis. As a strategy to promote linkage to care efforts, DHSP has also made available HIV self-test kits to community-based partners who also offer video or phone assistance and support by trained test counselors and who prioritize providing linkage to care services to persons testing HIV-positive. TakeMeHome is working to expand its reach and diversify its users by implementing active social media strategies and partnering with local credible messengers to increase the recognition of and trust in the program. Providing the opportunity for no-cost self-test kits is a strategy to increase access to HIV testing services with minimal staff support. Since January 2021, Public Health has distributed over 15,000 kits to contracted HIV prevention agencies, other community partners, and through community events. DPH plans to expand self-test kit distribution through programs that serve people who inject drugs, transitional aged youth, and people experiencing homelessness. LA County is also pursuing distribution options through non-traditional partners such as barbershops, religious institutions, mutual aid groups, as well as through large scale community events.

In addition to HIV self-testing, the “I Know” program (dontthinkknow.org), first developed by LAC DPH in 2009, was the second free home STD testing program in the U.S. offered by a public health agency, and the very first to offer clients online access to test results. The program offers free testing for chlamydia and gonorrhea to females and trans males in LAC ages 12-24, using the Aptima Combo 2 vaginal swab. Chlamydia and gonorrhea together cause more than 25,000 infections in young women in LA County annually. Most of these infections are asymptomatic, making routine testing essential to timely treatment and preventing further transmission. "I Know" expands testing by removing common barriers to clinic-based testing, including time, stigma, and lack of nearby facilities. Re-launched in April 2022 on a new more powerful software platform, “I Know” has now also expanded to six other CA counties, with support from CA Department of Public Health.

The County welcomes traditional and non-traditional partners to further explore HIV testing opportunities that allows for the highest impact in increased testing access points, reduced barriers for clients, and integration of routine “syndemic” testing that includes viral hepatitis and STDs. DHSP will continue to expand or support the existing HIV testing portfolio especially for populations where HIV rates are rising and is committed to partnering with agencies such as homeless service providers conducting street outreach to further increase HIV testing opportunities, given their expertise of the communities and clients they serve.

b. Treat People with HIV Rapidly and Effectively to Reach Sustained Viral Suppression: By leveraging a combination of federal, state, and local funds, LA County supports a network of HIV providers and more than 30 DHSP funded HIV medical homes, where referrals, linkage assistance, medical care, and medications are available regardless of insurance status. For years, DHSP, the Commission and a network of providers have worked to reduce barriers to care so that PLWDH can be readily linked to and be retained in HIV medical care. Despite these efforts, at the end of 2020, linkage to care, engagement in care, and viral suppression rates remain far below targets for a significant subset of patients.

Linkage to care: Since 2011, DHSP has incentivized timely linkage to HIV medical care for its network of community-based HIV testing providers. HIV testing providers assume primary responsibility for linking a newly diagnosed person to HIV care by setting up appointments and following up with the client until the first appointment is completed. While this incentive structure initially produced significant improvements in initial linkage to care, more recently performance has generally plateaued. Only 76% of persons who were newly diagnosed in 2020 were linked to HIV care within one month and only 54% were linked to HIV care within one week. This is likely due to a combination of factors, such as denial or competing life demands, and structural barriers, such as lengthy financial screening requirements and administrative paperwork. The current system must evolve to make rapid initiation of antiretroviral therapy (ART) the easiest choice for both the provider and the patient. DHSP, together with HIV prevention and medical providers, must restructure its approach to linkage to care, must treat new HIV diagnoses with more urgency, and must ensure that providers receive technical assistance to make same day linkage referrals a standard practice. In addition, DHSP will utilize its position as funder to provide technical assistance to clinics to reduce unnecessary administrative barriers for patients and improve the client experience. An exciting LTC project recently launched by DHSP is the Rapid and Ready program focusing on same-day linkage to care which has received 52 referrals to date, of which, 50% have been linked to care.

Engagement and Retention in Care: In 2013, LAC DHSP implemented the *Medical Care Coordination (MCC)* program in Ryan White Program-funded HIV medical homes with the goal of addressing the unmet psychosocial and medical needs of patients at risk for or already experiencing poor health outcomes. Comprised of a Registered Nurse, a Social Worker, a Case Manager, and a Retention Outreach Specialist, the MCC teams help patients with a range of psychosocial, behavioral, and medical issues that may impact their treatment adherence. A robust evaluation of the MCC program demonstrated that PLWH who utilize MCC services experience significantly improved health outcomes after 12 months. In 2016, DHSP established the *Linkage and Re-engagement Program (LRP)* as a complement to the MCC program to identify, reach, and re-engage patients who have fallen out of care, and then expanded MCC to additional HIV clinics in 2017. Given that the path to consistent, ongoing HIV care and reaching viral suppression is not always a linear experience for clients (for multiple reasons), the Linkage and Re- engagement Program was developed as a specialty linkage program to work with clients who have had challenges linking to care or have fallen out of care and cannot be reached. LRP utilizes experienced DHSP-based health navigators, who have access to a wide-range of LA County data systems in order to locate and follow-up with clients who are often not well served by traditional medical and support service models, including those without a cell phone or who are unstably housed, or who have not been located or responsive to service providers' attempts to engage them in care. While the engagement and retention in care of clients remains a primary responsibility of the clinic, the LRP program is intended to serve as a complementary option of last resort to focus efforts on locating and connecting with clients and subsequently facilitating a warm hand-off to clinics and MCC teams.

In August of 2022, a contingency management program known as iCARE (Incentives for Care, Adherence, Retention, and Engagement) was launched. iCARE is an incentive-based program that seeks to support engagement in care and viral suppression among youth and young people under the age of 30 using principles of contingency management, an evidence-based behavioral intervention. This pilot program consists of two cohorts (youth under 30 years and women from DHSP's Linkage and Re-engagement Program).

It is clear that despite the availability of these programs, many PLWH struggling with financial concerns, housing instability, mental health diagnoses, and SUDs, also struggle to not only access care, but remain in care and achieve viral suppression over long periods of time.

Cal-AIM[51]*:* The California Department of Health Care Services (DHCS) has recently begun rolling out a multi-year initiative to improve the quality of care provided to Medi-Cal members by implementing broad delivery system, program, and payment reform across the Medi-Cal Program. The goals of the California Advancing and Innovating Medi-Cal (CalAIM) initiative are to identify and manage member risk and need through whole-person care approaches and addressing social determinants of health; move Medi-Cal to a more consistent and seamless systems by reducing complexity and increasing flexibility; and improve quality outcomes, reduce health disparities and drive delivery systems transformation and innovation through value-based initiatives, modernization of systems, and payment reform. Under CalAIM, Enhanced Care Management (ECM) is a care coordination benefit for the highest need and/or high-cost members. This new Medi-Cal managed care plan benefit would provide intensive care management for both medical and non-medical needs for high-need Medi-Cal members. Eligible populations include people experiencing homelessness, people at risk of institutionalization and people transitioning from incarceration with complex health needs. Because a key focus of CalAIM is addressing the challenges facing people with complex and unmet needs, we are hopeful that CalAIM will help support the needs of PLWH who have fallen out of care or are at risk of falling out of care. For these reasons, we will carefully monitor the roll-out of the new initiative and work to ensure the system supports the needs of PLWH.

Addressing the Meth Epidemic: In LA County, the SAPC Program leads and facilitates the delivery of prevention, treatment, and recovery support services intended to reduce the impact of substance use, abuse, and addiction county-wide. The LAC DPH Division of HIV and STD Programs collaborates with SAPC to connect clients to HIV and STD-related services. Given the consistent increase in methamphetamine use over time and its well- established intersection with HIV, syphilis, and poor HIV-related health outcomes, it is imperative that LA County facilitates greater integration and synergy of HIV and substance use disorder services. Stronger partnerships among HIV service providers and SUD providers must include strategies that address meth use and its role with sexual HIV risk behavior, must promote adherence to PrEP or ART, and must prioritize the expansion of contingency management services coupled with these biomedical HIV prevention tools. More broadly across the substance using spectrum, programs that promote harm reduction, mitigate the sharing of injection equipment and promote syringe services programs must be prioritized, including geographic areas with high rates of HIV transmission but devoid of SSPs. The LA- based Act Now Against Meth Coalition, a long-standing community mobilization and awareness effort launched to address the alarming increase in meth use among gay and bisexual men has recently developed the Los Angeles County Platform Addressing the Meth Epidemic. The platform includes a list of recommendations for meth prevention, treatment, and policy, some of which we have folded into our goals and objectives. Separately, SAPC has launched a Countywide Meth Task Force to inform meth prevention and treatment strategies and address both the upstream drivers of meth use and abuse. DHSP actively participates in both the Prevention and Treatment Committees of the Meth

[51] https://www.dhcs.ca.gov/calaim

Task Force.

Aging with HIV: As we enter the fifth decade of the HIV epidemic, those who are aged 50 and older make up an increasingly larger percentage (51%) of PLWDH, with people 50-59 years old making up 30% of all PLWHD and people 60 and older making up 21%. By comparison, people 50 and older make up only 33% of LA County's general population. It is estimated that by 2030, people 50 and older will comprise 70% of all PLWH. Additionally, among new HIV diagnoses in 2020, 34% of people aged 50-59 and 31% of people 60 and over were diagnosed at Stage 3 of HIV disease, indicative of late HIV disease (compared to 20% among all diagnoses).

Advances in treatment have greatly improved the health and well-being of all PLWH. As HIV treatments continue to improve and the general population continues to age, the number of older PLWH will continue to increase. Relatedly, according to a recent modeling project,[52] by 2030, over 25% of people taking HIV treatment will be over the age of 65; over half will be over the age of 53; and 36% of people taking ART are expected to have multimorbidity – at least two physical co-morbidities in addition to HIV. A recent study finds that accelerated aging occurs within just two to three years of infection.[53] With age and the cumulative effects of HIV, older PLWH and some long-term survivors experience exacerbated age-related health vulnerabilities and comorbid conditions. Older PLWH face a range of challenges to their physical and mental health, in addition to the usual effects of aging, even when HIV disease is well-controlled.[54, 55]

Physical challenges may include exacerbation of widespread, chronic inflammation associated with normal aging; multimorbidities and their interactions, and side effects of ART and other medications. Mental challenges and challenges to overall well-being may include HIV-associated neurocognitive disorders; depression; trauma and loneliness.

As the needs of older PLWH and long-term survivors come more into focus and grow more urgent, it is imperative that our service system adapts to ensure strategies for long-term viral suppression, continuous access to ART, and prevention and care for comorbid physical and mental conditions. In 2020, the Commission on HIV's Aging Task Force (now Caucus) developed a set of recommendations to address the broad health needs of those over 50 years old living with HIV and long-term survivors. The Task Force is currently revisiting the recommendations to better respond to the aging needs of long-term survivors under 50 and individuals who acquired HIV perinatally. Aligned with these recommendations, as well as California's Master Plan on Aging, DHSP has begun to develop plans to address the needs of those PLWH 50 and older, as reflected in our goals and objectives.

The current safety net in LAC to address the needs of PLWH with multiple health and/or life circumstances (e.g., substance use disorder, homeless, mentally ill, other co-morbidities, and chronic health conditions) persons living with HIV is fraught and complex. Navigating the healthcare system and identifying accessible and quality mental health and SUD services, particularly for low-income persons, can be difficult; at the same time, mental health services specifically designed for PLWH remain underutilized in parts of LAC. To ensure that we improve the health outcomes of PLWH who have not achieved viral suppression, disruptive programming that provides supportive services with an emphasis on education, emotional support, trauma informed care and stigma reduction; and improves the lives of people experiencing financial hardship, homelessness, mental illness, and SUD are greatly needed. New and unconventional programming, such as conditional financial incentives,

[52] Kasaie P et al. *Multimorbidity in people with HIV using ART in the US: projections to 2030.* Conference on Retroviruses and Opportunistic Infections, abstract 102, 2021.

[53] Crabb Breen, et al. *Accelerated aging with HIV begins at the time of initial HIV infection.* Published: 6/30/22 DOI: https://doi.org/10.1016/j.isci.2022.104488

[54] https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv

[55] https://www.medicalnewstoday.com/articles/growing-old-with-hiv

also known as contingency management, must be expanded, as well as advances in antiretroviral therapy such as long acting injectables, particularly for individuals facing the most complex life circumstances. For communities most impacted by HIV, the importance of addressing barriers to care and ensuring PLWH are informed and able to easily access various programs and resources will be important.

c. Prevent New HIV Transmissions by Using Proven Interventions, Including PrEP/PEP & SSPs

PrEP/PEP: Increasing the number of people who take advantage of and have access to clinical preventive services, such as PrEP, continues to be a major public health challenge. Despite widely available PrEP resources and providers, less than four in ten persons with an indication for PrEP report taking it. Significant progress has been made to limit PrEP associated costs as a barrier to uptake; most health insurance plans now cover most PrEP associated health care costs, with public and private programs available to cover out-of-pocket costs based on income. Unfortunately, assistance programs require eligibility screening and paperwork, which can deter some clients. Clear and direct messaging about PrEP from appropriate community stakeholders is greatly needed to address mistrust and combat misleading information. Health care systems must adapt to make PrEP initiation and its continued use as easy as possible so that individuals with a continued indication are retained in care.

Mistrust of new pharmacologic interventions and medical providers in communities of color are understandable and justifiable given the history of mistreatment of Black Americans, Native Americans, and other people of color, as unwilling subjects of medical research and continued racial biases in access to and the delivery of health care services. Unsurprisingly, the uptake of PrEP among Black and Latinx MSM and transgender persons has consistently been lower compared to their White counterparts. In addition, many individuals incorrectly believe that PrEP will be too expensive and therefore inaccessible. While federal, state, and local programs that support PrEP at low to no-cost remain in place; community-based organizations, medical providers, and public health departments all have a role to play to help address misinformation and mistrust as a step towards deconstructing institutional racism and improving healthcare access patterns. The Commission's *Black/African American (AA) Community Task Force*[56] recommended increasing culturally sensitive PrEP advertising designed with input from the very communities it is attempting to reach, including Black/African American cisgender women, transgender individuals and MSM. In addition, voices of influential individuals through social media and marketing may help destigmatize both HIV and PrEP use and could potentially activate some individuals to take action.

For PrEP to reach the individuals who would most benefit from this prevention tool, health care partners across all sectors and disciplines must not only understand its clinical use, but, more importantly, be mindful and comfortable in their approach to discussing sexual behaviors with patients, ideally in an open non-judgmental manner. The network of LAC PrEP Centers of Excellence (COEs) was launched in 2016 with the goal of creating culturally competent access points where patients can also receive assistance navigating PrEP-related cost and health insurance coverage issues. Since the FDA approval of PrEP, the number of medical providers in LAC who report being a PrEP provider has steadily increased.[12] Recently, 39 Federally Qualified Health Centers (FQHCs) in LAC were funded directly through the federal Ending the HIV Epidemic initiative to expand their PrEP and HIV prevention efforts. Additionally, recent California legislation and policy changes have further expanded PrEP access points to include pharmacies[57] and telemedicine providers.

[56] Now the Black/African American Caucus of the LA County Commission on HIV

[57] With the passing of California's Senate Bill 159, pharmacists are now allowed to directly provide PrEP and post exposure prophylaxis (PEP).

An outstanding concern regarding PrEP uptake is its duration of use among individuals with continued risk. Discontinuation of PrEP is likely due to multiple factors, including pill fatigue, administrative barriers, and competing life demands. To ensure consistent, sustained access for clients at highest risk for HIV and other STDs in sexual health and prevention services and PrEP services, providers must develop more systematic and innovative ways of staying engaged with their clients. PrEP providers can reduce barriers to care for follow up appointments by offering telemedicine visits and allowing patients to come in only when laboratory work is needed. Expansion of technology to allow for accurate and sensitive home or self-collected HIV and STD tests will be a significant step toward further minimizing the frequency and length of time for medical visits and ensuring PrEP adherence. Many clients, especially younger individuals, prefer digital forms of communication and care, yet many community health centers still lack secure technology platforms to facilitate easier communication with patients.

DHSP and stakeholders must continue to promote all PrEP access points to further increase uptake. Studies have demonstrated that the "2-1-1" PrEP regimen[58] (where an individual takes two pills 2 to 24 hours before sex, one pill 24 hours after the initial dose, and one final pill 24 hours later), as well as long-acting injectable PrEP options, are important alternatives to oral daily PrEP. These alternate regimens have the added benefit of being attractive for individuals with pill fatigue or those struggling with adherence issues. Lastly, providers must be aware of clients who have or continue to utilize PEP, the use of antiretroviral drugs for people who are HIV- negative after a single high-risk exposure to stop HIV acquisition. Clients utilizing PEP should be connected to PrEP service providers to further prevent HIV transmission and acquisition. Although providers must acknowledge that for some clients, repeated use of PEP overtime may be the most beneficial form of biomedical prevention.

Syringe Services Programs: Historical data in LAC have shown injection drug use (IDU) to be a consistent, but less common risk factor for HIV transmission, accounting for less than 5% of HIV cases annually. However, recent increases in opioid and methamphetamine use via both injection drug use and non-injection drug use is concerning. Additionally, the rise of conditions that contribute to drug use, such as economic inequality, homelessness and untreated mental illness are pervasive in LAC, increasing our susceptibility to an IDU outbreak. Fortunately, syringe services programs (SSPs) are legal under California law, but programs in LAC experience fragmented or insufficient support from County and City of Los Angeles partners. In addition, LAC DPH funded SSPs continue to be small in scale, including only nine agencies funded at modest levels through the DPH SAPC program. Of the nine currently funded EOP agencies, only two currently provide HIV, STD, and hepatitis C (HCV) testing. Unfortunately, there is limited data and an absence of an in-depth analysis to confirm the impact of the LAC DPH-supported SSP programs, including data tied to linking clients to testing, other HIV prevention and care resources as well as Hepatitis and substance use disorder services. LAC has recently increased our investment in this area and we plan to continue to enhance the SSP service portfolio to ensure clients are linked to HIV prevention and treatment services and allow for more robust data collection. Despite recent legislative setbacks, we will also continue to support the creation of supervised drug consumption sites and services. Supervised Consumption Sites (SCS) are designated sites where people can use pre-obtained drugs under the safety and support of trained personnel. SCS have been implemented across over 200 sites in countries around the world and have been proven to save lives.[59]

[58] There is scientific evidence that the "2-1-1" schedule provides effective protection for cisgender MSM when having anal sex without a condom, however, to date, we don't know how "on-demand" PrEP works for heterosexual cisgender men and women, people who inject drugs, and transgender persons.

[59] Gostin LO, Hodge JG, Gulinson CL. Supervised injection facilities: legal and policy reforms. *JAMA*. 2019; 321(8):745-746.

d. Respond Quickly to Potential HIV Outbreaks to Get Needed Prevention and Treatment Services to People who Need Them: The use of client-level data reported to the public health department to identify and target PLWH for contact tracing and linkage to services has a long precedent that continues today. The use of this client data for expanded HIV prevention and outreach efforts, however, is relatively recent. For decades, national guidelines and state laws restricted access and use of client-level HIV surveillance data to traditional surveillance functions, such as generating aggregated reports to describe population-based trends among PLWDH. While these limits on the use of surveillance data in the early days of the HIV epidemic as a way to protect the privacy of PLWH were understandable, these laws severely limited the ability of public health staff to use available information to further advance outbreak investigation efforts. Fortunately, we find ourselves in a different era where data driven HIV public health strategies, such as data-to-care, the use of geospatial analysis, and molecular cluster analysis are available (and required) and can be leveraged to ensure that the HIV public health response is more targeted and timely, and has the greatest impact. These activities require real-time access to client-level surveillance data and will be carried out regularly to not only identify individuals who need enhanced services, but to also detect and rapidly respond to early clusters or outbreaks of HIV in the community.

Partner Services: The CDC describes Partner Services as a continuum of clinical evaluation, counseling, diagnostic testing, and treatment designed to increase the number of infected persons brought to treatment and to reduce transmission among sexual networks.[60] Partner services is a key strategy for identifying people with HIV infection—those with undiagnosed infection and those with diagnosed infection who are not receiving HIV medical care—and helping them access care and treatment. All persons with newly diagnosed HIV infection should receive Partner Services to help them identify sex and needle-sharing partners who may also be infected or may be at very high risk for becoming infected. These partners can then be notified of their potential exposure and offered HIV testing. Those who test positive for HIV can then be linked to HIV medical care and other services. Those who test negative can then be linked to PrEP, SSP and other prevention services.

DPH employs Public Health Investigators (PHI, aka Disease Intervention Specialists) to implement both HIV and STD Partner Services (PS) activities. Currently, LAC's integrated HIV/STD disease investigation and PS program is implemented by staff who work within two separate divisions within the Department of Public Health: DHSP and Community and Field Services (CFS). DHSP PHIs, based at a centralized office, focus on syphilis and HIV partner services while CFS PHIs, based in 12 district offices throughout LAC, focus on HIV/STD and other communicable diseases assigned by the DPH.

While the Partner Services program in LAC has been mostly successful in interviewing newly diagnosed clients, there is opportunity to further expand the program's capacity to ensure all newly diagnosed clients and their partners are being interviewed in a timely and more efficient manner. In LAC, improved data system integration, easier data access, and increased staffing will improve the ability of LAC DHSP to reach all newly diagnosed persons with HIV. The latest estimate suggests that 73% of newly diagnosed persons with HIV in LAC receive an offer of Partner Services around the time of their diagnosis, but only 46% of those newly diagnosed are interviewed and only 10% name contacts. There is an opportunity to build staff capacity within the Partner Services program as well as expand partnerships with providers at high volume HIV/STD clinical testing sites to 1) establish more on-site counseling and education for persons testing positive within clinics, 2) promote rapid linkage to care and treatment efforts, and 3) reinforce community driven service sites that support and empower clients to prioritize their wellness and connect identified partners with critical HIV testing and/or PrEP. In addition, Partner Services will need to adapt to new technologies in order to respond to the use of web- based platforms, mobile apps, and other internet-based modalities that facilitate identifying and connecting with partners to testing, prevention, or care.

[60] https://www.cdc.gov/std/treatment-guidelines/clinical-partnerServices.htm

In response to the steady increase of syphilis cases and the increasingly scarce human and financial resources available to aggressively investigate all cases and interrupt the transmission of new infections, DPH has employed and implemented a priority setting process to further improve local disease investigation efforts, in particular HIV partner services. The three-point plan to improve HIV partner services includes HIV surveillance system improvements, organizational restructuring and enhanced HIV training for PHIs.

In 2021, DHSP hired seven new Public Health Investigator Trainees. The County will also hire additional PHIs to move closer towards meeting the large needs based on the high HIV and syphilis rates. Key to expanding and improving the local infrastructure is updating the existing training curriculum and adding more mentoring and hands-on training to provide better disease intervention for the very complex, high priority HIV and syphilis cases. Additional improvements are planned in quality improvement and epidemiological analysis to inform the current needs and practices as well as to inform incident trends; ultimately, to use data-to-care/action strategies in real time to detect, intervene, and prevent new cases. One other important upgrade is a new data management system, IRIS, which will enhance the workflow and case management system in comparison to the current system, STD Casewatch. IRIS will also integrate data systems that allows for efficiencies in conducting searches in HIV surveillance and other key databases.

Linkage Re-engagement Program: At DHSP, the Linkage and Re-engagement Program (LRP) is staffed by a team of health navigators and supervised by a social worker. LRP provides intensive case management and longitudinal support to PLWDH who are out of care, who are facing challenging life circumstances, and who have multiple co- morbid, mental health or SUD conditions. While linkage and re-engagement activities are the primary contracted responsibility of clinics and organizations that provide direct services to clients, LAC DHSP offers LRP as a complementary service designed to locate and connect the hardest to reach clients to the health care system. The majority of clients served by LRP are referred by their medical provider after they have fallen out of care and have been lost to follow-up. Other clients in need of LRP services are identified through data-to-care analyses, because they are high need for intensive case management such as pregnant women, individuals recently released from jail, and individuals who are identified as part of a growing HIV transmission cluster.

HIV Molecular Cluster Detection: In 2018, LAC adopted the use of the CDC's HIV TRACE program to identify priority molecular clusters (defined as a group of 5 or more persons whose HIV genotype is identified as being highly similar and a transmission cluster requiring additional review and intervention.) Because HIV has a high mutation frequency, individuals whose HIV genotypes are highly similar are likely connected through recent sexual or social networks where there is ongoing HIV transmission. In addition, there is a high likelihood that persons who may be part of new cluster are unaware of their HIV status or know their status but are not virally suppressed. LAC staff perform molecular cluster analysis of available surveillance and programmatic data to determine if the individuals are in care, virally suppressed, and if they need contact and engagement from linkage to care, re-engagement or partner services/notification teams. Given the novel nature of molecular cluster detection, in late 2019 LAC DPH launched an effort to engage community stakeholders regarding its use and assess potential unintended consequences. LAC DHSP provided an overview of molecular surveillance to the Commission on HIV to provide background information, address community concerns, address misperceptions related to the use of data, and review the potential legal ramifications and privacy issues. Planned activities for further community dialogue were put on hold due to the deployment of staff to the local COVID-19 response, however they have recently resumed. As a part of continued community engagement and awareness on molecular cluster detection and the monitoring of cluster outbreaks, DHSP will develop a communication strategy for community members and organizations in 2022 and beyond.

More recently, LAC DHSP has begun to identify emerging HIV diagnosis trends using a complementary methodology called time-space cluster analysis using case surveillance data. Time-space alerts determine whether the number of new cases in the prior 12 months is greater than expected baseline levels across different geographic areas and sub-populations, providing insight into where and among whom to prioritize early investigation and interventions to prevent onward transmission.

As we continue to move forward with EHE and develop new or strengthen existing partnerships with community stakeholders and service providers, LAC DHSP will continue to adopt common language and improve understanding of the Respond Pillar. This will be important to advance strategies designed to support the adoption of this new technology, more efficiently serve clients in need, and prevent outbreaks. Successful EHE efforts are strongly dependent on the extensive partnerships between LAC's HIV medical homes, Medical Care Coordination teams, vast network of HIV support services providers, leaders from the most impacted communities, and a broad-based coalition of non-traditional service partners. An integrated data management system for case management and surveillance data is foundational to future programmatic enhancements. LAC DPH's Informational Technology branch has begun to add HIV and STDs to its new surveillance data system for all communicable diseases; the new system will offer large-scale improvements to overall data management, facilitate data linkages across diseases, and improve timely access to surveillance data for staff working with clients. We are hopeful that the social acceptance of contact tracing for COVID-19, and the societal shift in understanding its importance in disease investigation will translate into improved HIV case- finding efforts under the Respond Pillar.

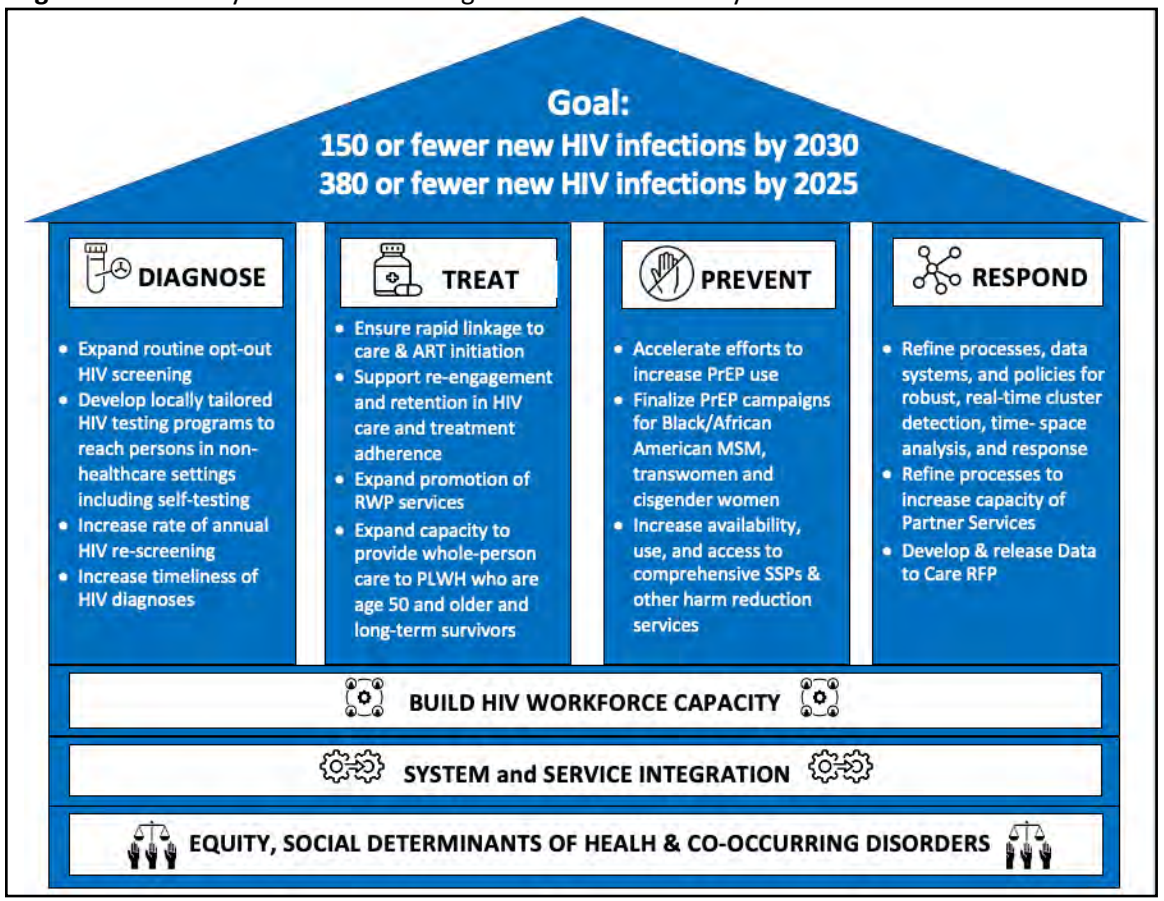
Priority Populations: Based on epidemiologic and needs assessment data, the priority populations for the Integrated Plan are: Black/African American MSM, Latinx MSM, women of color, people who inject drugs, transgender persons, youth under 30 years of age and PLWH aged 50 and older. These populations are inclusive of the priority populations in the EHE with the addition of the 50 and older population group. Although these populations will be prioritized, the County's 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 experiencing unstable housing or homelessness, among others.

Capacity Building & HIV Workforce: For many years, there has been a resounding call from frontline HIV service providers and others to provide the HIV workforce with the tools, resources, and support to maintain their health and wellbeing while continuing to diligently serve people affected by and living with HIV. The jurisdiction is committed to exploring additional opportunities to support frontline workers by addressing staff burnout, identifying and addressing training needs, and supporting continued professional development and advancement, all of which will improve the quality of services and strengthen the local HIV response. LAC DHSP will continue to work with the AETCs and the California Prevention Training Center to identify trainings to support the HIV workforce, with a particular focus on client-centered and trauma-informed approaches to HIV care. Given recent events and persistent social injustices, including COVID-19, a housing crisis, and worsening economic, racial and social injustice, the emotional and physical capacity of individuals, organizations, and the HIV workforce continues to be strained and tested. We recognize the need to support programs and services that 1) address intersectional issues that go beyond HIV prevention, care and treatment needs, 2) support PLWH with meeting basic human needs and 3) better support the HIV workforce. We will continue to encourage organizations to diversify the HIV workforce by hiring diverse employees to promote cultural competency, mirror the populations most impacted by the HIV epidemic, and combat systemic racism as we operationalize all Pillars.

Section V: Goals and Objectives

The EHE Plan forms the core of the Integrated Plan's goals, objectives and strategies. In addition to the four pillars: diagnose, treat, prevent and respond, we have added key foundational and cross-pillar elements that are essential to supporting each pillar's strategies and activities and our broader HIV-related goals. As depicted in Figure 33, these foundational elements include Building Workforce Capacity; System and Service Integration; and Equity, Social Determinants of Health and Co-Occurring Disorders.

Figure 33: Four Key Pillars and a Strong Foundation Necessary to Achieve HIV-Related Goals



Pillar I: Diagnose

Goal: Diagnose all people with HIV as early as possible
Objectives: 1. By 2025, increase the percentage of PLWH who are aware of their status to 95%, from a baseline of 89%. 2. By 2025, reduce the number of undiagnosed PLWH from an estimated 6,800 to an estimated 3,067.[61] 3. By 2026, decrease the proportion of people newly diagnosed with HIV who are in the late stage[62] of HIV disease at time of diagnosis from 20% to 15%.
Strategy 1A: Expand or implement routine opt-out HIV screening in healthcare and other settings, such as emergency departments (EDs) and community health centers (CHCs) in high prevalence communities.
Activity 1A.1: Assess and monitor the degree that HIV testing is occurring county-wide. Identify infrastructure and healthcare system issues to determine the feasibility of expanding routine opt- out testing.
Activity 1A.2: Expand the number of EDs and CHCs in high prevalence communities performing routine opt-out HIV screening.
Activity 1A.3: Identify additional opportunities in healthcare and non-healthcare settings where HIV testing can be included, such as routine STD screening sites and substance use treatment centers, among others.
Strategy 1B: Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home/self-testing.
Activity 1B.1: Assess and monitor the degree that HIV testing is occurring county-wide (see Strategy 1A). Identify infrastructure and healthcare system issues to determine the feasibility of launching a county-wide rapid HIV self-test program.
Activity 1B.2: Develop guidance on HIV self-testing, including linkage to care and prevention services, a quality assurance protocol, and assess readiness of providers to implement self-testing.
Activity 1B.3: Assess Take Me Home self-testing initiative utilization, barriers and facilitators and make improvements as necessary.
Activity 1B.4: Expand use of HIV self-testing among at risk individuals unlikely to receive traditional in-person HIV testing by developing and expanding other types of self-testing (in addition to Take Me Home) to ensure equitable access.
Strategy 1C: Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.
Activity 1C.1: Develop provider-to-patient communication tools to support providers in identifying at risk clients who are due for HIV re-screening and increase systematic ways of maintaining communication with clients.
Activity 1C.2: Develop a plan for evaluating impact of the provider-to-patient communication tools on client re-screening.
Activity 1C.3: Expand implementation & use of provider-to-patient communication tools among LAC DHSP funded HIV prevention providers.

[61] Estimated based on 59,400 PLWH in 2021 and assuming 4,450 new infections and 2,500 deaths by 2025 = ~61,350 x 5% = 3,067 Undiagnosed PLWH in 2025

[62] Late stage is Stage 3 HIV disease, the criteria being either CD4 < 200 cells/µL within 90 days of HIV diagnosis or a diagnosis of an opportunistic illness within 90 days of HIV diagnosis

Activity 1C.4: Explore the use of client incentives to maintain re-screening adherence.
Strategy 1D: Increase the timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk
Activity 1D.1: Increase integration of HIV testing/screening with other STDs and HCV
Activity 1D.2: Increase the number of STD & HIV express clinics in LAC, especially in Health Districts disproportionately impacted by HIV
Activity 1D.3: Increase community awareness of HIV testing options through advertising and promotional events in multiple languages
Activity 1D.4: Work with SAPC to ensure that all syringe service programs (SSPs) provide integrated testing/screening (HIV, STDs, HCV) and linkage to care
Activity 1D.5: Explore utilizing a Promotores/Community Health Worker model to increase sexual health literacy and awareness of HIV risk in priority populations
Activity 1D.6: Increase the capacity of Partner Services and Cluster Detection and Response to quickly identify and contact people who may be at risk of HIV/STD/HCV and direct them to testing services (see Respond Pillar activities)
Key Partners: FQHCs & Community Health Centers, Emergency Departments, HIV & STD testing providers, HIV prevention providers, private providers, academic medical provider training programs including colleges and universities, LAC Dept. of Health Services (DHS), LAC Dept. of Mental Health (DMH), LAC Sherriff's Department, homeless service providers, City of Long Beach and City of Pasadena Health Departments, LAC DPH Substance Abuse Prevention and Control Program (SAPC) and other DPH programs and divisions.
Potential Funding Resources: CDC EHE Program Implementation; HRSA RWP Part A; CDC Integrated HIV Surveillance and Prevention; State OA HIV Surveillance; SAPC Non-Drug Medi-Cal; EHE funding to FQHCs, Academic Institutions/Research, and AIDS Education and Training Centers
Outcomes: • Increased routine opt-out HIV screenings in healthcare and other institutional settings • Increased local availability of and accessibility to HIV testing services • Increased HIV screening and re-screening among persons at elevated risk for HIV infection • Increased knowledge of HIV status • Increased HIV diagnoses • Improved timeliness between HIV infection and diagnosis
Monitoring Data Source: DHSP HIV Surveillance (eHARS)
Expected Impact on HIV Care Continuum: Increase the percentage of PLWH who know their HIV status by 6% (89% to 95%).
Alignment with NHAS Goals: ☒ Prevent New HIV Infections ☒ Improve HIV-Related Health Outcomes for PLWH ☒ Reduce HIV-Related Disparities & Health Inequities ☐ Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Pillar II: Treat

Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression
Objectives: 1. By 2025, increase the proportion of people diagnosed with HIV who are linked to HIV care[63] within one month of diagnosis from 76% to 95%. 2. By 2026, increase the proportion of people diagnosed with HIV who are linked to care within 7 days from 54% (2020) to 65%. 3. By 2025, increase the proportion of PLWDH who are virally suppressed from 61% to 95%.
Strategy 2A: Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.
Activity 2A.1: Increase county-wide capacity to provide same-day rapid linkage to care during expanded hours and days for persons newly diagnosed with HIV.
Activity 2A.2: Develop a network of HIV care providers who offer same day appointments with rapid ART disbursement.
Strategy 2B: Support re-engagement and retention in HIV care and treatment adherence
Activity 2B.1: Expand the use and capacity of peer navigators and/or community health workers for PLWH to increase health literacy, access services and address social determinants of health (housing, food insecurity, etc.)
Activity 2B.2: Increase knowledge & awareness among both providers & community members about long acting injectables and other biomedical advances
Activity 2B.3: Create and distribute list of clinical providers of color and LGBTQ culturally competent providers
Activity 2B.4: Create and expand medical and supportive services for cisgender women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse
Activity 2B.5: Create and expand medical and supportive services for transgender persons living with HIV/AIDS
Activity 2B.6: 2B.6: Advocate for appropriate allocation and maintenance of funding for the Trans, Gender Nonconforming and Intersex (TGI) Equity Fund created by the passage of AB-2521
Strategy 2C: Support re-engagement and retention in HIV care and treatment adherence, especially for persons who are not eligible for Ryan White Program-supported services, persons with mental illness, persons with substance use disorders, and unhoused persons.
Activity 2C.1: Comprehensively assess unmet mental health needs of PLWH and identify gaps and areas of improvement in the mental health provider network in LAC.
Activity 2C.2: Develop partnerships to meet the SUD (particularly meth use disorder) needs of persons at risk for HIV or PLWH and improve the capacity of SUD providers to address the sexual health needs of clients and ensure access to HIV-related services, as needed.
Activity 2C.3: Develop a report that summarizes critical gaps in the current system and makes recommendations for improvement and investment of County resources, including Ryan White Program funds.

[63] Linked to HIV care is defined as ≥ 1 CD4/VL/Genotype test reported

Activity 2C.4: Leverage and monitor CalAIM to ensure their programs are appropriate and effective for PLWH
Activity 2C.5: Develop transitional case management programs that help PLWH transition from Ryan White Program into Medi-Cal, Medicare and CalAIM, and develop case management services that can monitor if care and support services are meeting the needs of PLWH post-transition.
Activity 2C.6: Expand the use of street medicine for unhoused PLWH and at-risk for HIV
Strategy 2D: Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH
Activity 2D.1: Assess how clients are currently learning about available RWP services. Identify existing and new resources to assist with promotion and educational outreach including, but not limited to, print materials and online resources
Strategy 2E: Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH
Activity 2E.1: Determine processes and program operations for housing assistance that are aligned with federal funding guidance and restrictions
Activity 2E.2: Identify potential housing partners positioned to serve PLWH and implement an expanded housing program.
Strategy 2F: Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH
Activity 2F.1: Develop processes and program operations for a pilot program that is acceptable to clients and is aligned with federal funding guidance and restrictions
Activity 2F.2: Identify potential clinical sites, train staff on pilot processes, and implement program
Activity 2F.3: Develop a robust evaluation plan to determine continued use of financial incentives and potential for expansion to other populations
Strategy 2G: RFP: EHE Priority Populations Interventions
Activity 2G.1: Develop and release RFP to fund 7-10 contracts for identified interventions
Strategy 2H: Expand capacity to provide whole-person care to PLWH who are age 50 and older and long-term survivors[59]
Activity 2H.1: Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services[64]
Activity 2H.2: Identify and implement best practices related to addressing psychosocial and behavioral health needs of older PLWH and long-term survivors including substance use treatment, mental health treatment, and programs designed to decrease social isolation[59]
Activity 2H.3: Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of discrimination), using LA County Commission on HIV's Aging Task Force recommendations as a guide
Activity 2H.4: Screen patients for comprehensive benefits analysis and financial screening; and assess access to caregiving support

[64] Adapted from the NHAS, 2022-2025

Activity 2H.5: Review Home-Based Case Management service standards for alignment with OT and PT assessments
Key Partners: RWP-supported HIV service providers, HIV medical providers outside of RWP network, FQHCs and Community Health Centers, HIV and STD Testing Providers, HOPWA, CA Dept. of Healthcare Services; LAC DHS Housing for Health program, LAC Homeless Services Authority (LAHSA), additional housing and homeless service providers, immigrant rights groups, public and private health plans, LAC DMH, LAC DHS, and City of Long Beach and City of Pasadena Health Departments.
Potential Funding Resources: HRSA EHE; HRSA CARES; HRSA RWP Part A; HRSA RWP Part B; HRSA RWP Minority AIDS Initiative; CDC Medical Monitoring Project; EHE funding to FQHCs, Academic Institutions/Research, and AIDS Education and Training Centers.
Outcomes: • Increased rapid linkage to HIV medical care • Increased early initiation of ART • Increased support to providers for linking, retaining, and re-engaging PLWH to care and treatment • Increased capacity to serve PLWH 50 and older and long-term survivors • Increased utilization of RWP core services among PLWH • Increase viral suppression among PLWH
Monitoring Data Source: HIV Casewatch, DHSP HIV Surveillance (eHARS), Medical Monitoring Project (MMP)
Expected Impact on HIV Care Continuum: Increase the percentage of PLWDH who are linked to HIV care within 90 days by 19% & and who are linked to HIV care within 7 days by 11%. Increase viral suppression rate by 34% (from 61% to 95%).
Alignment with NHAS Goals: ☒ Prevent New HIV Infections ☒ Improve HIV-Related Health Outcomes for PLWH ☒ Reduce HIV-Related Disparities & Health Inequities ☐ Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Pillar III: Prevent

Goal: Prevent new HIV transmissions by using proven interventions, including PrEP and syringe services programs (SSPs)
Objectives: 1. By 2025, increase the proportion of persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 39%. 2. By 2025, increase the proportion of Black/African American persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 25%. 3. By 2025, increase the proportion of Latinx persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 38%. 4. By 2026, increase the percentage of EOPs and SSPs that provide HIV/STD testing and HCV screening from 20% to 80%.
Strategy 3A: Accelerate efforts to increase PrEP use (particularly for populations with the highest rates of new HIV diagnoses and low PrEP coverage rates) by adopting new strategies at LAC funded PrEP Centers of Excellence tied to client retention, PrEP navigation, community education, supporting alternatives to daily PrEP, and expanding PrEP support groups; and promoting recent innovations
Activity 3A.1: Conduct an in-depth landscape analysis of current PrEP resources and services among primary care providers in high morbidity areas, among providers who serve transgender persons, women's health providers, and SUD providers.
Activity 3A.2: Implement systematic and innovative strategies at LAC DHSP-funded PrEP Centers of Excellence for enhanced client communication to promote retention in PrEP and sexual health services.
Activity 3A.3: Increase capacity of LAC DPH staff to provide more robust PrEP navigation services to clients served through County STD clinics, Partner Services, and those receiving PrEP/PEP at community pharmacies.
Activity 3A.4: Disseminate simple fact-based social marketing PrEP messaging to increase knowledge and awareness of PrEP, alternatives to daily PrEP, how to access PrEP/PEP under SB 159,[65] and help combat misinformation regarding cost, access, and safety.
Activity 3A.5: Work with local stakeholders to identify the potential role for PrEP support groups or PrEP ambassadors to support new and continued PrEP use in affected communities.
Activity 3A.6: Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women, per the LA County Commission on HIV's Black/African American Community Task Force's Recommendations.
Activity 3A.7: Increase knowledge & awareness among both providers & community members about long acting injectables and other biomedical advances (See 2.B.2).
Activity 3A.8: Help build the capacity of pharmacies to prescribe PrEP/PEP and create a directory of pharmacies that have capacity to prescribe PrEP/PEP under SB159, potentially to be integrated into the GetPrEPLA website.
Activity 3A.9: Develop a public health detailing campaign to expand the number of oral PrEP prescribers in LAC.

[65] SB 159 authorizes pharmacists to furnish PrEP and PEP without a physician prescription and prohibits insurance companies from requiring prior authorizations in order to obtain PrEP coverage.

Strategy 3B: Increase availability, use, and access to comprehensive syringe services programs (SSPs) and other harm reduction services.
Activity 3B.1: Collaborate with the Los Angeles County Substance Abuse Prevention and Control Program to identify opportunities to increase the capacity of SSPs, improve the provision or linkage of SSP clients to HIV and STD prevention and treatment services, and expand the availability of contingency management services to persons with substance use disorder, including meth use.
Activity 3B.2: Explore ideas for alternate models of prevention service delivery (e.g., vouchers which can be taken to pharmacies in exchange for clean syringes and HIV self-test kits).
Activity 3B.3: Distribute information about the efficacy of SSPs to increase the health literacy of HIV providers and community members
Activity 3B.4: Destigmatize syringe services/needle exchange and further integrate SSP providers into HIV-related work
Activity 3B.5: Promote safe consumption/injection sites
Key Partners: FQHCs and Community Health Centers, PrEP Centers of Excellence, HIV and STD Testing Providers, LAC STD clinics, LAC SAPC; County of Los Angeles and City of Los Angeles-funded SSPs, pharmacies, general practitioners and private healthcare providers, family planning clinics (including Planned Parenthood), schools and colleges, community leaders and advocates, and Region IX PACE Program.
Potential Funding Resources: CDC EHE Program Implementation; HRSA RWP Part A; HRSA RWP Part B; HRSA RWP Minority AIDS Initiative; CDC National HIV Behavioral Survey & TG Supplement; CDC Integrated HIV Surveillance and Prevention; State OA HIV Surveillance; SAPC Non-Drug Medi-Cal; County/City of LA SSP Funding; EHE funding to FQHCs, Academic Institutions/Research, and AIDS Education and Training Centers.
Outcomes: • Increased referral and linkage of persons with indications for PrEP • Increased PrEP prescriptions compared to number with indications overall and in areas with high HIV diagnosis rates • Decreased racial and ethnic disparities in PrEP uptake • Increased capacity of SSP service providers to directly provide or link clients to HIV prevention and care services • Reduced new HIV infections
Monitoring Data Source: Multiple PrEP monitoring and evaluation data, DHSP HIV Surveillance (eHARS), National HIV Behavioral Surveillance.
Expected Impact on HIV Care Continuum: Increase the percentage of people with an indication for PrEP who access PrEP by 11%.
Alignment with NHAS Goals: ☒ Prevent New HIV Infections ☐ Improve HIV-Related Health Outcomes for PLWH ☒ Reduce HIV-Related Disparities & Health Inequities ☐ Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Pillar IV: Respond

Goal: Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them
Objectives: 1. By 2026, provide/disseminate at least 5 educational trainings/workshops or educational materials to increase awareness/knowledge related to cluster and outbreak detection and response 2. By 2025, increase the total proportion of persons newly diagnosed with HIV who are assigned for Partner Services (PS) to 95% from a 2021 baseline of 73% 3. By 2025, increase the total proportion of persons newly diagnosed with HIV who are interviewed for PS to 75% from a 2021 baseline of 46%
Strategy 4A: Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response
Activity 4A.1: Develop a protocol, training materials, and standard operation plan.
Activity 4A.2: Continue community engagement regarding the use of HIV molecular surveillance for cluster detection to inform its best use and identify and mitigate any unintended consequences.
Activity 4A.3: Expand routine epidemiological analysis of recent infection by person, place, and time to identify hot-spot locations and sub-populations associated with recent infection to inform rapid investigation and intervention.
Activity 4A.4: Educate HIV providers about the use and effectiveness of cluster detection
Strategy 4B: Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.
Activity 4B.1: Increase capacity of LAC DHSP to provide Partner Services to all newly diagnosed persons in LAC.
Activity 4B.2: Implement new STD surveillance system to enhance the identification and assignment of new HIV cases to LAC DPH staff for timely follow-up and Partner Services.
Activity 4B.3: Educate HIV providers about the use and effectiveness of Partner Services
Activity 4B.4: Explore increased use of community-embedded Partner Services
Strategy 4C: Data to Care RFP
Activity 4C.1: Develop and release RFP to fund up to 5 contracts for Data to Care activities.
Key Partners: California Office of AIDS, City of Long Beach and City of Pasadena Health Departments, HIV and STD Service Providers; CBA
Potential Funding Resources: HRSA EHE; CDC Integrated HIV Surveillance and Prevention; EHE funding to Academic Institutions/Research
Outcomes: • Increased number of newly diagnosed people with HIV interviewed by Partner Services staff • Improved data systems and surveillance data for real-time cluster detection and response • Improved policies and funding mechanisms to respond to and contain HIV clusters and outbreaks • Improved knowledge of networks to contain HIV transmission clusters and outbreaks

• Increased number of testing providers offering HIV recent infection testing • Increased new HIV diagnoses
Monitoring Data Source: Partner Services data (STD Casewatch), Local HIV clusters
Expected Impact on HIV Care Continuum: Increase the number of people in networks affected by rapid transmission who know their HIV status, are linked to HIV medical care, and who are virally suppressed, and/or who are engaged in appropriate prevention services.
Alignment with NHAS Goals: ☒ Prevent New HIV Infections ☒ Improve HIV-Related Health Outcomes for PLWH ☒ Reduce HIV-Related Disparities & Health Inequities ☐ Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Workforce Capacity

Goal: Increase the capacity of the HIV workforce to diagnose and treat PLWH, prevent new HIV infections and reduce HIV-related disparities
Objectives: 1. By 2024, conduct a comprehensive assessment of the HIV workforce identifying strengths, needs and potential solutions, including an assessment of the true costs of services and how those services might the financed. 2. By 2026, implement training, technical assistance and necessary policy changes to increase workforce capacity as outlined in assessment findings and guided by the strategies below.
Strategy 5A: Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV
Activity 5A.1: Conduct an assessment of Black/African American led agencies providing HIV services to identify training/technical assistance (TA) needs
Activity 5A.2: Provide TA and/or training for Black/African American led agencies to provide a more equitable playing field to successfully compete for solicitations, based on assessment findings
Activity 5A.3: Increase inclusion of peers/paraprofessionals in the workforce through training, mentorship, certification, supervision, reimbursement, and team functioning to assist with HIV, STD, HCV, and mental health and SUD service provision[59]
Activity 5A.4: Develop inventory of both formal and informal pipeline programs to prepare workers to work in the HIV/health field
Activity 5A.5: Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers including health care workers, researchers, and community partners, particularly from underrepresented populations[59]

Activity 5A.6: Based on results of workforce capacity assessment, review and revise service standards as necessary
Activity 5A.7: Engage, employ, and provide public leadership opportunities at all levels for people with or who experience risk for HIV
Strategy 5B: Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner
Activity 5B.1: Include harm reduction principles and the provision of trauma-informed care across provider trainings
Activity 5B.2: Provide gerontology training to Ambulatory Outpatient Medical, Oral Health, Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment
Activity 5B.3: Ensure that health care professionals and front-line staff complete education and training on stigma, discrimination, and unrecognized bias toward populations with or who experience risk for HIV, including LGBTQI+ people, immigrants, people who use drugs, and people involved in sex work[59]
Activity 5B.4: Identify and make available succession planning and leadership development trainings/programs
Key Partners: AETC; CBAs; FQHCs and Community Health Centers, HIV and STD Testing Providers, HIV prevention providers, private providers, academic medical provider training programs including colleges and universities, LAC DHS, LAC DMH, LAC SAPC.
Potential Funding Resources: CDC, HRSA, SAMHSA
Outcomes: • Increased capacity to provide culturally responsive services to PLWH and people at-risk for HIV
Expected Impact on HIV Care Continuum: Increased number of PLWH who know their status; Increased number of PLWDH that are linked to care within 30 days, retained in care and virally suppressed.
Alignment with NHAS Goals: Prevent New HIV Infections Improve HIV-Related Health Outcomes for PLWH Reduce HIV-Related Disparities & Health Inequities Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

System and Service Integration

Goal: Integrate systems and services to address the syndemic of HIV, STDs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence[59]
Objectives: 1. By 2026, the LA County Division of HIV and STD Programs (DHSP) and/or the Commission on HIV (COH) will implement at least three internal (within LAC system) efforts to advance system and service integration 2. By 2026, DHSP and/or the COH will implement at least three external efforts to advance system and service integration
Strategy 6A: Increase cross-training and TA opportunities across fields/disciplines
Activity 6A.1: Enhance the ability of the HIV workforce to provide naloxone and educate people on the existence of fentanyl in the drug supply to prevent overdose and deaths and facilitate linkage to substance use disorder treatment and harm reduction programs[59]
Activity 6A.2: Expand opportunities and mechanisms for information sharing and peer-to-peer technical assistance amongst HIV/STD/MH/SUD/Housing providers[59]
Activity 6A.3: Support training for housing service providers on needs of PLWH and LGBTQI persons to improve cultural competencies among staff
Activity 6A.4: Increase HIV awareness, capability, and collaboration of service providers to support older people with HIV, including in settings such as aging services, housing for older adults, substance use treatment, and disability and other medical services[59]
Activity 6A.5: Increase capacity of FQHCs that provide HIV-related services to screen for and treat HCV / Increased integration of HIV and HCV services
Strategy 6B: Leverage the Alliance of Health Integration initiative to integrate services within LA County publicly funded care systems.
Activity 6B.1: Strive to align strategic planning efforts on HIV, STIs, viral hepatitis, substance use disorders, and mental health care across national, state, and local partners[59]
Activity 6B.2: Optimize RWP, Medicaid, Medicare, and other health systems to ensure they are used in a manner to deliver the highest quality of care for PLWH.

Key Partners: RWP, Medi-Cal, Medicare, LAC Acute Communicable Disease Control (ACDC); LAC DHS, DMH, SAPC and other DPH programs
Potential Funding Resources: CDC, HRSA, SAMHSA
Outcomes: • Increased system and service integration
Expected Impact on HIV Care Continuum: Increased number of PLWH who know their status; Increased number of PLWDH that are linked to care within 30 days, retained in care and virally suppressed.
Alignment with NHAS Goals: Prevent New HIV Infections Improve HIV-Related Health Outcomes for PLWH Reduce HIV-Related Disparities & Health Inequities Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Equity, Social Determinants of Health and Co-Occurring Disorders

Goal: Achieve health equity by addressing social determinants of health, stigma, & co-occurring disorders that fuel the HIV epidemic and HIV disparities
Objectives: 1. By 2026, increase the number of services and programs available to address meth use disorder by at least 25% 2. By 2026, increase the availability of mental health services for PLWH and at-risk for HIV by at least 25% 3. By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV in LA County by at least 25% 4. By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV among Black/African Americans in LA County by at least 25% 5. By 2026, increase the number of evidence-based or evidence-informed practices/programs that address SDH by at least 20%.
Strategy 7A: Advocate for an effective countywide response to SUDs, especially methamphetamine disorder
Activity 7A.1: Assess providers' ability to recognize and address meth use disorder
Activity 7A.2: Advocate for services and programs associated with methamphetamine use and HIV transmission
Activity 7A.3: Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
Activity 7A.4: Support the building of community-based mental health services.
Strategy 7B: Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic
Activity 7B.1: LA County Commission on HIV Public Policy Committee (PPC) will submit a letter to the Board of Supervisors (BOS) that will outline priorities/recommendations to improve the countywide STD response (based on a DPH report previously submitted to the BOS)
Activity 7B.2: The PPC will request a formal letter of support from the BOS to support the EHE budget request to the State of California
Strategy 7C: Address social determinants of health and stigma
Activity 7C.1: Create funding opportunities that specifically address social & structural drivers of health as they relate to BIPOC communities

Activity 7C.2: Implement effective, evidence-based and evidence-informed interventions that address stigma and SDHs among PLWH or at risk for HIV
Activity 7C.3: Work with communities to reframe HIV services and HIV-related messaging so that they do not stigmatize people or behaviors.[59]
Activity 7C.4: Ensure that the voices/perspectives of PLWH and people at-risk for HIV are represented in pandemic planning and response (
Activity 7C.5: Monitor and advocate for policies that support the following: • **7C.5a:** Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration. • **7C.5b**: Improve systems, strategies and proposals that prevent homelessness, expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS, especially LGBTQ people • **7C.5c:** Promote family housing and emergency financial assistance as a strategy to maintain housing • **7C.5d:** Increase coordination among housing agencies to include intergenerational housing options • **7C.5e:** Blend funding to support housing and rental assistance for seniors living with HIV • **7C.5f:** Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning • **7C.5g:** Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
Strategy 7D: Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities.
Activity 7D.1: Standardize the collection of race-based stratified program evaluation data
Activity 7D.2: Disseminate analysis of race-based stratified data via presentations and informational materials
Activity 7D.3: Implement cultural humility training among healthcare providers
Activity 7D.4: Address social and structural barriers with evidence-based interventions
Activity 7D.5: Build the capacity of Black-led organizations (see 5A.1 and 5A.2)
Strategy 7E: Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023
Activity 7E.1: Examine the newly released Q of L Indicators for PLWH included in NHAS 2022-2025 Implementation Plan and decide which ones are applicable to LAC
Activity 7E.2: Identify baseline data for each QoL indicator from local MMP data and determine performance metrics to be added to Integrated Plan

Key Partners: FQHCs and Community Health Centers, HIV and STD Testing Providers, HIV prevention providers, private providers, academic medical provider training programs including colleges and universities, LAC DHS, LAC DMH, homeless service providers, and City of Long Beach and City of Pasadena Health Departments, LAC SAPC; Act Now Against Meth Coalition (ANAM).
Potential Funding Resources: CDC, HRSA, SAMHSA
Outcomes: • Increase the number of services and programs available to address meth use disorder • Increase the availability of mental health services for PLWH and at-risk for HIV • Reduce the rates of syphilis, gonorrhea, chlamydia and HCV in LA County • Reduce the rates of syphilis, gonorrhea, chlamydia and HCV among Black/African Americans in LA County • Increase the number of evidence-based or evidence-informed practices/programs that address SDH
Monitoring Data Source: DHSP HIV Surveillance (eHARS)
Expected Impact on HIV Care Continuum: Increase the number of PLWH who know their HIV status; who are linked to HIV care within 90 days; who are retained in care and who are virally suppressed.
Alignment with NHAS Goals: ☒ Prevent New HIV Infections ☒ Improve HIV-Related Health Outcomes for PLWH ☒ Reduce HIV-Related Disparities & Health Inequities ☒ Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up Integrated Planning Approach

a. Implementation: To ensure that the Integrated Plan's goals and objectives are achieved, a detailed implementation plan has been developed which includes performance measures, responsible parties, and a timeline related to each activity (see Appendix 2). In addition to DHSP and the COH there are many key partners that will need to be engaged if the County's ambitious goals are to be reached. These partners include various departments and programs within the LAC system (e.g. DHS, DMH, SAPC, Sherriff's Department, etc.) as well as entities that are external to the LAC system (e.g. HIV service providers, academic institutions, FQHCs, AETC, CBA, HOPWA, etc.). Community members across the County, especially PLWH and people from priority populations also play a key role in the implementation and monitoring of the Integrated Plan. COH and DHSP will work together to coordinate the efforts of these partners by maintaining open lines of communication, information sharing, and closely monitoring progress towards achievement of activities.

The Integrated Plan provides guidance and direction to *all* stakeholders across the County that are invested in ending the HIV epidemic, regardless of the source(s) of funding that supports their work. Thus, the Plan's goals, objectives, strategies and activities can and should be utilized by all stakeholders to coordinate services and programs and align agency-specific plans.

b. Monitoring: The Commission on HIV, in collaboration with DHSP, will be responsible for monitoring progress towards achieving the Plan's goals and objectives. Specifically, the COH's Planning, Priorities and Allocations (PP&A) Committee will take the lead in monitoring progress, trouble-shooting barriers and leading the process for updating the Plan as needed. The COH has a dedicated staff person who will lead these efforts with PP&A. Two PP&A meetings every year will include a formal update on progress towards goals and objectives. In addition, the COH and DHSP will monitor progress yearly using the targets outlined in Table 8. This progress will be used to inform the annual update of the plan.

As noted, the Integrated Plan has been built upon the LAC EHE plan to ensure coordination and no duplication of efforts. DHSP provides regular EHE updates to the COH and also communicates EHE progress and updates through the use of a listserv. To facilitate the monitoring of both the EHE and the Integrated Plan, these activities will continue for the next five years.

c. Evaluation: To evaluate progress on the Integrated Plan's goals and objectives, the COH will carefully monitor each performance measure listed in Table 8 in addition to key data related to the SMART objectives. Analysis of the performance measures will be conducted twice per year by PP&A and findings will be presented to the Commission on HIV and community stakeholders at public meetings twice per year.

Table 8: Yearly Performance Measure

GOALS & OBJECTIVES	2022	2023	2024	2025	2026
Diagnose all people with HIV as early as possible					
Increase the percentage of PLWH who are aware of their status to 95% by 2025. **2021 Baseline: 89%**	90%	92%	94%	95%	95%
Reduce the number of undiagnosed PLWH from an estimated 6,800 to an estimated 3,067 by 2025. **2021 Baseline: 6,800**	5,867	4,934	4,001	3,067	3,067
Decrease the proportion of people newly diagnosed with HIV who are in the late stage of HIV disease at time of diagnosis from 20% to 15% by 2026. **2020 Baseline: 20%**	19%	18%	17%	16%	15%
Treat people with HIV rapidly and effectively to reach sustained viral suppression					
Increase the proportion of people diagnosed with HIV who are linked to HIV care w/in 1 month of diagnosis from 76% to 95% by 2025. **2020 Baseline: 76%**	83%	87%	91%	95%	95%
Increase the proportion of people diagnosed with HIV who are linked to care within 7 days from 54% (2020) to 65% by 2026. **2020 Baseline: 54%**	57%	59%	61%	63%	65%
Increase the proportion of diagnosed PLWH who are virally suppressed from 61% to 95% by 2025. **2021 Baseline: 61%**	66%	73%	83%	95%	95%
Prevent new HIV transmissions by using proven interventions, including PrEP and SSPs					
Increase the proportion of persons prescribed PrEP with an indication for PrEP to at least 50% by 2025. **2022 Baseline: 39%**	39%	42%	46%	50%	50%
Increase the proportion of Latinx persons prescribed PrEP with an indication for PrEP to at least 50% by 2025. **2022 Baseline of 38%.**	39%	42%	46%	50%	50%
Increase the proportion of Black/African American persons prescribed PrEP with an indication for PrEP to at least 50% by 2025. **2022 Baseline of 25%.**	30%	35%	40%	45%	50%
Increase the percentage of EOPs and SSPs that provide HIV/STD testing and HCV screening to 80%. **2022 Baseline: 20%**	25%	35%	50%	75%	80%
Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them					
Provide/disseminate at least 5 educational trainings/workshops or educational materials to increase awareness/knowledge related to cluster and outbreak detection and response.	1	1	1	1	1

By 2025, increase the total proportion of persons newly diagnosed with HIV who are assigned for Partner Services (PS) to 95%. **2021 Baseline: 73%.**	77%	83%	89%	95%	95%
By 2025, increase the total proportion of persons newly diagnosed with HIV who are interviewed for PS to 75%. **2021 Baseline: 46%.**	53%	60%	67%	75%	75%
Increase the capacity of the HIV workforce to diagnose and treat PLWH, prevent new HIV infections and reduce HIV-related disparities					
By 2024, conduct a comprehensive assessment of the HIV workforce identifying strengths, needs and potential solutions, including an assessment of the true costs of services and how those services might the financed.			Assessment Completed		
By 2026, implement training, technical assistance and necessary policy changes to increase workforce capacity as outlined in assessment findings.			Activities implemented per assessment		
Integrate systems and services to address the syndemic of HIV, STDs, HCV, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence					
By 2026, the LA County Division of HIV and STD Programs (DHSP) and/or the Commission on HIV (COH) will implement at least three internal efforts to advance system and service integration		1 effort	1 effort	1 effort	
By 2026, DHSP and/or the COH will implement at least three external efforts to advance system and service integration		1 effort	1 effort	1 effort	
Achieve health equity by addressing social determinants of health, stigma, and co-occurring disorders that fuel the HIV epidemic and HIV disparities					
By 2026, increase the number of services and programs available to address meth use disorder by at least 25%	5%	10%	15%	20%	25%
By 2026, increase the availability of mental health services for PLWH and at-risk for HIV by at least 25%	5%	10%	15%	20%	25%
By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV in LA County by at least 25%	5%	10%	15%	20%	25%
By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV among Black/African Americans in LA County by at least 25%	5%	10%	15%	20%	25%
By 2026, increase the number of evidence-based or evidence-informed practices/programs that address SDH by at least 20%	5%	10%	15%	20%	20%

d. Improvement: The Integrated Plan is meant to be a working document that is responsive to emerging issues in the field and data that reflect current realities. The COH, in collaboration with DHSP, will use the most current data as they become available to monitor progress and make improvements to the plan as necessary. CDC and HRSA program officers will be informed of any issues that may require revisions and plans to make improvements/adjustments will be vetted by them. In addition, the COH and DHSP will continuously seek feedback from community stakeholders, especially PLWH and those who represent priority populations to guide any proposed revisions.

PP&A will lead the process to update the Plan. Suggestions for revisions will be discussed at the two PP&A meetings dedicated to the Plan's review. The final decisions to update the Plan will be made by the Executive Committee, full COH planning body, and DHSP.

e. Reporting and Dissemination: The Commission on HIV meets monthly, which includes an annual meeting in the fall/winter. As all meetings are open to the public, they will be one of the primary vehicles through which Commissioners and community stakeholders, including PLWH, are updated on the progress of the plan. Formal updates will be scheduled at least two times per year, which will include progress on achieving the goals and SMART objectives outlined in the Integrated Plan, noting any barriers or facilitators to implementing planned activities.

As part of the regular Commission on HIV meetings, there are often presentations from our research partners which are opportunities for additional education for Commissioners. Every year, the Commission on HIV will use a minimum of two research presentations to focus on key aspects of the plan's implementation (e.g., PrEP uptake, street medicine, etc.). Individuals attending the presentations will be asked to complete a presentation evaluation form, which will include at least one question on the information presented regarding the plan. COH staff will collate the responses from these evaluations and present to the PP&A and Executive committees for review. This feedback will inform the annual update of the plan.

In addition to these meetings, the Commission on HIV has a website which will be used for updates on the plan. The COH will post any presentation materials from the updates. They will also maintain a link to the progress report, reflecting progress towards achieving the SMART objectives outlined in the plan. This will be updated as progress is reported, twice per year. Throughout the implementation and monitoring process, the COH and DHSP will work in tandem to coordinate activities with the EHE Steering Committee and the EHE Plan.

Section VII: Letter of Concurrence

LOS ANGELES COUNTY
COMMISSION ON HIV

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December 1, 2022

Mario J. Pérez, MPH, Director
Division of HIV and STD Programs (DHSP)
Department of Public Health,
County of Los Angeles
600 South Commonwealth Avenue, 10th Floor
Los Angeles, CA 90005

Dear Mr. Pérez:

The Los Angeles County Commission on HIV (Commission), the integrated prevention and care HIV planning council for the Los Angeles County Eligible Metropolitan Area (EMA), concurs with the following submission by the Department of Public Health, Division of HIV and STD Programs (DHSP) in response to the guidance set forth for health departments and HIV planning groups funded by the Centers for Disease Control and Prevention's (CDC's) Division of HIV/AIDS Prevention (DHAP) and Health Resources and Services Administration's (HRSA's) HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, locally referred to as the Comprehensive HIV Plan (CHP).

The Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026 is Los Angeles County's third integrated HIV services plan. Led by the Los Angeles County Commission on HIV's Priorities, Planning and Allocations (PP&A) Committee, this plan was developed in partnership with DHSP and a vast array of community and organizational partners. The plan is developed in response to the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022 and as such presents a blueprint for HIV services along the entire spectrum of HIV prevention and care. LA County's Integrated Plan was also developed to align with the California statewide integrated plan, and The National HIV/AIDS Strategy (2022–2025), and Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025 (EHE Plan). The Commission concurs that the Integrated HIV Prevention and Care Plan submission fulfills the requirements described in the CDC/HRSA Integrated HIV Prevention and Care Plan Guidance.

The Commission has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA and affirms that it enumerates the populations most impacted by HIV, describes co-occurring conditions and social determinants that drive the HIV epidemic, and articulates local objectives and activities that align with the overarching goals of the National HIV/AIDS Strategy and the Ending the HIV

Epidemic federal initiative.

To develop the plan, planning steps were integrated into the overall work of the Commission. Integrated planning began in July of 2021 with a presentation at the Commission on HIV monthly meeting. Between July 2021 and November 2022, diverse community stakeholders were engaged in plan development through individual consultations, online surveys, focus groups, and various meetings with Commission subgroups and community coalitions such as the Service Provider Network meetings and the Long Beach HIV Planning Group, to name a few. In addition, the plan underwent a public comment period to harness feedback from the community at large. Moving forward, the tracking and monitoring of the plan will be led by the PP&A Committee, with an annual report developed to highlight successes and challenges.

We appreciate this opportunity to express our concurrence with the local planning efforts and activities and we look forward to continued collaboration to end the HIV epidemic.

Sincerely,

Bridget Gordon
Bridget Gordon, Co-Chair

Danielle Campbell
Danielle Campbell, Co-Chair

Luckie Alexander Fuller
Luckie Alexander Fuller, Co-Chair Elect

Appendix 1: CY 2022 – 2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
Section I: Executive Summary of Integrated Plan and SCSN	*Purpose:* To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission Tips for meeting this requirement 1. Be sure to write the summary with enough detail to ensure the reader understands how you have met Integrated Plan requirements. 2. If you are using a combination of new and existing materials, be sure to describe how submitted materials relate to each other.		
1. Executive Summary of Integrated Plan and SCSN	Provide an overall description of the Integrated Plan, including the SCSN, and the extent to which previous/other plans/SCSNs inform this plan/SCSN, or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.	New material submitted	

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
a. Approach	Describe approach to preparing the Integrated Plan submission (e.g., updated previously submitted plan, integrated sections of existing plans or other documents, developed an entirely new plan, etc.).	New material submitted	
b. Documents submitted to meet requirements	List and describe all documents used to meet submission requirements, including existing materials and newly developed materials used for each requirement.	New material submitted	2
Section II: Community Engagement and Planning Process	*Purpose:* To describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements including: 1. SCSN 2. RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV 3. CDC planning requirements Tips for meeting this requirement 1. Review of the HIV National Strategic Plan and the updated HIV strategy, when released. 2. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906. 3. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements.		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	4. The community engagement process should reflect the local demographics. 5. The planning process should include key stakeholders and broad-based communities that include but are not limited to: people with HIV, funded-service providers, and stakeholders, especially new stakeholders, from disproportionately affected communities. See *Appendix 3* for required and suggested examples of stakeholders to be included. 6. Explain how the jurisdiction will build collaborations among systems of prevention and care relevant to HIV in the jurisdictions (e.g., behavioral health and housing services). 7. Include community engagement related to "Respond" and support of cluster detection activities.		
1. Jurisdiction Planning Process	Describe how your jurisdiction approached the planning process. Include in your description the steps used in the planning process, the groups involved in implementing the needs assessment and/or developing planning goals and how the jurisdiction incorporated data sources in the process. Describe how planning included representation from the priority populations. This may include sections from other plans such as the EHE plan. Please be sure to address the items below in your description	New material submitted	2

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
a. Entities involved in process	List and describe the types of entities involved in the planning process. Be sure to include CDC and HRSA-funded programs, new stakeholders (e.g., new partner organizations, people with HIV), as well as other entities such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See *Appendix 3* for list of required and suggested stakeholders	New material submitted	6
b. Role of the RWHAP Part A Planning Council/Planning Body (not required for state-only plans)	Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.	New material submitted	6
c. Role of Planning Bodies and Other Entities	Describe the role of CDC Prevention Program and RWHAP Part B planning bodies, HIV prevention and care integrated planning body, and any other community members or entities who contributed to developing the Integrated Plan. If the state/territory or jurisdiction has separate prevention and care planning bodies, describe how these planning bodies collaborated to develop the Integrated Plan. Describe how the jurisdiction collaborated with EHE planning bodies. Provide documentation of the type of engagement occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.	New material submitted	6

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
d. Collaboration with RWHAP Parts – SCSN requirement	Describe how the jurisdiction incorporated RWHAP Parts A-D providers and Part F recipients across the jurisdiction into the planning process. In the case of a RWHAP Part A or Part B only plan, indicate how the planning body incorporated or aligned with other Integrated Plans in the jurisdiction to avoid duplication and gaps in the service delivery system.	New material submitted	7
e. Engagement of people with HIV – SCSN requirement	Describe how the jurisdiction engaged people with HIV in all stages of the process, including needs assessment, priority setting, and development of goals/objectives. Describe how people with HIV will be included in the implementation, monitoring, evaluation, and improvement process of the Integrated Plan.	New material submitted	7
f. Priorities	List key priorities that arose out of the planning and community engagement process.	New material submitted	7
g. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: 1. How the jurisdiction uses annual needs assessment data to adjust priorities. 2. How the jurisdiction incorporates the ongoing feedback of people with HIV and stakeholders. 3. Any changes to the plan as a result of updates assessments and community input. 4. Any changes made to the planning process as a result of evaluating the planning process.	New material submitted	8

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
Section III: Contributing Data Sets and Assessments	*Purpose:* To analyze the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction; to determine the services needed by clients to access and maintain HIV prevention, care and treatment services; to identify barriers for clients accessing those services; and to assess gaps in the service delivery system. This section fulfills several legislative requirements including: 1. SCSN 2. RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV 3. CDC planning requirements Tips for meeting this requirement 1. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906. *Please ensure that if using a previously developed plan that the data included describes the entire jurisdiction and not just a subsection of the jurisdiction such as an EHE priority county.* 2. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements. 3. Include both narrative and graphic depictions of the HIV-related health disparities in the area including information about HIV outbreaks and clusters.		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	4. The data used in this section should inform both the situational analysis and the goals established by the jurisdiction. 5. *Appendix 4* includes suggested data resources to assist with this submission including the Epidemiologic Snapshot.		
1. Data Sharing and Use	Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data sharing agreements and for what purpose.	New material submitted	8
2. Epidemiologic Snapshot	Provide a snapshot summary of the most current epidemiologic profile for the jurisdiction which uses the most current available data (trends for most recent 5 years). The snapshot should highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases	New material submitted	9

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	linked to these clusters. Priority populations for prevention and care should be highlighted and align with those of the HIV National Strategic Plan. Be sure to use the HIV care continuum in your graphic depiction showing burden of HIV in the jurisdiction.	New material submitted	

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
3. HIV Prevention, Care and Treatment Resource Inventory	Create an HIV Prevention, Care and Treatment Resource Inventory. The Inventory may include a table and/or narrative but must address **all** of the following information in order to be responsive: • Organizations and agencies providing HIV care and prevention services in the jurisdiction. • HRSA (must include all RWHAP parts) and CDC funding sources. • Leveraged public and private funding sources, such as those through HRSA's Community Health Center Program, HUD's HOPWA program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding. • Describe the jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services. • Services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves. • Describe how services will maximize the quality of health and support services available to people at-risk for or with HIV.	New material submitted	33

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
a. Strengths and Gaps	Please describe strengths and gaps in the HIV prevention, care and treatment inventory for the jurisdictions. This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on health equity, geographic disparities, occurrences of HIV clusters or outbreaks, underuse of new HIV prevention tools such as injectable antiretrovirals, and other environmental impacts.	New material submitted	38
b. Approaches and partnerships	Please describe the approaches the jurisdiction used to complete the HIV prevention, care and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.	New material submitted	38

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
4. Needs Assessment	Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data including: 1. Services people need to access HIV testing, as well as the following status neutral services needed after testing: a. Services people at-risk for HIV need to stay HIV negative (e.g., PrEP, Syringe Services Programs) – Needs b. Services people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis - Needs 2. Services that people with HIV need to stay in HIV care and treatment and achieve viral suppression – Needs 3. Barriers to accessing existing HIV testing, including State laws and regulations, HIV prevention services, and HIV care and treatment service – Accessibility	New material submitted	46
a. Priorities	List the key priorities arising from the needs assessment process.	New material submitted	68

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
b. Actions Taken	List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.	New material submitted	68
c. Approach	Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV in the process and how the jurisdiction included entities listed in *Appendix 3*.	New material submitted	69
Section IV: Situational Analysis	Purpose: To provide an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities. This snapshot should synthesize information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III. Tips 1. New or existing material may be used; however, existing material will need to be updated if used. 2. This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN. 3. Jurisdictions may submit the Situational Analysis submitted as part of their EHE Plan to fulfill this requirement. *However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.* If using EHE plans to fulfill this		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	requirement, be sure to include updates as noted below.		
1. Situational Analysis	Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, provide a short overview of strengths, challenges, and identified needs with respect to HIV prevention and care. Include any analysis of structural and systemic issues impacting populations disproportionately affected by HIV and resulting in health disparities. The content of the analysis should lay the groundwork for proposed strategies submitted in the Integrated Plan's goals and objective sections. The situational analysis should include an analysis in each of the following areas: a. Diagnose all people with HIV as early as possible b. Treat people with HIV rapidly and effectively to reach sustained viral suppression c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs) d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them	New material submitted	71

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	Please note jurisdictions may submit other plans to satisfy this requirement, if applicable to the entire HIV prevention and care service system across the jurisdiction.		
a. Priority Populations	Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction.	New material submitted	81
Section V: **2022-2026 Goals and Objectives**	*Purpose:* To detail goals and objectives for the next 5 years. Goals and objectives should reflect strategies that ensure a unified, coordinated approach for all HIV prevention and care funding. Tips for meeting this requirement: 2. *Recipients may submit plans (e.g., EHE, Getting to Zero, Cluster and Outbreak Detection and Response plan) for this requirement as long as it sets goals for the entire HIV prevention and care delivery system and geographic area.* 3. Goals and objectives should be in SMART format and structured to include strategies that accomplish the following: a. Diagnose all people with HIV as early as possible b. Treat people with HIV rapidly and effectively to reach sustained viral suppression c. Prevent new HIV transmissions by using proven interventions, including pre-exposure		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs) d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. 4. The plan should include goals that address both HIV prevention and care needs and health equity.		
1. Goals and Objectives Description	List and describe goals and objectives for how the jurisdiction will diagnose, treat, prevent and respond to HIV. Be sure the goals address any barriers or needs identified during the planning process. There should be at least 3 goals and objectives for each of these four areas. See *Appendix 2* for suggested format for Goals and Objectives. *Please note jurisdictions may submit other plans to satisfy this requirement as long as they include goals that cover the entire HIV prevention and care service delivery system and geographic area.*	New material submitted	82
a. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe any changes made as a result of analysis of data.		N/A

Section VI: **2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up**	*Purpose:* To describe the infrastructure, procedures, systems, and/or tools that will be used to support the key phases of integrated planning. In this section jurisdictions will detail how best to ensure the success of Integrated Plan goals and objectives through the following 5 key phases: 1. Implementation 2. Monitoring 3. Evaluation 4. Improvement 5. Reporting and Dissemination Tips for meeting this requirement 1. This requirement may require the recipient to create some new material or expand upon existing materials. 2. Include sufficient descriptive detail for each of the 5 key phases to ensure that all entities understand their roles and responsibilities, and concur with the process. 3. If you are submitting portions of a different jurisdictional plan to meet this requirement, you should include updates that describe steps the jurisdiction has taken to accomplish each of the 5 phases.		
1. 2022-2026 Integrated Planning Implementation Approach	1. Describe the infrastructure, procedures, systems or tools that will be used to support the 5 key phases of integrated planning to ensure goals and objectives are met	New material submitted	97

a. Implementation	2. Describe the process for coordinating partners, including new partners, people with HIV, people at high risk for exposure to HIV, and providers and administrators from different funding streams, to meet the jurisdictions Integrated Plan goals and objectives. Include information about how the plan will influence the way the jurisdiction leverages and coordinates funding streams including but not limited to HAB and CDC funding.	New material submitted	97
b. Monitoring	3. Describe the process to be used for monitoring progress on the Integrated Plan goals and objectives. This should include information about how the jurisdiction will coordinate different stakeholders and different funding streams to implement plan goals. If multiple plans exist in the state (e.g., city-only Integrated Plans, state-only Integrated Plans), include information about how the jurisdiction will collaborate and coordinate monitoring of the different plans within the state to avoid duplication of effort and potential gaps in service provision. Be sure to include details such as specific coordination activities and timelines for coordination. *Note: Recipients will be asked to provide updates to both CDC and HRSA as part of routine monitoring of all awards.*	New material submitted	97
c. Evaluation	4. Describe the performance measures and methodology the jurisdiction will use to evaluate progress on goals and objectives. Include information about how often the jurisdiction conducts analysis of the performance measures and presents data to the planning group.	New material submitted	97

d. Improvement	5. Describe how the jurisdiction will continue to use data and community input to make revisions and improvements to the plan. Be sure to include how often the jurisdiction will make revisions and how those decisions will be made.	New material submitted	100
e. Reporting and Dissemination	6. Describe the process for informing stakeholders, including people with HIV, about progress on implementation, monitoring, evaluation and improvements made to the plan.	New material submitted	100
f. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: 1. Steps the jurisdiction has already taken to implement, monitor, evaluate, improve, and report/disseminate plan activities. 2. Achievements and challenges in implementing the plan. Include how the jurisdiction plans to resolve challenges and replicate successes. 3. Revisions made based on work completed.	New material submitted	100
Section VII: Letters of Concurrence	Provide letters of concurrence or concurrence with reservation. Each letter should specify how the planning body was involved in the Integrated Plan development. Include a letter of concurrence for each planning body in the state/territory or jurisdiction. See *Appendix 6* for a sample Letter of Concurrence.		101
1. CDC Prevention Program Planning Body Chair(s) or Representative(s)		New material submitted	101
2. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)		New material submitted	101

3. RWHAP Part B Planning Body Chair or Representative		N/A	
4. Integrated Planning Body	If submitting an EHE plan, please ensure that the EHE planning body concurs.	N/A	
5. EHE Planning Body	If submitting an EHE plan, please ensure that the EHE planning body concurs.	N/A	

Appendix 2: Implementation Plan

Pillar I: Diagnose

Goal: Diagnose all people with HIV as early as possible

Objectives:

1. By 2025, increase the percentage of PLWH who are aware of their status to 95%, from a baseline of 89%.
2. By 2025, reduce the number of undiagnosed PLWH from an estimated 6,800 to an estimated 3,067.[66]
3. By 2026, decrease the proportion of people newly diagnosed with HIV who are in the late stage[67] of HIV disease at time of diagnosis from 20% to 15%.

Strategy 1A: Expand or implement routine opt-out HIV screening in healthcare and other settings (such as emergency departments and community health centers) in high prevalence communities.

Activity	Responsible Party	Performance Measure	Timeframe
1A.1: Assess and monitor the degree that HIV testing is occurring county-wide. Identify infrastructure and healthcare system issues to determine the feasibility of expanding routine opt-out testing.	DHSP	Written report/ documentation	By 2023
1A.2: Expand the number of emergency departments and community health centers in high prevalence communities performing routine opt-out HIV screening.	DHSP; EDs; FQHCs	Number of EDs and CHC's performing routine opt-out HIV screening	By 2026
1A.3: Identify additional opportunities in healthcare and non-healthcare settings where HIV testing can be included, such as routine STD screening sites and substance use treatment centers, among others.	DHSP	Written report/ documentation	By 2023

Strategy 1B: Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home/self-testing.

Activity	Responsible Party	Performance Measure	Timeframe
1B.1: Assess and monitor the degree that HIV testing is occurring county-wide (see Strategy 1A). Identify infrastructure and healthcare system issues to determine the feasibility of launching a county-wide rapid HIV self-test program.	DHSP	Written report/ documentation	By 2023
1B.2: Develop guidance on HIV self-testing, including linkage to care and prevention services, a quality assurance protocol, and assess readiness of	DHSP	Written guidance	By 2023

[66] Estimated based on 59,400 PLWH in 2021 and assuming 4,450 new infections and 2,500 deaths by 2025 = ~61,350 x 5% = 3,067 Undiagnosed PLWH in 2025

[67] Late stage is Stage 3 HIV disease, the criteria being either CD4 < 200 cells/µL within 90 days of HIV diagnosis or a diagnosis of an opportunistic illness within 90 days of HIV diagnosis

providers to implement self-testing.			
1B.3: Assess Take Me Home self-testing initiative utilization, barriers & facilitators	DHSP	Written documentation	By 2023
1B.4: Expand use of HIV self-testing among at risk individuals unlikely to receive in-person HIV testing by promoting other types of self-testing (in addition to Take Me Home), as available and appropriate, to ensure equitable access.	DHSP	Report/ documentation	By 2023
Strategy 1C: Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
1C.1: Develop provider-to-patient communication tools to support providers in identifying at risk clients who are due for HIV re-screening and increase systematic ways of maintaining communication with clients.	DHSP; HIV prevention providers	Number of provider-to-patient communication tools	By 2023
1C.2: Develop a plan for evaluating impact of the provider-to-patient communication tools on client re-screening.	DHSP; HIV prevention providers	Evaluation Plan	By 2023
1C.3: Expand implementation & use of provider-to-patient communication tools among LAC DHSP funded HIV prevention providers.	DHSP; HIV prevention providers	Number of HIV prevention providers using new tools	By 2024
Activity 1C.4: Explore the use of client incentives to maintain re-screening adherence.			
Strategy 1D: Increase the timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
1D.1: Increase integration of HIV testing with STD and HCV screening	DHSP	Number of CBOs/clinics that have integrated testing	By 2026
1D.2: Increase the number of STD & HIV express clinics in LA County, especially in Health Districts disproportionately impacted by HIV	DHSP; HIV clinics	Number & location of STD/HIV express clinics	2022-2026
1D.3: Increase community awareness of HIV testing options through advertising and promotional events in multiple languages	DHSP; HIV/STD testing providers	Number & type of advertisements and promotional events by languages	2022-2026
1D.4: Work with SAPC to ensure that all syringe service programs (SSPs) provide integrated testing/screening (HIV, STDs, HCV) and rapid linkage to care	DHSP; SAPC	Number of SSPs that provide integrated testing and LTC rate	2022-2026

	1D.5: Explore utilizing a Promotores/Community Health Worker model to increase sexual health literacy and awareness of HIV risk in priority populations	DHSP; COH	Documentation of efforts	By 2023
	1D.6: Increase the capacity of Partner Services and Cluster Detection and Response to quickly identify and contact people who may be at risk of HIV/STD/HCV and direct them to testing services (see Respond Pillar activities)	DHSP	Number of people reached through PS and CDR	By 2026

Pillar II: Treat

Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression			
Objectives: 1. By 2025, increase the proportion of people diagnosed with HIV who are linked to HIV care[68] within one month of diagnosis from 76% to 95%. 2. By 2026, increase the proportion of people diagnosed with HIV who are linked to care within 7 days from 54% (2020) to 65%. 3. By 2025, increase the proportion of PLWDH who are virally suppressed from 61% to 95%.			
Strategy 2A: Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2A.1: Increase county-wide capacity to provide same-day rapid linkage to care during expanded hours and days for persons newly diagnosed with HIV.	DHSP - Quality Improvement Group	Number of people provided with same-day rapid LTC	By 2026
2A.2: Develop a network of HIV care providers who offer same day appointments with rapid ART disbursement.	DHSP	Established network	By 2023
Strategy 2B: Support re-engagement and retention in HIV care and treatment adherence			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2B.1: Expand the use and capacity of peer navigators and/or community health workers for PLWH to increase health literacy, access services and address social determinants of health (housing, food insecurity, etc.)	DHSP; Service Providers	Number of agencies reporting increased use of PNs/CHW	By 2026
2B.2: Increase knowledge & awareness among both providers & community members about long acting injectables and other biomedical advances	AETC; DHSP; Providers	Number of trainings & educational materials	By 2026
2B.3: Create and distribute list of clinical providers of color and LGBTQ culturally competent providers	COH	Documented list	By 2023
2B.4: Create and expand medical and supportive services for cisgender women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse	DHSP; COH; Providers	Number of services for cisgender women	By 2026

[68] Linked to HIV care is defined as ≥ 1 CD4/VL/Genotype test reported

2B.5: Create and expand medical and supportive services for transgender persons living with HIV/AIDS	DHSP; COH; Providers	Number of services for trans persons	By 2026
2B.6: Advocate for appropriate allocation and maintenance of funding for the Trans, Gender Nonconforming and Intersex (TGI) Equity Fund created by the passage of AB-2521	COH-Public Policy Committee & Trans Caucus	Meeting minutes	2022-2026
Strategy 2C: Support re-engagement and retention in HIV care and treatment adherence, especially for persons who are not eligible for Ryan White Program-supported services, persons with mental illness, persons with substance use disorders, and unhoused persons.			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2C.1: Comprehensively assess unmet mental health needs of PLWH and identify gaps and areas of improvement in the mental health provider network in LAC.	DHSP; DMH	Report on Unmet Mental Health needs	By 2022
2C.2: Develop partnerships to meet the SUD (particularly meth use disorder) needs of persons at risk for HIV or PLWH and improve the capacity of SUD providers to address the sexual health needs of clients and ensure access to HIV-related services, as needed.	DHSP; SAPC	Number & type of partnerships & capacity-building efforts	2022-2026
2C.3: Develop a report that summarizes critical gaps in the current system and makes recommendations for improvement and investment of County resources, including Ryan White Program funds.	DHSP	Written Report	By 2023
2C.4: Leverage and monitor CalAIM to ensure their programs are appropriate and effective for PLWH	DHSP & COH	Documentation of efforts to leverage and monitor	2022-2026
2C.5: Develop transitional case management service standards that help PLWH transition from RWP into Medi-Cal, Medicare and CalAIM, and develop case management service standards that can monitor if care and support services are meeting the needs of PLWH post-transition.	COH- Aging Caucus	Documented service standards	2022-2026
2C.6: Expand the use of street medicine for unhoused PLWH and those at-risk for HIV	DHSP	Street medicine units of service	2022-2026
Strategy 2D: Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2D.1: Assess how clients are currently learning about available RWP services. Identify existing and new resources to assist with promotion and educational outreach including, but not limited to, print materials and online resources	DHSP	Documentation of assessment findings	By 2023
Strategy 2E: Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**

Activity 2E.1: Determine processes and program operations for housing assistance that are aligned with federal funding guidance and restrictions	DHSP	Written findings	By 2023
Activity 2E.2: Identify potential housing partners positioned to serve PLWH and implement an expanded housing program.	DHSP	Number of partners identified	By 2023
Strategy 2F: Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2F.1: Develop processes and program operations for a pilot program that is acceptable to clients and is aligned with federal funding guidance and restrictions	DHSP	Written processes & program operations	By 2023
2F.2: Identify potential clinical sites, train staff on pilot processes, and implement program	DHSP	Documentation of pilot program	By 2023
2F.3: Develop a robust evaluation plan to determine continued use of financial incentives and potential for expansion to other populations	DHSP	Evaluation Plan	By 2023
Strategy 2G: RFP: EHE Priority Populations Interventions			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2G.1: Develop and release RFP to fund 7-10 contracts for identified interventions	DHSP	Number of contracts	By 2023
Strategy 2H: Expand capacity to provide whole-person care to PLWH who are age 50 and older and long-term survivors[4]			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2H.1: Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services[4]	DHSP; COH Aging Caucus	Written findings	By 2023
2H.2: Identify and implement best practices related to addressing psychosocial and behavioral health needs of older PLWH and long-term survivors including substance use treatment, mental health treatment, and programs to decrease social isolation[4]	DHSP; research partners; providers	Identification of best practices and efforts to implement	2022-2026
2H.3: Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of	Providers; Clinics; COH Aging Caucus	Screening tools developed and utilized	By 2024

[4] Adapted from the NHAS, 2022-2025

discrimination), using Commission on HIV's Aging Task Force recommendations as a guide			
2H.4: Screen patients for comprehensive benefits analysis and financial screening; and assess access to caregiving support	Providers; Clinics; COH Aging Caucus	Screening tools developed and utilized	By 2024
2H.5: Review Home-Based Case Management service standards for alignment with OT and PT assessments	COH – SBP Committee	Documented review	By 2023

Pillar III: Prevent

Goal: Prevent new HIV transmissions by using proven interventions, including PrEP and syringe services programs (SSPs)

Objectives:

1. By 2025, increase the proportion of persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 39%.
2. By 2025, increase the proportion of Black/African American persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 25%.
3. By 2025, increase the proportion of Latinx persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 38%.
4. By 2026, increase the percentage of EOPs and SSPs that provide HIV/STD testing and HCV screening from 20% to 80%.

Strategy 3A: Accelerate efforts to increase PrEP use (particularly for populations with the highest rates of new HIV diagnoses and low PrEP coverage rates) by adopting new strategies at LAC funded PrEP Centers of Excellence tied to client retention, PrEP navigation, community education, supporting alternatives to daily PrEP, and expanding PrEP support groups; and promoting recent innovations

Activity	Responsible Party	Performance Measure	Timeframe
3A.1: Conduct an in-depth landscape analysis of current PrEP resources and services among primary care providers in high morbidity areas, among providers who serve transgender persons, women's health providers, and SUD providers.	DHSP	Report on landscape analysis	By 2023
3A.2: Implement systematic and innovative strategies at LAC DHSP-funded PrEP Centers of Excellence for enhanced client communication to promote retention in PrEP and sexual health services.	DHSP; PrEP COEs	Documentation of strategies implemented	2022-2026
3A.3: Increase capacity of LAC DPH staff to provide more robust PrEP navigation services to clients served through County STD clinics, Partner Services, and those receiving PrEP/PEP at community pharmacies.	DHSP	Increased capacity	2022-2026
3A.4: Disseminate simple fact-based social marketing PrEP messaging to increase knowledge and awareness of PrEP, alternatives to daily PrEP, how to access PrEP/PEP under SB 159, and help combat misinformation regarding cost, access, and safety.	DHSP; PrEP COEs and providers	Number of SM tools developed and disseminated	2022-2026

3A.5: Work with local stakeholders to identify potential role for PrEP support groups/PrEP ambassadors to support new & continued PrEP use in affected communities.	DHSP; COH; PrEP COEs	Number of PrEP support groups and ambassadors	2022-2026
3A.6: Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women, per the Commission on HIV's Black/African American Community Task Force's Recommendations.	DHSP; COH-B/AA TF	Development of PrEP campaigns	By 2023
3A.7: Increase knowledge & awareness among both providers & community members about long acting injectables & other biomedical advances (See 2.B.2)	CBA; DHSP; PrEP providers	Number of trainings, TA; educational materials	2022-2026
3A.8: Help build the capacity of pharmacies to prescribe PrEP/PEP and create a directory of pharmacies that have capacity to prescribe PrEP/PEP under SB159, potentially to be integrated into the GetPrEPLA website.	DHSP; CBAs	Number pharmacies provided with assistance	2022-2026
3A.9: Develop a public health detailing campaign to expand the number of oral PrEP prescribers in LAC.	DHSP	Number of oral PrEP providers in LAC	2023-2026
Strategy 3B: Increase availability, use, and access to comprehensive syringe services programs (SSPs) and other harm reduction services.			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
3B.1: Collaborate with the LAC SAPC Program to identify opportunities to increase the capacity of SSPs, improve the provision or linkage of SSP clients to HIV, STD and HCV prevention and treatment services, and expand the availability of contingency management services to persons with substance use disorder, including meth use.	DHSP; SAPC	Documented efforts to increase capacity of SSPs and expand contingency mngmt.	2022-2026
3B.2: Explore ideas for alternative models of prevention service delivery (e.g., vouchers which can be taken to pharmacies in exchange for clean syringes and HIV self-test kits).	DHSP; COH SAPC	Number of alternative models	2022-2026
3B.3: Distribute information about the efficacy of SSPs to increase the health literacy of HIV providers and community members	DHSP; SAPC; providers	Educational materials developed	2022-2026
3B.4: Destigmatize syringe services/needle exchange and further integrate SSP providers into HIV-related work	DHSP; SAPC; providers	Documented efforts	2022-2026
3B.5: Promote safe consumption/injection sites	DHSP; SAPC; COH; providers	Documented efforts	2022-2026

Pillar IV: Respond

Goal: Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them

Objectives:

1. By 2026, provide/disseminate at least 5 educational trainings/workshops or educational materials to increase awareness/knowledge related to cluster and outbreak detection and response
2. By 2025, increase the total proportion of persons newly diagnosed with HIV who are assigned for Partner Services (PS) to 95% from a 2021 baseline of 73%
3. By 2025, increase the total proportion of persons newly diagnosed with HIV who are interviewed for PS to 75% from a 2021 baseline of 46%

Strategy 4A: Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response

Activity	Responsible Party	Performance Measure	Timeframe
4A.1: Develop a protocol, training materials, and standard operation plan (SOP).	DHSP	Written protocol, curricula and SOP.	By 2023
4A.2: Continue community engagement regarding the use of HIV molecular surveillance for cluster detection to inform its best use and identify and mitigate any unintended consequences.	DHSP	Number of community engagement efforts	2022-2026
4A.3: Expand routine epidemiological analysis of recent infection by person, place, and time to identify hot-spot locations and sub-populations associated with recent infection to inform rapid investigation and intervention.	DHSP	Expansion of routine epidemiological analysis	2022-2026
4A.4: Educate HIV providers about the use and effectiveness of cluster detection	DHSP	Number of trainings/ educational materials developed	2022-2026

Strategy 4B: Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.

Activity	Responsible Party	Performance Measure	Timeframe
4B.1: Increase capacity of LAC DHSP to provide Partner Services to all newly diagnosed persons in LAC	DHSP	Number of PS staff; training of PS staff	2022-2026
4B.2: Implement new STD surveillance system to enhance the identification and assignment of new HIV cases to LAC DPH staff for timely follow-up and Partner Services	DHSP	New STD surveillance system	2023
4B.3: Educate HIV providers about the use and effectiveness of Partner Services	DHSP; CBA	Number of trainings & educational materials	2022-2026

	4B.4: Explore increased use of community-embedded Partner Services	DHSP	Documented efforts	2023
Strategy 4C: Data to Care RFP				
	Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
	4C.1: Develop & release RFP to fund up to 5 contracts for Data to Care activities.	DHSP	Number of contracts	By 2023

Workforce Capacity

Goal: Increase the capacity of the HIV workforce to diagnose and treat PLWH, prevent new HIV infections and reduce HIV-related disparities

Objectives:

1. By 2024, conduct a comprehensive assessment of the HIV workforce identifying strengths, needs and potential solutions, including an assessment of the true costs of services and how those services might the financed.
2. By 2026, implement training, technical assistance and necessary policy changes to increase workforce capacity as outlined in assessment findings and guided by the strategies below.

Strategy 5A: Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV.

	Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
	5A.1: Conduct an assessment of Black/African American led agencies providing HIV services to identify training/technical assistance (TA) needs	COH-Black/AA Task Force	Assessment report	By 2023
	5A.2: Provide TA and/or training for Black/African American led agencies to provide a more equitable playing field to successfully compete for solicitations, based on assessment findings	DHSP, in collaboration w/ Black/AA TF	Number of Black/AA led agencies that receive TA/trainings	By 2023
	5A.3: Increase inclusion of peer/paraprofessionals[69] in the workforce through training, mentorship, certification, supervision, reimbursement, and team functioning to assist with HIV, STD, HCV, and MH and SUD service provision[4]	DHSP, AETC, COH-SBP Committee	Increased # of peer/ paraprofessionals in the workforce.	By 2026
	5A.4: Develop inventory of both formal and informal pipeline programs to prepare workers to work in the HIV/health field	AETC	Report	By 2023
	5A.5: Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers including health care workers, researchers, and community partners, particularly	CBOs; AETC; Universities/med. & dental schools	Number of people trained/in training	2022-2026

[69] Peer/paraprofessionals defined as people who reflect the population(s) being served (e.g. PLWH, people of color, trans persons, etc.) and who may not have formal education/licensure.

from underrepresented populations[4]			
5A.6: Based on results of workforce capacity assessment, review and revise service standards as necessary	COH-SBP Committee	Revised standards	2022-2026
5A.7: Engage, employ, and provide public leadership opportunities at all levels for people with or who experience risk for HIV	CBOs; DHSP; COH	Number of PLWH & people from priority pops in leadership positions	2022-2026

Strategy 5B: Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner

Activity	Responsible Party	Performance Measure	Timeframe
5B.1: Include harm reduction principles and the provision of trauma-informed care across provider trainings	DHSP; AETC; CBA; SAPC	Number of curricula that include harm reduction & trauma-informed care	2022-2026
5B.2: Provide gerontology training for Ambulatory Outpatient Medical, Oral Health, Medical Care Coordination and Mental Health service providers to improve awareness and understanding of age-related inequities in care and treatment	DHSP	Number of providers trained on gerontology	By 2025
5B.3: Ensure that health care professionals and front-line staff complete education and training on stigma, discrimination, and unrecognized bias toward populations with or who experience risk for HIV, including LGBTQI+ people, immigrants, people who use drugs, and people involved in sex work[4]	DHSP; DHS; AETC; CBA	Number of providers trained on listed topics	2022-2026
5B.4: Identify and make available succession planning and leadership development trainings/programs	AETC; CBA; DHSP; COH	Number of providers trained on topics	2022-2026

System and Service Integration

Goal: Integrate systems and services to address the syndemic of HIV, STDs, HCV, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence[4]			
Objectives: 1. By 2026, the LA County Division of HIV and STD Programs (DHSP) and/or the Commission on HIV (COH) will implement at least three internal (within LAC system) efforts to advance system and service integration 2. By 2026, DHSP and/or the COH will implement at least three external efforts to advance system and service integration			
Strategy 6A: Increase cross-training and TA opportunities across fields/disciplines			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
6A.1: Enhance the ability of the HIV workforce to provide naloxone and educate people on the existence of fentanyl in the drug supply to prevent overdose and deaths and facilitate linkage to substance use disorder treatment and harm reduction programs[4]	DHSP; DHS; SAPC	Number of trainings provided	2022-2026
6A.2: Expand opportunities and mechanisms for information sharing and peer-to-peer technical assistance amongst HIV/STD/MH/SUD/Housing providers[4]	DHSP; COH; SAPC; DMH	Number and type of info sharing/TA	2022-2026
6A.3: Support training for housing service providers on needs of PLWH and LGBTQI persons to improve cultural competencies among staff	HOPWA; COH; DHSP; LAHSA	Number of trainings provided	2022-2026
6A.4: Increase HIV awareness, capability, and collaboration of service providers to support older people with HIV, including in settings such as aging services, housing for older adults, substance use treatment, and disability and other medical services[4]	Dept. on Aging; COH; SAPC	Number and type of service providers reached	2022-2026
6A.5: Increase the integration of HIV and HCV services including increasing the capacity of FQHCs that provide HIV-related services to screen for and treat HCV	ACDC; DHSP FQHCs	Number of integration mtgs held	2022-2026
Strategy 6B: Leverage the Alliance of Health Integration initiative to integrate services within LA County publicly funded care systems			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
6B.1: Strive to align strategic planning efforts on HIV, STIs, HCV, substance use disorders, and mental health care across national, state, and local partners[4]	COH	Number of strategic plans reviewed	2022-2026
6B.2: Optimize RWP, Medicaid, Medicare, and other health systems to ensure they are used in a manner to deliver the highest quality of care for PLWH.	DHS; DHSP	Documentation of efforts	2022-2026

Equity, Social Determinants of Health and Co-Occurring Disorders

Goal: Achieve health equity by addressing social determinants of health, stigma, and co-occurring disorders that fuel the HIV epidemic and HIV disparities

Objectives:

1. By 2026, increase the number of services and programs available to address meth use disorder by at least 25%
2. By 2026, increase the availability of mental health services for PLWH and at-risk for HIV by at least 25%
3. By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV in LA County by at least 25%
4. By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV among Black/African Americans in LA County by at least 25%
5. By 2026, increase the number of evidence-based or evidence-informed practices/programs that address SDH by at least 20%.

Strategy 7A: Advocate for an effective countywide response to SUDs, especially methamphetamine disorder

Activity	Responsible Party	Performance Measure	Timeframe
7A.1: Assess providers' ability to recognize and address meth use disorder	DHSP; SAPC	Assessment completed	By 2023
7A.2: Advocate for improved and additional services and programs associated with methamphetamine use and HIV transmission	COH; CBOs; ANAM	Documentation of efforts taken	2022-2026
7A.3: Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.	DMH; DHS; DHSP; COH; CBOs	Number of mental health services available	2022-2026
7A.4: Support the building of community-based mental health services.	DMH; COH-Consumer Caucus; CBOs	Number of community-based mental health services	2022-2026

Strategy 7B: Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic

Activity	Responsible Party	Performance Measure	Timeframe
7B.1: Commission on HIV Public Policy Committee (PPC) will submit a letter to the Board of Supervisors (BOS) that outlines priorities/recommendations to improve the countywide STD response (based on a DPH report previously submitted to the BOS)	COH-PPC	Submitted Letter to BOS	By 2023
7B.2: The PPC will request a formal letter of support from the BOS to support the EHE budget request to the State of California	COH-PPC	Request	By 2023

Strategy 7C: Address social determinants of health and stigma

Activity	Responsible Party	Performance Measure	Timeframe

7C.1: Create funding opportunities that specifically address social and structural drivers of health as they relate to BIPOC communities		DHSP	Number of funding opportunities that address SDH in BIPOC communities	2022-2026
7C.2: Implement effective, evidence-based and evidence-informed interventions that address stigma and SDHs among PLWH or at risk for HIV		DHSP; HIV service providers	Number of evidence-based /evidence-informed interventions implemented	2022-2026
7C.3: Work with communities to reframe HIV services and HIV-related messaging so that they do not stigmatize people or behaviors.[4]		DHPS; Providers	Documented efforts	2022-2026
7C.4: Ensure that the voices/perspectives of PLWH and people at-risk for HIV are represented in pandemic planning and response (e.g., Monkeypox messaging)		DPH	Documented efforts	2022-2026
7C.5: Monitor and advocate for policies that support the following:				
	7C.5a: Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration.	COH – Public Policy Committee (PPC)	Documented efforts and PPC meeting minutes	2022-2026
	7C.5b: Improve systems, strategies and proposals that prevent homelessness, expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS, especially LGBTQ people			
	7C.5c: Promote family housing and emergency financial assistance as a strategy to maintain housing			
	7C.5d: Increase coordination among housing agencies to include intergenerational housing options			
	7C.5e: Blend funding to support housing and rental assistance for seniors living with HIV			
	7C.5f: Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning			
	7C.5g: Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).			

Strategy 7D: Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities.			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
7D.1: Standardize the collection of race-based stratified program evaluation data	HIV service providers; DHSP	Standardized evaluation measures	2022-2026
7D.2: Disseminate analysis of race-based stratified data via presentations and informational materials	DHSP; Cities of Long Beach, Pasadena, W. Hollywood	Number of presentations/materials that include race-based analysis	2022-2026
7D.3: Implement cultural humility training among healthcare providers	DHSP; AETC	Number of trainings provided	2022-2026
7D.4: Address social and structural barriers with evidence-based interventions	DHSP; Research Partners; CBOs	Number of interventions implemented	2022-2026
7D.5: Build the capacity of Black/African American-led organizations (see 5A.1 and 5A.2)	DHSP	Number of Black/African American led agencies that access training/TA	2022-2026

Strategy 7E: Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
7E.1: Examine the newly released Q of L Indicators for PLWH included in NHAS Implementation Plan and decide which ones are applicable to LAC	COH; DHSP	Documented efforts	2023
7E.2: Identify baseline data for each QoL indicator from local MMP data and determine performance metrics to be added to Integrated Plan	COH; DHSP	Performance measures created	2023

Appendix 3: Glossary & Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIAN	American Indian and Alaska Native
ART	Antiretroviral therapy
COVID-19	Coronavirus Disease 2019
CDC	Centers for Disease Control and Prevention
DHSP	Division of HIV and STD Programs
EHARS	Enhanced HIV/AIDS Reporting System
EHE	Ending the HIV Epidemic
FQHC	Federally Qualified Health Center
HET	Heterosexuals at increased risk for HIV
HIV	Human Immunodeficiency Virus
HUD	U.S. Department of Housing and Urban Development
IDU	Injection drug use
LAC	Los Angeles County
MHS	Molecular HIV Surveillance
MSM	Men Who Have Sex with Men
NB	Non-Binary
NHPI	Native Hawaiian and Pacific Islander
OMB	Office of Management and Budget
PEP	Post-Exposure Prophylaxis
PLWH	Persons Living with HIV
PLWDH	Persons Living with Diagnosed HIV
PrEP	Pre-Exposure Prophylaxis
PWID	Persons who Inject Drugs
SPA	Service Planning Area
TG	Transgender Persons
US	United States
VL	Viral load

Epidemic – an increase above the usual or expected occurrence of a disease within a population

Prevalence - the total number of cases of disease existing in a population.

Incidence – total number of new infections in a given period of time (usually one year).

Diagnosed Cases – number of cases reported to DHSP or the state. This may contain reports or results that were previously reported.

Number of People Living with HIV in LA County – total number of cases in a given period of time who have HIV and have a Los Angeles County address, and who are not deceased.

Rate – the number of new cases of a disease that occur during a specified period of time in a population at risk for developing the disease. Usually calculated per 100,000 people. Rates take the size of the population into account and are used in order to make comparisons.
# of new cases during a specified period of time/# of persons who are at risk for the disease during that same period of time, multiplied by 100,000

95% confidence interval – a lower and upper range of values for a measure/variable of interest which contains the true value of the variable 95% of the time.

EXHIBIT A-1

E2Los Angeles Solution Requirements

Part I

e2LosAngeles Scope of Work

Ryan White Data System

Phase 1 - RW & MCC v1

Contents

1. Project Planning and Technical Specifications

a. RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA-2]

b. RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.

   i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.

c. RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA-3]

d. RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the "RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

2. Project-Start Demo Site set-up [LA-1]

a. RDE launches a Demo site by cloning a "blank-slate" copy of a Reference Model that is chosen by RDE based on best-fit with the project components.

b. RDE grants Super-Admin access to the Demo Site for LA County to create accounts for County staff, as needed, based on Project needs for finalization of specifications.

   i. The Reference Model Demo site is for limited use by LA County Staff and only fake/randomized data can be used.

c. The list of Expected Reference Model modules will vary if another "best-fit" Reference Model is chosen in agreement between the LA-County and RDE Project Teams.

d. Relevant Modules based on current Reference Model (e2SanAntonio):

   i. LA-5 - Provider Management
   ii. LA-6 - User Management
   iii. LA-7 - User Roles & Permissions
   iv. LA-9 - Contract Management Module Ver. 1
   v. LA-77 - Contract Management: Unit Cost fixed or variable
   vi. LA_g2284 - LKM Encryption
   vii. LA_g2285 - RW Client Progress Notes
   viii. LA-11 - System Announcements
   ix. LA-12 - Client-Record Management - Deduplication & Merging
   x. LA-13 - Data Sharing Rules and Permissions
   xi. LA-15 - Data Sharing - Client Search
   xii. LA-16 - Client-Level Data - Intake
   xiii. LA-17 - Client-Level Data - Demographics
   xiv. LA-18 - Client-Level Data - HIV and Risk Factors
   xv. LA-19 - Client-Level Data – Medications
   xvi. LA-20 - Client-Level Data - Diagnosis & Immunizations
   xvii. LA-21 - Client-Level Data - Primary Care Info and Appointments
   xviii. LA-22 - Client-Level Data - Housing, Income, Insurance
   xix. LA-23 - Client-Level Data - Labs
   xx. LA-24 - Client-Level Service Delivery and Tracking
   xxi. LA-26 - Client-Level Data - Document Tracker
   xxii. LA-27 - Automated RW Part A Eligibility Determination
   xxiii. LA-28 - Automated RW Part B Eligibility Determination
   xxiv. LA-32 - Service Expenditures report
   xxv. LA-33 - Visual Analytics
   xxvi. LA-35 – RSR
   xxvii. LA-38 - Real-Time Data Extract (MSACCESS Format)
   xxviii. LA-41 - Data Import in Format Specified by RDE - v1
   xxix. LA-68 - Tracking of Care Plan

3. System Administration

a. Provider Management [LA-5]

   i. Ability for Los Angeles County to add/edit providers to e2LosAngeles.
   ii. Upon creation, new providers will immediately become available for user creation, and contract management.
      1. Provider information will be used for data sharing rules and service delivery

iii. Limited fields about providers will be available, such as address and person of interest

b. User Management [LA-6]

i. Ability for County Super-Administrators to search/add/edit/void system user accounts.
ii. Ability for Super-Administrators to add/edit user accounts' roles and permissions.
iii. Ability for Super-Administrators to grant/deny LKM Permissions (permission to view sensitive (level 1) data) for system users.
    1. Automated emails will be sent based on user LKM unlock requests
iv. Ability for Users to reset their own passwords. The password reset will remove users' permission to view sensitive (level 1) data as a security measure.
    1. Match County Requirements for Passwords, time-outs, password expiration.
v. Ability for Super-Administrators to "Login As" different users to track user perspectives
vi. A Terms and conditions screen appears when a user first logs-in to e2LA and must be accepted by the user before continuing access to the system. (LA-4)

c. User Roles & Permissions [LA-7]

i. Ability for System Administrators to assign/change specific role for each User
ii. Permissions must be role-based with granular roles and permissions defined for each level of user access. Permissions for each role will be determined during technical specifications phase.
iii. User Roles and Permissions for Ryan White Users

d. Advanced Encryption Model LKMv2.2 Data [LA_g2284]

i. Encryption for protecting sensitive client records (level 1 data) using e2's Advanced Encryption Model LKMv2.2.
ii. All RW level 1 data (list of level 1 fields will be determined during technical specifications phase) will be encrypted using LKMv2.2. Please see the attached document to view the "Local Key Module Version 2.2."
iii. A L1 Passphrase will be generated and secured by Los Angeles County Super-Administrators
    1. The L1 passphrase will allow user accounts to unlock their LKM outside of the typical LKM unlock process, specified in User Management
    2. RDE will assist Los Angeles County in LKM setup, including instructions on how to generate the L1 Passphrase and sharing best practices to secure the L1 Passphrase

e. Contract Management Module [LA-9]

i. Ability for Los Angeles County to add/edit/delete/terminate unit-cost based Contracts for sub-recipients for funded services and sub-services.
    1. Ability to specify whether a contract subservice is entered with a Unit Cost fixed or specified during service-entry. (Fee for Services vs. Line-Item) [LA-77]

ii. Support for program-specific funding sources and service types across:
    1. HRSA Part A
    2. HRSA Part B
    3. EHE
    4. Non-Grant Funded Services (Fee for Service)
iii. Ability to add/edit/delete unit costs contracts for RW sub-services under each Service Contract.
iv. Ability to track and Search RW Subservices provided by their CPT Code. [LA-75]
v. Ability to track and search RW Subservices provided by their Dental - DPT Code [LA-75]
vi. Ability to add/edit contract periods, budget amounts and caps for each Service Contract. [LA-51]

f. System Announcements [LA-11]
    i. Ability for Los Angeles County to manage and create system announcements that will be displayed for a specified group of users the next time they log-in.
    ii. New announcements may be marked as important and will require users to acknowledge them when logging-in.

4. Ryan White Client Data Sharing Rules and Permissions [LA-13]

a. Ability to limit client data sharing based on RW agency and RW program.
b. Data sharing will vary based on RW fields and between RW medical and RW service data.
c. Client consent will be required for each RW Agency.
    i. Client Consent Upload for RW Data Sharing.
d. RW Client consent electronic signature as presented and described in e2Genie Client Consent Electronic Signature module functionality overview [LA-14]
e. RW Search screen restrictions on access to RW Client search results may be added during development of detailed specs. [LA-15]
f. Special RW client search and data access rule for a third party administrator user acting on behalf of LA-DPH to perform administrative review of a RW client's eligibility and enrollment. [LA-84]
    i. Ability for that user to delete any uploaded RW agency document tracker document.

5. Client Deduplication and Merging [LA-12]

a. A robust de-duplication algorithm allows the system to identify potential duplicate clients across all programs. The same algorithm checks for duplicates during client intake.
b. The algorithm displays a similarity score, so the user can see what percentage of identifying data in the two records is the same.
c. Administrators will have the ability to merge the potential duplicates, or keep them separate if they are in fact two different individuals.

6. Integrated Ryan White Client-Level Data

a. Ability to search/add/edit RW Client Intake Information [LA-16]
b. Ability to search/add/edit RW Client Demographics Information [LA-17]
c. Ability to add/edit RW Client Housing, income, and insurance information [LA-22]

d. Ability to add/edit RW Client HIV and Risk Factors Information [LA-18]
e. Ability to add/edit RW Client Primary Care information and Appointments [LA-21]
f. Ability to add/edit/delete RW Client Medications required by each RW program. [LA-19]
    i. Ability to track RW medications by type (ex: PCP, MAC, ART)
g. Ability to add/edit/delete RW Client Labs required by each RW program [LA-23]
    i. Ability to add/edit/delete RW test panel, date, and results
h. Ability to add/edit/delete RW Client Diagnosis and immunization records required by each program. [LA-20]
i. Ability to add/edit RW Client Progress Notes [LA_g2285]

7. RW Client Service Delivery and Tracking [LA-24]

a. Ability to add/edit/delete RW Services delivered to a client.
    i. Ability to track the Unit count and cost during service entry.
b. Ability to track RW Labs as services delivered.
c. Ability to view history of services entered.
d. Ability to enter multiple sub-services and their units and cost at once during service-entry [LA-25]
e. Robust cross validations with Contract Management screen to allow users only to enter services and sub-services under funded contracts.
f. Robust cross validation with Client Eligibility Plans:
    i. HRSA Part A Eligibility Determination [LA-27]
    ii. HRSA Part B Eligibility Determination [LA-28]
    iii. EHE Eligibility Determination [LA-29]
g. Ability to add/edit Client Service Notes. Service notes will also be displayed in the Progress Notes section. Notes are Agency/Sub-recipient specific. That is, e.g., Agency A users cannot view notes entered by users of Agency B.
h. Display the Type of the Units being entered alongside each subservice during Service-Entry [LA-78]

8. System Data Admin

a. Ability for County super-admins to add/edit/delete system options and import mappings for:
    i. RW Data Admin Elements [LA-86]
        1. RW Services/subservices
        2. RW Medications
        3. RW Labs,
        4. RW Immunizations

9. RW Client Document Tracker/Uploader [LA-26]

a. Ability for users to track and upload Client Documents.
b. Users can select document type and sub-type (e.g. SSN Proof, Driving license etc.) from an available list (list TBD during technical specifications phase).
c. Users can enter an “effective signage date” for each document. The effective signage date is critical to determine Eligibility Start Date. The behavior of this functionality will be determined during technical specifications phase.
d. Users can view history of uploaded documents based on data sharing rules.

10. Automated Ryan White Program Eligibility Determination

- **a.** e2LosAngeles's automated eligibility module will provide users with real-time client eligibility status and requirements directly from a patient's record as presented and describes in the e2Genie Eligibility module functionality overview.
- **b.** A client's program eligibility periods are automatically updated during data-entry.
    - i. HRSA Part A Eligibility Determination [LA-27]
    - ii. HRSA Part B Eligibility Determination [LA-28]
    - iii. EHE Eligibility Determination [LA-29]
- **c.** Eligibility with 45 days window for Service Labs and Visits. (Charging them to EHE) [LA-85]
- **d.** Ability for Super admins to set Client-level Eligibility Override for Exemptions for certain contract sub-service categories [LA-92]

11. RW Referrals Management [LA-30]

- **a.** Ability for users to add/edit/delete client referrals across RW programs.
- **b.** Ability for each sub-recipient to view a specific RW client's "incoming referrals", mark them as "complete" and link them to RW service delivery.
- **c.** Ability for each sub-recipient to review all incoming and outgoing RW client referrals from the main screen.

12. RW Referrals Report [LA-31]

- **a.** Ability to view aggregate count of referrals by completion status.
- **b.** Ability to filter by date range, and service category.
- **c.** Ability for Los Angeles County to filter by Agency.

13. RW e2 Visual Analytics Report [LA-33]

- **a.** Perform dynamic charting of client-level data across e2LosAngeles.
- **b.** Display real time graphical demographics reports of client data across programs.
- **c.** Ability to use multiple filters.
- **d.** Ability to save custom reports.
- **e.** Ability to export data in PDF and Excel.
- **f.** Ability to drill down to list of clients.
- **g.** Provider level reporting and Administrative system-wide reporting capability

14. RW Data Quality Report [LA-34]

- **a.** Ability to report clients with duplicate services or screenings
- **b.** Ability to report clients with missing required fields
- **c.** Ability to report clients with duplicate labs
- **d.** Ability to report clients missing certain labs
- **e.** Ability to report clients with duplicate medications
- **f.** Ability to report clients Prescribed a PCP or MAC Prophylaxis with CD4 under 200
- **g.** Ability to report clients NOT Prescribed a PCP or MAC Prophylaxis with CD4 ABOVE 200
- **h.** Ability to report clients with duplicate immunizations
- **i.** Ability to report clients with services provided by the wrong staff

15. RW Service Expenditures Report [LA-32]

- **a.** e2LosAngeles's Service Expenditure Report will allow users to view, in real-time, the status of each Service Contract across all programs. The system will automatically calculate and display balance for each Contract based on encumbered amount entered by users in the Client Services screen.
- **b.** Administrators will have the ability to run this report for any number of sub-recipients.
- **c.** Filters will provide the ability to specify one or many program types, contracts, founding sources, and service types.
- **d.** Exact Features and capabilities of the report will be determined during the development of detailed specifications.

16. Ryan White HIV/AIDS Program Services Report (RSR) [LA-35]

- **a.** Full functionality of the eCOMPAS RSR Module to include HRSA-specific RSR validations, completeness report, ineligibility client list and data mapping screens
- **b.** Ability to view real-time RSR ready data for each client
- **c.** RW Part A, B, C Eligible Clients and their services will be reported in the RSR as per HRSA specifications.
- **d.** Ability to view RSR data in graphical format.
- **e.** Contains an automated data validation engine and data quality management that complies with HRSA specifications (Errors, warnings and Alerts).
- **f.** Ability to easily export RSR XML file for HRSA as per HRSA specifications, and generate a completeness report.
- **g.** Ability to drill down to list of clients.
- **h.** Legacy support for 2018-2019 RSR [LA-36]

17. e2 RW Visual HAB Performance Measures Report v1

- **a.** Perform dynamic charting of HAB core indicators. [LA-47]
  1. HIV Viral Load Suppression,
  2. Prescription of HIV Antiretroviral Therapy (ART),
  3. HIV Medical Visit Frequency,
  4. Gap in HIV Medical Visits
  5. PCP Prophylaxis
  6. Annual Retention in Care

- **b.** Perform dynamic charting of HAB System-Level indicators. [LA-48]
  1. Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care
  2. HIV Test Results for People Living with HIV
  3. HIV Positivity
  4. Late HIV Diagnosis
  5. Linkage to HIV Medical Care
  6. Housing Status

- **c.** Perform dynamic charting of HAB Adult & Adolescent indicators. [LA-49]
  1. Cervical Cancer Screening
  2. Chlamydia Screening
  3. Gonorrhea Screening
  4. Hepatitis B Screening
  5. Hepatitis B Vaccination

6. Hepatitis C Screening
7. HIV Risk Counseling
8. Oral Exam
9. Pneumococcal Vaccination
10. Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
11. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
12. Substance Abuse Screening
13. Syphilis Screening

d. Display real time graphical demographics reports of client data with customizable filters
e. Ability to save custom reports.
f. Ability to export data in PDF and Excel.
g. Ability to drill down to list of clients.

18. RW Monthly Financial Report (MFR) Version 1 [LA-37]

a. Automated Monthly Financial Report will auto populate with data entered into e2LosAngeles.
b. A "provider view" will enable each subrecipient to view report data in real time for that agency only.
c. A "county view" will enable Los Angeles County Super-Administrators to view report data in real time for each subrecipient and aggregate data for all subrecipients.
d. Reports can be filtered by service category, funding source and date range.
e. Ability to produce the MCC Monthly Report with the following Sections
    i. "Patients by Enrollment Status" with Staff breakdown
    ii. Screener Outcomes and Enrollment Tracker Status
    iii. Patient Acuity Summary with Staff breakdown
    iv. Brief Intervention Activities with Staff breakdown
    v. Referrals and Linkages with Staff breakdown
    vi. Overdue Item Status

19. Real-Time Data Extract (RW [LA-38])

a. Available in the "Reports" Section of the site.
b. File format: Microsoft Access File. The data extracted will be saved in tables.
c. Data type in tables within the file: Text, numeric. Numeric codes have a master table "tlk_Master" in the extract that has the definitions.
d. Data Extract will be available for System Administrators and other users depending on roles and permissions.
e. Data Extract Filters:
    i. **Providers**: List of providers. Additional "All Providers" options for System Administrators.
    ii. **Report Date Range/Date filters:** Users can pick a date range. Difference between start and end date of the date filters must be less than or equal to 12 months. If the system finds data entered by any user of the selected sub-recipient (s) between the reporting dates, then only those clients' records, their demographics, HIV, H&I, clinical, referrals, services, will be in the Data Extract.
f. Specific behavior and data that will be included in the extract:

i. **Services**- service record with service date, entered by any user of the selected sub-recipient(s), that falls within the date range selected then those service records will be included in the extract.
ii. **LABs**- if LAB records with result dates, entered by any user of that sub-recipient (s), fall within the date range selected then that record will be included in the extract.
iii. **Immunizations/Diagnosis/Medications**- if records with immunization or diagnosis or medication dates, entered by any user of the selected sub-recipient(s), falls within the date range selected then those medical/clinical client records will be included in the extract.
iv. **Referrals**- if referrals with referral date entered by any user of the selected sub-recipient(s), falls within the date range then that record will be included in the extract.
v. Latest (even if the data was entered after the end date of the report date range) HIV status, Risk Factors, Demographics, Housing, Income and Insurance for clients will be included in the extract.

g. "Include Level 1" filter- By default the Data Extract will only include Level 2 data (Level 2 data = data not encrypted by LKM). If user wishes to include Level 1 data (data encrypted by LKM) he can pick "Yes" option from this filter. This filter will be available only to users who have LKM permissions.

h. Security
i. e2LosAngeles will be set/programmed by default to prompt the user to select a "download option" instead of immediately saving it in the "downloads folder" but this behavior is completely dependent on the browser. Instructions on how to configure browsers to control 'download' options will be added to the site for users but it's the user's responsibility to save files securely on their machines

i. File will be deleted from e2 server once user completes the download.

20. RW Data Import of ELR – Sunquest/PHL [LA-40]

a. e2LosAngeles will automatically pull daily files to perform a daily import of Daily import of HL7 messages. Those HL7 messages will be generated and uploaded to the sFTP by Sunquest/PHL
b. The HL7 Messages processed by e2LosAngeles will contain demographics, medications, labs, immunizations, and service data.
c. A report will be available in e2LosAngeles to review the status of successful and failed imports.
d. RDE to host sFTP server file listener protected by Zero-Knowledge LKM encryption

21. RW Data Import in Format Specified by RDE - Version 1 [LA-41]

a. e2LosAngeles will provide a module that the recipient can use to import client data from a file compatible with e2LosAngeles
b. Data Crosswalk will be worked on collaboratively during the Project's Technical Specifications phase.

22. RW Recurring Import using Legacy Casewatch Format [LA-42]

- **a.** e2LosAngeles will provide a module to allow manual import from Agency Admin Users (data for a single agency at a time)
- **b.** No hard-limit on frequencies of upload.
- **c.** RW Eligibility checks for Service Import
- **d.** Same or Similar format as the One-Time Migration

23. One-Time Data Migration (RW) [LA-39]

- **a.** The launch of e2LosAngeles will include a one-time data migration (Files for 110 agencies) to be performed using a file format compatible with eCOMPAS, provided by RDE during the development of detailed specifications. (Flat File)
    1. Data migration files will contain basic RSR client-level and service-level Ryan White data with searchable identifiers.Data elements
        a. Registry of person records
        b. Most recent client assessment carry-over data
        c. RW Eligibility
        d. Engagement – Re-Rengagement
        e. Minimal Clinical Indicators
    2. Using Casewatch format

    ii. Import of Legacy RW Contracts for system setup
- **b.** Data Crosswalk will be worked on collaboratively during the Project's Technical Specifications phase.

24. RW Client MCC Eligibility Screening [LA-79]

- **a.** Ability to add/edit/delete MCC Eligibility screening with calculation of recommended eligibility screening outcome from data entered

25. RW Client MCC Acuity Assessment [LA-71]

- **a.** Tracking of Client MCC Assessment and Patient Acuity Score (Auto-Calculated)
- ***b.*** *Ability to export Assessment results in a PDF*

26. RW Client Care Plan Tracking [LA-68]

- **a.** Ability for users to track client-level care plan information in a format consistent with the existing paper-based data collection instrument used by LA-County

27. RW Client Case Load and Assignments [LA-69]

- **a.** Ability to track multiple Staff Assignments by Role for a client
- **b.** The following reports will have a filter for Staff Assigned
    i. Visual Analytics
    ii. HAB – All Measures

28. Case Load Report – MCC Dashboard [LA-72]

- **a.** Referrals Pending
- **b.** Services
- **c.** Appointments Pending

29. RW Client Assignments – Care Teams [LA-70]

- **a.** Ability for County Super-admins to add/edit/delete Care Teams by agency.
- **b.** Ability to assign a Care Team through Client Assignments.
- **c.** Ability to filter for a Care Team

30. RW Tracking of Active Client Enrollment, per Service Category [LA-73]

- **a.** Ability to add/edit/delete MCC Enrollment Records
    - i. Tracking history of withdrawals and reason for withdraw for each Service Category.
- **b.** Some service categories will not allow enrollment and/or disenrollment.

31. Advanced Rules for blocking Client data-entry based on Enrollment (RW) [LA-74]

- **a.** Disable access to Assessments for clients without a Screening
- **b.** System Validations limiting the number of time a client can be enrolled into a Service Category.
- **c.** Service-entry will be blocked for certain service categories, based on contract funding source and on the Client's "Active" MCC enrollment into a Service Category.
- **d.** Additional Validations to support Transitional Services enrollment.

32. RW Client-Level Summary Screen [LA-76]

- **a.** Ability for users to download/print to PDF
- **b.** Display of a RW client's latest:
    - i. Income Data
    - ii. Insurance Data
    - iii. Residency Data
    - iv. Labs, by type
    - v. Immunizations, by type
    - vi. Current Medications
    - vii. Client Service Enrollments
    - viii. Staff Assigned
    - ix. Services Delivered
    - x. MCC Screening Results
    - xi. MCC Acuity Score

33. Client Service Caps [LA-60]

- **a.** e2 will calculate service-caps for the following service categories:
    - i. Oral health

ii. Health Insurance Assistance
iii. Mental Health

b. Limitation of 1-per-week or 1-per-day on service categories
c. e2 will enforce Caps with a warning or error during service-entry.
d. Email alert sent to assigned staff if cap is reached for a client. [LA-61]

34. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

35. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards
b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.
c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.
d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2290]

36. Pre- and Post-Launch Subrecipient Surveys

a. Online surveys will be presented to Ryan White funded subrecipients to elicit feedback on subrecipient data management needs and use of the system. [LA-44] [LA-45]
b. Online surveys for Agency Data Managers to respond as an Agency Data Exchange Capacity Assessment [LA-89]

37. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server
b. Configuration of e2LosAngeles PRODUCTION Database
c. Configuration of e2LosAngeles PRODUCTION Application Server
d. Smoke Test of System-Critical Components
e. Pre-Launch User Training [LA-90]
f. Application Security Scan is a necessary component of Launch. [LA_g2290]

A. <u>Summary of Services Included in the Software as a Service (SaaS) License Fee.</u>

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis. The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

1. <u>List of services provided</u>

I. Licensing

II. Hosting
III. Maintenance
IV. Security monitoring, scanning and logging
V. Performance monitoring and logging
VI. Application exception reporting
VII. Stability monitoring

2. **Licensing**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

3. **Hosting**. e2LosAngeles is hosted on Amazon Web Services GovCloud, a FedRAMP-certified hosting service provider. The cost of FedRAMP-certified AWS GovCloud hosting for this instance is included in the SaaS license fee for e2LosAngeles. Additional information about AWS GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

4. **Maintenance**. RDE is responsible for the maintenance and support of the AWS GovCloud servers used for e2LosAngeles, as well as maintenance of the e2LosAngeles data base and e2LosAngeles software. The cost of all maintenance is included in the SaaS license fee for e2LosAngeles, regardless of the time spent or number of activities performed. Maintenance and support performed by RDE includes the following tasks:

    1. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    2. Monitor and maintain Database Backups.
    3. Review, approve and install WSUS (Windows operating system) Updates
    4. Reboot / Refresh network services and equipment.
    5. Review, approve and install Java Updates and application server Updates across all application Web Servers.
    6. Check log shipping status on database servers.
    7. Review, approve and install Cisco ASA updates
    8. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.
    9. Review, approve and install other software updates across all Servers.
    10. Configure and maintain automated server monitoring uptime and downtime alerts.
    11. Configure and maintain secure administrative controls.
    12. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
    13. Configure and maintain network firewall.
    14. Monitoring system performance and resource usage on all servers and performing updates accordingly.

15. Check, monitor, and ensure that all of our TLS certifications are valid, up to date, and are encrypted to the highest standard accepted by HIPAA.

More information on monitoring and scanning is provided in **Security Monitoring, Scanning and Logging**, below.

Maintenance of the e2LosAngeles software also includes annual updates and revisions to keep the e2LosAngeles RSR Module compliant with HRSA's data dictionary, XML schema and Validations. These updates, which in some years are very extensive, are included in the SaaS license fee, and are performed by RDE at no additional cost to Los Angeles County. The review and approval of updates is an exacting process which requires the evaluation all updates issued, in order to ensure no incompatibilities or other system issues (such as slowness) will be introduced. After a thorough initial review, updates are installed on the staging environment, which mirrors the production environment, and are carefully tested, before being finally installed on the live e2LosAngeles site.

The tasks described above are performed through the joint efforts of a multidisciplinary, cross-functional team, which includes the RDE IT Team and RDE's e2LosAngeles Software Development Team, as coordinated by the Project Manager for e2LosAngeles and supervised by RDE's Project Director. Behind the scenes, this team performs tasks on a continual basis, which are necessary to keep the e2LosAngeles sites finely tuned and functioning optimally. Every update and system change are subjected to the same rigorous quality assurance process, performed by RDE's team of IT specialists, software developers and security experts, all of whom speak the language of HIV and are well-versed in the HIV data collection, reporting and analysis needs of Federal Ryan White recipients.

5. **Security Monitoring, Scanning and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application. System monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage, and detect and report suspicious activity. A high-level list of System monitoring activities includes the following:
    1. Host HTTP/HTTPS web checks: monitors reachability of the website.
    2. User IP address monitoring: logs IP addresses for each user visit to e2LosAngeles.
    3. System Services: Checks to ensure critical services such as IIS, ColdFusion, SQL Agents, etc. are running.
    4. CloudWatch Remote Login Monitoring: logs users who access the servers, reports suspicious activity.
    5. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
    6. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

6. **Performance Monitoring and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application performance. System performance monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage. A high-level list of System performance monitoring and logging activities includes the following:
    a. Monthly Web Performance: monitors individual webpages for (MaxTime, MinTime, AVG, TotalRequests, etc.)
    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

7. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

8. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

e2LosAngeles Scope of Work

Fiscal & Procurement Data System Enhancements

Phase 2 - Fiscal v1

Contents

38. Project Planning and Technical Specifications

- **a.** RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA_g2321]
- **b.** RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.
    - i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.
- **c.** RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA_g2323]
- **d.** RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the "RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

39. Project-Start Demo Site set-up [LA_g2320]

- **a.** RDE launches a Demo site by cloning a "blank-slate" copy of a Reference Model that is chosen by RDE based on best-fit with the project components.
- **b.** RDE grants Super-Admin access to the Demo Site for LA County to create accounts for County staff, as needed, based on Project needs for finalization of specifications.
    - i. The Reference Model Demo site is for limited use by LA County Staff and only fake/randomized data can be used.
- **c.** The list of Expected Reference Model modules will vary if another "best-fit" Reference Model is chosen in agreement between the LA-County and RDE Project Teams.
- **d.** Relevant Modules based on current Reference Model (e2Fulton):

40. Fiscal Contract Management Modules

i. Ability for administrators to add/edit/delete/terminate unit-cost based Contracts for sub-recipients for funded services and sub-services. [LA-94]
ii. Ability to track personnel across multiple contracts [LA-96]
    1. Validation FTE cannot go over 100%
iii. Ability to add/edit/delete line items in contracts for sub-services under each Service Contract. [LA-95]
    1. Ability to view a summary of the administrative budget
    2. Ability to extract contract budget details to an excel file.
    3. Salaries
        a. Available data entry fields:
            i. Name
            ii. Title
            iii. Employment Status
            iv. Fringe Rate
            v. Custom Fringe Rate
            vi. Hourly Rate (two field available for data entry)
            vii. Hours Per Month (two field available for data entry)
            viii. Total Monthly Salary (two field available for data entry)
            ix. FTE (two field available for data entry)
            x. Number of Months (two field available for data entry)
            xi. Subtotal (two field available for data entry) (auto calculated field)
            xii. Position Description
    4. Ability to track multiple service categories under a salary record (sub gird)
        a. Available data entry fields:
            i. Service Category
            ii. Percentage of Salary
            iii. Salary Total (auto calculated field)
            iv. Fringe Total (auto calculated field)
            v. Admin Percentage
            vi. Requested Admin Budget (auto calculated field)
            vii. Requested Budget (auto calculated field)
            viii. Other Funding
            ix. Justifications/Methodology
    5. Employee Benefits
        a. Ability to enter primary and secondary fringe rates
        b. Available fringe components:
            i. F.I.C.A.
            ii. Health Insurance
            iii. Life Insurance
            iv. Unemployment Insurance
            v. Workers Compensation
            vi. Disability Insurance
            vii. Other
        c. Additional data entry fields:
            i. Justifications/Methodology
    6. Travel
        a. Available data entry fields:

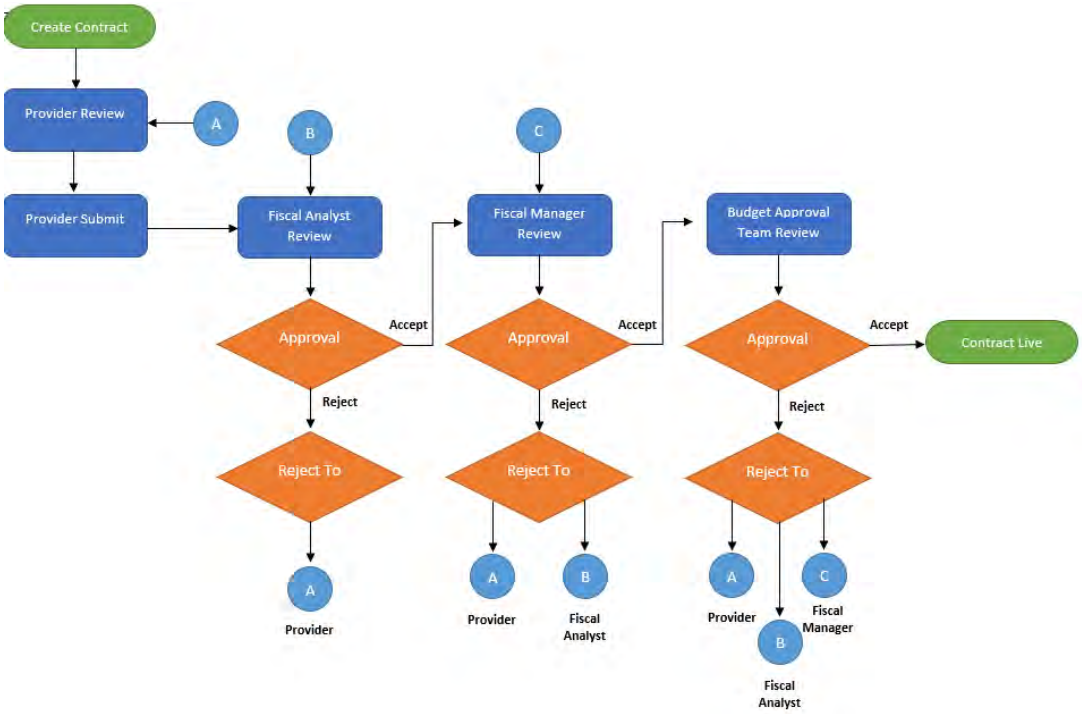
i. Service Category
ii. Line Item
iii. Contract Amount Requested
iv. Admin Percentage
v. Requested Admin Budget (auto calculated field)
vi. Other Funding
vii. Requested Budget (auto calculated field)
viii. Justifications/Methodology

7. Equipment
    a. Available data entry fields:
        i. Service Category
        ii. Line Item
        iii. Contract Amount Requested
        iv. Admin Percentage
        v. Requested Admin Budget (auto calculated field)
        vi. Other Funding
        vii. Requested Budget (auto calculated field)
        viii. Justifications/Methodology
8. Supplies
    a. Available data entry fields:
        i. Service Category
        ii. Line Item
        iii. Contract Amount Requested
        iv. Admin Percentage
        v. Requested Admin Budget (auto calculated field)
        vi. Other Funding
        vii. Requested Budget (auto calculated field)
        viii. Justifications/Methodology
9. Other
    a. Available data entry fields:
        i. Service Category
        ii. Line Item
        iii. Contract Amount Requested
        iv. Admin Percentage
        v. Requested Admin Budget (auto calculated field)
        vi. Other Funding
        vii. Requested Budget (auto calculated field)
        viii. Justifications/Methodology
10. Consultant/Subcontractor
    a. Available data entry fields:
        i. Service Category
        ii. Consultant/Contractor Name
        iii. Type of Service
        iv. Rate and Terms of Service
        v. Contract Amount Requested
        vi. Admin Percentage
        vii. Requested Admin Budget (auto calculated field)
        viii. Other Funding
        ix. Requested Budget (auto calculated field)

x. Justifications/Methodology

11. Ability to track Indirect Cost
12. Ability to add notes to individual line items.

b. Ability to track Service Targets (Program Outcomes) [LA-97]
   i. Priority categories based on contract services
   ii. Ability to track unit and client targets
   iii. Ability to enter notes per priority category
   iv. Ability to track targets by month
   v. Additional fields
   vi. Justifications/Methodology
   vii. Ability to track Agency Contact [LA-98]
      1. Available data entry fields:
         a. Contract/Committee Designee
         b. Name
         c. Phone
         d. Email
   viii. Ability to upload/download/view supporting documentation [LA-99]
      1. Available data entry fields:
         a. Document Name
         b. Document
         c. Notes
   ix. Ability for administrators to add/edit/delete contract waves. [LA-102]
      1. Ability to control start and end date for modification process.
      2. Ability to open or close a modification process.
      3. Ability to control contract modification process.
         a. Contract Renewal
         b. New Contract Negotiation
         c. Contract Modification
      4. The automatic close of waves based on end date.
      5. Available data entry fields:
         a. Process Type
         b. Source Grant
         c. Destination Grant
         d. Start Date
         e. End Date
         f. Wave Status
   x. Ability to accept/reject contracts through the contract negotiation process based on staff role. [LA-101]
   xi. Robust tracking of events that a contract must follow in order to be approved. [LA-100]
      1. Ability for super administrators to bypass contract navigation and make a contract live or contract changes take effect immediately.



xii. Ability to view contract history. [LA-103]
    1. Ability to track and view milestones in the contract negotiation process.
    2. Ability to monitor contract negotiation status.

xiii. Ability for users to monitor tasks assigned to them through the contract negotiation process. [LA-93]
    1. Provider side dashboard
    2. Admin dashboard

xiv. Ability for users to receive email notifications when action is required by them through the contract negotiation process. [LA_g2288]

xv. Robust contract validations upon submission
    1. 10% administrative cap across contract

xvi. Ability for administrators to freeze and unfreeze line items
    1. Delay invoicing for frozen line items, budget will remain the same but line item will be unavailable for invoicing

xvii. Ability to add electronic signature

41. Fiscal Line-Item Invoicing Modules

i. Ability to track monthly expenditures by line item [LA-104]

ii. Salary budget category
    a. Available data entry fields:
        i. Personnel
        ii. Service Category
        iii. Expenditure
        iv. FTE Actual
        v. Adjustment
        vi. Disallowance
        vii. Budget (auto calculated field)

viii. Available Funds (auto calculated field)
ix. Contract Cost (auto calculated field)
x. Admin Cost (auto calculated field)
xi. Fringe Rate (auto calculated field)
xii. Fringe Cost (auto calculated field)
xiii. Ability to override/manually enter the Fringe Rates.
xiv. Allowing negative fringe rates.

iii. All other budget categories (Travel, Equipment, Supplies, Other, Consultant/Subcontractor)
    a. Available data entry fields:
        i. Contract Item
        ii. Service Category
        iii. Expenditure
        iv. Adjustment
        v. Disallowance
        vi. Budget (auto calculated field)
        vii. Available Funds (auto calculated field)
        viii. Contract Cost (auto calculated field)
        ix. Admin Cost (auto calculated field)
        x. Description
        xi. Notes
iv. Ability to view budget summary report
    a. Columns
        i. Budget Category
        ii. Contract Cost This Period
        iii. Total Contract Costs Prior Periods
        iv. Contract Costs YTD
        v. Contract Budget
        vi. Remaining Balance
        vii. Admin Costs
v. Ability to view the full report
    a. Displays all expenditures entered for month/contract
    b. Administrators will have the ability to filter by sub-recipient.
    c. Filters will provide the ability to specify funding source.
    d. Filters will provide the ability to filter by month
    e. Ability for subrecipients to submit a report.
vi. Ability to track program income [possibility, may not be needed] [LA_g2287]
vii. Ability for administrators to accept/reject a report. [LA-114]
viii. Ability for administrators to make edits to submitted reports
ix. Ability to view report submission history.
x. Ability to auto submit a report.
    a. Reports that exceed the submission deadline will be late/auto submitted by the system. Reports that have been submitted/auto submitted/approved will become locked. Administrators may reject a report to allow for resubmission by the provider.
xi. Ability to add notes to individual line items.
xii. Ability to upload/download/view supporting documentation [LA-105]
xiii. Available data entry fields:
    a. Document Name
    b. Document

c. Notes

xiv. Fiscal Invoicing eSignature [LA-107]
xv. Ability to add electronic signature when submitting a report
xvi. Ability to add electronic signature when accepting a report on the admin side
xvii. Ability to add electronic signature when submitting a fiscal report for Service Units
xviii. Ability for users to receive email notifications when action is required by them through the fiscal approval process. [LA-109]
xix. Ability to print a formatted monthly invoice. [LA-108]
xx. Includes the following:
    a. Vendor information
    b. Budget summary
    c. Line-item details
    d. Provider side signatures
    e. Admin side signatures

42. Line-Item Expenditures Report [LA-116]

i. The Line-Item Expenditures Report will allow users to view, in real-time, a detailed budget summary for each Service Contract. The system will automatically calculate and display balance for each Contract based on the invoiced amount entered by users in the Fiscal Module (the report will only display approved invoices) and the latest approved budget from the Contract Management Module.
ii. Administrators will have the ability to run this report for any number of sub-recipients.
iii. Filters will provide the ability to specify funding source and month
iv. Ability to extract the report into PDF and Excel

43. Fiscal Service Units Invoicing (Medical Patients)

i. Ability for administrators to manage service contract information on the Contract Management screen. [LA-111]

    a. Integration of Program-level Contract Service Caps and fiscal invoicing module.
    b. Ability to select service unit type.
        i. Dollar amount
        ii. Fixed dollar amount
    c. Ability to set budget cap.

ii. Service Unit Invoicing [LA-110]

    a. Ability for users to add/edit expenditure amounts in the Client Services screen.
    b. Ability for invoiced service units to be reimbursed in the proceeding billing cycle.
        i. Reimbursement will be based on eligibility and insurance requirements (rules TBD, during technical specifications phase).
        ii. 45-day grace period for new HIV patients.

iii. Integration of the existing e2 Automated Eligibility Module to determine each Client's fiscal eligibility start date and end date based on LA County's eligibility rules/criteria (rules TBD, during technical specifications phase). [LA-112]
iv. Ability for administrators to set eligibility overrides/exceptions for patients. [LA-113]
v. Ability for administrators to lock/unlock a reporting month.

44. Service Costs Expenditures Report [LA-117]

i. The Service Expenditure Report will allow users to view, in real-time, the status of each Service Contract across all programs. The system will automatically calculate and display balance for each Contract based on encumbered amount entered by users in the Client Services screen.
ii. Administrators will have the ability to run this report for any number of sub-recipients.
iii. Filters will provide the ability to specify one or many program types, funding sources, and service types.
iv. Exact Features and capabilities of the report will be determined during the development of detailed specifications.
v. Ability to extract the report into PDF and Excel

45. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

46. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards
b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.
c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.
d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2326]

47. Pre- and Post-Launch Subrecipient Surveys

a. Online surveys will be presented to Ryan White funded subrecipients to elicit feedback on subrecipient data management needs and use of the system. [LA_g2322] [LA_g2324]

48. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server
b. Configuration of e2LosAngeles PRODUCTION Database
c. Configuration of e2LosAngeles PRODUCTION Application Server
d. Smoke Test of System-Critical Components
e. Pre-Launch User Training [LA_g2325]
f. Application Security Scan is a necessary component of Launch. [LA_g2326]

49. Summary of Services Included in the Software as a Service (SaaS) License Fee.

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9. List of services provided

VIII. Licensing
IX. Hosting
X. Maintenance
XI. Security monitoring, scanning and logging
XII. Performance monitoring and logging
XIII. Application exception reporting
XIV. Stability monitoring

10. **Licensing**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

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    16. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    17. Monitor and maintain Database Backups.
    18. Review, approve and install WSUS (Windows operating system) Updates
    19. Reboot / Refresh network services and equipment.
    20. Review, approve and install Java Updates and application server Updates across all application Web Servers.
    21. Check log shipping status on database servers.
    22. Review, approve and install Cisco ASA updates
    23. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.

24. Review, approve and install other software updates across all Servers.
25. Configure and maintain automated server monitoring uptime and downtime alerts.
26. Configure and maintain secure administrative controls.
27. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
28. Configure and maintain network firewall.
29. Monitoring system performance and resource usage on all servers and performing updates accordingly.
30. Check, monitor, and ensure that all of our TLS certifications are valid, up to date, and are encrypted to the highest standard accepted by HIPAA.

More information on monitoring and scanning is provided in **Security Monitoring, Scanning and Logging**, below.

Maintenance of the e2LosAngeles software also includes annual updates and revisions to keep the e2LosAngeles RSR Module compliant with HRSA's data dictionary, XML schema and Validations. These updates, which in some years are very extensive, are included in the SaaS license fee, and are performed by RDE at no additional cost to Los Angeles County. The review and approval of updates is an exacting process which requires the evaluation all updates issued, in order to ensure no incompatibilities or other system issues (such as slowness) will be introduced. After a thorough initial review, updates are installed on the staging environment, which mirrors the production environment, and are carefully tested, before being finally installed on the live e2LosAngeles site.

The tasks described above are performed through the joint efforts of a multidisciplinary, cross-functional team, which includes the RDE IT Team and RDE's e2LosAngeles Software Development Team, as coordinated by the Project Manager for e2LosAngeles and supervised by RDE's Project Director. Behind the scenes, this team performs tasks on a continual basis, which are necessary to keep the e2LosAngeles sites finely tuned and functioning optimally. Every update and system change are subjected to the same rigorous quality assurance process, performed by RDE's team of IT specialists, software developers and security experts, all of whom speak the language of HIV and are well-versed in the HIV data collection, reporting and analysis needs of Federal Ryan White recipients.

13. **Security Monitoring, Scanning and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application. System monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage, and detect and report suspicious activity. A high-level list of System monitoring activities includes the following:
    7. Host HTTP/HTTPS web checks: monitors reachability of the website.
    8. User IP address monitoring: logs IP addresses for each user visit to e2LosAngeles.
    9. System Services: Checks to ensure critical services such as IIS, ColdFusion, SQL Agents, etc. are running.

10. CloudWatch Remote Login Monitoring: logs users who access the servers, reports suspicious activity.
11. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
12. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

14. **Performance Monitoring and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application performance. System performance monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage. A high-level list of System performance monitoring and logging activities includes the following:
    a. Monthly Web Performance: monitors individual webpages for (MaxTime, MinTime, AVG, TotalRequests, etc.)
    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

15. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

16. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

e2LosAngeles Scope of Work

e2Training Data System Integration

Phase 3 – e2Training v1

Contents

50. Project Planning and Technical Specifications

a. RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA_g2334]

b. RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.

   i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.

c. RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA_g2336]

d. RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the "RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

51. Project-Start Demo Site set-up [LA_g2333]

a. RDE launches a Demo site by cloning a "blank-slate" copy of a Reference Model that is chosen by RDE based on best-fit with the project components.

b. RDE grants Super-Admin access to the Demo Sites for LA County to create accounts for County staff, as needed, based on Project needs for finalization of specifications.

i. The Reference Model Demo sites are for limited use by LA County Staff and only fake/randomized data can be used.

c. The list of Expected Reference Model modules will vary if another "best-fit" Reference Model is chosen in agreement between the LA-County and RDE Project Teams.

d. Relevant Modules based on current Reference Models (e2Training, and e2AETC):

52. User Request Module [RDE_g811]

a. This module allows Agency Administrator users to view and submit new requests for the creation/update/deletion of user accounts in e2LA.

i. The User Request Entry screen will collect data points required for LA-DPH to process and approve the request.
   1. Ability to attach a document as part of the request (I.e., Signed User agreement)

ii. User Creation Requests
   1. Collection of data in relation to requesting the creation of a new user account in e2LA

iii. User Deletion Requests
   1. Collection of data in relation to requesting the deletion of an existing user account in e2LA

iv. User Update Requests
   1. Collection of data in relation to updating an existing user account in e2LA, such as a change in email address, phone number, User Role/Permission … etc.

b. Ability for Super-administrators to track data about the status of the request.

i. Ability for agency admins users to view the status of their requests through the review screen.

c. Module Email Alerts [LA-167]

i. Super-Administrators will receive an alert when a new request is created

ii. Agency Administrators will receive status updates alerts from the system when their request is updated

53. e2Training Integration with e2LA [LA-168]

- **a.** e2LA Super-Admin users will have direct access to the training site without having to login again.
- **b.** e2LA Agency Users will have direct access to the training site without having to login again.
- **c.** Integration with User Request Module to automatically register an e2Training Account when request is approved [LA-169]
- **d.** User Alerts and/or restriction in e2LA if required training expires [LA-170]

54. Training Site User Management [LA-171]

- **a.** Users can self-register to e2Training and select their Agency, Program, and Role [LA-172]
- **b.** Super-administrators can view/update/delete e2Training user accounts.
- **c.** Separate user management from e2LA, see "e2Training Integration with e2LA" for any interactions with e2LA's user management.

55. Administrative Training Management [LA-173]

- **a.** Ability for Administrators to search/create/edit/delete Trainings

56. Training Information and Planning [LA-174]

- **a.** Ability to specify a Title and Description for the Training
- **b.** Ability to add text for the training Time and Location (Physical Address or Virtual Meeting Link)
- **c.** Ability to specify a Start and End Date for training

57. Advanced Training Access Management [LA-175]

- **a.** Ability to select which user groups will have access to each training
- **b.** Ability to set training as recurring and needing to be redone by each user group at a certain frequency (Yearly, Every 6-Months … etc.)
- **c.** Ability to make a Training Required or Optional for all or some specific User groups
    - i. Required Training will be displayed prominently and prioritized over Optional training.
- **d.** See Also "e2Training Integration with e2LA" for any restrictions or alerts to e2LA user accounts from Required Trainings.

58. Training Content Management

- **a.** Ability to add/edit/create pieces of content for a training [LA-176]
    - i. Ability to track and edit Training Content Records' Name, Description, and Instruction that will be displayed to the Trainees
    - ii. Ability to set a Training Content record as "Hidden" from the Training
    - iii. Ability to set and modify the order in which Training Content is displayed when accessing the Training.
- **b.** Ability to upload a Video as part of training Content [LA-177]

i. The video will be played in the trainee's browser when accessing the training

c. Ability to upload a PDF as part of training content. [LA-178]

i. The PDF file will be downloaded by trainees when accessing the training.

59. Training Evaluation and Quiz Management

a. Ability to add a set of questions to the training that users will be prompted to respond to after watching the training Content. [LA-179]

i. Ability to select the Question Type and Options
   1. Single-Choice
   2. Open-Ended Text

60. Training Quiz and Scoring Management [LA-180]

a. Ability to specify a single "Correct" answer for any Dropdown questions' answer.

b. Ability for administrators to specify a required "Passing Score" as a percentage.

i. All Training Questions with a specified correct Answer will be weighted equally to calculate the Result Score.

ii. Users can repeat the quiz as many times as they like.

61. Training Participant – Training Overview Dashboard [LA-181]

a. The user Training Dashboard will display all available training for the user based on Training Start/End Dates, requirement, and user group.

b. Users will be able to see which Trainings have been completed along with their most recent Quiz Score (if applicable)

c. Ability to view/download electronic training certificates. [LA-182]

i. Training Certificates are generated for each training by using a standard template with the name of the training, and information about training attendance printed on the electronic document.

62. Training Participant - Training Content View [LA-183]

a. Ability for users to access the Content for a selected training

b. See "Training Content Management" for details on the type of content available.

63. Training Participant – Post-Training Quiz/Evaluation Page [LA-184]

a. Ability for users to respond to a set of questions for a specific training after having accessed all the Training's Content.

b. See "Training Evaluation and Quiz Management" for details about the post-training Quiz/Evaluation Questions.

64. Administrative Report – Training Participants Extract [LA-185]

a. Ability for administrators to view a list of users with all their completed Trainings and Quiz Scores.

b. Ability to filter by Training Date, user groups, required trainings, and agencies.

65. Administrative Report – Aggregate Training Participant Counts Report [LA-186]

a. Ability to filter by Date, user groups, training requirements, and agencies.
b. Ability for administrators to view an aggregated count report of total participants by Training
c. Ability to access a drilldown to view the participant-list for a selected aggregate-count indicator.

66. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

67. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards
b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.
c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.
d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2339]

68. Pre- and Post-Launch Subrecipient Surveys

a. Online surveys will be presented to Ryan White funded subrecipients to elicit feedback on subrecipient data management needs and use of the system. [LA_g2335] [LA_g2337]

69. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server
b. Configuration of e2LosAngeles PRODUCTION Database
c. Configuration of e2LosAngeles PRODUCTION Application Server
d. Smoke Test of System-Critical Components
e. Pre-Launch User Training [LA_g2338]
f. Application Security Scan is a necessary component of Launch. [LA_g2339]

B. <u>Summary of Services Included in the Software as a Service (SaaS) License Fee.</u>

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis.

The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

17. **List of services provided**
    - XV. Licensing
    - XVI. Hosting
    - XVII. Maintenance
    - XVIII. Security monitoring, scanning and logging
    - XIX. Performance monitoring and logging
    - XX. Application exception reporting
    - XXI. Stability monitoring

18. **Licensing**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

19. **Hosting**. e2LosAngeles is hosted on Amazon Web Services GovCloud, a FedRAMP-certified hosting service provider. The cost of FedRAMP-certified AWS GovCloud hosting for this instance is included in the SaaS license fee for e2LosAngeles. Additional information about AWS GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

20. **Maintenance**. RDE is responsible for the maintenance and support of the AWS GovCloud servers used for e2LosAngeles, as well as maintenance of the e2LosAngeles data base and e2LosAngeles software. The cost of all maintenance is included in the SaaS license fee for e2LosAngeles, regardless of the time spent or number of activities performed. Maintenance and support performed by RDE includes the following tasks:

    31. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    32. Monitor and maintain Database Backups.
    33. Review, approve and install WSUS (Windows operating system) Updates
    34. Reboot / Refresh network services and equipment.
    35. Review, approve and install Java Updates and application server Updates across all application Web Servers.
    36. Check log shipping status on database servers.
    37. Review, approve and install Cisco ASA updates
    38. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.
    39. Review, approve and install other software updates across all Servers.
    40. Configure and maintain automated server monitoring uptime and downtime alerts.
    41. Configure and maintain secure administrative controls.

42. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
43. Configure and maintain network firewall.
44. Monitoring system performance and resource usage on all servers and performing updates accordingly.
45. Check, monitor, and ensure that all of our TLS certifications are valid, up to date, and are encrypted to the highest standard accepted by HIPAA.

More information on monitoring and scanning is provided in **Security Monitoring, Scanning and Logging**, below.

Maintenance of the e2LosAngeles software also includes annual updates and revisions to keep the e2LosAngeles RSR Module compliant with HRSA's data dictionary, XML schema and Validations. These updates, which in some years are very extensive, are included in the SaaS license fee, and are performed by RDE at no additional cost to Los Angeles County. The review and approval of updates is an exacting process which requires the evaluation all updates issued, in order to ensure no incompatibilities or other system issues (such as slowness) will be introduced. After a thorough initial review, updates are installed on the staging environment, which mirrors the production environment, and are carefully tested, before being finally installed on the live e2LosAngeles site.

The tasks described above are performed through the joint efforts of a multidisciplinary, cross-functional team, which includes the RDE IT Team and RDE's e2LosAngeles Software Development Team, as coordinated by the Project Manager for e2LosAngeles and supervised by RDE's Project Director. Behind the scenes, this team performs tasks on a continual basis, which are necessary to keep the e2LosAngeles sites finely tuned and functioning optimally. Every update and system change are subjected to the same rigorous quality assurance process, performed by RDE's team of IT specialists, software developers and security experts, all of whom speak the language of HIV and are well-versed in the HIV data collection, reporting and analysis needs of Federal Ryan White recipients.

21. **Security Monitoring, Scanning and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application. System monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage, and detect and report suspicious activity. A high-level list of System monitoring activities includes the following:
    13. Host HTTP/HTTPS web checks: monitors reachability of the website.
    14. User IP address monitoring: logs IP addresses for each user visit to e2LosAngeles.
    15. System Services: Checks to ensure critical services such as IIS, ColdFusion, SQL Agents, etc. are running.
    16. CloudWatch Remote Login Monitoring: logs users who access the servers, reports suspicious activity.

17. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
18. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

22. **Performance Monitoring and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application performance. System performance monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage. A high-level list of System performance monitoring and logging activities includes the following:
    a. Monthly Web Performance: monitors individual webpages for (MaxTime, MinTime, AVG, TotalRequests, etc.)
    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

23. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

24. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

e2LosAngeles Scope of Work

Phase 4 - RW & MCC v2

Contents

70. Project Planning and Technical Specifications

a. RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA_g2327]

b. RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.

i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.

c. RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA_g2328]

d. RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the “RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

71. HIPAA Compliant Client Portal & Client / Staff e-Signature Module [LA_g509]

a. An administrative interface will allow case managers to send an electronic request for one or more documents to a client with a record in e2. The documents available for selection will be consistent with the Client Document Tracker/Uploader module above.
b. The administrative interface will also allow case managers to review documents the client has submitted, and either accept or reject them. Accepted documents will be transferred to the Document Tracker/Uploader for the client in question, and the client's eligibility status will be updated accordingly. Rejected documents may be re-requested.
c. Ability for Clients to access the portal using a link emailed to them by the e2. The portal will present the client with any language from the physical form (either on screen or as a downloadable PDF) and allow them to upload, photograph, and/or provide eSignatures for the requested documentation as appropriate.

72. Client Resources/Patient Portal Secure Patient Access (see e2MyHealth module) [LA-46]

a. Client Application for Services, Enrollment and Eligibility Certification/Recertification, Medication and Appt Reminders, Prescription services
b. Patient Self-Reporting – clients can report adherence and it can be tracked in eCOMPAS, can report appt attendance, can receive messages and incentives for successful adherence
c. Links to resources can be provided to clients through patient portal
d. Admin features to for recipients and subrecipients to create and manage accounts for client users, with roles and permissions to protect confidentiality.
e. Access to Data for Adherence Tracking, Alerts, Reminders and QM for Recipient and Sub-recipient staff. Brings the self-reported data into eCOMPAS for reporting and data analysis and for Visual Analytics and HAB Measures report. Case managers can also get alerts where client reported data indicates a client is not adherence or at risk for falling out of care

73. MCC Care Team Dashboard v2 [RDE_g538]

a. Based on NYP Clinical Care Team dashboard.
b. Updates to Case Load Report with Care Coordination Indicators

74. Secure Messaging [LA-53]

a. Ability for users to send and receive messages from other e2 users through an integrated inbox module.
b. Users will have the ability to send messages directly to other e2LosAngeles users by searching for their name or agency.
c. Users will have the ability to track and organize multiple messages as part of a conversation.
d. Ability for messages to contain a direct client link, if the recipients have data sharing access.
e. Ability to upload a file as an attachment to a message.
f. All messages and attachment will be protected with LKM encryption.

75. Data Export into State System [LA-43]

a. e2LosAngeles will provide an interface that the recipient can use to export client data in a file format compatible with the [State System] for HRSA Part B grant deliverables.

b. Data Crosswalk will be worked on collaboratively during the Project's Technical Specifications phase.

76. Eligibility Status Report [LA-54]

a. Ability to generate a report listing clients with past-due or upcoming gaps in eligibility.

77. Semi-annual Progress Report [LA-56]

a. Ability to produce a semi-annual progress report conforming with Los Angeles County requirements.

78. e2 Visual HAB Performance Measures Report v2 [LA-50]

a. Perform dynamic charting of Los Angeles County CQM indicators.

i. [Los Angeles County to fill-in; up to 10 indicators]

79. e2 Visual Care Continuum Dashboard and Report [LA-57]

a. Perform dynamic charting of HIV Care Continuum Measures

i. Enrolled
ii. Linked to Care
iii. Retained in Care
iv. Rx of ARV Therapies
v. VL Suppress

b. Display real time graphical demographics reports of client data with customizable filters

c. Ability to save custom reports.

d. Ability to export data in PDF and Excel.

e. Ability to drill down to list of clients.

f. Advanced visual graphs and breakdowns for gaps within continuum stages and by priority populations.

80. Data Import in Format Specified by RDE - Version 2 [LA-59]

a. Adjustments to the Data Import v1 format to support new data collection capabilities based on County needs.

b. Once a file is uploaded, a summary report allows the user to review how many records are contained within the file along with the number of warnings and errors.

c. A Validations Report displays a detailed list of errors and data quality issues found in the uploaded file and identifies the client records where the errors were found. Any errors found must first be corrected before the file can be imported.

d. Support for automated sFTP Imports by connecting to the secured LKM sFTP hosted by RDE where agencies will be uploading their data files. [LA-88]

81. EHE Tri-annual Report [LA-64]

. Ability to produce a report containing indicators in accordance with Los Angeles County's EHE Tri-annual Report requirements.

a. Ability for Los Angeles County to filter by agency

b. Ability to export data in PDF and Excel.

c. Ability to drill down to list of clients.

d. Ability to breakdown by priority populations.

82. Proactive QM Alerts and Reminders [LA-62]

. Ability for administrators to view system-wide QM alerts.

a. Ability to view all QM alerts for a particular client.

b. Users are auto-emailed QM Alerts Summary report on a weekly basis.

c. Ability to set QM alerts based on Core HAB Performance Measures

83. Geo-mapping capabilities for Visual Analytics [LA-63]

. Ability to produce heatmaps for supported Visual Analytics Indicators.

84. Visual Client Eligibility Graph [LA-55]

. Provides users with real-time access to an interactive gantt-chart visualization of a client's entire eligibility history, including periods of gaps in eligibility alongside time-based requirements such as periodic re-certification, consent expiration, and applicable grace periods for provisional enrollment and other time-limited exceptions.

85. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

86. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards

b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.

c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.

d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2329]

87. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server

b. Configuration of e2LosAngeles PRODUCTION Database

c. Configuration of e2LosAngeles PRODUCTION Application Server
d. Smoke Test of System-Critical Components
e. Application Security Scan is a necessary component of Launch. [LA_g2329]

C. <u>Summary of Services Included in the Software as a Service (SaaS) License Fee.</u>

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis. The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

25. <u>List of services provided</u>

XXII. Licensing
XXIII. Hosting
XXIV. Maintenance
XXV. Security monitoring, scanning and logging
XXVI. Performance monitoring and logging
XXVII. Application exception reporting
XXVIII. Stability monitoring

26. **<u>Licensing</u>**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

27. **<u>Hosting</u>**. e2LosAngeles is hosted on Amazon Web Services GovCloud, a FedRAMP-certified hosting service provider. The cost of FedRAMP-certified AWS GovCloud hosting for this instance is included in the SaaS license fee for e2LosAngeles. Additional information about AWS GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

28. **<u>Maintenance</u>**. RDE is responsible for the maintenance and support of the AWS GovCloud servers used for e2LosAngeles, as well as maintenance of the e2LosAngeles data base and e2LosAngeles software. The cost of all maintenance is included in the SaaS license fee for e2LosAngeles, regardless of the time spent or number of activities performed. Maintenance and support performed by RDE includes the following tasks:

    46. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    47. Monitor and maintain Database Backups.
    48. Review, approve and install WSUS (Windows operating system) Updates
    49. Reboot / Refresh network services and equipment.

50. Review, approve and install Java Updates and application server Updates across all application Web Servers.
51. Check log shipping status on database servers.
52. Review, approve and install Cisco ASA updates
53. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.
54. Review, approve and install other software updates across all Servers.
55. Configure and maintain automated server monitoring uptime and downtime alerts.
56. Configure and maintain secure administrative controls.
57. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
58. Configure and maintain network firewall.
59. Monitoring system performance and resource usage on all servers and performing updates accordingly.
60. Check, monitor, and ensure that all of our TLS certifications are valid, up to date, and are encrypted to the highest standard accepted by HIPAA.

More information on monitoring and scanning is provided in **Security Monitoring, Scanning and Logging**, below.

Maintenance of the e2LosAngeles software also includes annual updates and revisions to keep the e2LosAngeles RSR Module compliant with HRSA's data dictionary, XML schema and Validations. These updates, which in some years are very extensive, are included in the SaaS license fee, and are performed by RDE at no additional cost to Los Angeles County. The review and approval of updates is an exacting process which requires the evaluation all updates issued, in order to ensure no incompatibilities or other system issues (such as slowness) will be introduced. After a thorough initial review, updates are installed on the staging environment, which mirrors the production environment, and are carefully tested, before being finally installed on the live e2LosAngeles site.

The tasks described above are performed through the joint efforts of a multidisciplinary, cross-functional team, which includes the RDE IT Team and RDE's e2LosAngeles Software Development Team, as coordinated by the Project Manager for e2LosAngeles and supervised by RDE's Project Director. Behind the scenes, this team performs tasks on a continual basis, which are necessary to keep the e2LosAngeles sites finely tuned and functioning optimally. Every update and system change are subjected to the same rigorous quality assurance process, performed by RDE's team of IT specialists, software developers and security experts, all of whom speak the language of HIV and are well-versed in the HIV data collection, reporting and analysis needs of Federal Ryan White recipients.

29. **Security Monitoring, Scanning and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application. System monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system

usage, and detect and report suspicious activity. A high-level list of System monitoring activities includes the following:

19. Host HTTP/HTTPS web checks: monitors reachability of the website.
20. User IP address monitoring: logs IP addresses for each user visit to e2LosAngeles.
21. System Services: Checks to ensure critical services such as IIS, ColdFusion, SQL Agents, etc. are running.
22. CloudWatch Remote Login Monitoring: logs users who access the servers, reports suspicious activity.
23. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
24. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

30. **Performance Monitoring and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application performance. System performance monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage. A high-level list of System performance monitoring and logging activities includes the following:
    a. Monthly Web Performance: monitors individual webpages for (MaxTime, MinTime, AVG, TotalRequests, etc.)
    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

31. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

32. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

e2LosAngeles Scope of Work

Integrated Prevention Data System

Phase 5 – e2Prevention v1

Contents

88. Project Planning and Technical Specifications

a. RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA_g2341]

b. RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.

i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.

c. RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA_g2343]

d. RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the "RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

89. Project-Start Demo Site set-up [LA_g2340]

a. RDE launches a Demo site by cloning a "blank-slate" copy of a Reference Model that is chosen by RDE based on best-fit with the project components.

b. RDE grants Super-Admin access to the Demo Site for LA County to create accounts for County staff, as needed, based on Project needs for finalization of specifications.

i. The Reference Model Demo site is for limited use by LA County Staff and only fake/randomized data can be used.

c. The list of Expected Reference Model modules will vary if another "best-fit" Reference Model is chosen in agreement between the LA-County and RDE Project Teams.

d. Relevant Modules based on current Reference Model (e2CTPrevention):

90. System Administration

a. Prevention Provider Management [LA-118]

i. Ability for Los Angeles County to track Prevention Providers in a shared interface but independently from Ryan White Providers

b. Prevention User Management [LA-121]

i. Ability for County Super-Administrators to search/add/edit/void system user accounts.

ii. Ability for Super-Administrators to add/edit user accounts' roles and permissions.

iii. Ability for Super-Administrators to grant/deny LKM Permissions (permission to view sensitive (level 1) data) for system users.
    1. Automated emails will be sent based on user LKM unlock requests
iv. Ability for Users to reset their own passwords. The password reset will remove users' permission to view sensitive (level 1) data as a security measure.
    1. Match County Requirements for Passwords, time-outs, password expiration.
v. Ability for Super-Administrators to "Login As" different users to track user perspectives
vi. Ability for a User with access to both the Ryan White and Prevention to use a single log-in and choose which environment (Prevention Vs. Ryan White) to use when accessing e2LosAngeles. [LA-119]
vii. Ability for LA-County to choose if a user's password must be authenticated through the "Single Sign-on" LA-County Portal when that user starts a new session in e2LosAngeles. [LA-120]
    1. Technical Details on Network Architecture and Security Analysis will be performed as part of project planning and technical specifications phases. (VPN architecture TBD.)

c. Prevention User Roles & Permissions [LA-8]
i. Ability for System Administrators to assign/change specific role for each User
ii. Permissions must be role-based with granular roles and permissions defined for each level of user access. Permissions for each role will be determined during technical specifications phase.
iii. User Roles and Permissions for Prevention Users
iv. Prevention and Ryan White Permissions are defined and maintained separately from each other depending on the Environment of the user (RW or Prevention).

d. Prevention Advanced Encryption Model LKMv2.2 Data [LA-122]
i. Encryption for protecting sensitive client records (level 1 data) using e2's Advanced Encryption Model LKMv2.2.
ii. All Prevention level 1 data (list of level 1 fields will be determined during technical specifications phase) will be encrypted using LKMv2.2. Please see the attached document to view the "Local Key Module Version 2.2."
iii. A L1 Passphrase will be generated and secured by Los Angeles County Super-Administrators
    1. The L1 passphrase will allow user accounts to unlock their LKM outside of the typical LKM unlock process, specified in User Management
    2. RDE will assist Los Angeles County in LKM setup, including instructions on how to generate the L1 Passphrase and sharing best practices to secure the L1 Passphrase
iv. Prevention and Ryan White Environments will share the same L1 Passphrase
    1. List of Prevention L1 fields will be defined during technical specifications

e. Prevention Contract Management Module [LA-125]

i. Ability for Los Angeles County to add/edit/delete/terminate Contracts for sub-recipients for funded services and sub-services.
ii. Ability to view and manage Prevention Contracts separately from Ryan White Contracts.
iii. Ability to track and search the following Prevention Subservices:
    1. HIV Testing Subservices
    2. HIV Testing Partner Services Subservices
    3. PrEP Navigation Subservices
    4. Behavioral Program Subservices
iv. Prevention Funding Sources
    1. PrEP Center of Excellence
    2. Behavioral Services
v. Additional Prevention Funding Sources [LA-52]
    1. CDC 18-1802 HIV Testing Partner Services
    2. CDC EHE
vi. Prevention Contracts will be used by LA-County to grant Program-access for an agency to enter client-level data associated with the contract's Prevention Subservices. [LA-123]
vii. Ability for by LA-County to track HIV Testing Quarterly Goals for each Agency Contract. [LA-124]

f. System Announcements [LA-126]
iii. Ability for Los Angeles County to manage and create system announcements that will be displayed for a specified group of users the next time they log-in.
iv. New announcements may be marked as important and will require users to acknowledge them when logging-in.
v. Ability to manage and target announcements separately between Ryan White and Prevention

91. Prevention Client Data Sharing Rules and Permissions

a. Ryan White and Prevention Clients will be accessed and managed separately from each other. Access to a RW Clients will first require the user to access the e2LosAngeles RW Environment as described in User Management above.
b. Ability to limit Prevention client data sharing based on Prevention-Specific Rules for prevention agencies and Prevention programs. [LA-128]
c. Data sharing will vary based on prevention fields and between Prevention Programs.
d. Prevention Client consent will be required for each Agency.
e. Prevention Client Consent Upload for Data Sharing. [LA-129]
f. Prevention Search screen restrictions on access to Prevention Client search results may be added during development of detailed Prevention specs. [LA-130]
g. Prevention-Specific Client consent electronic signature as presented and described in e2Genie Client Consent Electronic Signature module functionality overview [LA-131]

92. Prevention Client Deduplication and Merging [LA-127]

- **a.** A robust de-duplication algorithm allows the system to identify potential duplicate clients across all programs. The same algorithm checks for duplicates during client intake.
- **b.** The algorithm displays a similarity score, so the user can see what percentage of identifying data in the two records is the same.
- **c.** Administrators will have the ability to merge the potential duplicates, or keep them separate if they are in fact two different individuals.
- **d.** Prevention and Ryan White Clients are deduplicated separately and cannot be merged across.
- **e.** Prevention-specific Deduplication Algorithm based on fields and identifiers collected during a Prevention Client-Intake.

93. Integrated Prevention Client-Level Data

- **a.** Prevention Data Collection and Data Dictionary will be defined separately from each other, with independent field definitions and requirements
- **b.** Ability to search/add/edit Prevention Client Specific Intake Information [LA-132]
- **c.** Ability to search/add/edit Prevention Client Specific Demographics Information [LA-133]
- **d.** Ability to add/edit Client Housing, income, and insurance information [LA-134]
- **e.** Ability to add/edit Client HIV and Risk Factors Information [LA-135]
- **f.** Ability to add/edit Prevention Client Progress Notes [LA-136]

94. e2Prevention PrEP Client-Level Data

- **a.** Ability to track PrEP Enrollment Information [LA-137]
- **b.** Ability to add/edit/delete additional Client PrEP Risk Assessment and Eligibility screening [LA-138]
    - i. Screenings for substantial risk for HIV infection data entry
    - ii. HIV Status (PrEP Eligibility)
    - iii. Recent exposure to HIV
    - iv. Patient Interest in PrEP
- **c.** Ability to add/edit/delete additional Client Acuity Assessment (PrEP) [LA-139]
    - i. Date Completed
    - ii. Scores for indicators (TBD)
    - iii. Notes
    - iv. Auto calculate Acuity Score and level
- **d.** Ability to add/edit/delete Medication Assistance Program eligibility (PrEP) [LA-140]
    - i. Name of Medication Assistance Program
    - ii. Eligibility Status
    - iii. Application/Referral Start Date
    - iv. Process Notes
    - v. Approval Start Date
    - vi. Expiration Date
- **e.** Ability to add/edit/delete PrEP Program withdrawal. [LA-141]
    - i. Date of withdrawal
    - ii. Reason (by clinician /self)
- **f.** Ability to add/edit/delete Encounter Record (services) [LA-142]
    - i. Encounter Date and Type

ii. Navigation Staff
iii. Minutes Spent
iv. Encounter Goal Selection
v. Encounter Outcome Selection
vi. Date, Purpose, and Outcome of Previous Visit
vii. Date, and Purpose of next visit
viii. Ability to add/edit/delete Client Barriers
    1. Type of Barrier
    2. Action 1 & 2
    3. Current Status
    4. Notes
    5. New Barrier?
    6. Date barrier was first identified.
ix. Ability to add/edit PrEP use motivations/facilitators Form
    1. Behavioral Factors Multi-Selection
    2. Partner Factors Multi-Selection
    3. Psychologic Factors Multi-Selection
    4. Other Factors/Notes
x. Ability to add/edit Client reason against PrEP
    1. Behavioral Factors Multi-Selection
    2. Partner Factors Multi-Selection
    3. Psychological Factors Multi-Selection
    4. Other Factors/Notes

95. e2Prevention Effective Behavioral Intervention (EBI) Client Data Entry [LA-143]

a. Ability to add/edit/delete Individual Client Level Intervention Records
    i. Ability to enroll a client into various EBI programs
    ii. Ability to add/edit/delete intervention (service) for a client
        1. Ability to add/edit/delete referrals and activities for each enrollment within each entry
        2. Ability to add/edit/delete Notes for each entry
        3. Ability to track medical screenings and results (self-reported) information.
    iii. Specific data fields/options to be determined during technical specifications phase.

96. e2Prevention Community-Level Interventions Data Entry [LA-144]

a. Ability to add/edit/delete Community Level Intervention Records with aggregate-level data on number of events, and population reached by community Interventions during the month.
b. Specific aggregate data fields and priority categories to be determined during technical specifications phase.

97. Community-Level HIV Testing Services Data-Entry [LA-145]

a. Ability for users to add/edit/delete HIV Testing Records
    i. Support for CDC 18-1802 HIV Testing data fields

ii. Support for upcoming CDC Grant's HIV Testing data fields defined by CDC DVS standards.
iii. Support for LA-County Identifiers Data Fields
iv. Form ID auto-generated during data-entry, expected 19 in length and Unique.

b. e2LosAngeles will be designed to allow users to perform a partial-submission and return at a later point to continue Data-Entry of an existing HIV Testing Record
i. The data-entry screen will display a summary table to users listing all partially submitted HIV testing Records.

98. Export from e2LosAngeles to XML for EvaluationWeb [LA-147]

a. Export of HIV Testing in XML format for latest EvaluationWeb file format at time of implementation.

99. Prevention Imports

a. Ability for Prevention Agency users to import HIV Testing data for **Positive** HIV Testing Results in a format defined during technical specifications (Expected Flat file, pipe-delimited) [LA_150]

b. Ability for Prevention Agency users to import HIV Testing data for **Negative** HIV Testing Results in a format defined during technical specifications (Expected Flat file, pipe-delimited) [LA_151]

100. System Data Admin

a. Ability for County super-admins to add/edit/delete system options and import mappings for:
i. RW and Prevention Founding Sources [LA-155]
ii. Prevention Agency Locations [LA-152]
iii. Prevention Behavioral Program Services and Referral Types [LA-153]
iv. Prevention PrEP Referral Locations/Categories [LA-154]

101. Prevention Client Document Tracker/Uploader [LA-156]

a. Ability for users to track and upload Prevention Client Documents for:
i. PrEP navigation
ii. Effective Behavioral Interventions

b. Users can select Prevention-Specific document type and sub-type (e.g. SSN Proof, Driving license etc.) from an available list (list TBD during technical specifications phase).

c. Users can enter an "effective signage date" for each document.

d. Users can view history of uploaded prevention documents based on prevention data sharing rules.

102. PrEP Center of Excellence Performance Measures Quarterly Report [LA-157]

a. Produce a table-format of PrEP Clients Activities Record entries
i. Expected 4 Measures TBD

b. Ability to filter the report for one or multiple Prevention agencies and locations

c. The report will calculate each Performance Measure "Goal" based on a percentage value that is the same across all agencies based on Pay for Performance Guidelines.

103. HIV Testing Report [LA-158]

a. Produce a table-format aggregate report for Volume of Tests Performed HIV Testing Records entries
    i. Standard Measures
b. Ability to filter the report for one or multiple Prevention agencies and locations
c. Ability to filter the report for one or multiple Prevention Contracts and/or funding Sources
d. The report will display the total Contract Quarterly Goals based on the date and Contract/Funding Source filters selected

104. Aggregate Client Behavioral Interventions Report [LA_g2286]

105. Prevention Centralized Cross-Program Referrals Management Dashboard [LA-159]

a. This module provides users with a client-wide and agency-wide summary of all pending/completed Referral Records collected through the following program-specific data-entry screens:
    i. PrEP Navigation
    ii. Effective Behavioral Intervention
    iii. HIV Testing
    iv. HIV Partner Services
b. Ability for each sub-recipient to view a specific prevention clients incoming and outgoing referrals and to click on a link to directly access the relevant Program data screen.
c. Ability for each sub-recipient to review all incoming and outgoing Prevention client referrals from the main screen.

106. Centralized Prevention Referrals Report [LA-160]

a. Ability to view aggregate count of Prevention referrals by completion status across:
    i. PrEP Navigation
    ii. Effective Behavioral Intervention
    iii. HIV Testing
    iv. HIV Partner Services
b. Ability to filter by date range, and Prevention Program.
c. Ability for Los Angeles County to filter by Prevention Provider Agency and Location.

107. Prevention e2 Visual Analytics Report Prevention [LA-161]

a. Perform dynamic charting of client-level data across e2LosAngeles Prevention Clients
b. Display real time graphical demographics reports of client data across Prevention programs.
c. Ability to use multiple Prevention filters.
d. Ability to save custom reports.
e. Ability to export data in PDF and Excel.
f. Ability to drill down to list of Prevention clients.

g. Provider level reporting and Administrative system-wide Prevention reporting capability

108. Prevention Data Quality Report [LA-162]

a. Ability to report clients with duplicate services or screenings
b. Ability to report clients with missing required fields
c. Ability to report clients with duplicate Prevention Visit or Screening Records
d. Ability to report clients with services provided by the wrong staff

109. Prevention Real-Time Data Extract [LA-163]

a. Available in the "Reports" Section of the site.
b. File format: Microsoft Access File. The data extracted will be saved in tables.
c. Data type in tables within the file: Text, numeric. Numeric codes have a master table "tlk_Master" in the extract that has the definitions.
d. Data Extract will be available for System Administrators and other users depending on roles and permissions.
e. Data Extract Filters:
    i. **Providers**: List of providers. Additional "All Providers" options for System Administrators.
    ii. **Report Date Range/Date filters:** Users can pick a date range. Difference between start and end date of the date filters must be less than or equal to 12 months. If the system finds data entered by any user of the selected sub-recipient (s) between the reporting dates, then only those clients' records, their demographics, HIV, H&I, clinical, referrals, services, will be in the Data Extract.
f. Specific behavior and data that will be included in the extract:
    i. **Services**- service record with service date, entered by any user of the selected sub-recipient(s), that falls within the date range selected then those service records will be included in the extract.
    ii. **Screening and Visits**- if Screenings and/or Visit records with result dates, entered by any user of that sub-recipient (s), fall within the date range selected then that record will be included in the extract.
    iii. **Referrals**- if referrals with referral date entered by any user of the selected sub-recipient(s), falls within the date range then that record will be included in the extract.
    iv. Latest (even if the data was entered after the end date of the report date range) HIV status, Risk Factors, Demographics, Housing, Income and Insurance for clients will be included in the extract.
g. "Include Level 1" filter- By default the Data Extract will only include Level 2 data (Level 2 data = data not encrypted by LKM). If user wishes to include Level 1 data (data encrypted by LKM) he can pick "Yes" option from this filter. This filter will be available only to users who have LKM permissions.
h. Security
    i. e2LosAngeles will be set/programmed by default to prompt the user to select a "download option" instead of immediately saving it in the "downloads folder" but this behavior is completely dependent on the browser. Instructions on how

to configure browsers to control 'download' options will be added to the site for users but it's the user's responsibility to save files securely on their machines

i. File will be deleted from e2 server once user completes the download.

110. Prevention Client-Level Summary Screen [LA-164]

a. Ability for users to download/print to PDF

b. Display of a Prevention Client's Latest:

i. PrEP Data:

1. PrEP Enrollment Status
2. PrEP Risk Screening
3. PrEP Encounter
4. PrEP Medication Assistance Eligibility by Program
5. PrEP Client Acuity Assessment

ii. Behavioral Programs

1. EBI Enrollment Status by Program
2. EBI Recent Activities
3. EBI Recent Referrals

111. Uni-directional PrEP Online Form Submission Page [LA-165]

a. The PrEP Online Submission page is mobile-friendly (IOS, Windows, and Android Devices) and includes useful tips and resources to assist clients in using cell phones and other mobile devices to complete the application process and securely upload documents.

i. Applicants can submit their information electronically and submit documents directly through the web form.

1. LKM Encryption for Online PrEP Application Data and Document Upload
2. Ability for clients to submit risk assessment information along with their intake and demographics data as part of online form.
3. Ability for clients to submit their required documents through the online form. Document types and number of documents per application to be determined during specifications development.
4. Ability for Clients to Electronically sign consent form, for the Online PrEP Application Process, as part of the submission.

ii. Once submitted, clients cannot come back to review or complete their application or documents previously entered. Clients cannot view messages from e2LosAngeles users or view their application status once it's been submitted.

iii. Public-Facing Screen design will follow LA County guidelines (Logo, Branding and Color-scheme to be provided by LA County)

b. Administrative Submitted Web Form Review Screen

i. A screen for staff to review all submitted web forms' data.

1. Data from the web forms will automatically create new records in the table with the appropriate data once submitted by a public user.
2. Staff can make edits to the submitted form to correct obvious errors or changes based on outreach to the client by phone or email.
3. Web Form Review screen will allow staff to sort and search for applications by status.

ii. When the client has submitted his/her information, the recipient staff can view the information and documentation in eCOMPAS.
    1. Deduplication and updates to Prevention client records will be performed manually by Staff.

112. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

113. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards
b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.
c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.
d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2346]

114. Pre- and Post-Launch Subrecipient Surveys

a. Online surveys will be presented to Ryan White funded subrecipients to elicit feedback on subrecipient data management needs and use of the system. [LA_g2342] [LA_g2344]

115. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server
b. Configuration of e2LosAngeles PRODUCTION Database
c. Configuration of e2LosAngeles PRODUCTION Application Server
d. Smoke Test of System-Critical Components
e. Pre-Launch User Training [LA_g2345]
f. Application Security Scan is a necessary component of Launch. [LA_g2346]

D. <u>Summary of Services Included in the Software as a Service (SaaS) License Fee.</u>

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis. The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

33. <u>List of services provided</u>

XXIX. Licensing
XXX. Hosting
XXXI. Maintenance
XXXII. Security monitoring, scanning and logging

XXXIII. Performance monitoring and logging
XXXIV. Application exception reporting
XXXV. Stability monitoring

34. **Licensing**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

35. **Hosting**. e2LosAngeles is hosted on Amazon Web Services GovCloud, a FedRAMP-certified hosting service provider. The cost of FedRAMP-certified AWS GovCloud hosting for this instance is included in the SaaS license fee for e2LosAngeles. Additional information about AWS GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

36. **Maintenance**. RDE is responsible for the maintenance and support of the AWS GovCloud servers used for e2LosAngeles, as well as maintenance of the e2LosAngeles data base and e2LosAngeles software. The cost of all maintenance is included in the SaaS license fee for e2LosAngeles, regardless of the time spent or number of activities performed. Maintenance and support performed by RDE includes the following tasks:

    61. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    62. Monitor and maintain Database Backups.
    63. Review, approve and install WSUS (Windows operating system) Updates
    64. Reboot / Refresh network services and equipment.
    65. Review, approve and install Java Updates and application server Updates across all application Web Servers.
    66. Check log shipping status on database servers.
    67. Review, approve and install Cisco ASA updates
    68. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.
    69. Review, approve and install other software updates across all Servers.
    70. Configure and maintain automated server monitoring uptime and downtime alerts.
    71. Configure and maintain secure administrative controls.
    72. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
    73. Configure and maintain network firewall.
    74. Monitoring system performance and resource usage on all servers and performing updates accordingly.
    75. Check, monitor, and ensure that all of our TLS certifications are valid, up to date, and are encrypted to the highest standard accepted by HIPAA.

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    29. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
    30. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

38. **Performance Monitoring and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application performance. System performance monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage. A high-level list of System performance monitoring and logging activities includes the following:
    a. Monthly Web Performance: monitors individual webpages for (MaxTime, MinTime, AVG, TotalRequests, etc.)
    b. Physical System Performance Monitoring Metrics:
        i. CPU utilization
        ii. Disk Reads/Writes
        iii. Disk Space
        iv. Memory Consumption
        v. Network Packets I/O
        vi. Instance Status Checks: Checks health of the system overall for hardware failures

39. **Application Exception Monitoring and Reporting**. Application monitoring is designed to detect and record application exceptions such as errors and alerts from the system. A high-level list of application monitoring activities includes the following:
    a. Application Exceptions: errors, warnings and alerts from e2LosAngeles.
    b. System Statistics: monitors aggregate data volume and user activity statistics in e2LosAngeles.

40. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

e2LosAngeles Scope of Work

e2Community Client-Survey Data System

Phase 6 – e2Community v1

Contents

116. Project Planning and Technical Specifications

- **a.** RDE will provide Los Angeles County with a detailed project plan outlining all tasks, milestones, and dependencies for this phase required for the development of e2LosAngeles. [LA_g2348]
- **b.** RDE will assist Los Angeles County with the development of detailed system specifications that will outline the functional requirements, rules, validations, user access control, workflows, and security and privacy settings of e2LosAngeles.
    - i. Specifications will be final with Los Angeles County Signed Concurrence, as per deliverables/project plan schedule. Changes to specifications after Los Angeles County Signed Concurrence will require Los Angeles County approval, as changes to specifications may impact project timeline.
- **c.** RDE will assist Los Angeles County with the development of a detailed testing plan that will outline testing permutations, edge cases and scenarios based on functional requirements. [LA_g2350]
- **d.** RDE is committed to maintaining the security, integrity and confidentiality of data, and maintaining the maximum possible level of uptime, of its systems. RDE maintains a comprehensive organization-wide Business Continuity Plan, including Incident Response and Disaster Recovery plans for its critical systems. Please see the attached document to view the "RDE Incident Response and Disaster Recovery Plan (eCOMPAS).

117. Project-Start Demo Site set-up [LA_g2347]

- **a.** RDE launches a Demo site by cloning a "blank-slate" copy of a Reference Model that is chosen by RDE based on best-fit with the project components.
- **b.** RDE grants Super-Admin access to the Demo Site for LA County to create accounts for County staff, as needed, based on Project needs for finalization of specifications.
    - i. The Reference Model Demo site is for limited use by LA County Staff and only fake/randomized data can be used.
- **c.** The list of Expected Reference Model modules will vary if another "best-fit" Reference Model is chosen in agreement between the LA-County and RDE Project Teams.
- **d.** Relevant Modules based on current Reference Model (e2SanAntonio):

118. Consumer Needs Assessment and e2Community Platform [LA-65]

a. Develop and maintain web-based system (with mobile-friendly option) for client needs assessment/survey.

b. Provide and maintain multiple user accounts and one or more System Administrator accounts with the following permissions:
    i. Text editing within and audio recording of existing survey questions and answers.
    ii. Raw data export in Excel.
    iii. Visual Analytics Reporting Module.
    iv. Incentive Management & Distribution Module. [LA_g2294]
c. Develop, distribute, and track respondent codes for incentive disbursement.
d. Ability for system to generate QR codes to associate a survey with a Provider
e. Develop and enforce skip logic and field validations as specified by Los Angeles County.
f. Allow for video introduction playback at the start of the survey.
g. Computer-generated audio files for texts.
h. Allow the real-time querying of collected data in graphical format:
    i. Number of surveys completed
    ii. Time for clients to complete survey
    iii. Correlation and regression analyses
i. Linkage of survey data to e2LosAngeles client records.
j. Ability to distribute survey to Clients by phone text message and/or Email Address [LA_g2291]

119. Client Satisfaction Survey using e2Community Platform [LA-87]

a. Launch of web-based Client Satisfaction survey using the e2Commuity Platform.

b. Ability to link e2 client records with a Satisfaction Survey and its responses.

120. Client Satisfaction Survey – Electronic Incentives [LA-91]

a. e2Community Electronic Incentives management and distribution Module.

121. Supported Browsers

a. Mozilla Firefox, Google Chrome, and Microsoft Edge. e2LosAngeles is mobile friendly.

122. Quality Assurance

a. Usability Testing: Testing required to ensure that all features outlined in this scope comply with RDE's Usability Standards

b. Performance Testing: Testing required to ensure that all features outlined in this scope comply with RDE's System Performance Standards and to measure their impact on the server resources.

c. User Acceptance Testing: Testing conducted by Los Angeles County to ensure that all features outlined in this scope comply with the functional requirements.

d. Security Testing: Routine Security Testing conducted by RDE to ensure that all features outlined in this scope comply with RDE Application Security Requirements and best practices. [LA_g2353]

123. Pre- and Post-Launch Subrecipient Surveys

a. Online surveys will be presented to Ryan White funded subrecipients to elicit feedback on subrecipient data management needs and use of the system. [LA_g2349] [LA_g2351]

124. Deployment/Launch

a. Deployment of all code and dependencies to FedRAMP Certified GovCloud PRODUCTION Server

b. Configuration of e2LosAngeles PRODUCTION Database

c. Configuration of e2LosAngeles PRODUCTION Application Server

d. Smoke Test of System-Critical Components

e. Pre-Launch User Training [LA_g2352]

f. Application Security Scan is a necessary component of Launch. [LA_g2353]

E. Summary of Services Included in the Software as a Service (SaaS) License Fee.

The e2LosAngeles Software as a Service (SaaS) license includes all licensing, hosting, maintenance, and technical assistance necessary for and other authorized parties to utilize e2LosAngeles during the contract term. The SaaS license fee for e2LosAngeles is a fixed fee, charged on an annual basis. The following is a list of services included in the annual SaaS license fee and a brief description of the categories of services are described below.

41. List of services provided

XXXVI. Licensing
XXXVII. Hosting
XXXVIII. Maintenance
XXXIX. Security monitoring, scanning and logging
XL. Performance monitoring and logging
XLI. Application exception reporting
XLII. Stability monitoring

42. **Licensing**. Licensing covers the use of e2LosAngeles by the County of Los Angeles Department of Public Health and other authorized parties for the purposes described in the contract. The number of individual users is not limited, and RDE does not charge an additional license fee for an increase in the number of locations or users.

43. **Hosting**. e2LosAngeles is hosted on Amazon Web Services GovCloud, a FedRAMP-certified hosting service provider. The cost of FedRAMP-certified AWS GovCloud hosting for this instance is included in the SaaS license fee for e2LosAngeles. Additional information about AWS

GovCloud and the other advanced security features of e2LosAngeles can be provided upon request.

44. **Maintenance**. RDE is responsible for the maintenance and support of the AWS GovCloud servers used for e2LosAngeles, as well as maintenance of the e2LosAngeles data base and e2LosAngeles software. The cost of all maintenance is included in the SaaS license fee for e2LosAngeles, regardless of the time spent or number of activities performed. Maintenance and support performed by RDE includes the following tasks:

    76. Monitor and maintain MS Windows Server Backups. All systems are backed up onto a secure offsite backup system and copies are stored locally on a NAS for redundancy. Backups are encrypted using 256-bit AES encryption. VSS (volume shadow copies) are checked for data integrity.
    77. Monitor and maintain Database Backups.
    78. Review, approve and install WSUS (Windows operating system) Updates
    79. Reboot / Refresh network services and equipment.
    80. Review, approve and install Java Updates and application server Updates across all application Web Servers.
    81. Check log shipping status on database servers.
    82. Review, approve and install Cisco ASA updates
    83. Check and update load balancer/DNS device, which must be updated to properly point to RDE AWS servers.
    84. Review, approve and install other software updates across all Servers.
    85. Configure and maintain automated server monitoring uptime and downtime alerts.
    86. Configure and maintain secure administrative controls.
    87. Configuring and performing regular anti-malware/anti-virus scans and protection on all servers.
    88. Configure and maintain network firewall.
    89. Monitoring system performance and resource usage on all servers and performing updates accordingly.
    90. Check, monitor, and ensure that all of our TLS certifications are valid, up to date, and are encrypted to the highest standard accepted by HIPAA.

More information on monitoring and scanning is provided in **Security Monitoring, Scanning and Logging**, below.

Maintenance of the e2LosAngeles software also includes annual updates and revisions to keep the e2LosAngeles RSR Module compliant with HRSA's data dictionary, XML schema and Validations. These updates, which in some years are very extensive, are included in the SaaS license fee, and are performed by RDE at no additional cost to Los Angeles County. The review and approval of updates is an exacting process which requires the evaluation all updates issued, in order to ensure no incompatibilities or other system issues (such as slowness) will be introduced. After a thorough initial review, updates are installed on the staging environment, which mirrors the production environment, and are carefully tested, before being finally installed on the live e2LosAngeles site.

The tasks described above are performed through the joint efforts of a multidisciplinary, cross-functional team, which includes the RDE IT Team and RDE's e2LosAngeles Software Development Team, as coordinated by the Project Manager for e2LosAngeles and supervised by RDE's Project Director. Behind the scenes, this team performs tasks on a continual basis, which are necessary to keep the e2LosAngeles sites finely tuned and functioning optimally. Every update and system change are subjected to the same rigorous quality assurance process, performed by RDE's team of IT specialists, software developers and security experts, all of whom speak the language of HIV and are well-versed in the HIV data collection, reporting and analysis needs of Federal Ryan White recipients.

45. **Security Monitoring, Scanning and Logging**. RDE provides regular and systematic monitoring of the e2LosAngeles infrastructure and application. System monitoring is designed to track and measure system performance against baseline measures, as well as monitor and log system usage, and detect and report suspicious activity. A high-level list of System monitoring activities includes the following:
    31. Host HTTP/HTTPS web checks: monitors reachability of the website.
    32. User IP address monitoring: logs IP addresses for each user visit to e2LosAngeles.
    33. System Services: Checks to ensure critical services such as IIS, ColdFusion, SQL Agents, etc. are running.
    34. CloudWatch Remote Login Monitoring: logs users who access the servers, reports suspicious activity.
    35. In addition, RDE performs application-level vulnerability scans of e2LosAngeles, semi-annually at the least, and also prior to major feature launches. Antivirus scans are performed continuously in real-time, using threat monitoring software.
    36. Finally, e2LosAngeles logs all user activity, including when users view records, edit data, or create new records. These audit records are kept forever without expiration, and are available if required for forensic investigation.

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48. **System Stability Monitoring**. RDE monitors the stability of the system on an ongoing basis. The site is up and available 24/7, except during brief periods of planned maintenance, during hours of low system usage. Even during periods of frequent, major launches, and during the recent server-level performance upgrade, system downtime has been limited to brief periods, usually no more than 15-30 minutes or less, in order to maximize uptime and availability. The above monitoring, scanning and logging activities, as well as other monitoring and security-related activities performed by RDE, are included in the annual SaaS license fee.

PART II

COUNTY SYSTEM REQUIREMENTS

Attachment A-1: County System Requirements

Client Consent and Data Sharing Requirements

The system is required to allow sharing of client personal identifying information such as first name, last name, date of birth, for the purposes of client search by users of agencies contracted with DPH regardless of service category. For Ambulatory Outpatient Medical (AOM) services, the system is required to allow for sharing of all client information including medical services and laboratory results across all agencies contracted with DPH for AOM services (Task 4: Data Sharing Rules and Permissions Specifications).

The system is required to track client consent to receive any services. Users must be able to check client eligibility and register clients in the system but no services can be entered for clients without client consent being completed. (Task 4: Data Sharing Rules and Permissions Specifications).

Client Consent

I, _____, *(print full name)* wish to register with Ryan White Program in order to receive services funded by the Ryan White Program or the Department of Public Health (DPH), Division of HIV and STD Programs (DHSP). During registration, I will be asked to provide information about myself, including my name, race, gender, birth date, income and other demographic data. Depending upon the agency or program I am registering with, I may also be asked questions about my CD4 cell count, viral load, use of HIV medications, risk behaviors, my general physical and medical condition and medical history.

In addition to providing information, I will provide an original letter of diagnosis signed and dated by my doctor, or have a blood test that shows that I am HIV positive. By signing this form, I verify that I reside in Los Angeles County.

I understand that certain services may be available to HIV-negative partners, family members, or other caregivers affected by HIV, and registration and service information for these clients will not be shared between agencies regardless of my own share status. I understand that my name and information will not be shared outside the Ryan White Program unless I provide my specific, informed consent for such a disclosure. A list of Ryan White Program agencies is available upon request.

Additionally, as a condition of receiving Ryan White Program services, I agree that my information will be made available to my local health department, to fiscal agents that fund services I receive, to DPH/DHSP, and to the State of California Department of Public Health (CDPH), Office of AIDS for mandated care and treatment reporting, program monitoring, statistical analysis and research activities. This information includes the minimum necessary, but is not limited to gender, ethnicity, birth date, zip code, diagnosis status, and service data. No identifying information, such as name and social security number, will be released, published, or used against me without my consent, except as allowed by law.

By checking the "I AGREE and UNDERSTAND" box below, I understand that my relevant health, including HIV status, and income information will be shared with my local health department, fiscal agents that fund services I receive, the Department of Public Health, Division of HIV and STD Programs, and the State of California Department of Public Health (CDPH) when I request enrollment in care or access to services at a Ryan White Program agency. Only authorized personnel at each agency will have access to my information on a need-to-know basis. The information shared may include information about services received or my treatment at a particular agency. Mental health, legal and/or substance abuse services will only be shared as allowed by law. In most cases, I will not need to re-register or provide a letter of HIV diagnosis when I require services from an agency providing services funded by the Ryan White Program or the DPH/Division of HIV and STD Programs.

☐ **AGREE AND UNDERSTAND**

My registration in Ryan White Program does not guarantee services from any agency. Waiting lists or eligibility requirements may exclude me from services at other Ryan White Program agencies.

By signing this form I acknowledge that I have been offered a copy of this consent form, and have discussed it with the staff person indicated below. I understand that this form will be stored in my paper file and that this consent form remains in effect for three (3) years from the date I sign this form.

Eligibility Criteria by Service Category

Clients must meet the following eligibility criteria to receive Ryan White Program services in the system:

Criterion	**Documentation Requirement**
HIV-positive diagnosis	Diagnosis confirmation at initial registration
Resident of Los Angeles County	Annual proof of residency
Household income <=500% FPL*	Annual income verification
Client consent	Annual confirmation of consent

*200% FPL for Nutrition and Transportation service categories

The only eligibility criteria for STI and Hepatitis screening is confirmation of client consent (Task 4: Client Eligibility Criteria by Service Category).

Service Categories

The system should provide for data collection, contract management, fee-for-service billing and reporting for the following service categories (Task 4: Client Services):

- AIDS Drug Assistance Program (ADAP) Enrollment
- Ambulatory Outpatient Medical (AOM)
- Benefits Specialty Services
- Child Care Services
- Emergency Financial Assistance (EFA)
- Early Intervention Program Services
- Home-Based Case Management Services
- Hospice Services
- Housing, Temporary Services
- Housing, Permanent Supportive
- Language Interpretation Services
- Legal Services
- Medical Care Coordination
- Medical Nutrition Therapy
- Mental Health Services
- Non-Medical Case Management
- Nutrition Support Services
- Oral Health Care Services
- Outreach Services
- Permanency Planning Services
- Psychosocial Support Services
- Referral Services
- Skilled Nursing Facilities
- Substance Use Residential and Treatment Services
- Transportation Services
- Treatment Education Services
- Transitional Case Management Services, Youth
- Transitional Case Management Services, Justice-Involved Individuals

Rapid Ambulatory Outpatient Medical (AOM) Services

Contractors have a 45-day grace period to enter AOM services and receive payment in the System without client eligibility criteria being completed. Contractors will assist clients with insurance needs including eligibility determination to continue to receive services under the Ryan White Program. Payments to contractors during the 45-day grace period are expected to be reduced from subsequent invoices in the case that the client met eligibility criteria for other insurance AND contractors were reimbursed for those services which were paid under the Ryan White Program during the grace period (Task X: Rapid Ambulatory Outpatient Medical (AOM) Eligibility Criteria).

Person Record Search Specifications

The system should provide a robust person record search using a minimum of the following criteria (Task 4: Client Search Specifications):

- First name
- Middle name/initial
- Last name
- Date of birth
- Social Security Number, including only last 4 digits

- System person record ID/client ID
- Medical record number
- Phone numbers (including home and mobile)
- Client address

Client Deduplication and Merging

The system should prevent duplicate person and services records from being created inadvertently by users. The system should review user input on new person record creation and return a warning regarding potential duplicates using fields indicated for person record search criteria. The system should also review user input on new service record creation and return a warning of potential duplicates using service date and service category data fields.

In addition to active deduplication, the system should provide automated reports on potential person and service record duplicates as well as provide quality assurance tools for merging duplicate records (Task 2.4: Client Deduplication and Merging Specifications).

Data Collection Requirements (Ryan White Program)

The System is required to collect the following data elements for the Ryan White Program (Task 2.4 Requirements: Ryan White Program Client Data Dictionary)

1. Client Insurance Eligibility, Registration, Demographics

Field#	Field Name	Field Description	Field Type	Max Length	Values
1	CIS#	CIS#	ALPHA	9	
2	HRSAURN	RDR URN	ALPHA	9	
3	HIV-EPI	HIV EPI Soundex	ALPHA	4	
4	REGAT	Registered At	ALPHA	45	
5	EligAt	Eligiblity Site	ALPHA	45	
6	F7	Gender	DICT	45	(1)=Male; (2)=Female; (3)=Unknown; (6)=Other; (7)=Transgender:M to F; (8)=Intersex; (9)=Transgender:F to M; (11)=No Sexual Partners; (12)=Gender Variant; (14)=Gender Non-Binary, Gender Non-Conforming; (15)=Another gender category/another identity; (16)=Prefer not to state; (17)=Non-binary or X; (18)=Transgender Male/Trans Man; (19)=Transgender Female/Trans Woman;
7	F8	DOB	DATE	11	
8	F23466	Race	DICT	45	(1)=White; (2)=Black or African American; (3)=Asian; (4)=Native American / Alaskan Native; (6)=Unknown; (8)=Native Hawaiian /

					Pacific Islander; (9)=Hispanic; (10)=Refused;
9	F96884	Latino/a [Y/N/U]	YNR NAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
10	F43	Ethnicity	DICT	45	(1)=White (Non-Hispanic); (2)=African American/Black (Non-Hispanic); (4)=Asian/Pacific Islander; (5)=Native American; (6)=Filipino; (7)=Other Non-White; (8)=Other; (9)=Unknown; (11)=African Black; (12)=Haitian; (13)=Cuban; (14)=Puerto Rican; (15)=Other Hispanic; (16)=Declined to Answer; (17)=Armenian; (18)=Brazilian; (19)=Arabic; (21)=Mexican / Mexican American; (22)=Central American; (23)=South American; (24)=Spanish; (25)=East Indian; (26)=Pakistani; (27)=Southeast Asian; (28)=Pacific Islander; (29)=Caribbean (not Puerto Rican or Cuban); (30)=Middle Eastern; (31)=Dominican; (32)=Canadian; (33)=American; (34)=Other/European; (37)=Cambodian; (38)=Taiwanese; (39)=Japanese; (40)=Korean; (41)=Vietnamese; (42)=Thai; (43)=Burmese; (44)=Other Asian; (45)=Guamanian; (46)=Hawaiian; (47)=Samoan; (48)=Other Pacific Islander; (51)=Asian Indian; (52)=Laotian; (54)=Indonesian; (55)=Hmong; (56)=Bangladeshi; (57)=Sri Lankan; (58)=Malayan; (59)=Okianowan; (60)=Singaporean; (61)=Tongan; (62)=Tahitian; (63)=N Mariana; (64)=Palauan; (65)=Fijian; (66)=Micronesian; (67)=Asian; (68)=Portugese; (69)=Cape Verdean; (70)=Russian;
11	F70	Language	DICT	45	(1)=Chinese; (2)=English; (3)=French; (4)=German; (5)=Hebrew; (6)=Japanese; (7)=Spanish; (8)=Tagalog; (9)=Other; (10)=Asl; (11)=Not Applicable; (14)=Arabic; (15)=Haitian/Creole; (16)=Cape Verdian; (17)=Portuguese; (18)=Korean; (19)=Vietnamese; (20)=Cantonese; (21)=Mandarin; (22)=Cambodian; (23)=American Indian; (28)=Italian; (29)=Slavic; (30)=Turkish; (32)=Lebanese; (33)=Other Sign Language; (34)=Hmong, Lao; (35)=Hungarian; (36)=Armenian; (37)=Welsh; (38)=Afrikaans; (39)=Russian;

					(41)=Farsi; (42)=Hindi; (43)=Dutch; (44)=Filipino; (45)=Thai; (46)=Yiddish; (47)=Greek; (48)=Polish; (49)=Samoan; (50)=Laotian; (51)=Swahili; (52)=Urdu; (53)=Czech; (54)=Indonesian; (55)=Malay; (56)=Tongan; (57)=Nigerian; (58)=Albanian; (59)=Assam; (60)=Assyrian; (61)=Bihari; (62)=Breton; (63)=Bulgarian; (64)=Burmese; (65)=Hawaiian; (66)=None; (67)=White-Russian; (68)=Walloon; (69)=Ukranian; (70)=Tshiluba; (71)=Swedish; (72)=Slovenian; (73)=Slovak; (74)=Sinhelese (Ceylon); (75)=Sindi; (76)=Serbo-Croatian (Yugo); (77)=Rumanian; (78)=Ojibway; (79)=Pashid; (80)=Norwegian; (81)=Maltese; (82)=Malagasy; (83)=Macedonian (Yugoslav); (84)=Lithuanian; (85)=Lingala; (86)=Latvian (Lettish); (87)=Kirghiz; (88)=Javanese; (89)=Iranian; (90)=Icelandic; (91)=Gaelic; (92)=Frisian (Germanic); (93)=Flemish; (94)=Finnish; (95)=Catalan; (96)=Danish; (97)=Estonian; (98)=Faeroese (Germanic); (99)=Carpatho-Russian; (100)=Celtic; (101)=Amharic; (102)=Ethiopian; (103)=Taiwanese; (104)=Luganda; (105)=Tigrinya; (106)=Chamorro; (107)=Quiche; (108)=Bemba; (109)=Yoruba; (110)=Shona; (111)=Somali; (112)=Nepali; (113)=Cebuano;
12	F93069	Monolingual Spanish?	YNR NAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
13	F23142	Fluent in English?	YNR NAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
14	F93110	Reads English	YNR NAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
15	F7196	Birth Country	DIC T	30	(2)=Argentina; (3)=Australia; (4)=Austria; (5)=Bahamas; (6)=Belgium; (7)=Bermuda; (8)=Belize; (9)=Bolivia; (10)=Brazil; (11)=Canada; (14)=Chile; (15)=China; (16)=Colombia; (17)=Costa Rica; (18)=Cuba; (19)=Czechoslovakia; (20)=Denmark; (21)=Dominican Republic; (22)=Ecuador; (23)=Egypt; (24)=El Salvador; (26)=Finland; (27)=Fiji Islands; (28)=France; (29)=Germany; (30)=Greece; (31)=Greenland; (32)=Guatemala;

(33)=Haiti; (34)=Honduras;
(35)=Hungary; (36)=Iceland;
(37)=India; (38)=Indonesia; (39)=Iraq;
(40)=Iran; (41)=Ireland; (42)=Israel;
(43)=Italy; (44)=Jamaica; (45)=Japan;
(46)=Jordan; (47)=Korea, South;
(48)=Lebanon; (49)=Mexico;
(50)=Netherlands; (51)=New Zealand;
(52)=Nicaragua; (53)=Norway;
(55)=Panama; (57)=Paraguay;
(58)=Peru; (59)=Philippines;
(60)=Poland; (61)=Portugal;
(63)=Russia; (64)=Samoa;
(66)=Spain; (67)=Sweden;
(68)=Switzerland; (69)=Thailand;
(70)=Trinidad and Tobago;
(71)=Turkey; (72)=United Arab
Emirates; (73)=United Kingdom;
(74)=Uruguay; (75)=Venezuela;
(76)=Vietnam; (78)=Yugoslavia;
(83)=USA; (84)=Puerto Rico;
(86)=Antigua/Barbuda; (87)=Grenada;
(88)=Guyana; (89)=Morocco;
(90)=South Africa; (91)=Bulgaria;
(94)=Pakistan; (95)=Ethiopia;
(96)=Zimbabwe; (97)=Afghanistan;
(98)=Cameroon; (99)=Burma;
(100)=Armenia; (101)=Nigeria;
(102)=Taiwan; (103)=Botswana;
(104)=Sudan; (105)=Ghana;
(106)=Bhutan; (107)=Uganda;
(108)=Laos; (109)=Surinam;
(110)=American Samoa;
(111)=Navassa Island; (112)=Jarvis
Island; (113)=Micronesia;
(114)=Baker Island; (115)=Howland
Island; (116)=Guam; (117)=Johnston
Atoll; (118)=Kingman Reef;
(119)=Mariana Island; (120)=Palmyra
Atoll; (121)=Midway Island;
(123)=Marshall Island; (124)=Swan
Island; (125)=Pacific Trust Terr.;
(126)=U.S. Misc. Caribbean;
(127)=U.S. Misc. Pacific #1;
(128)=U.S. Virgin Islands;
(129)=Wake Island; (130)=Aruba;
(131)=Azerbaijan; (132)=Albania;
(133)=Algeria; (134)=Andorra;
(135)=Angola; (136)=Anguilla;
(137)=Antarctica; (138)=Ashmore &
Cartier is.; (139)=Bahrain;
(140)=Bangladesh; (141)=Barbados;
(142)=Bosnia/Hercegovina;
(143)=Bassas Da India;
(144)=Cambodia; (145)=Belarus;
(146)=Bouvet Island; (147)=British

Ind. Ocean Terr.; (148)=Solomon Islands; (149)=British Virgin Islands; (150)=Brunei; (151)=Burundi; (152)=Cape Verde Island; (153)=Cayman Island; (154)=Central African Rep.; (155)=Sri Lanka; (156)=Chad; (157)=Clipperton Island; (158)=Keeling Island; (159)=Comoro Islands; (160)=Congo; (161)=Zaire; (162)=Cook Island; (163)=Cyprus; (164)=Benin; (165)=Djibouti; (166)=Dominica; (167)=Estonia; (168)=Equatorial Guinea; (169)=Europa Island; (170)=Faeroe Islands; (171)=Falkland Islands; (172)=French Guiana; (173)=French Polynesia; (174)=FR So & Antarctic LNDS; (175)=Afars and Issas; (176)=Gabon; (177)=Gambia; (178)=Georgia; (179)=Gaza Strip; (180)=Gibraltar; (181)=Kiribati; (182)=Glorioso Islands; (183)=Guadaloupe; (184)=Guernsey; (185)=Guinea; (186)=Heard & Mcdonald is.; (187)=Hong Kong; (188)=Croatia; (189)=Iraq-Saudi Arabia; (190)=West Bank; (191)=Ivory Coast; (192)=Jan Mayen Island; (193)=Jersey; (194)=Juan De Nova Island; (195)=Kenya; (196)=Kyrgyzstan; (197)=Christmas Island; (198)=Kuwait; (199)=Kazakhstan; (200)=Latvia; (201)=Lithuania; (202)=Lesotho; (203)=Liberia; (204)=Slovak Republic; (205)=Libya; (206)=Liechtenstein; (207)=Luxembourg; (208)=Macau; (209)=Macedonia; (210)=Madagascar; (211)=Moldova; (212)=Malawi; (213)=Coral Sea Islands; (214)=Malaysia; (215)=Maldives; (216)=Mali; (217)=Isle of Man; (218)=Malta; (219)=Martinique; (220)=Mauritania; (221)=Mauritius; (222)=Mayotte; (223)=Monaco; (224)=Mongolia; (225)=Montserrat; (226)=Montenegro; (227)=Mozambique; (228)=Muscat and Oman; (229)=Nauru; (230)=Nepal; (231)=Netherlands Antilles; (232)=New Caledonia; (233)=Vanuatu; (234)=Niger; (235)=Niue; (236)=Norfolk Island; (237)=Papua-New Guinea; (238)=Paracel Island; (239)=Pitcairn Island; (240)=Guinea-Bissau;

					(241)=Portuguese Timor; (242)=Qatar; (243)=Reunion; (244)=Rwanda; (245)=St. Christopher; (246)=St. Helena; (247)=St. Lucia; (248)=St. Pierre & Miquelon; (249)=St. Vincent; (250)=San Marino; (251)=Sao Tome; (252)=Tajikistan; (253)=Saudi Arabia; (254)=Senegal; (255)=Seychelles; (256)=Slovenia; (257)=Sierra Leone; (258)=Singapore; (259)=Somali Republic; (260)=Romania; (261)=Serbia; (262)=Korea, North; (263)=Southern Yemen; (264)=Namibia; (265)=Western Sahara; (266)=Spanish North Africa; (267)=Spratly Islands; (268)=Svalbard; (269)=Swaziland; (270)=Syria; (271)=Tanzania; (272)=Togo; (273)=Tokelau Islands; (274)=Tonga; (275)=Tromelin Island; (276)=Tunisia; (277)=Turks & Caicos is.; (278)=Tuvalu; (279)=Turkmenistan; (280)=Burkina Faso; (281)=Ukraine; (282)=Uzbekistan; (283)=Vatican City; (284)=Wallis and Futuna; (285)=S.Georgia/S.Sandwic is; (288)=Yemen; (289)=Zambia; (999)=Unknown; (1)=<3 Months; (2)=3-6 Months; (3)=7-12 Months; (4)=13-24 Months; (5)=25-36 Months; (6)=37-48 Months; (7)=49-60 Months; (8)=>60 Months;
16	F93125	Time in USA	DICT	30	
17	F12	ZIP	NUM	10	
18	F91862	HIV+ Diagnosis	DICT	50	(1)=HIV-positive, not AIDS; (2)=HIV-positive, AIDS status unknown; (3)=CDC-Defined AIDS; (4)=HIV-negative (affected); (6)=Indeterminate (Client <2 years old); (7)=HIV Negative (High Risk); (10)=HIV Negative;
19	F20228	Diagnosis Date	DATE	11	
20	F91862A	AIDS Status	DICT	50	(1)=HIV-positive, not AIDS; (2)=HIV-positive, AIDS status unknown; (3)=CDC-Defined AIDS; (4)=HIV-negative (affected); (6)=Indeterminate (Client <2 years old); (7)=HIV Negative (High Risk); (10)=HIV Negative;
21	F20228A	Diagnosis Date	DATE	11	
22	F80123	First HIV+ Test	DATE	14	

23	F23086	Primary HIV Exposure	DICT	80	(2)=Perinatal Transmission; (5)=Transfusion; (10)=Male who has sex with Male(s); (11)=Injection Drug Use (IDU); (12)=Male sex with Male and Injection Drug Use; (13)=Hemophilia / coagulation disorder; (15)=Heterosexual contact; (19)=Undetermined/Unknown, risk not reported or identified;
24	F11570	CD4 Ct	ALPHA	20 0	
25	F11573	CD4 Ct Test Dt	DATE	14	
26	F92517	Viral Load	ALPHA	20 0	
27	F92518	Viral Load Test Dt	DATE	11	
28	F81240	ADAP	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
29	F96528	Medi-Cal	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
30	F80412	Medi-Cal applied	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
31	F97974	Medi-Cal applied date	DATE	10	
32	F80566	Medi-Cal Application Status	DICT	15	(1)=Pending; (2)=Approved; (3)=Closed; (4)=Appeal; (5)=Request For Exception; (6)=Submitted; (7)=Wait List; (8)=Reinstated; (9)=Denied; (10)=Disenrolled; (11)=Cancelled;
33	F80422	Medi-Cal-referred to apply	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
34	F80432	Medi-Cal-referred to apply date	DATE	10	
35	F80449	Medi-Cal why not referred	ALPHA	77	
36	F97982	Medi-Cal Elig. Date	DATE	10	
37	F93089	Medi-Cal Type	DICT	30	(1)=Share of Cost; (2)=No share of cost; (3)=Hipp; (4)=Emergency; (5)=PHC; (6)=HMO; (7)=PPO; (8)=Unknown;
38	F96529	Medicare?	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
39	F98024	Medicare Elig. Date	DATE	10	
40	F96533	VA?	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
41	F92924	VA Elig. Date	DATE	10	
42	F5190	HMO	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
43	F96532	HMO Name	ALPHA	30	

44	F92929	HMO Elig. Date	DATE	10	
45	F92931	HMO Monthly Payment $	MONEY	10	
46	F96530	Private?	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
47	F97950	Private Carrier	ALPHA	50	
48	F92934	Private Elig. Date	DATE	10	
49	F92936	Other Insurance	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
50	F92937	Other Insurance Name	ALPHA	40	
51	F92939	Other Insurance Elig. Date	DATE	10	
52	F93070	Client has income?	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
53	F23524	Household Size	NUM	2	
54	F99831	Household Income	MONEY	12	
55	F93537	Annual Out-of-Pocket Healthcare Expenses	MONEY	12	
56	F96612	Income Level	DICT	60	(4)=Equal to or below Federal poverty level; (5)=101-200% of Federal poverty level; (6)=201-300% of Federal poverty level; (7)=301-400% of Federal poverty level; (8)=401-500% of Federal poverty level; (9)=>500% of Federal poverty level;
57	F6828	Food Stamps	ALPHA	3	
58	F5593	Monthly salary from employment ($)	MONEY	10	
59	F17016	Medically Unable to Work [Y/N/U]	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
60	F5591	SSD	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
61	F5471	SSD Amount per month	MONEY	10	
62	F5584	SSI	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
63	F4917	SSI Amount per month	MONEY	10	
64	F92903	CalWORKS	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
65	F92905	CalWORKS Amount per month	MONEY	10	
66	F5585	SDI	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
67	F5008	SDI Amount per month	MONEY	10	
68	F5586	General Relief	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)

69	F5509	General Relief Amount per month	MONEY	10	
70	F92909	CAPI	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
71	F92911	CAPI Amount per month	MONEY	10	
72	F92914	Unemployment	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
73	F23157	Unemployment Amount per month	MONEY	10	
74	F5589	Veteran's Compensation	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
75	F5555	Veteran's Compensation Amount per month	MONEY	10	
76	F5595	Other Income	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
77	F5596	Other Income Amount per month	MONEY	10	
78	F92919	Other Income 2	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
79	F92921	Other Income 2 Amount per month	MONEY	10	
80	F7097	Annual Income	MONEY	10	
81	F98277	Clinic/Hospital	ALPHA	80	
82	F7472	Physician Name	ALPHA	45	
83	F4780	Physician Phone	TEL	20	
84	F4794	Physician Address Line 1	ALPHA	40	
85	F4795	Physician Address Line 2	ALPHA	40	
86	F4796	Physician City	ALPHA	40	
87	F4797	Physician State	ALPHA	2	
88	F4773	Physician ZIP	DICT	5	
89	F10671	Current Risk Factor(s)	DICT	75	(1)=Injection Drug Use; (2)=Sex in exchange; (3)=Unprotected Sex; (4)=Non-Injection Substance Use; (6)=Receipt of transfusion of blood, blood components, or tissue; (7)=Other; (8)=Undetermined; (9)=Declined to State; (10)=No current risk factor(s); (11)=Crystal Meth User;
90	F91907	Primary Source of Medical Insurance	DICT	60	(1)=Private; (2)=Medicare; (3)=Medicaid/Medi-Cal/Medicaid Waiver; (4)=Other public (e.g., Champus, VA); (5)=No insurance; (6)=Other; (7)=Unknown; (10)=Covered CA: Bronze; (11)=My Health LA; (12)=Covered CA: Silver;

					(13)=Covered CA: Gold; (14)=Covered CA: Platinum; (1)=Stable/Permanent; (2)=Non-permanent (includes homeless, transient, or transitional);
91	F90638	Housing/living Arrangements	DICT	60	(3)=Institution (includes residential, health care, correctional);
92	F10676	Dependent Children [Y/N]	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
93	F13141	# of Dependent Children	NUM	2	
94	F92990	Sexual Partners' Gender	DICT	90	(1)=Male; (2)=Female; (3)=Unknown; (6)=Other; (7)=Transgender:M to F; (8)=Intersex; (9)=Transgender:F to M; (11)=No Sexual Partners; (12)=Gender Variant; (14)=Gender Non-Binary, Gender Non-Conforming; (15)=Another gender category/another identity; (16)=Prefer not to state; (17)=Non-binary or X; (18)=Transgender Male/Trans Man; (19)=Transgender Female/Trans Woman;
95	F93003	Severely Chronically Mentally Ill [Y/N]	YNRNAU	90	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
96	F91937	Mental Health History	DICT	60	(1)=Yes, active history within last 12 months; (2)=Yes, but not active within the last 12 months; (3)=Unknown; (4)=No history;
97	F91926	Substance Abuse History	DICT	60	(1)=Yes, active history within last 12 months; (2)=Yes, but not active within the last 12 months; (3)=Unknown; (4)=No history;
98	F92991	Incarceration History	DICT	90	(1)=Incarcerated within the last 24 months.; (2)=Incarcerated over 2 years ago; (3)=No history of incarceration;
99	F92010	HRSA Enrollment Status	DICT	80	(3)=Deceased; (6)=Active, client continuing in program; (8)=Unknown/Unreported; (11)=Referred to another program or service or discharged because self-sufficient; (12)=Removed from treatment due to violation of rules; (13)=Incarcerated; (14)=Relocated; (15)=Alive;
100	F14071	Case Closed On	DATE	11	
101	F70246	Date of Death	DATE	11	
102	F150141	Primary Source of Medical Care	DICT	60	(1)=Solo/Group Private Practice, Not HMO; (2)=HMO (Kaiser, CIGNA, etc.); (3)=County Clinic; (5)=Community Clinic; (6)=Emergency Room; (7)=Other; (8)=None; (9)=Unknown; (10)=Public-

					Funded Community Health Center; (11)=Refused to Answer; (12)=Hospital Outpatient Clinic/Department; (13)=Other Public Clinic or Department; (14)=VA or Military Hospital, Outpatient Clinic or Department; (15)=Other Private Community-Based Organization; (16)=Other Ryan White Provider;
103	F80853	Primary Source of Medical Care Other	ALPHA	20	
104	F91936	Substance Abuse Treatment Status	DICT	60	(1)=In treatment; (2)=Waiting list for treatment; (3)=Refused treatment; (4)=Completed treatment; (5)=Pre-treatment process; (6)=Dropped out of treatment; (7)=No active treatment or counseling; (8)=Other; (9)=Unknown; (10)=Not applicable;
105	F91938	Mental Health Treatment Status	DICT	60	(1)=In treatment; (2)=Waiting list for treatment; (3)=Refused treatment; (4)=Completed treatment; (5)=Pre-treatment process; (6)=Dropped out of treatment; (7)=No active treatment or counseling; (8)=Other; (9)=Unknown; (10)=Not applicable;
106	F90648	TB Skin Test during the year	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
107	F93484	TB Skin Test on	DATE	10	
108	F93194	TB Skin Test Results	DICT	80	(1)=Negative; (2)=Positive; (3)=Unknown (didn't return for reading; lost to follow-up);
109	F93211	TB Treatment Received	DICT	80	(1)=Prophylaxis for latent TB infection; (2)=Treatment for active TB disease; (3)=Unknown/lost to follow-up;
110	F93123	TB Treatment Completed	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
111	F93120	TB Reason for no Test	DICT	80	(1)=Previous positive TB test.; (2)=Previous treatment for TB.; (3)=Patient didn't return for reading; (4)=Non-compliant; (5)=Not Applicable; (6)=Patient <1 year old.;
112	F93499	Sexually active	YNRNAU	8	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
113	F93501	Sexually active as of	DATE	12	
114	F90640	Syphilis Screened/tested	YNRNAU	30	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
115	F93472	Syphilis Screened/tested on	DATE	12	
116	F90641	Syphilis Treated	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
117	F93106	Gonorrhea Screened/tested	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)

118	F93473	Gonorrhea Screened/tested on	DATE	10	
119	F93107	Gonorrhea Positive Site(s)	DICT	80	(5)=Nasopharyngeal; (7)=Eye; (8)=Conjunctival Swab; (11)=Cerebrospinal Fluid; (12)=Penis; (15)=Perineum; (99)=Not stated / Not clear; (901)=Cervix; (902)=Urethra; (903)=Rectum; (905)=Nasopharynx; (906)=Vagina; (907)=Lower extremities; (908)=Opthalmia/Conjunctiva; (909)=Throat; (910)=From positive GC culture; (911)=Upper extremities; (912)=Joint; (913)=Vulva; (914)=Mouth; (916)=Urogenital; (917)=Both lower & upper extremities; (918)=Placenta; (919)=Cord Blood; (920)=Other (not listed); (921)=Stomach; (922)=Lungs; (923)=Cutaneous; (924)=CSF; (925)=Blood; (926)=Extragenital Lesion; (927)=Genital Lesion; (928)=Lymph node; (929)=Penile; (930)=Urine; (931)=Other Aspiration Site; (932)=Unknown; (933)=Not Applicable;
120	F93108	Chlamydia screened/tested	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
121	F93474	Chlamydia screened/tested on	DATE	10	
122	F93109	Chlamydia Positive Site(s)	DICT	80	(5)=Nasopharyngeal; (7)=Eye; (8)=Conjunctival Swab; (11)=Cerebrospinal Fluid; (12)=Penis; (15)=Perineum; (99)=Not stated / Not clear; (901)=Cervix; (902)=Urethra; (903)=Rectum; (905)=Nasopharynx; (906)=Vagina; (907)=Lower extremities; (908)=Opthalmia/Conjunctiva; (909)=Throat; (910)=From positive GC culture; (911)=Upper extremities; (912)=Joint; (913)=Vulva; (914)=Mouth; (916)=Urogenital; (917)=Both lower & upper extremities; (918)=Placenta; (919)=Cord Blood; (920)=Other (not listed); (921)=Stomach; (922)=Lungs; (923)=Cutaneous; (924)=CSF; (925)=Blood; (926)=Extragenital Lesion; (927)=Genital Lesion; (928)=Lymph node; (929)=Penile; (930)=Urine; (931)=Other Aspiration Site; (932)=Unknown; (933)=Not Applicable;
123	F90642	Other STI screened/tested	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)

124	F90643	STI Treated	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
125	F93486	Lipid Screen	DICT	10	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
126	F93475	Hepatitis A screened/tested	YNRNAU	10	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
127	F93476	Hepatitis A screened/tested on	DATE	10	
128	F93477	Hepatitis B screened/tested	YNRNAU	30	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
129	F93478	Hepatitis B screened/tested on	DATE	10	
130	F93507	Hepatitis C ever screened/tested	YNRNAU	10	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
131	F93479	Hepatitis C screened/tested on	DATE	10	
132	F90644	Hepatitis C screened/tested	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
133	F81404	Hepatitis C Tested Positive	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
134	F90645	Hepatitis C Treated	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
135	F93480	Alcohol Cessation Counseling	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
136	F93481	Alcohol Cessation Counseling on	DATE	10	
137	F93482	HCV Education	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
138	F93483	HCV Education on	DATE	10	
139	F93488	PCP Prophylaxis RDR	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
140	F93489	PCP Prophylaxis RDR on	DATE	10	
141	F93490	Mental Health Assessment	DICT	30	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
142	F93491	Mental Health Assessment on	DATE	10	
143	F93492	Substance Abuse in last 6 mths	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
144	F93524	Substance Abuse on	DATE	10	
145	F93493	Substance Abuse referred for treatment	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
146	F93494	Substance Abuse referred for treatment on	DATE	10	
147	F93495	Substance Abuse 6 to 24 mths	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;

148	F93525	Substance Abuse 6 to 24 mths on	DATE	10	
149	F93496	Substance Abuse prevention/ongoing treatment discussed	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
150	F93497	Substance Abuse prevention/ongoing treatment discussed on	DATE	10	
151	F93498	Dental Assessment	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
152	F93500	Dental Assessment on	DATE	10	
153	F93502	Tobacco Use	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
154	F93503	Tobacco use discussed	YNRNAU	3	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
155	F93506	Tobacco use discussed on	DATE	12	
156	F93504	Nutrition Screening	DICT	7	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
157	F93505	Nutrition Screening on	DATE	10	
158	F93508	Nutrition Screening by	DICT	15	(1)=Registered Dietician; (2)=Physician; (3)=RN; (4)=Other; (5)=Unknown;
159	F93517	Nutritional Therapy Referral	DICT	15	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
160	F93518	Nutritional Therapy Referral on	DATE	15	
161	F93520	Nutritional Therapy Received	DICT	15	(1)=Yes; (2)=No; (3)=Unknown; (4)=Refused to answer; (5)=Yes, to treat Hepatitis;
162	F93521	Nutritional Therapy Received on	DATE	10	
163	F91997	Pelvic Exam and PAP Smear	DICT	80	(1)=Yes; (2)=No, client refused; (3)=Not applicable; (4)=Unknown/unreported;
164	F90686	Pregnant at any time	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
165	F90923	Entered Care	DICT	80	(1)=First trimester; (2)=Second trimester; (3)=Third trimester; (4)=At time of delivery; (5)=Unknown;
166	F90941	Received antiretroviral meds	YNRNAU	80	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
167	F90951	Number of children born	NUM	1	
168	F93212	HIV positive, confirmed	NUM	1	
169	F93213	HIV indeterminate	NUM	1	
170	F93214	HIV negative, confirmed	NUM	1	

171	F93119	Genotype Test Done On	DATE	11	
172	F93122	Phenotype Test Done On	DATE	11	
173	F90233	Baseline Chest Xray Done on	DATE	12	
174	F92265	Pre-HIV test counseling	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
175	F92266	Tested for HIV antibodies	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
176	F92267	HIV Test Result Positive	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
177	F92268	Post-HIV test counseling	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
178	F80852	At-Risk Partners notified	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
179	F92274	Number of Sex Partners Notified	NUM	3	
180	F80867	Part C Service Received	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
181	F80868	Part D Service Received	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
182	F80857	Referred Outside EIS for Services?	YNRNAU	7	1`Yes; 2`No; 7`Refused; 8`Not Applicable; 9`Unknown (num`alpha)
183	F91958	Anti-retroviral Therapy	DICT	80	(1)=Highly Active Anti-retroviral Therapy (HAART); (2)=Combination antiretrovirals but not HAART; (3)=Monotherapy; (4)=Unknown/Unreported; (6)=Other (mono or dual therapy); (7)=None;
184	F5	Registration Date	DATE	14	
185	HIRSID	HIRS ID#	ALPHA	12	
186	HIRSDATE	Referral Receipt Date	DATE	11	
187	F14685-NUM	HIRS Referral 1 Num	ALPHA	50	
188	F14685-NAM	HIRS Referral 1 - Name	ALPHA	50	
189	F14686-NUM	HIRS Referral 2 Num	ALPHA	50	
190	F14686-NAM	HIRS Referral 2 - Name	ALPHA	50	
191	F14687-NUM	HIRS Referral 3 Num	ALPHA	50	
192	F14687-NAM	HIRS Referral 3 - Name	ALPHA	50	
193	ELIGDATE	Eligibility Review Date	DATE	10	
194	LASTMED	Last Medical Visit	DATE	10	
195	F14450	Proof of HIV+ Status	DICT	90	(1)=Copy of the client's sero+ test result from the test provider.; (2)=Signed document from a physician verifying the client is HIV+;

					(3)=Written verification from a case manager who has the documents; (4)=On File; (6)=Proof pending HIV+ status confirmation;
19 6	F32211	Referred from EIP Program	YES NO	3	(1)=Yes; (0)=No
19 7	F1900044	Private Insurance Deductible/Co-Pay $	MO NEY	9	
19 8	F80541	Income Affidavit	ALP HA	7	(1)=Yes; (0)=No
19 9	F82100	Homeless	DIC T	77	(1)=Not Homeless - Has a permanent living situation indoors; (2)=Living outside (sleeping outdoors); (3)=Staying at a shelter; (4)=Other living arrangements (i.e. sleeping in car); (5)=Unable to specify further (cannot or will not give out more detail); (6)=Unable to determine - unable or unwilling to give any information as to status;
20 0	F11578	Additional Risk Factors	DIC T	20 0	(2)=Perinatal Transmission; (5)=Transfusion; (10)=Male who has sex with Male(s); (11)=Injection Drug Use (IDU); (12)=Male sex with Male and Injection Drug Use; (13)=Hemophilia / coagulation disorder; (15)=Heterosexual contact; (19)=Undetermined/Unknown, risk not reported or identified;
20 1	F31794	Client's ZIP Code (for Geographic Unit):	NU M	5	
20 2	F31786	Insurance Unknown	YES NO	3	(1)=Yes; (0)=No
20 3	F31787	No insurance	YES NO	3	(1)=Yes; (0)=No
20 4	F31795	HIV Risk Reduction/Counseling provided	YNU	7	(1,)=Yes; (2,)=No; (9,)=Unknown
20 5	F31796	First visit date	DAT E	12	
20 6	F91961	PCP Prophylaxis?	DIC T	80	(1)=Not medically indicated.; (3)=Yes; (4)=No, client refused; (5)=No;
20 7	F31925	Prescribed HAART	DIC T	80	(1)=Yes; (3)=No, not ready (as determined by a clinician); (4)=No, client refused; (5)=No, intolerance, side-effect, toxicity; (6)=No, ART payment assistance unavailable; (7)=No, other reason; (8)=Unknown; (9)=No;
20 8	F31797	TB Screen	DIC T	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
20 9	F31798	TB Screen Ever	DIC T	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;

210	F31942	Syphilis Screen	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
211	F31799	Hepatitis B Screen	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
212	F31943	Hepatitis B Screen Ever	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
213	F31800	Hepatitis B Vaccine Completed	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
214	F31801	Hepatitis C Screen	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
215	F31944	Hepatitis C Screen Ever	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
216	F31802	Substance Abuse Screen	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
217	F31804	Mental Health Screen	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
218	F93522	Height in Feet	ALPHA	1	
219	F93523	Height in Inches	NUM	4	
220	F6584	Weight	ALPHA	8	
221	F31803	Pap Smear Received	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Not applicable;
222	F32355	Antiretrovirals Received	DICT	80	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;
223	F32354	Adherence Assessment & Counseling	YES NO	12	(1)=Yes; (0)=No
224	F32375	Hepatitis/HIV Alcohol Counseling	YES NO	12	(1)=Yes; (0)=No
225	F32376	Tobacco Cessation Counseling	YES NO	3	(1)=Yes; (0)=No
226	F32377	Lipid Screening	YNR	10	(1)=Yes; (2)=No; (9)=Refused
227	F32378	Oral Exam	YNR	10	(1)=Yes; (2)=No; (9)=Refused
228	F32351	TB Screen RSR8	DICT	15	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;
229	F32352	MAC Prophylaxis	DICT	15	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;
230	F32353	Ophthalmology Screen	DICT	15	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;

23 1	F32379	Chlamydia screen	DICT	15	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;
23 2	F32388	Gonorrhea screen	DICT	15	(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously Tested Positive;
23 3	F32356	Toxoplasmosis Screen	YESNO	10	(1)=Yes; (0)=No
23 4	F32357	Hepatitis A Vaccination	DICT	80	(1)=Yes; (2)=No; (3)=Documented immunity to Hepatitis A; (4)=Client refused; (5)=Hypersensitivity to Hepatitis A vaccine or its components;
23 5	F91995	Pneumococcal Vaccine?	DICT	80	(1)=Not documented in medical record/unknown; (2)=Yes; (3)=No, client refused; (4)=No, not medically indicated (client had vaccine in last 5 years); (5)=No - patient hypersensitive to pneumococcal vaccine or its components;
23 6	F32366	Influenza Vaccination	DICT	80	(1)=Yes; (2)=No; (3)=Client refused; (4)=Hypersensitivity to flu vaccine or allergy to its components; (5)=Previous diagnosis of Guillain-Barre Syndrome;
23 7	F16613	Pre-HIV Test Counseling Received	ALPHA	7	(1,)=Yes; (2,)=No; (8,)=N/A; (9,)=Unknown
23 8	F16615	Positive HIV Test Result	ALPHA	7	(1,)=Yes; (2,)=No; (8,)=N/A; (9,)=Unknown
23 9	F16616	Post-HIV Test Counseling Received	ALPHA	7	(1,)=Yes; (2,)=No; (8,)=N/A; (9,)=Unknown
24 0	F16617	Client's at-risk partners notified	ALPHA	7	(1,)=Yes; (2,)=No; (8,)=N/A; (9,)=Unknown
24 1	F16620	Referred to HIV Medical Care	YESNO	3	(1)=Yes; (0)=No
24 2	F92253	HIV -/+ Relationship	DICT	10	(1)=Child of HIV+ parent; (2)=Parent of HIV+ child; (3)=Sibling of HIV+ family member; (4)=Grandparent of HIV+ child; (5)=Non-related caregiver of HIV+ child; (6)=Spouse/partner of HIV+ spouse/partner; (7)=Other relative; (8)=Other;
24 3	F98799	Durable Power of Attorney	YESNO	3	(1)=Yes; (0)=No
24 4	F32191	New client brought in by Outreach	YESNO	3	(1)=Yes; (0)=No
24 5	F31602	Reason Left Care Program	DICT	80	(1)=Other; (2)=Staff turnover; (3)=Lack of symptoms, no medical need; (4)=Dissatisfaction / conflicts with case manager; (5)=Dissatisfaction / conflicts with medical provider; (6)=Left town; (7)=Unstable housing; (8)=Incarcerated; (9)=Hospitalized / re-hab / in substance abuse treatment; (10)=Too depressed to

					come to treatment; (11)=Transportation problems; (12)=Changes in eligibility; (13)=Not ready to get engaged in treatment; (14)=Didn't want treatment where people would know HIV status; (15)=Objected to paperwork, loss of privacy, intrusive questions; (16)=Language barriers; (17)=Afraid because of being undocumented; (18)=Failure to pick up medications.;
246	F31603	Reason Left Care Program Other	ALPHA	80	
247	AI	Agency_ID	ALPHA		
248	WHE	West_Hollywood_Eligibility	DICT	60	(1)=Lives; (2)=Works; (4)=Op; (5)=No; (6)=School;
249	WHEED	West_Hollywood_Eligibility_Effective_Date	DATE	11	
250	MT	Medicaid_Type	DICT	30	(1)=Share of Cost; (2)=No share of cost; (3)=Hipp; (4)=Emergency; (5)=PHC; (6)=HMO; (7)=PPO; (8)=Unknown;
251	CHRB	Client_HIV_Risk_Behaviors	DICT	80	(2)=Perinatal Transmission; (5)=Transfusion; (10)=Male who has sex with Male(s); (11)=Injection Drug Use (IDU); (12)=Male sex with Male and Injection Drug Use; (13)=Hemophilia / coagulation disorder; (15)=Heterosexual contact; (19)=Undetermined/Unknown, risk not reported or identified;
252	HRF	HIV_Risk_Factor	DICT	200	(2)=Perinatal Transmission; (5)=Transfusion; (10)=Male who has sex with Male(s); (11)=Injection Drug Use (IDU); (12)=Male sex with Male and Injection Drug Use; (13)=Hemophilia / coagulation disorder; (15)=Heterosexual contact; (19)=Undetermined/Unknown, risk not reported or identified;
253	CHBVs	Completed_Hep_B_Vaccine_series	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
254	SfHCR	0	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
255	PaatR	Pregnant_at_any_time_RSR	YNU013	80	(1,)=Yes; (2,)=No; (9,)=Unknown
256	Dtpcecnc	Did_the_pregnant_client_enter_care	YNU013	80	(1,)=Yes; (2,)=No; (9,)=Unknown
257	HIV_negative,_confirmed"	YESNO	500		

25			YNU		(1,)=Yes; (2,)=No; (8,)=N/A;
8	CXTD	Chest_Xray_Test_Date	NA	8	(9,)=Unknown
25		Tobacco_Cessation_Couns	YNU		
9	TCC	eling	NA	3	(1)=Yes; (0)=No; (8)=N/A
26			YES		
0	IC	Informed_Consent	NO	3	(1)=Yes; (0)=No
26		Informed_Consent_Last_Si	DAT		
1	ICLS	gned	E	11	
26			ALP		
2	RY	Reporting_Year	HA		
26		Receive_antiret_meds_RS	DIC		(1)=Highly Active Anti-retroviral Therapy (HAART); (2)=Combination antiretrovirals but not HAART; (3)=Monotherapy; (4)=Unknown/Unreported; (6)=Other
3	RamR	R	T	80	(mono or dual therapy); (7)=None;
26		Client_prescribed_HAART_	DIC		(1)=Yes; (3)=No, not ready (as determined by a clinician); (4)=No, client refused; (5)=No, intolerance, side-effect, toxicity; (6)=No, ART payment assistance unavailable; (7)=No, other reason; (8)=Unknown;
4	CpHR	RSR	T	80	(9)=No;
26			DIC		(1)=Not medically indicated.; (3)=Yes;
5	PPR	PCP_Prophylaxis_RSR	T	80	(4)=No, client refused; (5)=No;
26		Adherence_Assessment_R	YNU		
6	AAR	SR	NA	12	(1)=Yes; (0)=No; (8)=N/A
26		Screened_for_Syphilis_RS	DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
7	SfSR	R	T	30	refused test;
26			DIC		(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously
8	CsR	Chlamydia_screen_RSR	T	15	Tested Positive;
26			DIC		(1)=Yes; (2)=No; (3)=Not Applicable; (4)=Client refused; (5)=Previously
9	GsR	Gonorrhea_screen_RSR	T	15	Tested Positive;
27		Pap_Smear_Received_RS	DIC		(1)=Yes; (2)=No; (3)=Not medically
0	PSRR	R	T	30	indicated; (4)=Not applicable;
27		Screened_for_Hepatitis_C_	DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
1	SfHCR	RSR	T	30	refused test;
27		Screened_for_Hepatitis_B_	DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
2	SfHBR	RSR	T	30	refused test;
27			DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
3	SfTR	Screened_for_TB_RSR	T	30	refused test;
27		Screen_for_substance_ab_	DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
4	SfsaR	RSR	T	30	refused test;
27		Screened_for_mental_hea_	DIC		(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient
5	SfmhR	RSR	T	30	refused test;
27			YNU		
6	TCC	Tobacco_Cessation_Couns	NA	3	(1)=Yes; (0)=No; (8)=N/A

277	CHBVR	Completed_Hep_B_Vaccine_RSR	DICT	30	(1)=Yes; (2)=No; (3)=Not medically indicated; (4)=Unknown; (5)=Patient refused test;
278	PVR	Pneumococcal_Vaccine__RSR	DICT	80	(1)=Not documented in medical record/unknown; (2)=Yes; (3)=No, client refused; (4)=No, not medically indicated (client had vaccine in last 5 years); (5)=No - patient hypersensitive to pneumococcal vaccine or its components;
279	IVR	Influenza_Vaccination_RSR	DICT	80	(1)=Yes; (2)=No; (3)=Client refused; (4)=Hypersensitivity to flu vaccine or allergy to its components; (5)=Previous diagnosis of Guillain-Barre Syndrome;
280	CPR	Care_Plan_During_Period	YNUNA		
281	AR	Adherence_RSR	YESNO	12	(1)=Yes; (0)=No
282	LNAME	Client_Last_Name	HALP	30	
283	FNAME	Client_First_Name	HALP	30	
284	MINITIAL	Client_Middle_Name/Initial	HALP	20	
285	SSN	Social_Security_Number	HALP	11	
286	ADDRESS1	Residence_Address_Line 1	HALP	45	
287	ADDRESS2	Residence_Address_Line 2	HALP	45	
288	CITY	Residence_City	HALP	35	
289	STATE	Residence_State	HALP	2	
290	OKMAIL	OK_To_Send_Mail	YNUA	3	(1)=Yes; (0)=No
291	COUNTY	Residence_County	HALP	45	
292	COUNTYEFF	Residence_County_Effective_Date	DATE	11	
293	F92695	Verification_of_Residency	DICT	90	(1)=State Driver's License/ID Card/Passport/Foreign Consulate ID; (2)=Rent receipt; (3)=Copy of lease; (4)=Utility bill; (5)=Voter registration card; (6)=Vehicle registration; (7)=Property tax statement; (8)=Current W-2 or 1099, State Income Tax Return; (9)=Paycheck stub from the individual's local employer; (10)=Letter from a residential services provider verifying residency; (11)=Correctional Institutional Identification; (12)=Signed affidavit, no other verification available; (15)=Public

					Benefits Letter or Bank Statement Indicates Address;
29 4	F4591	Client_Day_Telephone	TEL	20	
29 5	F20184	Client_Cell_Phone	TEL	60	
29 6	F4592	OK_to_Leave_Message_Day	YES NO	3	(1)=Yes; (0)=No
29 7	F93083	OK_to_Leave_Message_Cell	YES NO	3	(1)=Yes; (0)=No
29 8	F96524	Phone_Contact_Names	ALP HA	80	
29 9	F92839	E-mail_Address	ALP HA	30	
30 0	F93430	E-mail_for_personal_correspondence_only	YES NO	3	(1)=Yes; (0)=No
30 1	F126	Medi-Cal_Number	YES NO	20	
30 2	F7087	Medicare_Number	YES NO	11	
30 3	F91714	Vac_Number	ALP HA	15	
30 4	F7292	HMO/PPO_Policy_ID	ALP HA	20	
30 5	F92933	Policy_Number	ALP HA	15	
30 6	F92938	Other_Medical_Insurance_Policy_Number	ALP HA	20	
30 7	F31788	Had_Private_Insurance_during_reporting_period_RSR	YES NO	3	(1)=Yes; (0)=No
30 8	F31789	Medicare_a_source_of_insurance_RSR	YES NO	3	(1)=Yes; (0)=No
30 9	F31790	Is_Medi-Cal_a_source_of_insurance_RSR	YES NO	3	(1)=Yes; (0)=No
31 0	F31791	Did_client_receive_other_public_insurance_RSR	YES NO	3	(1)=Yes; (0)=No
31 1	F31792	Had_other_insurance_during_reporting_period_RSR	YES NO	3	(1)=Yes; (0)=No
31 2	F91862	HIV/AIDS Status	DICT	50	(1)=HIV-positive, not AIDS; (2)=HIV-positive, AIDS status unknown; (3)=CDC-Defined AIDS; (4)=HIV-negative (affected); (6)=Indeterminate (Client <2 years old); (7)=HIV Negative (High Risk); (10)=HIV Negative;
31 3	F20228	HIV/AIDS Status Effective Date	DATE	11	
31 4	F84932	Preferred Pronoun	ALP HA	15	
31 5	F84933	Chosen Name	NA ME	50	
31 6	F4583	Sexual Orientation	DICT	45	(1)=Gay or Lesbian; (2)=Straight or Heterosexual; (3)=Bisexual; (4)=Unknown; (6)=Not Applicable;

(8)=Pediatric/Not Applicable;
(9)=Refused to answer; (10)=Not Sure; (11)=Something else;
(12)=Don't understand the question;
(13)=Prefer not to state;

2. Client Services

Field #	Field Name	Field Description	Field Type	Max Length	Values
1	Record#	Sequential Record #	NUM		
2	Total#	Total # of Records	NUM		
3	SiteID	Service Entered by Site	ALPHA	70	
4	Contract#	Bill to Contract	ALPHA	45	
5	ClientID	Patient/Client ID#	ALPHA	10	
6	ServiceDt	Date of Encounter	DATE	10	
7	Serv.Code	CPT4 or Other Code	ALPHA		
8	Quantity	Encounter Units	ALPHA	10	
9	Charge	Encounter Cost	ALPHA	10	
10	MCCProbName	AHF MCC Problem Name	ALPHA	78	
11	NDCCode	Nat. Drug Code (NDC)	ALPHA	20	
12	PriDiag	Primary Diagnosis	DICT	10	
16	Provider	Encounter With	ALPHA		
17	Internal#	Client's Internal ID#	ALPHA		
18	Group#	Encounter Link ID#	ALPHA	20	
19	Time	Time of Encounter	TIME24	10	
20	Department	Encounter Department	ALPHA	40	(5)=Mental Health; (7)=Food Prog County; (56)=Tarzana Rehab L2 F (84)=Specialty Medical; (87)=Oral Medical; (122)=Linkage Case Mar Food Store in Long Beach (NOLP) (NOLP); (139)=Project New Hope Angeles (NOLP); (145)=Casa del (APLA); (7331011)=Clientline; (73
21	ZIPCode	Place of Encounter ZIP	ZIP		
22	SPA	SPA	ALPHA		
23	Payer	Payer/Guarantor	DICT	45	(1)=Los Angeles County; (2)=Los Hold; (20)=Medicare Advantage; ((30)=Other Insurance; (31)=Vetera (38)=Pending Verification; (39)=Bl Ipa; (46)=Pan American Life, Prior Group Ipa; (54)=Midland National Drug Employee Ben; (64)=APPLE First; (72)=New Patient; (73)=Phys Health Plans; (81)=Pcip; (82)=Delt Atlantic Medical Group Ipa; (91)=A Medical Group; (99)=Apple Medica (107)=Healthcare Partners Ipa HM Western Health Newtwor; (123)=V Group (703); (131)=Seaside Healt Health Physicians Of PIH; (140)=F Francisco Health Plan; (148)=Pinn

					(157)=Preferred Ipa of Calif; (158) (164)=Centinella Valley Ipa; (165)= Group; (173)=Family Care Special Care Covered California LACC; (1 13; (189)=AKA Medical Group; (19 (197)=Inland Empire Health Plan; (205)=Medi-Medi Managed Care; Group; (212)=Santa Monica Here (220)=(MHLA) My Health LA; (221 Group; (228)=Blue Cross Blue Shi (234)=Molina ACA California; (235 Partners Ipa; (242)=Health Net Co Health; (250)=Contra Costa Health (257)=In-Home Supportive Service CTR; (265)=Scan Health Plan; (26 (273)=Superior Choice Medical Gr Partners Valencia; (281)=Health N Company; (288)=High Desert Med B Only; (320)=Mental Health (S/D) (351)=ATP with Liability; (352)=Ge 1011; (381)=CCS; (383)=Law Enfo (410)=Mcal Crossover Ip & Op; (4 (Psych); (432)=Medi-Cal Pend AT (461)=Accident Litigation; (464)=S (476)=Mandated Programs/PH; (4 (485)=Health Care LA. IPA; (486)= Valley Physicians Ipa Medi-Cal; (4 of county/country; (502)=Group & PPO; (510)=Medicaid; (511)=IA (W Health; (518)=Anthem BC CA HMO (527)=Anthem BC CA Alta Med Ip Insurance; (550)=Cal Optima HMO (583)=Blue Shield of California; (5 HMOProspect Health S.; (620)=Ae Care; (628)=Anthem BC CA Allied (634)=Anthem BC CA Eastland M Exception Care MG HMO; (647)=W San Gabriel Medi-Cal; (654)=Anth (662)=HCP Medical Group-San An (674)=Santa Clara Family Health I PPO; (682)=Allied Greater Alhamb (689)=Alignment HP Med Adv HM Ipa Medi-Cal; (697)=Care 1ST Ca Administrators; (707)=Lifeshield N Managed Care; (715)=Blue Cross (721)=COVID19 HRSA Uninsured Medicare; (728)=Molina Managed (735)=Myhealth LA; (736)=Pace M
24	TransID	Service Transaction ID	ALPHA	40	
25	TOOTH	Tooth/Teeth for Procedure	DICT	200	(1)=1; (2)=2; (3)=3; (4)=4; (5)=5; (0
26	Bill	Bill for Procedure?	YESNO	3	(1)=Yes; (0)=No
27	POS	Place of Service	DICT	45	
28	Modifier	CPT4 Modifier	DICT	10	(1)=1; (2)=2; (3)=TC; (4)=RT; (5)= (55)=55; (56)=56; (57)=57; (58)=5 (180)=180; (181)=181; (182)=182;

					(203)=203; (204)=204; (205)=205; (226)=226; (227)=227; (228)=228; (249)=249; (250)=250; (251)=251; (272)=272; (273)=273; (274)=274; (295)=295; (296)=296; (297)=297; (318)=318; (319)=319; (320)=320; (341)=341; (342)=342; (343)=343; (364)=364; (365)=365; (366)=366; (387)=387; (388)=388; (389)=389; (410)=410; (411)=411; (412)=412; (433)=63; (434)=27; (435)=73; (43 (458)=Am; (459)=Ap; (460)=Aq; (4 (482)=Em; (483)=Ep; (484)=Et; (4 (506)=506; (507)=F4; (508)=F5; (5 (531)=GF; (532)=GJ; (533)=GK; (5 (555)=HH; (556)=HI; (557)=HJ; (5 (580)=K4; (581)=Ka; (582)=KB; (5 (605)=P5; (606)=P6; (607)=Pl; (60 (629)=QT; (630)=QV; (631)=QW; (653)=Su; (654)=SV; (655)=SW; ((677)=U3; (678)=U4; (679)=U5; (6
29	Medi-CalNO	Medi-Cal Didn't Pay	TRUEFALSE	3	
30	MedicareNO	Medicare Didn't Pay	TRUEFALSE	3	
31	PrivateNO	Private Didn't Pay	TRUEFALSE	3	
32	VANO	VA Didn't Pay	TRUEFALSE	3	
33	OTHERNO	Other Insurance No Pay	TRUEFALSE	3	
34	HWLANO	HWLA Didn't Pay	TRUEFALSE	3	
35	STRENGTH	Drug Strength	ALPHA	20	
36	LETTER	Letter on Bottle	ALPHA	5	
37	PRESCRIBER	Prescriber Name	ALPHA	70	
38	PRESCDEA	Prescriber DEA	ALPHA	30	
39	DRUGNAME	Drug Name	ALPHA	30	
40	CONTTYPE	Encounter Contact Type	DICT	70	(1)=Telephone Client; (2)=Face-to Client's Case - No Direct Contact;
41	RAPIDVISIT	Rapid Visit	YESNO	3	(1)=Yes; (0)=No

3. Annual Performance Measures

Field#	Field Name	Field Description	Field Type	Max Length	Valu
1	F14436	CIS#	ALPHA	9	
2	F*PMDATE	Reporting period start date	DATE		
3	F84929	2.1 PCV13 Pneumococcal vaccine	YESNO	3	(1)=Y
4	F84946	2.1 Date	DATE	10	
5	F84931	2.2 Two doses of MenACWY Meningococcal vaccine since HIV DX	YESNO	3	(1)=Y
6	F84944	2.2 Date1	DATE	10	
7	F84947	2.2 Date2	DATE	10	

8	F84918	2.3 Annual Hepatitis C screen	YESNO	30	(1)=Y
9	F84936	2.3 Date	DATE	10	
10	F84919	2.4 Annual urogenital Gonorrhea/Chlamydia screen	YESNO	30	(1)=Y
11	F84937	2.4 Date	DATE	10	
12	F84922	2.5 Annual pharyngeal Gonorrhea screen	YESNO	3	(1)=Y
13	F84940	2.5 Date	DATE	10	
14	F84920	2.6 Annual rectal Gonorrhea screen	YESNO	3	(1)=Y
15	F84938	2.6 Date	DATE	10	
16	F84924	2.7 Annual HIV risk assessment	YESNO	3	(1)=Y
17	F84942	2.7 Date	DATE	10	
18	F84923	2.8 Biannual Syphilis screen	YESNO	3	(1)=Y
19	F84939	2.8 Date 1	DATE	10	
20	F84941	2.8 Date 2	DATE	10	
21	F84925	2.9 Annual substance use screen	YESNO	3	(1)=Y
22	F84943	2.9 Date	DATE	10	
23	F84926	2.10 Annual depression screen	YESNO	3	(1)=Y
24	F84945	2.10 Date	DATE	10	

Data Collection Requirements (STI and Hepatitis Screening)

The system should collect data required for STI and Hepatitis screening. These requirements can be found in Attachment A-1-1 (Task 52: Prevention Data Collection Requirements).

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Task 2.4: Agency and Site Listing by Contract, Service Category, and Funding Source

Laboratory Specifications

The system must interface with Public Health Laboratory to receive the following laboratory data. The system must track laboratory costs and reimburse contracted agencies based on the Medi-Cal cost or actual cost, whichever is less. (Task 4: Laboratory Specifications).

Field #	Field Name	Field Description	Field Type	Max Length	Values
1	SiteID	Lab Result Entered by Site	ALPHA	45	
2	ClientID	Medical Record Number	ALPHA		
3	ResultDate	Lab Result Date	DATE	45	

4	TestName	Lab Test Name	ALPHA	77	(3)=Chest X-Ray; (9)=Lymphocyte #; (14)=WBC; (16 Count; (46)=CD3 %; (47)=CD3 Count; (48)=CD4 / CD (57)=Hepatitis A Virus AB (IGM); (58)=Hepatitis C Vir Fasting triglycerides/cholesterol; (69)=CHOL/HDL Ra (80)=T. Gondii IgG; (81)=T. Gondii IgM; (82)=C. Trac GONDII IgM, ELISA; (92)=HIV IFA Confirmation; (93 Count; (101)=Viral Load; (102)=DFA - Chlamydia trac (112)=VDRL Qualitative; (113)=VDRL Titer; (114)=Sy (123)=TRUST - Qualitative; (124)=HIV Western Blot; (132)=Culture - Neisseria gonorrhoeae; (133)=PCR - Calymmatobacterium granulomatis; (141)=HIV Rna E (152)=Hepatitis A Antibody, Total; (153)=Hepatitis B (163)=Unknown Amplified-CT; (164)=TMA-Chlamydia (172)=Cholesterol/HDL Ratio Serum %; (173)=Hepat Index; (181)=HSV 2 IgG Interpretation; (182)=HCV G Mutations; (188)=PTT (Partial Prothrombin); (189)=H (198)=HCV S/Co Value; (199)=HCV S/Co Value; (20 NON-AFR. AMERICAN; (1006)=eGFR AFRICAN AM (1017)=Bilirubin, Total; (1018)=Alkaline Phosphatase (1030)=Platelet Count; (1031)=Absolute Neutrophils; (1041)=RPR (DX) W/Refl Titer and Confirmatory Tes (1049)=Comment(S); (1050)=Microalbumin; (1051)=I Additional Marker; (1060)=Signal to Cut-Off; (1061)=S (1070)=Number of Markers:; (1071)=3 Additional Mar (1082)=Bilirubin; (1083)=Ketones; (1084)=Occult Blo (1095)=P40; (1096)=GP41; (1097)=P51; (1098)=P55 (1107)=LMP:; (1108)=Prev. Pap:; (1109)=Prev. BX:; (1120)=Hepatitis B Surface Antigen (Refl); (1121)=Fe (1131)=T4, Free; (1132)=HIV 1/2 EIA Ab Screen; (11 Specimen; (1141)=10001327; (1142)=Glucose, CSF; (1152)=Cryptococcus Ag Titer; (1153)=Inr; (1154)=PT (1165)=CK-BB; (1166)=Fecal Fat, Qualitative; (1167) (1176)=Coccidioides Antibody, CF; (1177)=Hepatitis (Toxoplasma Ab (Igg,Igm)); (1185)=Comprehensive I Only (Urinalysis, Complete); (1196)=CBC (Includes D Only (Chlamydia Trachomatis Dna, Sda); (1204)=Cu (1214)=Tissue Pathology; (1215)=Report Notes; (121 (1226)=Ampicillin; (1227)=Cefazolin; (1228)=Cefepim Sal/Shig/Campy and Shiga Toxins EIA W/RFL E.Coli (1247)=HCG, Total, QL; (1248)=LH; (1249)=HSV Cu Panel With Reflex to Direct LDL; (1260)=Triglyceride METABOLITES (50 ng/mL SCREEN); (1268)=Metha (1278)=Surepath-FP and HPV; (1279)=Iron and Tota (1285)=Copies/ML; (1286)=Direct LDL; (1287)=Fta-A (1296)=Leukocyte Esterase; (1297)=WBC; (1298)=B (1307)=Amphetamine; (1308)=Methamphetamine; (1 (1316)=T3, Total; (1317)=Heptimax (R) HCV Rna; (1 (1330)=Calcium Oxalate Crystals; (1331)=Triple Pho (1345)=HSV 2 Igg, Herpeselect Type Specific Ab; (13 (1355)=Absolute Promyelocytes; (1356)=Absolute Bl (1368)=Ampicillin/Sulbactam; (1369)=Vancomycin; (1 (1393)=Hepatitis B Surface Ag W/Refl Confirm (Refl) (1414)=Candida:; (1418)=Titer [Cryptococcal Ag, Lat (1438)=Status; (1439)=Specimen Submitted; (1440)= (1452)=Test Name:; (1453)=Test Code:; (1454)=Clie Antibody; (1462)=SM/RNP Antibody; (1463)=Sjogren

(1479)=Beta Globulins; (1480)=Gamma Globulins; (1
Panel; (1488)=Ana Ifa Screen W/Refl to Titer and Pa
(1502)=Helper/Suppressor Ratio; (1507)=Hepatitis P
(1517)=Heptimax(R) HCV Rna W/RFL to HCV Genot
Antibodies (Igg,Igm); (1545)=Hev Igg; (1546)=Hev Ig
Urethra; (1574)=C. Trac/N. Gono Screen:; (1575)=C.
Fetoprotein, Tumor Marker; (1588)=Yeast Phase Ant
(VZV) Dna, QL RT PCR; (1597)=HSV 1 Dna, QN PC
(1605)=Thyroglobulin Antibodies; (1606)=Thyroglobu
(1630)=Ritonavir; (1633)=Hepatitis B Virus Genotype
Henselae Igg Screen; (1642)=B. Henselae Igm Scree
(1651)=58 KD (Igg) Band; (1652)=66 KD (Igg) Band;
(1683)=Bilirubin, Fractionated; (1684)=Aldosterone, L
(1693)=Caffeine; (1695)=Ampicillin; (1696)=Ciproflox
Cytology; (1711)=Status; (1712)=Specimen Submitte
Virus Antibody (Igg); (1781)=Hepatitis B Surface Anti
(1829)=10001357; (1830)=CA 19-9; (1834)=Protein,
(1841)=Abnormal Protein Band 3; (1842)=Interpretati
Hour Urine; (1853)=Calcium/Creatinine Ratio; (1854)
Interpretation; (1878)=Lead, Blood (Osha); (1889)=H
W/Fluorochrome Smear; (1897)=Wet Mount; (1898)=
(1905)=Culture, Campylobacter; (1906)=Shiga Toxin
Specimens; (1913)=B Clinical Impression; (1914)=B
(1921)=Immunoglobulin M; (1922)=Gram Stain:; (192
(1930)=Rifampin; (1931)=Moxifloxacin; (1932)=Spec
Titer and Ag; (1942)=Testosterone, Total, LC/MS/MS
Screen, Comprehensive (Serum/Plasma)); (1951)=A
(1956)=Measles Ab Igm, if; (1957)=Rubella Antibody
(1965)=Concentrate Result 2:; (1966)=Trichrome Res
WITH REFLEX TO HIV-1 GENOTYPE; (1973)=Copie
(1979)=Tissue Transglutaminase (Igg,Iga); (1980)=T
HR Urine; (1989)=Phosphate, 24 Hour Urine; (1990)=
(2001)=Hepatitis C Viral Rna Genotype, Lipa; (2003)=
QN; (2013)=HCV Rna, PCR, QN; (2014)=Extra Gray
Panel 10-50 + Ethanol; (2022)=Alcohol, Ethyl (U); (20
(2029)=HEPATITIS C VIRAL RNA, QN bDNA WITH
Trough; (2037)=Test in Question- Misc Question; (20
Ab Iga; (2044)=H. Pylori Ab Igg; (2045)=H. Pylori Ab
(2052)=Surepath and CT/NG Dna, Sda, Pap Vial; (20
(2062)=Tppa Confirmatory; (2063)=HBsAg HEP. B S
Estimated (Calc); (2073)=Globulin (CALC); (2074)=G
Lymphocyte Count; (2083)=Absolute Neutrophil Cou
(2091)=HEP.A Ab.Total; (2092)=HbV DNA UltraQuan
T3; (2103)=TSH III(Ultra Sensitive); (2104)=Free T4;
(2113)=Test Cancelled; (2114)=CD3 % (Mature T Ce
(2122)=FSH (Foll. Stim. Horm.); (2123)=Pathology; (
(2131)=Complement-C4; (2132)=LH (Luteinizing Hor
(2141)=C.Difficile Toxin A; (2142)=CT Genprobe (Su
Iron Binding Cap.; (2154)=HBsAg HEP.B SURFACE
(2163)=IgA Random Urine; (2164)=IgG Random Urin
(2174)=Protein Total Urine; (2175)=Protein, TOTAL U
NITROGEN-Urine; (2184)=Volume; (2185)=Note Onl
(2191)=Cytomegalovirus Dna, QN Real Time PCR; (
PD, RBC; (2198)=Glucose, Random (P); (2199)=Pro
Order 3; (2204)=Thyroid Panel; (2205)=Digoxin; (220
(2218)=00600; (2219)=019620; (2220)=03370; (2221

Creatinine, Random Urine; (2228)=Sodium/Creat Ra
Urine; (2235)=Test in Question- Ambiguous Order; (2
(2241)=Protein/Creatinine Ratio; (2242)=Protein, Tot
Signature; (2252)=Sureswab(TM) Chlamydia/ N. Gon
1 Virtual Phenotyping; (2259)=JAK2 V617F,QL,Leum
Gonorrhoeae Rna, Tma, Rectal; (2267)=Chlamydia T
Respiratory; (2273)=HSV 1/2 Igg, Herpeselect Type
(2280)=HIV 1/2 Plus O AB ADVIA Centau; (2281)=H
Serum; (2290)=GEN PROBE APTIMA Combo 2 Assa
(2302)=GP160; (2303)=Result; (2304)=HIV 1 EIA Sc
(2313)=Calcium-Urine; (2314)=CPK; (2315)=Oxalate
Acid, Random Urine; (2326)=Hepatitis Be Antigen; (2
RFX HR HPV

5	TestResult	Test Result	ALPHA	45
6	TestName	Lab Test Name	ALPHA	
7	TestResult	Test Result	ALPHA	
8	Internal#	Client's Internal ID#	ALPHA	

Field#	Field Name	Field Description	Field Type	Max Length
1	LABCODE	Lab Code	ALPHA	
2	INVOICE#	Invoice #	NUM	15
3	INVOICEDAT	Invoice date	DATE	10
4	CLIENT#	Quest Client #	NUM	10
5	REFERRINGC	Referring Client #	ALPHA	
6	REFERRINGC	Referring Client Name	ALPHA	
7	REFERRINGC	Referring Client City	ALPHA	
8	LAB#	Lab #	NUM	10

9	PATIENTNAM	Patient Name	NAME	45
10	PATIENTID	Patient ID	ALPHA	
11	DATEOFSERV	Date of Service	DATE	10
12	DESCRIPTIO	Description of Serv	ALPHA	
13	CPTCODES	CPT Codes	ALPHA	
14	SERVICECOD	Service Code	NUM	10
15	REF.PHY.	Ref. Phy.	ALPHA	
16	PRICE	Price	ALPHA	20
17	BLANK	Blank header	ALPHA	
18	CS01	CS01	ALPHA	
19	CS02	CS02	ALPHA	
20	CS03	CS03	ALPHA	
21	CS04	CS04	ALPHA	
22	DATEOFBIRTH	Date of Birth	DATE	11
23	SendOut	Send Out	ALPHA	
24	TNP	TNP	ALPHA	
25	P_O_C	Parent_Order_Code	ALPHA	

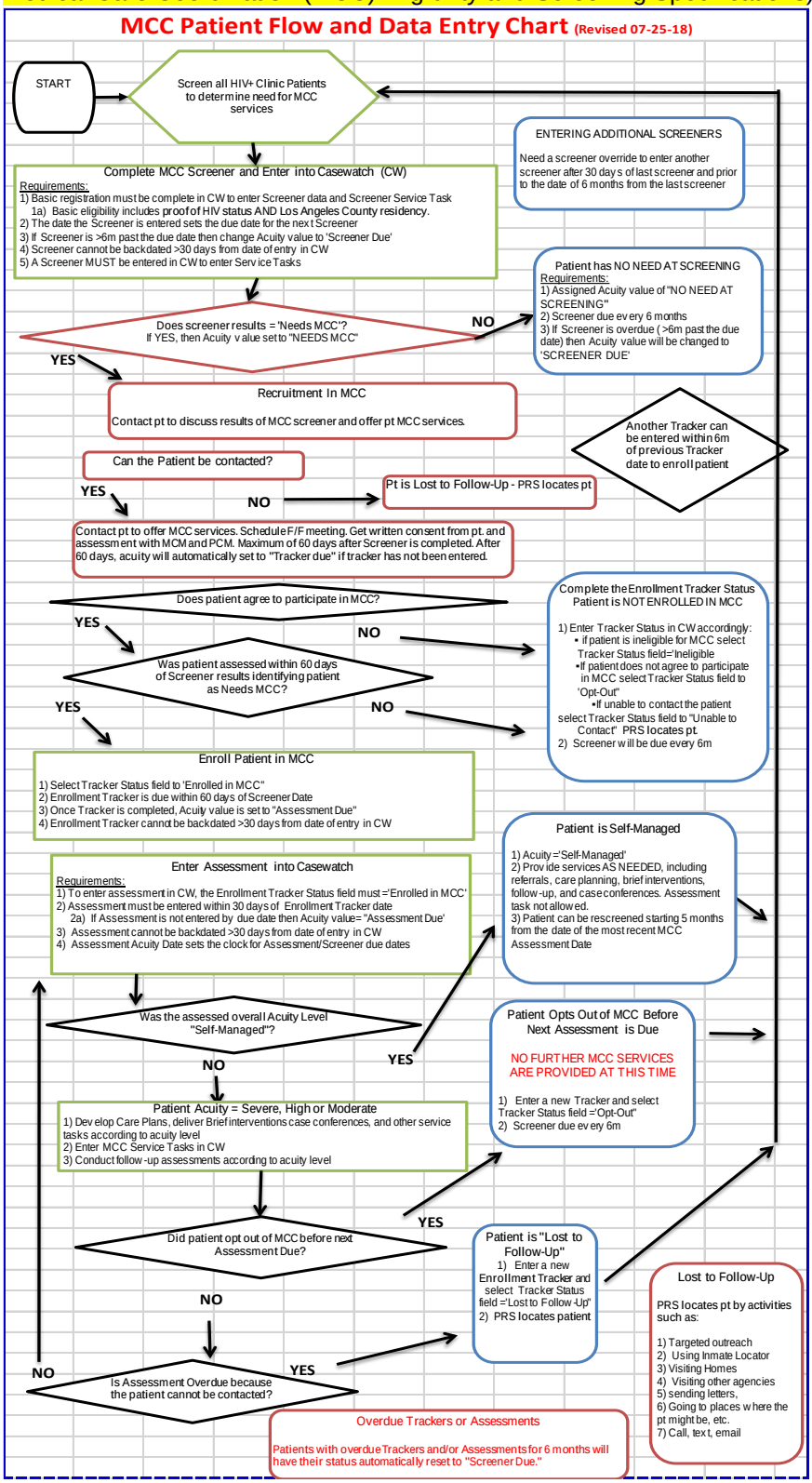
Task X: Drug and Immunization Specifications

Los Angeles County Comprehensive HIV/STD Plan

The system must conform to all standards outlined in the Los Angeles County Comprehensive HIV/STD Plan. See Attachment A-1-2 (Task 6: Los Angeles County Care Plan).

Medical Care Coordination (MCC) Eligibility and Screening Specifications

The system should provide eligibility and screening for all RWP clients using the following criteria (Task 6: Medical Care Coordination (MCC) Eligibility and Screening Specifications):



ATTACHMENT A-1-1
STI AND HEPATITIS DATA COLLECTION SPECIFICATION
[SEE ATTACHED]

STI and Hepatitis Data Collection Specifications

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Client Intake (client_intake)			
1	[record_id]	HTS Client ID	text
2	[intakedate]	Client Intake Date:	text (date_mdy, Min: 2024-01-01), Required Field Annotation: @FORCE-MINMAX @NOTFUTURE
3	[mrn]	Section Header: *Client Identification* Client's program ID or Medical Record Number (MRN)	text (number, Min: 10) Field Annotation: @CHARLIMIT=10
4	[name_embed]	Client's Name First Name* {first_name} Middle Initial {middle_name} Last Name* {last_name}	descriptive
5	[first_name]	First Name	text, Required, Identifier Field Annotation: @CHARLIMIT=20
6	[middle_name]	Middle Initial	text Field Annotation: @CHARLIMIT=1
7	[last_name]	Last Name	text, Required, Identifier Field Annotation: @CHARLIMIT=40
8	[dob_housing_embed]	Date of Birth* {dob} Current Housing Status* {homeless} Client's Zip Code* (use '99999' if unknown) {clientzipcode} Calculated Age {age_display} {clientzipcode_declined}	descriptive
9	[dob]	Date of Birth	text (date_mdy, Min: 1930-01-01, Max: 2012-12-30), Required, Identifier Field Annotation: @HIDEBUTTON @NOTFUTURE @FORCE-MINMAX
10	[age_display]	Calculated age at session date	calc Calculation: round(datediff([sessiondate],[dob],'y'),0)
11	[homeless]	Current Housing Status	dropdown, Required 1, Not Homeless/Has a permanent living situation indoors 2, Homeless, living outdoors 3, Homeless, staying in a shelter or transitional housing 4, Homeless, sleeping in a car or temporary indoor 5, Homeless, but cannot or will not give more detail 6, Unable/unwilling to give any information as to housing status
12	[address_embed] Show the field ONLY if: [homeless] = '1' or [homeless] = '3'	Client's Full Address House Number {clienthousenumber} Street {clientstreetname} (St, Ave, Blv, Dr) {clientstreetsuffix} Unit {clientunit} City {clientcity} ZipCode [clientzipcode]	descriptive
13	[clienthousenumber]	House Number	text (number, Max: 99999) Custom alignment: LV Field Annotation: @CHARLIMIT=5
14	[clientstreetname]	Street	text Field Annotation: @CHARLIMIT=25
15	[clientstreetsuffix]	Suffix	text Field Annotation: @CHARLIMIT=3
16	[clientunit]	Unit *include just the unit, omit "Apt", "Unit", "Suite"*	text Field Annotation: @CHARLIMIT=7
17	[clientcity]	City	text Field Annotation: @CHARLIMIT=25
18	[clientzipcode]	Zip Code *if unable to obtain, enter 99999*	text (zipcode), Required
19	[address_crossstrs] Show the field ONLY if: [clientzipcode_declined] = '99999' or [clientzipcode] = '99999'	Address Cross Streets (if zip code not collected)	text Field Annotation: @CHARLIMIT=50
20	[clientzipcode_declined]		radio

			99999 | Unable to obtain client's zip code
21	[phone_embed]	Phone Number (cell) {phone_cell} Phone Number (home) {phone}	descriptive
22	[phone]	Client's home telephone number	text (phone) Field Annotation: @CHARLIMIT=14
23	[phone_cell]	Client's cellular telephone number	text (phone) Field Annotation: @CHARLIMIT=14
24	[gend_race_embed]	Section Header: *Client Demographics* Gender Identity* {currentgendervaluecode} Sex at Birth* {birthgendervaluecode} Ethnicity* {ethnicity} Race* {racevaluecode} {racevaluecode77} Sexual Orientation {sexualorientation} Health Insurance Status {insurance_status}	descriptive
25	[currentgendervaluecode]	What is the client's current gender identity?	dropdown, Required 1 | Male 2 | Female 3 | Transgender Female/Trans Woman 4 | Transgender Male/Trans Man 6 | Another gender category or another identity 7 | Gender non-binary, gender non-conforming 77 | Prefer not to state
26	[birthgendervaluecode]	What was the client's assigned sex at birth?	dropdown, Required 1 | Male 2 | Female 33 | Non-binary or X 77 | Declined 88 | Other
27	[ethnicity]	What is the client's ethnicity?	dropdown, Required E1 | Hispanic/Latinx E2 | Non-Hispanic/Non-Latinx 77 | Declined 99 | Don't Know
28	[racevaluecode]	What is the client's race? (check all that apply)	checkbox R3 | racevaluecode___r3 | African-American/Black R1 | racevaluecode___r1 | American Indian/ Alaska Native R2 | racevaluecode___r2 | Asian R4 | racevaluecode___r4 | Native Hawaiian/ Pacific Islander R5 | racevaluecode___r5 | White
29	[racevaluecode77] Show the field ONLY if: [racevaluecode(R3)] = '0' and [racevaluecode(R1)] = '0' and [racevaluecode(R2)] = '0' and [racevaluecode(R4)] = '0' and [racevaluecode(R5)] = '0'	Did client decline to specify race?	radio 55 | Not Specified 77 | Declined Custom alignment: LV
30	[sexualorientation]	What is the client's sexual orientation?	dropdown 2 | Bisexual 3 | Gay or Lesbian 1 | Straight or Heterosexual 4 | Something else 99 | Not Sure 77 | Prefer not to state 98 | Don't understand the question
31	[insurance_status]	Health Insurance Status	dropdown 1 | Insured 0 | Uninsured

			99 | Don't know
32	[client_intake_complete]	Section Header: *Form Status* Complete?	dropdown 0 | Incomplete/Needs Review 1 | Incomplete/Reviewed and Closed 2 | Complete
Instrument: Risk Assessment (risk_assessment)			
33	[risk_instruction]	Note: This form must be completed once during the calendar year. Testing records for this client will not count until this form is marked "Complete".	descriptive Field Annotation: @HIDEREPEAT-FORM
34	[riskassessmentdate]	Risk Assessment Date	text (date_mdy, Min: 2024-01-01), Required Field Annotation: @FORCE-MINMAX @NOTFUTURE
35	[client_identification_em2]	Client Identification[last_name], [first_name], DOB: [dob]	descriptive
36	[pep_ever]	Has client ever used PEP for HIV prevention?	radio 1 | Yes 0 | No 77 | Declined 99 | Don't Know Custom alignment: RH
37	[everheardofprep]	Has client ever heard of PrEP, the medicine taken to reduce the risk for getting HIV?	radio 1 | Yes 0 | No Custom alignment: RH
38	[prep_ever]	Has client ever used PrEP?	radio 1 | Yes 0 | No Custom alignment: RH
39	[sexualcontact]	Did the client have sexual contact in the last 12 months?	yesno 1 | Yes 0 | No
40	[sexcontact_embed_2] Show the field ONLY if: [sexualcontact]=1	Type(s) of sexual contact (mark all that apply) {sextype} Gender of client's sex partner(s) (mark all that apply) {sexwith} {sexwithdeclined}	descriptive
41	[sextype] Show the field ONLY if: [sexualcontact] = '1'	Type of sexual contact in the past 12 months (mark all that apply)	checkbox 1 | sextype___1 | Anal Insertive 2 | sextype___2 | Anal Receptive 3 | sextype___3 | Gave Oral 4 | sextype___4 | Got Oral 5 | sextype___5 | Vaginal
42	[sexwith] Show the field ONLY if: [sexualcontact] = '1'	Gender of client's sexual partners (check all that apply)	checkbox 1 | sexwith___1 | Female 2 | sexwith___2 | Male 3 | sexwith___3 | Transgender Female/Trans Woman 4 | sexwith___4 | Transgender Male/Trans Man 5 | sexwith___5 | Gender Non-Binary, Gender Non-Conforming 6 | sexwith___6 | Another gender category or another identity
43	[sexwithdeclined] Show the field ONLY if: [sexualcontact] = '1' and [sexwith(1)] != '1' and [sexwith(2)] != '1' and [sexwith(3)] != '1' and [sexwith(4)] != '1' and [sexwith(5)] != '1' and [sexwith(6)] != '1'	Sex with declined	radio 9 | Declined

44	[sexual_behavior_embed] Show the field ONLY if: [sexualcontact] = '1'	In the past 12 months, has client had Anal or Vaginal Sex: Without a condom {sexwithnocondom} With a person on PrEP {sexwithprep} In exchange for money, drugs,shelter, etc. {sexformoney} While using alcohol {sexwithalcohol} While using methamphetamines {sexwithmeth} With a partner who injectsnon-prescribed drugs or substances {sexwithidu} With an HIV positive person {sexwithhiv}	descriptive
45	[sexwithnocondom]	In the past 12 months, has client had anal or vaginal sex without a condom?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
46	[sexwithprep]	In the past 12 months, has client had anal or vaginal sex with a person on PrEP?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
47	[sexformoney]	In the past 12 months, has client had anal or vaginal sex in exchange for money, drugs, shelter, etc?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
48	[sexwithalcohol]	In the past 12 months, has client had anal or vaginal sex while using alcohol?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
49	[sexwithmeth]	In the past 12 months, has client had anal or vaginal sex while using methamphetamines?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
50	[sexwithidu]	In the past 12 months, has client had anal or vaginal sex with a partner who injects non-prescribed drugs or substances?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
51	[sexwithhiv]	In the past 12 months, has client had anal or vaginal sex with an HIV positive person?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
52	[substance_use_embed]	In the past 12 months, has client: Injected a non-prescribed drug/substance(narcotics, hormones, etc.)* {injectiondruguse_2020} Shared any injection equipment {sharedruginjectionequipment} Used cocaine (including crack cocaine) {cocaineuse2} Used heroin {heroinuse} Used marijuana {marijuanause} Used	descriptive

		methamphetamine {methuse} Used prescription opioids {opioiduse}	
53	[injectiondruguse_2020]	In the past 12 months, has client injected a non-prescribed drug or substance (e.g. narcotics, hormones, etc.)?	radio, Required 1, Yes 0, No 77, declined Custom alignment: RH
54	[sharedruginjectionequipment]	In the past 12 months, has client shared any injection equipment?	radio 1, Yes 0, No 77, declined Custom alignment: RH
55	[cocaineuse2]	In the past 12 months, has client used cocaine (including crack cocaine)?	radio 1, Yes 0, No 77, declined Custom alignment: RH
56	[heroinuse]	In the past 12 months, has client used heroin?	radio 1, Yes 0, No 77, declined Custom alignment: RH
57	[marijuanause]	In the past 12 months, has client used marijuana?	radio 1, Yes 0, No 77, declined Custom alignment: RH
58	[methuse]	In the past 12 months, has client used methamphetamine?	radio 1, Yes 0, No 77, declined Custom alignment: RH
59	[opioiduse]	In the past 12 months, has client used opioids?	radio 1, Yes 0, No 77, declined Custom alignment: RH
60	[clientcounseling]	Was client provided risk reduction counseling?	radio 1, Yes 0, No Custom alignment: RH
61	[risk_assessment_complete]	Section Header: *Form Status* Complete?	dropdown 0, Incomplete/Needs Review 1, Incomplete/Reviewed and Closed 2, Complete
Instrument: Testing Form (testing_form)			
62	[testid_display]	The Test ID can be used on the consent form, QA Log, and any other documentation. It is a short number that is unique to your agency for this test record.	descriptive Field Annotation: @HIDEREPEAT-FORM
63	[startdatetime]	Form Creation Date:	text (date_mdy) Field Annotation: @IF([record_id] = '',@TODAY, '')

			@READONLY @HIDDEN-FORM
64	[testsessionid_embed] Show the field ONLY if: [sessiondate]!='' and [siteid]!=''	Test Session ID: [testsessionid] User: [username]	descriptive
65	[testsessionid]	Test Session ID	calc Calculation: if (find("-",[record_id])=0, concat("2024","1","0",[record_id],[current-instance]), concat("2024","1", left([record_id],find("-",[record_id])-1), right([record_id],length([record_id]) - find("-",[record_id])), [current-instance])) Field Annotation: @HIDDEN
66	[username]	User Name:	text Field Annotation: @HIDDEN @DEFAULT='[user-fullname]'
67	[dateidcounselor_embed]	Section Header: *Program and Site Information* Session Date* {sessiondate} Site ID* {siteid} Counselor ID* {counselorid}	descriptive
68	[sessiondate]	Session Date	text (date_mdy, Min: 2024-01-01), Required Field Annotation: @FORCE-MINMAX @NOTFUTURE
69	[siteid]	Site ID *Specific site where test was performed*	dropdown, Required 19460070 | Bienestar Storefront Pomona - 19460070 19460077 | Bienestar Harm Reduction Drop-In Center - 19460077 19892041 | Venice Family Clinic Storefront Common Ground - 19892041 99030001 | DHSP Staff Only - DO NOT USE - 99030001
70	[counselorid]	Counselor ID	dropdown, Required 2891 | Andrea D. Smith, 2891 3637 | Andrea Aguilar, 3637 2346 | Bertell Ferguson, 2346 2672 | Cyndi Blackman; 2672 3450 | Elham Jalayer, 3450 3638 | Isaiah Tercero, 3638 2990 | Juan Carlos Lee Villacorta, 2990 2140 | Leslie O'Hara, 2140 3480 | Quatrel'e Smith, 3840 2147 | Ralph Pacheco, 2147 2754 | Silvia Valerio, 2754 5009 | Ying-Tung Chen, 5009 8096 | Giovanna Santana, 8096 9001 | DO NOT USE FOR REAL DATA, 1999
71	[client_identification_em]	Client Identification [last_name], [first_name], DOB: [dob]	descriptive
72	[syphilisever]	Section Header: *Client Behavior* Has the client ever had syphilis?	radio 1 | Yes 0 | No 99 | Don't know Custom alignment: RH
73	[exposedsyphilis12mo]	Has the client had sexual exposure to a person with syphilis in the past 12 months?	radio 1 | Yes 0 | No 99 | Don't Know 77 | Declined
74	[syphilis_embed]	Did the client report any of the following in the past 3 months?(self-report only, mark all that apply) {symptomshx} {symptomshx_nosymptoms}	descriptive
75	[symptomshx]	Did the client report any of the following in the past 3 months? (only self-report, mark all that apply)	checkbox SymptomsHx_GenitalSore | symptomshx___symptomshx_

			SymptomsHx_MouthSore: symptomshx___symptomshx_ SymptomsHx_BodyRash: symptomshx___symptomshx_ SymptomsHx_HairLoss: symptomshx___symptomshx_ SymptomsHx_PalmarPlantar: symptomshx___symptomshx_ SymptomsHx_BlurredVision: symptomshx___symptomshx_
76	[symptomshx_nosymptoms]		radio 1 Did not report symptoms
77	[pep_exposure]	Section Header: *PrEP/PEP Current Information* Was client exposed to HIV within the past 72 hours (3 days)?	radio 1 Yes 0 No 77 Declined 99 Don't Know Custom alignment: RH
78	[pep_referral] Show the field ONLY if: [pep_exposure]=1	If client was exposed to HIV within the past 72 hours (3 days), was client referred to PEP services?	radio 1 Yes 0 No Custom alignment: RH
79	[prep_currently]	Is client currently on daily PrEP medication?	radio 1 Yes 0 No Custom alignment: RH
80	[usedprepinlast12months] Show the field ONLY if: [prep_currently]='0'	If client is not currently on PrEP, has client used PrEP at any time in the past 12 months?	radio 1 Yes 0 No Custom alignment: RH
81	[previoushivtestvaluecode]	Section Header: *Testing Services* Has client tested for HIV in the past?	radio 1 Yes 0 No 99 Don't know Custom alignment: RH
82	[hivstatusvaluecode] Show the field ONLY if: [previoushivtestvaluecode]='1'	If client has tested for HIV in the past, what was the last HIV test result (self-reported)?	radio 1 Positive 2 Negative 77 Declined 99 Don't Know Custom alignment: LV
83	[testtypes]	Which tests are being performed?*	checkbox, Required 1 testtypes___1 Rapid Tests 2 testtypes___2 Lab-based Tests
84	[rapidtesting_embed] Show the field ONLY if: [testtypes(1)]='1'	Rapid Tests* Type Test Performed Test Result Rapid HIV {test1performed_rapidonsite} {test1result_rapidonsite} Rapid Syphilis {syphilisrapidtest} {testresult_syphilisrapidtest} Rapid Pregnancy {pregnancyrapidtest} {testresult_pregnancyrapidtest} Rapid Hepatitis C {rapid_hepatitisc_testperformed} {testresult_rapidhepc} *Please see package insert for instructions on CLIA-waived tests	descriptive
85	[hepc_embed_2] Show the field ONLY if: [testtypes(1)]='1' and [testresult_rapidhepc]=1	Were referrals provided for Hep C? {hepc_referral}	descriptive
86	[test1performed_rapidonsite]	HIV rapid test performed	yesno

			1 Yes 0 No Custom alignment: RH
87	[syphilisrapidtest]	Syphilis rapid test performed	yesno 1 Yes 0 No Custom alignment: RH
88	[pregnancyrapidtest] Show the field ONLY if: [birthgendervaluecode]=2	Rapid pregnancy test performed	yesno 1 Yes 0 No Custom alignment: RH
89	[testresult_syphilisrapidtest] Show the field ONLY if: [syphilisrapidtest] = '1'	Rapid syphilis test result	radio 1 Positive 3 Negative 99 Unknown Custom alignment: RH
90	[test1result_rapidonsite] Show the field ONLY if: [test1performed_rapidonsite]=1	If an on-site rapid test was conducted as the first HIV test, what was the result?	radio 1 Positive/Reactive 3 Negative Custom alignment: RH
91	[testresult_pregnancyrapidtest] Show the field ONLY if: [pregnancyrapidtest] = '1' and [birthgendervaluecode]='2'	Rapid pregnancy test result	radio 1 Positive 3 Negative 99 Unknown Custom alignment: RH
92	[referredconfirmsytest] Show the field ONLY if: [testresult_syphilisrapidtest]=1	Was client referred for a confirmatory Syphilis test?	radio 1 Yes, to DHSP 2 Yes, to DHS 3 Yes, to another agency 0 No 9 Not applicable
93	[referredstdtx] Show the field ONLY if: [syphilis_testperformed]	Was client referred to STD treatment?	radio 1 Yes 0 No 9 Not applicable
94	[labtesting_embed] Show the field ONLY if: [testtypes(2)]='1'	Instrument/Lab-based Tests Type Test Performed Test Result HIV {test1performed_lab4gen} {test1result_lab4gen} Syphilis {syphilis_testperformed} {syphilis_testresult} Hepatitis C confirmatory RNA test {hepatitisc_testperformed} {hepatitisc_testresult} GC/CT GC CT Throat {gcct_throat_testperformed} {gc_throat_testresult} {ct_throat_testresult} Vaginal {gcct_vaginal_testperformed} {gc_vaginal_testresult} {ct_vaginal_testresult} Rectal {gcct_rectal_testperformed} {gc_rectal_testresult} {ct_rectal_testresult} Urine {gcct_urine_testperformed} {gc_urine_testresult} {ct_urine_testresult}	descriptive
95	[test1performed_lab4gen]	Lab-based HIV test performed	yesno 1 Yes 0 No Custom alignment: RH
96	[gcct_throat_testperformed]	Lab-based GC/CT throat test performed	yesno 1 Yes 0 No

			Custom alignment: RH
97	[gcct_vaginal_testperformed]	Lab-based vaginal GC/CT test performed	yesno 1, Yes 0, No Custom alignment: RH
98	[gcct_rectal_testperformed]	Lab-based rectal GC/CT test performed	yesno 1, Yes 0, No Custom alignment: RH
99	[gcct_urine_testperformed]	Lab-based Urine GC/CT test performed	yesno 1, Yes 0, No Custom alignment: RH
100	[gc_throat_testresult] Show the field ONLY if: [gcct_throat_testperformed]='1'	GC throat test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
101	[ct_throat_testresult] Show the field ONLY if: [gcct_throat_testperformed]='1'	CT throat test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
102	[gc_vaginal_testresult] Show the field ONLY if: [gcct_vaginal_testperformed]='1'	GC vaginal test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
103	[ct_vaginal_testresult] Show the field ONLY if: [gcct_vaginal_testperformed]='1'	CT vaginal test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
104	[gc_rectal_testresult] Show the field ONLY if: [gcct_rectal_testperformed]='1'	GC rectal test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
105	[ct_rectal_testresult] Show the field ONLY if: [gcct_rectal_testperformed]='1'	CT rectal test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH
106	[gc_urine_testresult] Show the field ONLY if: [gcct_urine_testperformed]='1'	GC urine test result	radio 1, Positive 3, Negative 99, Unknown Custom alignment: RH

107	[ct_urine_testresult] Show the field ONLY if: [gcct_urine_testperformed]='1'	CT urine test result	radio 1 Positive 3 Negative 99 Unknown Custom alignment: RH
108	[othertest_embed] Show the field ONLY if: [testtypes(2)]='1'	Name of additional test performed (if applicable) {othertestname} Reactive organism {reactiveorganism}	descriptive
109	[othertestname]	Additional test performed: other	text Custom alignment: RH Field Annotation: @CHARLIMIT=50
110	[reactiveorganism]	Other test performed: reactive organism	text Custom alignment: RH Field Annotation: @CHARLIMIT=50
111	[test1result_hometest] Show the field ONLY if: [testtypes(1)]=1	If an in-home HIV Test was conducted as the first HIV test, what was the result?	radio 1 Positive/Reactive 3 Negative 99 Unknown Custom alignment: RH
112	[test1result_lab4gen]	If an HIV Ag/Ab Combo Assay laboratory test was conducted as the first HIV test, what was the result?	radio 1 Positive/Reactive 3 Negative Custom alignment: RH
113	[provisionofresultvaluecode] Show the field ONLY if: [test1performed_rapidonsite]=1 or [test1performed_lab4gen]=1	Was client informed of the HIV test result? If HIV test was self-administered by the client, through a home-based test kit, leave blank.	radio 1 Yes 0 No 2 Yes, client obtained the result from another agency Custom alignment: RH
114	[syphilis_testperformed]	Was client tested for syphilis?	radio 1 Yes 0 No Custom alignment: RH
115	[syphilis_testresult] Show the field ONLY if: [syphilis_testperformed]='1'	If a syphilis test was conducted, what was the result?	radio 1 Positive/Reactive 3 Negative 99 Unknown Custom alignment: RH
116	[rapid_hepatitisc_testperformed]	Was client tested for hepatitis C using a rapid test?	radio 1 Yes 0 No Custom alignment: RH
117	[testresult_rapidhepc] Show the field ONLY if: [rapid_hepatitisc_testperformed]='1'	If a Rapid Hepatitis C test was conducted, what was the result?	radio 1 Positive/Reactive 3 Negative 99 Unknown Custom alignment: RH
118	[hepc_referral] Show the field ONLY if: [testresult_rapidhepc]='1'	If a Rapid Hepatitis C test was conducted, were referrals provided?	radio 1 Yes 0 No Custom alignment: RH

119	[hepatitisc_testperformed]	Was client tested for hepatitis C using a lab-based test?	radio 1, Yes 0, No Custom alignment: RH
120	[hepatitisc_testresult] Show the field ONLY if: [hepatitisc_testperformed]='1'	If a hepatitis C test was conducted, what was the result?	radio 1, Positive/Reactive 3, Negative 99, Unknown Custom alignment: RH
121	[linkedtohcvcare] Show the field ONLY if: [hepatitisc_testresult] = '1'	Was client linked to Hepatitis C (HCV) care?	radio 1, Yes 0, No
122	[prep_serv_embed] Show the field ONLY if: [test1result_rapidonsite]!='1' AND [test1result_hometest]!='1' AND [test1result_lab4gen]!='1'	Section Header: *PrEP Referral* Is client interested in starting PrEP? {prepinterest} Was client referred to a PrEPprovider (navigator or medical provider)? {referredtoprepprovider}	descriptive
123	[prepinterest]	Is client interested in starting PrEP?	radio 1, Yes 0, No Custom alignment: RH
124	[referredtoprepprovider]	Was client referred to a PrEP provider (navigator or medical provider)?	radio 1, Yes 0, No 77, Declined Custom alignment: RH
125	[prev_serv_embed_2] Show the field ONLY if: [referredtoprepprovider]=1	Where was the client referred for PrEP? Write name of PrEP Provider (navigator or medical provider) {prep_referredagencyname} Was client provided with linkage services to a PrEP provider (navigator or medical provider)? {providedassistancetoprepprovider}	descriptive
126	[prep_referredagencyname]	Name of PrEP clinic where the client was referred to for PrEP services.	text
127	[providedassistancetoprepprovider]	Was client provided with linkage services to a PrEP provider (navigator or medical provider)?	radio 1, Yes 0, No Custom alignment: RH
128	[prev_serv_embed_3] Show the field ONLY if: [providedassistancetoprepprovider]=1	Who did you (the counselor) speak with? (provide name of PrEP staff) {prep_linkedcontact} PrEP Appointment Date (mm/dd/yyyy) {prep_appointmentdate}	descriptive
129	[prep_linkedcontact]	Name of person at PrEP clinic who verified the client's PrEP appointment date and/or whether or not the client attended the PrEP appointment.	text Custom alignment: RH
130	[prep_appointmentdate]	PrEP Appointment Date	text (date_mdy, Min: 2024-01-01) Custom alignment: RH Field Annotation: @FORCE-MINMAX
131	[oth_serv_embed]	Section Header: *Other Service Referrals* Was client referred to any of the following services? Evidence-basedRisk Reduction Health Benefits Navigationand Enrollment Services Mental HealthServices Social Services Substance UseTreatment Services Syringe ServicesProgram {refrraintervention} {refhealthbenefits} {mentalhealth_referred} {ssreferred} {substanceuse_referred} {syringeservices_referred}	descriptive
132	[refrraintervention]	Was client referred to evidence-based risk reduction intervention services?	radio 1, Yes 0, No

			Custom alignment: RH
133	[refhealthbenefits]	Was client referred to health benefits navigation and enrollment services?	radio 1, Yes 0, No Custom alignment: RH
134	[mentalhealth_referred]	Was client referred to mental health services?	radio 1, Yes 0, No Custom alignment: RH
135	[ssreferred]	Was client referred to social services?	radio 1, Yes 0, No Custom alignment: RH
136	[substanceuse_referred]	Was client referred to substance use treatment services?	radio 1, Yes 0, No Custom alignment: RH
137	[syringeservices_referred]	Was client referred to syringe services?	radio 1, Yes 0, No Custom alignment: RH
138	[pregnantstatusvaluecode_1b] Show the field ONLY if: [birthgendervaluecode]!=1	Section Header: *Pregnancy Information* Is client currently pregnant?	radio 1, Yes 0, No 99, Don't Know 77, Declined
139	[preg_info_embed] Show the field ONLY if: [birthgendervaluecode]!=1 and [pregnantstatusvaluecode_1b]=1	In prenatal care? Provided referral? If pregnant, what is the due date? {prenatalcarestatusvaluecode_1b} {referredtoprenatalcare_1b} {pregnancyduedate_1b}	descriptive
140	[pregnancy_test_warning] Show the field ONLY if: [pregnantstatusvaluecode_1b] ='99' and [pregnancyrapidtest]! ='1'	Client should be given a pregnancy test.	descriptive
141	[prenatalcarestatusvaluecode_1b] Show the field ONLY if: [pregnantstatusvaluecode_1b] ='1'	If client is currently pregnant, is client in prenatal care?	radio 1, Yes 0, No 99, Don't Know 77, Declined 66, Not asked
142	[referredtoprenatalcare_1b] Show the field ONLY if: [pregnantstatusvaluecode_1b] ='1' and [prenatalcarestatusvaluecode_1b]='0'	If client is pregnant and not in prenatal care, was client provided a referral?	radio 1, Yes 0, No
143	[pregnancyduedate_1b] Show the field ONLY if: [pregnantstatusvaluecode_1b] ='1'	If pregnant, what is the due date?	text (date_mdy, Min: 2024-01-01) Field Annotation: @HIDEBUTTON @FORCE-MINMAX
144	[alter_contactinfo_embed] Show the field ONLY if:	Section Header: *Alternate Contact Information* First Name {firstname_alternatecontact} Last Name {lastname_alternatecontact} Phone Number {phone_alternate2}	descriptive

	[test1result_rapidonsite]=1 or [test1result_lab4gen]=1		
145	[firstname_alternatecontact]	First name for alternate contact person	text Field Annotation: @CHARLIMIT=20
146	[lastname_alternatecontact]	Last name for alternate contact person	text Field Annotation: @CHARLIMIT=30
147	[phone_alternate2]	Telephone number for alternate contact person	text (phone) Field Annotation: @CHARLIMIT=10
148	[kngtst] Show the field ONLY if: [test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1'	Section Header: *HIV Testing & Treatment History* Has client ever tested negative?	radio Y, Yes N, No U, Don't Know R, Declined
149	[klstnd] Show the field ONLY if: ([test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1') and [kngtst] = 'Y'	If client has ever tested negative, what was the date of the last HIV negative test?	text (date_mdy, Min: 1983-01-01) Field Annotation: @HIDEBUTTON @NOTFUTURE @FORCE-MINMAX
150	[dateofpreviouspositivetest] Show the field ONLY if: [test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1'	Date of first positive HIV test	text (date_mdy, Min: 1983-01-01), Required Field Annotation: @HIDEBUTTON @NOTFUTURE @FORCE-MINMAX
151	[seenmedicalcareprovider] Show the field ONLY if: ([test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1') and [dateofpreviouspositivetest] < [sessiondate]	Has client seen an HIV medical care provider in the past 6 months?	radio, Required 1, Yes 0, No 99, Don't Know 77, Declined
152	[lab_procedure] Show the field ONLY if: [test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1'	Section Header: *HIV Laboratory Results* Did client receive a confirmatory HIV laboratory test?	radio 1, Yes 0, No Custom alignment: RH
153	[provisionofresultvaluecode2] Show the field ONLY if: ([test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1') and [lab_procedure] = 1	Was client informed of the confirmatory HIV laboratory test results?	radio 1, Yes 0, No Custom alignment: RH
154	[referredtomedicalcare] Show the field ONLY if: [test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1'	Section Header: *HIV Treatment & Service Referrals* Was client referred to HIV medical care?	radio, Required 1, Yes 0, No
155	[reasonfornomedicalcarereferral] Show the field ONLY if: ([test1result_rapidonsite]='1' OR [test1result_hometest]='1' OR [test1result_lab4gen]='1') AND [referredtomedicalcare]=0	Reason why a referral to medical care for HIV-positive client was not made	radio 1, Client already in care 2, Client declined care Custom alignment: RH
156	[tx_referral_embed] Show the field ONLY if: [test1result_rapidonsite]=1 or [test1result_lab4gen]=1	Was client provided individualized behavioral risk-reduction counseling?* {behaviorriskreductioncounseling} Was client linked to rapid ART services? {ltcservices_hivrapidartlinked} Was client provided with linkage services to HIV medical care?* {ltcserviceshivmedcareprovided} Where was the client linked to HIV medical care? (write name of medical clinic) {hivmedicalagencylinked} Who did you (the counselor) speak with? (write name of medical staff) {hivmedicallinkedcontact} First Medical Care Appointment Date {dateofmedicalcare}	descriptive
157	[behaviorriskreductioncounseling]	Was client provided individualized behavioral risk-reduction counseling?	radio, Required 1, Yes

			0 No Custom alignment: RH
158	[ltcservices_hivrapidartlinked]	Was Client linked to rapid ART services?	radio 1 Yes 0 No 77 Refused Custom alignment: RH
159	[ltcserviceshivmedcareprovided]	Was client provided with linkage services to HIV medical care?	radio, Required 1 Yes 0 No Custom alignment: RH
160	[hivmedicalagencylinked]	Where was the client linked to HIV medical care? (write name of medical clinic)	text Custom alignment: RH
161	[hivmedicallinkedcontact]	Name of person at medical clinic who verified the client's first medical care appointment date and/or whether or not the client attended the medical care appointment	text Custom alignment: RH
162	[dateofmedicalcare]	First Medical Care Appointment Date	text (date_mdy, Min: 2024-01-01) Field Annotation: @FORCE-MINMAX
163	[attendhivmedicalcare] Show the field ONLY if: [ltcserviceshivmedcareprovided]=1	Did client attend the first medical care appointment?	radio, Required 2 Yes, base on client's self report 1 Yes, base on confirmation with medical care provider, medical records review, surveillance, etc. 3 No 99 Don't Know
164	[referred_gcct_tx] Show the field ONLY if: [gcct_throat_testperformed]=1 or [gcct_vaginal_testperformed]=1 or [gcct_rectal_testperformed]=1 or [gcct_urine_testperformed]=1	Section Header: *STD Treatment* (ONLY IF A CLINICIAN IS PRESENT) Was the client treated for Gonorrhea or Chlamydia?	radio 1 Yes 0 No 9 Not applicable
165	[gcct_txdate] Show the field ONLY if: [referred_gcct_tx]='1'	Gonorrhea/Chlamydia treatment date	text (date_mdy, Min: 2024-01-01), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX
166	[referredsyphilistx] Show the field ONLY if: ([syphilisrapidtest]=1 or [syphilis_testperformed]=1) and [testresult_syphilisrapidtest]!=3	(ONLY IF A CLINICIAN IS PRESENT) Was the client treated for Syphilis?	radio 1 Yes 0 No 9 Not applicable
167	[syphilistxdate] Show the field ONLY if: [referredsyphilistx]='1'	Syphilis treatment date	text (date_mdy, Min: 2024-01-01), Required Field Annotation: @HIDEBUTTON @FORCE-MINMAX
168	[eop_hub_referral]	Section Header: *EOP Hub Referral* For tester only - Do not ask client: Was client referred from the EOP Hub?	radio, Required 1 Yes 0 No 99 Don't Know Custom alignment: RH
169	[partner_elicit]	Section Header: *Partner Services* Did you elicit partners from this client?	yesno 1 Yes 0 No Custom alignment: RH
170	[pregnancy_test_warning_2] Show the field ONLY if: [partner_elicit]=1 and [partner_elicitationdate]=''	Complete Partner Elicitation Form for each partner identified.	descriptive

171	[notes]	Section Header: *Notes*	notes Custom alignment: RH
172	[testing_form_complete]	Section Header: *Form Status* Complete?	dropdown 0, Incomplete/Needs Review 1, Incomplete/Reviewed and Closed 2, Complete
Instrument: Partner Elicitation (partner_elicitation)			
173	[testsessionid_embed2]	Test Session ID: [testsessionid]	descriptive
174	[partner_elicitationdate]	Partner Elicitation Date	text (date_mdy, Min: 2024-01-01), Required Custom alignment: LH Field Annotation: @NOTFUTURE @FORCE-MINMAX
175	[name_dob_embed]	Contact First Name {partner_firstname} Middle Initial {partner_middlename} Contact Last Name {partner_lastname} Date of Birth {partner_dob}	descriptive
176	[partner_firstname]	Partner's first name	text Field Annotation: @CHARLIMIT=20
177	[partner_middlename]	Partner's Middle Initial	text Field Annotation: @CHARLIMIT=1
178	[partner_lastname]	Partner's last name	text Field Annotation: @CHARLIMIT=30
179	[partner_dob]	Partner's Date of Birth	text (date_mdy, Min: 1930-01-01) Field Annotation: @HIDEBUTTON
180	[partner_contactinfo_embed]	House Number {partner_housenumber} Street {partner_streetname} (St, Ave, Blv, Dr) {partner_streetdirection} Unit {partner_unit} City {partner_city} Zipcode {partner_zipcode} {partner_zipode_declined} Country of Birth {partner_birthcountry} County of Residence {partner_countyid} Phone Number (main) {partner_phone} Phone Number (cell) {partner_phonecell} E-mail Address {partner_email}	descriptive
181	[partner_housenumber]	Partner's home address	text (number, Max: 99999) Field Annotation: @CHARLIMIT=5
182	[partner_streetname]	Street	text Field Annotation: @CHARLIMIT=25
183	[partner_streetdirection]	Suffix	text Field Annotation: @CHARLIMIT=3
184	[partner_unit]	Unit	text Field Annotation: @CHARLIMIT=7
185	[partner_city]	City	text Field Annotation: @CHARLIMIT=25
186	[partner_zipcode]	Zip Code	text (zipcode) Field Annotation: @CHARLIMIT=25
187	[partner_zipode_declined]		radio 99999, Unable to obtain client's zip code
188	[partner_birthcountry]	Partner's country of birth	text
189	[partner_countyid]	Partner's County of Residence	text
190	[partner_phone]	Partner's home telephone number	text (phone)
191	[partner_phonecell]	Partner's cellular telephone number	text (phone)
192	[partner_email]	Partner's e-mail address	text
193	[partner_addresscrossstrs] Show the field ONLY if: [partner_zipcode]='99999' or [partner_zipode_declined]='99999'	Partner's home address cross streets (if zip code not collected)	text
194	[partner_info_embed]	Gender Identity {partner_currentgendervaluecode} Race {partner_racevaluecode} {partner_racevaluecode77} Ethnicity {partner_ethnicity} Marital Status {partner_maritalstatus} Currently Pregnant {partner_pregnantstatusvaluecode} Notes {notes_form_b}	descriptive
195	[partner_currentgendervaluecode]	What is the partner's current gender identity?	radio 1, Male 2, Female

			3 Transgender Female/Trans Woman 4 Transgender Male/Trans Man 6 Another gender category or another identity 7 Gender non-binary, gender non-conforming 77 Prefer not to state
196	[partner_ethnicity]	What is the partner's ethnicity?	radio E1 Hispanic/Latino(a) E2 Non-Hispanic/Non-Latino(a) 77 Declined 99 Don't Know
197	[partner_racevaluecode]	What is the partner's race? (check all that apply)	checkbox R3 partner_racevaluecode___r3 African-American/Black R1 partner_racevaluecode___r1 American Indian/ Alaska Native R2 partner_racevaluecode___r2 Asian R4 partner_racevaluecode___r4 Native Hawaiian/ Pacific Islander R5 partner_racevaluecode___r5 White
198	[partner_racevaluecode77] Show the field ONLY if: [partner_racevaluecode(R3)] = '0' and [partner_racevaluecode (R1)] = '0' and [partner_racevalu ecode(R2)] = '0' and [partner_rac evaluecode(R4)] = '0' and [partn er_racevaluecode(R5)] = '0'	Did partner decline to specify race?	radio 77 Declined Custom alignment: LV
199	[partner_maritalstatus]	What is the partner's marital status?	radio 1 Single 2 Married/Living with a partner 3 Widowed 4 Divorced/Separated 5 Other 99 Don't Know
200	[partner_pregnantstatusvaluec ode]	Is partner currently pregnant?	radio 1 Yes 0 No 99 Don't Know
201	[notes_form_b]		notes Custom alignment: RH
202	[partner_elicitation_complet e]	Section Header: *Form Status* Complete?	dropdown 0 Incomplete/Needs Review 1 Incomplete/Reviewed and Closed 2 Complete

ATTACHMENT A-1-2
LA COUNTY CARE PLAN
[SEE ATTACHED]

Los Angeles County
Integrated HIV Prevention and Care Plan, 2022-2026

December 2022

County of Los Angeles Public Health

Los Angeles County Commission on HIV

County of Los Angeles California

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Table of Contents

Section I: Executive Summary of Integrated Plan

The *Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026* is Los Angeles County's third integrated HIV services plan. Led by the Los Angeles County Commission on HIV's Priorities, Planning and Allocations (PP&A) Committee, this plan was developed in partnership with the Los Angeles County Department of Public Health Division of HIV and STD Programs (DHSP) and a vast array of community and organizational partners. The plan is developed in response to the *Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026* disseminated by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), and as such presents a blueprint for HIV service coordination along the entire spectrum of HIV prevention and care.

The Integrated Plan is designed to reflect local vision, values, needs and strengths. It is also designed to align with *California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026,* and *The National HIV/AIDS Strategy (2022–2025).* In 2020, the *Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025*[1] (EHE Plan) was developed and disseminated. As described in more detail below, this document served as the core of the Integrated Plan.

The Integrated Plan's seven priority populations are:

1. Latinx men who have sex with men (MSM)
2. Black/African American MSM
3. Transgender persons
4. Cisgender women of color
5. People who inject drugs (PWID)
6. People under the age of 30, and
7. People living with HIV who are 50 years of age or older

These populations were prioritized given the disproportionate impact of HIV and other STDs that they endure, as substantiated by the most current data, and as described in more detail throughout this document. With the exception of people living with HIV who are 50 years of age or older, these priority populations mirror the priority populations found in the EHE Plan. The latter category was included given the aging of the HIV-positive population and concerns related to the long-term impact of living with HIV and co-morbidities.

a. Approach

The EHE Plan formed the foundation for the Integrated Plan and provided Los Angeles County (LAC) an opportunity to add goals, objectives and strategies in response to newer data and more recent developments in the field since the EHE was originally crafted. The EHE Plan was also written and structured in accordance with the CDC's requirements and guidelines for *Notice of Funding Opportunity (NOFO) PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States Component B*: *Accelerating State and Local HIV Planning to End the HIV Epidemic* and does not include descriptions of the entire existing LAC HIV portfolio. The Integrated Plan herein contains sections of the EHE Plan, including the situational analysis and the goals and objectives, that have been updated and expanded since 2020.

[1]https://www.lacounty.hiv/wp-content/uploads/2021/04/EHE-Plan-Final-2021.pdf

b. Documents submitted to meet requirements

The Integrated Plan fully meets submission requirements for each section (see Appendix 1 Checklist) through the use of existing materials, updated materials and newly developed materials, including the following: [2]

- Section I: Executive Summary of Integrated Plan: New material is submitted for this section.
- Section II: Community Engagement and Planning Process: A combination of new material and narrative from the EHE Plan are used in this section. The description of the Jurisdictional Planning Process includes material from the EHE Plan and a description of planning process steps that were taken since the EHE Plan was released.
- Section III: Contributing Data Sets and Assessments: The Data Sharing and Use subsection contains new material. The Epidemiological Snapshot is material largely based on the most recent HIV surveillance report, the *HIV Surveillance Annual Report 2021*,[3] as well as STD data provided by DHSP. The Resource Inventory and Needs Assessment consists largely of new material, including new HIV testing data.
- Section IV: Situational Analysis: The Situational Analysis is updated material based on the EHE Plan with new narrative in some sections.
- Section V: 2022-2026 Goals and Objectives: Goals and Objectives are updated based on the EHE Plan.
- Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up: The Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up is new material.
- Section VII: Letters of Concurrence: The Letter of Concurrence is new material.

Section II: Community Engagement and Planning Process

Jurisdictional Planning Process*:* Because the EHE Plan forms the core of the Integrated Plan, the narrative below first describes the EHE community engagement process followed by the Integrated Plan community engagement process.

EHE Community Engagement Process: Prior to the launch of *Ending the HIV Epidemic: A Plan for America* (EHE), LAC developed and released its own jurisdictional plan in November 2017, the *Los Angeles County HIV/AIDS Strategy for 2020 and Beyond* (LACHAS), which offered a framework of policies, recommended strategies, and numerical targets that collectively we sought to achieve.

In February 2019, fifteen months after the release of LACHAS, the federal administration announced its plan to launch EHE, providing LAC with the opportunity to adapt and expand the goals and activities described in LACHAS and requiring LAC to align its current efforts with the national EHE initiative. LAC DHSP secured input and guidance on services and activities critical to LACHAS and necessary for EHE implementation through a series of listening sessions and planning meetings with community stakeholders. Stakeholders included the LAC Commission on HIV (local Ryan White Program (RWP) planning body), LAC Substance Abuse Prevention and Control (SAPC), LAC Acute Communicable Disease Control (ACDC), the California Department of Public Health Office of AIDS (California OA), the University

[2] See Appendix 1: *Integrated Prevention and Care Plan Guidance Checklist* for more information

[3] Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. Published June 29, 2022. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf. Accessed 7/3/22.

of California at Los Angeles (UCLA) Center for HIV Identification, Prevention, and Treatment Services (CHIPTS), the local EHE Steering Committee,[4] people living with HIV/AIDS (PLWH) and a broad network of community-based service providers. Planning meetings also took place in Oakland and San Diego. In addition, LAC DHSP engaged in meetings and site visits with multiple federal partners to inform local EHE efforts.

Local Prevention and Care Integrated Planning Body: The LAC Commission on HIV (Commission) is the local, federally mandated Ryan White Program community planning body that sets program priorities and funding allocations for HIV prevention, care, and treatment services throughout the County. The Commission is comprised of 36 members (all appointed by the Board of Supervisors) who represent the diversity of LAC and communities impacted by HIV. Currently, 42% of the commissioners identify as PLWH, 25% identify as Latinx MSM; 14% identify as women of color; and 6% identify as transgender. Other EHE and Integrated Plan priority populations are well represented on the various caucuses, including the Black/African American Caucus, the Transgender Caucus, the Aging Caucus, the Women's Caucus, and the Consumer Caucus.

After the release of the LAC HIV/AIDS Strategy (LACHAS), DHSP continued to collaborate with the Commission to disseminate, promote, and engage a broader set of community stakeholders to build knowledge and awareness of LACHAS strategies and goals, and to recruit new partners and voices into this effort. The Commission helped spearhead over a dozen call-to-action meetings, held in various communities and jurisdictions across the County, to inform, engage, and empower community stakeholders and residents to participate in LACHAS implementation. Through extensive outreach and promotion to the existing network of HIV planning, program and service partners as well as special invites to key stakeholders and elected officials not traditionally engaged in HIV efforts, over 750 community stakeholders were reached in the call-to-action meetings. Summary reports from these meetings included health district demographics, key takeaways, and top insights from the group discussions were developed and distributed to the community. The Commission was integral in promoting LACHAS, encouraging community involvement, and identifying non-traditional partners to join the movement to end the HIV epidemic. The ongoing community engagement and input conducted for LACHAS provided valuable perspectives on needed services and activities and helped drive the development of the EHE Plan.

In response to the announcement of EHE Plan, the Commission held an all-day community meeting in November 2019 with over 190 participants to: 1) Directly hear from community partners on an EHE Plan for LAC, 2) Determine the best way to engage the community moving forward while transitioning from LACHAS to the EHE Plan, and 3) Garner input on the leadership necessary to achieve EHE goals. Attendees included community stakeholders, PLWH, service providers, elected officials and/or their representatives, community clinics, County partners (Department of Mental Health, Department of Public Health, Department of Health Services and Substance Abuse and Prevention Control), universities, neighborhood associations, and faith-based organizations.

The meeting included a panel of representatives from the California OA; DHSP leadership; the Office of Assistant Secretary of Health's Region IX Prevention through Active Community Engagement (PACE) Team; UCLA CHIPTS, among other important HIV stakeholders. Key takeaways included the importance

[4] http://publichealth.lacounty.gov/dhsp/EHE/Biosketches_EHE_SteeringCommittee_040521.pdf

of multi-sector commitment to achieve EHE goals, a commitment to being disruptively innovative with new and expanded interventions and policies, ensuring transparency and accountability from all partners, and lifting voices of communities most impacted by HIV.

In January 2020, the Commission reinforced its commitment to EHE efforts by providing dedicated space for Commissioners and members of the public to participate in in discussions focused on innovative community engagement and mobilization efforts that include bringing new voices to the table to end the epidemic. Participants broke out into small groups to discuss and address several key questions, including: 1) How can community members take individual action in EHE efforts, 2) Which sectors should partners prioritize for new or increased mobilization around EHE, and 3) How can the development of a new EHE Steering Committee be used to support efforts to recruit new perspectives, enlist change agents and spur more action. As a follow up to these community-driven discussions, the Commission is also working to increase membership on its planning body with persons representing pharmaceutical companies, commercial health plans, and California's Medicaid program.

In September 2020, LAC DHSP released the draft EHE plan to community stakeholders as part of a 30-day public comment period and partnered with the Commission to ensure individuals and communities were aware of the input opportunity. In addition, Commissioners were provided an opportunity to submit written feedback as a complement to the listening sessions facilitated by Commission staff. The Commission submitted 13 pages of public comments to be considered for inclusion in the EHE Plan including recommendations from the Black/African American Community Taskforce.

Local Service Provider Partners: Local service providers, including those who represent federally qualified health centers (FQHCs), medical providers in private practices and community clinics, and a variety of community-based organizations (CBOs) are represented and engaged through various committees, coalitions, working groups, and networks across LAC. There is a strong network of LAC DHSP funded CBOs that serve people living with and affected by HIV in diverse communities across the County. In addition, there are several public facing listservs that disseminate information for trainings, webinars, and events related to HIV and the social determinants of health that impact HIV outcomes. Service providers are also represented on the Commission, the EHE Steering Committee, and Service Provider Networks (SPNs) in specific jurisdictions across the County. There are strong coalitions and groups in LAC such as the LAC PrEP/PEP Working Group and the Ending the Epidemic's Statewide Coalition that address policy and advocacy on the intersection between HIV, sexually transmitted diseases (STDs), and viral hepatitis. By actively working with these groups and coalitions, LAC DHSP gained input and guidance on HIV prevention, care, and treatment efforts. Service providers were actively engaged in the various community listening sessions and health district discussions that were facilitated as part of the development and release of LACHAS; and most were active in the development and refinement of the EHE Plan. LAC DHSP continues to partner and collaborate with two city health departments that exist within the County (Long Beach Department of Health and Human Services and the Pasadena Public Health Department) to advance EHE strategies. We collectively work to ensure that existing HIV plans, programs and related goals in these jurisdictions are aligned with the LAC EHE Plan.

In addition to the existing service provider network, LAC DHSP has been working to enlist its five Regional Health Offices that oversee all public health issues in specific geographic service planning areas throughout the county as well as the LAC Community Prevention and Population Health Task Force which focuses on the social determinants of health but has not yet identified HIV as a priority public health issue. New potential EHE partners were also identified through the UCLA CHIPTS Regional EHE

Coordination meeting held January 2020. In addition, LAC DHSP will continue to work with the LAC Departments of Mental Health and Health Services to develop systems and processes that more effectively align goals, strategies, and programming to optimize HIV-related services for clients and communities. The PACE Program has been an important resource to help advance local EHE community engagement efforts. Separately, the LAC DHSP HIV Medical Advisory Committee (which includes medical leadership from Ryan White Program-funded HIV Clinics across the County) and the Medical Care Coordination (MCC) Learning Collaborative (which provides feedback on all HIV prevention and treatment activities for high acuity clients in the MCC program) also provided valuable feedback and perspectives tied to the EHE Plan.

Integrated Plan Community Engagement Process: The development of the Integrated Plan was a collaborative process between the Commission on HIV (the local HIV planning council), LAC DHSP, and community stakeholders. As part of its existing structure, the Commission's Planning, Priorities and Allocations (PP&A) Committee leads needs assessment activities, planning, and resource allocations. As such, the PP&A Committee spearheaded the Integrated Plan planning process with the assistance of a contracted consultant. It was decided early on that, rather than have a dedicated task force to develop the plan, planning steps would be integrated into the overall work of the Commission.

The development of the Integrated Plan began in July of 2021 with a presentation at the Commission on HIV monthly meeting. During this meeting, the purpose and requirements of the Integrated Plan were presented to all attendees including Commission members and the public. The history of planning and the blueprint for plan development were also discussed, particularly given that many members had not previously been a part of any planning process. Following this initial meeting, the consultant leading the planning process met with numerous groups and individuals to develop each section of the plan, as described below.

To develop the needs assessment section, DHSP and Commissioners were hesitant to engage in any new assessment activities, given that much assessment had recently taken place to develop the EHE Plan and other local HIV/STD reports. However, as planning progressed, issues related to system and workforce capacity began to emerge as key barriers to achieving HIV-related goals. Thus, it was decided to take steps to assess this particular issue by developing and distributing an online survey in English and Spanish. The survey was developed with a team of stakeholders including PLWH, academic partners, and staff representing CBOs, FQHCs, and DHSP. To ensure that the voices and perspectives of priority population members and PLWH were reflected in the Integrated Plan, listening sessions were conducted with members of priority population groups (Black MSM, women of color, trans persons, people who inject drugs (PWID), people younger than 30 and PLWH 50 and older). The consultant worked with various community stakeholders to organize and facilitate these groups. For example, to convene a group of Black MSM, the consultant worked with staff at a community-based organization that primarily serves Black gay and bisexual men to recruit 16 participants. This listening session was co-facilitated by a staff member and the consultant. The other listening sessions were convened in a similar manner. These listening sessions attracted 86 community members, many of whom identified as PLWH. Survey and listening session findings, largely qualitative in nature, complimented the use of secondary data sources.

The EHE goals and objectives served as a foundational starting point to develop the Goals and Objectives section. A series of five workgroup meetings designed to capture ideas for additional goals, objectives, and strategies were convened. Workgroup participants included co-chairs of the Commission, the PP&A Committee, the Public Policy Committee, and community members, including PLWH.

a. **Entities involved in process**: Representatives from the following entities and population groups met to develop the Integrated Plan:
   - The Los Angeles County Department of Public Health, Division of HIV and STD Programs
   - The City of Long Beach Health Department
   - The City of West Hollywood Health Department
   - The California State Office of AIDS
   - The AIDS Coordinator for the City of Los Angeles
   - Service providers and Commission members that represented at least 20 different community-based organizations, hospitals or universities serving PLWH or at risk for HIV
   - People with HIV including members of a Federally recognized Indian tribe as represented in the population, and individuals co-infected with hepatitis C
   - Ryan White Program Part C and D HIV clinical providers
   - Ryan White Program Part F – AETC providers
   - Faith-based CBOs
   - Community health clinics and Federally Qualified Health Centers (FQHCs)
   - Substance use treatment providers
   - Hospital planning agencies and health care planning agencies
   - Mental health providers
   - Formerly incarcerated PLWH
   - Social services providers including housing and homeless services representatives

b. **Role of the RWHAP Part A Planning Council/Planning Body**: The Los Angeles County Commission on HIV serves as the local Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council. The Commission's Priorities, Planning and Allocations (PP&A) Committee spear-headed the development of the Integrated Plan. Commission staff and PP&A leadership met regularly with the consultant to oversee the development of the Integrated Plan. The consultant provided updates at the monthly Commission meeting and PP&A meeting.

c. **Role of Planning Bodies and Other Entities**: Throughout the development of the Integrated Plan, the consultant and/or Commission leadership met with members of the EHE Steering Committee and DHSP staff that are tasked with implementation of the EHE Plan. EHE Steering Committee members expressed an interest in making sure that the Integrated Plan was aligned with the EHE Plan, that community stakeholders were engaged in the planning process and that the Integrated Plan reflected new developments in the field (e.g. the use of long acting injectables for PrEP and HIV treatment). The consultant and other planning team members also convened and/or participated in over 35 meetings to engage with a variety of groups, caucuses and task forces throughout the County including:

   - The Commission on HIV's:
   - Aging Caucus
   - Women's Caucus
   - Transgender Caucus
   - Black/African American Community Task Force (Later renamed the Black Caucus)
   - Consumer Caucus

- Prevention Planning Work Group
- Standards and Best Practices Committee
- Public Policy Committee

- Long Beach Community Planning Group
- Service Planning Area (SPA) 2 HIV/AIDS Consortium Meeting
- SPA 4 Provider Meeting
- Los Angeles County Department of Public Health, DHSP
- Los Angeles County Department of Public Health, Acute Communicable Disease Control (ACDC)
- Community groups consisting of priority population members (outlined in more detail in the Needs Assessment section)

d. **Collaboration with RWHAP Parts**: Providers from Ryan White HIV/AIDS Program Parts B, C, D and F were engaged in the planning process in a variety of ways. In early 2022, a meeting was convened with 12 representatives from seven different RWP Part C, D and F recipient organizations. Participants identified several key topics to be included in the Integrated Plan including a need to focus on social determinants of health and co-occurring disorders (especially syphilis, methamphetamine use and mental health issues); workforce development and capacity issues; culturally congruent services; and an aging population of PLWH.

   Planning team members also met with stakeholders that were involved in the development of other Integrated HIV Plans within or inclusive of LAC in order to ensure alignment and avoid duplication of efforts. These plans included *California's Integrated Statewide Strategic Plan for Addressing HIV, HCV, and STIs from 2022-2026; the Long Beach HIV/STD Strategy, 2019-2021 and the West Hollywood HIV Zero Strategic Plan, 2016-2021.* Although the time frame for the latter two plans had ended, it was important to meet with the planners to learn from their experiences and identify any priority areas to highlight in the LAC Integrated Plan. Key issues identified included a need to focus on stigma, social determinants of health and co-occurring disorders (including housing, mental health and meth use), and broadening harm reduction efforts.

e. **Engagement of People with HIV:** PLWH were engaged in all stages of the planning process, including needs assessment, priority setting, development of goals and objectives, and development of the implementation plan. As noted above, 42% (or 15) of the 36 Commissioners are PLWH. Each of the six community listening sessions included PLWH and 57% of the community survey participants identified as PLWH. Priority setting took place at PP&A Committee meetings which are chaired by two PLWH. Goals and objectives and an accompanying implementation plan were developed over the course of several meetings, all of which included PLWH as active participants. In addition, the Integrated Plan was a key agenda item at the Commission's Annual Planning meeting with many people with HIV in attendance. There was also a public comment period of 30 days whereby PLWH and other key stakeholders were invited to review the Plan and provide feedback. All feedback obtained was used to help shape the final version of the Plan. The monitoring, evaluation and improvement of the Plan will be spearheaded by the PP&A Committee, with PLWH serving as active participants.

f. **Priorities:** Key priorities that arose out of the planning and community engagement process included the need to:
   - Embrace a status neutral approach to planning and implementation – equally respecting PLWH

and people at risk for HIV, their strengths, and their needs
- Address social determinants of health, especially housing
- Address co-occurring disorders including other STDs, mental health issues and meth use disorder
- Expand harm reduction services
- Address HIV-related disparities, particularly the disparities experienced by Black/African Americans
- Increase health literacy among PLWH and people at risk for HIV
- Increase workforce capacity
- Meet the needs of PLWH age 50 years old and older and/or long-term survivors
- Create more holistic services, especially for cisgender and transgender women
- Align funding streams and resources to ensure that PLWH and people at risk for HIV are able to seamlessly access high quality services

g. **Updates to Other Strategic Plans Used to Meet Requirements**: As noted, portions of the LA County EHE Plan were utilized to develop the Integrated Plan. LA County uses surveillance data, assessment data, and the ongoing feedback of key stakeholders, including PLWH to update plans on a regular basis, typically annually.

Section III: Contributing Data Sets and Assessments

The *Contributing Data Sets and Assessments* section is comprised of four major sub-sections: (1) Data Sharing and Use; (2) Epidemiologic Snapshot; (3) HIV Prevention, Care and Treatment Resource Inventory; and (4) Needs Assessment.

DATA SHARING AND USE

Multiple data sources are utilized in LAC to monitor the HIV and STD epidemics, track service utilization, better understand service needs and assess progress in achieving county-wide and national HIV-related goals. The County uses the Electronic HIV Reporting System (eHARS), a CDC-developed information system for collecting, storing, and retrieving HIV surveillance data. In addition to eHARS, the main data sources include HIV incidence surveillance and molecular surveillance. Collectively, these data sources give LAC the ability to track the extent of the County's HIV epidemic including persons who are diagnosed and receiving care as well as those who are diagnosed and not in care. They also provide the data needed to develop the HIV Care Continuum measures, including the number of PLWH who are linked to care, in receipt of care, retained in care, and virally suppressed.

Data from population-based surveys conducted among key populations at increased risk for HIV and people living with HIV (PLWH) were also used to inform the Integrated Plan. This includes LAC data collected for the CDC-funded National HIV Behavioral Surveillance System from 2004 to 2019 and Medical Monitoring Project from 2015 to 2019.

National HIV Behavioral Surveillance (NHBS): LAC is one of 20 sites participating in this national CDC-funded HIV biobehavioral surveillance effort that allows state and local health departments to monitor HIV prevalence and risk behaviors among select populations at risk for HIV infection. These populations include men who have sex with men (MSM), persons who inject drugs (PWID), heterosexuals at increased risk for HIV infection (HET), and transgender (TG) women. NHBS participants were residents of

LAC and at least 18 years of age. Participants who provided informed consent completed an interviewer-administered anonymous standardized questionnaire about HIV-related behaviors and underwent confidential rapid HIV and standard Hepatitis B and C testing. In this document, key findings from NHBS available to date in LAC are reported. Results may not be generalizable to the broader population groups represented.

Medical Monitoring Project (MMP): The MMP is a national HIV surveillance system funded by the CDC and implemented by local health departments. The aim of MMP is to provide locally and nationally representative data on behavioral and clinical outcomes in a sample of persons receiving HIV medical care. MMP uses a two-stage probability-based sampling strategy that draws from the National HIV Surveillance System (NHSS) to select survey participants: the first stage is selecting the geographic areas to participate, and the second stage is selecting adults diagnosed with HIV and reported to NHSS within those participating areas. Sampled persons were recruited to participate in person, by telephone, or by mail. To be eligible for MMP, the person had to be living with diagnosed HIV infection, aged ≥18 years, and residing in an MMP project area. Participants were recruited via telephone, by mail, or in person. Interview questions include demographic information, health care use, met and unmet needs for ancillary services, sexual behavior, depression and anxiety, gynecologic and reproductive history (females only), drug and alcohol use, and use of prevention services.

Other datasets that LAC uses that contribute to the assessment of need and HIV-related health outcomes among people at risk for or living with HIV within the County include:

(1) Ryan White Program (RWP) client and service utilization data through Casewatch (LAC's RWP client data system);
(2) HIV testing data for testing conducted through DHSP's contracted providers;
(3) STD Casewatch data; and
(4) U.S. Census Bureau data, including data from the annual American Community Survey

LAC utilizes an evidence-based approach to planning that relies on an understanding of HIV surveillance and other sources of data. To ensure that planning participants, including Commission members and members of the community were well-versed in the most recent data, an HIV epidemiology training was conducted during the Planning, Priorities and Allocation Committee meeting in July 2022. This training presented key epidemiology terms as well as their application in examining the current LAC HIV epidemiology profile of PLWH, people at risk for HIV, and trends in the epidemic.

EPIDEMIOLOGIC SNAPSHOT

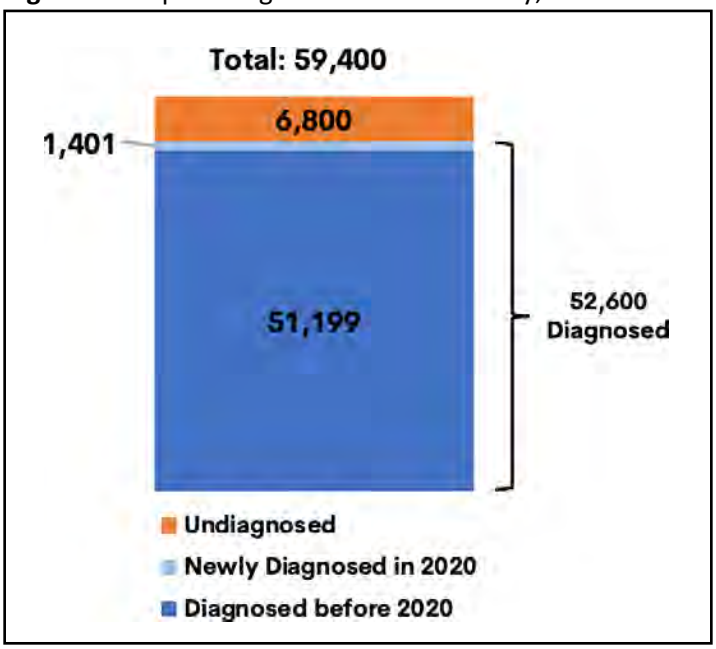
The Gabrielino Tongva, Fernandeño Tataviam, and Ventureño Chumash are the First People and original stewards of the land that today we call Los Angeles County, California. As the most populous county in the United States, LAC is home to an estimated 9,861,224 residents as of 2022. The County's urban, suburban and rural communities span over 4,000 square miles and comprise 88 incorporated cities and approximately 140 unincorporated areas. LAC is among the most ethnically and economically diverse regions in the nation with immigrants making up over a third of the County's population.[5] An estimated 69,144 Angelenos are homeless on any given night[6] and over 14,000 inmates are housed in county jails - the largest jail system in the U.S.[7]

[5] https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia/POP645220
[6] https://www.lahsa.org/documents?id=6515-lacounty-hc22-data-summary
[7] https://www.prisonpolicy.org/origin/ca/2020/report.html

I. People Living with HIV in LA County

At the end of 2020, there was an estimated 59,400[8] PLWH,[9] aged 13 years and older in LAC, including 1,401 who had been newly diagnosed (in 2020) and an estimated 6,800[10] persons who were unaware of their infection (Figure 1). As described in more detail below, HIV continues to be driven by social determinants of health and co-occurring disorders and disproportionately impacts some population groups more than others.

Figure 1: People Living with HIV in LA County, 2020



a) Geographic Distribution of People Living with Diagnosed HIV (PLWDH): The County is made up of 26 different health districts which overlay eight distinct Service Planning Areas (SPAs).[11] As depicted in Figure 2, HIV diagnoses and prevalence are unevenly distributed geographically across the County with the highest density of both those newly diagnosed with HIV (between 2016-2020) and all PLWDH found in the central and southern regions. Among all 26 Health Districts, Hollywood-Wilshire, Central, and Long Beach are considered the three epicenters for HIV, reporting the largest numbers of new HIV diagnoses (170, 126 and 92, respectively) and PLWDH at year-end 2021 (9,352, 6,708 and 4,237 respectively).

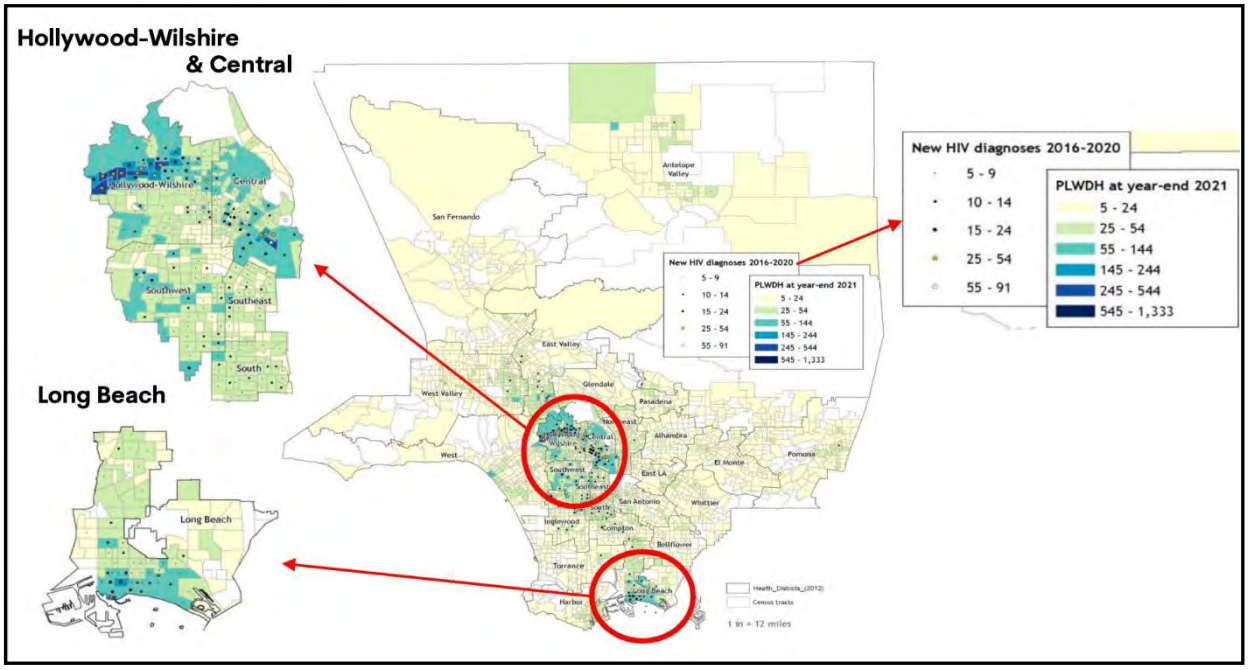
[8] 95% Confidence Interval: 57,500 – 61,300

[9] Throughout this document, "People Living with HIV," or "PLWH," is meant to denote *all* people living with HIV, whether or not they are diagnosed. This figure is always an estimation given that we are unsure of the exact number of people with HIV who are undiagnosed. By contrast, "People Living with Diagnosed HIV," or "PLWDH," is meant to denote all people who have been diagnosed with HIV and are living in LAC. This number does not include those who are undiagnosed.

[10] 95% Confidence Interval: 4,800 – 8,700

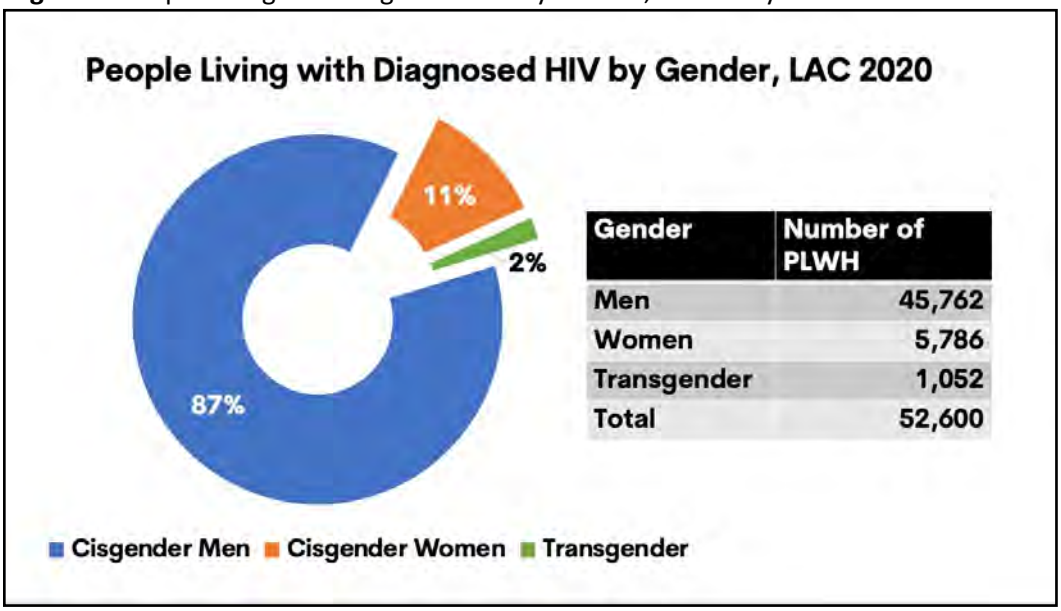
[11] (1) SPA 1: Antelope Valley, (2) SPA 2: San Fernando Valley, (3) SPA 3: San Gabriel Valley, (4) SPA 4: Metro, (5) SPA 5: West, (6) SPA 6: South, (7) SPA 7: East, and (8) SPA 8: South Bay

Figure 2: Geographic Distribution of PLWDH at year-end 2021 & Persons Newly Diagnosed with HIV, 2016-2020, LA County



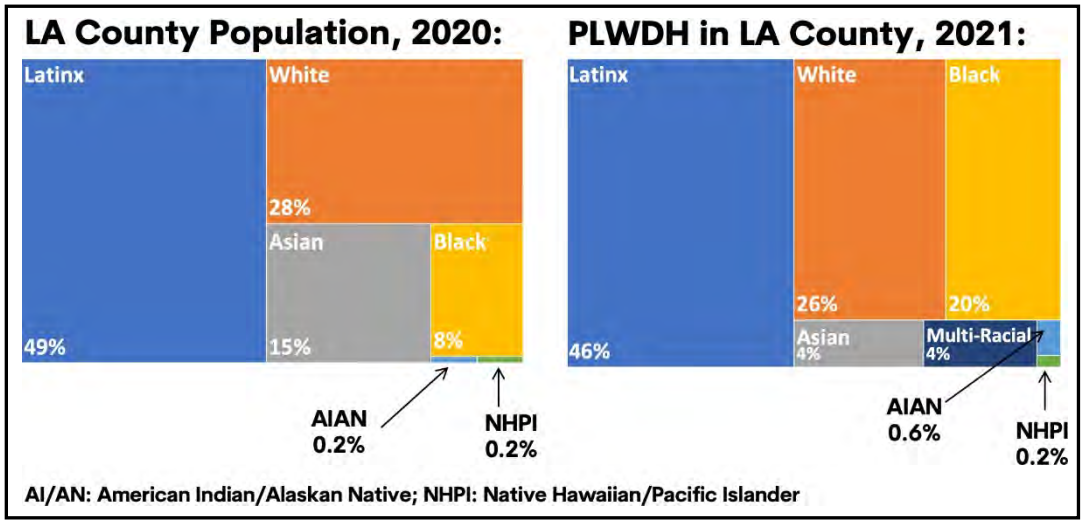
b) People Living with Diagnosed HIV in LA County, 2020: Of the 52,600 PLWDH in 2020, 87% were cisgender men, 11% were cisgender women and 2% were transgender persons (Figure 3). With respect to race/ethnicity, Latinx people make up the greatest proportion of PLWDH (46%), followed by the White population (26%), the Black/African American population (20%), the Asian population (4%), and those who identify as multi-racial (4%). The American Indian/Alaskan Native (AI/AN) and Native Hawaiian/ Pacific Islander (NH/PI) populations collectively make-up less than 1% of PLWDH. The Black/African American population is significantly over-represented among PLWHD, given that Black/African Americans make up 8% of the County's overall population, but 20% of the population of PLWDH. AI/AN people are also over-represented among PLWDH, given that they make up 0.2% of the overall population, but 0.6% of PLWDH (Figure 4).

Figure 3: People Living with Diagnosed HIV by Gender, LA County 2020



Gender	Number of PLWH
Men	45,762
Women	5,786
Transgender	1,052
Total	52,600

Figure 4: Racial/Ethnic Composition of LA County,[12] 2020 Compared to Racial/Ethnic Composition of PLWDH in 2021

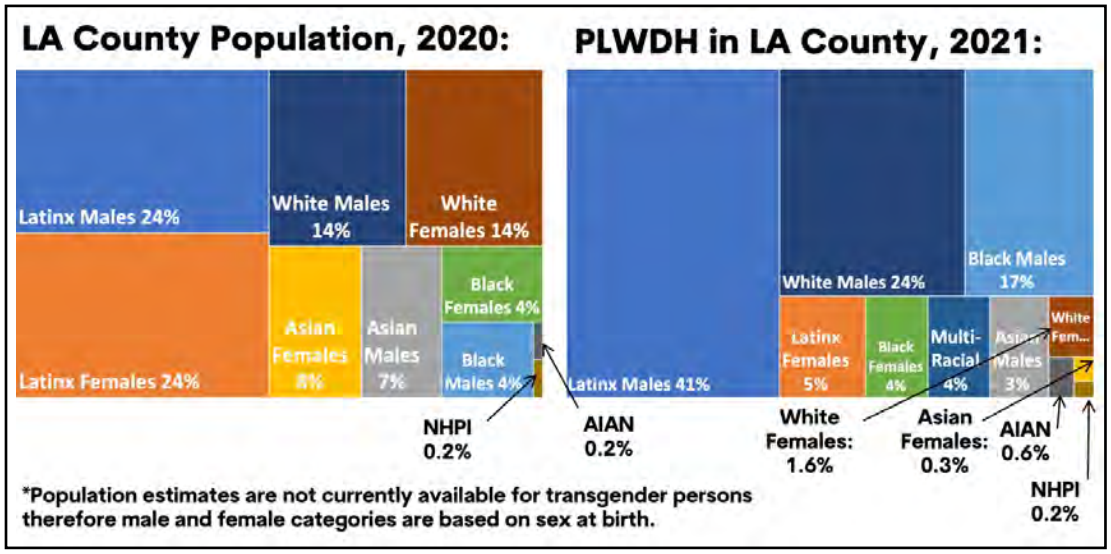


With respect to sex at birth and race/ethnicity (Fig. 5), the populations most impacted by HIV are Latinx males who represented 41% of all PLWDH followed by White males (24%) and Black males (17%). Combined, these groups represent 82% of all PLWDH in LAC. HIV disparities are even more pronounced when the population of PLWDH is compared to the overall population. For example, Latinx males represent 24% of the LAC population and 41% of PLWDH; Black males represent 4% of the population, and 17% of PLWDH; and White males represent 14% of the population and 24% of PLWDH. Altogether, AI/AN, NH/PI and multi-racial men and women represented less than 5% of PLWHD. [13]

[12] Based on the 2020 population estimates provided by LAC ISD & contracted through Hedderson Demographic Services.

[13] PLWDH with unknown race/ethnicity were not presented in the graph (n=69). NH/PI and AI/AN represented less than 1% and were presented for males and females combined due to limited visibility on the graph. Population estimates for multi-racial persons are not available.

Figure 5: Race/Ethnicity and Sex at Birth among LA County Residents, 2020, Compared to Race/Ethnicity and Sex at Birth among PLWDH in 2021

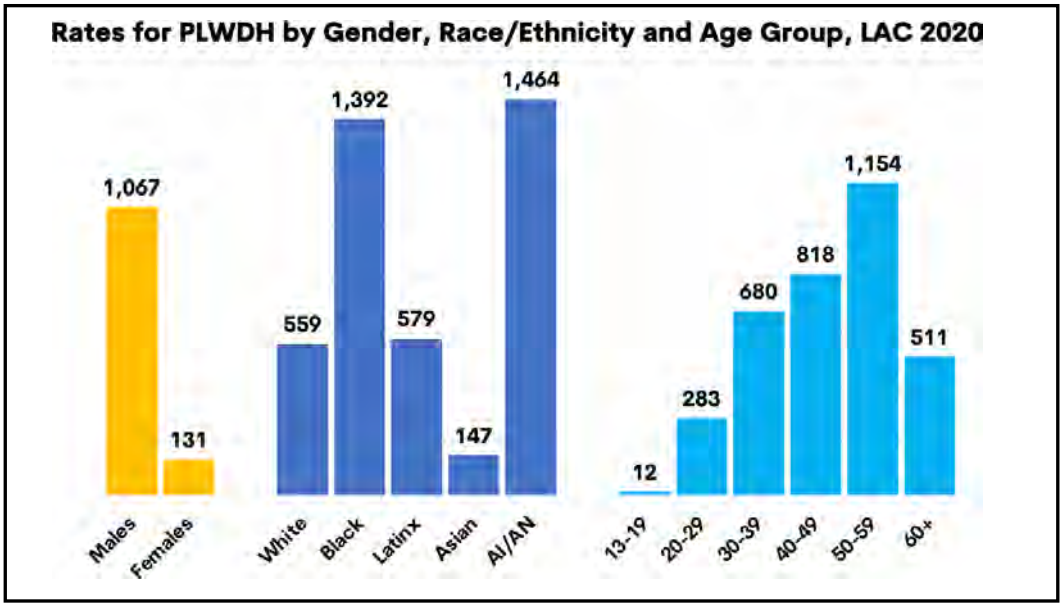


While Latinx people make up the largest *proportion* of PLWDH, AI/AN people have the highest *rates* of HIV.[14] The Black/African American population also has extremely high rates of HIV per 100,000 population (1,392) compared to Latinx (579), White (559) and Asian (147) populations. Rates are also significantly higher among males (1,067) versus females (131); and among those aged 50-59 (1,154) and 40-49 (818) compared to other age groups (Fig. 6).

Rates for transgender people are not typically calculated, given the lack of reliable population estimates and the relatively small population size compared to cisgender men and women. However, the UCLA School of Law Williams Institute has recently published transgender population estimates based on data from the CDC's Behavior Risk Factor Surveillance System and Youth Risk Behavior Survey.[15] They estimate that in California, among adults, 0.49% (150,100) identify as transgender and among youth ages 13 to 17 in the U.S., 1.93% (49,100) identify as transgender. They also report that of those that identify as transgender in the U.S., 38.5% are transgender women, 35.9% are transgender men, and 25.6% reported they are gender nonconforming. If we were to apply these percentages to LAC, we would find that there are approximately 38,050 people 18 or older in LAC that identify as transgender (7,765,339 people 18 or older in LAC x 0.49%); and that approximately 14,649 (38,050 x 38.5%) of them identify as transwomen, that 13,660 (38,050 x 35.9%) of them identify as transmen, and that 9,741 (38,050 x 25.6%) of them identify as gender nonconforming. Given that there are approximately 1,052 transgender PLWDH in LAC, the rate of HIV infection among trans persons would be 2,764 per 100,000 population. Assuming that approximately 90% of all transgender PLWDH are transwomen (1,052 x 90% = 947), the HIV rate among transwomen would be 6,464.

[14] Given the relatively small population size of AI/AN people, rates may not be fully accurate.
[15] Herman, J., Flores, A. & O'Neill, K. (2022). *How Many Adults and Youth Identify as Transgender in the United States?* The Williams Institute, UCLA, Los Angeles, CA.

Figure 6: Rates for PLWDH by Gender, Race/Ethnicity and Age Group, LA County, 2020



c) People Newly Diagnosed with HIV: In 2020, 1,401 persons aged 13 years and older were newly diagnosed with HIV, down from 1,560 persons in 2019. Since 2016, the overall diagnosis rate has decreased from 22 (per 100,000 population) to 16. The gap between male and female new diagnoses rates has also decreased slightly although the rate among males is still ten times that of females (Figure 7). Rates have also decreased across all race/ethnicities although Black/African Americans continue to have the highest rates compared to other groups (Figure 8). Those aged 20-29 and 30-39 also continue to have the highest rates compared to other age groups (Figure 9).

Figure 7: HIV Diagnoses Rate by Sex at Birth[16], LA County, 2016-2020

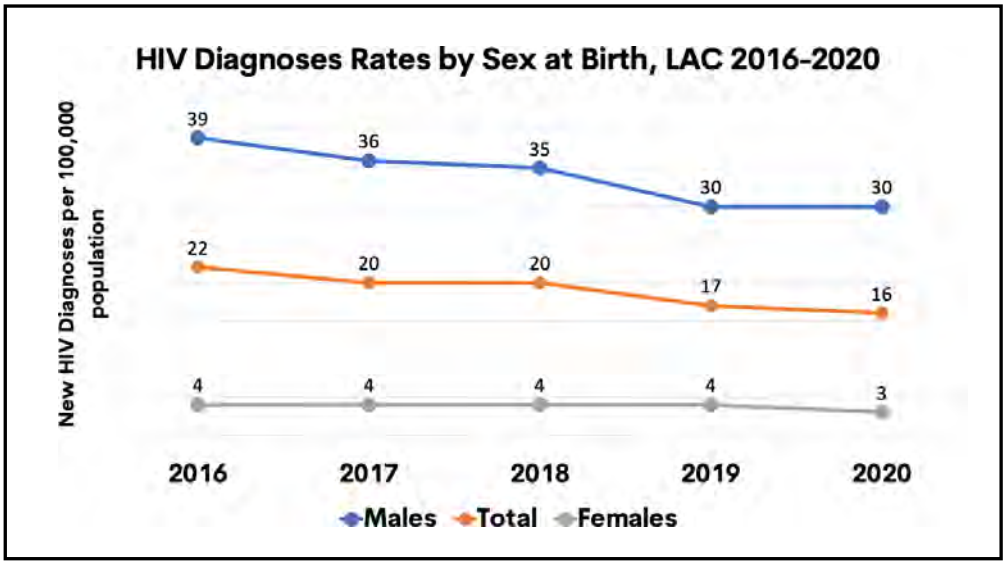


Figure 8: HIV Diagnoses Rate by Race/Ethnicity[17], LA County, 2016-2020

[16] Rates are not available for trans persons given their small population size
[17] Rate is unknown for AI/AN in 2019

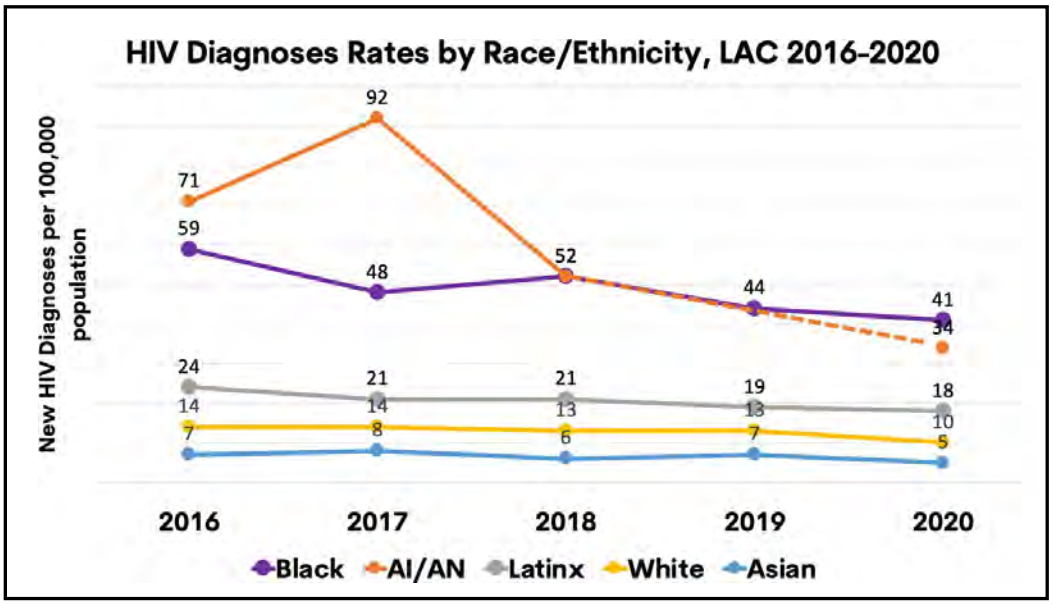


Figure 9: HIV Diagnoses Rate by Age Group, LA County, 2016-2020

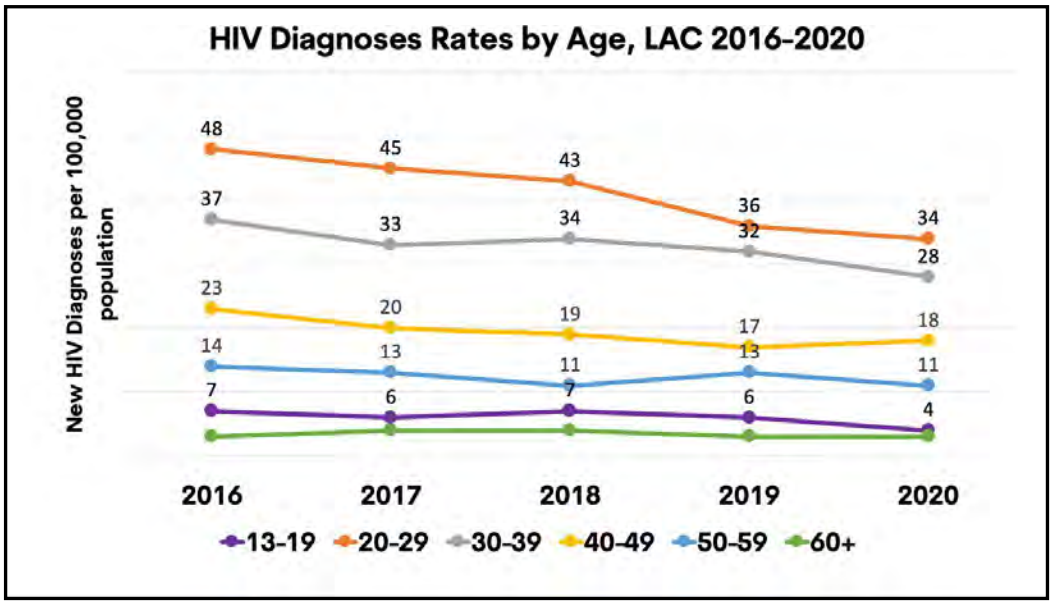
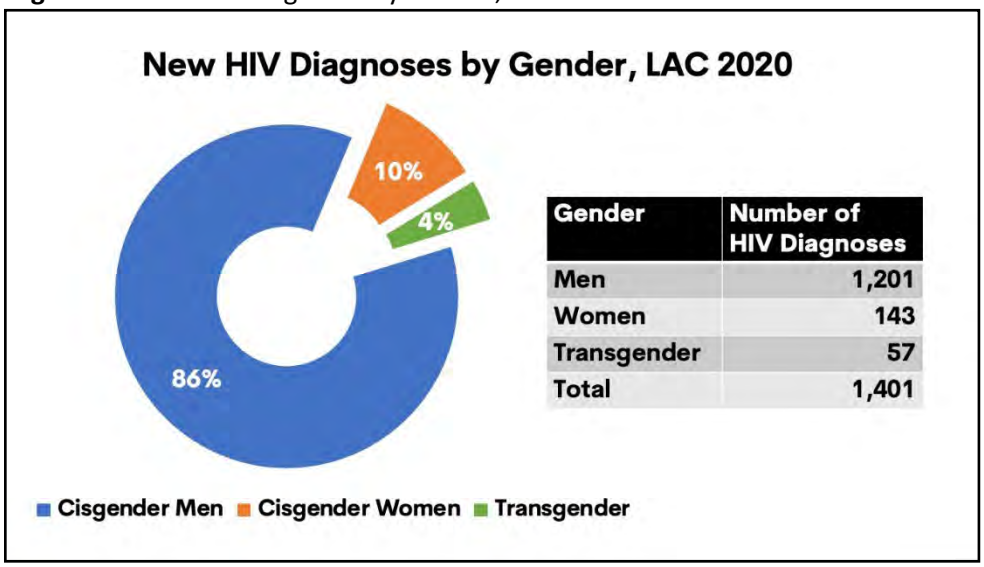


Figure 10: New HIV Diagnoses by Gender, LAC 2020



Gender	Number of HIV Diagnoses
Men	1,201
Women	143
Transgender	57
Total	1,401

Cisgender men made up most of the new HIV diagnoses in 2020 (N=1,201, 86%). Cisgender women (N=143) and transgender persons (N=57) represented 10% and 4% respectively of new HIV diagnoses in 2020 (Figure 10). Among the 57 transgender persons newly diagnosed with HIV in 2020, notably, all identified as transgender women.

In 2020, among males, those aged 20-29 (65) and 30-39 (48); and Black/African Americans (76) had the highest rates of new HIV diagnoses. Among females, those aged 30-39 (7) and Black/African Americans (10) had the highest rates of new HIV diagnoses (Figures 11 and 12).

Figure 11: HIV Diagnoses Rates among Males & Females by Age Group, LAC 2020

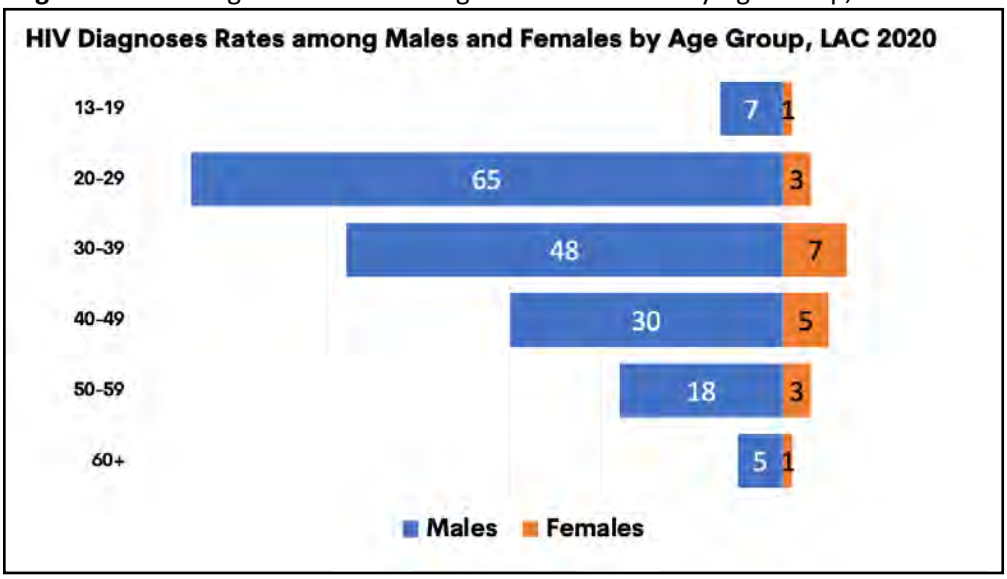
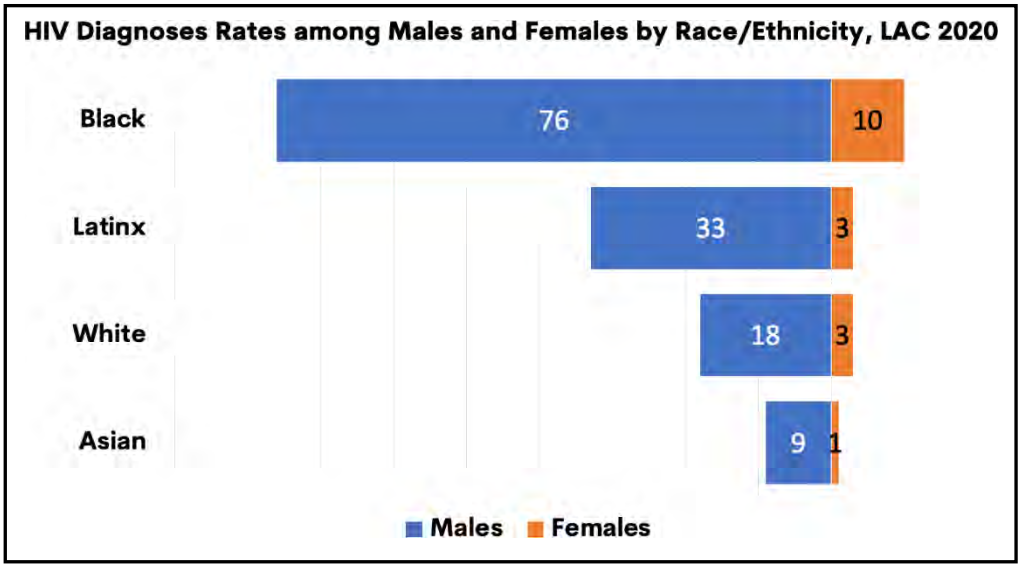
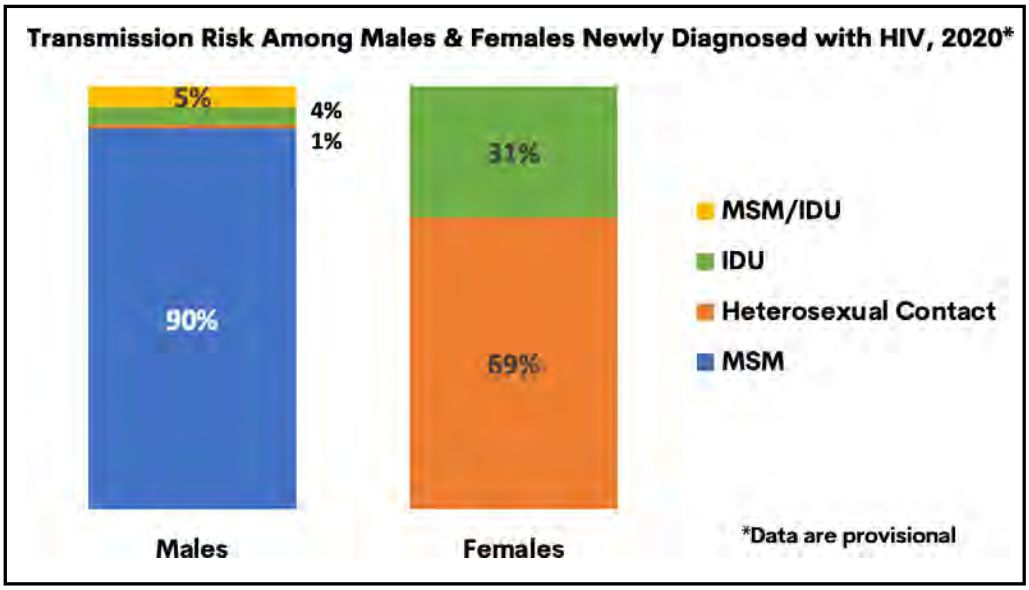


Figure 12: HIV Diagnoses Rates among Males & Females by Race/Ethnicity, LAC 2020



In 2020, the primary HIV transmission risk for newly diagnosed males was having sex with other men (90%), followed by IDU (5%), MSM/IDU (4%) and heterosexual contact (1%). The primary HIV transmission route among females newly diagnosed with HIV was heterosexual contact (69%). In 2020, the percentage of cases with IDU as the primary transmission route among females increased to 31% compared to 25% in the previous year (Figure 13).

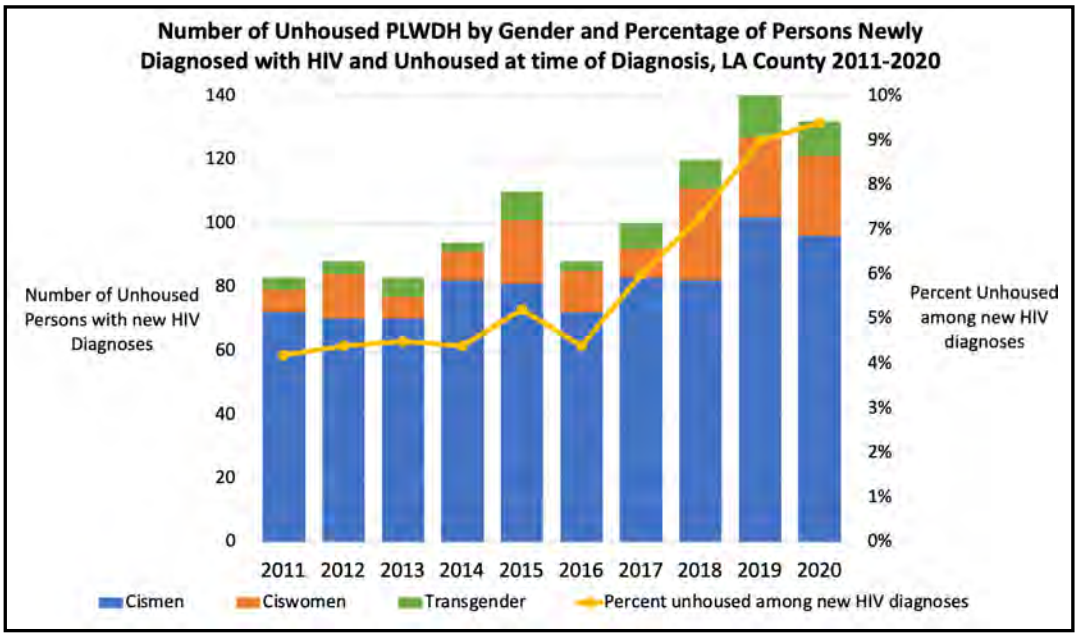
Figure 13: Transmission Risk Among Males & Females Newly Diagnosed with HIV, LAC 2020



Perinatal Transmission: In LAC, although the number of HIV-positive pregnant women has decreased over time, the number of perinatal HIV transmissions is increasing. In 2020 there were four infants who acquired HIV perinatally resulting in a rate of 8 per 100 HIV-exposed infants. Notably, common maternal risk factors included meth use (n=3), being unhoused (n=3), mental illness (n=3), syphilis (n=3) and a history of incarceration (n=2).

Unhoused: Since 2011, the percentage of persons newly diagnosed with HIV who were unhoused has more than doubled from 4.2% to 9.4%. In 2020, among 132 unhoused persons with a new HIV diagnosis, 73% were cisgender men, 19% were cisgender women and 8% were transgender. However, the HIV diagnoses rates of the unhoused have been relatively stable over this time, indicating that the increase in the unhoused population likely explains the increases in HIV diagnoses (Figure 14).

Figure 14: Number of Unhoused PLWDH by Gender and Percentage of Persons Newly Diagnosed and Unhoused at time of Diagnosis, LA County, 2020



Stage of HIV disease among Newly Diagnosed: Information on stage of HIV disease at the time of diagnosis provides direct insight into the timeliness of an HIV diagnosis. The HIV surveillance case definition of HIV has four stages: Stage 0, 1, 2, and 3. Stage 0 includes those with acute infection at diagnoses (Acute HIV) and those with no evidence of acute infection at diagnosis. Acute HIV is based on the difference in days between the first HIV-positive test result and last HIV-negative test result. If the difference falls within 60 days, HIV is classified as acute HIV.[18] The criterion for Stage 1 disease is CD4 ≥ 500 cells/µL within 90 days of diagnosis. Stage 2 is CD4 between 200-499 cells/µL within 90 days of diagnosis. Stage 3 criteria include either CD4 < 200 cells/µL within 90 days of HIV diagnosis or a diagnosis of an opportunistic illness within 90 days of HIV diagnosis.

In 2020, 15% of new HIV diagnoses were diagnosed at Stage 0, with over half of those diagnosed at Stage 0 having acute HIV at diagnosis (Figure 15). The proportion of PLWDH with acute HIV was highest among men, persons aged 20-29 years, and MSM. One in five new HIV diagnoses presented with CD4+ T-cells < 200 cells/µL at the time of diagnosis in 2020, indicative of late-stage HIV disease. The proportion of PLWDH with late-stage disease (Stage 3) was highest among females, those who identified as Latinx or multi-racial, those over 40 years of age, and those with IDU or heterosexual transmission risk (Figure 16).

[18] The number of newly diagnosed persons with stage 0 are likely underestimated due to under-reporting of HIV-negative test results.

Figure 15: Stage of HIV Disease among Newly Diagnosed PLWH, LA County 2020

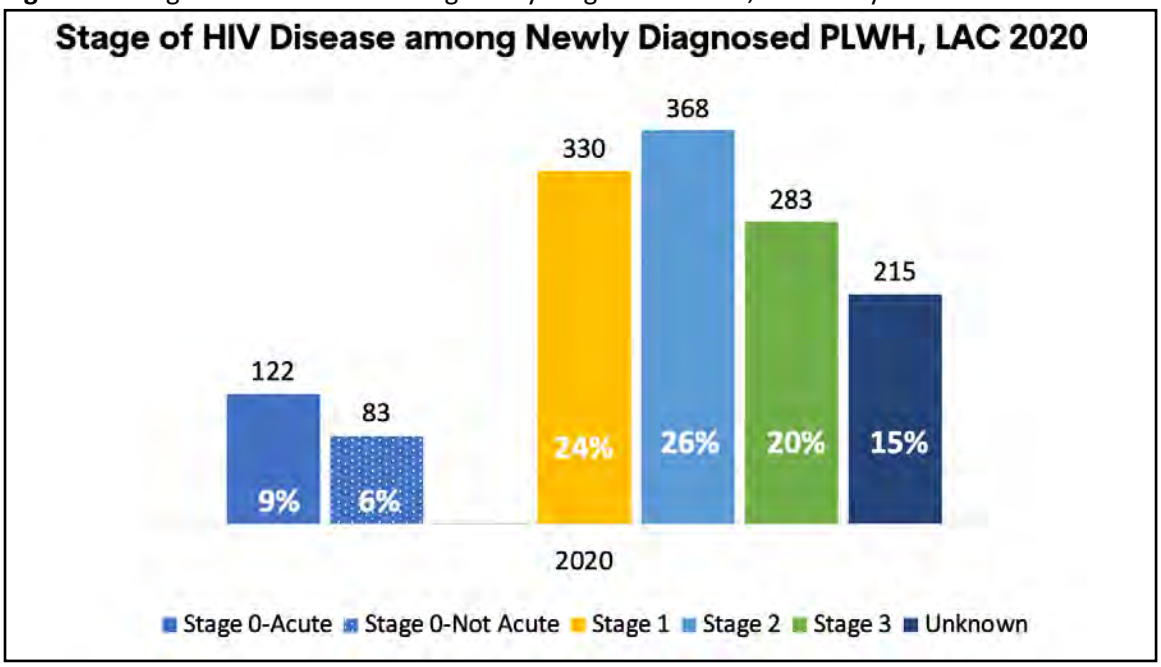
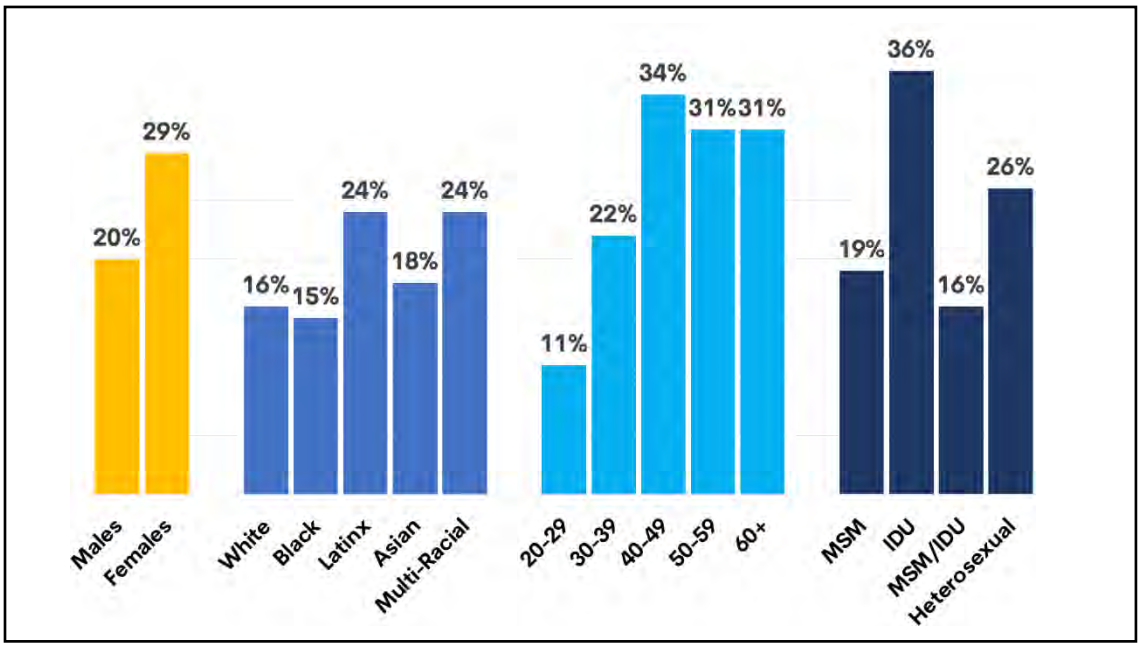


Figure 16: Percentage of Newly Diagnosed Presenting with Late-Stage Disease (Stage 3) at Time of Diagnosis, by Gender, Race/Ethnicity, Age Group and Transmission Category, LAC 2020



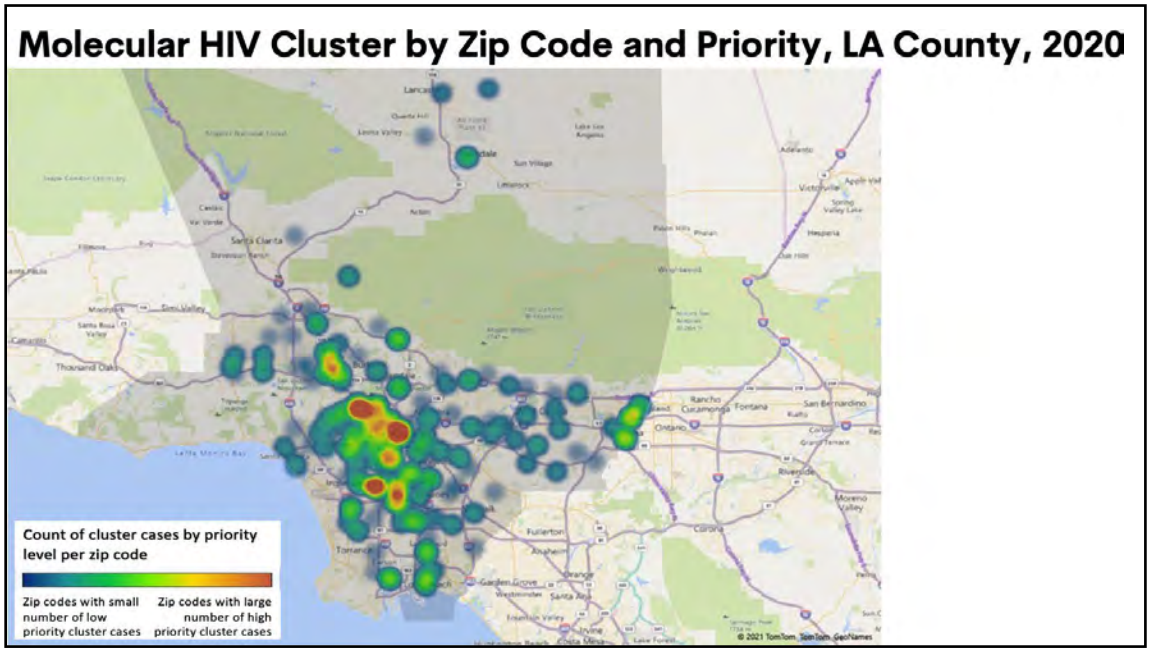
*Stage 3: Either CD-4 <200 w/in 90 days of diagnosis or diagnosis of opportunistic illness w/in 90 days

High Priority Cluster Areas: Federal guidelines for the care and treatment of PLWDH recommend HIV viral genotype testing at initiation of HIV care to determine whether an individual's HIV strain is resistant to certain drugs. The genotype testing, which results in a genetic sequence report reflecting an individual's HIV viral strain, is reported to DPH along with other HIV laboratory and clinical test results.

Molecular HIV Surveillance is the collection and analysis of HIV genotype data generated through HIV drug resistance testing. Through a comparison of the viral genotype reports of PLWDH in the local area, it can be determined if there are multiple people with a highly similar HIV strain. Because HIV's genetic sequence constantly evolves, people whose viral strains are highly similar are likely to be in the same social HIV transmission network (i.e., transmission cluster).[19] Transmission clusters with numerous newly HIV diagnosed individuals may indicate that recent and rapid HIV transmission is occurring among a group of individuals. When a cluster is identified, it can inform the delivery of services and interventions to minimize transmission in a geographic area and prioritize efforts to those who need them the most.

In 2020, 7% of persons newly diagnosed with HIV were associated with a priority transmission cluster. These persons were more likely to be aged 13-29 years, Latinx, and have MSM transmission risk compared with persons newly diagnosed with HIV who were not associated with a priority cluster. Persons associated with a priority transmission cluster were also more likely to reside in the Southeast, San Antonio, Northeast, and Antelope Valley Health Districts; report methamphetamine use and anonymous partners; and have syphilis co-infection. The geographic distribution of the transmission clusters and priority level for follow-up are presented below in Figure 17. The blue clusters are low priority (< 5 persons with new HIV diagnoses between 2018-2020), the green as medium priority (≥ 5 persons with new HIV diagnoses between 2018- 2020), and the red as high priority (≥ 5 cases diagnosed in 2020).

Figure 17: Molecular HIV Cluster by Zip Code and Priority, LA County, 2020



d) New HIV Infections[20]: The annual number of new HIV infections reflect infections acquired in a

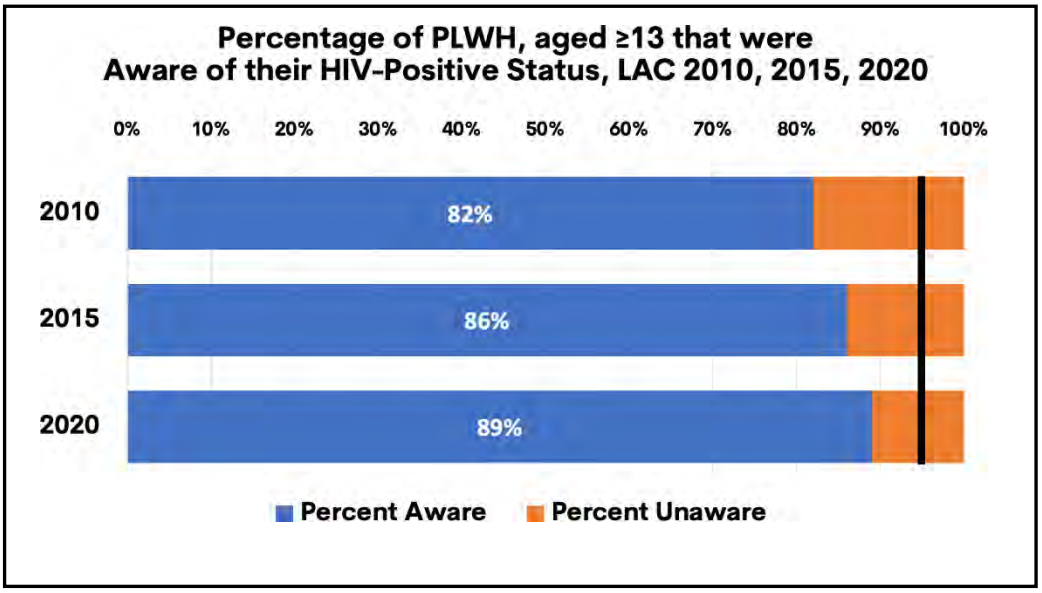
[19] It is important to note that this information cannot be used to determine either direct transmission or the direction of transmission between any two individuals.

[20] HIV incidence is approximated using CDC's CD4 depletion model, which uses HIV surveillance data and the first CD4 value after HIV diagnosis to estimate HIV incidence, HIV prevalence, and percentage of undiagnosed HIV. The date of HIV acquisition is estimated for each person with a CD4 test using the model. To account for persons without a CD4 test result, persons with CD4 test results are assigned a weight based on the year of HIV diagnosis,

calendar year. Some new infections are diagnosed soon after acquiring HIV, but the majority are not. When the number of new HIV infections is high, HIV continues to spread, because most people with a new infection are not aware they are living with HIV. New infections provide information on recent transmission and serve as a barometer to assess whether HIV prevention strategies are reducing transmission. Trends in new infections generally track with trends in new diagnoses unless transmission is very low or high in the population. An estimated 1,400 persons aged 13 years and older acquired HIV in 2020. These new infections may or may not have been diagnosed that year.[21] Estimates are not considered true values and should be interpreted along with a range of values that is likely to contain the true value with a certain degree of confidence (such as a 95% confidence interval). In 2020, the 95% confidence interval for the estimated number of new infections ranged from a low of 900 infections to a high of 1,990 infections. The number of persons newly diagnosed and the estimated number of persons who acquired HIV (new infection) have declined between 2010 and 2020. In 2010, there were an estimated 2,300 new infections and 2,186 new HIV diagnoses. In 2020, 1,404 persons were newly diagnosed with HIV, reflecting both new and old infections. An estimated 1,400 persons acquired HIV in 2020, reflecting new infections, some of whom were not diagnosed.

e) People Living with Undiagnosed HIV: In 2020, an estimated 11% of PLWH, or 6,800, were unaware of their HIV status.[22] Since 2010, awareness of HIV has increased among PLWH from 82% to 89% (Fig. 18), however, since 2019, awareness of HIV-positive status decreased across all age, sex and race/ethnicity categories, with the largest decrease observed among cisgender women (-6 percentage points).

Figure 18: Percentage of PLWH that were Aware of their HIV Status, 2010, 2015, 2020



Bolded line indicates the EHE Plan and Integrated Plan goal of 95% awareness by 2025

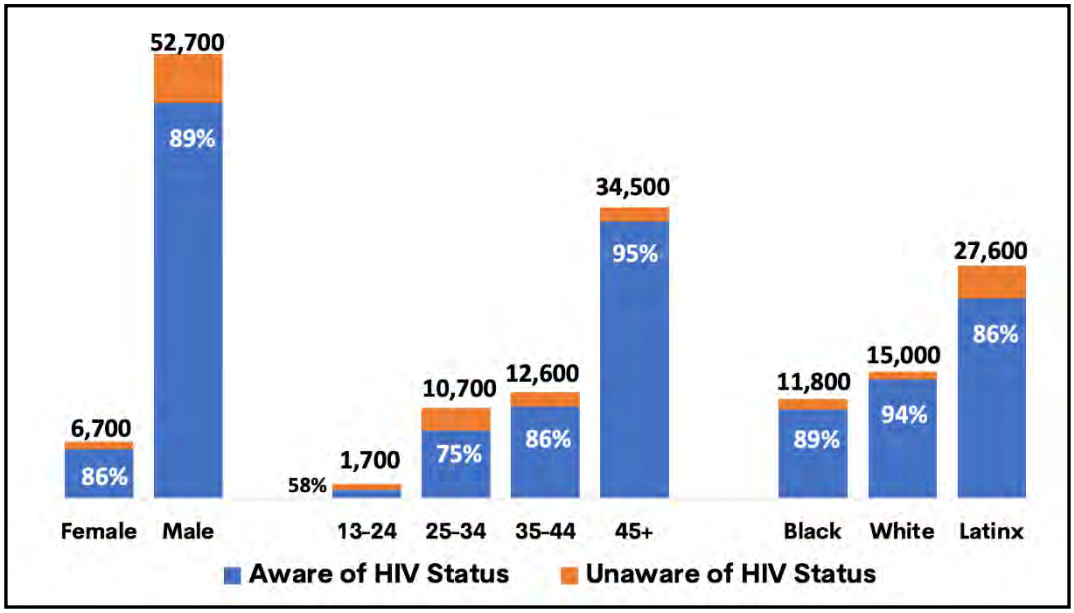
sex, race/ethnicity, transmission category, age at diagnosis, disease classification, and vital status at the end of the specified year.

[21] The annual number of new HIV diagnoses is the number of PLWH who received an HIV diagnosis in a calendar year. A new HIV diagnosis is *not* equivalent to a new infection that was acquired in a calendar year. Many people live years before they are diagnosed while some are diagnosed soon after acquiring HIV. Based on local data, the majority of new HIV diagnoses each year were infections acquired over a year ago.

[22] Estimated using the CD4-based model developed by the Centers for Disease Control and Prevention. https://journals.lww.com/jaids/Fulltext/2017/01010/Using_CD4_Data_to_Estimate_HIV_Incidence,.2.aspx.

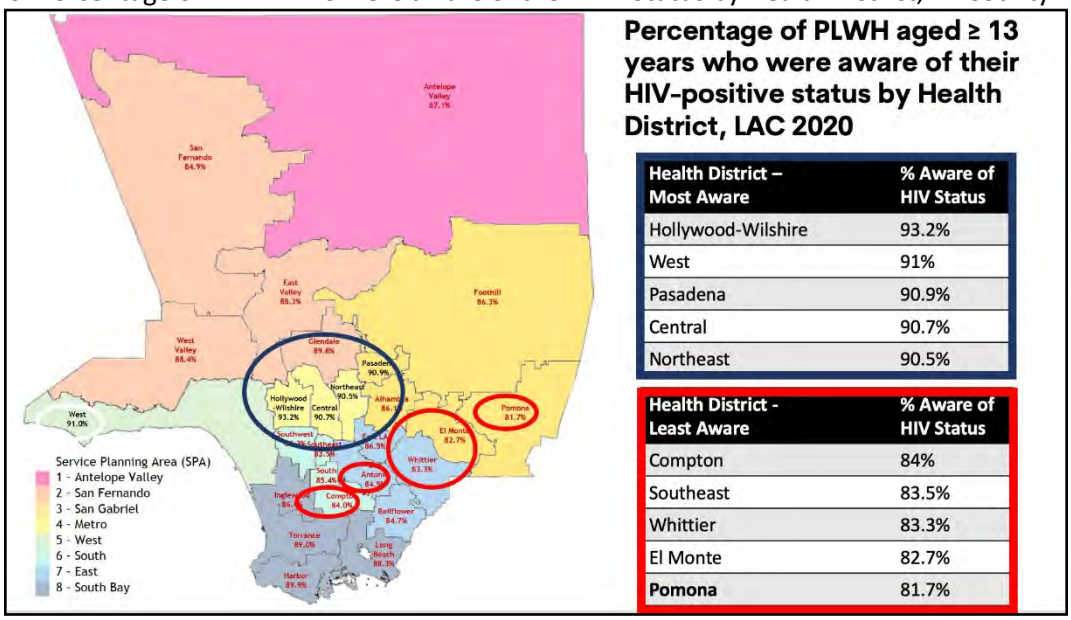
Among PLWH in 2020, the largest gaps in knowledge of HIV-positive status existed for younger persons, where approximately 42% of persons aged 13-24 years and 25% of persons aged 25-34 years with HIV were not aware of their HIV-positive status. Females and people who were Latinx or Black were also more likely to be unaware of their status compared to other groups (Figure 19).

Figure: 19: Awareness of HIV-Positive Status among PLWH by Sex at Birth, Age Group and Race/Ethnicity, LAC 2020



The percentage of PLWH who were aware of their HIV-positive status also varied by location. There were five Health Districts with at least 90% of PLWH aware of their HIV status - Hollywood-Wilshire, West, Central, Northeast and Pasadena. Conversely, the five Health Districts with the least percentage of PLWH aware of their status were Compton, Southeast, Whittier, El Monte and Pomona (Figure 20).

Figure 20: Percentage of PLWH who were aware of their HIV Status by Health District, LA County 2020



Percentage of PLWH aged ≥ 13 years who were aware of their HIV-positive status by Health District, LAC 2020

Health District – Most Aware	% Aware of HIV Status
Hollywood-Wilshire	93.2%
West	91%
Pasadena	90.9%
Central	90.7%
Northeast	90.5%

Health District - Least Aware	% Aware of HIV Status
Compton	84%
Southeast	83.5%
Whittier	83.3%
El Monte	82.7%
Pomona	81.7%

II. Clinical & Behavioral Characteristics of PLWH and People at Risk for HIV

Clinical and behavioral characteristics of PLWH and people at-risk for HIV are largely compiled through the use two biobehavioral surveillance efforts, the National HIV Behavioral Surveillance (NHBS) and the Medical Monitoring Program (MMP).

Since 2016, the NHBS has surveyed four different population groups: MSM, persons who inject drugs (PWID), heterosexuals at increased risk for HIV and transgender women. Across all NHBS participants living with HIV, 83% of MSM and 80% of transwomen were aware of their HIV-positive status. In contrast, only 63% of PWID were aware of their status[23].

MSM: Among MSM, over the course of five rounds of NHBS spanning over a decade, HIV prevalence has consistently been highest among Black MSM. In the most recent surveillance round (2017), 36% of Black MSM were living with HIV compared with 18% of Latinx MSM and 15% of White MSM. In 2017, HIV testing within the previous 12 months was high among MSM of all race/ethnicity groups, with 90% of White MSM reporting testing, and 83% of both Latinx and Black MSM reporting testing. Reports of condomless anal sex ranged from 71% among Black MSM to 79% among Latinx MSM. Twenty-eight percent of Black MSM, 25% of Latinx MSM and 24% of White MSM reported having an STD diagnosis. Exchanging sex for money or drugs was also highest among Black MSM (11%), compared to Latinx (7%) and White MSM (7%). Knowledge of PrEP was high (>92%) among MSM irrespective of race/ethnicity. Among participants who reported HIV-negative or unknown HIV status, 36% of White MSM had used PrEP within the past 12 months compared with 29% of Latinx MSM and 22% of Black MSM. Among MSM, the overlapping epidemic of meth use contributes to increased risk of HIV acquisition. Methamphetamine use is frequently associated with increased unsafe sexual activity and meth-using MSM are much more likely to have multiple sexual partners and report inconsistent condom use than MSM who do not use meth.

Transgender Women: NHBS data found that in 2019, transwomen had the highest HIV positivity rate (1 in 3 were HIV-positive) compared with other populations at elevated risk of HIV, with Black transwomen having the highest positivity rate (52%), compared with Latinx (30%) and White (9%) transwomen. Black transwomen were more likely to practice condomless anal sex and exchange sex for drugs or money but less likely to test recently for HIV than their Latinx and White counterparts. Meth use was also high among transwomen, with 33% of White transwomen, 28% of Black transwomen, and 17% of Latinx transwomen reporting use. PrEP knowledge was also high, however use of PrEP among HIV-negative transwomen in the past 12 months was low. The majority (91%) of HIV-negative transgender women had heard of PrEP and a little over half (55%) had discussed PrEP with a healthcare provider. Twenty-seven percent had taken PrEP in the last 12 months and 21% were PrEP persistent. Most respondents (70%) in the 2019 cycle reported a household income at or below the FPL and 42% were currently unemployed. Nearly 1 out of 2 participants (47%) reported being homeless at the time of the interview and 23% had been incarcerated in the previous 12 months. Over half of participants reported anal sex without a condom in the past 12 months (57%) and 35% reported having sex in exchange for food, shelter, money, or drugs. Nearly 2 out of 3 transwomen participating in NHBS reported having experienced verbal harassment over the last 12 months because of their gender identity or presentation. One out of 5 participants reported having seriously considered suicide. Recent sexual abuse was also reported by nearly 1 out of 5 respondents.

[23] Results for PWID may be unstable due to small numbers and should be interpreted with caution.

People Who Inject Drugs (PWID): Substantial disparities exist among PWID along the diagnosis and care cascade. About one in three PWID living with HIV did not know they were infected (compared to one in five transwomen and one in six MSM). Once diagnosed, PWID had lower levels of receipt of care, retention in care and viral suppression than those with MSM and heterosexual contact transmission risk. A higher percentage of PWID aged 18-29 years reported sharing syringes or injection equipment (50% and 74%) compared with PWID aged >30 years (32% and 56%). Conversely, 15% of those 30 or older and 10% of those 18-29 reported exchanging sex for money or drugs. Injection of methamphetamines during the past 12 months increased from 59% in the 2015 IDU NHBS cycle to 68% in the 2018 IDU cycle. Non-injection use of methamphetamine also increased significantly (32% to 75%).

At-Risk Heterosexuals: In the 2016 heterosexual cycle, a total of 526 persons ≥ age 18 who reported having vaginal or anal sex with a partner of the opposite sex in the past 12 months were surveyed. Of these, 54% were male and 46% female. Of the women surveyed, 57% were Black, 36% Latina and 2% were White. Eighty-three percent reported no more than a high school diploma/GED and 82% reported a household income at or below the FPL. Eighty-four percent had health insurance, 11% reported being homeless at the time of the interview, and 14% had been incarcerated in the previous 12 months. Heterosexual cisgender women were more likely to have tested for HIV and STDs than heterosexual men. Among women, more Black women reported condomless sex with a casual partner, receiving money or drugs in exchange for sex, and having concurrent sexual partnerships that Latinx women. More recently, data suggest that meth is also contributing to increased HIV risk among heterosexual people with syphilis.

III. Other STDs[24]

In recent years, STD rates have dramatically increased in LAC. According to provisional 2021 data, 28,115 gonorrhea cases and 5,746 early syphilis cases were reported to LAC - continuing the overall trend of increases in annual cases. In the last decade, there has been an 847% increase in syphilis rates among females and a 128% increase among males. Alarmingly, the number of reported congenital syphilis cases increased over 20 times between 2012 and 2021.

Chlamydia: In 2021, of the 52,121 cases, more than half were seen in cisgender females (56%) and 20-29 years old (54%). Hollywood-Wilshire (959 cases per 100,000), Central (1,035 cases per 100,000), South (987 cases per 100,000) and Southwest (956 cases per 100,000) Health Districts had rates about two times the rate of infection in LAC (545 cases per 100,000).

Gonorrhea: In 2021, the rate among African Americans (769 per 100,000) was more than four times that of Whites and Latinx people (168 and 185 per 100,000, respectively). The Hollywood-Wilshire and Central Health Districts had rates (906 and 796 per 100,000, respectively) that were approximately three times the rate of infection in LAC (294 per 100,000). Most of the gonorrhea case were among cisgender males (71%) and those aged 20-34 (63%).

Syphilis: In LAC, 5,746 early syphilis cases were reported in 2021 with a rate of 60 per 100,000, reflecting a 2% rate increase compared with the 2019[25] rate and a 161% increase compared with 2012. Rates were

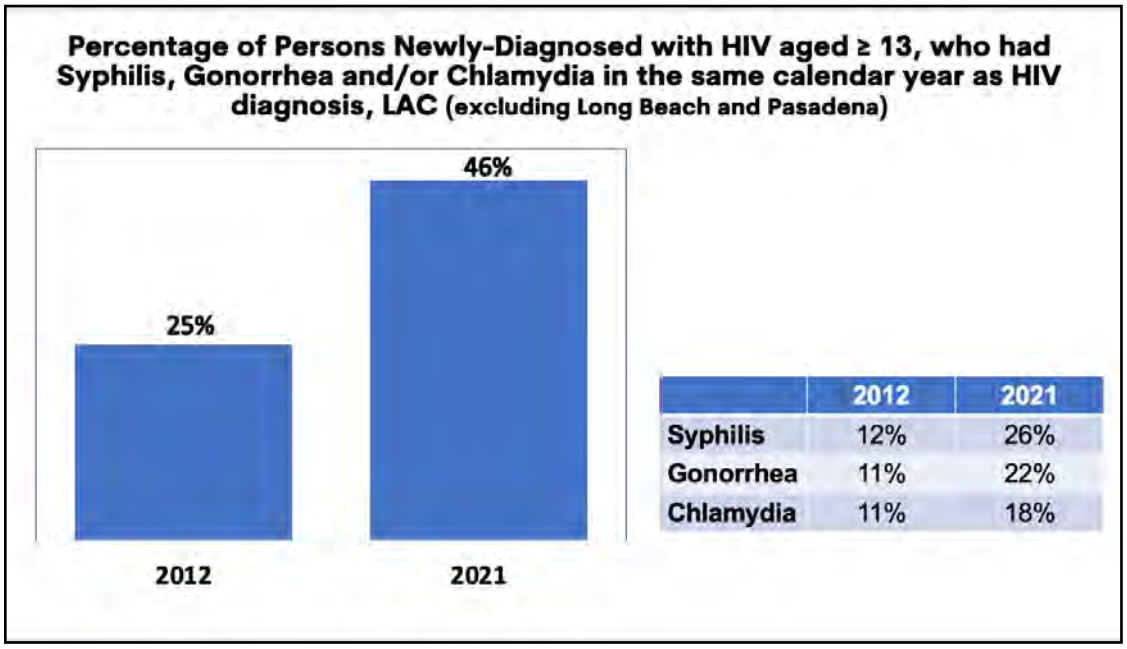
[24] All 2021 data are provisional, and 2020 population estimates were used as a proxy for 2021

[25] Due to underreporting of STDS in 2020 due to the COVID-19 pandemic, a comparison with 2020 STD data may be unreliable.

higher among males (99 per 100,000) compared to females (18 per 100,000); however, from 2019 to 2021, there was a 64% increase in early syphilis rates among females compared to a 5% decrease among males. Transgender individuals represented 3.4% of the early syphilis cases. Rates were highest in persons aged 25-29 among females (56 per 100,000) and among males aged 30-34 (265 per 100,000). The rate among African Americans (142 per 100,000) was more than three times that of Whites (46 per 100,000) and more than four times that of Latinos (60 per 100,000). Hollywood-Wilshire and Central Health Districts had a rate (205 per 100,000) that was more than three times the rate of infection in LAC (60 per 100,000). Increasing rates of syphilis among MSM/W, women and newborns (congenital syphilis) represent a concurrent epidemic with meth use disorder in LAC. As syphilis rates increase rapidly among women, LAC has reported 113 and 123 congenital syphilis (CS) cases in 2020 and 2021, respectively. After a rapid decline since 2006, LA County also had a perinatal HIV transmission rate of 7% in 2020, the highest ever seen, with three of the four babies also co-infected with CS. Maternal risk factors for congenital syphilis include meth use, unstable housing, mental illness, and lack of prenatal care.

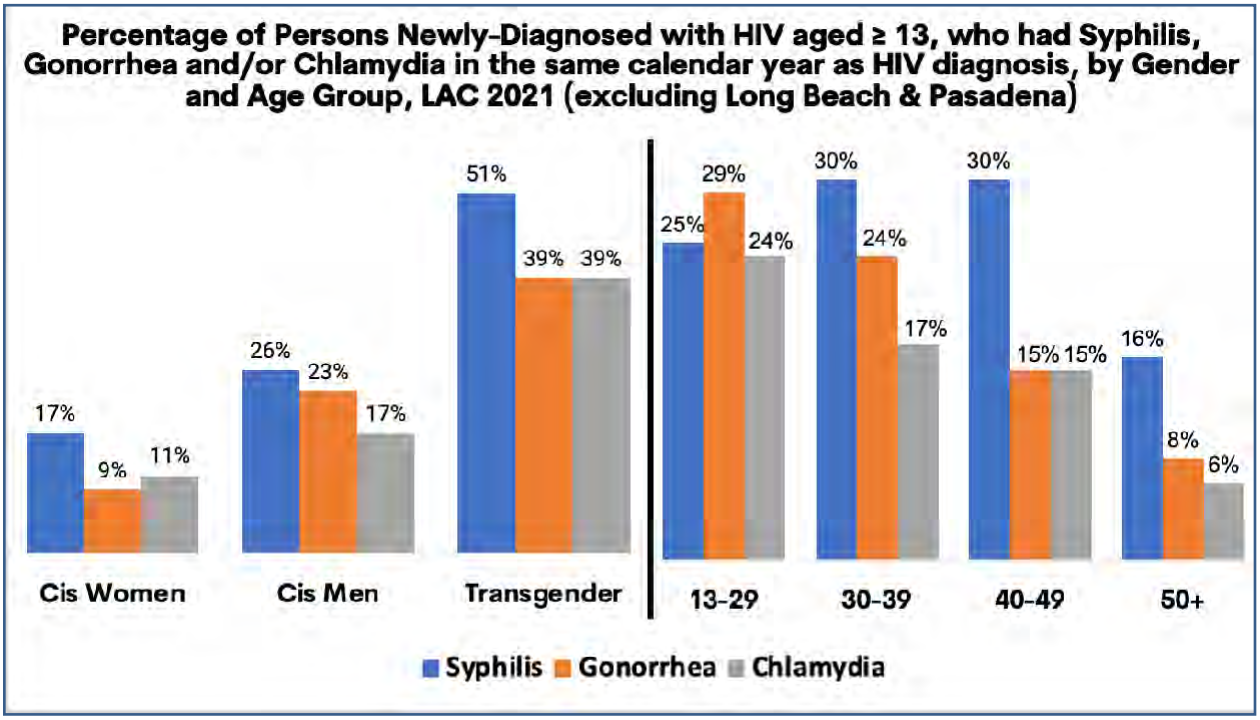
STD and HIV Co-infection: Persons with syphilis, gonorrhea, and/or chlamydia are at an increased risk of acquiring HIV due to biological and behavioral factors. STDs among PLWH can also increase HIV viral load and the risk of forward HIV transmission. The percentage of persons newly diagnosed with HIV who had one or more STDs in the same year nearly doubled from 25% in 2012 to 46% in 2021. In 2012, 11% of those newly diagnosed with HIV had chlamydia in the same year; 11% had gonorrhea and 12% had syphilis. By 2021, those percentages grew to 18%, 22% and 26%, respectively. This reflects a rapid rise in the total number of syphilis cases in LAC over the same period (Figure 21).

Figure 21: Percentage of Persons Newly Diagnosed with HIV who had Syphilis, Gonorrhea and/or Chlamydia in the Same Calendar Year as HIV Diagnosis, LA County, 2012 and 2021



In 2021, percentages of syphilis, gonorrhea and/or chlamydia co-infections among people newly diagnosed with HIV were highest in the transgender population. Among both cisgender women and cisgender men with newly diagnosed HIV, syphilis co-infection was higher than co-infection with other STDs. By age group, syphilis co-infection was highest among people aged 30-49 years old, while co-infection with gonorrhea and chlamydia was highest among people aged 13-29 years (Figure 22).

Figure 22: Percentage of persons newly diagnosed with HIV who had syphilis, gonorrhea, and/or chlamydia in the same calendar year as HIV diagnosis by STD, gender and age group, LAC (excluding Long Beach and Pasadena) 2021



Hepatitis C Virus: In the U.S., the majority of persons become infected with hepatitis C virus (HCV) by sharing needles or other equipment used in injecting drugs.[26] In 2019, among the 1,952 (47%) reported acute cases in the U.S. that included risk information for injection drug use, 1,302 (67%) reported injection drug use. Since the early 2000s there have been notable increases in HCV incidence among young people (15–29 years old), mostly associated with increases in opioid and injection drug use (IDU).[27] Subpopulations with higher injection drug use typically include unhoused persons and criminal justice-involved individuals. In the most recent (2018) NHBS survey cycle targeting PWID, of the 510 people screened for HCV, HCV antibody prevalence was 58% and the prevalence of HCV and HIV co-infection was 1%. PLWDH who are co-infected with HCV are more likely than those with HCV alone to develop end-stage liver disease, and higher viral loads for both HIV and HCV results in increased transmission risks.

COVID-19: Between January 2021 to March 2022, there were 6,048 cases of COVID-19 among PLWDH, representing a rate of 1,249 cases of COVID-19 and HIV co-infection per 10,000 PLWD.[3] Rates of COVID-19 and HIV co-infection among PLWDH were highest among females, persons aged 18-29 years, Latinx persons, residents of SPA 8 (South Bay), persons with MSM/IDU transmission risk and unhoused persons. Persons with HIV and COVID-19 co-infection had higher levels of hospitalization, intensive care

[26] https://www.cdc.gov/hepatitis/statistics/2019surveillance/Introduction.htm

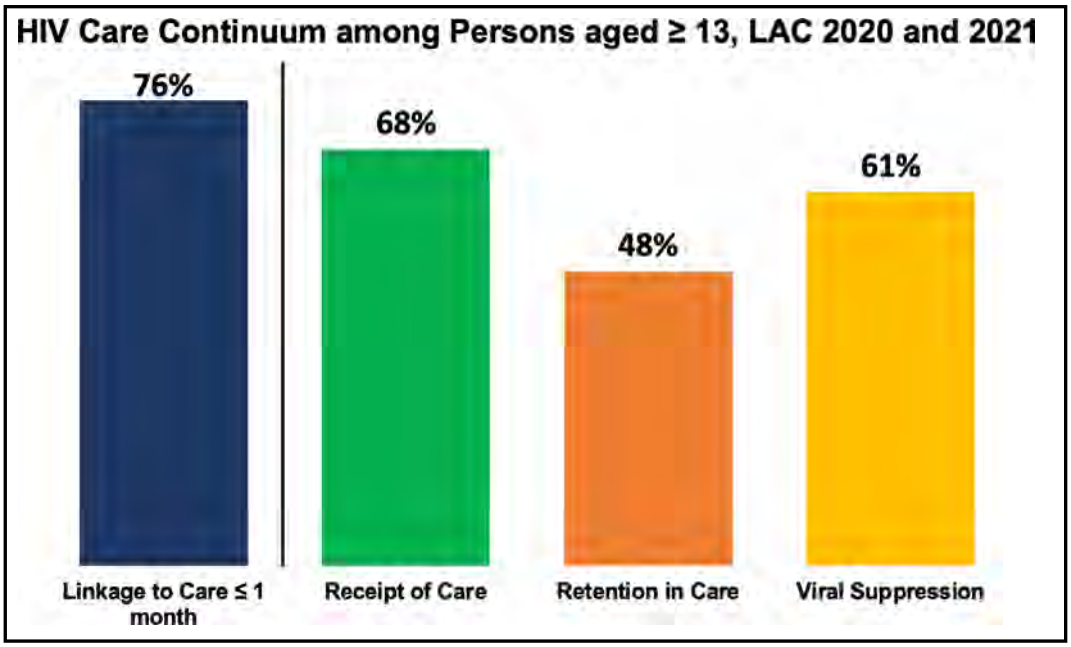
[27] Gicquelais RE, Foxman B, Coyle J, Eisenberg MC. Hepatitis C transmission in young people who inject drugs: Insights using a dynamic model informed by state public health surveillance. Epidemics. 2019; 27:86–95. doi: 10.1016/J.EPIDEM.2019.02.003.

unit admission, intubation, and death compared with all COVID-19 patients, regardless of COVID-19 vaccination status. However, COVID-19 vaccination reduced the risk of these severe outcomes for both HIV and COVID-19 co-infected patients and COVID-19 patients.

IV. HIV Care Continuum

The HIV Care Continuum is a series of steps starting from when a PLWH receives a HIV-positive diagnosis through the achievement of viral suppression. The HIV care continuum includes the following: (1) among persons receiving a diagnosis of HIV in a given calendar year, the percentage of persons who were linked to HIV care within 1 month of diagnosis (defined as ≥ 1 CD4/VL/Genotype test reported within 1 month of HIV diagnosis); and (2) among all persons living with diagnosed HIV, the percentage of persons who (a) received HIV care (defined as ≥ 1 CD4/VL/Genotype test per year)[28], (b) were retained in HIV care (defined as ≥ 2 CD4/VL/ Genotype tests at least three months apart per year), and (c) were virally suppressed (defined using most recent viral load) per year. The base population for measuring linkage to HIV care is persons who received a HIV-positive diagnosis in a given calendar year, whereas the base population for the downstream steps in the continuum of care is all persons who were diagnosed with HIV through the prior calendar year and living in LAC with diagnosed HIV in the current year. The latter ensures that there is at least one year of follow-up to measure receipt in care, retention in care, and viral suppression.

Figure 23: HIV Care Continuum, LA County 2020 and 2021



As depicted in Figure 23, 76% of people newly diagnosed with HIV **in 2020** were linked to care within one month; and among all PLWDH **in 2021**, 68% received HIV care at least once in the calendar year, 48% were retained in care, and 61% were virally suppressed. Table 1 provides an overview of HIV Care Continuum outcomes across different characteristics of PLWDH, with the poorest outcomes in each group highlighted in red font.

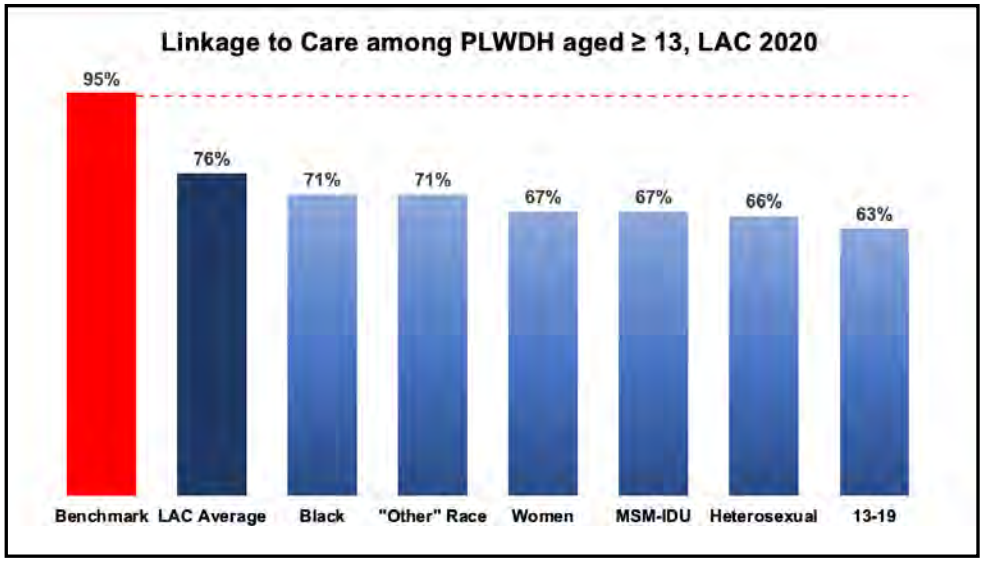
[28] "Receipt of Care" and "Engagement in Care" are synonymous terms

Table 1: HIV Care Continuum Outcomes among Select Characteristics of PLWDH, 2020-21

Characteristic	Linked to Care within 1 month	Engaged in Care	Retained in Care	Virally Suppressed
Men	77%	68%	48%	61%
Women	**67%**	**67%**	**47%**	59%
Transgender	81%	69%	49%	**56%**
13-19	63%	85%	59%	78%
20-29	76%	74%	45%	64%
30-39	78%	68%	**43%**	**59%**
40-49	73%	**66%**	47%	59%
50-59	78%	68%	50%	62%
60+	76%	67%	51%	62%
Black	**71%**	**63%**	**42%**	**54%**
Latinx	79%	68%	49%	61%
White	73%	69%	48%	63%
Asian	90%	72%	51%	68%
NH/PI	--	73%	47%	63%
AI/AN	86%	66%	**42%**	57%
Multi-race	**69%**	81%	55%	71%
MSM	78%	69%	48%	62%
IDU	75%	**57%**	**40%**	**48%**
MSM/IDU	67%	67%	47%	56%
Heterosexual	**66%**	66%	48%	60%
Total	**76%**	**68%**	**48%**	**61%**

Linkage to Care: Linkage to HIV care is typically tracked as being linked to HIV care within one month of HIV diagnosis. However, initiating HIV care services should occur faster, ideally within one week, to ensure that HIV treatment can start immediately. Though timeliness of linkage to care has improved, only 76% of persons who were newly diagnosed in 2020 were linked to HIV care within one month and only 54% were linked to HIV care within one week. Among persons aged 13 years and older newly diagnosed with HIV in 2020, groups that were least likely to be linked to care within one month of diagnosis were cisgender women (67%), Black/African Americans (71%), those whose race/ethnicity was classified as "Other" (71%), persons aged 13-19 years (63%), and persons with heterosexual (66%) and MSM/IDU (67%) transmission risk (Figure 24).

Figure 24: Linkage to Care within 1 Month of Diagnosis, among PLWDH, LAC 2020



Receive Care/Retained in Care/Viral Suppression: Once linked to HIV care, performance along the HIV care continuum remains low. In 2021, only seven in ten PLWDH received care services, five in ten were retained in care, and six in ten were virally suppressed. The percentage of PLWDH who were receiving HIV care and retained in care were similar across gender groups, while the percentage who were virally suppressed was slightly lower among transgender persons. Adolescents had better HIV care outcomes than their counterparts, while persons aged 30-49 had the poorest outcomes across all age groups. With respect to race/ethnicity, Blacks/African Americans had the worst HIV care outcomes compared with other groups. Persons whose transmission risk was IDU had the lowest levels of receipt of care, retention in care and viral suppression. The greatest disparities in viral suppression were among Black sub-populations, cisgender women and transgender persons, persons aged 30-49 years, and persons whose transmission risk included injection drug use (Figure 26). By geographic area, unsuppressed viral load was highest in the Central Health District, followed by the South, Southeast, Harbor, Hollywood-Wilshire, West, and Northeast.

Figure 25: HIV Care Continuum, LA County, 2021

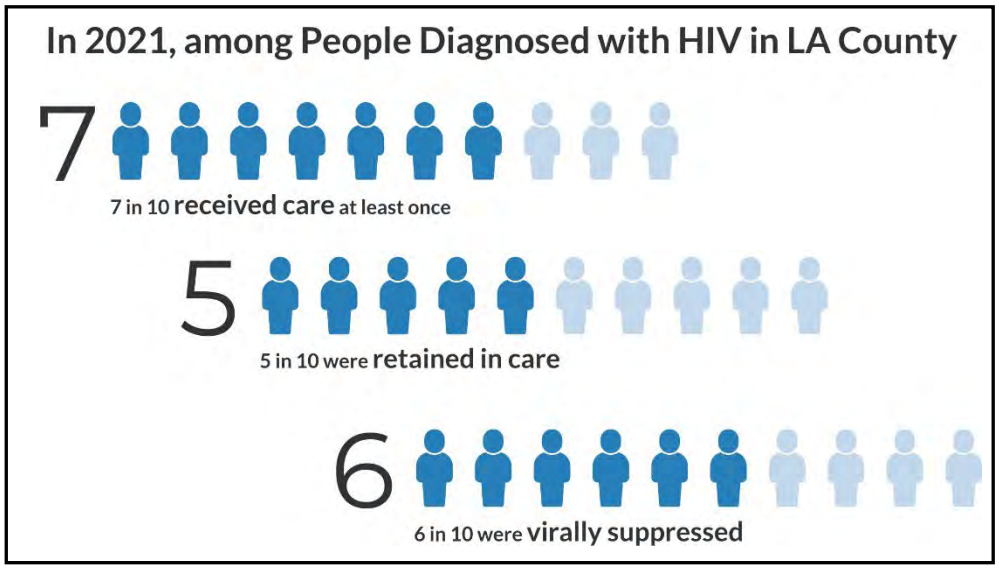


Figure 26: Viral Suppression among PLWDH, LA County 2021

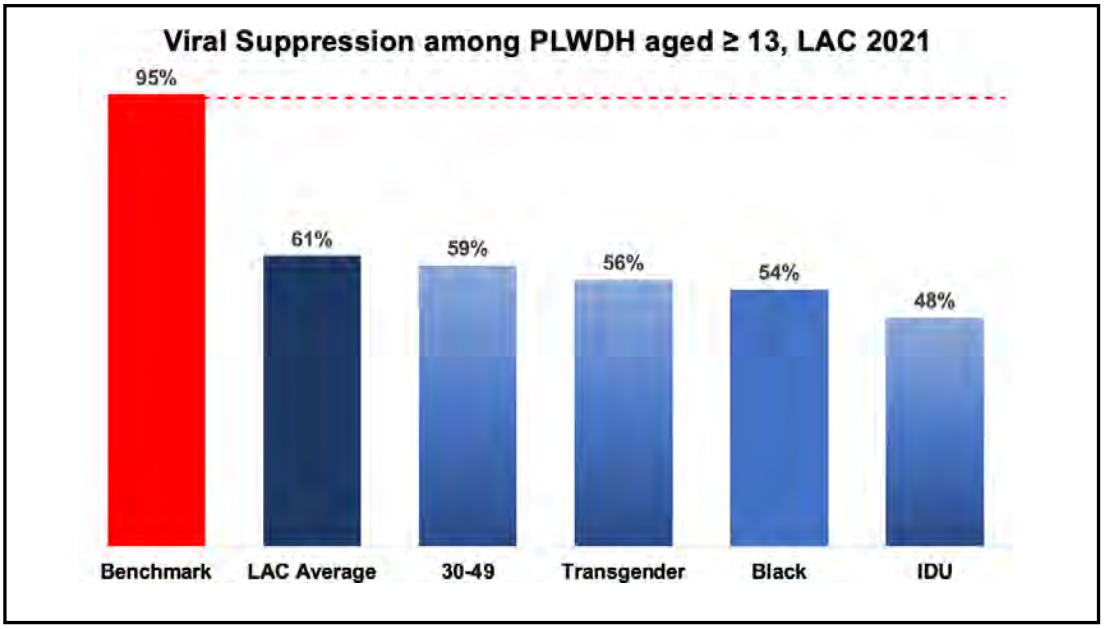
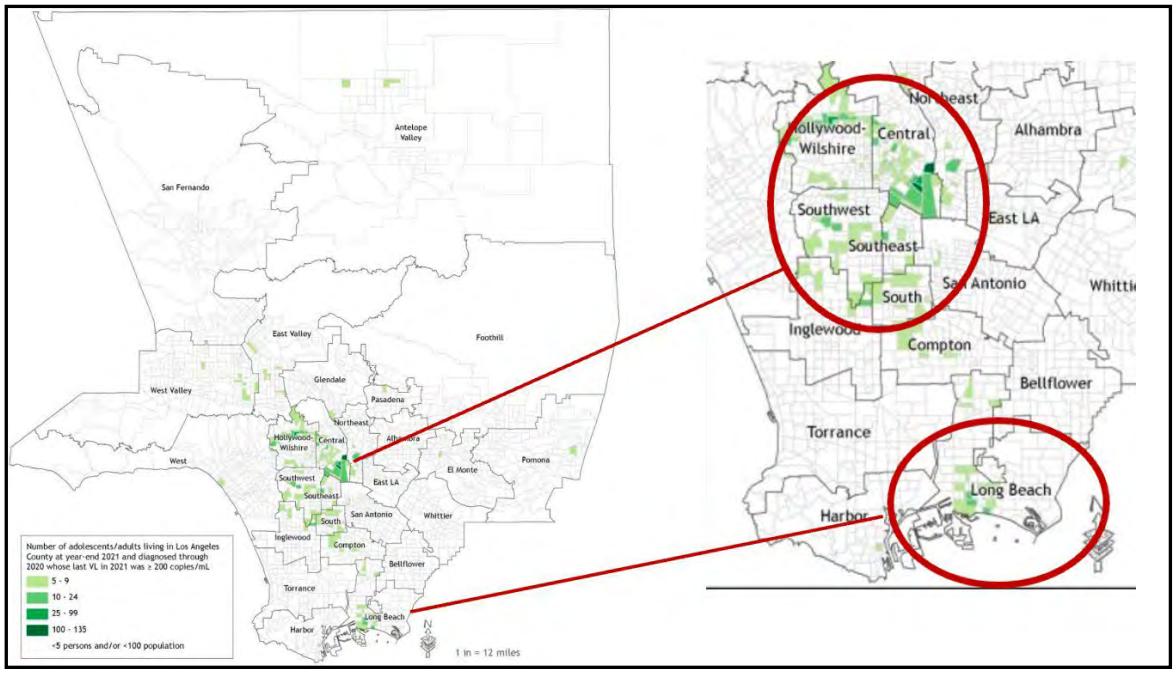


Figure 27: Unsuppressed Viral Load[29] by Census Tract among persons diagnosed through 2020 and living in LAC at year-end 2021 (N=1,687)*

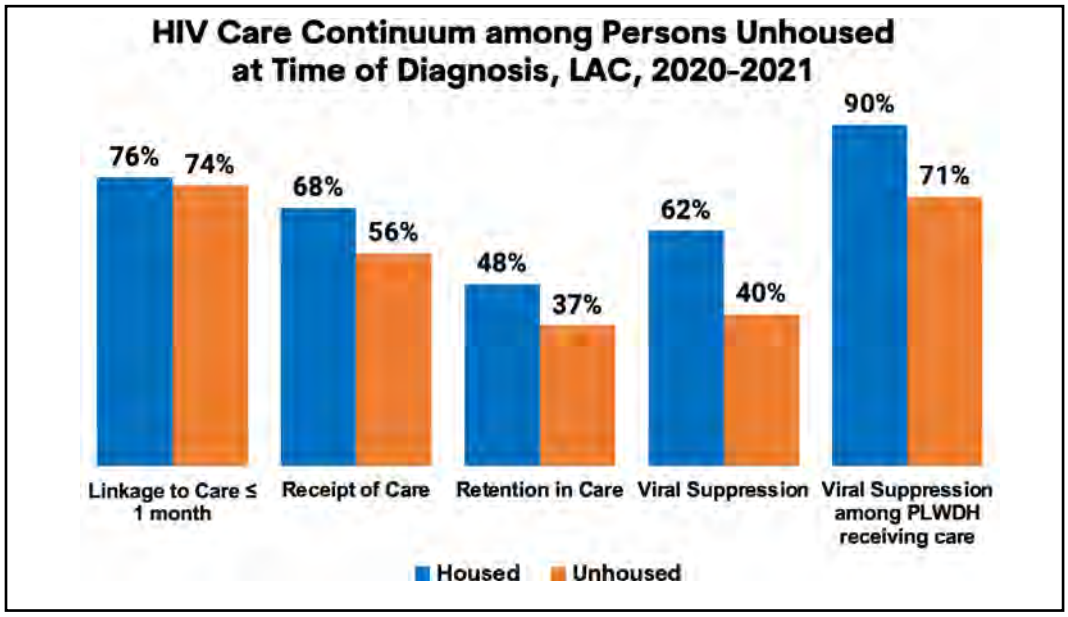


[29] Unsuppressed viral load: numerator includes PLWDH whose last VL test in 2021 was unsuppressed (HIV-1 RNA ≥ 200 copies/mL; denominator includes PLWDH diagnosed through 2020 and living in LAC at year-end 2021 based on most recent residence. PLWDH without a VL test in 2021 were considered virally unsuppressed. Analysis excludes PLWDH diagnosed through 2020 and living at year-end 2021 who (1) had missing census tract information, (2) were receiving care but never had a viral load test, (3) were not receiving care for >12 months at year-end 2021, or (4) were in census tracts with small sample sizes. Exclusions represented 68% of PLWDH diagnosed through 2020 and living in 2021 whose last viral load was unsuppressed.

Timeliness of Care and Viral Suppression: Among persons newly diagnosed with HIV in 2020 with treatment information included in their case reports, 74% had initiated treatment within one month of diagnosis and 89% within three months of diagnosis. Timeliness from HIV diagnosis to viral suppression has improved over time, but early viral suppression is lagging. In 2021, only 51% of PLWDH were virally suppressed within three months of diagnosis while 76% of PLWDH were virally suppressed within 12 months of diagnosis.

Unhoused: Persons living with HIV who are unhoused continue to experience suboptimal outcomes along the HIV care continuum. Compared with housed persons, unhoused persons had lower rates of receiving HIV care, retention in care, and achieving viral suppression in 2021.

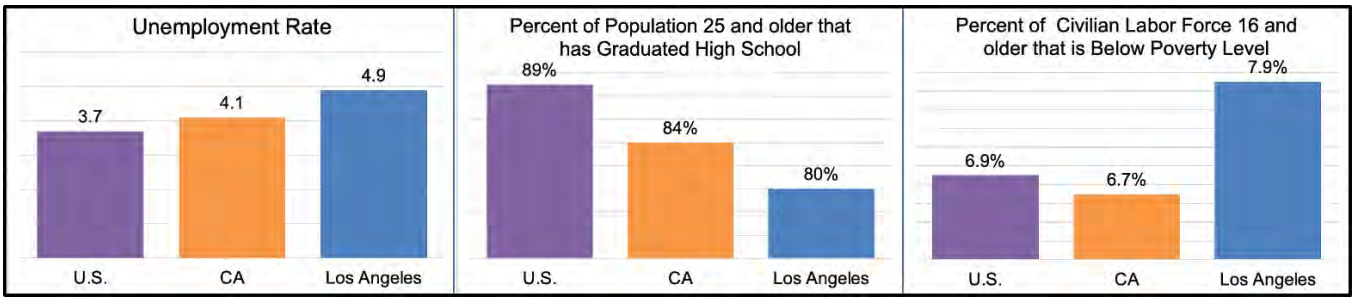
Figure 28: HIV Care Continuum among Persons Unhoused at Time of Diagnosis, LAC, 2020-21



V. Social Determinants of Health

Key social determinants of health including housing status, poverty, and recent incarceration, increase the risk of HIV acquisition and transmission. While data for social determinants of health are not as widely or consistently collected as demographic information, it is critically important to understand how these factors contribute to the experience of people at increased risk for HIV and those living with HIV. As depicted in the figure below, compared to both the state of California and the U.S., LAC fares worse with respect to key social determinants of health. LAC has a higher unemployment rate, a higher percent of its population living in poverty, and a lower percentage of its adult population that has graduated high school.

Figure 29: Select Social Determinants of Health, LA County Compared to California and U.S., 2021



Limited socio-economic data is collected on the HIV case report forms that are used to populate the population-level case surveillance, therefore, additional data from the MMP, NHSB, and RWP Part A programmatic data are utilized to better understand the impact of social determinants of health on people at risk for and living with HIV in LAC. The MMP data is intended to be representative of all PLWDH in LAC. The RWP Part A data is representative of PLWDH in LAC who received at least one RWP-funded service in Year 31 (March 1, 2021-February 28, 2022). A total of 21,877 clients, or approximately two out of every five PLWDH in LAC, received at least one core or support RWP service in Year 31.

Poverty: Based on data collected in MMP, it was estimated that nearly half of PLWDH in LAC from 2015-19 were living at or below the Federal Poverty Level (FPL) in the past 12 months. Among RWP clients in Year 31, 64% were living at or below FPL. RWP subpopulations who were the most impacted by poverty were those recently incarcerated (85.4%), transgender persons (78.4%), and cisgender women (75.7%). Of the 501 transgender women who participated in the LAC NHBS in 2019, 70% reported living in poverty in the past year. Likewise, of the 511 PWID who participated in the LAC NHBS in 2018, 75% reported a household income below the federal poverty level.

Housing Status: Based on estimates from MMP, approximately 11% of PLWDH in 2015-19 experienced homelessness in the past 12 months. Among RWP clients experiencing homelessness, most (80%) were living at or below FPL in the past 12 months and nearly half were MSM of color (47%). The largest percentages of RWP clients experiencing homelessness were among recently incarcerated (33%), trans persons (25%), and PWID (23%). Among the transgender NHBS participants, 47% had experienced homelessness in the past year; and 64% of the PWID participants were currently homeless.

Experience with the Justice System: MMP estimates that approximately 2% of PLWDH in 2015-19 were incarcerated in the past 12 months. Information on experience with the justice system for RWP clients is collected as "recent incarceration" (in the past 24 months) and "ever-incarcerated," and in Year 30 was reported for 16,656 clients. Of these, 8% were recently incarcerated and 18% were ever-incarcerated. Among clients who were recently incarcerated, 85% were living at or below FPL in the past 12 months and one-third were experiencing homelessness. The largest percentages of RWP clients recently incarcerated were among those experiencing homelessness, using injection drugs, and identify as transgender. Twenty-three percent of the transgender NHBS participants and 46% of the PWID participants reported recent incarceration (within past 12 months).

VI. Priority Populations

Based on HIV and STD disparities detailed above, the priority populations for the Integrated HIV Prevention and Care Plan, 2022-2026 are: Black MSM; Latinx MSM; Women of Color; Persons of Trans Experience; PLWH Aged 50 and Older; Persons Under 30; and PWID. This mirrors the EHE priority

populations, with the added category of PLWH Aged 50 and Older. These priority populations are also aligned with the National HIV/AIDS Strategy: 2022–2025 priority populations: gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men; Black women; transgender women; youth aged 13–24 years; and people who inject drugs.

HIV PREVENTION, CARE AND TREATMENT RESOURCE INVENTORY

The LAC HIV Prevention, Care and Treatment Resource Inventory is depicted in Table 2. Los Angeles County has identified an estimated $425,945,143 in HIV-related funding, 57% of which is attributed to Medi-Cal ($242,424,556) expenditures. Although comprehensive in nature, the inventory is a point- in-time estimate and is still incomplete, given that some financial data are not available (e.g. Medicare and private insurance companies' financial data are not available). As local private fundraising can vary dramatically from year to year, this information was not collected and is also excluded from this report.

Organizations and Agencies Providing HIV Care and Prevention Services in Los Angeles County: There are at least 52 organizations/agencies that are not a part of the County system and at least 14 different County departments that provide HIV care and/or prevention services in LAC.

HRSA and CDC Funding Sources: HRSA and CDC funding is detailed in Table 2 and summarized below:

HRSA Funding:

- Part A: $42,142,230 for RWP Year 32 -Year 1 of a 3-year award. The direct recipient of Part A funding, DHSP, contracts with 27 subrecipients to deliver Part A core and support services. All Ryan White funds are used as 'payor of last resort' and are designed to fill the gaps where other resources are insufficient or do not exist at all. Ryan White Part A funds are an integral part of LAC's safety net of services targeting PLWH at all stages of the HIV Care Continuum. Part A grant funds core and support services for PLWH including AOM, Oral Health, Early Intervention Services (EIS), Emergency Financial Assistance Services, Home and Community Based Health Services, Mental Health Services, Medical Case Management (Medical Care Coordination or MCC), Non-medical Case Management (Benefits Specialty), Food Bank and Home Delivered Meals, Housing Services - Residential Care Facility for the Chronically Ill (RCFCI) and Transitional Residential Care Facility (TRCF), Legal Services, Linguistic Services, Medical Transportation, and Outreach Services (Linkage and Reengagement Program). The Commission on HIV conducts a priority setting and resource allocation process in which they review existing and anticipated funding from all other public and private sources, including other Ryan White funds (Parts B, C, D, and F). DHSP manages funds from local, state, and federal sources to avoid duplication. Client eligibility screening for Ryan White services is entered into LAC's current Ryan White client database, Casewatch. This client-level data system enables service providers to ensure that Part A funds are used as a last resort. Using non-medical case management funding, LAC funds "Benefits Specialty" services, which help PLWH identify the non-Ryan White resources for which they are eligible.

- Minority AIDS Initiative (MAI) - $3,780,205, March 1, 2022-February 28, 2023 - Year 1 of a 3-year award. DHSP, the direct recipient of MAI funds, contracts with subrecipients to provide Housing (permanent supportive housing), and Non-medical Case Management (Transitional Case Management) in LAC.

- Part B: $5,446,809, April 1, 2022- March 31, 2023 - Year 4 of a 5-year award. DHSP receives Part B base grant funds, and contracts with subrecipients to fund Housing Services (RCFCI and TRCF), and Substance Use Residential services. The Commission on HIV allocates Part A and Part B funds

together through its priority and allocation process.

- Part C-Early Intervention Services (EIS): $5,859,855. HRSA provides Part C-EIS funds directly to 13 organizations throughout LAC. As many of these organizations also receive Part A funds, DHSP requires that they allocate Part C and Part A resources individually for services supported by both funding streams, and they are required to provide detailed budgets for each to prevent overlap. Part C EIS funds provide comprehensive outpatient primary health care to PLWH. Appropriate use of Part C funds includes HIV counseling and testing; monitoring of disease progression; treatment of HIV; diagnosis and treatment of related infections; and case management and assistance accessing other federal, state, and local programs that could provide needed health and support services to PLWH.

- Part D: Women, Infants, Children, and Youth: $1,777,658. HRSA directly funds three organizations in Los Angeles County to provide Part D services targeting women, infants, children, and youth (Table 2). Part D funds can be used similarly to Part A and C funds with the difference being the intended target population of women, infants, children, and youth. Similar to Part C, the three organizations funded for Part D also receive Ryan White Part A funding. DHSP requires that funding allocations and services delivered are tracked separately to ensure there is no duplication.

- Part F – Dental Reimbursement Program: $1,975,156. HRSA directly funds three dental schools in Los Angeles County. For the schools that also receive Part A funding for oral health services, DHSP requires that Part A and Part F funds do not duplicate services.

- Part F – AIDS Education and Training Center (AETC): $788,056.00. The Los Angeles office of the Pacific AETC provides a wide variety of training and education to healthcare providers. DHSP and the Commission on HIV collaborate with the AETC in training sessions, conferences, and consultations on various topics, and plan on working closely with the AETC to build workforce capacity and educate providers about emerging issues as part of its work over the next five years.

- Part F – Special Projects of National Significance: $410,000 – September 30, 2022 – September 29, 2023 – Year 3 of a 3-year grant. Two CBOs in LAC were funded with this grant: Building Capacity to Implement Rapid Start to Improve Care Engagement Initiative, the purpose of which is to accelerate the initiation of ART and entry into HIV medical care for people with HIV who are newly diagnosed, new to care, or out of care.

- Ending the HIV Epidemic - $6,168,850, March 1, 2022-February 28, 2023 - Year 3 of a 5-year grant. HRSA's EHE grant awarded to DHSP supports 1) data system infrastructure development and systems linkages; 2) surveillance improvements and building organizational capacity, 3) emerging practices, evidence-informed and evidence-based interventions for diagnosis and rapid linkage to care; 4) reengagement in care and viral suppression; and 5) community engagement, information dissemination specifically calling attention to the activities for PLWH who are not virally suppressed.

- Ending the HIV Epidemic- Primary Care HIV Prevention - $8,159,376 –April 1, 2022-March 31, 2023. Year 1 or Year 2 of a 2-year grant. In LAC, 17 FQHCs were awarded EHE funding in 2021 and 7 were awarded EHE funding in 2022 (15 other FQHCs were awarded funds in 2020, but those grant terms have ended). This grant is used to expand access to medication to prevent HIV (including PrEP and related services), connect people to care, and ensure care services are well coordinated. Funds are

also used to strengthen partnerships with community organizations such as HRSA's Ryan White HIV/AIDS Program-funded organizations and health departments.

CDC Funding:

- Ending the HIV Epidemic - $3,360,658 – August 1, 2022-July 31, 2023 – Year 3 of a 5-year grant. This grant supports HIV prevention strategies, including 1) HIV self-testing; 2) community engagement; 3) increased access to syringe services; 4) increased screening for PrEP; 5) HIV prevention media campaigns; and 6) improved surveillance data for real-time HIV cluster detection and response.

- Integrated HIV Surveillance and Prevention - $17,950,095 – January 1, 2022-December 31, 2022 – Year 5 of a 5-year grant. This grant awarded to DHSP supports 11 HIV surveillance and prevention strategies including active and passive surveillance; outbreak investigation; data management, analysis and reporting; comprehensive individual-level and community-level HIV-related prevention services; and data-driven planning.

- HIV Treatment Improvement Demonstration Project - $597,083 - January 1, 2022-December 31, 2022 - Year 5 (1-year extension in 2022) of a 4-year grant. The two goals of this project are 1) increase infrastructure to improve classification of provider-level HIV surveillance data and 2) provide technical assistance on quality improvement to increase viral suppression, retention in care, and durable viral suppression among low performing providers in Los Angeles County.

- National HIV Behavioral Survey & TG supplement - $716,168 - January 1, 2022-December 31, 2022 - Year 1 of a 5-year grant. This grant supports Los Angeles County's participation in this four-cycle national survey (MSM, IDU, Heterosexuals, and TG). Survey findings are used for the planning purposes, program development, and resource allocation.

- Medical Monitoring Project - $728,648 - June 1, 2022-May 31, 2023 - Year 3 of a 5-year grant. This grant supports Los Angeles County's participation in the national surveillance project designed to learn more about the experiences and needs of PLWH (in and out of care).

- Strengthening STD Prevention and Control for Health Departments - $3,356,049 - January 1, 2022-December 31, 2022 - Year 4 of a 5-year grant. This grant is used to support five strategy areas: STD surveillance, disease investigation and intervention, screening and treatment, promotion and policy, and data management and utilization. No more than 10% of grant funds support contracts.

- STD Prevention and Control for Health Departments –Disease Investigation Specialist (DIS) Workforce Development Infrastructure - $6,598,516 - January 1, 2022-December 31, 2022 – Year 2 of a 5-year grant. This grant supports expanding, training, and sustaining local DIS workforce to support increased capacity to conduct disease investigation, linkage to prevention and treatment, case management and oversight, and outbreak response for COVID-19 and other infectious diseases.

- Gonococcal Isolates Surveillance Project - $15,000 - August 1, 2019-July 31, 2020. This Epidemiology and Laboratory Capacity (ELC) grant supports participation in the national sentinel surveillance system to monitor trends in antimicrobial susceptibilities of Neisseria gonorrhoeae strains in the US among selected STD clinics and covers salary, fringe benefits and supplies.

- Transgender Status-Neutral Community-to-Clinic Models to End the HIV Epidemic (CDC-RFA-PS22-2209) - $500,000 – September 30, 2022 – September 29, 2023, Year 1 of a 4-year grant. This grant was awarded to St. John's Well Child and Family Center to develop a community-to-clinic model for integrated status-neutral HIV prevention and care services, gender-affirming services including hormone therapy, and primary health care. Navigation will also be used to link TG persons to services as needed for mental health and substance use disorder and other essential support services. This model will increase use of HIV prevention and treatment by TG persons to decrease HIV transmission and improve overall health and wellbeing.

- Comprehensive High-Impact HIV Prevention Programs for YMSM and YTG Persons of Color (CDC-RFA-PS22-2203) - $2,500,000 – April 1, 2022 – March 31, 2023 – Year 1 of a 5-year grant. Four CBOs in LAC were awarded with funding to implement comprehensive high-impact HIV prevention programs to address health disparities among YMSM of color, YTG persons of color, and their partners with the goal of reducing HIV transmission and HIV-associated morbidity and mortality.

- Comprehensive High-Impact HIV Prevention Programs for CBOs (CDC-RFA-PS21-2102) - $3,000,000 – July 1, 2022 – June 30, 2023 – Year 1 of a 5-year grant. Six CBOs in LAC were awarded with funding to implement comprehensive high-impact HIV prevention programs to enhance their capacity to increase HIV testing and referrals to Partner Services, link PLWH to HIV medical care and ART, provide or refer prevention and essential support services, including SSPs, for persons with HIV and persons at risk for acquiring HIV, and increase program monitoring and accountability.

Additional Funding Sources: Additional sources of HIV funding include HUD's HOPWA program, Substance Abuse and Mental Health Services Administration (SAMHSA) programs, and funding from the State of California:

HUD:

- HOPWA Program – $27,323,580 - Fiscal Year 2021 -The City of Los Angeles receives HOPWA funding for Short-term Rent, Mortgage and Utility assistance payments, Tenant-based Rental Assistance, Transitional Housing Units and Permanent Housing Units.

SAMHSA:

- MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS - $2,999,994 – September 30, 2022 – September 29, 2023 – Year 1 of a 5-year grant. Six CBOs in LAC are funded with this grant to increase engagement in care for racial and ethnic underrepresented individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for or living with HIV/AIDS and receive HIV/AIDS services/treatment.

- MAI: High Risk Populations- $1,500,000 – September 30, 2022 – September 29, 2023 – Year 1 of a 5-year grant. Three CBOs in LAC are funded with this grant to increase engagement in care for racial and ethnic underrepresented individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for or are living with HIV/AIDS and receive HIV/AIDS services/treatment.

- The Substance Abuse and HIV Prevention Navigator Program- $3,177,012– September 30, 2022 – September 29, 2023 – Year 1 of a 5-year grant. Fifteen CBOs in LAC are funded with this grant to provide services to those at highest risk for HIV and substance use disorders. The program proposes to use a navigation approach (Community Health Workers, Neighborhood Navigators, and Peer

Support Specialists) to expedite services for these populations.

- Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults- $1,582,000– August 30, 2022 – August 29, 2023 – Year 1 of a 5-year grant. Eight CBOs in LAC are funded with this grant to build solid foundations for delivering and sustaining quality and accessible state of the science substance abuse and HIV prevention services.

- MAI: Service Integration- $485,000– September 30, 2022 – September 29, 2023 – Year 1 of a 5-year grant. One CBO in LAC is funded with this grant to reduce the co-occurring epidemics of HIV, Hepatitis, and mental health challenges through accessible, evidence-based, culturally appropriate treatment that is integrated with HIV primary care and prevention services.

- TCE-HIV: High Risk Populations- $500,000– September 30, 2022 – September 29, 2023 – Year 1 of a 5-year grant. One CBO in LAC is funded with this grant to focus on high risk populations including racial/ethnic minority populations, such as black young men who have sex with men (YMSM) (ages 18-29), and other high-risk populations such as Latino YMSM and men who have sex with men (MSM) (ages 30 years and older), and gay, bisexual, and transgender individuals who have a SUD or COD who are HIV positive or at risk for HIV/AIDS.

- Harm Reduction Program- $1,196,880 – September 30, 2022 – September 29, 2023 – Year 1 of a 3-year grant. Two CBOs and DPH-SAPC in LAC are funded with this grant to support community-based overdose prevention programs, syringe services programs, and other harm reduction services.

State of CA:

- DPH State Block Grant - HIV Surveillance CA Surveillance - $1,972,378.00 - July 1, 2022-June 30, 2023. This grant supports active and passive HIV surveillance, data management, analysis and reporting.

- STD General Funds Allocation - $547,050- July 1-June 30 - Year 4 of a 5-year grant. These funds support CT/GC Patient Delivered Partner Therapy (PDPT) Demonstration Project, condom distribution, training for PHNs and PHIs and DHSP staff.

- STD Management and Collaboration Project - $1,952,013 - July 1, 2022-June 30, 2023 - Year 4 of 5-year grant. These funds support condom distribution, rapid syphilis test kits, and screening and treatment of new STD infections among persons at high risk for HIV. These include, but are not limited to; MSM, MSM that report substance use, Cis-gender women of color, Transgender Individuals and Young Men of color.

Strategy for coordinating the provision of substance use prevention and treatment services: DHSP works very closely with the Department of Public Health's Substance Abuse and Prevention Control (SAPC) division to coordinate the provision of substance use disorder prevention and treatment services. Examples of ongoing collaborations with SAPC include cross-training staff in integrating HIV and STD testing in harm reduction and substance use prevention and treatment programs; addressing methamphetamine and HIV in outreach, services, and policy interventions; and working with the City of Los Angeles to expand safe consumption sites.

Services and activities provided by organizations in the jurisdiction; and how services will maximize the quality of health and support services available to people at-risk for or with HIV: Collectively, the CBOs, FQHCs, clinics, faith-based organizations, universities, hospitals, and County departments provide comprehensive HIV prevention and care services including: HIV testing and treatment, STD screening and treatment, HCV screening and treatment, linkage to and reengagement in care, medication adherence, retention in care, PrEP/PEP, social marketing, health education and risk reduction, case management, partner services, medical care coordination, syringe services, sexual and reproductive health, substance use disorder treatment, harm reduction, mental health, housing, transportation, legal services, and more.

The Commission on HIV and DHSP are responsible for planning the continuum of HIV prevention and care services in Los Angeles County. As part of this responsibility, they conduct various needs assessment activities to understand the extent of need for services, as well as barriers to accessing those services. They also gather as much financial data that is available regarding HIV-related resources to identify gaps in current resources and are responsible for prioritizing and allocating Ryan White Part A and CDC funding to address service gaps, of which DHSP is the grantee. Through these oversight and coordination processes, DHSP and the Commission on HIV work in tandem to maximize the quality of health and support services available to people at-risk for or with HIV.

a. **Strengths and Gaps:** The strength and resilience of the Los Angeles County HIV service system has been demonstrated over the past few years as we continue to weather complex public health and social challenges. These challenges include competing public health crises that tax our systems (e.g. COVID-19, Mpox, overdose, etc.); HIV and STD disparities across multiple domains; waning workforce capacity to meet the needs of the HIV, STD, behavioral health syndemic; and persistent social struggles, including the housing crisis and racial and reproductive injustice. In spite of these challenges, we have maintained high-quality HIV and STD continuity of care, we have tested and adopted new models of service delivery (e.g. HIV self-test kits, telehealth, etc.), and we have expanded the number and diversity of HIV service partners. We have also witnessed technological and administrative advances in the field, including the arrival of long-acting injectables, and the expansion of revenue streams (e.g. Medi-Cal and EHD funding).

b. Approaches and Partnerships: Most of the data gathered to complete the HIV prevention, care and treatment inventory is publicly available online through various websites (e.g., CDC, HRSA, SAMHSA, etc.). The State of California Medi-Cal data for HIV positive individuals was also obtained online. Additional follow-up with individual grantees was conducted to obtain information regarding funding amount, contract period, services delivered, and/or impact along the HIV continuum to complete missing data. Additional information was obtained by talking to a number of key partners to understand the nature of some of their projects as well as to learn how they contribute currently to the continuum of services in Los Angeles County. These partners included the Cities of Los Angeles, West Hollywood and Long Beach, and the Pacific AIDS Education and Training Center, Los Angeles Region. The Division of HIV and STD Programs (DHSP) provided more detailed data on their funding for contracted services.

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

Table 2: HIV Resources Inventory

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	**Funding Source**	**Organization Receiving the Funding**	**Annual Award Amount**	**Services Delivered**	**HIV Diagnosis**	**Linkage to Care**	**Engagement or Retention in Care**	**Prescription of ART**	**Viral Suppression**	**Diagnose**	**Treat**	**Prevent**	**Respond**
HRSA	Ryan White Part A	DPH - DHSP	$42,142,230.00	Home Health Care, Medical Case Management, including Treatment Adherence Services, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services, Food Bank/Home Delivered Meals, Housing, Linguistic Services, Medical Transportation, Non-Medical Case Management Services, Early Intervention Services, Substance Abuse Residential, Emergency Financial Assistance, Other Professional Services Outreach	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part B	DPH - DHSP	$5,446,809.00	Housing, Substance Abuse Services (residential)			✓	✓	✓		✓		
HRSA	Ryan White Part C	AIDS Healthcare Foundation	$299,983.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ryan White Part C	AltaMed Health Services Corporation	$918,952.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Bartz-Altadonna Community Health Center	$280,589.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Charles R. Drew University of Medicine and Science	$403,977.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Dignity Health - St. Mary Medical Center	$881,556.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	JWCH Institute, Inc.	$262,990.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Northeast Valley Health Corporation	$447,805.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	T.H.E. Clinic, Inc.	$307,859.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Tarzana Treatment Centers, Inc.	$356,514.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	University of Southern California, School of Medicine	$325,259.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Venice Family Clinic	$319,569.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Watts Healthcare Corporation	$275,727.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part C	Los Angeles LGBT Center	$779,075.00	Outpatient/Ambulatory Health Services, Testing	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part D	AltaMed Heath Services Corporation	$139,246.00	Outpatient/Ambulatory Health Services	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part D	University of California, Los Angeles	$732,979.00	Outpatient/Ambulatory Health Services	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part D	University of Southern Caliifoma	$905,433.00	Outpatient/Ambulatory Health Services	✓	✓	✓	✓	✓	✓	✓		
HRSA	Ryan White Part F	University of California, Los Angeles	$1,245,924.00	Oral Health Care			✓		✓		✓		
HRSA	Ryan White Part F	University of Southern California	$728,752.00	Oral Health Care			✓		✓		✓		
HRSA	Ryan White Part F	Western University of Health Sciences	$480.00	Oral Health Care			✓		✓		✓		
HRSA	Ryan White Part F AETC	Univerity of California, Los Angeles	$788,056.00	Capacity building/technical assistance		✓	✓	✓	✓		✓	✓	

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Services Delivered	HIV Diagnosis	Linkage to Care	Engagement or Retention in Care	Prescription of ART	Viral Suppression	Diagnose	Treat	Prevent	Respond
HRSA	Ryan White Program Part F, SPNS	AltaMed Health Services Corporation	$205,000.00	Capacity building/technical assistance			✓	✓	✓		✓		
HRSA	Ryan White Program Part F, SPNS	St. John's Well Child and Family Center	$205,000.00	Capacity building/technical assistance			✓	✓	✓		✓		
HRSA	Ryan White Minority AIDS Initiative	DPH-DHSP	$3,780,205.00	Outreach, Housing, Non-Medical Case Management Services		✓	✓	✓	✓		✓		✓
HRSA	Ending the HIV Epidemic	DPH-DHSP	$6,168,850.00	Medical Case Management, including Treatment Adherence Services, Surveillance, Data system infrastructure, EBIs for diagnosis and LTC, community engagement	✓	✓	✓	✓	✓	✓	✓		✓
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	All-Inclusive Community Health Center	$342,098.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Center for Family Health & Education, Inc.	$345,137.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Central Neighborhood Health Foundation	$348,808.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Eisner Pediatric & Family Medical Center	$365,537.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Harbor Community Clinic	$341,063.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Health Access For All, Inc.	$344,157.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Los Angeles Christian Health Centers	$347,216.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Mission City Community Network, Inc.	$342,198.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Pomona Community Health Center DBA Parktree CHC	$345,963.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	San Fernando Community Hospital	$340,405.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	South Central Family Health Center	$353,475.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Southern California Medical Center, Inc.	$346,672.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	The Los Angeles Free Clinic	$348,195.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Services Delivered	HIV Diagnosis	Linkage to Care	Engagement or Retention in Care	Prescription of ART	Viral Suppression	Diagnose	Treat	Prevent	Respond
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Universal Community Health Center	$342,870.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Via Care Community Health Center	$346,411.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Westside Family Health Center	$345,390.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Yehowa Medical Services	$338,781.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Community Medical Wellness Centers USA	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	The Children's Clinic Serving Children and Their Families	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Asian Pacific Healthcare Venture, Inc.	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	University Muslim Medical Association, Inc.	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Benevolence Industries, Inc.	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Chinatown Service Center	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
HRSA	Ending the HIV Epidemic-FQHC Primary Care HIV Prevention	Community Health Alliance of Pasadena	$325,000.00	PrEP delivery, Testing	✓	✓	✓	✓	✓	✓	✓	✓	
CDC	Integrated HIV Surveillance and Prevention Programs	DPH - DHSP	$17,950,095.00	PrEP delivery, Surveillance	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDC	Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States	DPH - DHSP	$3,360,658.00		✓	✓	✓	✓	✓	✓	✓	✓	✓
CDC	HIV Treatment Demonstration Project	DPH-DHSP	$597,083.00	Capacity building/technical assistance, Surveillance			✓	✓	✓		✓		
CDC	National HIV Behavioral Survey and TG Supplement	DPH-DHSP	$716,168.00	Surveillance	✓	✓	✓	✓	✓	✓	✓	✓	✓
CDC	Medical Monitoring Project	DPH-DHSP	$728,648.00	Surveillance			✓	✓	✓		✓	✓	✓
CDC	Strengthening STD Prevention and Control for Health Departments	DPH-DHSP	$3,356,049.00	STD screening, diagnosis and treatment, STD surveillance, Disease Investigation and Intervention									

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Services Delivered	HIV Diagnosis	Linkage to Care	Engagement or Retention in Care	Prescription of ART	Viral Suppression	Diagnose	Treat	Prevent	Respond
CDC	STD Prevention and Control for Health Departments- DIS Workforce Development Infrastructure	DPH-DHSP	$6,598,516.00	Disease Investigation and Intervention, STD Outbreak Response									
CDC	Gonococcal Isolates Surveillance Project	DHP-DHSP	$15,000.00	STD surveillance									
CDC	Comprehensive High-Impact HIV Prevention Programs for YMSM and YTG Persons of Color	AltaMed Health Services Corporation	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for YMSM and YTG Persons of Color	APLA Health & Wellness	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for YMSM and YTG Persons of Color	Los Angeles LGBT Center	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for YMSM and YTG Persons of Color	Special Services for Groups	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	Via Care Community Health Center	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	Los Angeles LGBT Center	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	AltaMed Health Services Corporation	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	Bienestar Human Services	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	JWCH Institute, Inc.	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Comprehensive High-Impact HIV Prevention Programs for CBOs	APLA Health & Wellness	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
CDC	Transgender Status-Neutral Community-to-Clinic Models to End the HIV Epidemic	St. John's Well Child and Family Center	$500,000.00	PrEP delivery, Prevention for persons living with diagnosed HIV infection, Testing, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	Bienestar Human Services	$499,999.00	SUD Treatment	✓					✓		✓	

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Services Delivered	HIV Diagnosis	Linkage to Care	Engagement or Retention in Care	Prescription of ART	Viral Suppression	Diagnose	Treat	Prevent	Respond
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	Special Services for Groups	$499,995.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	Via Care Community Health Center	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	Children's Hospital Los Angeles	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	JWCH	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: SUD Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS	St. John's Well Child and Family Center	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: High Risk Populations	St. John's Well Child and Family Center	$500,000.00	SUD Treatment	✓				✓			✓	
SAMHSA	MAI: High Risk Populations	Tarzana Treatment Centers	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	MAI: High Risk Populations	Volunteers of America, LA	$500,000.00	SUD Treatment	✓					✓		✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	AIDS Healthcare Corporation	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Center for Health Justice	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Los Angeles Gay & Lesbian Center	$182,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Los Angeles Centers for Alcohol and Drug Abuse	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Public Health Foundation Enterprises	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Reach, LA	$195,304.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Via Care Community Health Center	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Volunteers of America, Los Angeles	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	Funding Source	Organization Receiving the Funding	Annual Award Amount	Services Delivered	HIV Diagnosis	Linkage to Care	Engagement or Retention in Care	Prescription of ART	Viral Suppression	Diagnose	Treat	Prevent	Respond
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Central City	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Children's Hospital Los Angeles	$250,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Sunrise Community Counseling Center	$250,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Special Services for Groups	$250,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	St. John's Well Child and Family Center	$250,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Azusa Pacific University	$199,708.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	The Substance Abuse and HIV Prevention Navigator Program	Tarzana Treatment Centers	$200,000.00	Prevention for persons living with diagnosed HIV infection, Navigation	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	AIDS Healthcare Corporation	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Center for Health Justice, Inc.	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Central City Neighborhood Partners	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Los Angeles Gay & Lesbian Center	$182,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Los Angeles Centers for Alcohol and Drug Abuse	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Public Health Foundation Enterprises	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	

3. CONTRIBUTING DATA SETS & ASSESSMENTS: RESOURCES INVENTORY

					HIV Care Continuum Steps Impacted					EHE Strategies			
Funder	**Funding Source**	**Organization Receiving the Funding**	**Annual Award Amount**	**Services Delivered**	**HIV Diagnosis**	**Linkage to Care**	**Engagement or Retention in Care**	**Prescription of ART**	**Viral Suppression**	**Diagnose**	**Treat**	**Prevent**	**Respond**
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Via Care Community Health Center	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Capacity Building Initiative for Substance Abuse and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults	Volunteers of America, Los Angeles	$200,000.00	Capacity building/technical assistance	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	MAI: Service Integration	Tarzana Treatment Centers	$485,000.00	Mental Health Services, SUD Treatment	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	TCE-HIV: High Risk Populations	Behavioral Health Services, Inc.	$500,000.00	Mental Health Services, SUD Treatment	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Harm Reduction Program	LA County Public Health Department - SAPC	$398,960.00	Syringe services programs	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Harm Reduction Program	St. John's Well Child and Family Center	$398,960.00	Syringe services programs	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	Harm Reduction Program	Tarzana Treatment Centers, Inc.	$398,960.00	Syringe services programs	✓	✓	✓		✓	✓	✓	✓	
SAMHSA	SAMHSA Continuations	Special Services for Groups	$257,354.00	Mental Health Services, SUD Treatment	✓	✓	✓		✓	✓	✓	✓	
HUD	HOPWA	City of Los Angeles	$27,323,580.00	Mental Health Services, Housing			✓		✓		✓		
State of CA	State Block Grant - HIV Surveillance	DHP-DHSP	$1,972,378.00	Surveillance		✓					✓		
State of CA	STD General Funds Allocation	DHP-DHSP	$547,050.00	Condom distribution, CT/GC Patient Delivered Partner Therapy, Capacity building									
State of CA	STD Management and Collaboration Project	DPH-DHSP	$1,952,013.00	Condom distribution, Rapid Syphilis test kits									
Los Angeles County DPH Substance Abuse and Prevention Control (SAPC)	SAPC Non-Drug Medi-Cal	DPH-SAPC	$3,249,000.00	Substance Abuse Outpatient Care, Health Education/Risk Reduction, Substance Abuse Services - Residential	✓	✓	✓	✓	✓	✓	✓	✓	
Los Angeles County Net County Costs (NCC)	Net County Cost	DPH-DHSP	$18,467,000.00	Medical Case Management, including Treatment Adherence Services, Health Education/Risk Reduction, Referral for Health Care and Support Services , PrEP delivery	✓	✓	✓	✓	✓	✓	✓	✓	✓

NEEDS ASSESSMENT

Needs Assessment Activities and Data/Information Used to Inform Goals and Objectives: To assess the needs of PLWH and persons at risk for HIV in LAC, multiple assessment activities and methods were utilized. In addition to the review and analysis of secondary data listed below, primary qualitative data were collected for planning purposes via facilitated listening sessions for six priority population groups; an online survey to assess the capacity of the HIV workforce and service system from both provider and community member perspectives (HIV Workforce Capacity and Service System Survey); and facilitated stakeholder meetings (see c. Approach, below). The numerous secondary data sources and reports that were reviewed include, but are not limited to:

(1) Local and national HIV surveillance data, including various reports presenting data from LAC's National HIV Behavioral Survey (NHBS) and Medical Monitoring Project (MMP);
(2) HIV Care Continuum measures for LAC by subpopulation;
(3) Sexually Transmitted Disease (STD) surveillance data;
(4) LAC PrEP data;
(5) 2021 HIV testing data for DHSP publicly funded testing;
(6) 2020 Unmet Need report;
(7) Ryan White Program Year 31 Care Utilization Data;
(8) Black/African American Taskforce PrEP Focus Groups Report[30];
(9) DHSP-Funded Biomedical Prevention Services, Year 6 Report;
(10) Project Fierce Community Survey on STD Prevention Needs of Young Women of Color;
(11) Assessment of Unmet Mental Health Needs of PLWH; and
(12) CHIPTS' Study on Optimizing PrEP Delivery to Immigrant Latino MSM

Informing a Status-Neutral Approach to Develop Goals and Objectives: LAC is committed to a status neutral approach to addressing the needs of PLWH and of those at high-risk for HIV. This means that although the *types* of services that both groups need may vary, the *commitment* to making sure that people are able to access and remain engaged in those services is equal and unwavering, regardless of their HIV status. *Status neutral* also means that LAC is committed to providing high-quality services, regardless of a person's HIV status. Summarized below are the needs and barriers related to the services necessary to access HIV testing, to engage in prevention activities (for those who test negative), and to link to and remain engaged in HIV care and prevention (for those who test positive). Data analysis also rendered needs and barriers that were applicable *across pillars.* These include the need to address mental health challenges, substance use disorders and social determinants of health; and build the capacity of the HIV workforce.

Services People Need to Access HIV Testing: The need for HIV testing is clear as it is the first step to accessing necessary and appropriate prevention and/or treatment services, ultimately resulting in reduced transmission and improved health outcomes. Analysis of LAC NHBS data tells us that 15% of transgender respondents had *not* tested for HIV in the past 12 months; nor had 16% of MSM; 45% of PWID and 70% of high-risk heterosexuals. Testing rates varied across race/ethnicities with lower testing rates found among Black transgender respondents (80%); Latino and Black MSM (83%); White PWID (47%); and Latino heterosexuals (27%). HIV status awareness also differed across population groups with 83% of MSM, 80% of trans persons, 63% of PWID and 0% of heterosexuals[31] aware of their HIV-positive status (Table 3).

[30] Prepared by Equity & Impact Solutions
[31] However, only 1 person in the HET category was HIV-positive

Table 3: HIV Prevalence, Status Awareness, Testing & PrEP Use by NHBS Participants, LAC, 2017-19

	MSM	PWID	HET	TG
Survey Year	2017	2018	2019	2019
Sample Size	525	511	509	497
HIV Prevalence	21%	1.6%	0.2%	33%
Aware of Status Among HIV+	83%	63%	0%	80%
Tested Ever	99%	90%	73%	98%
Tested Past 12 Months	84%	55%	30%	85%
Current PrEP Use	29%	1%	0%	26%

In LAC, people living with undiagnosed HIV need low-barrier access to a variety of testing modalities in both clinical and non-clinical settings.

Clinical HIV Testing: HIV screening within clinical settings is crucial to increasing the number of PLWH who are aware of their status. In 2006, the Centers for Disease Control and Prevention (CDC) issued recommendations that screening for HIV should be performed routinely for all patients aged 13 to 64 years at least once in their lifetime, and at least once a year for those at higher risk. While typically the HIV positivity rates of routine screening programs in clinical settings is much lower than targeted HIV testing modalities that focus services on individuals with elevated HIV rates, they remain an important way to destigmatize HIV testing and infection. In LAC, clinical HIV testing takes place in primary care clinics, emergency departments, and sexual and reproductive health clinics.

Non-Clinical HIV Testing: Since the beginning of the epidemic, community members have advocated for non-clinical testing venues as settings in which individuals can seek HIV testing, sexual health education, and other services in a culturally affirming and confidential space. Settings include storefronts; mobile testing units; commercial sex venues, syringe service programs; and jails. Non-clinical HIV testing also increasingly relies on the distribution of HIV self-test kits. Targeted HIV testing identifies priority populations based on risk of acquiring HIV and often taps into social and sexual networks to do so. Through this model, community-based organizations (CBOs) leverage their relationships with community members and can utilize a wide range of outreach modalities to reach priority populations. County of Los Angeles-contracted HIV testing providers are selected for their expertise and strong track record of successfully reaching priority populations. All contracted providers are expected to provide 1) targeted HIV testing services, 2) hands-on assistance with linkage to HIV care for people testing HIV positive, and 3) education and referrals to PrEP and other prevention services for those who test negative but are at elevated risk of acquiring HIV. In 2021, DHSP-funded HIV testing had a 1.3% overall new HIV positive rate among the total 51,713 tests conducted in that year. However, this rate ranged by type of testing. Testing in healthcare settings rendered a 1.0% overall seropositive rate, while non-clinical testing rendered a 1.9% seropositive rate. Within the healthcare test setting, hospitals and primary care clinics had the highest positivity rates with 2.5% and 1.8%, respectively. Within non-clinical testing settings, HIV testing sites and community settings had the highest new positive rates, 2.4% and 1.3%, respectively (Table 4).

Table 4: DHSP Contracted Agencies HIV Testing[32] Volume, Positivity, Linkage to Care by Test Setting, 2021

	HIV Test Events		Positive HIV Tests – All Diagnoses			
Test Setting	**No. Tests**	**%**	**No. Positive Tests**	**%**	**Test Positivity %**	**LTC w/in 30 days %**
Healthcare Test Setting	**31,884**	**62%**	**334**	**48%**	**1.0%**	**65%**
Community STD Clinic	18,028	35%	153	22%	0.8%	69%
Community Health Center	6,843	13%	77	11%	1.1%	56%
Substance Abuse Treatment Facility	3,316	6%	35	5%	1.1%	43%
Primary Care Clinic	3,236	6%	58	8%	1.8%	78%
Hospital	444	1%	11	2%	2.5%	64%
Other	17	<1%	0	0%	0.0%	---
Non-healthcare Test Setting	**17,188**	**33%**	**331**	**48%**	**1.9%**	**29%**
HIV Testing Site	9,327	18%	228	33%	2.4%	27%
Community Setting	7,755	15%	102	15%	1.3%	33%
Correctional Facility	106	<1%	<5	0%	0.9%	0%-
Mobile Test Setting	**2,641**	**5%**	**29**	**4%**	**1.1%**	**17%**
Overall	**51,713**	**100%**	**694**	**100%**	**1.3%**	**46%**

HIV Self-Test Kits: Self-test kits provide an important low barrier option for individuals to confirm their HIV status. At the beginning of the COVID-19 pandemic, DHSP increased its investment in self-testing options by participating in a national self-test kit program, Take Me Home, and purchasing self-test kits for distribution through local providers. TakeMeHome provides an online platform by which health departments can provide free HIV self-tests. Between August 2020 to August 2022, 2,938 HIV self-test kits were requested via the TakeMeHome website. Among those that requested a test, over one-third reported to have never been tested for HIV; of those individuals, over 80% identified as men, and approximately 49% were under 30 years old. To date, over 15,000 self-test kits have been distributed.

Late Diagnoses: The number and percentage of late diagnoses among people newly diagnosed with HIV is indicative of a gap with respect to HIV testing. Late diagnosed HIV is based on the first CD4 test result (<200 cells/mL or a CD4 percentage of total lymphocytes of <14) or documentation of an AIDS-defining condition σ; 3 months after a diagnosis of HIV infection. Among the 1,404 new diagnoses in LAC between January 1, 2020, and December 31, 2020, 286 (20.4%) were late diagnoses (Table).

- Among each of the three geographic epicenters of HIV: 15% of PLWDH in Hollywood-Wilshire Health District, in Central Health District, and in Long Beach Health District had a late diagnosis.
- The majority of late diagnoses were male (84%). Within each gender category 20% of males, 30% of females, and 7% of trans persons had a late diagnosis.
- Latinx were the largest racial/ethnic group among persons who were diagnosed late (62%); the highest percentages within each racial/ethnic group were among Latinx (24.1%) and those who identified as multiracial (23.8%).
- The highest number of late diagnoses were in people ages 25-34 years old, but the proportion of persons diagnosed late within each age group increased with age with 30% of persons 45-54, 31% of persons 55-64 years, and 44% of persons aged 65 or older being diagnosed late.

[32] Data from DHSP Contracted Agencies HIV Testing Programs as of November 10, 2022

Table 5: Numbers and Percentages of Late Diagnoses, Unmet Need and Unsuppressed Viral Load by Key Characteristics, LA County, 2020

	# PLWDH*	# New Diagnoses	# Late Diagnoses	# Unmet Need	# In Care, Not VS	Within Categories			Across Categories		
						% Late Diagnose	% Unmet Need	% In Care, Not VS	% Late Diagnose	% Unmet Need	% In Care, Not VS
LA County	44,090	1401	286	7279	4563	20.4%	16.5%	12.4%	100%	100%	100%
Priority Health Districts											
Central	5,097	128	19	973	695	14.8%	**19.1%**	**16.9%**	6.6%	13.4%	152%
Hollywood-Wilshire	7,925	171	26	1,312	891	15.2%	16.6%	13.5%	**9.1%**	**18%**	**19.4**
Long Beach	3,565	91	14	521	288	**15.4%**	14.6%	9.5%	4.9%	7.2%	6.3%
Gender Identity											
Male	38,464	1,201	239	6,319	3,937	19.9%	16.4%	12.2%	**83.6%**	**86.8%**	**86.3%**
Female	4,752	143	43	812	494	**29.7%**	**17.1%**	12.5%	15.0%	11.2%	10.8%
TG	871	57	4	146	132	6.8%	16.8%	**18.2%**	1.4%	2.0%	2.9%
Race/Ethnicity											
AI/AN	40	5	0	7	3	0.0%	17.5%	9.1%	0.0%	0.1%	0.1%
Asian	1,637	54	7	281	105	13.0%	17.2%	7.7%	2.4%	3.9%	2.3%
Black/AA	8,647	297	47	1,853	1,099	15.8%	21.4%	**16.2%**	16.4%	25.5%	24.1%
Latinx	19,315	735	177	2,673	1,867	**24.1%**	13.8%	11.2%	**61.9%**	**36.7%**	**40.9%**
NH/PI	43	1	0	13	4	0.0%	**30.2%**	13.3%	0.0%	0.2%	0.1%
White	11,772	261	44	1,851	1,179	16.9%	15.7%	11.9%	15.4%	25.4%	25.8%
Multi-Racial	2,182	42	10	340	266	23.8%	15.6%	14.4%	3.5%	4.7%	5.8%
Age											
13-24	1,063	226	16	220	155	7.1%	20.7%	**18.4%**	5.6%	3.0%	3.4%
25-34	7,643	571	97	1,735	954	16.9%	**22.7%**	16.1%	**33.9%**	23.8%	20.9%
35-44	9,279	298	77	1,834	1,072	25.8%	19.8%	14.4%	26.9%	**25.2%**	**23.5%**
45-54	10,875	199	60	1,622	1,062	30.2%	14.9%	11.5%	21.0%	22.3%	23.3%
55-64	10,889	84	26	1,363	996	**31.0%**	12.5%	10.5%	9.1%	18.7%	21.8%
65+	4,341	23	10	505	324	43.5%	11.6%	8.4%	3.5%	6.9%	7.1%

* Number of PLWDH reflects those who have had an HIV diagnosis, or any lab data reported over the last 5 years

To reach the estimated 6,800 people living with undiagnosed HIV, it will require at least 850,000 HIV tests at a 0.8% seropositive rate. This estimate, however, assumes that testing will reach undiagnosed individuals and that all have equitable access to HIV testing. Unfortunately, there are many barriers that prevent this equitable access, as described below in the *Barriers* section.

Services People At-Risk for HIV Need to Stay HIV Negative: For individuals who test negative for HIV, the testing encounter provides an opportunity to reenforce prevention behaviors and facilitate access to prevention tools and interventions including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs).

PrEP/PEP: DHSP estimates that 76,000 people in LAC could benefit from PrEP, 72% of whom (54,500) are Black and/or Latinx. Using several data sources, DHSP estimates that, overall, 39% of people in priority populations with an indication for PrEP are currently prescribed PrEP.

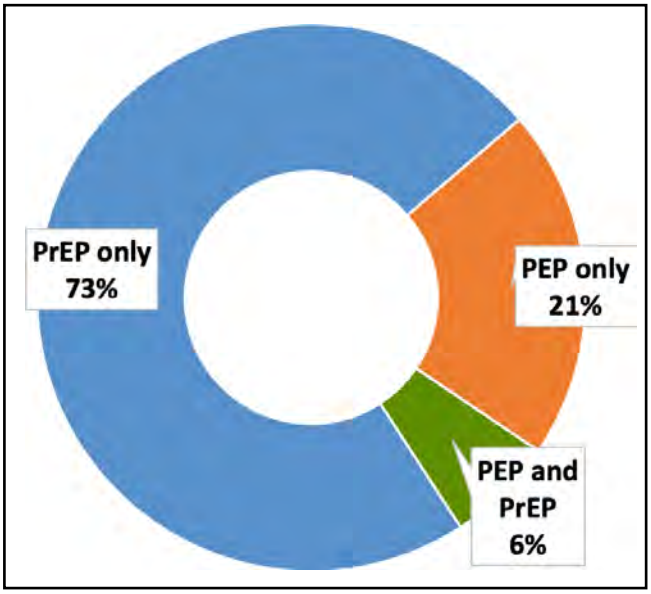
An assessment of PrEP knowledge, attitudes and behaviors among Black MSM, Latino MSM, and transgender persons was conducted between 2016-2020 via an app-based survey for the CDC PrIDE initiative.[33] Participants were asked about their awareness of PrEP, willingness to use PrEP, and PrEP use in the past 12 months. Between 2016-2020, awareness of PrEP increased from 86% to 92%, willingness to take PrEP increased from 73% to 93% and PrEP use increased from 20% to 31% collectively. PrEP awareness significantly increased among Latino MSM and trans persons through 2020 but remained relatively unchanged among Black MSM.

PrEP/PEP Centers of Excellence: In 2016, DHSP funded nine PrEP/PEP Centers of Excellence (COE) across LAC with the primary goal of increasing access to and use of PrEP among Black/ African American and Latino MSM, transgender persons and cisgender women. Today, there are 12 COEs funded by DHSP that offer multiple services, including insurance application assistance, medication adherence support, primary medical care, and referrals to other services (Figure 30). Through March 2022, 9,810 unique clients had received biomedical services through one or more COEs with 73% receiving PrEP services, 21% receiving PEP services, and 6% receiving both PrEP and PEP (Figure 31).

Analysis of utilization data gives us insights into the PrEP/PEP needs of at-risk individuals in LAC. According to the DHSP-Funded Biomedical Prevention Services Year 6 Report, between July 1, 2020-June 30, 2021, 3,235 clients were prescribed PrEP at a COE, including 2,250 new enrollees. The majority of PrEP clients were Latino (53%), MSM (88%) (Table 6). Fifty-three percent of enrolled clients were retained in PrEP services at a COE clinic for at least six months. Retention rates were impacted by both the type and duration of services accessed. For example, those who were retained, on average, received 25 minutes of education activities, 34 minutes of adherence activities and 57 minutes of retention activities. Comparatively, those who were lost to follow-up only received about half as many service minutes with an average of 12, 13 and 28 minutes, respectively.

Figure 30: PrEP/PEP Centers of Excellence

Figure 31: Biomedical Services Provided at COEs



[33] https://www.cdc.gov/hiv/research/demonstration/projectpride.html

Table 6: Centers of Excellence: Clients Prescribed PrEP between 7/1/20-6/30/22 (N=3,235)

HIV RISK GROUP				AGE GROUP						RACE/ETHNICITY				
MSM	Trans	PWID	HET	13-19	20-24	25-29	30-34	35-39	40+	Latino	B/AA	White	Asian	Other*
88%	12%	1%	1%	<1%	7%	21%	27%	19%	25%	53%	18%	15%	12%	<2%

*"Other" includes American Indian/Alaskan Native (<1%) & Native Hawaiian/Pacific Islander (1%)

Among the PrEP priority populations, retention rates and adherence rates were worse for Latino MSM, trans persons and cisgender women than they were for Black MSM.

- Among Black MSM, 538 were screened for biomedical HIV prevention, including 465 screened for PrEP only, 32 screened for PEP only, and 41 screened for PEP and PrEP. The top three indicators for PrEP were multiple partners, condomless receptive sex and anogenital STD. Forty-three percent of Black MSM were retained in PrEP services at a COE for at least 6 months.
- Among Latino MSM, 1,560 were screened for biomedical HIV prevention, including 1,377 screened for PrEP only, 69 screened for PEP only, and 69 screened for PEP and PrEP. The top three indicators for PrEP were multiple partners, condomless receptive sex and anogenital STD. Forty percent of Latino MSM were retained in PrEP services at a COE for at least six months.
- Among trans persons, 462 were screened for biomedical HIV prevention, including 374 screened for PrEP only, 63 screened for PEP only, and 25 screened for PEP and PrEP. The top three indicators for PrEP were multiple partners, condomless receptive sex and previous PEP and ongoing behavioral risk. Thirty-six percent of trans persons were retained in PrEP services at a COE for at least 6 months.
- Of the 377 people between the ages of 14-24 that were screened for PrEP, the top three indicators were multiple partners; condomless receptive sex; and anogenital STD/syphilis.

Harm Reduction and Syringe Services Programs

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. It is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.[34] Syringe Services Programs (SSPs) are excellent vehicles for harm reduction. Despite consistent evidence that SSPs, and needle-exchange in particular, work to reduce infections and save lives, [35] there remains a great deal of misinformation and stigma surrounding their existence. Contrary to some beliefs, SSPs do *not* increase the number of used syringes in communities, the use of drugs, or drug-related crimes. In addition to providing access to and disposal of syringes and injection equipment, SSPs are comprehensive community-based prevention programs that often provide vaccination, testing, education, case management and linkage to care, substance use treatment and PrEP. SSPs also serve as an important overdose prevention mechanism by providing low-barrier access to Medically Assisted Treatment (MAT) for opioid use disorder, and overdose prevention and response trainings; and distributing Naloxone kits and fentanyl information and test strips. Although there was a ban on using federal funds for syringe exchange until 2016, the City of Los Angeles has provided funding for syringe services since 1994 and the County of Los Angeles since 2006. Because SSPs provide a comprehensive set of services, as described above, the County now refers to the SSPs they fund as *Engagement and Overdose Prevention (EOP) Hubs* to more fully reflect the scope of the work they do. DPH-SAPC currently funds seven EOPs across the County that distribute close to a million sterile syringes and thousands of Naloxone kits every year. EOP services are provided through storefronts, street-based mobile sites and outreach efforts. In LAC, EOPs funded by the County are required to provide:

[34] https://harmreduction.org/about-us/principles-of-harm-reduction/

[35] Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews. BMC Public Health. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.

- Needs-based/low threshold access to syringes
- Sharps containers and education on disposal
- Naloxone
- Safe injection supplies (tourniquets, alcohol swabs, water, band aids, cotton balls, cookers)
- Safe smoking supplies (pipes, lip balm, straight shooters)
- Wound care supplies
- Direct or referred testing for: HIV and HCV
- Referrals for treatment for HIV/HCV, substance use treatment, specialized mental health, or medical care.

In 2021, among the six[36] EOPs that were operating in LAC:

- 924,164 clean syringes were distributed (a 32% increase from 2017)
- All provided injection supplies and safer sex supplies;
- 5 out of 6 five provided overdose treatment (e.g. Naloxone), and HIV risk reduction counseling; a
- 4 out of 6 provided HIV testing

The majority of clients served were 30 years of age or older (90%) and cisgender males (76%). Thirty-nine percent were Latinx, 36% were White, 20% were Black/African American, and 5% were classified as "Other" race. In addition to the EOPs there are three SSPs in LAC that are certified by DPH-SAPC but not currently funded by them bringing the total amount of EOPs/SSPs operating in LAC to ten. Although the majority of EOPs and SSPs provide HIV testing, only two currently provide HIV, STD and HCV testing.

Services People Need to Rapidly Link to HIV Care: Linkage to care is an essential step to ensuring viral suppression. In 2020, 54% of people newly diagnosed with HIV were linked to care within seven days and 76% were linked within one month of diagnosis. Populations with lowest linkage to care rates were cisgender women (67%), Black/African Americans (71%) and those classified as "multi-racial" (69%), persons 13-19 years old (63%) and persons whose transmission risk included heterosexual contact (66%) or MSM/IDU (67%). Populations with the highest linkage to care rates were transgender persons (81%), those aged 30-39 and 50-59 (78%), Asians (90%), AI/ANs (86%) and those whose transmission risk was MSM (78%).

HIV testing providers assume primary responsibility for linking a newly diagnosed person to HIV care by setting up appointments and following up with the client until the first appointment is completed. As depicted in Table 4, the percentages of those newly diagnosed with HIV who were linked to care within 30 days varied by test setting. The highest percentages were found among primary care clinics (78%), followed by community STD clinics (69%) and hospitals (64%). Conversely, the test settings that had the lowest linkage to care percentages were mobile test settings (17%), HIV testing sites (27%) and community settings (33%).

In addition to HIV testing services, linkage to care is achieved through other targeted programs. One such program is DHSP's Linkage and Re-engagement Program (LRP) designed to identify HIV-positive persons out of care, and their partners for linkage/re-engagement to HIV care. LRP receives referrals from a broad base of countywide partners and also uses data-to-care reports to identify potential LRP clients. LRP often works to locate persons hardest to find and acts as a service of last resort after all other outreach efforts have failed. Because LRP clients are not on ART it is essential that they are located and connected to care in order to improve their health outcomes and prevent transmission of HIV. With LRP clients reaching undetectable levels, partners are less likely to contract and further

[36] One more EOP was recently funded in 2022 to bring the total to seven.

transmit HIV. Furthermore, partners are then able to receive support to get tested and take actions to address their status, whether negative or positive. LRP also supports Partner Services follow-up by taking on cases of clients who have been difficult to locate.

Services PLWH Need to Stay in HIV Care and Treatment and Achieve Viral Suppression: Once initially linked to care, it is imperative that HIV-positive persons remain engaged in care to improve their health outcomes and prevent transmission. Concerted efforts are also needed to re-engage into care PLWH who are diagnosed but not in care. The use of surveillance data to identify those who are lost to care is critical. Since the inception of the Ryan White Program, HRSA has funded a comprehensive set of medical and related services targeting low-income PLWH. Although the local utilization rates of Ryan White services don't tell us the complete picture of the needs of all PLWH, they serve as a starting point for examining needs related to engagement in care. Ryan White Program clients totaled 21,877 in Year 31 (3/1/21-2/28/22), representing 41% of all PLWDH in LA County. The services most utilized by RWP clients were Medical Outpatient (70%), Medical Care Coordination (38%), and Non-Medical Case Management (24%) (Table 7).

Table 7: Ryan White Program Services Utilization, 3/1/21-2/28/22

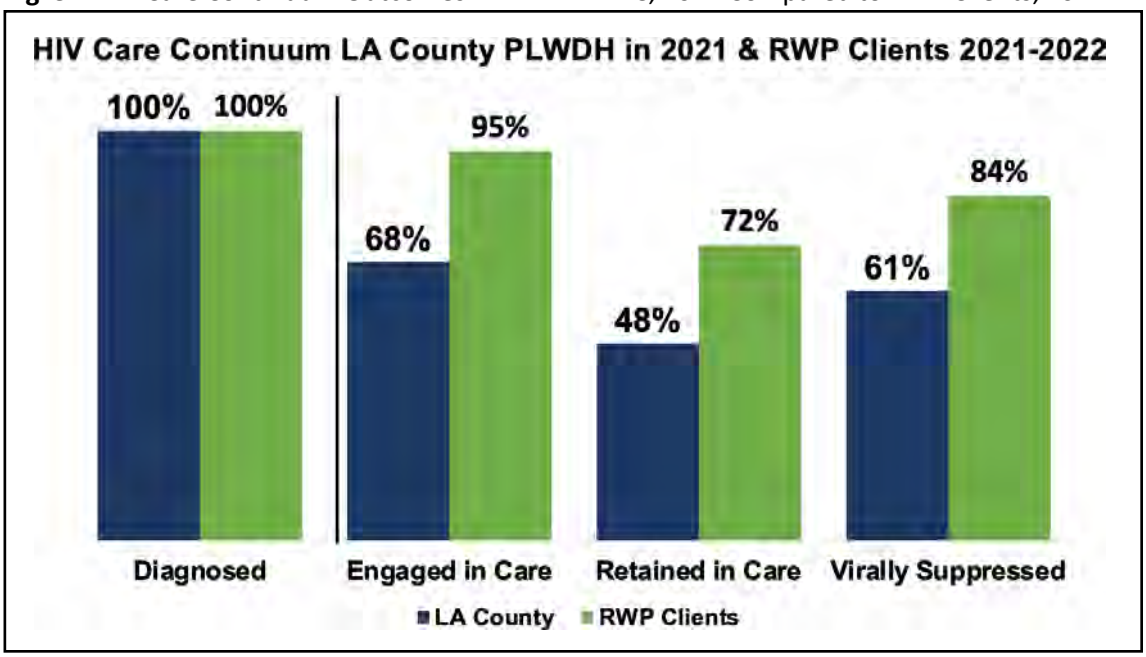
Service Category	Unique Clients	Percentage of RW Clients	Units Per Client
Total Unduplicated Clients*	21,877	--	--
Medical Outpatient	**15,272**	**69.8%**	**3**
Supplemental AOM Procedures	10,396	47.5%	25
Medical Outpatient	15,272	69.8%	3
Medical Care Coordination	**8,244**	**37.7%**	**14**
Non-Medical CM	**5,181**	**23.7%**	**4**
Benefits Specialty	4,658	21.3%	4
Transitional CM – Jails	563	2.6%	6
Oral Health Care	**4,153**	**19.0%**	**11**
General Oral Health	3,849	17.6%	7
Specialty Oral Health	3,477	15.9%	5
Nutrition Support	**1,988**	**9.2%**	**193**
Food Bank	1,582	7.2%	97
Delivered Meals	560	2.6%	410
Mental Health Services	**756**	**3.5%**	**7**
Home-Based Case Management	**280**	**1.3%**	**321**
Case Management	279	1.3%	43
Homemaker	184	0.8%	354
Nutrition	54	0.3%	108
Psychotherapy CM	70	0.3%	29
Attendant Care	20	0.1%	237
Durable Medical Equipment	4	0.02%	3
Housing Services	**237**	**1.08%**	**287**
Permanent Supportive Housing	151	0.7%	323
Residential Care Facilities for the Chronically	60	0.3%	238
Transitional Residential Care Facilities	28	0.1%	180
Substance Abuse Services – Residential	**90**	**0.4%**	**123**
Outreach Services (LRP Program)	**26**	**0.1%**	**11**

*Receiving Fundable RW Program Services

Los Angeles County is also funded through HRSA's Minority AIDS Initiative (MAI) and has selected three subpopulations of focus based on local epidemiologic and programmatic data: cisgender men of color aged 30 or older who have sex with men (MSM of color); cisgender men of color aged 18-29 years who have sex with men (YMSM of color); and transgender persons of color (Trans clients). MAI subpopulations totaled 11,721, representing 55% of clients receiving at least one RWP service in Year 31. The top four services that were disproportionately utilized (compared to their population size) by the MAI population were benefits specialty (60%), mental health (58%), non-medical case management (58%), and oral health care (56%).

As depicted in Figure 32, HIV Care Continuum outcomes for RWP patients were better than for the larger population of PLWDH. However, disparities persist among certain subpopulations, again speaking to the need to target services to these populations. Among the RWP clients in Year 31, engagement in care rates were lowest for those who were homeless (90%), recently incarcerated (91%), people aged 18-29 (92%) and African Americans (92%). Retention in care rates were lowest for those between the ages of 18-29 (59%), currently homeless (60%), recently incarcerated (65%) and African American (66%). Viral suppression rates were lowest among currently homeless (67%), recently incarcerated (70%), people who inject drugs (77%) and people aged 18-29 (77%).

Fig. 32: HIV Care Continuum Outcomes: PLWDH in LAC, 2021 Compared to RWP Clients, 2021-22



Unmet Need (Not in Care): Based on the five-year population estimate (2016-2020) of 44,090 PLWDH in LAC, 7,279 (17%) were estimated to have unmet need (not in HIV medical care) as indicated by there being no evidence of a viral load or CD4 reported in 2020 (Table 5).

- Among each of the three epicenters of HIV: 19% of PLWDH in Central, 17% of PLWDH in Hollywood-Wilshire, and 15% of PLWDH in Long Beach had unmet need.

- The majority of persons with unmet need were male (87%). Within each gender category 16% of males, 17% of females, and 17% of trans persons were aware of their HIV status and did not receive recent laboratory testing.

- Within each racial/ethnic group, Native Hawaiian/Pacific Islander Non-Hispanic had the highest percentage of PLWDH with unmet need (30%), followed by Blacks/African Americans (21%), and American Indian and Alaskan Natives (18%).

- The percentage of unmet need was highest within younger age groups; 23% of PLWDH 25-34 years, 21% of PLWDH 13-24, and 20% of PLWDH age 35-44 years.

In Care, Not Virally Suppressed (VS): Among the 36,811 PLWDH who were in care, 4,563 (12%) were not virally suppressed (viral load ≥200 copies/mL on the most recent test reported) between January 1, 2020, and December 31, 2021.

- Among the three epicenters of HIV: 17% of PLWDH in Central, 14% of PLWDH in Hollywood-Wilshire, and 10% of PLWDH in Long Beach were not virally suppressed.

- More than one out of five transgender persons (18%) were in care, but not virally suppressed compared to 12% of cisgender males and 13% of cisgender females.

- Within each racial/ethnic group, Black/African Americans had the highest percentage of PLWDH in care and not virally suppressed (16%), followed by multiracial (not Hispanic) group (14%) and Native Hawaiian/Pacific Islanders (13%).

- The percentage of unsuppressed viral load was highest within younger age groups; 18% of PLWDH 13-24 years, 16% of PLWDH 25-34 years, and 14% of PLWDH age 35-44 years.

Barriers to Services

The HIV Workforce Capacity and Service System Survey[37] respondents, both providers and community members, were asked to rank a set of barriers to accessing or remaining engaged in a variety of HIV-related services including HIV testing, PrEP and HIV care, and to add any other significant barriers not listed. Listening session participants were also asked to discuss any barriers related to diagnosing HIV and accessing HIV treatment and prevention services.

Top Five 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

Other related barriers that respondents identified included:

- (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

In addition to the barriers listed above, survey and listening session participants identified barriers relating to lack of urgency about HIV, not having enough testing sites, concern about HIV stigma and lack of health literacy or knowing they're at risk.

[37] Workforce Capacity and Service System Survey is described in more detail in the Approach section below.

"We should learn from COVID – they had testing on every corner. Why can't we do that with HIV?"

"I already experience stigma for being Black and Gay. I don't want to add to that by being HIV positive."

"A lot of people still don't know they can get HIV – and once they're positive, they don't understand a lot of the language. U equals U means nothing to them."

Top Five 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

Other/related barriers included:

- Lack of social support and not having role models who take PrEP
- Stigma/Internalized homophobia

PrEP Needs among Black/African American MSM, Transgender and Cisgender Women

In 2019, the Commission on HIV's Black/African American Task Force developed a set of recommendations that included developing a targeted PrEP marketing campaign for Black/African American communities, given less than optimal PrEP uptake. In response to this recommendation, a series of focus groups were held for Black/African American MSM, transwomen and cisgender women to inform the development of a PrEP campaign.[38]

Among MSM, common barriers to accessing PrEP included:

- Provider barriers – difficulty getting a provider to prescribe PrEP; not having providers close by; and not a lot of people in the clinics who "look like us"
- Miseducation and mistrust – not knowing where and how to get PrEP and not fully understanding PrEP and its side effects
- Mental fatigue – having to constantly take medication can be overwhelming; having to take medications to have sex reinforces there is shame in having sex

Among transwomen, common barriers to accessing PrEP included:

- Discrimination - trans and nonbinary people face an extreme amount of discrimination in trying to not only utilize PrEP, but in every aspect of life
- Providers/Access – poor access to facilities; lack of eligibility for PrEP/cost; lack of Black trans/nonbinary people who work at facilities.
- Side effects: physical and mental – including a recognition that even preparing to take meds is challenging
- Stigma - association of PrEP use with being promiscuous

Among cisgender women, common barriers to accessing PrEP included:

- Stigma - questions about number of partners can feel shaming; scared family or friends might find out they're taking it; they might be stereotyped for using PrEP

[38] Facilitated by *Equity & Impact Solutions*

- Access - can't afford it if it's not free; not the same availability that MSM have
- Pill Burden - taking a pill everyday can be burdensome
- Social Determinants - having to deal with poverty, housing insecurity, etc., makes it hard to focus on PrEP
- Medical Mistrust - believing the medications only work for MSM; believing only HIV+ people take medications; not understanding why PrEP takes longer to work in women than men
- Lack of Support - no PrEP support groups in LA for Black cis women
- Messaging/Marketing - not enough campaigns with Black cis women in clinics and publicly
- Lack of holistic focus - not enough focus on general well-being, access to healthcare and social support services everyone deserves

Optimizing PrEP Delivery to Immigrant Latino MSM in LAC: The Center for HIV Identification, Prevention and Treatment Services (CHIPTS) recently led a collaborative research project to understand the barriers to PrEP access, and to develop strategies to enhance PrEP delivery, among immigrant Latino MSM (LMSM) in LAC. Given that LMSM comprised the largest percentage (51%) of all new HIV infections among MSM of all racial/ethnic groups in LAC in 2019, and that nationally, since 2010, foreign born LMSM have comprised the majority of new annual HIV infections among LMSM, researchers were intent to understand any additional barriers to accessing HIV prevention services immigrant LMSM may face that are not experienced by US-born LMSM. The study included in-depth interviews with 15 Spanish-speaking and 10 English-speaking immigrant LMSM, 7 key informant in-depth interviews and a concept mapping process[39] with 19 panelists.[40] Key barriers were identified at the agency-, and client-level, including:

Agency-Level Barriers

Language

- Lack of Spanish-speaking staff and PrEP navigators
- Lack of services offered in Spanish
- Lack of properly translated Spanish language materials
- Difficulty completing English language forms
- No standardized way to talk about PrEP in Spanish

Provider bias/knowledge/comfort

- Not receptive to providing PrEP services
- Hold perception that PrEP will lead to promiscuity
- Lack knowledge of PrEP
- Not proactive about offering PrEP to this population
- Not comfortable delivering PrEP to this population

Outreach doesn't reflect population

- Lack of PrEP outreach materials or public awareness campaigns tailored for immigrant LMSM
- Outreach materials are not intentionally created for immigrant Latino MSM

[39] Concept mapping is a mixed methods approach that integrates qualitative perspectives of individuals with multivariate statistical methods to visually depict the composite thinking of the group. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5451901/

[40] Key informant and concept mapping participant inclusion criteria: Staff member from a medical care facility or community-based organization that provides PrEP services to immigrant Latino MSM; Person with experience working with or advocating on behalf of immigrant Latino MSM; Person with knowledge of issues affecting access to HIV prevention services such as PrEP among immigrant Latino MSM.

Client-Level Barriers

Lack of knowledge about PrEP and available PrEP services

- Unaware of PrEP
- Don't know that PrEP is for them
- Don't know where or how to access PrEP
- Unaware of medication assistance programs (e.g., Gilead's Advancing Access Program, PrEP-AP)

Structural/logistical barriers

- Lack of health insurance
- Cost of services not covered by assistance programs
- Lack of transportation
- Unable to get release time to attend medical appointments
- Clinic hours (i.e., no weekends or evening hours)

Language

- Difficulty communicating with non-Spanish speaking providers
- Not enough services offered in Spanish
- Unaware of where to access services in Spanish

Cultural

- Don't use healthcare services unless absolutely necessary and don't use preventive services
- Uncomfortable talking about sexual behaviors with providers
- Homophobia in the Latinx community (e.g., needing to hide sexuality)

Immigration status

- Fear that information about use of PrEP services and/or HIV testing will be reported to immigration authorities
- Fear that use of public benefits will impact immigration process
- Fear of deportation if accessing PrEP services

PrEP-related stigma

- PrEP is only for gay men or men who are promiscuous
- Fear of being outed when accessing PrEP
- Fear of family, friends, or partners finding a PrEP bottle
- Fear of being thought of as HIV-positive

Individual perceptions/beliefs

- Fear of side effects
- Don't recognize their own HIV risk
- Providers assume they are having sex with women because some immigrant LMSM identify as heterosexual

The concept mapping process was used to develop implementation strategies to enhance PrEP delivery to immigrant LMSM. After identifying a list of strategies, the top five that were determined to be most feasible and important were recommended for prioritization:

1. Provide immediate access to and enrollment in PrEP services (e.g., same-day PrEP, PrEP walk-in clinic), so that there isn't a delay in receiving services.
2. Gather testimonials from immigrant Latino MSM who have buy-in to PrEP services and are willing to showcase their stories on social media.

3. Deliver comprehensive PrEP education and training to every staff member at the clinic, from front desk staff to providers.
4. Provide support to help undocumented individuals enroll in insurance programs that cover PrEP services.
5. Develop campaigns informing people that they can access PrEP (e.g., through PrEP-AP) regardless of their current documentation status and without affecting their future chances for documentation.

Additional themes identified from survey and listening session participants related to accessing PrEP included discomfort/ unfamiliarity with taking medication when you're not sick, thinking PrEP is for other people because of lack of authentic advertising, and not being able to store the medication because of being unhoused.

"We only go to the doctor when we're sick."

"I don't see any pictures of people that look like me on those billboards that I drive by every day."

"How can I take medication every day? Where am I supposed to keep it when I'm on the street?"

Top Five 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

Other:

- Lack of HIV-positive peers to talk to
- Need a warm hand-off and walked to services without having to wait
- Stigma
- Transportation
- Unfriendly insensitive waiting rooms
- Fear of people thinking they're gay

Survey and listening session participants expressed not wanting to access care due to bad experiences with providers in the past and not feeling comfortable in the clinic's physical space. They also expressed concern over administrative hurdles.

"I've had bad experiences with providers before. Why would I go back to be judged again?"

"When I'm in the waiting room, I feel like I'm in someone else's space."

"If it were easy to see the doctor, I think more people would do it, but I think there are too many administrative and logistic barriers. Right now, it feels like the opposite of "express" linkage."

Top Five 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

Other:

- 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, homeless and other downtrodden
- Stigma
- Transportation

Participants also identified barriers related to medical mistrust, not having providers who look like them, lack of transportation and childcare and the need for peer advocates.

"We need to have a list of providers that are people of color and LGBT and we need to have more of them."

"There are a lot of reasons why we don't remain in care – we need help with transportation and help with childcare. And I need to see a provider who gets me."

"Doctor appointments are fifteen minutes. If I want to know what my labs mean, or why I'm given a particular pill, or how to manage side effects, I go to my peer-led support group, which is not funded by the County or by my health insurance. We need peer advocates. We need treatment advocates."

Co-occurring Disorders, Social Determinants of Health and Stigma

Across all categories of service, the top two barriers identified were substance use and mental health challenges. We also recognize that HIV disparities in LA County, like the rest of the nation are fueled by stigma and social determinants, including housing instability and incarceration. Each of these is described in more detail below.

Mental Health Disorders: Mental health disorders can affect the progression of HIV disease, medication adherence and the likelihood of engaging in high-risk behaviors that may result in HIV transmission.[41] Based on 2015-2019 Medical Monitoring Project (MMP) data, between 10.4% -16.5% of PLWDH in LA County report moderate to severe depressive symptoms. Effective treatment of mental health disorders requires regular screening and diagnosis. Using a subset of RWP clients, we compared diagnosis and screening data to describe the prevalence of undiagnosed depressive disorder among Medical Care Coordination (MCC) services patients from 2013- 2019. As part of routine assessment, patients were screened for depressive symptoms using the Patient Health Questionnaire (PHQ-9) and their medical record reviewed for any depressive disorder diagnosis. Among the 9,178 MCC clients, 29% met the screener criteria for a depressive disorder and 33% had

[41] Remien RH, Stirratt MJ, Nguyen N, Robbins RN, Pala AN, Mellins CA. Mental health and HIV/AIDS: the need for an integrated response. AIDS. 2019 Jul 15;33(9):1411-1420.

been previously diagnosed. Among those with depressive symptoms, only 57% had a corresponding diagnosis. Compared to patients with depressive symptoms and a concurrent diagnosis, those with symptoms and no diagnosis were more likely to be male, younger (12-24 years compared to 24- 39 years of age), higher assessed acuity, and have unsuppressed viral load in the past six months.

Assessment of Unmet Mental Health Needs of PLWH

A recent key accomplishment under the EHE Initiative was a formal assessment of the unmet mental health needs of PLWH and the LAC mental health services and delivery system. Conducted by HMA Community Strategies, the assessment sought to identify barriers at the systems-, provider-, and client-level. Key stakeholder interviews (15 agencies), surveys (35 provider and 29 client respondents), and a review of secondary data rendered the following key findings and recommendations:

KEY FINDINGS	RECOMMENDATIONS
DATA LIMITATIONS	
•There is a lack of access to data and a lack of integrated data across the BH system – prevents comprehensive analysis of service utilization among PLWH. •Within the DMH data set, SOGIE was unknown for a slight majority of patients with both HIV and a BH diagnosis. This SOGIE data gap make it more difficult to tailor public health messaging and interventions.	•Establish a data infrastructure that enables the extraction and analysis of client-level data across county departments to identify who and which subgroups are not receiving services •Develop data sharing protocols and/or platforms that would allow patient health information to be more efficiently shared between DMH, DHS and DPH to avoid delays in data request •Add sexual orientation/gender identity and expression (SOGIE) data fields to ongoing data collection and data systems •Collect comorbid health condition data as part of the data collection to track other major life stressors of PLWH in order to provide client-centered, whole person care.
ELIGIBILITY AND SERVICE UTILIZATION	
•The increase of health care coverage and decline in aggregate HIV incidence result in a decline of the number of individuals eligible for Ryan White; fewer PLWH are eligible under current guidelines. •The current system is more successful in reaching Hispanic/Latinx population despite the prevalence of HIV being more prominent in the Black community.	•Revise regulations to allow Ryan White services to individuals who are Medi-Cal eligible •Reduce the administrative burden on providers and clients by minimizing or streamlining intake and reporting requirements •Encourage and incentivize providers to hire peers, community health workers (CHWs) or navigators to assist with insurance and paperwork
SERVICE DELIVERY AND COORDINATION	
•Linkages between MH and primary care remain an issue for many providers. •Most providers have difficulty ensuring PLWH can receive timely referrals to MH services, as well as difficulties referring clients to both psychiatric and SUD services. •Many providers reported difficulty matching PLWH to a licensed clinician on their staff with whom they identify	•Modify screening tools to enhance alignment with Trauma Informed Care and Gender Affirming Care •Improve cross agency referrals by using the Los Angeles Network for Enhanced Services (LANES) to have more accurate patient data and facilitate referral communication. •Design and convene forums that bring together providers to discuss and plan improvements (e.g.,

•Providers have difficulty coping with rules and regulations that limit how they can staff clinical care for PLWH. •Many MH service clients not currently accessing received MH services via telehealth indicated they would be interested in starting services via telehealth. •Clients often experience difficulties navigating the current MH system. •Clients lack awareness of the services available and experience long wait times and excessive paperwork to access these services.	how to strengthen implementation of "No Wrong Door"). •Develop a resource guide that provides detailed information on providers' services, capacity, and specialty services to enhance cross-agencies referrals.
FINANCE AND FUNDING	
•Many MH providers do not receive Ryan White funding, nor do they have a DMH contract to provide MH services. •Providing wrap-around services is unsustainable for most providers. •Providers are challenged by the current billing system; the opaque nature of reimbursement poses a significant barrier for service providers.	•Develop and offer training to providers intended to clarify and standardize reimbursement policies, including guidance on CPT codes, rates, and proper documentation. •Advocate for subsidizing BH services for individuals who are above the RW eligibility threshold but do not have other sources as payment of last resort.
WORKFORCE AND STAFF CAPACITY	
•Staff retention is a significant issue at both the provider and systems levels; excessive turnover and inability to recruit and retain staff is a barrier to provision of MH services to PLWH. •Nearly all providers have difficulty assessing relevant staff training resources and/or staff training opportunities. •There is a need for more professional development of the MH workforce, as well as reconsideration of the content and emphasis of training efforts.	•Leverage current efforts of the *Zeroing In: Ending the HIV* consortium and other EHE capacity building organizations to provide better quality, relevant workforce training opportunities that prioritize the following: •Models of collaborative, holistic care •Co-occurring disorders (e.g., the intersection of HIV and SUD) •SMI/high acuity mental health conditions •Advanced trauma-informed care and practices •Innovations in telehealth •Resources to improve workforce retention •Coordinate training offerings among DHSP, DMH, SAPC, and the clinical provider organizations •Explore whether LMFTs could be cross credentialed to provide services now restricted to LCSWs •Collect data on the diversity and lived experience of staff working with PLWH •Expand Spanish-language providers

STDs: Project Fierce Community Survey

Project Fierce is a community-based project funded by the CDC designed to reduce STD disparities and promote sexual health among young (18-24) cisgender and transgender women of color in LAC. As a project of Community Health Councils and WeCanStopSTDsLA, the Project Fierce Community Advisory Board implemented a community survey in 2021 to better understand the sexual health

needs of young women of color. The 27 survey respondents identified as cisgender women (82%) and transgender/gender non-conforming (18%); straight/heterosexual (63%), bisexual (19%), and pansexual/queer (13%); Latinx (70%), Black/African American (22%), Asian (7%), and American Indian/Indigenous (7%). Key findings included:

- 73% were offered an STD screening by a healthcare provided; 27% were not offered one
- 52% would be more likely to get screened for STDs if it was mailed to their home rather than walking into a clinic; 33% would be equally likely; and 15% would be less likely
- 26% would be more likely to get screened for STDs if it was offered through mobile services rather than walking into a clinic; 41% would be equally likely; and 33% would be less likely
- 33% had never been tested for STDs. Of those that were tested: 37% had previously been tested for chlamydia; 30% for HIV; 22% for gonorrhea; and 15% for HPV
- 30% reported that their healthcare provider had never educated them on STIs, associated risks, and ways to stay healthy
- 33% were not sure which questions to ask their provider during appointments
- Factors that influenced their likelihood of discussing their sexual health history and concerns with their provider included: having a consistent healthcare provider (67%); the healthcare provider's age (48%), gender identify (48%), race/ethnicity (33%), and experience (26%).
- 48% reported that they never (26%) or not very often (22%) have a consistent healthcare provider
- 52% reported that celebrities, social media, and media influencers shaped their view or understanding of sex and sexual relations
- 29% reported that they had felt/been pressured to have unprotected sex in a monogamous relationship

Substance Use Disorder (SUD) and the Meth Epidemic: In contrast to other parts of the U.S. where the HIV epidemic is driven significantly by sharing of needles and other equipment among PWID and other substances[42], the nexus between substance use and HIV in LAC centers on unprotected sex while under the influence of alcohol or other drugs. Based on MMP data (2015-2019), it is estimated that between 33.9% and 42.1% of PLWDH used non-injection drugs, and 1.9% to 4.9% used injection drugs in the past 12 months. Among a subset of 9,021 RWP clients receiving MCC services in LAC from 2013-2018 who were screened, approximately one out of five had indication of a SUD.

In LAC an estimated 18% of young adults aged 18-25 and 8.4% of adults aged 26 and older were estimated to have a SUD. Based on data from the LAC SAPC program, approximately 1 in 5 people treated for SUDs in the county are treated for meth use disorder and only 47% of these clients successfully completed treatment.

In the U.S, the increased risk of adverse outcomes associated with meth use (vs. non-use), include depression (1.3 times), HIV infection (1.5 times) and HCV infection (3.4 times). Between 2010 and 2020, meth-related overdose deaths in LAC have increased 1,185% and percent of all drug deaths has increased by 345%. Latinos made up the majority of patients with primary meth problem admitted to a treatment facility (65%), while Blacks had the highest rate (223). Patients admitted to treatment whose primary drug problem was meth had higher rates of STDs than clients with other primary drug problems. The difference was greatest with respect to syphilis, with 1.2% of those with meth as a primary problem having syphilis compared to 0.3% of those with other drugs as a primary problem – a five-fold difference.[43] The connection between meth use and syphilis is further illustrated through the analysis of Partner Services (PS) data. Between 2011 and 2019: meth use

[42] Syringes and equipment may also be shared to administer hormones, steroids and/or vitamins
[43] http://www.publichealth.lacounty.gov/sapc/MDU/MDBrief/MethBrief.pdf

among the early syphilis cases referred to PS increased among men who have sex with women, by 7 to 22%, and women who have sex with men, by 0% to 21%.

Among MSM in LAC, meth use is frequently associated with increased unsafe sexual activity. Meth-using MSM are much more likely to have multiple sexual partners and report inconsistent condom use than MSM who do not use meth. Meth users have numerous clinical challenges such as poor treatment engagement rates, high drop-out rates, high relapse rates, severe paranoia, and declining oral health. The medical and psychiatric aspects of meth dependence often exceed the capabilities of existing SUD programs, requiring significant cost for training and education for staff to improve service delivery.

Homeless/Unstably Housed: There are more than 69,000 homeless persons in LA County on any given night.[44] Since 2019, there has been a 12.7% increase in the homeless population in LA County and over 70% of the homeless were unsheltered. Nearly half (44%) of the homeless people in the county were found in areas with the highest rates of HIV/ AIDS, poverty, and uninsured. Approximately 41% percent of LA County's homeless were chronically homeless, 2% had HIV/AIDS, 26% had a SUD, and 25% had a serious mental illness. Nine percent of RWP clients in Year 31 were experiencing homelessness. Among clients enrolled in MCC services at Ryan White clinics from 2013-2019 (n=8,438), 24% reported experiencing homelessness in the past six months at enrollment. Clients who reported recent homelessness were significantly more likely to be Black/African American, recently incarcerated (in the past six months), have depressive symptoms, and have used injection drugs in the past six months compared to clients who did not report recent homelessness. In addition, those who reported recent homelessness were more likely to be male and heterosexual, live below the federal poverty level (FPL), be US natives, and have less than a high school diploma compared to clients who did not report recent homelessness. These data suggest that MCC clients experiencing homelessness were from communities disproportionately impacted by HIV (e.g., persons of Black race/ethnicity), impacted by multiple determinants of health (e.g., experience with the justice system, low educational attainment, poverty) and comorbid conditions (e.g., mental health and IDU). Of particular interest is that these clients were more likely to be non-MSM and IDU – both populations in which HIV prevalence has historically been lower but could contribute to potential HIV clusters or outbreaks.

Incarceration: Incarceration is associated with harmful effects on viral suppression, lower CD4+ T-cell counts, and accelerated disease progression.[45] HIV prevalence among men in LA County jails is estimated to be between 1% and 2% and approximately 300 PLWH are housed in the jails at any one time. Based on the MMP data from 2015-2019, between 1.1% and 3.2% of PLWDH reported being incarcerated in the past year. Among RWP clients in 2021, 8% had been incarcerated in the past two years. High percentages of these clients were living at or below FPL (85%), experiencing current homelessness (33%), MSM of color (44%), and African American (36%). These clients also had some of the lowest levels of engagement and retention in care and viral suppression.

Beyond the direct association of incarceration and poor health outcomes among PLWH, we also recognize incarceration as a force in LA and across the country that destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for already marginalized populations. The LA County Sheriff's Department (LASD) operates the largest municipal jail system in the US, and the US, in turn "imprisons more people than any other nation on

[44] https://www.lahsa.org/documents?id=6515-lacounty-hc22-data-summary

[45] Fuge TG, Tsourtos G, Miller ER. A systematic review and meta-analyses on initiation, adherence and outcomes of antiretroviral therapy in incarcerated people. PLoS ONE. 2020;15(5):e0233355.

Earth." [46] There are more than 250,000 people who cycle through the county justice system annually, roughly 14,500 daily, and 500 inmates classified each day. In addition to the sheer volume of people in LA County jails, there are stark racial disparities. Black/African Americans, while making up only 9% of the LA County population, represent over 29% of the jail population. The justice system is clearly ill-equipped to deal with the thousands of people it imprisons who are typically struggling with poverty, homelessness, substance use disorders and mental health challenges. As a result, people cycle in and out of jail, not able to get the care they need to live healthy and productive lives.

In 2020, LA County voters approved Measure J, which dedicated no less than ten percent of the County's locally generated unrestricted funding to address the disproportionate impact of racial injustice through community investments such as youth development, job training, small business development, supportive housing services and alternatives to incarceration.[47] As a result, the LA County Board of Supervisors adopted the Care First Community Investment spending plan[48] (aka Measure J), an unprecedented $187.7 million spending package to advance its care first, jails last vision with a series of direct community investments and funding for alternatives to incarceration—accelerating the transformative process of creating a more just and equitable Los Angeles County for all residents. The plan was developed with an equity lens with a primary focus on chronically under-resourced communities to address negative outcomes caused by racially-driven criminal justice inequities and long-term community economic disinvestment. As such, the plan supports a wide range of programs including interim and permanent supportive housing, grants to community-based organizations, and employment opportunities for adults and youth. Highlights of the funding plan include:

- $42 million to support the closure of Men's Central Jail
- $16 million for housing and related services to meet a variety of needs including for people experiencing homelessness with complex health needs and people with substance use disorder;
- $15 million to support residents returning to the community after incarceration

Stigma: Since the beginning of the epidemic, stigma in all its forms has served as a constant barrier to people being able to access HIV care and prevention services. HIV-related stigma is compounded by stigma associated with LGBTQ identities and sexual behaviors, using drugs, injecting drugs, mental health disorders, being homeless and being incarcerated. Given its pervasiveness and sometimes insidious nature, stigma is hard to pinpoint and even harder to address. A recent example of how stigma impacts the lives of PLWH and the communities most impacted by HIV is the messaging and reaction to Monkeypox. In late 2022, LA County, like many urban areas across the country, is struggling to combat the monkeypox virus as we continue to grapple with COVID-19. To date, the vast majority of the 1,836 monkeypox cases have been identified among cisgender men (97%), most of whom identify as gay/bi or other MSM. However, risk is not limited to MSM, given that available evidence suggests that those who are most at risk are those who have had close physical contact with someone with monkeypox. Unfortunately, early messaging about monkeypox may have inadvertently led to people believing they are not at risk if they are not gay or transgender identified. There is also concern locally and globally that some communications and commentary on monkeypox have used language and imagery that reinforce homophobic and racist stereotypes and

[46] https://www.lacounty.hiv/wp-content/uploads/2018/11/LACHAS2018-English.pdf
[47] https://ceo.lacounty.gov/ati/
[48] In response to recommendations put forth by the *Measure J Reimagine LA Advisory Committee,* since transformed into the *Care First and Community Investment Advisory Committee*

exacerbate stigma.[49] We recognize that such stigma and misinformation can severely undermine outbreak response. Indeed, we are reminded of the early days of the HIV epidemic when racism, homophobia, transphobia and stigma led to the failure to prioritize the communities most impacted by HIV/AIDS – gay men, people of color, trans persons and PWID - early on in the course of the epidemic. This resulted in the steady and deadly spread of HIV/AIDS most profoundly in these groups and a failure to - as of yet - end the HIV epidemic nationally.

The monkeypox outbreak creates both another health burden and another social burden for the LGBTQ population and for people living with HIV. The evolution of monkeypox remains to be seen, but even after the current wave of this particular health threat subsides, we likely will not be spared from future outbreaks, epidemics or pandemics of other infectious diseases. To protect PLWH and the communities most impacted by HIV from both the health and social burdens brought about by current and future pandemics, we urge public health leaders and elected officials to respond to outbreaks with an approach that avoids stigma and blame. To do so, we encourage the infusion of community voices and perspectives, particularly among those most impacted, in the development of such responses and messaging. We need to ensure that public health leaders and governments work with communities to find local solutions. Disproportionately impacted populations must not bear the brunt of increased stigma and discrimination as a result of any health threat or the response to it. Moving forward, we will work to ensure that these key principles[50] guide future public health responses in LA County:

- Affected communities must be actively engaged in identifying and implementing strategies in response to threats to their health and well-being.

- Stigma and fear are constant companions of infectious disease pandemics; proactive steps must be taken to minimize their negative consequences.

- To reduce health disparities, proactively identify groups and communities at disproportionate risk of developing disease or poor health outcomes and design interventions to reduce these disparities and to promote health equity.

Overall Service System and Workforce Capacity

Additional data were captured through assessment activities that pertained to the HIV service system and workforce capacity. Participants cited numerous strengths with the HIV service system in LA County, including addressing the epidemic through a social justice lens, multiple free and accessible services, and the dedication of those who work in the field.

"The HIV workforce tends to be comprised of passionate and committed workers. They feel their job is meaningful and believe in helping others to the best of their ability."

"It's beginning to acknowledge the impact of systemic racism in all aspects of care and as a driver of health disparities."

Relatedly, community members who had received HIV-related services over the past year had mostly positive feedback about the services they received:

- 98% either strongly agreed or agreed that they were treated with respect;

[49]https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/may/20220522_PR_Monkeypox

[50] Valdiserri, R.O., Holtgrave, D.R. Responding to Pandemics: What We've Learned from HIV/AIDS. *AIDS Behav* 24, 1980–1982 (2020). https://doi.org/10.1007/s10461-020-02859-5

- 93% either strongly agreed or agreed that they did not feel judged;
- 97% either strongly agreed or agreed that the staff made them feel welcome and comfortable
- 97% either strongly agreed or agreed that the provider met their needs and answered their questions.

Needs/Areas for Improvement

Community members appreciated when their providers treated them more holistically, but some reported frustration with having to advocate to be screened for STDs, not being able to receive whole-person care, and not receiving culturally competent services.

"My clinic screen for other issues I may have and that was important to me."

"I used to be screened for STDs every three months. Now that I see my ID doc twice a year, the tests have been added to my labs once, at my request."

"My HIV provider used to be the only doctor I saw. My current and past physician is no longer willing to treat my cholesterol or other non-HIV issues. As an older person with HIV, I'm also dealing with other comorbidities. My healthcare is siloed, I'm taking ten different medications and I only see doctors who advocate for their disease, with no one advocating for the whole person."

"The location was cyberspace, so I didn't visit the therapist's office. I took three months to see the therapist. The therapist had no experience working with gay men, HIV, or cancer survivors."

"Case managers spend more time doing paperwork than servicing clients. LA County loves data driven programs, but all that paperwork means some people are denied access to services or have to wait three months."

The majority (79%) of respondents strongly agreed or agreed that there needs to be more people living with HIV delivering HIV-related services. Among those who identified as HIV-positive, the percentage jumped to 93%. Additionally, 80% of respondents strongly agreed or agreed that "there needs to be more people who look like me delivering HIV-related services." This included 86% of respondents who identified as Black/African American and 88% who identified as Latinx.

In addition to increasing the diversity of the workforce, the greatest needs with respect to the workforce and service system included addressing provider burnout; addressing turnover that stems from a variety of issues; the need for expedited services, especially for those with complex needs; training needs; building a better pipeline for providers; and addressing administrative barriers.

"Hire more people, more staff that look like us and can relate to our needs. Don't require a Master's degree in social work. Let people with an Associate's degree take a little training. If you hire more people that are HIV and give them training, you'll get better results."

"Do they employ members of the populations in positions other than outreach? For example, do they have trans front desk staff or a gay black MA? Or do these folks only get hired to do outreach to their "target" population?"

"They (providers) are overworked / forced to wear multiple hats and many of them have unhealed trauma that directly impacts the quality of their services."

"The turnover in organizations is high due to low pay and other factors. More free training is needed that offers certification and licensing. Experience is frequently underappreciated vs college degrees."

"What we really need are housing resources, access to expedited mental health services and substance use disorder resources, linkage to care of vulnerable populations especially those experiencing homelessness."

"The greatest need is to cross train programs regarding their services and systems to connect clients to services."

"(There are) no clear pipelines or educational training programs (in colleges or in the community) to prepare for positions in the HIV field (HIV counselors, HIV prevention workers, PrEP navigators, Linkage to Care, Case Managers, Case Watch Data Managers, ADAP enrollers, Benefits Counselors, etc.)."

"At meetings, it often feels like there is adequate resource allocation especially for housing, yet as a provider, it feels that those resources are difficult to obtain or are not available in real time. There is so much red tape and ultimately, the patients suffer or there is delay in receiving care. This also applies to mental health resources."

"*(We need) one database for all services, once registered data like income can be updated and people get automatically enrolled for needed services like affordable housing."*

a. Priorities – The needs assessment process helped us to identify the following key priorities:

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

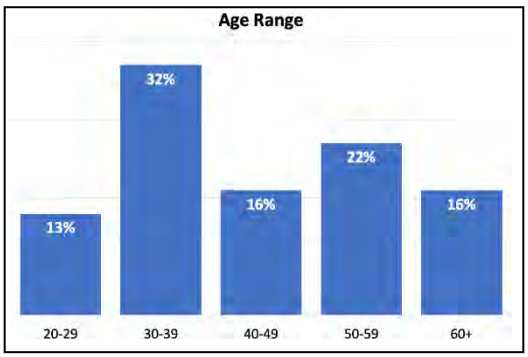
b. Actions Taken - In response to needs and barriers identified during the development of both the Integrated Plan and the EHE, LA County has undertaken a number of activities, including:

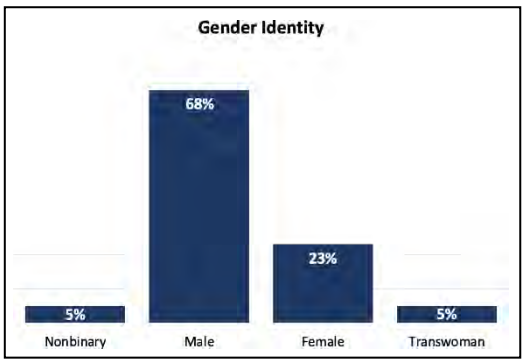
- Distributed over 15,000 HIV self-test kits
- An Assessment of Unmet Mental Health Needs of PLWH
- Assessment activities to develop PrEP campaigns in the Black/African American community
- Began initial activities for comprehensive workforce capacity assessment
- Increased Tele-PrEP capacity for PrEP/PEP Centers of Excellence
- DHSP began implementing *Addressing Implicit Bias & Medical Mistrust, and Cultural Humility* training
- Emergency Financial Assistance for PLWH – developed for clients at risk of losing housing or in need of one-time or short-term financial assistance
- Exploring ways to improve Partner Services efforts
- Development of a Cluster Detection and Response Community Advisory Board
- Community meetings and trainings on Cluster Detection and Response
- DHSP implemented EHE community mobilization project through a partnership with the AMAAD Institute, focused on highly impacted populations
- Implemented iCARE Contingency Management project
- Implemented Rapid and Ready Linkage to Care project

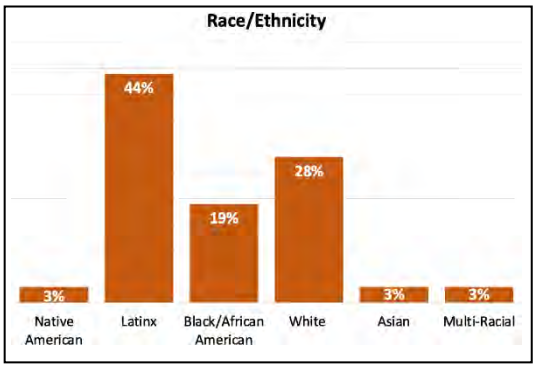
c. Approach - At the onset of planning, stakeholders expressed concern related to "over-assessing" both community members and providers, and that we should strive to utilize the data, recommendations and reports that had recently been collected and compiled through various means. For example, the recent development of the LA County EHE, the local *Act Now Against Meth* campaign; and the recommendations from the Commission's Black/African American Task Force, Women's Caucus, Transgender Caucus, Consumer Caucus, Prevention Planning Workgroup, and Aging Task Force rendered useful information for our planning purposes. In addition to the analysis of existing reports and data, we also collected primary qualitative data from priority populations, community members and providers through listening sessions, an online survey and facilitated stakeholder meetings.

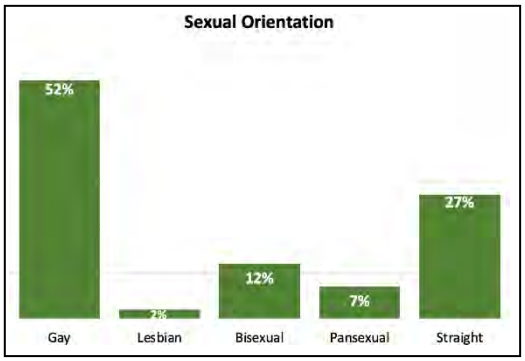
Listening Sessions: To ensure the voices and perspectives of communities most impacted by HIV were used to drive the Integrated Plan's goals and objectives, we conducted facilitated "listening sessions" with priority population groups. A total of 86 participants attended the listening sessions for Black MSM; People of Trans Experience; Cisgender Women of Color; People who Inject Drugs and their Stakeholders; PLWH 50 years of age and Older; and People Under 30 years of age. The listening sessions were 90-120 minutes long and included discussions about what the HIV service system does well; and barriers and solutions related to each pillar. Participants each received a $25 gift card for their participation.

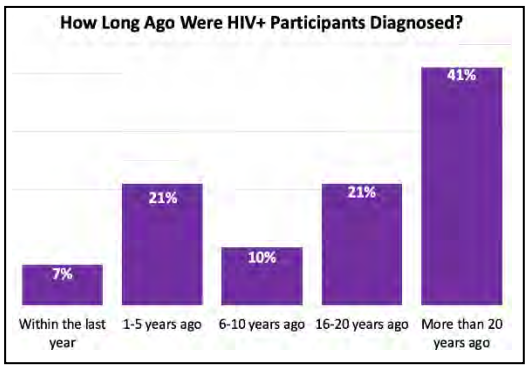
Survey: Two online surveys were also disseminated to capture perspectives from providers and community members (defined as anyone who had accessed any type of HIV-related service in LA County in the past 12 months). Community members each received a $25 gift card for completing the survey and providers had the option of entering a raffle to win one of two $50 gift cards. Both the provider and community surveys were available in English and Spanish. Fifty-one community members completed the survey, however, only 13 providers responded to the survey, which may be due to being "over-assessed" as described above. The demographic profile of community survey participants include:

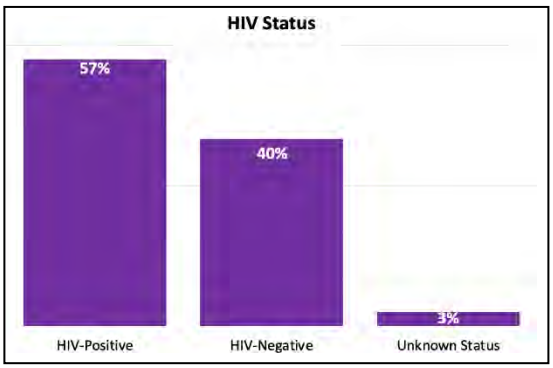












Facilitated Stakeholder Meetings: To capture feedback from key stakeholders, the planning team (PP&A leadership, Commission staff and Consultant) facilitated a number of structured discussions to ascertain how to build upon the existing EHE to develop the new Integrated Plan. Stakeholders represented the following entities and/or population groups:

- EHE Steering Committee members
- Community-based organizations serving PLWH and at-risk for HIV
- Health department staff from LA County, the CA State Office of AIDS, and the Cities of Long Beach, and Pasadena
- People living with HIV, including members of a Federally recognized Indian tribe and individuals co-infected with hepatitis C
- Members from priority population groups including Black MSM, Latinx MSM, Women of Color, Trans and nonbinary persons, PWID, people 50 and older, people under 30
- Health department epidemiologists
- HIV clinical care providers including those who represent RWHAP Part C and D
- Providers from STD clinics
- Non-elected community leaders including faith community members and business/labor representatives
- FQHC and Community Health Centers
- Substance use treatment providers
- Hospital planning agencies and health care planning agencies
- Mental health providers
- Individuals (or representatives) with an HIV diagnosis during a period of incarceration (within the last three years) at a federal, state, or local correctional facility
- HOPWA Coordinator
- City of Los Angeles AIDS Coordinator
- Social services providers including housing and homeless services representatives*
- Service Planning Area (SPA) 2 (San Fernando Valley) HIV and social service providers
- SPA 4 (Metro) HIV and social service providers
- Long Beach HIV Community Planning members
- City of West Hollywood HIV service coordinators/staff
- Part F/AETC

Section IV: Situational Analysis

Overall, the LA County HIV prevention and care system has many strengths and providers, advocates, consumers and community members can be proud of key achievements over the course of the HIV epidemic that have undoubtedly saved lives and improved the quality of life for those living with or at-risk for HIV. More recently, although COVID-19 has devastated Angelinos and greatly stretched the public health infrastructure, the HIV system has shown great resiliency and continues to diagnose and treat people living with HIV and prevent HIV transmission through the provision of high-quality services. Although the number of people living with HIV continues to climb, the number of annual HIV infections continue to decrease, as does the HIV death rate. Unfortunately, HIV-related disparities persist across race/ethnicity, gender identity, sexual orientation and age group. These disparities are driven largely by structural and systemic issues including housing status, poverty, recent incarceration, and co-morbid conditions such as STD coinfection, substance use disorders and mental health disorders. Our commitment to ending HIV means we must also be committed to confronting harmful practices and oppressive systems that fuel these disparities.

a. Diagnose all People with HIV as early as Possible: An HIV diagnosis as close to the period of infection as possible is a crucial first step to achieving optimal HIV-related health outcomes and reducing the likelihood of HIV transmission. In LA County, an estimated 6,800 people or 11% of all people living with HIV, are undiagnosed and therefore unaware of their status. Additionally, one out of five people who were newly diagnosed with HIV in 2020 were diagnosed in the “late stage” of the disease, increasing the risk of transmission and poorer health outcomes. To increase the proportion of people living with HIV who are diagnosed to at least 95%, and to increase the timeliness of diagnosis, LA County DPH, community health clinics, non-traditional community-based HIV testing partners, and other private and public entities must jointly support a robust and widespread HIV testing strategy, including testing in new and innovative ways. Critical in this effort is increasing the number of testing services access points to meet clients where they are in their readiness to engage in testing services in clinical, non-clinical and other community settings.

LA County DPH supports a cross-section of organizations to conduct HIV testing in a variety of settings, including non-clinical venues that serve priority populations, community-based HIV/STD clinics, social and sexual network testing programs, and commercial sex venues. Overall, DPH supports 42 HIV testing providers with annual goals to provide over 80,000 HIV tests and with the goal of diagnosing more than 800 individuals with HIV each year. In addition, LAC DPH staff directly provides HIV testing in the county jails and STD Clinics. These public-sector supported HIV testing and diagnosis efforts are an important complement to private sector HIV testing efforts supported by commercial health plans.

Routine HIV Testing: Expanding routine HIV testing within emergency departments, hospitals in highly HIV impacted geographic areas, FQHCs, and other clinical settings is crucial to meet HIV testing goals. While targeted testing often provides the highest positivity rate, implementing routine testing in health care settings is an important component to not only move towards destigmatizing HIV, but also allowing individuals who do not recognize their HIV risk to be tested for HIV. Given the co-occurrence of HIV and other STDs and substance use, it is essential that we continue to promote HIV testing as a part of routine STD screenings and at substance use disorder treatment facilities and SSPs. Routine testing in a subset of clinical settings can have an acceptable yield while leveraging multiple revenue streams, including public and private health plans, to cover testing costs. Despite these opportunities and benefits, launching new routine HIV testing programs in healthcare settings in LAC has been difficult. To catalyze routine HIV testing, a variety of policy changes are needed

including changes that require low barrier reimbursement for HIV screening and strong annual screening mandates. In addition, we must address several non-financial routine HIV testing barriers, including broad scale training and technical assistance of routine HIV testing staff, broad scale adaptation of electronic medical records to incorporate HIV testing prompts and export critical HIV testing data, the development of protocols to ensure the immediate linkage of newly-diagnosed HIV- positive persons to care, and incentives to recruit and maintain a county-wide cadre of health care settings based routine HIV testing "champions."

Primary Care Clinics: As part of the national EHE initiative, since 2020 39 FQHCs and community health clinics were funded directly by HRSA's Bureau of Primary Health Care to adopt routine HIV screening, increase PrEP provision, and implement other HIV prevention services within their clinics. LA County DHSP works with the funded clinics in partnership with the Community Clinic Association of Los Angeles County to support these efforts.

Emergency Departments (EDs), Urgent Care Centers and Hospitals: EDs are entry points into healthcare services for many individuals, including people living with diagnosed and undiagnosed HIV. Thus, EDs, urgent care settings, and hospitals are important locations to offer HIV testing, especially for those who don't access primary care. Routine HIV screening in these settings is also conducive to the identification of persons with acute HIV infection and high linkage to care rates. In 2020, DPH received HIV case reports for a total of 2,338 new HIV diagnoses, and 2,006 cases were matched to a reporting health care facility. Approximately three out of every five new diagnoses were identified at one of the top eight HIV diagnosing hospitals or outpatient clinics.

Sexual & Reproductive Health Clinics: Screening sexually active persons for HIV when they present for STD testing is imperative, particularly given that HIV and other STDs often co-occur. Sexual health providers in LA County include community and DPH STD clinics, family planning providers, and HIV PrEP clinics. DPH currently operates 11 STD clinics and funds four community-based LGBT focused STD clinics that provide no-cost specialized STD and HIV services in a confidential, non-judgmental setting. Family planning providers include Planned Parenthood as well as a network of many smaller clinics. These providers have and continue to provide comprehensive STD and family planning services to patients of all genders for uninsured or underinsured persons. Since 2012, the number of clinics offering PrEP either in a separate PrEP focused clinic or integrated into their regular services has increased. Increased PrEP use results in increased HIV testing given CDC guidelines that clients prescribed PrEP should be tested for HIV every three months. The top six sexual and reproductive health clinics diagnosed nearly one-third (30%) of all new diagnoses in 2020.

In the past, DHSP has conducted Public Health Detailing (a method of targeting and reaching providers who will benefit from a short, focused public health message) related to HIV, PrEP, and syphilis among women to influence practice patterns for established community medical providers. This effective intervention, however, remains both resource and time intensive for a jurisdiction the size of LAC. A more targeted approach of connecting with medical schools and training programs, including residency programs, nurse practitioner and physician assistant training programs, may be a more cost- effective way to support sustained clinical practices with public health benefit. By reaching clinicians at the beginning of their healthcare training and careers, the importance of HIV prevention and HIV testing can be included as a fundamental element of routine clinical practice that spans the life of medical careers and can be used to identify and develop HIV champions.

Rescreening individuals with elevated HIV risk: Both national and local data indicate that many people at higher risk for HIV infection are not screened according to clinical guidelines (e.g. CDC recommendation of at least once per year). Among CDC's NHBS participants, 15% of transwomen, 16% of MSM and 45% of PWID had not had a test in the past 12 months; and a lower proportion of

persons with ongoing HIV risk received an HIV test every three or six months as recommended by the CDC.

The link between STDs and elevated HIV risk is clear, and we must ensure that health care providers are not missing opportunities to conduct HIV testing with clients who are seeking STD screening, diagnosis and treatment services. The wide-scale adoption of technology to allow HIV testing providers to track and communicate with clients via text or a secure portal when they are due for repeat testing in an automated fashion and could accelerate efforts to ensure that clients who are newly diagnosed are promptly linked to care. The adoption of this technology and the use of digital forms of communications is congruent with how younger individuals prefer to exchange information, particularly given their ease and the higher levels of confidentiality they provide.

Self-Test Kits: Alternative HIV testing approaches are necessary to ensure that HIV diagnoses continue among individuals who may be HIV-positive but who may be less inclined to seek in-person services. The U.S. Food and Drug Administration (FDA) has approved HIV self-test kits, that while less sensitive than other rapid tests, provide an important low barrier option for individuals to confirm their HIV status. In response to this alternate testing strategy, LA County DHSP joined the multi-jurisdictional Take Me Home initiative. Take Me Home is a timely and innovative HIV self-test kit ordering program that centralizes advertising, data collection, and test kit distribution to clients, relieving health departments from coordinating and hiring staff during the COVID crisis. As a strategy to promote linkage to care efforts, DHSP has also made available HIV self-test kits to community-based partners who also offer video or phone assistance and support by trained test counselors and who prioritize providing linkage to care services to persons testing HIV-positive. TakeMeHome is working to expand its reach and diversify its users by implementing active social media strategies and partnering with local credible messengers to increase the recognition of and trust in the program. Providing the opportunity for no-cost self-test kits is a strategy to increase access to HIV testing services with minimal staff support. Since January 2021, Public Health has distributed over 15,000 kits to contracted HIV prevention agencies, other community partners, and through community events. DPH plans to expand self-test kit distribution through programs that serve people who inject drugs, transitional aged youth, and people experiencing homelessness. LA County is also pursuing distribution options through non-traditional partners such as barbershops, religious institutions, mutual aid groups, as well as through large scale community events.

In addition to HIV self-testing, the “I Know” program (dontthinkknow.org), first developed by LAC DPH in 2009, was the second free home STD testing program in the U.S. offered by a public health agency, and the very first to offer clients online access to test results. The program offers free testing for chlamydia and gonorrhea to females and trans males in LAC ages 12-24, using the Aptima Combo 2 vaginal swab. Chlamydia and gonorrhea together cause more than 25,000 infections in young women in LA County annually. Most of these infections are asymptomatic, making routine testing essential to timely treatment and preventing further transmission. "I Know" expands testing by removing common barriers to clinic-based testing, including time, stigma, and lack of nearby facilities. Re-launched in April 2022 on a new more powerful software platform, “I Know” has now also expanded to six other CA counties, with support from CA Department of Public Health.

The County welcomes traditional and non-traditional partners to further explore HIV testing opportunities that allows for the highest impact in increased testing access points, reduced barriers for clients, and integration of routine “syndemic” testing that includes viral hepatitis and STDs. DHSP will continue to expand or support the existing HIV testing portfolio especially for populations where HIV rates are rising and is committed to partnering with agencies such as homeless service providers conducting street outreach to further increase HIV testing opportunities, given their expertise of the communities and clients they serve.

b. Treat People with HIV Rapidly and Effectively to Reach Sustained Viral Suppression: By leveraging a combination of federal, state, and local funds, LA County supports a network of HIV providers and more than 30 DHSP funded HIV medical homes, where referrals, linkage assistance, medical care, and medications are available regardless of insurance status. For years, DHSP, the Commission and a network of providers have worked to reduce barriers to care so that PLWDH can be readily linked to and be retained in HIV medical care. Despite these efforts, at the end of 2020, linkage to care, engagement in care, and viral suppression rates remain far below targets for a significant subset of patients.

Linkage to care: Since 2011, DHSP has incentivized timely linkage to HIV medical care for its network of community-based HIV testing providers. HIV testing providers assume primary responsibility for linking a newly diagnosed person to HIV care by setting up appointments and following up with the client until the first appointment is completed. While this incentive structure initially produced significant improvements in initial linkage to care, more recently performance has generally plateaued. Only 76% of persons who were newly diagnosed in 2020 were linked to HIV care within one month and only 54% were linked to HIV care within one week. This is likely due to a combination of factors, such as denial or competing life demands, and structural barriers, such as lengthy financial screening requirements and administrative paperwork. The current system must evolve to make rapid initiation of antiretroviral therapy (ART) the easiest choice for both the provider and the patient. DHSP, together with HIV prevention and medical providers, must restructure its approach to linkage to care, must treat new HIV diagnoses with more urgency, and must ensure that providers receive technical assistance to make same day linkage referrals a standard practice. In addition, DHSP will utilize its position as funder to provide technical assistance to clinics to reduce unnecessary administrative barriers for patients and improve the client experience. An exciting LTC project recently launched by DHSP is the Rapid and Ready program focusing on same-day linkage to care which has received 52 referrals to date, of which, 50% have been linked to care.

Engagement and Retention in Care: In 2013, LAC DHSP implemented the *Medical Care Coordination (MCC)* program in Ryan White Program-funded HIV medical homes with the goal of addressing the unmet psychosocial and medical needs of patients at risk for or already experiencing poor health outcomes. Comprised of a Registered Nurse, a Social Worker, a Case Manager, and a Retention Outreach Specialist, the MCC teams help patients with a range of psychosocial, behavioral, and medical issues that may impact their treatment adherence. A robust evaluation of the MCC program demonstrated that PLWH who utilize MCC services experience significantly improved health outcomes after 12 months. In 2016, DHSP established the *Linkage and Re-engagement Program (LRP)* as a complement to the MCC program to identify, reach, and re-engage patients who have fallen out of care, and then expanded MCC to additional HIV clinics in 2017. Given that the path to consistent, ongoing HIV care and reaching viral suppression is not always a linear experience for clients (for multiple reasons), the Linkage and Re- engagement Program was developed as a specialty linkage program to work with clients who have had challenges linking to care or have fallen out of care and cannot be reached. LRP utilizes experienced DHSP-based health navigators, who have access to a wide-range of LA County data systems in order to locate and follow-up with clients who are often not well served by traditional medical and support service models, including those without a cell phone or who are unstably housed, or who have not been located or responsive to service providers' attempts to engage them in care. While the engagement and retention in care of clients remains a primary responsibility of the clinic, the LRP program is intended to serve as a complementary option of last resort to focus efforts on locating and connecting with clients and subsequently facilitating a warm hand-off to clinics and MCC teams.

In August of 2022, a contingency management program known as iCARE (Incentives for Care, Adherence, Retention, and Engagement) was launched. iCARE is an incentive-based program that seeks to support engagement in care and viral suppression among youth and young people under the age of 30 using principles of contingency management, an evidence-based behavioral intervention. This pilot program consists of two cohorts (youth under 30 years and women from DHSP's Linkage and Re-engagement Program).

It is clear that despite the availability of these programs, many PLWH struggling with financial concerns, housing instability, mental health diagnoses, and SUDs, also struggle to not only access care, but remain in care and achieve viral suppression over long periods of time.

Cal-AIM[51]*:* The California Department of Health Care Services (DHCS) has recently begun rolling out a multi-year initiative to improve the quality of care provided to Medi-Cal members by implementing broad delivery system, program, and payment reform across the Medi-Cal Program. The goals of the California Advancing and Innovating Medi-Cal (CalAIM) initiative are to identify and manage member risk and need through whole-person care approaches and addressing social determinants of health; move Medi-Cal to a more consistent and seamless systems by reducing complexity and increasing flexibility; and improve quality outcomes, reduce health disparities and drive delivery systems transformation and innovation through value-based initiatives, modernization of systems, and payment reform. Under CalAIM, Enhanced Care Management (ECM) is a care coordination benefit for the highest need and/or high-cost members. This new Medi-Cal managed care plan benefit would provide intensive care management for both medical and non-medical needs for high-need Medi-Cal members. Eligible populations include people experiencing homelessness, people at risk of institutionalization and people transitioning from incarceration with complex health needs. Because a key focus of CalAIM is addressing the challenges facing people with complex and unmet needs, we are hopeful that CalAIM will help support the needs of PLWH who have fallen out of care or are at risk of falling out of care. For these reasons, we will carefully monitor the roll-out of the new initiative and work to ensure the system supports the needs of PLWH.

Addressing the Meth Epidemic: In LA County, the SAPC Program leads and facilitates the delivery of prevention, treatment, and recovery support services intended to reduce the impact of substance use, abuse, and addiction county-wide. The LAC DPH Division of HIV and STD Programs collaborates with SAPC to connect clients to HIV and STD-related services. Given the consistent increase in methamphetamine use over time and its well- established intersection with HIV, syphilis, and poor HIV-related health outcomes, it is imperative that LA County facilitates greater integration and synergy of HIV and substance use disorder services. Stronger partnerships among HIV service providers and SUD providers must include strategies that address meth use and its role with sexual HIV risk behavior, must promote adherence to PrEP or ART, and must prioritize the expansion of contingency management services coupled with these biomedical HIV prevention tools. More broadly across the substance using spectrum, programs that promote harm reduction, mitigate the sharing of injection equipment and promote syringe services programs must be prioritized, including geographic areas with high rates of HIV transmission but devoid of SSPs. The LA- based Act Now Against Meth Coalition, a long-standing community mobilization and awareness effort launched to address the alarming increase in meth use among gay and bisexual men has recently developed the Los Angeles County Platform Addressing the Meth Epidemic. The platform includes a list of recommendations for meth prevention, treatment, and policy, some of which we have folded into our goals and objectives. Separately, SAPC has launched a Countywide Meth Task Force to inform meth prevention and treatment strategies and address both the upstream drivers of meth use and abuse. DHSP actively participates in both the Prevention and Treatment Committees of the Meth

[51] https://www.dhcs.ca.gov/calaim

Task Force.

Aging with HIV: As we enter the fifth decade of the HIV epidemic, those who are aged 50 and older make up an increasingly larger percentage (51%) of PLWDH, with people 50-59 years old making up 30% of all PLWHD and people 60 and older making up 21%. By comparison, people 50 and older make up only 33% of LA County's general population. It is estimated that by 2030, people 50 and older will comprise 70% of all PLWH. Additionally, among new HIV diagnoses in 2020, 34% of people aged 50-59 and 31% of people 60 and over were diagnosed at Stage 3 of HIV disease, indicative of late HIV disease (compared to 20% among all diagnoses).

Advances in treatment have greatly improved the health and well-being of all PLWH. As HIV treatments continue to improve and the general population continues to age, the number of older PLWH will continue to increase. Relatedly, according to a recent modeling project,[52] by 2030, over 25% of people taking HIV treatment will be over the age of 65; over half will be over the age of 53; and 36% of people taking ART are expected to have multimorbidity – at least two physical co-morbidities in addition to HIV. A recent study finds that accelerated aging occurs within just two to three years of infection.[53] With age and the cumulative effects of HIV, older PLWH and some long-term survivors experience exacerbated age-related health vulnerabilities and comorbid conditions. Older PLWH face a range of challenges to their physical and mental health, in addition to the usual effects of aging, even when HIV disease is well-controlled.[54, 55]

Physical challenges may include exacerbation of widespread, chronic inflammation associated with normal aging; multimorbidities and their interactions, and side effects of ART and other medications. Mental challenges and challenges to overall well-being may include HIV-associated neurocognitive disorders; depression; trauma and loneliness.

As the needs of older PLWH and long-term survivors come more into focus and grow more urgent, it is imperative that our service system adapts to ensure strategies for long-term viral suppression, continuous access to ART, and prevention and care for comorbid physical and mental conditions. In 2020, the Commission on HIV's Aging Task Force (now Caucus) developed a set of recommendations to address the broad health needs of those over 50 years old living with HIV and long-term survivors. The Task Force is currently revisiting the recommendations to better respond to the aging needs of long-term survivors under 50 and individuals who acquired HIV perinatally. Aligned with these recommendations, as well as California's Master Plan on Aging, DHSP has begun to develop plans to address the needs of those PLWH 50 and older, as reflected in our goals and objectives.

The current safety net in LAC to address the needs of PLWH with multiple health and/or life circumstances (e.g., substance use disorder, homeless, mentally ill, other co-morbidities, and chronic health conditions) persons living with HIV is fraught and complex. Navigating the healthcare system and identifying accessible and quality mental health and SUD services, particularly for low-income persons, can be difficult; at the same time, mental health services specifically designed for PLWH remain underutilized in parts of LAC. To ensure that we improve the health outcomes of PLWH who have not achieved viral suppression, disruptive programming that provides supportive services with an emphasis on education, emotional support, trauma informed care and stigma reduction; and improves the lives of people experiencing financial hardship, homelessness, mental illness, and SUD are greatly needed. New and unconventional programming, such as conditional financial incentives,

[52] Kasaie P et al. *Multimorbidity in people with HIV using ART in the US: projections to 2030.* Conference on Retroviruses and Opportunistic Infections, abstract 102, 2021.

[53] Crabb Breen, et al. *Accelerated aging with HIV begins at the time of initial HIV infection.* Published: 6/30/22 DOI: https://doi.org/10.1016/j.isci.2022.104488

[54] https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv

[55] https://www.medicalnewstoday.com/articles/growing-old-with-hiv

also known as contingency management, must be expanded, as well as advances in antiretroviral therapy such as long acting injectables, particularly for individuals facing the most complex life circumstances. For communities most impacted by HIV, the importance of addressing barriers to care and ensuring PLWH are informed and able to easily access various programs and resources will be important.

c. Prevent New HIV Transmissions by Using Proven Interventions, Including PrEP/PEP & SSPs

PrEP/PEP: Increasing the number of people who take advantage of and have access to clinical preventive services, such as PrEP, continues to be a major public health challenge. Despite widely available PrEP resources and providers, less than four in ten persons with an indication for PrEP report taking it. Significant progress has been made to limit PrEP associated costs as a barrier to uptake; most health insurance plans now cover most PrEP associated health care costs, with public and private programs available to cover out-of-pocket costs based on income. Unfortunately, assistance programs require eligibility screening and paperwork, which can deter some clients. Clear and direct messaging about PrEP from appropriate community stakeholders is greatly needed to address mistrust and combat misleading information. Health care systems must adapt to make PrEP initiation and its continued use as easy as possible so that individuals with a continued indication are retained in care.

Mistrust of new pharmacologic interventions and medical providers in communities of color are understandable and justifiable given the history of mistreatment of Black Americans, Native Americans, and other people of color, as unwilling subjects of medical research and continued racial biases in access to and the delivery of health care services. Unsurprisingly, the uptake of PrEP among Black and Latinx MSM and transgender persons has consistently been lower compared to their White counterparts. In addition, many individuals incorrectly believe that PrEP will be too expensive and therefore inaccessible. While federal, state, and local programs that support PrEP at low to no-cost remain in place; community-based organizations, medical providers, and public health departments all have a role to play to help address misinformation and mistrust as a step towards deconstructing institutional racism and improving healthcare access patterns. The Commission's *Black/African American (AA) Community Task Force*[56] recommended increasing culturally sensitive PrEP advertising designed with input from the very communities it is attempting to reach, including Black/African American cisgender women, transgender individuals and MSM. In addition, voices of influential individuals through social media and marketing may help destigmatize both HIV and PrEP use and could potentially activate some individuals to take action.

For PrEP to reach the individuals who would most benefit from this prevention tool, health care partners across all sectors and disciplines must not only understand its clinical use, but, more importantly, be mindful and comfortable in their approach to discussing sexual behaviors with patients, ideally in an open non-judgmental manner. The network of LAC PrEP Centers of Excellence (COEs) was launched in 2016 with the goal of creating culturally competent access points where patients can also receive assistance navigating PrEP-related cost and health insurance coverage issues. Since the FDA approval of PrEP, the number of medical providers in LAC who report being a PrEP provider has steadily increased.[12] Recently, 39 Federally Qualified Health Centers (FQHCs) in LAC were funded directly through the federal Ending the HIV Epidemic initiative to expand their PrEP and HIV prevention efforts. Additionally, recent California legislation and policy changes have further expanded PrEP access points to include pharmacies[57] and telemedicine providers.

[56] Now the Black/African American Caucus of the LA County Commission on HIV

[57] With the passing of California's Senate Bill 159, pharmacists are now allowed to directly provide PrEP and post exposure prophylaxis (PEP).

An outstanding concern regarding PrEP uptake is its duration of use among individuals with continued risk. Discontinuation of PrEP is likely due to multiple factors, including pill fatigue, administrative barriers, and competing life demands. To ensure consistent, sustained access for clients at highest risk for HIV and other STDs in sexual health and prevention services and PrEP services, providers must develop more systematic and innovative ways of staying engaged with their clients. PrEP providers can reduce barriers to care for follow up appointments by offering telemedicine visits and allowing patients to come in only when laboratory work is needed. Expansion of technology to allow for accurate and sensitive home or self-collected HIV and STD tests will be a significant step toward further minimizing the frequency and length of time for medical visits and ensuring PrEP adherence. Many clients, especially younger individuals, prefer digital forms of communication and care, yet many community health centers still lack secure technology platforms to facilitate easier communication with patients.

DHSP and stakeholders must continue to promote all PrEP access points to further increase uptake. Studies have demonstrated that the "2-1-1" PrEP regimen[58] (where an individual takes two pills 2 to 24 hours before sex, one pill 24 hours after the initial dose, and one final pill 24 hours later), as well as long-acting injectable PrEP options, are important alternatives to oral daily PrEP. These alternate regimens have the added benefit of being attractive for individuals with pill fatigue or those struggling with adherence issues. Lastly, providers must be aware of clients who have or continue to utilize PEP, the use of antiretroviral drugs for people who are HIV- negative after a single high-risk exposure to stop HIV acquisition. Clients utilizing PEP should be connected to PrEP service providers to further prevent HIV transmission and acquisition. Although providers must acknowledge that for some clients, repeated use of PEP overtime may be the most beneficial form of biomedical prevention.

Syringe Services Programs: Historical data in LAC have shown injection drug use (IDU) to be a consistent, but less common risk factor for HIV transmission, accounting for less than 5% of HIV cases annually. However, recent increases in opioid and methamphetamine use via both injection drug use and non-injection drug use is concerning. Additionally, the rise of conditions that contribute to drug use, such as economic inequality, homelessness and untreated mental illness are pervasive in LAC, increasing our susceptibility to an IDU outbreak. Fortunately, syringe services programs (SSPs) are legal under California law, but programs in LAC experience fragmented or insufficient support from County and City of Los Angeles partners. In addition, LAC DPH funded SSPs continue to be small in scale, including only nine agencies funded at modest levels through the DPH SAPC program. Of the nine currently funded EOP agencies, only two currently provide HIV, STD, and hepatitis C (HCV) testing. Unfortunately, there is limited data and an absence of an in-depth analysis to confirm the impact of the LAC DPH-supported SSP programs, including data tied to linking clients to testing, other HIV prevention and care resources as well as Hepatitis and substance use disorder services. LAC has recently increased our investment in this area and we plan to continue to enhance the SSP service portfolio to ensure clients are linked to HIV prevention and treatment services and allow for more robust data collection. Despite recent legislative setbacks, we will also continue to support the creation of supervised drug consumption sites and services. Supervised Consumption Sites (SCS) are designated sites where people can use pre-obtained drugs under the safety and support of trained personnel. SCS have been implemented across over 200 sites in countries around the world and have been proven to save lives.[59]

[58] There is scientific evidence that the "2-1-1" schedule provides effective protection for cisgender MSM when having anal sex without a condom, however, to date, we don't know how "on-demand" PrEP works for heterosexual cisgender men and women, people who inject drugs, and transgender persons.

[59] Gostin LO, Hodge JG, Gulinson CL. Supervised injection facilities: legal and policy reforms. *JAMA*. 2019; 321(8):745-746.

d. Respond Quickly to Potential HIV Outbreaks to Get Needed Prevention and Treatment Services to People who Need Them: The use of client-level data reported to the public health department to identify and target PLWH for contact tracing and linkage to services has a long precedent that continues today. The use of this client data for expanded HIV prevention and outreach efforts, however, is relatively recent. For decades, national guidelines and state laws restricted access and use of client-level HIV surveillance data to traditional surveillance functions, such as generating aggregated reports to describe population-based trends among PLWDH. While these limits on the use of surveillance data in the early days of the HIV epidemic as a way to protect the privacy of PLWH were understandable, these laws severely limited the ability of public health staff to use available information to further advance outbreak investigation efforts. Fortunately, we find ourselves in a different era where data driven HIV public health strategies, such as data-to-care, the use of geospatial analysis, and molecular cluster analysis are available (and required) and can be leveraged to ensure that the HIV public health response is more targeted and timely, and has the greatest impact. These activities require real-time access to client-level surveillance data and will be carried out regularly to not only identify individuals who need enhanced services, but to also detect and rapidly respond to early clusters or outbreaks of HIV in the community.

Partner Services: The CDC describes Partner Services as a continuum of clinical evaluation, counseling, diagnostic testing, and treatment designed to increase the number of infected persons brought to treatment and to reduce transmission among sexual networks.[60] Partner services is a key strategy for identifying people with HIV infection—those with undiagnosed infection and those with diagnosed infection who are not receiving HIV medical care—and helping them access care and treatment. All persons with newly diagnosed HIV infection should receive Partner Services to help them identify sex and needle-sharing partners who may also be infected or may be at very high risk for becoming infected. These partners can then be notified of their potential exposure and offered HIV testing. Those who test positive for HIV can then be linked to HIV medical care and other services. Those who test negative can then be linked to PrEP, SSP and other prevention services.

DPH employs Public Health Investigators (PHI, aka Disease Intervention Specialists) to implement both HIV and STD Partner Services (PS) activities. Currently, LAC's integrated HIV/STD disease investigation and PS program is implemented by staff who work within two separate divisions within the Department of Public Health: DHSP and Community and Field Services (CFS). DHSP PHIs, based at a centralized office, focus on syphilis and HIV partner services while CFS PHIs, based in 12 district offices throughout LAC, focus on HIV/STD and other communicable diseases assigned by the DPH.

While the Partner Services program in LAC has been mostly successful in interviewing newly diagnosed clients, there is opportunity to further expand the program's capacity to ensure all newly diagnosed clients and their partners are being interviewed in a timely and more efficient manner. In LAC, improved data system integration, easier data access, and increased staffing will improve the ability of LAC DHSP to reach all newly diagnosed persons with HIV. The latest estimate suggests that 73% of newly diagnosed persons with HIV in LAC receive an offer of Partner Services around the time of their diagnosis, but only 46% of those newly diagnosed are interviewed and only 10% name contacts. There is an opportunity to build staff capacity within the Partner Services program as well as expand partnerships with providers at high volume HIV/STD clinical testing sites to 1) establish more on-site counseling and education for persons testing positive within clinics, 2) promote rapid linkage to care and treatment efforts, and 3) reinforce community driven service sites that support and empower clients to prioritize their wellness and connect identified partners with critical HIV testing and/or PrEP. In addition, Partner Services will need to adapt to new technologies in order to respond to the use of web- based platforms, mobile apps, and other internet-based modalities that facilitate identifying and connecting with partners to testing, prevention, or care.

[60] https://www.cdc.gov/std/treatment-guidelines/clinical-partnerServices.htm

In response to the steady increase of syphilis cases and the increasingly scarce human and financial resources available to aggressively investigate all cases and interrupt the transmission of new infections, DPH has employed and implemented a priority setting process to further improve local disease investigation efforts, in particular HIV partner services. The three-point plan to improve HIV partner services includes HIV surveillance system improvements, organizational restructuring and enhanced HIV training for PHIs.

In 2021, DHSP hired seven new Public Health Investigator Trainees. The County will also hire additional PHIs to move closer towards meeting the large needs based on the high HIV and syphilis rates. Key to expanding and improving the local infrastructure is updating the existing training curriculum and adding more mentoring and hands-on training to provide better disease intervention for the very complex, high priority HIV and syphilis cases. Additional improvements are planned in quality improvement and epidemiological analysis to inform the current needs and practices as well as to inform incident trends; ultimately, to use data-to-care/action strategies in real time to detect, intervene, and prevent new cases. One other important upgrade is a new data management system, IRIS, which will enhance the workflow and case management system in comparison to the current system, STD Casewatch. IRIS will also integrate data systems that allows for efficiencies in conducting searches in HIV surveillance and other key databases.

Linkage Re-engagement Program: At DHSP, the Linkage and Re-engagement Program (LRP) is staffed by a team of health navigators and supervised by a social worker. LRP provides intensive case management and longitudinal support to PLWDH who are out of care, who are facing challenging life circumstances, and who have multiple co- morbid, mental health or SUD conditions. While linkage and re-engagement activities are the primary contracted responsibility of clinics and organizations that provide direct services to clients, LAC DHSP offers LRP as a complementary service designed to locate and connect the hardest to reach clients to the health care system. The majority of clients served by LRP are referred by their medical provider after they have fallen out of care and have been lost to follow-up. Other clients in need of LRP services are identified through data-to-care analyses, because they are high need for intensive case management such as pregnant women, individuals recently released from jail, and individuals who are identified as part of a growing HIV transmission cluster.

HIV Molecular Cluster Detection: In 2018, LAC adopted the use of the CDC's HIV TRACE program to identify priority molecular clusters (defined as a group of 5 or more persons whose HIV genotype is identified as being highly similar and a transmission cluster requiring additional review and intervention.) Because HIV has a high mutation frequency, individuals whose HIV genotypes are highly similar are likely connected through recent sexual or social networks where there is ongoing HIV transmission. In addition, there is a high likelihood that persons who may be part of new cluster are unaware of their HIV status or know their status but are not virally suppressed. LAC staff perform molecular cluster analysis of available surveillance and programmatic data to determine if the individuals are in care, virally suppressed, and if they need contact and engagement from linkage to care, re-engagement or partner services/notification teams. Given the novel nature of molecular cluster detection, in late 2019 LAC DPH launched an effort to engage community stakeholders regarding its use and assess potential unintended consequences. LAC DHSP provided an overview of molecular surveillance to the Commission on HIV to provide background information, address community concerns, address misperceptions related to the use of data, and review the potential legal ramifications and privacy issues. Planned activities for further community dialogue were put on hold due to the deployment of staff to the local COVID-19 response, however they have recently resumed. As a part of continued community engagement and awareness on molecular cluster detection and the monitoring of cluster outbreaks, DHSP will develop a communication strategy for community members and organizations in 2022 and beyond.

More recently, LAC DHSP has begun to identify emerging HIV diagnosis trends using a complementary methodology called time-space cluster analysis using case surveillance data. Time-space alerts determine whether the number of new cases in the prior 12 months is greater than expected baseline levels across different geographic areas and sub-populations, providing insight into where and among whom to prioritize early investigation and interventions to prevent onward transmission.

As we continue to move forward with EHE and develop new or strengthen existing partnerships with community stakeholders and service providers, LAC DHSP will continue to adopt common language and improve understanding of the Respond Pillar. This will be important to advance strategies designed to support the adoption of this new technology, more efficiently serve clients in need, and prevent outbreaks. Successful EHE efforts are strongly dependent on the extensive partnerships between LAC's HIV medical homes, Medical Care Coordination teams, vast network of HIV support services providers, leaders from the most impacted communities, and a broad-based coalition of non-traditional service partners. An integrated data management system for case management and surveillance data is foundational to future programmatic enhancements. LAC DPH's Informational Technology branch has begun to add HIV and STDs to its new surveillance data system for all communicable diseases; the new system will offer large-scale improvements to overall data management, facilitate data linkages across diseases, and improve timely access to surveillance data for staff working with clients. We are hopeful that the social acceptance of contact tracing for COVID-19, and the societal shift in understanding its importance in disease investigation will translate into improved HIV case- finding efforts under the Respond Pillar.

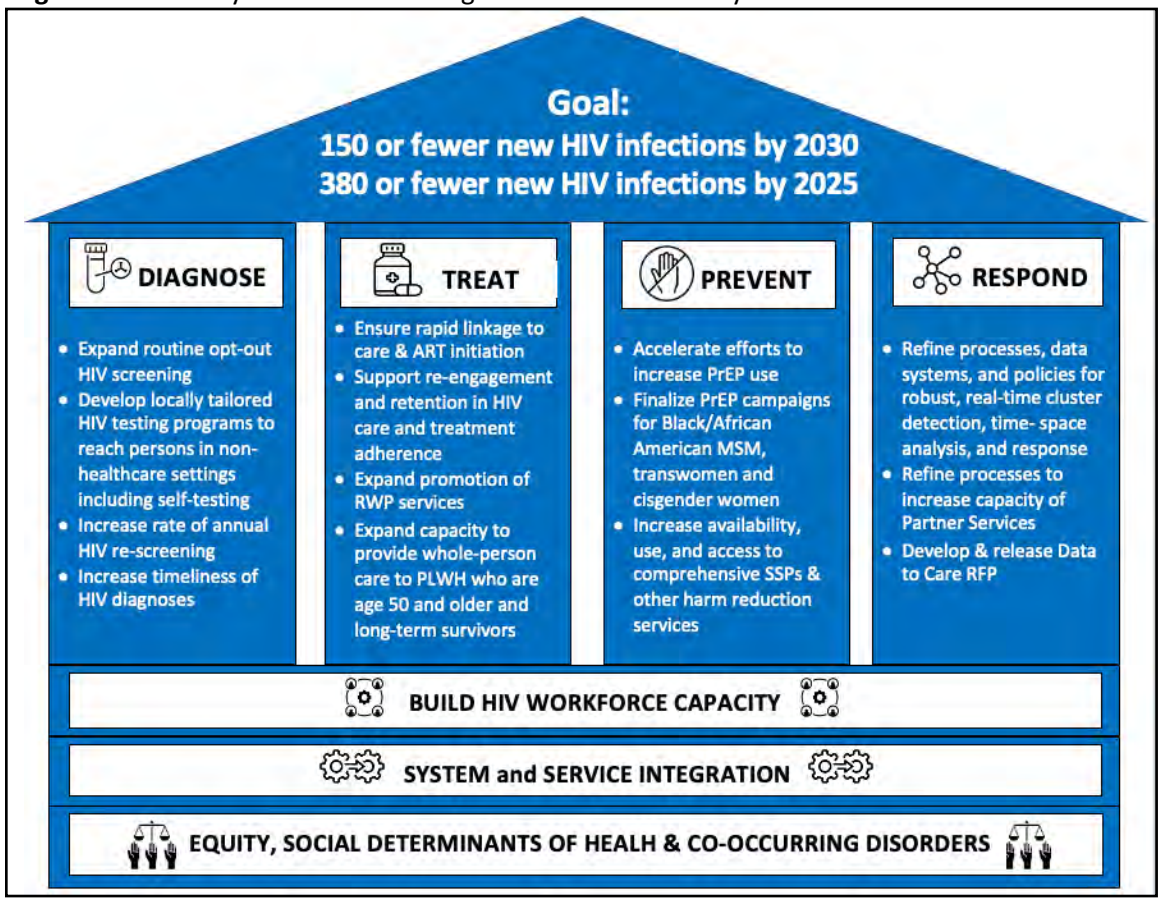
Priority Populations: Based on epidemiologic and needs assessment data, the priority populations for the Integrated Plan are: Black/African American MSM, Latinx MSM, women of color, people who inject drugs, transgender persons, youth under 30 years of age and PLWH aged 50 and older. These populations are inclusive of the priority populations in the EHE with the addition of the 50 and older population group. Although these populations will be prioritized, the County's 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 experiencing unstable housing or homelessness, among others.

Capacity Building & HIV Workforce: For many years, there has been a resounding call from frontline HIV service providers and others to provide the HIV workforce with the tools, resources, and support to maintain their health and wellbeing while continuing to diligently serve people affected by and living with HIV. The jurisdiction is committed to exploring additional opportunities to support frontline workers by addressing staff burnout, identifying and addressing training needs, and supporting continued professional development and advancement, all of which will improve the quality of services and strengthen the local HIV response. LAC DHSP will continue to work with the AETCs and the California Prevention Training Center to identify trainings to support the HIV workforce, with a particular focus on client-centered and trauma-informed approaches to HIV care. Given recent events and persistent social injustices, including COVID-19, a housing crisis, and worsening economic, racial and social injustice, the emotional and physical capacity of individuals, organizations, and the HIV workforce continues to be strained and tested. We recognize the need to support programs and services that 1) address intersectional issues that go beyond HIV prevention, care and treatment needs, 2) support PLWH with meeting basic human needs and 3) better support the HIV workforce. We will continue to encourage organizations to diversify the HIV workforce by hiring diverse employees to promote cultural competency, mirror the populations most impacted by the HIV epidemic, and combat systemic racism as we operationalize all Pillars.

Section V: Goals and Objectives

The EHE Plan forms the core of the Integrated Plan's goals, objectives and strategies. In addition to the four pillars: diagnose, treat, prevent and respond, we have added key foundational and cross-pillar elements that are essential to supporting each pillar's strategies and activities and our broader HIV-related goals. As depicted in Figure 33, these foundational elements include Building Workforce Capacity; System and Service Integration; and Equity, Social Determinants of Health and Co-Occurring Disorders.

Figure 33: Four Key Pillars and a Strong Foundation Necessary to Achieve HIV-Related Goals



Pillar I: Diagnose

Goal: Diagnose all people with HIV as early as possible
Objectives: 1. By 2025, increase the percentage of PLWH who are aware of their status to 95%, from a baseline of 89%. 2. By 2025, reduce the number of undiagnosed PLWH from an estimated 6,800 to an estimated 3,067.[61] 3. By 2026, decrease the proportion of people newly diagnosed with HIV who are in the late stage[62] of HIV disease at time of diagnosis from 20% to 15%.
Strategy 1A: Expand or implement routine opt-out HIV screening in healthcare and other settings, such as emergency departments (EDs) and community health centers (CHCs) in high prevalence communities.
Activity 1A.1: Assess and monitor the degree that HIV testing is occurring county-wide. Identify infrastructure and healthcare system issues to determine the feasibility of expanding routine opt- out testing.
Activity 1A.2: Expand the number of EDs and CHCs in high prevalence communities performing routine opt-out HIV screening.
Activity 1A.3: Identify additional opportunities in healthcare and non-healthcare settings where HIV testing can be included, such as routine STD screening sites and substance use treatment centers, among others.
Strategy 1B: Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home/self-testing.
Activity 1B.1: Assess and monitor the degree that HIV testing is occurring county-wide (see Strategy 1A). Identify infrastructure and healthcare system issues to determine the feasibility of launching a county-wide rapid HIV self-test program.
Activity 1B.2: Develop guidance on HIV self-testing, including linkage to care and prevention services, a quality assurance protocol, and assess readiness of providers to implement self-testing.
Activity 1B.3: Assess Take Me Home self-testing initiative utilization, barriers and facilitators and make improvements as necessary.
Activity 1B.4: Expand use of HIV self-testing among at risk individuals unlikely to receive traditional in-person HIV testing by developing and expanding other types of self-testing (in addition to Take Me Home) to ensure equitable access.
Strategy 1C: Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.
Activity 1C.1: Develop provider-to-patient communication tools to support providers in identifying at risk clients who are due for HIV re-screening and increase systematic ways of maintaining communication with clients.
Activity 1C.2: Develop a plan for evaluating impact of the provider-to-patient communication tools on client re-screening.
Activity 1C.3: Expand implementation & use of provider-to-patient communication tools among LAC DHSP funded HIV prevention providers.

[61] Estimated based on 59,400 PLWH in 2021 and assuming 4,450 new infections and 2,500 deaths by 2025 = ~61,350 x 5% = 3,067 Undiagnosed PLWH in 2025

[62] Late stage is Stage 3 HIV disease, the criteria being either CD4 < 200 cells/µL within 90 days of HIV diagnosis or a diagnosis of an opportunistic illness within 90 days of HIV diagnosis

Activity 1C.4: Explore the use of client incentives to maintain re-screening adherence.
Strategy 1D: Increase the timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk
Activity 1D.1: Increase integration of HIV testing/screening with other STDs and HCV
Activity 1D.2: Increase the number of STD & HIV express clinics in LAC, especially in Health Districts disproportionately impacted by HIV
Activity 1D.3: Increase community awareness of HIV testing options through advertising and promotional events in multiple languages
Activity 1D.4: Work with SAPC to ensure that all syringe service programs (SSPs) provide integrated testing/screening (HIV, STDs, HCV) and linkage to care
Activity 1D.5: Explore utilizing a Promotores/Community Health Worker model to increase sexual health literacy and awareness of HIV risk in priority populations
Activity 1D.6: Increase the capacity of Partner Services and Cluster Detection and Response to quickly identify and contact people who may be at risk of HIV/STD/HCV and direct them to testing services (see Respond Pillar activities)
Key Partners: FQHCs & Community Health Centers, Emergency Departments, HIV & STD testing providers, HIV prevention providers, private providers, academic medical provider training programs including colleges and universities, LAC Dept. of Health Services (DHS), LAC Dept. of Mental Health (DMH), LAC Sherriff's Department, homeless service providers, City of Long Beach and City of Pasadena Health Departments, LAC DPH Substance Abuse Prevention and Control Program (SAPC) and other DPH programs and divisions.
Potential Funding Resources: CDC EHE Program Implementation; HRSA RWP Part A; CDC Integrated HIV Surveillance and Prevention; State OA HIV Surveillance; SAPC Non-Drug Medi-Cal; EHE funding to FQHCs, Academic Institutions/Research, and AIDS Education and Training Centers
Outcomes: • Increased routine opt-out HIV screenings in healthcare and other institutional settings • Increased local availability of and accessibility to HIV testing services • Increased HIV screening and re-screening among persons at elevated risk for HIV infection • Increased knowledge of HIV status • Increased HIV diagnoses • Improved timeliness between HIV infection and diagnosis
Monitoring Data Source: DHSP HIV Surveillance (eHARS)
Expected Impact on HIV Care Continuum: Increase the percentage of PLWH who know their HIV status by 6% (89% to 95%).
Alignment with NHAS Goals: ☒ Prevent New HIV Infections ☒ Improve HIV-Related Health Outcomes for PLWH ☒ Reduce HIV-Related Disparities & Health Inequities ☐ Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Pillar II: Treat

Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression
Objectives: 1. By 2025, increase the proportion of people diagnosed with HIV who are linked to HIV care[63] within one month of diagnosis from 76% to 95%. 2. By 2026, increase the proportion of people diagnosed with HIV who are linked to care within 7 days from 54% (2020) to 65%. 3. By 2025, increase the proportion of PLWDH who are virally suppressed from 61% to 95%.
Strategy 2A: Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.
Activity 2A.1: Increase county-wide capacity to provide same-day rapid linkage to care during expanded hours and days for persons newly diagnosed with HIV.
Activity 2A.2: Develop a network of HIV care providers who offer same day appointments with rapid ART disbursement.
Strategy 2B: Support re-engagement and retention in HIV care and treatment adherence
Activity 2B.1: Expand the use and capacity of peer navigators and/or community health workers for PLWH to increase health literacy, access services and address social determinants of health (housing, food insecurity, etc.)
Activity 2B.2: Increase knowledge & awareness among both providers & community members about long acting injectables and other biomedical advances
Activity 2B.3: Create and distribute list of clinical providers of color and LGBTQ culturally competent providers
Activity 2B.4: Create and expand medical and supportive services for cisgender women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse
Activity 2B.5: Create and expand medical and supportive services for transgender persons living with HIV/AIDS
Activity 2B.6: 2B.6: Advocate for appropriate allocation and maintenance of funding for the Trans, Gender Nonconforming and Intersex (TGI) Equity Fund created by the passage of AB-2521
Strategy 2C: Support re-engagement and retention in HIV care and treatment adherence, especially for persons who are not eligible for Ryan White Program-supported services, persons with mental illness, persons with substance use disorders, and unhoused persons.
Activity 2C.1: Comprehensively assess unmet mental health needs of PLWH and identify gaps and areas of improvement in the mental health provider network in LAC.
Activity 2C.2: Develop partnerships to meet the SUD (particularly meth use disorder) needs of persons at risk for HIV or PLWH and improve the capacity of SUD providers to address the sexual health needs of clients and ensure access to HIV-related services, as needed.
Activity 2C.3: Develop a report that summarizes critical gaps in the current system and makes recommendations for improvement and investment of County resources, including Ryan White Program funds.

[63] Linked to HIV care is defined as ≥ 1 CD4/VL/Genotype test reported

Activity 2C.4: Leverage and monitor CalAIM to ensure their programs are appropriate and effective for PLWH
Activity 2C.5: Develop transitional case management programs that help PLWH transition from Ryan White Program into Medi-Cal, Medicare and CalAIM, and develop case management services that can monitor if care and support services are meeting the needs of PLWH post-transition.
Activity 2C.6: Expand the use of street medicine for unhoused PLWH and at-risk for HIV
Strategy 2D: Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH
Activity 2D.1: Assess how clients are currently learning about available RWP services. Identify existing and new resources to assist with promotion and educational outreach including, but not limited to, print materials and online resources
Strategy 2E: Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH
Activity 2E.1: Determine processes and program operations for housing assistance that are aligned with federal funding guidance and restrictions
Activity 2E.2: Identify potential housing partners positioned to serve PLWH and implement an expanded housing program.
Strategy 2F: Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH
Activity 2F.1: Develop processes and program operations for a pilot program that is acceptable to clients and is aligned with federal funding guidance and restrictions
Activity 2F.2: Identify potential clinical sites, train staff on pilot processes, and implement program
Activity 2F.3: Develop a robust evaluation plan to determine continued use of financial incentives and potential for expansion to other populations
Strategy 2G: RFP: EHE Priority Populations Interventions
Activity 2G.1: Develop and release RFP to fund 7-10 contracts for identified interventions
Strategy 2H: Expand capacity to provide whole-person care to PLWH who are age 50 and older and long-term survivors[59]
Activity 2H.1: Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services[64]
Activity 2H.2: Identify and implement best practices related to addressing psychosocial and behavioral health needs of older PLWH and long-term survivors including substance use treatment, mental health treatment, and programs designed to decrease social isolation[59]
Activity 2H.3: Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of discrimination), using LA County Commission on HIV's Aging Task Force recommendations as a guide
Activity 2H.4: Screen patients for comprehensive benefits analysis and financial screening; and assess access to caregiving support

[64] Adapted from the NHAS, 2022-2025

Activity 2H.5: Review Home-Based Case Management service standards for alignment with OT and PT assessments
Key Partners: RWP-supported HIV service providers, HIV medical providers outside of RWP network, FQHCs and Community Health Centers, HIV and STD Testing Providers, HOPWA, CA Dept. of Healthcare Services; LAC DHS Housing for Health program, LAC Homeless Services Authority (LAHSA), additional housing and homeless service providers, immigrant rights groups, public and private health plans, LAC DMH, LAC DHS, and City of Long Beach and City of Pasadena Health Departments.
Potential Funding Resources: HRSA EHE; HRSA CARES; HRSA RWP Part A; HRSA RWP Part B; HRSA RWP Minority AIDS Initiative; CDC Medical Monitoring Project; EHE funding to FQHCs, Academic Institutions/Research, and AIDS Education and Training Centers.
Outcomes: • Increased rapid linkage to HIV medical care • Increased early initiation of ART • Increased support to providers for linking, retaining, and re-engaging PLWH to care and treatment • Increased capacity to serve PLWH 50 and older and long-term survivors • Increased utilization of RWP core services among PLWH • Increase viral suppression among PLWH
Monitoring Data Source: HIV Casewatch, DHSP HIV Surveillance (eHARS), Medical Monitoring Project (MMP)
Expected Impact on HIV Care Continuum: Increase the percentage of PLWDH who are linked to HIV care within 90 days by 19% & and who are linked to HIV care within 7 days by 11%. Increase viral suppression rate by 34% (from 61% to 95%).
Alignment with NHAS Goals: ☒ Prevent New HIV Infections ☒ Improve HIV-Related Health Outcomes for PLWH ☒ Reduce HIV-Related Disparities & Health Inequities ☐ Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Pillar III: Prevent

Goal: Prevent new HIV transmissions by using proven interventions, including PrEP and syringe services programs (SSPs)
Objectives: 1. By 2025, increase the proportion of persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 39%. 2. By 2025, increase the proportion of Black/African American persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 25%. 3. By 2025, increase the proportion of Latinx persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 38%. 4. By 2026, increase the percentage of EOPs and SSPs that provide HIV/STD testing and HCV screening from 20% to 80%.
Strategy 3A: Accelerate efforts to increase PrEP use (particularly for populations with the highest rates of new HIV diagnoses and low PrEP coverage rates) by adopting new strategies at LAC funded PrEP Centers of Excellence tied to client retention, PrEP navigation, community education, supporting alternatives to daily PrEP, and expanding PrEP support groups; and promoting recent innovations
Activity 3A.1: Conduct an in-depth landscape analysis of current PrEP resources and services among primary care providers in high morbidity areas, among providers who serve transgender persons, women's health providers, and SUD providers.
Activity 3A.2: Implement systematic and innovative strategies at LAC DHSP-funded PrEP Centers of Excellence for enhanced client communication to promote retention in PrEP and sexual health services.
Activity 3A.3: Increase capacity of LAC DPH staff to provide more robust PrEP navigation services to clients served through County STD clinics, Partner Services, and those receiving PrEP/PEP at community pharmacies.
Activity 3A.4: Disseminate simple fact-based social marketing PrEP messaging to increase knowledge and awareness of PrEP, alternatives to daily PrEP, how to access PrEP/PEP under SB 159,[65] and help combat misinformation regarding cost, access, and safety.
Activity 3A.5: Work with local stakeholders to identify the potential role for PrEP support groups or PrEP ambassadors to support new and continued PrEP use in affected communities.
Activity 3A.6: Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women, per the LA County Commission on HIV's Black/African American Community Task Force's Recommendations.
Activity 3A.7: Increase knowledge & awareness among both providers & community members about long acting injectables and other biomedical advances (See 2.B.2).
Activity 3A.8: Help build the capacity of pharmacies to prescribe PrEP/PEP and create a directory of pharmacies that have capacity to prescribe PrEP/PEP under SB159, potentially to be integrated into the GetPrEPLA website.
Activity 3A.9: Develop a public health detailing campaign to expand the number of oral PrEP prescribers in LAC.

[65] SB 159 authorizes pharmacists to furnish PrEP and PEP without a physician prescription and prohibits insurance companies from requiring prior authorizations in order to obtain PrEP coverage.

Strategy 3B: Increase availability, use, and access to comprehensive syringe services programs (SSPs) and other harm reduction services.
Activity 3B.1: Collaborate with the Los Angeles County Substance Abuse Prevention and Control Program to identify opportunities to increase the capacity of SSPs, improve the provision or linkage of SSP clients to HIV and STD prevention and treatment services, and expand the availability of contingency management services to persons with substance use disorder, including meth use.
Activity 3B.2: Explore ideas for alternate models of prevention service delivery (e.g., vouchers which can be taken to pharmacies in exchange for clean syringes and HIV self-test kits).
Activity 3B.3: Distribute information about the efficacy of SSPs to increase the health literacy of HIV providers and community members
Activity 3B.4: Destigmatize syringe services/needle exchange and further integrate SSP providers into HIV-related work
Activity 3B.5: Promote safe consumption/injection sites
Key Partners: FQHCs and Community Health Centers, PrEP Centers of Excellence, HIV and STD Testing Providers, LAC STD clinics, LAC SAPC; County of Los Angeles and City of Los Angeles-funded SSPs, pharmacies, general practitioners and private healthcare providers, family planning clinics (including Planned Parenthood), schools and colleges, community leaders and advocates, and Region IX PACE Program.
Potential Funding Resources: CDC EHE Program Implementation; HRSA RWP Part A; HRSA RWP Part B; HRSA RWP Minority AIDS Initiative; CDC National HIV Behavioral Survey & TG Supplement; CDC Integrated HIV Surveillance and Prevention; State OA HIV Surveillance; SAPC Non-Drug Medi-Cal; County/City of LA SSP Funding; EHE funding to FQHCs, Academic Institutions/Research, and AIDS Education and Training Centers.
Outcomes: • Increased referral and linkage of persons with indications for PrEP • Increased PrEP prescriptions compared to number with indications overall and in areas with high HIV diagnosis rates • Decreased racial and ethnic disparities in PrEP uptake • Increased capacity of SSP service providers to directly provide or link clients to HIV prevention and care services • Reduced new HIV infections
Monitoring Data Source: Multiple PrEP monitoring and evaluation data, DHSP HIV Surveillance (eHARS), National HIV Behavioral Surveillance.
Expected Impact on HIV Care Continuum: Increase the percentage of people with an indication for PrEP who access PrEP by 11%.
Alignment with NHAS Goals: ☒ Prevent New HIV Infections ☐ Improve HIV-Related Health Outcomes for PLWH ☒ Reduce HIV-Related Disparities & Health Inequities ☐ Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Pillar IV: Respond

Goal: Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them
Objectives: 1. By 2026, provide/disseminate at least 5 educational trainings/workshops or educational materials to increase awareness/knowledge related to cluster and outbreak detection and response 2. By 2025, increase the total proportion of persons newly diagnosed with HIV who are assigned for Partner Services (PS) to 95% from a 2021 baseline of 73% 3. By 2025, increase the total proportion of persons newly diagnosed with HIV who are interviewed for PS to 75% from a 2021 baseline of 46%
Strategy 4A: Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response
Activity 4A.1: Develop a protocol, training materials, and standard operation plan.
Activity 4A.2: Continue community engagement regarding the use of HIV molecular surveillance for cluster detection to inform its best use and identify and mitigate any unintended consequences.
Activity 4A.3: Expand routine epidemiological analysis of recent infection by person, place, and time to identify hot-spot locations and sub-populations associated with recent infection to inform rapid investigation and intervention.
Activity 4A.4: Educate HIV providers about the use and effectiveness of cluster detection
Strategy 4B: Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.
Activity 4B.1: Increase capacity of LAC DHSP to provide Partner Services to all newly diagnosed persons in LAC.
Activity 4B.2: Implement new STD surveillance system to enhance the identification and assignment of new HIV cases to LAC DPH staff for timely follow-up and Partner Services.
Activity 4B.3: Educate HIV providers about the use and effectiveness of Partner Services
Activity 4B.4: Explore increased use of community-embedded Partner Services
Strategy 4C: Data to Care RFP
Activity 4C.1: Develop and release RFP to fund up to 5 contracts for Data to Care activities.
Key Partners: California Office of AIDS, City of Long Beach and City of Pasadena Health Departments, HIV and STD Service Providers; CBA
Potential Funding Resources: HRSA EHE; CDC Integrated HIV Surveillance and Prevention; EHE funding to Academic Institutions/Research
Outcomes: • Increased number of newly diagnosed people with HIV interviewed by Partner Services staff • Improved data systems and surveillance data for real-time cluster detection and response • Improved policies and funding mechanisms to respond to and contain HIV clusters and outbreaks • Improved knowledge of networks to contain HIV transmission clusters and outbreaks

• Increased number of testing providers offering HIV recent infection testing • Increased new HIV diagnoses
Monitoring Data Source: Partner Services data (STD Casewatch), Local HIV clusters
Expected Impact on HIV Care Continuum: Increase the number of people in networks affected by rapid transmission who know their HIV status, are linked to HIV medical care, and who are virally suppressed, and/or who are engaged in appropriate prevention services.
Alignment with NHAS Goals: ☒ Prevent New HIV Infections ☒ Improve HIV-Related Health Outcomes for PLWH ☒ Reduce HIV-Related Disparities & Health Inequities ☐ Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Workforce Capacity

Goal: Increase the capacity of the HIV workforce to diagnose and treat PLWH, prevent new HIV infections and reduce HIV-related disparities
Objectives: 1. By 2024, conduct a comprehensive assessment of the HIV workforce identifying strengths, needs and potential solutions, including an assessment of the true costs of services and how those services might the financed. 2. By 2026, implement training, technical assistance and necessary policy changes to increase workforce capacity as outlined in assessment findings and guided by the strategies below.
Strategy 5A: Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV
Activity 5A.1: Conduct an assessment of Black/African American led agencies providing HIV services to identify training/technical assistance (TA) needs
Activity 5A.2: Provide TA and/or training for Black/African American led agencies to provide a more equitable playing field to successfully compete for solicitations, based on assessment findings
Activity 5A.3: Increase inclusion of peers/paraprofessionals in the workforce through training, mentorship, certification, supervision, reimbursement, and team functioning to assist with HIV, STD, HCV, and mental health and SUD service provision[59]
Activity 5A.4: Develop inventory of both formal and informal pipeline programs to prepare workers to work in the HIV/health field
Activity 5A.5: Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers including health care workers, researchers, and community partners, particularly from underrepresented populations[59]

Activity 5A.6: Based on results of workforce capacity assessment, review and revise service standards as necessary
Activity 5A.7: Engage, employ, and provide public leadership opportunities at all levels for people with or who experience risk for HIV
Strategy 5B: Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner
Activity 5B.1: Include harm reduction principles and the provision of trauma-informed care across provider trainings
Activity 5B.2: Provide gerontology training to Ambulatory Outpatient Medical, Oral Health, Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment
Activity 5B.3: Ensure that health care professionals and front-line staff complete education and training on stigma, discrimination, and unrecognized bias toward populations with or who experience risk for HIV, including LGBTQI+ people, immigrants, people who use drugs, and people involved in sex work[59]
Activity 5B.4: Identify and make available succession planning and leadership development trainings/programs
Key Partners: AETC; CBAs; FQHCs and Community Health Centers, HIV and STD Testing Providers, HIV prevention providers, private providers, academic medical provider training programs including colleges and universities, LAC DHS, LAC DMH, LAC SAPC.
Potential Funding Resources: CDC, HRSA, SAMHSA
Outcomes: • Increased capacity to provide culturally responsive services to PLWH and people at-risk for HIV
Expected Impact on HIV Care Continuum: Increased number of PLWH who know their status; Increased number of PLWDH that are linked to care within 30 days, retained in care and virally suppressed.
Alignment with NHAS Goals: Prevent New HIV Infections Improve HIV-Related Health Outcomes for PLWH Reduce HIV-Related Disparities & Health Inequities Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

System and Service Integration

Goal: Integrate systems and services to address the syndemic of HIV, STDs, viral hepatitis, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence[59]
Objectives: 1. By 2026, the LA County Division of HIV and STD Programs (DHSP) and/or the Commission on HIV (COH) will implement at least three internal (within LAC system) efforts to advance system and service integration 2. By 2026, DHSP and/or the COH will implement at least three external efforts to advance system and service integration
Strategy 6A: Increase cross-training and TA opportunities across fields/disciplines
Activity 6A.1: Enhance the ability of the HIV workforce to provide naloxone and educate people on the existence of fentanyl in the drug supply to prevent overdose and deaths and facilitate linkage to substance use disorder treatment and harm reduction programs[59]
Activity 6A.2: Expand opportunities and mechanisms for information sharing and peer-to-peer technical assistance amongst HIV/STD/MH/SUD/Housing providers[59]
Activity 6A.3: Support training for housing service providers on needs of PLWH and LGBTQI persons to improve cultural competencies among staff
Activity 6A.4: Increase HIV awareness, capability, and collaboration of service providers to support older people with HIV, including in settings such as aging services, housing for older adults, substance use treatment, and disability and other medical services[59]
Activity 6A.5: Increase capacity of FQHCs that provide HIV-related services to screen for and treat HCV / Increased integration of HIV and HCV services
Strategy 6B: Leverage the Alliance of Health Integration initiative to integrate services within LA County publicly funded care systems.
Activity 6B.1: Strive to align strategic planning efforts on HIV, STIs, viral hepatitis, substance use disorders, and mental health care across national, state, and local partners[59]
Activity 6B.2: Optimize RWP, Medicaid, Medicare, and other health systems to ensure they are used in a manner to deliver the highest quality of care for PLWH.

Key Partners: RWP, Medi-Cal, Medicare, LAC Acute Communicable Disease Control (ACDC); LAC DHS, DMH, SAPC and other DPH programs
Potential Funding Resources: CDC, HRSA, SAMHSA
Outcomes: • Increased system and service integration
Expected Impact on HIV Care Continuum: Increased number of PLWH who know their status; Increased number of PLWDH that are linked to care within 30 days, retained in care and virally suppressed.
Alignment with NHAS Goals: Prevent New HIV Infections Improve HIV-Related Health Outcomes for PLWH Reduce HIV-Related Disparities & Health Inequities Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Equity, Social Determinants of Health and Co-Occurring Disorders

Goal: Achieve health equity by addressing social determinants of health, stigma, & co-occurring disorders that fuel the HIV epidemic and HIV disparities
Objectives: 1. By 2026, increase the number of services and programs available to address meth use disorder by at least 25% 2. By 2026, increase the availability of mental health services for PLWH and at-risk for HIV by at least 25% 3. By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV in LA County by at least 25% 4. By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV among Black/African Americans in LA County by at least 25% 5. By 2026, increase the number of evidence-based or evidence-informed practices/programs that address SDH by at least 20%.
Strategy 7A: Advocate for an effective countywide response to SUDs, especially methamphetamine disorder
Activity 7A.1: Assess providers' ability to recognize and address meth use disorder
Activity 7A.2: Advocate for services and programs associated with methamphetamine use and HIV transmission
Activity 7A.3: Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
Activity 7A.4: Support the building of community-based mental health services.
Strategy 7B: Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic
Activity 7B.1: LA County Commission on HIV Public Policy Committee (PPC) will submit a letter to the Board of Supervisors (BOS) that will outline priorities/recommendations to improve the countywide STD response (based on a DPH report previously submitted to the BOS)
Activity 7B.2: The PPC will request a formal letter of support from the BOS to support the EHE budget request to the State of California
Strategy 7C: Address social determinants of health and stigma
Activity 7C.1: Create funding opportunities that specifically address social & structural drivers of health as they relate to BIPOC communities

Activity 7C.2: Implement effective, evidence-based and evidence-informed interventions that address stigma and SDHs among PLWH or at risk for HIV
Activity 7C.3: Work with communities to reframe HIV services and HIV-related messaging so that they do not stigmatize people or behaviors.[59]
Activity 7C.4: Ensure that the voices/perspectives of PLWH and people at-risk for HIV are represented in pandemic planning and response (
Activity 7C.5: Monitor and advocate for policies that support the following: • **7C.5a:** Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration. • **7C.5b**: Improve systems, strategies and proposals that prevent homelessness, expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS, especially LGBTQ people • **7C.5c:** Promote family housing and emergency financial assistance as a strategy to maintain housing • **7C.5d:** Increase coordination among housing agencies to include intergenerational housing options • **7C.5e:** Blend funding to support housing and rental assistance for seniors living with HIV • **7C.5f:** Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning • **7C.5g:** Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
Strategy 7D: Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities.
Activity 7D.1: Standardize the collection of race-based stratified program evaluation data
Activity 7D.2: Disseminate analysis of race-based stratified data via presentations and informational materials
Activity 7D.3: Implement cultural humility training among healthcare providers
Activity 7D.4: Address social and structural barriers with evidence-based interventions
Activity 7D.5: Build the capacity of Black-led organizations (see 5A.1 and 5A.2)
Strategy 7E: Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023
Activity 7E.1: Examine the newly released Q of L Indicators for PLWH included in NHAS 2022-2025 Implementation Plan and decide which ones are applicable to LAC
Activity 7E.2: Identify baseline data for each QoL indicator from local MMP data and determine performance metrics to be added to Integrated Plan

Key Partners: FQHCs and Community Health Centers, HIV and STD Testing Providers, HIV prevention providers, private providers, academic medical provider training programs including colleges and universities, LAC DHS, LAC DMH, homeless service providers, and City of Long Beach and City of Pasadena Health Departments, LAC SAPC; Act Now Against Meth Coalition (ANAM).
Potential Funding Resources: CDC, HRSA, SAMHSA
Outcomes: • Increase the number of services and programs available to address meth use disorder • Increase the availability of mental health services for PLWH and at-risk for HIV • Reduce the rates of syphilis, gonorrhea, chlamydia and HCV in LA County • Reduce the rates of syphilis, gonorrhea, chlamydia and HCV among Black/African Americans in LA County • Increase the number of evidence-based or evidence-informed practices/programs that address SDH
Monitoring Data Source: DHSP HIV Surveillance (eHARS)
Expected Impact on HIV Care Continuum: Increase the number of PLWH who know their HIV status; who are linked to HIV care within 90 days; who are retained in care and who are virally suppressed.
Alignment with NHAS Goals: ☒ Prevent New HIV Infections ☒ Improve HIV-Related Health Outcomes for PLWH ☒ Reduce HIV-Related Disparities & Health Inequities ☒ Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic among All Partners & Interested Parties

Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up Integrated Planning Approach

a. Implementation: To ensure that the Integrated Plan's goals and objectives are achieved, a detailed implementation plan has been developed which includes performance measures, responsible parties, and a timeline related to each activity (see Appendix 2). In addition to DHSP and the COH there are many key partners that will need to be engaged if the County's ambitious goals are to be reached. These partners include various departments and programs within the LAC system (e.g. DHS, DMH, SAPC, Sherriff's Department, etc.) as well as entities that are external to the LAC system (e.g. HIV service providers, academic institutions, FQHCs, AETC, CBA, HOPWA, etc.). Community members across the County, especially PLWH and people from priority populations also play a key role in the implementation and monitoring of the Integrated Plan. COH and DHSP will work together to coordinate the efforts of these partners by maintaining open lines of communication, information sharing, and closely monitoring progress towards achievement of activities.

The Integrated Plan provides guidance and direction to *all* stakeholders across the County that are invested in ending the HIV epidemic, regardless of the source(s) of funding that supports their work. Thus, the Plan's goals, objectives, strategies and activities can and should be utilized by all stakeholders to coordinate services and programs and align agency-specific plans.

b. Monitoring: The Commission on HIV, in collaboration with DHSP, will be responsible for monitoring progress towards achieving the Plan's goals and objectives. Specifically, the COH's Planning, Priorities and Allocations (PP&A) Committee will take the lead in monitoring progress, trouble-shooting barriers and leading the process for updating the Plan as needed. The COH has a dedicated staff person who will lead these efforts with PP&A. Two PP&A meetings every year will include a formal update on progress towards goals and objectives. In addition, the COH and DHSP will monitor progress yearly using the targets outlined in Table 8. This progress will be used to inform the annual update of the plan.

As noted, the Integrated Plan has been built upon the LAC EHE plan to ensure coordination and no duplication of efforts. DHSP provides regular EHE updates to the COH and also communicates EHE progress and updates through the use of a listserv. To facilitate the monitoring of both the EHE and the Integrated Plan, these activities will continue for the next five years.

c. Evaluation: To evaluate progress on the Integrated Plan's goals and objectives, the COH will carefully monitor each performance measure listed in Table 8 in addition to key data related to the SMART objectives. Analysis of the performance measures will be conducted twice per year by PP&A and findings will be presented to the Commission on HIV and community stakeholders at public meetings twice per year.

Table 8: Yearly Performance Measure

GOALS & OBJECTIVES	2022	2023	2024	2025	2026
Diagnose all people with HIV as early as possible					
Increase the percentage of PLWH who are aware of their status to 95% by 2025. **2021 Baseline: 89%**	90%	92%	94%	95%	95%
Reduce the number of undiagnosed PLWH from an estimated 6,800 to an estimated 3,067 by 2025. **2021 Baseline: 6,800**	5,867	4,934	4,001	3,067	3,067
Decrease the proportion of people newly diagnosed with HIV who are in the late stage of HIV disease at time of diagnosis from 20% to 15% by 2026. **2020 Baseline: 20%**	19%	18%	17%	16%	15%
Treat people with HIV rapidly and effectively to reach sustained viral suppression					
Increase the proportion of people diagnosed with HIV who are linked to HIV care w/in 1 month of diagnosis from 76% to 95% by 2025. **2020 Baseline: 76%**	83%	87%	91%	95%	95%
Increase the proportion of people diagnosed with HIV who are linked to care within 7 days from 54% (2020) to 65% by 2026. **2020 Baseline: 54%**	57%	59%	61%	63%	65%
Increase the proportion of diagnosed PLWH who are virally suppressed from 61% to 95% by 2025. **2021 Baseline: 61%**	66%	73%	83%	95%	95%
Prevent new HIV transmissions by using proven interventions, including PrEP and SSPs					
Increase the proportion of persons prescribed PrEP with an indication for PrEP to at least 50% by 2025. **2022 Baseline: 39%**	39%	42%	46%	50%	50%
Increase the proportion of Latinx persons prescribed PrEP with an indication for PrEP to at least 50% by 2025. **2022 Baseline of 38%.**	39%	42%	46%	50%	50%
Increase the proportion of Black/African American persons prescribed PrEP with an indication for PrEP to at least 50% by 2025. **2022 Baseline of 25%.**	30%	35%	40%	45%	50%
Increase the percentage of EOPs and SSPs that provide HIV/STD testing and HCV screening to 80%. **2022 Baseline: 20%**	25%	35%	50%	75%	80%
Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them					
Provide/disseminate at least 5 educational trainings/workshops or educational materials to increase awareness/knowledge related to cluster and outbreak detection and response.	1	1	1	1	1

By 2025, increase the total proportion of persons newly diagnosed with HIV who are assigned for Partner Services (PS) to 95%. **2021 Baseline: 73%.**	77%	83%	89%	95%	95%
By 2025, increase the total proportion of persons newly diagnosed with HIV who are interviewed for PS to 75%. **2021 Baseline: 46%.**	53%	60%	67%	75%	75%
Increase the capacity of the HIV workforce to diagnose and treat PLWH, prevent new HIV infections and reduce HIV-related disparities					
By 2024, conduct a comprehensive assessment of the HIV workforce identifying strengths, needs and potential solutions, including an assessment of the true costs of services and how those services might the financed.			Assessment Completed		
By 2026, implement training, technical assistance and necessary policy changes to increase workforce capacity as outlined in assessment findings.			Activities implemented per assessment		
Integrate systems and services to address the syndemic of HIV, STDs, HCV, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence					
By 2026, the LA County Division of HIV and STD Programs (DHSP) and/or the Commission on HIV (COH) will implement at least three internal efforts to advance system and service integration		1 effort	1 effort	1 effort	
By 2026, DHSP and/or the COH will implement at least three external efforts to advance system and service integration		1 effort	1 effort	1 effort	
Achieve health equity by addressing social determinants of health, stigma, and co-occurring disorders that fuel the HIV epidemic and HIV disparities					
By 2026, increase the number of services and programs available to address meth use disorder by at least 25%	5%	10%	15%	20%	25%
By 2026, increase the availability of mental health services for PLWH and at-risk for HIV by at least 25%	5%	10%	15%	20%	25%
By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV in LA County by at least 25%	5%	10%	15%	20%	25%
By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV among Black/African Americans in LA County by at least 25%	5%	10%	15%	20%	25%
By 2026, increase the number of evidence-based or evidence-informed practices/programs that address SDH by at least 20%	5%	10%	15%	20%	20%

d. Improvement: The Integrated Plan is meant to be a working document that is responsive to emerging issues in the field and data that reflect current realities. The COH, in collaboration with DHSP, will use the most current data as they become available to monitor progress and make improvements to the plan as necessary. CDC and HRSA program officers will be informed of any issues that may require revisions and plans to make improvements/adjustments will be vetted by them. In addition, the COH and DHSP will continuously seek feedback from community stakeholders, especially PLWH and those who represent priority populations to guide any proposed revisions.

PP&A will lead the process to update the Plan. Suggestions for revisions will be discussed at the two PP&A meetings dedicated to the Plan's review. The final decisions to update the Plan will be made by the Executive Committee, full COH planning body, and DHSP.

e. Reporting and Dissemination: The Commission on HIV meets monthly, which includes an annual meeting in the fall/winter. As all meetings are open to the public, they will be one of the primary vehicles through which Commissioners and community stakeholders, including PLWH, are updated on the progress of the plan. Formal updates will be scheduled at least two times per year, which will include progress on achieving the goals and SMART objectives outlined in the Integrated Plan, noting any barriers or facilitators to implementing planned activities.

As part of the regular Commission on HIV meetings, there are often presentations from our research partners which are opportunities for additional education for Commissioners. Every year, the Commission on HIV will use a minimum of two research presentations to focus on key aspects of the plan's implementation (e.g., PrEP uptake, street medicine, etc.). Individuals attending the presentations will be asked to complete a presentation evaluation form, which will include at least one question on the information presented regarding the plan. COH staff will collate the responses from these evaluations and present to the PP&A and Executive committees for review. This feedback will inform the annual update of the plan.

In addition to these meetings, the Commission on HIV has a website which will be used for updates on the plan. The COH will post any presentation materials from the updates. They will also maintain a link to the progress report, reflecting progress towards achieving the SMART objectives outlined in the plan. This will be updated as progress is reported, twice per year. Throughout the implementation and monitoring process, the COH and DHSP will work in tandem to coordinate activities with the EHE Steering Committee and the EHE Plan.

Section VII: Letter of Concurrence

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

December 1, 2022

Mario J. Pérez, MPH, Director
Division of HIV and STD Programs (DHSP)
Department of Public Health,
County of Los Angeles
600 South Commonwealth Avenue, 10th Floor
Los Angeles, CA 90005

Dear Mr. Pérez:

The Los Angeles County Commission on HIV (Commission), the integrated prevention and care HIV planning council for the Los Angeles County Eligible Metropolitan Area (EMA), concurs with the following submission by the Department of Public Health, Division of HIV and STD Programs (DHSP) in response to the guidance set forth for health departments and HIV planning groups funded by the Centers for Disease Control and Prevention's (CDC's) Division of HIV/AIDS Prevention (DHAP) and Health Resources and Services Administration's (HRSA's) HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, locally referred to as the Comprehensive HIV Plan (CHP).

The Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026 is Los Angeles County's third integrated HIV services plan. Led by the Los Angeles County Commission on HIV's Priorities, Planning and Allocations (PP&A) Committee, this plan was developed in partnership with DHSP and a vast array of community and organizational partners. The plan is developed in response to the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022 and as such presents a blueprint for HIV services along the entire spectrum of HIV prevention and care. LA County's Integrated Plan was also developed to align with the California statewide integrated plan, and The National HIV/AIDS Strategy (2022–2025), and Ending the HIV Epidemic Plan for Los Angeles County, 2020-2025 (EHE Plan). The Commission concurs that the Integrated HIV Prevention and Care Plan submission fulfills the requirements described in the CDC/HRSA Integrated HIV Prevention and Care Plan Guidance.

The Commission has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA and affirms that it enumerates the populations most impacted by HIV, describes co-occurring conditions and social determinants that drive the HIV epidemic, and articulates local objectives and activities that align with the overarching goals of the National HIV/AIDS Strategy and the Ending the HIV

Epidemic federal initiative.

To develop the plan, planning steps were integrated into the overall work of the Commission. Integrated planning began in July of 2021 with a presentation at the Commission on HIV monthly meeting. Between July 2021 and November 2022, diverse community stakeholders were engaged in plan development through individual consultations, online surveys, focus groups, and various meetings with Commission subgroups and community coalitions such as the Service Provider Network meetings and the Long Beach HIV Planning Group, to name a few. In addition, the plan underwent a public comment period to harness feedback from the community at large. Moving forward, the tracking and monitoring of the plan will be led by the PP&A Committee, with an annual report developed to highlight successes and challenges.

We appreciate this opportunity to express our concurrence with the local planning efforts and activities and we look forward to continued collaboration to end the HIV epidemic.

Sincerely,

Bridget Gordon
Bridget Gordon, Co-Chair

Danielle Campbell
Danielle Campbell, Co-Chair

Luckie Alexander Fuller
Luckie Alexander Fuller, Co-Chair Elect

Appendix 1: CY 2022 – 2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
Section I: Executive Summary of Integrated Plan and SCSN	*Purpose:* To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission Tips for meeting this requirement 1. Be sure to write the summary with enough detail to ensure the reader understands how you have met Integrated Plan requirements. 2. If you are using a combination of new and existing materials, be sure to describe how submitted materials relate to each other.		
1. Executive Summary of Integrated Plan and SCSN	Provide an overall description of the Integrated Plan, including the SCSN, and the extent to which previous/other plans/SCSNs inform this plan/SCSN, or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.	New material submitted	

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
a. Approach	Describe approach to preparing the Integrated Plan submission (e.g., updated previously submitted plan, integrated sections of existing plans or other documents, developed an entirely new plan, etc.).	New material submitted	
b. Documents submitted to meet requirements	List and describe all documents used to meet submission requirements, including existing materials and newly developed materials used for each requirement.	New material submitted	2
Section II: Community Engagement and Planning Process	*Purpose:* To describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements including: 1. SCSN 2. RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV 3. CDC planning requirements Tips for meeting this requirement 1. Review of the HIV National Strategic Plan and the updated HIV strategy, when released. 2. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906. 3. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements.		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	4. The community engagement process should reflect the local demographics. 5. The planning process should include key stakeholders and broad-based communities that include but are not limited to: people with HIV, funded-service providers, and stakeholders, especially new stakeholders, from disproportionately affected communities. See *Appendix 3* for required and suggested examples of stakeholders to be included. 6. Explain how the jurisdiction will build collaborations among systems of prevention and care relevant to HIV in the jurisdictions (e.g., behavioral health and housing services). 7. Include community engagement related to "Respond" and support of cluster detection activities.		
1. Jurisdiction Planning Process	Describe how your jurisdiction approached the planning process. Include in your description the steps used in the planning process, the groups involved in implementing the needs assessment and/or developing planning goals and how the jurisdiction incorporated data sources in the process. Describe how planning included representation from the priority populations. This may include sections from other plans such as the EHE plan. Please be sure to address the items below in your description	New material submitted	2

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
a. Entities involved in process	List and describe the types of entities involved in the planning process. Be sure to include CDC and HRSA-funded programs, new stakeholders (e.g., new partner organizations, people with HIV), as well as other entities such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See *Appendix 3* for list of required and suggested stakeholders	New material submitted	6
b. Role of the RWHAP Part A Planning Council/Planning Body (not required for state-only plans)	Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.	New material submitted	6
c. Role of Planning Bodies and Other Entities	Describe the role of CDC Prevention Program and RWHAP Part B planning bodies, HIV prevention and care integrated planning body, and any other community members or entities who contributed to developing the Integrated Plan. If the state/territory or jurisdiction has separate prevention and care planning bodies, describe how these planning bodies collaborated to develop the Integrated Plan. Describe how the jurisdiction collaborated with EHE planning bodies. Provide documentation of the type of engagement occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.	New material submitted	6

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
d. Collaboration with RWHAP Parts – SCSN requirement	Describe how the jurisdiction incorporated RWHAP Parts A-D providers and Part F recipients across the jurisdiction into the planning process. In the case of a RWHAP Part A or Part B only plan, indicate how the planning body incorporated or aligned with other Integrated Plans in the jurisdiction to avoid duplication and gaps in the service delivery system.	New material submitted	7
e. Engagement of people with HIV – SCSN requirement	Describe how the jurisdiction engaged people with HIV in all stages of the process, including needs assessment, priority setting, and development of goals/objectives. Describe how people with HIV will be included in the implementation, monitoring, evaluation, and improvement process of the Integrated Plan.	New material submitted	7
f. Priorities	List key priorities that arose out of the planning and community engagement process.	New material submitted	7
g. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: 1. How the jurisdiction uses annual needs assessment data to adjust priorities. 2. How the jurisdiction incorporates the ongoing feedback of people with HIV and stakeholders. 3. Any changes to the plan as a result of updates assessments and community input. 4. Any changes made to the planning process as a result of evaluating the planning process.	New material submitted	8

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
Section III: Contributing Data Sets and Assessments	*Purpose:* To analyze the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction; to determine the services needed by clients to access and maintain HIV prevention, care and treatment services; to identify barriers for clients accessing those services; and to assess gaps in the service delivery system. This section fulfills several legislative requirements including: 1. SCSN 2. RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV 3. CDC planning requirements Tips for meeting this requirement 1. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906. *Please ensure that if using a previously developed plan that the data included describes the entire jurisdiction and not just a subsection of the jurisdiction such as an EHE priority county.* 2. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements. 3. Include both narrative and graphic depictions of the HIV-related health disparities in the area including information about HIV outbreaks and clusters.		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	4. The data used in this section should inform both the situational analysis and the goals established by the jurisdiction. 5. *Appendix 4* includes suggested data resources to assist with this submission including the Epidemiologic Snapshot.		
1. Data Sharing and Use	Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data sharing agreements and for what purpose.	New material submitted	8
2. Epidemiologic Snapshot	Provide a snapshot summary of the most current epidemiologic profile for the jurisdiction which uses the most current available data (trends for most recent 5 years). The snapshot should highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases	New material submitted	9

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	linked to these clusters. Priority populations for prevention and care should be highlighted and align with those of the HIV National Strategic Plan. Be sure to use the HIV care continuum in your graphic depiction showing burden of HIV in the jurisdiction.	New material submitted	

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
3. HIV Prevention, Care and Treatment Resource Inventory	Create an HIV Prevention, Care and Treatment Resource Inventory. The Inventory may include a table and/or narrative but must address **all** of the following information in order to be responsive: • Organizations and agencies providing HIV care and prevention services in the jurisdiction. • HRSA (must include all RWHAP parts) and CDC funding sources. • Leveraged public and private funding sources, such as those through HRSA's Community Health Center Program, HUD's HOPWA program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding. • Describe the jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services. • Services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves. • Describe how services will maximize the quality of health and support services available to people at-risk for or with HIV.	New material submitted	33

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
a. Strengths and Gaps	Please describe strengths and gaps in the HIV prevention, care and treatment inventory for the jurisdictions. This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on health equity, geographic disparities, occurrences of HIV clusters or outbreaks, underuse of new HIV prevention tools such as injectable antiretrovirals, and other environmental impacts.	New material submitted	38
b. Approaches and partnerships	Please describe the approaches the jurisdiction used to complete the HIV prevention, care and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.	New material submitted	38

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
4. Needs Assessment	Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data including: 1. Services people need to access HIV testing, as well as the following status neutral services needed after testing: a. Services people at-risk for HIV need to stay HIV negative (e.g., PrEP, Syringe Services Programs) – Needs b. Services people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis - Needs 2. Services that people with HIV need to stay in HIV care and treatment and achieve viral suppression – Needs 3. Barriers to accessing existing HIV testing, including State laws and regulations, HIV prevention services, and HIV care and treatment service – Accessibility	New material submitted	46
a. Priorities	List the key priorities arising from the needs assessment process.	New material submitted	68

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
b. Actions Taken	List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.	New material submitted	68
c. Approach	Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV in the process and how the jurisdiction included entities listed in *Appendix 3*.	New material submitted	69
Section IV: Situational Analysis	Purpose: To provide an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities. This snapshot should synthesize information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III. Tips 1. New or existing material may be used; however, existing material will need to be updated if used. 2. This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN. 3. Jurisdictions may submit the Situational Analysis submitted as part of their EHE Plan to fulfill this requirement. *However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.* If using EHE plans to fulfill this		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	requirement, be sure to include updates as noted below.		
1. Situational Analysis	Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, provide a short overview of strengths, challenges, and identified needs with respect to HIV prevention and care. Include any analysis of structural and systemic issues impacting populations disproportionately affected by HIV and resulting in health disparities. The content of the analysis should lay the groundwork for proposed strategies submitted in the Integrated Plan's goals and objective sections. The situational analysis should include an analysis in each of the following areas: a. Diagnose all people with HIV as early as possible b. Treat people with HIV rapidly and effectively to reach sustained viral suppression c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs) d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them	New material submitted	71

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	Please note jurisdictions may submit other plans to satisfy this requirement, if applicable to the entire HIV prevention and care service system across the jurisdiction.		
a. Priority Populations	Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction.	New material submitted	81
Section V: **2022-2026 Goals and Objectives**	*Purpose:* To detail goals and objectives for the next 5 years. Goals and objectives should reflect strategies that ensure a unified, coordinated approach for all HIV prevention and care funding. Tips for meeting this requirement: 2. *Recipients may submit plans (e.g., EHE, Getting to Zero, Cluster and Outbreak Detection and Response plan) for this requirement as long as it sets goals for the entire HIV prevention and care delivery system and geographic area.* 3. Goals and objectives should be in SMART format and structured to include strategies that accomplish the following: a. Diagnose all people with HIV as early as possible b. Treat people with HIV rapidly and effectively to reach sustained viral suppression c. Prevent new HIV transmissions by using proven interventions, including pre-exposure		

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
	prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs) d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. 4. The plan should include goals that address both HIV prevention and care needs and health equity.		
1. Goals and Objectives Description	List and describe goals and objectives for how the jurisdiction will diagnose, treat, prevent and respond to HIV. Be sure the goals address any barriers or needs identified during the planning process. There should be at least 3 goals and objectives for each of these four areas. See *Appendix 2* for suggested format for Goals and Objectives. *Please note jurisdictions may submit other plans to satisfy this requirement as long as they include goals that cover the entire HIV prevention and care service delivery system and geographic area.*	New material submitted	82
a. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe any changes made as a result of analysis of data.		N/A

Section VI: **2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up**	*Purpose:* To describe the infrastructure, procedures, systems, and/or tools that will be used to support the key phases of integrated planning. In this section jurisdictions will detail how best to ensure the success of Integrated Plan goals and objectives through the following 5 key phases: 1. Implementation 2. Monitoring 3. Evaluation 4. Improvement 5. Reporting and Dissemination Tips for meeting this requirement 1. This requirement may require the recipient to create some new material or expand upon existing materials. 2. Include sufficient descriptive detail for each of the 5 key phases to ensure that all entities understand their roles and responsibilities, and concur with the process. 3. If you are submitting portions of a different jurisdictional plan to meet this requirement, you should include updates that describe steps the jurisdiction has taken to accomplish each of the 5 phases.		
1. 2022-2026 Integrated Planning Implementation Approach	1. Describe the infrastructure, procedures, systems or tools that will be used to support the 5 key phases of integrated planning to ensure goals and objectives are met	New material submitted	97

a. Implementation	2. Describe the process for coordinating partners, including new partners, people with HIV, people at high risk for exposure to HIV, and providers and administrators from different funding streams, to meet the jurisdictions Integrated Plan goals and objectives. Include information about how the plan will influence the way the jurisdiction leverages and coordinates funding streams including but not limited to HAB and CDC funding.	New material submitted	97
b. Monitoring	3. Describe the process to be used for monitoring progress on the Integrated Plan goals and objectives. This should include information about how the jurisdiction will coordinate different stakeholders and different funding streams to implement plan goals. If multiple plans exist in the state (e.g., city-only Integrated Plans, state-only Integrated Plans), include information about how the jurisdiction will collaborate and coordinate monitoring of the different plans within the state to avoid duplication of effort and potential gaps in service provision. Be sure to include details such as specific coordination activities and timelines for coordination. *Note: Recipients will be asked to provide updates to both CDC and HRSA as part of routine monitoring of all awards.*	New material submitted	97
c. Evaluation	4. Describe the performance measures and methodology the jurisdiction will use to evaluate progress on goals and objectives. Include information about how often the jurisdiction conducts analysis of the performance measures and presents data to the planning group.	New material submitted	97

d. Improvement	5. Describe how the jurisdiction will continue to use data and community input to make revisions and improvements to the plan. Be sure to include how often the jurisdiction will make revisions and how those decisions will be made.	New material submitted	100
e. Reporting and Dissemination	6. Describe the process for informing stakeholders, including people with HIV, about progress on implementation, monitoring, evaluation and improvements made to the plan.	New material submitted	100
f. Updates to Other Strategic Plans Used to Meet Requirements	If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: 1. Steps the jurisdiction has already taken to implement, monitor, evaluate, improve, and report/disseminate plan activities. 2. Achievements and challenges in implementing the plan. Include how the jurisdiction plans to resolve challenges and replicate successes. 3. Revisions made based on work completed.	New material submitted	100
Section VII: Letters of Concurrence	Provide letters of concurrence or concurrence with reservation. Each letter should specify how the planning body was involved in the Integrated Plan development. Include a letter of concurrence for each planning body in the state/territory or jurisdiction. See *Appendix 6* for a sample Letter of Concurrence.		101
1. CDC Prevention Program Planning Body Chair(s) or Representative(s)		New material submitted	101
2. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)		New material submitted	101

3. RWHAP Part B Planning Body Chair or Representative		N/A	
4. Integrated Planning Body	If submitting an EHE plan, please ensure that the EHE planning body concurs.	N/A	
5. EHE Planning Body	If submitting an EHE plan, please ensure that the EHE planning body concurs.	N/A	

Appendix 2: Implementation Plan

Pillar I: Diagnose

Goal: Diagnose all people with HIV as early as possible

Objectives:

1. By 2025, increase the percentage of PLWH who are aware of their status to 95%, from a baseline of 89%.
2. By 2025, reduce the number of undiagnosed PLWH from an estimated 6,800 to an estimated 3,067.[66]
3. By 2026, decrease the proportion of people newly diagnosed with HIV who are in the late stage[67] of HIV disease at time of diagnosis from 20% to 15%.

Strategy 1A: Expand or implement routine opt-out HIV screening in healthcare and other settings (such as emergency departments and community health centers) in high prevalence communities.

Activity	Responsible Party	Performance Measure	Timeframe
1A.1: Assess and monitor the degree that HIV testing is occurring county-wide. Identify infrastructure and healthcare system issues to determine the feasibility of expanding routine opt-out testing.	DHSP	Written report/ documentation	By 2023
1A.2: Expand the number of emergency departments and community health centers in high prevalence communities performing routine opt-out HIV screening.	DHSP; EDs; FQHCs	Number of EDs and CHC's performing routine opt-out HIV screening	By 2026
1A.3: Identify additional opportunities in healthcare and non-healthcare settings where HIV testing can be included, such as routine STD screening sites and substance use treatment centers, among others.	DHSP	Written report/ documentation	By 2023

Strategy 1B: Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including home/self-testing.

Activity	Responsible Party	Performance Measure	Timeframe
1B.1: Assess and monitor the degree that HIV testing is occurring county-wide (see Strategy 1A). Identify infrastructure and healthcare system issues to determine the feasibility of launching a county-wide rapid HIV self-test program.	DHSP	Written report/ documentation	By 2023
1B.2: Develop guidance on HIV self-testing, including linkage to care and prevention services, a quality assurance protocol, and assess readiness of	DHSP	Written guidance	By 2023

[66] Estimated based on 59,400 PLWH in 2021 and assuming 4,450 new infections and 2,500 deaths by 2025 = ~61,350 x 5% = 3,067 Undiagnosed PLWH in 2025

[67] Late stage is Stage 3 HIV disease, the criteria being either CD4 < 200 cells/µL within 90 days of HIV diagnosis or a diagnosis of an opportunistic illness within 90 days of HIV diagnosis

providers to implement self-testing.			
1B.3: Assess Take Me Home self-testing initiative utilization, barriers & facilitators	DHSP	Written documentation	By 2023
1B.4: Expand use of HIV self-testing among at risk individuals unlikely to receive in-person HIV testing by promoting other types of self-testing (in addition to Take Me Home), as available and appropriate, to ensure equitable access.	DHSP	Report/ documentation	By 2023
Strategy 1C: Increase the rate of annual HIV re-screening among persons at elevated risk for HIV in both healthcare & non-healthcare settings. Implement technology to help providers identify clients due for HIV re-screening & increase ways of maintaining communication with clients.			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
1C.1: Develop provider-to-patient communication tools to support providers in identifying at risk clients who are due for HIV re-screening and increase systematic ways of maintaining communication with clients.	DHSP; HIV prevention providers	Number of provider-to-patient communication tools	By 2023
1C.2: Develop a plan for evaluating impact of the provider-to-patient communication tools on client re-screening.	DHSP; HIV prevention providers	Evaluation Plan	By 2023
1C.3: Expand implementation & use of provider-to-patient communication tools among LAC DHSP funded HIV prevention providers.	DHSP; HIV prevention providers	Number of HIV prevention providers using new tools	By 2024
Activity 1C.4: Explore the use of client incentives to maintain re-screening adherence.			
Strategy 1D: Increase the timeliness of HIV diagnoses from point of infection by increasing access to testing and increasing awareness of risk			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
1D.1: Increase integration of HIV testing with STD and HCV screening	DHSP	Number of CBOs/clinics that have integrated testing	By 2026
1D.2: Increase the number of STD & HIV express clinics in LA County, especially in Health Districts disproportionately impacted by HIV	DHSP; HIV clinics	Number & location of STD/HIV express clinics	2022-2026
1D.3: Increase community awareness of HIV testing options through advertising and promotional events in multiple languages	DHSP; HIV/STD testing providers	Number & type of advertisements and promotional events by languages	2022-2026
1D.4: Work with SAPC to ensure that all syringe service programs (SSPs) provide integrated testing/screening (HIV, STDs, HCV) and rapid linkage to care	DHSP; SAPC	Number of SSPs that provide integrated testing and LTC rate	2022-2026

	1D.5: Explore utilizing a Promotores/Community Health Worker model to increase sexual health literacy and awareness of HIV risk in priority populations	DHSP; COH	Documentation of efforts	By 2023
	1D.6: Increase the capacity of Partner Services and Cluster Detection and Response to quickly identify and contact people who may be at risk of HIV/STD/HCV and direct them to testing services (see Respond Pillar activities)	DHSP	Number of people reached through PS and CDR	By 2026

Pillar II: Treat

Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression			
Objectives: 1. By 2025, increase the proportion of people diagnosed with HIV who are linked to HIV care[68] within one month of diagnosis from 76% to 95%. 2. By 2026, increase the proportion of people diagnosed with HIV who are linked to care within 7 days from 54% (2020) to 65%. 3. By 2025, increase the proportion of PLWDH who are virally suppressed from 61% to 95%.			
Strategy 2A: Ensure rapid linkage to HIV care and antiretroviral therapy (ART) initiation for all persons newly diagnosed with HIV.			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2A.1: Increase county-wide capacity to provide same-day rapid linkage to care during expanded hours and days for persons newly diagnosed with HIV.	DHSP - Quality Improvement Group	Number of people provided with same-day rapid LTC	By 2026
2A.2: Develop a network of HIV care providers who offer same day appointments with rapid ART disbursement.	DHSP	Established network	By 2023
Strategy 2B: Support re-engagement and retention in HIV care and treatment adherence			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2B.1: Expand the use and capacity of peer navigators and/or community health workers for PLWH to increase health literacy, access services and address social determinants of health (housing, food insecurity, etc.)	DHSP; Service Providers	Number of agencies reporting increased use of PNs/CHW	By 2026
2B.2: Increase knowledge & awareness among both providers & community members about long acting injectables and other biomedical advances	AETC; DHSP; Providers	Number of trainings & educational materials	By 2026
2B.3: Create and distribute list of clinical providers of color and LGBTQ culturally competent providers	COH	Documented list	By 2023
2B.4: Create and expand medical and supportive services for cisgender women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse	DHSP; COH; Providers	Number of services for cisgender women	By 2026

[68] Linked to HIV care is defined as ≥ 1 CD4/VL/Genotype test reported

2B.5: Create and expand medical and supportive services for transgender persons living with HIV/AIDS	DHSP; COH; Providers	Number of services for trans persons	By 2026
2B.6: Advocate for appropriate allocation and maintenance of funding for the Trans, Gender Nonconforming and Intersex (TGI) Equity Fund created by the passage of AB-2521	COH-Public Policy Committee & Trans Caucus	Meeting minutes	2022-2026
Strategy 2C: Support re-engagement and retention in HIV care and treatment adherence, especially for persons who are not eligible for Ryan White Program-supported services, persons with mental illness, persons with substance use disorders, and unhoused persons.			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2C.1: Comprehensively assess unmet mental health needs of PLWH and identify gaps and areas of improvement in the mental health provider network in LAC.	DHSP; DMH	Report on Unmet Mental Health needs	By 2022
2C.2: Develop partnerships to meet the SUD (particularly meth use disorder) needs of persons at risk for HIV or PLWH and improve the capacity of SUD providers to address the sexual health needs of clients and ensure access to HIV-related services, as needed.	DHSP; SAPC	Number & type of partnerships & capacity-building efforts	2022-2026
2C.3: Develop a report that summarizes critical gaps in the current system and makes recommendations for improvement and investment of County resources, including Ryan White Program funds.	DHSP	Written Report	By 2023
2C.4: Leverage and monitor CalAIM to ensure their programs are appropriate and effective for PLWH	DHSP & COH	Documentation of efforts to leverage and monitor	2022-2026
2C.5: Develop transitional case management service standards that help PLWH transition from RWP into Medi-Cal, Medicare and CalAIM, and develop case management service standards that can monitor if care and support services are meeting the needs of PLWH post-transition.	COH- Aging Caucus	Documented service standards	2022-2026
2C.6: Expand the use of street medicine for unhoused PLWH and those at-risk for HIV	DHSP	Street medicine units of service	2022-2026
Strategy 2D: Expand the promotion of Ryan White Program services to increase awareness, access to, and utilization of available medical care and support services for PLWH			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2D.1: Assess how clients are currently learning about available RWP services. Identify existing and new resources to assist with promotion and educational outreach including, but not limited to, print materials and online resources	DHSP	Documentation of assessment findings	By 2023
Strategy 2E: Develop and fund a housing service portfolio that provides rental subsidies to prevent homelessness among PLWH			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**

Activity 2E.1: Determine processes and program operations for housing assistance that are aligned with federal funding guidance and restrictions	DHSP	Written findings	By 2023
Activity 2E.2: Identify potential housing partners positioned to serve PLWH and implement an expanded housing program.	DHSP	Number of partners identified	By 2023
Strategy 2F: Explore the impact of conditional financial incentives to increase adherence to treatment for high acuity out-of-care PLWH			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2F.1: Develop processes and program operations for a pilot program that is acceptable to clients and is aligned with federal funding guidance and restrictions	DHSP	Written processes & program operations	By 2023
2F.2: Identify potential clinical sites, train staff on pilot processes, and implement program	DHSP	Documentation of pilot program	By 2023
2F.3: Develop a robust evaluation plan to determine continued use of financial incentives and potential for expansion to other populations	DHSP	Evaluation Plan	By 2023
Strategy 2G: RFP: EHE Priority Populations Interventions			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2G.1: Develop and release RFP to fund 7-10 contracts for identified interventions	DHSP	Number of contracts	By 2023
Strategy 2H: Expand capacity to provide whole-person care to PLWH who are age 50 and older and long-term survivors[4]			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
2H.1: Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services[4]	DHSP; COH Aging Caucus	Written findings	By 2023
2H.2: Identify and implement best practices related to addressing psychosocial and behavioral health needs of older PLWH and long-term survivors including substance use treatment, mental health treatment, and programs to decrease social isolation[4]	DHSP; research partners; providers	Identification of best practices and efforts to implement	2022-2026
2H.3: Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of	Providers; Clinics; COH Aging Caucus	Screening tools developed and utilized	By 2024

[4] Adapted from the NHAS, 2022-2025

discrimination), using Commission on HIV's Aging Task Force recommendations as a guide			
2H.4: Screen patients for comprehensive benefits analysis and financial screening; and assess access to caregiving support	Providers; Clinics; COH Aging Caucus	Screening tools developed and utilized	By 2024
2H.5: Review Home-Based Case Management service standards for alignment with OT and PT assessments	COH – SBP Committee	Documented review	By 2023

Pillar III: Prevent

Goal: Prevent new HIV transmissions by using proven interventions, including PrEP and syringe services programs (SSPs)

Objectives:

1. By 2025, increase the proportion of persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 39%.
2. By 2025, increase the proportion of Black/African American persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 25%.
3. By 2025, increase the proportion of Latinx persons prescribed PrEP with an indication for PrEP to at least 50%, from a 2022 baseline of 38%.
4. By 2026, increase the percentage of EOPs and SSPs that provide HIV/STD testing and HCV screening from 20% to 80%.

Strategy 3A: Accelerate efforts to increase PrEP use (particularly for populations with the highest rates of new HIV diagnoses and low PrEP coverage rates) by adopting new strategies at LAC funded PrEP Centers of Excellence tied to client retention, PrEP navigation, community education, supporting alternatives to daily PrEP, and expanding PrEP support groups; and promoting recent innovations

Activity	Responsible Party	Performance Measure	Timeframe
3A.1: Conduct an in-depth landscape analysis of current PrEP resources and services among primary care providers in high morbidity areas, among providers who serve transgender persons, women's health providers, and SUD providers.	DHSP	Report on landscape analysis	By 2023
3A.2: Implement systematic and innovative strategies at LAC DHSP-funded PrEP Centers of Excellence for enhanced client communication to promote retention in PrEP and sexual health services.	DHSP; PrEP COEs	Documentation of strategies implemented	2022-2026
3A.3: Increase capacity of LAC DPH staff to provide more robust PrEP navigation services to clients served through County STD clinics, Partner Services, and those receiving PrEP/PEP at community pharmacies.	DHSP	Increased capacity	2022-2026
3A.4: Disseminate simple fact-based social marketing PrEP messaging to increase knowledge and awareness of PrEP, alternatives to daily PrEP, how to access PrEP/PEP under SB 159, and help combat misinformation regarding cost, access, and safety.	DHSP; PrEP COEs and providers	Number of SM tools developed and disseminated	2022-2026

3A.5: Work with local stakeholders to identify potential role for PrEP support groups/PrEP ambassadors to support new & continued PrEP use in affected communities.	DHSP; COH; PrEP COEs	Number of PrEP support groups and ambassadors	2022-2026
3A.6: Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women, per the Commission on HIV's Black/African American Community Task Force's Recommendations.	DHSP; COH-B/AA TF	Development of PrEP campaigns	By 2023
3A.7: Increase knowledge & awareness among both providers & community members about long acting injectables & other biomedical advances (See 2.B.2)	CBA; DHSP; PrEP providers	Number of trainings, TA; educational materials	2022-2026
3A.8: Help build the capacity of pharmacies to prescribe PrEP/PEP and create a directory of pharmacies that have capacity to prescribe PrEP/PEP under SB159, potentially to be integrated into the GetPrEPLA website.	DHSP; CBAs	Number pharmacies provided with assistance	2022-2026
3A.9: Develop a public health detailing campaign to expand the number of oral PrEP prescribers in LAC.	DHSP	Number of oral PrEP providers in LAC	2023-2026
Strategy 3B: Increase availability, use, and access to comprehensive syringe services programs (SSPs) and other harm reduction services.			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
3B.1: Collaborate with the LAC SAPC Program to identify opportunities to increase the capacity of SSPs, improve the provision or linkage of SSP clients to HIV, STD and HCV prevention and treatment services, and expand the availability of contingency management services to persons with substance use disorder, including meth use.	DHSP; SAPC	Documented efforts to increase capacity of SSPs and expand contingency mngmt.	2022-2026
3B.2: Explore ideas for alternative models of prevention service delivery (e.g., vouchers which can be taken to pharmacies in exchange for clean syringes and HIV self-test kits).	DHSP; COH SAPC	Number of alternative models	2022-2026
3B.3: Distribute information about the efficacy of SSPs to increase the health literacy of HIV providers and community members	DHSP; SAPC; providers	Educational materials developed	2022-2026
3B.4: Destigmatize syringe services/needle exchange and further integrate SSP providers into HIV-related work	DHSP; SAPC; providers	Documented efforts	2022-2026
3B.5: Promote safe consumption/injection sites	DHSP; SAPC; COH; providers	Documented efforts	2022-2026

Pillar IV: Respond

Goal: Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them

Objectives:

1. By 2026, provide/disseminate at least 5 educational trainings/workshops or educational materials to increase awareness/knowledge related to cluster and outbreak detection and response
2. By 2025, increase the total proportion of persons newly diagnosed with HIV who are assigned for Partner Services (PS) to 95% from a 2021 baseline of 73%
3. By 2025, increase the total proportion of persons newly diagnosed with HIV who are interviewed for PS to 75% from a 2021 baseline of 46%

Strategy 4A: Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response

Activity	Responsible Party	Performance Measure	Timeframe
4A.1: Develop a protocol, training materials, and standard operation plan (SOP).	DHSP	Written protocol, curricula and SOP.	By 2023
4A.2: Continue community engagement regarding the use of HIV molecular surveillance for cluster detection to inform its best use and identify and mitigate any unintended consequences.	DHSP	Number of community engagement efforts	2022-2026
4A.3: Expand routine epidemiological analysis of recent infection by person, place, and time to identify hot-spot locations and sub-populations associated with recent infection to inform rapid investigation and intervention.	DHSP	Expansion of routine epidemiological analysis	2022-2026
4A.4: Educate HIV providers about the use and effectiveness of cluster detection	DHSP	Number of trainings/ educational materials developed	2022-2026

Strategy 4B: Refine current processes to increase capacity of Partner Services to ensure people newly diagnosed are interviewed and close partners are identified and offered services in a timely and effective manner.

Activity	Responsible Party	Performance Measure	Timeframe
4B.1: Increase capacity of LAC DHSP to provide Partner Services to all newly diagnosed persons in LAC	DHSP	Number of PS staff; training of PS staff	2022-2026
4B.2: Implement new STD surveillance system to enhance the identification and assignment of new HIV cases to LAC DPH staff for timely follow-up and Partner Services	DHSP	New STD surveillance system	2023
4B.3: Educate HIV providers about the use and effectiveness of Partner Services	DHSP; CBA	Number of trainings & educational materials	2022-2026

	4B.4: Explore increased use of community-embedded Partner Services	DHSP	Documented efforts	2023
Strategy 4C: Data to Care RFP				
	Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
	4C.1: Develop & release RFP to fund up to 5 contracts for Data to Care activities.	DHSP	Number of contracts	By 2023

Workforce Capacity

Goal: Increase the capacity of the HIV workforce to diagnose and treat PLWH, prevent new HIV infections and reduce HIV-related disparities

Objectives:

1. By 2024, conduct a comprehensive assessment of the HIV workforce identifying strengths, needs and potential solutions, including an assessment of the true costs of services and how those services might the financed.
2. By 2026, implement training, technical assistance and necessary policy changes to increase workforce capacity as outlined in assessment findings and guided by the strategies below.

Strategy 5A: Increase the diversity and capacity of the workforce that delivers HIV prevention, care and supportive services to optimally reflect and serve the populations most impacted by HIV.

	Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
	5A.1: Conduct an assessment of Black/African American led agencies providing HIV services to identify training/technical assistance (TA) needs	COH-Black/AA Task Force	Assessment report	By 2023
	5A.2: Provide TA and/or training for Black/African American led agencies to provide a more equitable playing field to successfully compete for solicitations, based on assessment findings	DHSP, in collaboration w/ Black/AA TF	Number of Black/AA led agencies that receive TA/trainings	By 2023
	5A.3: Increase inclusion of peer/paraprofessionals[69] in the workforce through training, mentorship, certification, supervision, reimbursement, and team functioning to assist with HIV, STD, HCV, and MH and SUD service provision[4]	DHSP, AETC, COH-SBP Committee	Increased # of peer/ paraprofessionals in the workforce.	By 2026
	5A.4: Develop inventory of both formal and informal pipeline programs to prepare workers to work in the HIV/health field	AETC	Report	By 2023
	5A.5: Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers including health care workers, researchers, and community partners, particularly	CBOs; AETC; Universities/med. & dental schools	Number of people trained/in training	2022-2026

[69] Peer/paraprofessionals defined as people who reflect the population(s) being served (e.g. PLWH, people of color, trans persons, etc.) and who may not have formal education/licensure.

from underrepresented populations[4]			
5A.6: Based on results of workforce capacity assessment, review and revise service standards as necessary	COH-SBP Committee	Revised standards	2022-2026
5A.7: Engage, employ, and provide public leadership opportunities at all levels for people with or who experience risk for HIV	CBOs; DHSP; COH	Number of PLWH & people from priority pops in leadership positions	2022-2026

Strategy 5B: Ensure that the workforce is adequately prepared to deliver high-quality services in a culturally responsive manner

Activity	Responsible Party	Performance Measure	Timeframe
5B.1: Include harm reduction principles and the provision of trauma-informed care across provider trainings	DHSP; AETC; CBA; SAPC	Number of curricula that include harm reduction & trauma-informed care	2022-2026
5B.2: Provide gerontology training for Ambulatory Outpatient Medical, Oral Health, Medical Care Coordination and Mental Health service providers to improve awareness and understanding of age-related inequities in care and treatment	DHSP	Number of providers trained on gerontology	By 2025
5B.3: Ensure that health care professionals and front-line staff complete education and training on stigma, discrimination, and unrecognized bias toward populations with or who experience risk for HIV, including LGBTQI+ people, immigrants, people who use drugs, and people involved in sex work[4]	DHSP; DHS; AETC; CBA	Number of providers trained on listed topics	2022-2026
5B.4: Identify and make available succession planning and leadership development trainings/programs	AETC; CBA; DHSP; COH	Number of providers trained on topics	2022-2026

System and Service Integration

Goal: Integrate systems and services to address the syndemic of HIV, STDs, HCV, and substance use and mental health disorders in the context of social and structural/institutional factors including stigma, discrimination, and violence[4]			
Objectives: 1. By 2026, the LA County Division of HIV and STD Programs (DHSP) and/or the Commission on HIV (COH) will implement at least three internal (within LAC system) efforts to advance system and service integration 2. By 2026, DHSP and/or the COH will implement at least three external efforts to advance system and service integration			
Strategy 6A: Increase cross-training and TA opportunities across fields/disciplines			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
6A.1: Enhance the ability of the HIV workforce to provide naloxone and educate people on the existence of fentanyl in the drug supply to prevent overdose and deaths and facilitate linkage to substance use disorder treatment and harm reduction programs[4]	DHSP; DHS; SAPC	Number of trainings provided	2022-2026
6A.2: Expand opportunities and mechanisms for information sharing and peer-to-peer technical assistance amongst HIV/STD/MH/SUD/Housing providers[4]	DHSP; COH; SAPC; DMH	Number and type of info sharing/TA	2022-2026
6A.3: Support training for housing service providers on needs of PLWH and LGBTQI persons to improve cultural competencies among staff	HOPWA; COH; DHSP; LAHSA	Number of trainings provided	2022-2026
6A.4: Increase HIV awareness, capability, and collaboration of service providers to support older people with HIV, including in settings such as aging services, housing for older adults, substance use treatment, and disability and other medical services[4]	Dept. on Aging; COH; SAPC	Number and type of service providers reached	2022-2026
6A.5: Increase the integration of HIV and HCV services including increasing the capacity of FQHCs that provide HIV-related services to screen for and treat HCV	ACDC; DHSP FQHCs	Number of integration mtgs held	2022-2026
Strategy 6B: Leverage the Alliance of Health Integration initiative to integrate services within LA County publicly funded care systems			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
6B.1: Strive to align strategic planning efforts on HIV, STIs, HCV, substance use disorders, and mental health care across national, state, and local partners[4]	COH	Number of strategic plans reviewed	2022-2026
6B.2: Optimize RWP, Medicaid, Medicare, and other health systems to ensure they are used in a manner to deliver the highest quality of care for PLWH.	DHS; DHSP	Documentation of efforts	2022-2026

Equity, Social Determinants of Health and Co-Occurring Disorders

Goal: Achieve health equity by addressing social determinants of health, stigma, and co-occurring disorders that fuel the HIV epidemic and HIV disparities

Objectives:

1. By 2026, increase the number of services and programs available to address meth use disorder by at least 25%
2. By 2026, increase the availability of mental health services for PLWH and at-risk for HIV by at least 25%
3. By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV in LA County by at least 25%
4. By 2026, reduce the rates of syphilis, gonorrhea, chlamydia and HCV among Black/African Americans in LA County by at least 25%
5. By 2026, increase the number of evidence-based or evidence-informed practices/programs that address SDH by at least 20%.

Strategy 7A: Advocate for an effective countywide response to SUDs, especially methamphetamine disorder

Activity	Responsible Party	Performance Measure	Timeframe
7A.1: Assess providers' ability to recognize and address meth use disorder	DHSP; SAPC	Assessment completed	By 2023
7A.2: Advocate for improved and additional services and programs associated with methamphetamine use and HIV transmission	COH; CBOs; ANAM	Documentation of efforts taken	2022-2026
7A.3: Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.	DMH; DHS; DHSP; COH; CBOs	Number of mental health services available	2022-2026
7A.4: Support the building of community-based mental health services.	DMH; COH-Consumer Caucus; CBOs	Number of community-based mental health services	2022-2026

Strategy 7B: Advocate for an effective countywide response to the Sexually Transmitted Disease (STD) epidemic

Activity	Responsible Party	Performance Measure	Timeframe
7B.1: Commission on HIV Public Policy Committee (PPC) will submit a letter to the Board of Supervisors (BOS) that outlines priorities/recommendations to improve the countywide STD response (based on a DPH report previously submitted to the BOS)	COH-PPC	Submitted Letter to BOS	By 2023
7B.2: The PPC will request a formal letter of support from the BOS to support the EHE budget request to the State of California	COH-PPC	Request	By 2023

Strategy 7C: Address social determinants of health and stigma

Activity	Responsible Party	Performance Measure	Timeframe

7C.1: Create funding opportunities that specifically address social and structural drivers of health as they relate to BIPOC communities		DHSP	Number of funding opportunities that address SDH in BIPOC communities	2022-2026
7C.2: Implement effective, evidence-based and evidence-informed interventions that address stigma and SDHs among PLWH or at risk for HIV		DHSP; HIV service providers	Number of evidence-based /evidence-informed interventions implemented	2022-2026
7C.3: Work with communities to reframe HIV services and HIV-related messaging so that they do not stigmatize people or behaviors.[4]		DHPS; Providers	Documented efforts	2022-2026
7C.4: Ensure that the voices/perspectives of PLWH and people at-risk for HIV are represented in pandemic planning and response (e.g., Monkeypox messaging)		DPH	Documented efforts	2022-2026
7C.5: Monitor and advocate for policies that support the following:				
	7C.5a: Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration.	COH – Public Policy Committee (PPC)	Documented efforts and PPC meeting minutes	2022-2026
	7C.5b: Improve systems, strategies and proposals that prevent homelessness, expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS, especially LGBTQ people			
	7C.5c: Promote family housing and emergency financial assistance as a strategy to maintain housing			
	7C.5d: Increase coordination among housing agencies to include intergenerational housing options			
	7C.5e: Blend funding to support housing and rental assistance for seniors living with HIV			
	7C.5f: Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning			
	7C.5g: Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).			

Strategy 7D: Identify root causes and directly call-out systematic racist practices that have adversely affected Black/African American communities.			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
7D.1: Standardize the collection of race-based stratified program evaluation data	HIV service providers; DHSP	Standardized evaluation measures	2022-2026
7D.2: Disseminate analysis of race-based stratified data via presentations and informational materials	DHSP; Cities of Long Beach, Pasadena, W. Hollywood	Number of presentations/materials that include race-based analysis	2022-2026
7D.3: Implement cultural humility training among healthcare providers	DHSP; AETC	Number of trainings provided	2022-2026
7D.4: Address social and structural barriers with evidence-based interventions	DHSP; Research Partners; CBOs	Number of interventions implemented	2022-2026
7D.5: Build the capacity of Black/African American-led organizations (see 5A.1 and 5A.2)	DHSP	Number of Black/African American led agencies that access training/TA	2022-2026

Strategy 7E: Add Quality of Life (Q of L) Indicators for PLWH to the Integrated Plan by 2023			
Activity	**Responsible Party**	**Performance Measure**	**Timeframe**
7E.1: Examine the newly released Q of L Indicators for PLWH included in NHAS Implementation Plan and decide which ones are applicable to LAC	COH; DHSP	Documented efforts	2023
7E.2: Identify baseline data for each QoL indicator from local MMP data and determine performance metrics to be added to Integrated Plan	COH; DHSP	Performance measures created	2023

Appendix 3: Glossary & Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIAN	American Indian and Alaska Native
ART	Antiretroviral therapy
COVID-19	Coronavirus Disease 2019
CDC	Centers for Disease Control and Prevention
DHSP	Division of HIV and STD Programs
EHARS	Enhanced HIV/AIDS Reporting System
EHE	Ending the HIV Epidemic
FQHC	Federally Qualified Health Center
HET	Heterosexuals at increased risk for HIV
HIV	Human Immunodeficiency Virus
HUD	U.S. Department of Housing and Urban Development
IDU	Injection drug use
LAC	Los Angeles County
MHS	Molecular HIV Surveillance
MSM	Men Who Have Sex with Men
NB	Non-Binary
NHPI	Native Hawaiian and Pacific Islander
OMB	Office of Management and Budget
PEP	Post-Exposure Prophylaxis
PLWH	Persons Living with HIV
PLWDH	Persons Living with Diagnosed HIV
PrEP	Pre-Exposure Prophylaxis
PWID	Persons who Inject Drugs
SPA	Service Planning Area
TG	Transgender Persons
US	United States
VL	Viral load

Epidemic – an increase above the usual or expected occurrence of a disease within a population

Prevalence - the total number of cases of disease existing in a population.

Incidence – total number of new infections in a given period of time (usually one year).

Diagnosed Cases – number of cases reported to DHSP or the state. This may contain reports or results that were previously reported.

Number of People Living with HIV in LA County – total number of cases in a given period of time who have HIV and have a Los Angeles County address, and who are not deceased.

Rate – the number of new cases of a disease that occur during a specified period of time in a population at risk for developing the disease. Usually calculated per 100,000 people. Rates take the size of the population into account and are used in order to make comparisons.
# of new cases during a specified period of time/# of persons who are at risk for the disease during that same period of time, multiplied by 100,000

95% confidence interval – a lower and upper range of values for a measure/variable of interest which contains the true value of the variable 95% of the time.

INTERFACES

Contractor shall develop Interfaces to the following County systems:

1. Public Health Lab (PHL) – HL7 import to eCOMPAS for HIV electronic laboratory reports (ELR)
2. Integrated Reporting Investigation and Surveillance System (IRIS) – HL7 import to eCOMPAS for ELR
3. Export of Ryan White Services Report (RSR) data to the Health Resources and Services Administration (HRSA)
4. Export of Ryan White Services Part B data to the State of California HIV Care Connect
5. Export of HIV prevention services data to Centers for Disease Control and Prevention (CDC) Evaluation Web

See Exhibit A.1 (e2LosAngeles Solution Requirements) for System Requirements for the Interfaces.

EXHIBIT A.4 –
THIRD-PARTY PRODUCTS

As of the Effective Date of this Agreement, the following Third Party Products will be provided by Contractor. Should this change during the term of the Agreement, this Exhibit will be updated to reflect any additional Third Party Products.

Third Party Products			
	Name	**Vendor**	**Purpose / Function**
1	Amazon Web Services GovCloud	Amazon Web Services	FedRAMP certified cloud hosting services
2	Microsoft IIS	Microsoft	Web server
3	Microsoft Windows Server	Microsoft	Operating system
4	Adobe ColdFusion	Adobe Inc.	Primary development platform
5	Microsoft SQL Server	Microsoft	Relational database engine
6	Java	Oracle Corporation	Dependency of Adobe ColdFusion
7	Bootstrap	Boostrap Core Team	Front-end web framework
8	CKEditor	CKSource	WYSIWYG rich text editor
9	jQuery	OpenJS Foundation	JavaScript library
10	DataTables	SpryMedia Ltd.	JavaScript library
11	Bootstrap Multiselect	None (privately developed Free and Open Source Software ("FOSS"))	JavaScript library
12	Fine Uploader	None (privately developed FOSS)	JavaScript library
13	Font Awesome	Font Awesome Team	Font and icon toolkit; front-end library
14	Glyphicons	Glyphicons	Icon toolkit; front-end library
15	Inputmask	None (privately developed FOSS)	JavaScript library
16	jQuery blockUI	None (privately developed FOSS)	JavaScript library
17	jQuery Countdown	None (privately developed FOSS)	JavaScript library
18	jQuery Migrate	OpenJS Foundation	JavaScript library
19	jQuery Mobile	OpenJS Foundation	JavaScript library
20	jQuery Tabslideout	None (privately developed FOSS)	JavaScript library
21	jQuery UI	OpenJS Foundation	JavaScript library

22	JSON2	None (privately developed FOSS)	JavaScript library
23	jStorage	None (privately developed FOSS)	JavaScript library
24	jsTree	None (privately developed FOSS)	JavaScript library
25	Lodash	None (privately developed FOSS)	JavaScript library
26	Parsley	None (privately developed FOSS)	JavaScript form validation libary
27	Respond.js	None (privately developed FOSS)	JavaScript polyfill library
28	Rgraph	None (privately developed FOSS)	JavaScript/HTML5 chart library
29	Select2	None (privately developed FOSS)	JavaScript library
30	strftime.js	None (privately developed FOSS)	JavaScript library

Exhibit A.5

Local Key Module Version 2.2

[REDACTED FOR PROPRIETARY/CONFIDENTIAL INFORMATION]

RDE Systems, LLC

ACCEPTANCE CERTIFICATE

To be completed by Contractor		
(Contractor Name and Address)	CONTRACT NUMBER:	TRANSMITTAL DATE:
FROM: Contractor Project Manager ----------	TO: County Project Manager ----------	
Contractor hereby certifies to County that as of the date of this Acceptance Certificate, it has satisfied all conditions in the Agreement, including satisfaction of the completion criteria applicable to such tasks and Deliverables and County's approval of the work performed in connection with the achievement of such task. Contractor further represents and warrants that the work performed in respect of such tasks and Deliverables has been completed in accordance with the Statement of Work (SOW), Exhibit A. Attached hereto is a copy of all supporting documentation required pursuant to this Statement of Work (SOW), including any additional documentation reasonably requested by County. County's approval and signature constitutes an acceptance of the tasks and Deliverables listed below.		
TASK DESCRIPTION (Including task and subtask numbers as set forth in the SOW)	DELIVERABLE (Including Deliverable numbers as set forth in the SOW)	
Comments:		
Signature:	Title:	
Phone Number:	Email:	

To be completed by County **COUNTY APPROVAL/ACCEPTANCE**	
County Project Manager	County Project Director
Signature: Name: Date:	Signature: Name: Date:
Approve ☐ Not approved ☐ Comments:	Approve ☐ Not approved ☐ Comments:

EXHIBIT B
SERVICE LEVEL AGREEMENT

1. GENERAL

This Exhibit B (Service Level Agreement) is attached to and forms a part of that certain Agreement for e2 LosAngeles System and Related Services, dated as of the Effective Date (together with all Exhibits, Attachments, and Schedules thereto, all as amended from time to time, the "Agreement"), between the County of Los Angeles ("County") and RDE System Support Group, LLC ("Contractor"). Capitalized terms used herein without definition have the meanings given to such terms in the Agreement.

This Exhibit B sets forth Contractor's Service Level commitment regarding Maintenance Services, Support Services, and Hosting Services, including correction of Deficiencies, warranties, and County's remedies for Contractor's failure to meet the Service Levels specified herein (as further defined in the Agreement collectively, "Subscription Services"), in each case, regarding the System.

2. SCOPE OF SERVICES

2.1 Description

Contractor shall provide Service Levels and warranties relating to Subscription Services for the System as specified in the Agreement and this Exhibit, as more fully described below. Subscription Services shall include but are not limited all work necessary to maintain and support the System so that it performs in accordance with the Specifications, including but not limited to correction of Deficiencies based on Service Levels and warranties, and provision of all Hosting Environments and other work necessary to host the System such that it performs in accordance with the Specifications. Subscription Services commence as specified in the Agreement.

2.2 Definitions

As used herein the following terms have the following meanings:

"24x7x365/366 Basis" means 24 hours per Day, 7 Days per week, 365/366 Days per year.

"Available" means the System shall be available for access and use by the County in accordance with the Specifications.

"Business Hours" shall mean 8:00 a.m. to 4:00 p.m. Pacific Time (PT) Monday through Friday except for County approved holidays.

"Critical Deficiency" shall mean a Deficiency of Priority Level 1, as further described in Paragraph 3.2.1 (Problem Correction Priorities).

"**Compatible**"; "**Compatibility**" means, with respect to the Licensed Software, that (a) the applicable components of the Licensed Software are capable of supporting, operating and otherwise performing all functions of such Licensed Software components set forth in the Specifications and this Agreement, when used in conjunction with the County's Existing Environment meeting the Minimum System Requirements; (b) the applicable components of Third Party Products contained in the System are capable of supporting, operating and otherwise performing all functions of such Third Party Products components set forth in the Specifications and this Agreement, when used in conjunction with other components of the Licensed Software; (c) the applicable components of Licensed Software are capable of supporting, operating and otherwise performing all functions of such Licensed Software components set forth in the Specifications and this Agreement, when used in conjunction with the Third Party Products; and (d) the applicable components of the Licensed Software are capable of supporting, operating and otherwise performing all functions of such Licensed Software components set forth in the Specifications and this Agreement, when used in conjunction with one another and with the Hosting Environment.

"Help Desk Support" shall have the meaning specified in Paragraph 6.1 (Scope of Support).

"Days of Operation" shall mean 365/366 Days per year, 24 hours per Day, excluding Scheduled Downtime.

"Disaster" shall mean a catastrophic event that results in significant or potentially significant Downtime or disruption of the Hosting Environment for Production Use and requires Contractor to invoke the DR/BC Plan.

"Disaster Recovery" shall mean and refer to Contractor's obligations described in Paragraph 5.3 (Backup and Disaster Recovery).

"Downtime" shall mean the period when the System or any System component is unavailable, including Unscheduled Downtime and Scheduled Downtime.

"Low Deficiency" shall mean a Deficiency of Priority Level 4, as further described in Paragraph 3.2.1 (Problem Correction Priorities).

"Major Deficiency" shall mean a Deficiency of Priority Level 1 or Priority Level 2, as further described in Paragraph 3.2.1 (Problem Correction Priorities).

"Moderate Deficiency" shall mean a Deficiency of Priority Level 3, as further described in Paragraph 3.2.1 (Problem Correction Priorities).

"Off-Business Hours" shall mean all hours that are not Business Hours or Scheduled Downtime.

"Priority Level" shall mean the applicable Deficiency severity level for correcting Deficiencies, as described in Paragraph 3.2 (Resolution of Deficiencies).

"Response Time" shall mean the time elapsed for all data fields on a page to load such that they are available for use.

"Response Time Baseline" shall mean the County specified baseline for Response Time, as further described in Paragraph 7.2.

"Response Time Deficiency" shall mean the System is not responding within the prescribed Response Time Baseline, as further described in Paragraph 7.3 (Response Time Monitoring).

"Scheduled Downtime" shall mean that the System cannot be accessed due to scheduled maintenance on the System, including but not limited to preventive maintenance, Revisions, scheduled reboots and restarts, as further described in Paragraph 4.5 (Scheduled Downtime).

"Service Credits" shall mean credits or any other form of discount to be applied to the applicable Subscription Fees that may be assessed by County pursuant to Paragraph 8.1 (General).

"Severe Deficiency" shall mean a Deficiency of Priority Level 2, as further described in Paragraph 3.2.1 (Problem Correction Priorities).

"System Availability" as defined in Paragraph 7.2 (System Performance Requirements).

"System Availability Deficiency" shall mean the System not meeting any of the System Availability requirements as specified in this Exhibit B.

"System Performance" shall mean the performance of the System with respect to Response Time, System Availability and Disaster Recovery.

"System Performance Deficiency" shall mean System not meeting any of the System Performance Requirements as specified in Paragraph 7.2 (System Performance Requirements).

"System Performance Requirements" shall mean the requirements for System Performance, including Paragraph 7.2 (System Performance Requirements).

"Total Monthly Time" shall mean all minutes in the Days of Operation for a calendar month, excluding Scheduled Downtime.

"Unscheduled Downtime" shall have the meaning specified in Paragraph 8.1 (General).

3. CORRECTION OF DEFICIENCIES

As part of Subscription Services, Contractor shall correct Deficiencies with the System as described herein.

3.1 Identification of Deficiencies

The Deficiencies may be identified either because of Contractor's use of its own monitoring tools or discovered by County. Upon discovery of a Deficiency by County, County will report the Deficiency to Contractor's Help Desk Support for resolution in accordance with this Exhibit B.

The Priority Level of a Deficiency shall be assigned as described in, and according to the Priority Level definition set forth in, Paragraph 3.2.1 (Problem Correction Priorities). Based on Contractor's proposed resolution and/or workaround(s) for the Deficiency, County may reevaluate and escalate or downgrade the Priority Level of the Deficiency pursuant to Paragraph 3.2.3 (Priority Level Adjustment).

3.2 Resolution of Deficiencies

3.2.1 Problem Correction Priorities

County shall assign the Priority Level to each Deficiency reported by County to Contractor's Help Desk Support. Contractor shall assign Priority Levels to Deficiencies discovered by its own monitoring tools. Following report of a Deficiency from County, Contractor shall respond back to County within the prescribed "Response Timeframe" specified below and resolve each such Deficiency within the specified "Resolution Goal". The Response Timeframe and Resolution Goal for correction of Deficiencies shall start tolling when Contractor discovers a Deficiency, or County first notifies Contractor of a Deficiency by through Contractor's Help Desk Support, and shall end when County reasonably determines that the Deficiency has been resolved.

Priority Level	**Description of Deficiency**	**Response Timeframe**	**Resolution Goal**
1 - Critical	Critical functionality is down or impaired or degraded; major impact to County's business; no reasonable workaround(s) exists, or no current patch set or service pack is available. Examples of Critical Deficiencies: Response Time is at or over four (4) times the agreed upon Response Time Baseline or does not function at all, as	One (1) Business Hour	One (1) Business Day

Priority Level	Description of Deficiency	Response Timeframe	Resolution Goal
	determined by County. There is no way to circumvent the problem; a significant number of Users are affected. A production business System is inoperable.		
2 – Severe	Functionality is impaired or degraded, or an important function is not available, and operations are severely impacted. There are time-sensitive issues that impact ongoing production. A reasonable workaround exists, but it is only temporary. Hotfix, patch or service pack or upgrade is not available. Examples of Severe Deficiencies: A component of the System is not performing in accordance with the Specifications (e.g., Response Time is at two (2) or three (3) times the agreed upon Response Time Baseline), which is creating significant County business impact, or its core functionality is not available, as determined by County. OR Mandatory reporting within the System is inaccurate, or data is unavailable (unless the inaccuracy is due to inaccurate data provided by the County).	Four (4) Business Hours	Five (5) Business Days or next scheduled maintenance release, whichever is less.
3 – Moderate	Non-critical functionality is down or impaired. Does not have significant current production impact. Performance is degraded. A short to medium term work-around is available. Patch, service pack or upgrade is available.	One (1) Business Day	Two (2) weeks

Priority Level	Description of Deficiency	Response Timeframe	Resolution Goal
	Examples of Moderate Deficiencies: A component of the System is not performing in accordance with the Specifications, which is creating a moderate or minor operational impact, as determined by County.		
4 – Low	Non-critical function impaired. No business impacts. A medium to long term work-around is available. Patch, service pack or upgrade is available. Examples of Low Deficiencies: This is a low impact problem and is not significant to operations or is related to education (e.g., general "how to" and informational Licensed Software questions, Documentation requests, understanding of reports or general "how to" create reports), as determined by County.	Two (2) Business Days	Next Version Release or 6 months unless otherwise agreed to by County and Contractor

3.2.2 Problem Resolution Process

For any Deficiency reported by County or discovered by Contractor, Contractor shall commence corrective action according to the applicable Response Timeframe. Contractor shall correct all Deficiencies within the Resolution Goals specified above. Contractor shall also immediately commence to develop a workaround or a fix for any Priority Level 1 or Priority Level 2 Deficiency. County and Contractor shall agree on the Deficiency resolution, whether by a permanent solution or a workaround. Contractor shall provide the best level of effort to correct all Deficiencies with Priority Level 1 through Priority Level 3. If Contractor fails to correct a Deficiency within the prescribed Resolution Goals, Contractor shall provide County with a written or electronic report that includes a detailed explanation of the status of such Deficiency, preliminary actions taken, detailed mitigation plans and an estimated time for completing the correction of such Deficiency. This process will be repeated until the Deficiency is resolved, and the

resolution is approved by County's Project Manager. The parties will jointly cooperate during this period.

3.2.3 Priority Level Adjustment

County may escalate or downgrade a Priority Level of a Deficiency if the Deficiency meets the definition of the Priority Level as escalated or downgraded. Additionally, County's Project Manager may escalate a Priority Level of a Deficiency at any time during which the System is experiencing more than one Deficiency of the same Priority Level. A Deficiency may also be escalated by County if the Deficiency persists or re-occurs, as determined by County's Project Manager. At the time the Deficiency is escalated or downgraded, an appropriate timeline will be applied for resolution of such Deficiency in accordance with Paragraph 3.2.1 (Problem Correction Priorities). Contractor may not downgrade a Priority Level without the consent of County's Project Manager. Contractor may not "close" or "inactivate" a trouble ticket or Deficiency report without the consent of County's Project Manager. Contractor may request a special exception to the above timeline where there are extenuating circumstances, with the decision for extension made at the discretion of County's Project Manager. If a reasonable workaround may be provided by Contractor for a Deficiency, County may elect to downgrade the Priority Level of such Deficiency until an agreed upon date. If a permanent fix is not provided by such agreed upon date, County will be able to escalate the Priority Level back to the original Priority Level or higher, as provided herein.

4. MAINTENANCE SERVICES

As part of Subscription Services, Contractor shall provide Maintenance Services as described herein.

4.1 Revisions

As part Maintenance Services, Contractor shall provide Revisions to the Licensed Software in accordance with Section 3.2 (Revisions) of the Agreement and this Exhibit B. The following shall be provided as Revisions at no cost beyond the Subscription Fees: (a) to keep current with Contractor's hosting technology standards and industry standards; (b) as Third Party Product upgrades to the extent necessary to comply with Third Party Product security updates or replace Third Party Products reaching end-of-support; (c) bug fixes, patches, or modifications to the Licensed Software that corrects a Deficiency as well as addresses common functional and performance issues or address security issues; and (d) any of the foregoing provided for the Licensed Software to remain in compliance with applicable Federal, State and local laws, rules and regulations, all in accordance with this Exhibit B and in coordination with County's Project Manager.

Unless otherwise agreed to by the parties (and not required to be provided above as part of Maintenance Services), updates, upgrades, improvements, and enhancements to the License Software to provide additional functions or features or to improve its operations, usefulness, or completeness shall be treated as Optional Work and are not within the definition of Revisions. Contractor shall notify County of any Revisions to the Licensed

Software which create noticeable changes to the user interface or affect functionality of the Licensed Software, prior to the anticipated installation date thereof in accordance with Section 3.2 (Revisions) of the Agreement. Contractor's provision and installation of such Revisions to the Licensed Software shall be at no additional cost to County. Any Revisions necessary to remedy security problems in the Licensed Software (e.g., closing "back doors" or other intrusion-related problems) shall be provided promptly following Contractor's knowledge of such of such problems.

In the event a Revision causes a Deficiency with a previously provided customization, then Contractor's work to remedy such Deficiency shall be included as part of Maintenance Services.

4.2 Third Party Products

Maintenance Services additionally include maintaining Compatibility of the Contractor software components of the System with any Third Party Products that are to be included in the System as of the Effective Date and may be acquired by County under this Agreement as Optional Work. Prior to the installation of any Third Party Product, or any update thereto, Contractor shall test and ensure such Third Party Product's Compatibility with the then current version of the Contractor software components. Contractor shall all ensure that the Contractor software components are Compatible with the required or critical updates to Third Party Products, including without limitation, service and compatibility packs and security patches, promptly upon their release.

Notwithstanding the foregoing, any Third Party Product that may be incorporated by Contractor into the System shall be subject to the same Subscription Services as the Contractor software components that are owned by, or are proprietary to, Contractor.

4.3 Hosting Environment Maintenance

As part of Maintenance Services, Contractor shall also provide maintenance of the Hosting Environment for the System, including but not limited to server equipment, networking components, hardware, operating system software, application platform software, database software and other software installed in the Hosting Environment that is not Licensed Software. Contractor shall update, upgrade, or replace these Hosting Environment components during the term of the Agreement to comply with the Specifications and the warranties specified in this Agreement and to support and be Compatible with the System including any Revisions provided by Contractor under the Agreement.

Contractor shall provide Revisions to the Hosting Environment software to keep current with Contractor's hosting technology standards, industry standards, Revisions to the System, and all in coordination with County's Project Manager.

4.4 County's Existing Environment

As part of Maintenance Services, Contractor shall, during the term of the Agreement, maintain the System's Compatibility with County's Existing Environment, provided the Existing Environment complies with the Minimum System Requirements, including revisions made during the Term of the Agreement to browser versions supported by the Licensed Software. These maintenance Services shall include providing, among others, Revisions to the Licensed Software and upgrades to the Hosting Environment hardware. Maintenance Services also include working with County's information technology staff or other third-party service providers to resolve any issues with the County's environment that might be caused by the System.

4.5 Scheduled Downtime

Unless agreed to otherwise in advance by County and Contractor, Contractor shall provide all Maintenance Services, including installation of Revisions, during Scheduled Downtime.

For this Exhibit B, Scheduled Downtime shall be scheduled on Sundays between the hours of 7:00 AM. and 12:00 PM Pacific Time (PT). Contractor may change the Scheduled Downtime window by notifying County at least three (3) Days prior to modifying the Scheduled Downtime, subject to approval by County's Project Manager. Any Downtime outside of the above window of time without such prior notice and County's Project Manager's approval shall be considered "Unscheduled Downtime" which may entitle County to remedies as specified in this Exhibit B. Notwithstanding the foregoing, Contractor may request System Downtime for the provision of an emergency correction to the System. Such Downtime shall be deemed Scheduled Downtime if it has been approved by County's Project Manager.

5. HOSTING SERVICES

As part of Subscription Services, Contractor shall provide all Hosting Environments and other work necessary to host the System such that it performs in accordance with Specifications as provided in this Paragraph 5 (hereinafter collectively "Hosting Services").

5.1 Hosting Services

Contractor shall operate the Hosting Services on the Hosting Environment owned and maintained by Contractor (and its hosting Subcontractor, if applicable) on a 24x7x365/366 Basis.

Contractor shall allow access to the Hosting Services over the Internet from the Hosting Environment facilities on a 24x7x365/366 Basis and provide secure and confidential storage of all information transmitted to and from the Hosting Services.

Contractor shall supply hardware, security protocols, software, and communications support structure to facilitate connection to the Internet in accordance with the requirements set forth in this Exhibit and the Agreement generally.

Contractor shall review security notifications and alerts relevant to the Hosting Environment (e.g., Contractor notification of bugs, attacks, patches), and apply as appropriate to maintain the highest level of defense.

Contractor shall provide adequate firewall protection to secure personal data and other Confidential Information of County and users of the Hosting Services from unauthorized access by third parties.

5.2 Hosting Provider

If, during the term of the Agreement, Contractor desires to transition to a new subcontractor for Hosting Services, Contractor must comply with Section 4.3 (Subscription Services) of the Agreement.. Contractor shall reasonably cooperate with County in evaluating the security and performance of the proposed subcontractor. In the event Contractor transitions to a new subcontractor for Hosting Services other than in compliance with Section 4.3, County may elect to terminate this Agreement without further obligation and receive a refund of prepaid fees for the balance of the Agreement term.

Contractor shall ensure the Subcontractor complies with the terms of the Agreement, including the requirements of this Exhibit and Exhibit I (Information Security and Privacy Requirements). Contractor shall be jointly and severally liable for any breach by such Subcontractor of the Agreement, including the requirements of this Exhibit B and Exhibit I (Information Security and Privacy Requirements).

6. SUPPORT SERVICES

6.1 Scope of Support

As a part of Subscription Services, Contractor's responsibilities for supporting the operation of the System shall include the provision of Support Services, including provision of "**Help Desk Support**" for both (1) County and third party end users to contact for operational support questions regarding the System and reporting of Deficiencies during the Support Hours, and (2) County administrative and technical support staff to contact for all issues pertaining to the System, including operational, technical, and customer support issues. Help Desk Support shall include provision of Support Services to correct any failure of the System and to remedy Deficiencies in accordance with this Exhibit to ensure that the System operates in accordance with the Specifications, warranties, and other requirements under the Agreement. End user requests for Help Desk Support may be submitted by telephone or email to a dedicated support email address. County administrative and technical support staff requests may be submitted by telephone and/or via Contractor's dedicated support email address. Help Desk Support shall respond with a plan for resolving each Deficiency and respond to County's Project Manager within the applicable required period specified in this Exhibit B.

6.2 Help Desk Support

Contractor's Help Desk Support Service Level requirements shall also include but not be limited to those listed below:

1. County designated administrative and technical support staff that provides first level support shall have access to Contractor's Help Desk Support through the methods outlined in this Exhibit B.

2. County administrative and technical support staff shall have access to Contractor's Help Desk Support by telephone and/or via Contractor's dedicated support email address. The authorized County administrative and technical support staff will each receive timely updates via email on the progress and resolution of all support issues.

3. Contractor shall provide a telephone number for County and third party end users and County administrative and technical support staff to call during Business Hours. This telephone number shall quickly connect callers with the appropriate Help Desk Support personnel. Contractor shall additionally provide an email address for County and third party end users and, if applicable, County technical support staff to email during Business Hours.

4. Contractor's Help Desk phone number shall include the functionality of leaving detailed voicemails describing the issues.

5. Without limiting Contractor's obligations under Section 3 with respect to responding to and resolving Deficiencies, emails and voicemails submitted outside of Business Hours must be responded to within one (1) Business Day.

6. Priority Levels for the Deficiencies shall be assigned according to definitions specified in Exhibit B.

7. Contractor shall respond within the period specified in Exhibit B depending on the Priority Level of the Deficiency.

8. Contractor's Help Desk Support shall work with County's Project Manager and County's administrative and technical support staff on correcting Deficiencies and keep such County personnel informed regarding the updates and scheduled timeframes to ensure that all maintenance windows are clearly communicated, and the requirements of this Exhibit B are met.

9. Contractor shall triage and update submitted Deficiencies and requests to have the priority, description, type, version, and other elements of each case modified by Help Desk Support based on the severity and business impact. The cases may be downgraded or upgraded in priority, and Contractor shall work with County to ensure that the case is diagnosed properly. In the event of any issues regarding a case, the parties may invoke the Dispute Resolution Procedure as defined in the Agreement.

10. Deficiency correction, timeframes, and Service Credits for failure to timely correct any Deficiencies as specified herein shall be as specified in this Exhibit B.

6.3 Backup and Disaster Recovery

Contractor shall provide back up, Disaster recovery and business continuity Services as set for in the DR/BC Plan, as updated from time to time in accordance with the terms of the Agreement. Additionally, back up, Disaster recovery, and business continuity Services shall include the following:

All copies of County Data, expressly or implied, including without limitation, backups, replicated/redundant data, snapshots, and data used, perhaps temporarily and using non-Contractor facilities, equipment, and/or personnel, during a disaster recovery event, must be subject to all terms and condition specified in the Agreement, including, without limitation, confidentiality, storage, transmission, and destruction, and must still remain in the continental United States.

Backup – Regular

Contractor shall provide for both the regular backup of standard file systems and databases relating to the Hosting Environment, Licensed Software, and Hosting Services, and the timely restoration of such data on request by County due to a site failure. Contractor shall:

- Perform weekly full backup.
- Perform daily incremental backups.
- If backups are made to media such as tapes, send backup media to secure, off-site storage facilities with a thirty (30) Day rotation of media.
- If the backup destination is cloud-based, the retention policy is thirty (30) Days.
- Retain one (1) backup copy per month for one (1) year.
- Fulfill restoral requests as directed by County due to site or any other type failures. Restoral will be initiated within the interval of two (2) to four (4) hours dependent on the urgency of the request, and the agreed upon location of the desired backup media, or as otherwise provided in the Incident Response and Disaster Recovery Policy approved pursuant to Exhibit A (Statement of Work).
- The ability to restore to any of the backups in the last 30 Days.
- If the Hosting Environment or location is expected to be down for more than twenty-four (24) hours, Contractor shall immediately transfer appropriate backup data and re-establish all hosting operations in an appropriately functioning secondary server or location.

- Periodically review and validate Contractor's backup procedures, and periodically validate the accuracy and integrity of the backup data. Contractor shall provide a written report of any inaccuracies and inconsistencies in a format approved by County.

Disaster Recovery

As part of Hosting Services and Support Services, Contractor shall also be responsible for Disaster Recovery Services and update of its formal DR/BC Plan.

Contractor or County may declare an event a Disaster. Upon occurrence of a Disaster, Contractor shall provide the services outlined in the Disaster Recovery/Business Continuity Plan. Contractor shall be subject to the following service level requirements as part of Disaster recovery, which shall be contained in and are incorporated into the Disaster Recovery/Business Continuity Plan agreed upon pursuant to Exhibit A (Statement of Work and Attachments) or as updated pursuant to this Agreement.

1. Contractor shall have complete responsibility for restoration of the System, provided that (a) the County will cooperate with the Contractor in performing the tasks assigned to the County under Contractor's Incident Response and Disaster Recovery Policy approved pursuant to Exhibit A (Statement of Work) and will provide information as requested by the Contractor to effect the Disaster Recovery; and (b) the County is required to store an LKM Disaster Recovery file containing encryption keys that will be needed in the event a complete restoration of the System is required.

2. In the event of a Disaster declaration, Contractor shall be required to maintain regular and consistent communication with County about the outage and steps taken to restore the System.

3. Contractor shall be required to make a declaration of a Disaster and invoke the Disaster Recovery/Business Continuity Plan within twelve (12) hours from the disruption of the Hosting Environment for Production Use or precipitating event.

4. Contractor shall restore the System to a point no greater than twenty-four (24) hours prior to the declaration of the Disaster by County or Contractor.

5. County shall be able to logon to the Disaster Recovery site within forty-eight (48) hours of the declaration of the Disaster by County or Contractor or such longer period as may be agreed by the parties in writing prior to the expiration of the forty-eight (48) hour period.

6. Contractor shall have a minimum 75% capacity within twenty-four (24) hours of the declaration of the Disaster by County or Contractor or such longer period as

may be agreed by the parties in writing prior to the expiration of the twenty-four (24) hour period.

7. Contractor's failure to make a declaration of a Disaster within twelve (12) hours shall result in the incident deemed Unscheduled Downtime.

7. WARRANTIES

7.1 System Performance Requirements

Contractor represents, warrants, covenants and agrees that: (a) the System shall meet the System Availability requirements as further specified in this Exhibit B; (b) the System shall meet the Response Time requirements as further specified in this Exhibit when used in connection with the Specified Hardware and Specified Operating Software; and (c) Contractor and the System shall meet the Disaster Recovery requirements as further specified in this Exhibit B (collectively, the "System Performance Requirements"). All System Performance Deficiencies shall be deemed at a minimum Priority Level 2 for the purpose of the correction of Deficiencies and other County remedies to the extent that such System Performance Deficiencies meet the definition of a Priority Level 2 Deficiency.

System Performance Category	System Performance Requirement
System Availability	99.9%
Response Time Baseline	For each page of the System, an average Response Time of three (3) seconds (except with respect to certain reports and system functions that will be identified by Contractor as normally requiring a longer response time, which response time or range of response times shall be agreed to by the parties prior to Launch), measured as the amount of time the Hosting Environment takes to respond to an HTTP request after receiving it.
Disaster Recovery	Pursuant to the provisions and requirements of Exhibit B.

The following criteria shall be applied with regards to System Performance Requirements:

1. System Availability shall be calculated as follows:

   System Availability = (Total Monthly Time – Unscheduled Downtime) ÷ Total Monthly Time

2. Contractor will not be responsible for performance within the Los Angeles network (LANET) or to the extent caused by County's acts or omissions.

Contractor will not be responsible for outages or slowness of the County's or end-users' Internet Service Providers, local networks, or other IT failures external to the Contractor's systems.

7.2 Response Time Monitoring

Contractor shall implement and maintain a method to monitor Response Time measured as the amount of time the Hosting Environment takes to respond to an HTTP request after receiving it. In the event County reports any Response Time Deficiency in any month, Contractor shall measure the Response Time from the Hosting Environment for two (2) periods of Response Time measurement: Business Hours and Off-Business Hours. Response Time measurement shall be calculated using a simple average method for each of the periods of Response Time measurement. Contractor shall provide County a written report with respect to the month summarizing the results of Contractor's Response Time monitoring.

8. REMEDIES

8.1 General

Credits shall accrue for Unscheduled Downtime in accordance with the Service Credits set forth in Paragraph 8.2 below, including Contractor's failure to meet the System Availability requirements and/or Response Time requirements (hereinafter "Service Credit(s)"). For purposes of assessing Service Credits and this Exhibit, "Unscheduled Downtime" shall mean the total amount of time during any calendar month, measured in minutes, during which the System has a Major Deficiency that is unresolved by Contractor, excluding Scheduled Downtime.

8.2 Service Credits

Without limiting any other rights and remedies available to County, either pursuant to this Agreement, by law or in equity, County shall be entitled to Service Credits calculated based on the System Availability as provided below.

Service Credits will not be assessed for Scheduled Downtime scheduled in accordance with this Exhibit B.

a. Service Credits for System Availability:

System Availability	Service Credits
Less than 99.9% but greater than or equal to 99.0%	20% of monthly cost of Subscription Services
Less than 99.0% but greater than or equal to 98.0%	50% of monthly cost of Subscription Services

Less than 98.0%	100% of monthly cost of Subscription Services

b. Service Credits for Resolution Goal Failures:

Failure Percentages	Service Credits
Failure to achieve a Resolution Goal for any Severity Level 1, 2 or 3 in each calendar month 99% of the time.	5% of monthly cost of Subscription Services
Failure to achieve a Resolution Goal for any Severity Level 1, 2 or 3 in each calendar month 95% of the time.	10% of monthly cost of Subscription Services
Failure to achieve a Resolution Goal for any Severity Level 1, 2 or 3 in each calendar month 92% of the time.	15% of monthly cost of Subscription Services

If a Deficiency results in both Unscheduled Downtime and Resolution Goal Failure in accordance with Paragraph 8.2(a) and (b) above, then County will only receive the greater of the two (2) Service Credits, i.e., Service Credits will not be cumulative for the same Deficiency.

Service Credits shall be calculated separately for each applicable incident of a Deficiency and shall be added up to be assessed at the end of each month of Support Services. Service Credits, in any amounts, are not and shall not be construed as penalties and, when assessed, will be deducted from any amounts due to Contractor under the Agreement or if at the expiration or termination of the Agreement, paid by Contractor.

8.3 Response Time Deficiencies

A Response Time Deficiency that fits the definition of a Major Deficiency as a Priority Level 1 or Priority Level 2 shall be deemed to cause Unscheduled Downtime and shall entitle County to assess Service Credits as provided in Paragraph 8.2 (Service Credits) above. In addition, the System shall be deemed to be experiencing Unscheduled Downtime after thirty (30) Days of any Response Time Deficiency unresolved by Contractor, entitling County to assess Service Credits in accordance with Paragraph 8.2 above. Contractor shall keep County informed of the progress of the Response Time problem with the objective of providing a solution as quickly as possible.

9. WITHHOLDING OF SERVICES

Contractor warrants that during the term of the Agreement it will not withhold Services provided hereunder, for any reason, including but not limited to a dispute between the Parties arising under this Agreement.

EXHIBIT C
PAYMENT SCHEDULE

Total firm-fixed costs/price to deliver the e2LosAngeles System as described in the Agreement and Exhibit A (Statement of Work) include the below: (1) Implementation Fees for two (2) years of Implementation Work and (2) On-going annual Subscription Fees following Phase 1 and 2 Acceptance and for eight (8) full years following Final Acceptance (three (3) years during Initial Term plus five (5) optional additional one-year periods, if exercised by the County).

1.0 IMPLEMENTATION FEES

#	Task	Paragraph #	Deliverable #	Price	Holdbacks (10%)
PROJECT INITIATION AND PROJECT MANAGEMENT					
1	Task 1: Project Plan and Disaster Recovery	4.1.1.1.1	Deliverable 1.1: High Level Project Plan Document (KEY)	$30,000.00	$3,000.00
2	Task 1: Project Plan and Disaster Recovery	4.1.1.2.1	Deliverable 1.2: Security Plan	$20,000.00	$2,000.00
3	Task 1: Project Plan and Disaster Recovery	4.1.1.3.1	Deliverable 1.3: Incident Response and Disaster Recovery Plan	$20,000.00	$2,000.00
4	Task 2: Provide Project Management	4.1.2.1	Deliverable 2.1: Ongoing Project Administration	[redacted]	[redacted]
5	Task 3: Project Start-Up Work for Phase 1	4.2.1.1.1	Deliverable 3.1: Demo Hosting Environment for Phase 1 (KEY)	$93,000.00	$9,300.00
6	Task 3: Project Start-Up Work for Phase 1	4.2.1.2.1	Deliverable 3.2: Detailed Project Plan for Phase 1 (KEY)	$25,000.00	$2,500.00
PHASE 1: RYAN WHITE PROGRAM AND MEDICAL CARE COORDINATION VERSION 1					
7	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.2.1	Deliverable 4.1: System Requirements Validation for Phase 1, Cycle 1	$30,000.00	$3,000.00
8	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.7.1	Deliverable 4.2: Specifications for Phase 1, Cycle 1 Components 1-4 and Revised Project Plan for Phase 1 (KEY)	$85,000.00	$8,500.00
9	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.8.1	Deliverable 4.3: Specifications for Security Requirements, and Revised Project Plan for Phase 1 (KEY)	$20,000.00	$2,000.00
10	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.9.1	Deliverable 4.4: Delivery of Prototype of AD Integration and MFA for System Users	$5,500.00	$550.00

11	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.10.1	Deliverable 4.5: Completion of UAT of AD Integration and MFA for System Users	$2,500.00	$250.00
12	Task 4: Specifications Documents for Phase 1, Cycle 1	4.2.2.11.1	Deliverable 4.6: Delivery of Launch-ready AD Integration and MFA for System Users	$1,500.00	$150.00
13	Task 5: Testing and Delivery of Prototypes for Phase 1, Cycle 1	4.2.3.4.1	Deliverable 5.1: Completion of Quality Assurance Testing for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System	$13,600.00	$1,360.00
14	Task 5: Testing and Delivery of Prototypes for Phase 1, Cycle 1	4.2.3.4.2	Deliverable 5.2: Delivery of Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System	$102,000.00	$10,200.00
15	Task 5: Testing and Delivery of Prototypes for Phase 1, Cycle 1	4.2.3.5.1	Deliverable 5.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System	$16,500.00	$1,650.00
16	Task 5: Testing and Delivery of Prototypes for Phase 1, Cycle 1	4.2.3.5.2	Deliverable 5.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 1 Components 1, 2, 3, and 4 of System (KEY)	$2,500.00	$250.00
17	Task 6: Specifications Documents for Phase 1, Cycle 2	4.2.4.2.1	Deliverable 6.1: System Requirements Validation for Phase 1, Cycle 2	$12,500.00	$1,250.00
18	Task 6: Specifications Documents for Phase 1, Cycle 2	4.2.4.5.1	Deliverable 6.2: Completed Specifications for Phase 1, Cycle 2 Components 10 and 11 and Revised Project Plan for Phase 1 (KEY)	$25,800.00	$2,580.00
19	Task 7: Testing and Delivery of Prototypes for Phase 1, Cycle 2	4.2.5.2.1	Deliverable 7.1: Completion of Quality Assurance Testing for Phase 1, Cycle 2 Components 10 and 11 of System	$7,500.00	$750.00
20	Task 7: Testing and Delivery of Prototypes for Phase 1, Cycle 2	4.2.5.2.2	Deliverable 7.2: Delivery of Prototypes for Phase 1, Cycle 1 Components 10 and 11 of System	$35,500.00	$3,550.00
21	Task 7: Testing and Delivery of Prototypes for Phase 1, Cycle 2	4.2.5.3.1	Deliverable 7.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 2 Components 10 and 11 of System	$8,200.00	$820.00
22	Task 7: Testing and Delivery of Prototypes for Phase 1, Cycle 2	4.2.5.3.2	Deliverable 7.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 2 Components 10 and 11 of System (KEY)	$7,200.00	$720.00
23	Task 8: Specifications Documents for Phase 1,	4.2.6.2.1	Deliverable 8.1: System Requirements Validation for	$22,000.00	$2,200.00

	Cycle 3		Phase 1, Cycle 3		
24	Task 8: Specifications Documents for Phase 1, Cycle 3	4.2.6.7.1	Deliverable 8.2: Completed Specifications for Phase 1, Cycle 3 Components 5 through 8 and Revised Project Plan for Phase 1 (KEY)	$52,000.00	$5,200.00
25	Task 9: Testing and Delivery of Prototypes for Phase 1, Cycle 3	4.2.7.4.1	Deliverable 9.1: Completion of Quality Assurance Testing for Phase 1, Cycle 3 Components 5 through 8 of System	$4,200.00	$420.00
26	Task 9: Testing and Delivery of Prototypes for Phase 1, Cycle 3	4.2.7.4.2	Deliverable 9.2: Delivery of Prototypes for Phase 1, Cycle 3 Components 5 through 8 of System	$40,600.00	$4,060.00
27	Task 9: Testing and Delivery of Prototypes for Phase 1, Cycle 3	4.2.7.5.1	Deliverable 9.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 3 Components 5 through 8 of System	$6,200.00	$620.00
28	Task 9: Testing and Delivery of Prototypes for Phase 1, Cycle 3	4.2.7.5.2	Deliverable 9.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 3 Components 5 through 8 of System (KEY)	$14,500.00	$1,450.00
29	Task 10: Specifications Documents for Phase 1, Cycle 4	4.2.8.2.1	Deliverable 10.1: System Requirements Validation for Phase 1, Cycle 4	$22,000.00	$2,200.00
30	Task 10: Specifications Documents for Phase 1, Cycle 4	4.2.8.7.1	Deliverable 10.2: Completed Specifications for Phase 1, Cycle 4 Components 12, 13, 14, and 15 and Revised Project Plan for Phase 1 (KEY)	$52,000.00	$5,200.00
31	Task 11: Testing and Delivery of Prototype for Phase 1, Cycle 4	4.2.9.4.1	Deliverable 11.1: Completion of Quality Assurance Testing for Phase 1, Cycle 4 Components 12 through 15 of System	$6,000.00	$600.00
32	Task 11: Testing and Delivery of Prototype for Phase 1, Cycle 4	4.2.9.4.2	Deliverable 11.2: Delivery of Prototypes for Phase 1, Cycle 4 Components 12 through 15 of System	$42,000.00	$4,200.00
33	Task 11: Testing and Delivery of Prototype for Phase 1, Cycle 4	4.2.9.5.1	Deliverable 11.3: Recommended User Acceptance Test Plan of Prototypes for Phase 1, Cycle 4 Components 12 through 15 of System	$6,200.00	$620.00
34	Task 11: Testing and Delivery of Prototype for Phase 1, Cycle 4	4.2.9.5.2	Deliverable 11.4: Completion of Successful UAT for Prototypes for Phase 1, Cycle 4 Components 12 through 15 of System (KEY)	$14,500.00	$1,450.00

35	Task 12: Delivery of Launch-Ready System for Phase 1, Cycles 1, 2, 3, and 4	4.2.10.4.1	Deliverable 12.1: Delivery of Launch-ready System for Phase 1 (KEY)	$48,500.00	$4,850.00
36	Task 13: Application Security Scan	4.2.11.1.1	Deliverable 13.1: Completion of Application Security Scan	$18,600.00	$1,860.00
37	Task 14: System Launch for Phase 1 to Production Use	4.2.12.1.1	Deliverable 14.1: Training for Phase 1 System Prior to Production Use (KEY)	$8,500.00	$850.00
38	Task 14: System Launch for Phase 1 to Production Use	4.2.12.5.1	Deliverable 14.2: Launch of Phase 1 for Production Use (KEY)	$36,000.00	$3,600.00
39	Task 14: System Launch for Phase 1 to Production Use	4.2.12.6.1	Deliverable 14.3: Phase 1 Acceptance (KEY)	**Return of Holdbacks for Phase 1** $76,960.00	
PHASE 2: FISCAL AND PROCUREMENT DATA SYSTEM ENHANCEMENTS VERSION 1					
40	Task 15: Project Start-Up Work for Phase 2	4.3.1.1.1	Deliverable 15.1: Demo Hosting Environment for Phase 2 (KEY)	$75,000.00	$7,500.00
41	Task 15: Project Start-Up Work for Phase 2	4.3.1.2.1	Deliverable 15.2: Detailed Project Plan for Phase 2 (KEY)	$20,000.00	$2,000.00
42	Task 16: Specifications Documents for Phase 2, Cycle 5	4.3.2.2.1	Deliverable 16.1: System Requirements Validation for Phase 2, Cycle 5	$15,200.00	$1,520.00
43	Task 16: Specifications Documents for Phase 2, Cycle 5	4.3.2.4.1	Deliverable 16.2: Specifications for Phase 2, Cycle 5 Component 16 and Revised Project Plan for Phase 2 (KEY)	$50,600.00	$5,060.00
44	Task 17: Testing and Delivery of Prototypes for Phase 2, Cycle 5	4.3.3.1.1	Deliverable 17.1: Completion of Quality Assurance Testing for Phase 2, Cycle 5, Component 16 of System	$7,600.00	$760.00
45	Task 17: Testing and Delivery of Prototypes for Phase 2, Cycle 5	4.3.3.1.2	Deliverable 17.2: Delivery of Prototypes for Phase 2, Cycle 5, Component 16 of System	$48,000.00	$4,800.00
46	Task 17: Testing and Delivery of Prototypes for Phase 2, Cycle 5	4.3.3.2.1	Deliverable 17.3: Recommended User Acceptance Test Plan of Prototype for Phase 2, Cycle 5, Component 16 of System	$12,200.00	$1,220.00
47	Task 17: Testing and Delivery of Prototypes for Phase 2, Cycle 5	4.3.3.2.2	Deliverable 17.4: Completion of Successful UAT for Prototype for Phase 2, Cycle 5, Component 16 of System (KEY)	$7,250.00	$725.00
48	Task 18: Specifications Documents for Phase 2, Cycle 6	4.3.4.2.1	Deliverable 18.1: System Requirements Validation for Phase 2, Cycle 6	$10,500.00	$1,050.00

49	Task 18: Specifications Documents for Phase 2, Cycle 6	4.3.4.7.1	Deliverable 18.2: Specifications for Phase 2, Cycle 6 Components 17, 18, 19, and 20 and Revised Project Plan for Phase 2 (KEY)	$65,800.00	$6,580.00
50	Task 19: Testing and Delivery of Prototypes for Phase 2, Cycle 6	4.3.5.4.1	Deliverable 19.1: Completion of Quality Assurance Testing for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System	$1,250.00	$125.00
51	Task 19: Testing and Delivery of Prototypes for Phase 2, Cycle 6	4.3.5.4.2	Deliverable 19.2: Delivery of Prototypes for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System	$7,500.00	$750.00
52	Task 19: Testing and Delivery of Prototypes for Phase 2, Cycle 6	4.3.5.5.1	Deliverable 19.3: Recommended User Acceptance Test Plan of Prototype for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System	$3,100.00	$310.00
53	Task 19: Testing and Delivery of Prototypes for Phase 2, Cycle 6	4.3.5.5.2	Deliverable 19.4: Completion of Successful UAT for Prototype for Phase 2, Cycle 6, Components 17, 18, 19, and 20 of System (KEY)	$10,900.00	$1,090.00
54	Task 20: Delivery of Launch-Ready System for Phase 2, Cycles 5 and 6	4.3.6.2.1	Deliverable 20.1: Delivery of Launch-ready System for Phase 2 (KEY)	$7,600.00	$760.00
55	Task 21: Application Security Scan	4.3.7.1.1	Deliverable 21.1: Completion of Application Security Scan	$4,200.00	$420.00
56	Task 22: System Launch for Phase 2 to Production Use	4.3.8.1.1	Deliverable 22.1: Training for Phase 2 System Prior to Production Use (KEY)	$3,250.00	$325.00
57	Task 22: System Launch for Phase 2 to Production Use	4.3.8.3.1	Deliverable 22.2: Launch of Phase 2 for Production Use (KEY)	$5,000.00	$500.00
58	Task 22: System Launch for Phase 2 to Production Use	4.3.8.4.1	Deliverable 22.3: Phase 2 Acceptance (KEY)	**Return of Holdbacks for Phase 2** $35,495.00	
PHASE 3: e2TRAINING DATA SYSTEM INTEGRATION					
59	Task 23: Project Start-Up Work for Phase 3	4.4.1.1.1	Deliverable 23.1: Demo Hosting Environment for Phase 3 (KEY)	$50,000.00	$5,000.00
60	Task 23: Project Start-Up Work for Phase 3	4.4.1.2.1	Deliverable 23.2: Detailed Project Plan for Phase 3 (KEY)	$2,325.00	$232.50
61	Task 24: Specifications Documents for Phase 3, Cycle 7	4.4.2.2.1	Deliverable 24.1: System Requirements Validation for Phase 3, Cycle 7	$420.44	$42.04
62	Task 24: Specifications Documents for Phase 3,	4.4.2.4.1	Deliverable 24.2: Specifications for Phase 3, Cycle 7 Component	$1,261.31	$126.13

	Cycle 7		21 and Revised Project Plan for Phase 3 (KEY)		
63	Task 25: Testing and Delivery of Prototypes for Phase 3, Cycle 7	4.4.3.1.1	Deliverable 25.1: Completion of Quality Assurance Testing for Phase 3, Cycle 7, Component 21 of System	$240.25	$24.03
64	Task 25: Testing and Delivery of Prototypes for Phase 3, Cycle 7	4.4.3.1.2	Deliverable 25.2: Delivery of Prototypes for Phase 3, Cycle 7, Component 21 of System	$1,441.50	$144.15
65	Task 25: Testing and Delivery of Prototypes for Phase 3, Cycle 7	4.4.3.2.1	Deliverable 25.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 7, Component 21 of System	$240.25	$24.03
66	Task 25: Testing and Delivery of Prototypes for Phase 3, Cycle 7	4.4.3.2.2	Deliverable 25.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 7, Component 21 of System (KEY)	$480.50	$48.05
67	Task 26: Specifications Documents for Phase 3, Cycle 8	4.4.4.2.1	Deliverable 26.1: System Requirements Validation for Phase 3, Cycle 8	$1,295.22	$129.52
68	Task 26: Specifications Documents for Phase 3, Cycle 8	4.4.4.7.1	Deliverable 26.2: Specifications for Phase 3, Cycle 8 Components 22, 23, 24, and 25 and Revised Project Plan for Phase 3 (KEY)	$3,885.66	$388.57
69	Task 27: Testing and Delivery of Prototypes for Phase 3, Cycle 8	4.4.5.4.1	Deliverable 27.1: Completion of Quality Assurance Testing for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System	$740.13	$74.01
70	Task 27: Testing and Delivery of Prototypes for Phase 3, Cycle 8	4.4.5.4.1	Deliverable 27.2: Delivery of Prototypes for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System	$4,440.75	$444.08
71	Task 27: Testing and Delivery of Prototypes for Phase 3, Cycle 8	4.4.5.5.1	Deliverable 27.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System	$740.13	$74.01
72	Task 27: Testing and Delivery of Prototypes for Phase 3, Cycle 8	4.4.5.5.2	Deliverable 27.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 8, Components 22, 23, 24, and 25 of System (KEY)	$1,480.25	$148.03
73	Task 28: Specifications Documents for Phase 3, Cycle 9	4.4.6.2.1	Deliverable 28.1: System Requirements Validation for Phase 3, Cycle 9	$1,539.34	$153.93
74	Task 28: Specifications Documents for Phase 3, Cycle 9	4.4.6.6.1	Deliverable 28.2: Specifications for Phase 3, Cycle 9 Components 26, 27, and 28 and Revised Project Plan for Phase 3 (KEY)	$4,618.03	$461.80

75	Task 29: Testing and Delivery of Prototypes for Phase 3, Cycle 9	4.4.7.3.1	Deliverable 29.1: Completion of Quality Assurance Testing for Phase 3, Cycle 9, Components 26, 27, and 28 of System	$879.63	$87.96
76	Task 29: Testing and Delivery of Prototypes for Phase 3, Cycle 9	4.4.7.3.2	Deliverable 29.2: Delivery of Prototypes for Phase 3, Cycle 9, Components 26, 27, and 28 of System	$5,277.75	$527.78
77	Task 29: Testing and Delivery of Prototypes for Phase 3, Cycle 9	4.4.7.4.1	Deliverable 29.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 9, Components 26, 27, and 28 of System	$879.63	$87.96
78	Task 29: Testing and Delivery of Prototypes for Phase 3, Cycle 9	4.4.7.4.2	Deliverable 29.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 9, Components 26, 27, and 28 of System (KEY)	$1,759.25	$175.93
79	Task 30: Specifications Documents for Phase 3, Cycle 10	4.4.8.2.1	Deliverable 30.1: System Requirements Validation for Phase 3, Cycle 10	$678.13	$67.81
80	Task 30: Specifications Documents for Phase 3, Cycle 10	4.4.8.5.1	Deliverable 30.2: Specifications for Phase 3, Cycle 10 Components 29 and 30 and Revised Project Plan for Phase 3 (KEY)	$2,034.38	$203.44
81	Task 31: Testing and Delivery of Prototypes for Phase 3, Cycle 10	4.4.8.2.1	Deliverable 31.1: Completion of Quality Assurance Testing for Phase 3, Cycle 10, Components 29 and 30 of System	$387.50	$38.75
82	Task 31: Testing and Delivery of Prototypes for Phase 3, Cycle 10	4.4.8.2.2	Deliverable 31.2: Delivery of Prototypes for Phase 3, Cycle 10, Components 29 and 30 of System	$2,325.00	$232.50
83	Task 31: Testing and Delivery of Prototypes for Phase 3, Cycle 10	4.4.8.3.1	Deliverable 31.3: Recommended User Acceptance Test Plan of Prototype for Phase 3, Cycle 10, Components 29 and 30 of System	$387.50	$38.75
84	Task 31: Testing and Delivery of Prototypes for Phase 3, Cycle 10	4.4.8.3.2	Deliverable 31.4: Completion of Successful UAT for Prototype for Phase 3, Cycle 10, Components 29 and 30 of System (KEY)	$775.00	$77.50
85	Task 32: Delivery of Launch-Ready System for Phase 3, Cycles 7, 8, 9, and 10	4.4.10.4.1	Deliverable 32.1: Delivery of Launch-ready System for Phase 3 (KEY)	$4,495.00	$449.50
86	Task 33: Application Security Scan	4.4.11.1.1	Deliverable 33.1: Completion of Application Security Scan	$3,100.00	$310.00
87	Task 34: System Launch for Phase 3 to	4.4.12.1.1	Deliverable 34.1: Training for Phase 3 System Prior to	$2,325.00	$232.50

	Production Use		Production Use (KEY)		
88	Task 34: System Launch for Phase 3 to Production Use	4.4.12.5.1	Deliverable 34.2: Launch of Phase 3 for Production Use (KEY)	$2,247.50	$224.75
89	Task 34: System Launch for Phase 3 to Production Use	4.4.12.6.1	Deliverable 34.3: Phase 3 Acceptance (KEY)	**Return of Holdbacks for Phase 3** $10,270.00	
PHASE 4: RYAN WHITE PROGRAM AND MEDICAL CARE COORDINATION VERSION 2					
90	Task 35: Project Start-Up Work for Phase 4	4.5.1.1.1	Deliverable 35.1: Detailed Project Plan for Phase 4 (KEY)	$10,000.00	$1,000.00
91	Task 36: Specifications Documents for Phase 4, Cycle 11	4.5.2.2.1	Deliverable 36.1: System Requirements Validation for Phase 4, Cycle 11	$5,289.38	$528.94
92	Task 36: Specifications Documents for Phase 4, Cycle 11	4.5.2.4.1	Deliverable 36.2: Specifications for Phase 4, Cycle 11 Component 31 and Revised Project Plan for Phase 4 (KEY)	$18,500.00	$1,850.00
93	Task 37: Testing and Delivery of Prototypes for Phase 4, Cycle 11	4.5.3.1.1	Deliverable 37.1: Completion of Quality Assurance Testing for Phase 4, Cycle 11, Component 31 of System	$3,022.50	$302.25
94	Task 37: Testing and Delivery of Prototypes for Phase 4, Cycle 11	4.5.3.1.2	Deliverable 37.2: Delivery of Prototypes for Phase 4, Cycle 11, Component 31 of System	$18,135.00	$1,813.50
95	Task 37: Testing and Delivery of Prototypes for Phase 4, Cycle 11	4.5.3.2.1	Deliverable 37.2: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 11, Component 31 of System	$1,511.25	$151.13
96	Task 37: Testing and Delivery of Prototypes for Phase 4, Cycle 11	4.5.3.2.2	Deliverable 37.3: Completion of Successful UAT for Prototype for Phase 4, Cycle 11, Component 31 of System (KEY)	$3,022.50	$302.25
97	Task 38: Specifications Documents for Phase 4, Cycle 12	4.5.4.2.1	Deliverable 38.1: System Requirements Validation for Phase 4, Cycle 12	$1,464.75	$146.48
98	Task 38: Specifications Documents for Phase 4, Cycle 12	4.5.4.4.1	Deliverable 38.2: Specifications for Phase 4, Cycle 12, and Revised Project Plan for Phase 4 (KEY)	$10,200.00	$1,020.00
99	Task 39: Testing and Delivery of Prototype for Phase 4, Cycle 12	4.5.5.1.1	Deliverable 39.1: Completion of Quality Assurance Testing for Phase 4, Cycle 12, Component 32 of System	$837.00	$83.70
100	Task 39: Testing and Delivery of Prototype for Phase 4, Cycle 12	4.5.5.1.2	Deliverable 39.2: Delivery of Prototypes for Phase 4, Cycle 12, Component 32 of System	$5,022.00	$502.20

101	Task 39: Testing and Delivery of Prototype for Phase 4, Cycle 12	4.5.5.2.1	Deliverable 39.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 12, Component 32 of System	$837.00	$83.70
102	Task 39: Testing and Delivery of Prototype for Phase 4, Cycle 12	4.5.5.2.2	Deliverable 39.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 12, Component 32 of System (KEY)	$1,674.00	$167.40
103	Task 40: Specifications Documents for Phase 4, Cycle 13	4.5.6.2.1	Deliverable 40.1: System Requirements Validation for Phase 4, Cycle 13	$813.75	$81.38
104	Task 40: Specifications Documents for Phase 4, Cycle 13	4.5.6.4.1	Deliverable 40.2: Specifications for Phase 4, Cycle 13 Component 33 and Revised Project Plan for Phase 4 (KEY)	$4,500.00	$450.00
105	Task 41: Testing and Delivery of Prototype for Phase 4, Cycle 13	4.5.7.1.1	Deliverable 41.1: Completion of Quality Assurance Testing for Phase 4, Cycle 13, Component 33 of System	$465.00	$46.50
105 a	Task 41: Testing and Delivery of Prototype for Phase 4, Cycle 13	4.5.7.1.2	Deliverable 41.2 Delivery of Prototypes for Phase 4, Cycle 13, Component 33 of System	$2,790.00	$279.00
106	Task 41: Testing and Delivery of Prototype for Phase 4, Cycle 13	4.5.7.2.1	Deliverable 41.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 13, Component 33 of System	$465.00	$46.50
107	Task 41: Testing and Delivery of Prototype for Phase 4, Cycle 13	4.5.7.2.2	Deliverable 41.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 13, Component 33 of System (KEY)	$930.00	$93.00
108	Task 42: Specifications Documents for Phase 4, Cycle 14	4.5.8.2.1	Deliverable 42.1: System Requirements Validation for Phase 4, Cycle 14	$3,710.70	$371.07
109	Task 42: Specifications Documents for Phase 4, Cycle 14	4.5.8.4.1	Deliverable 42.2: Specifications for Phase 4, Cycle 14 Component 34 and Revised Project Plan for Phase 4 (KEY)	$12,500.00	$1,250.00
110	Task 43: Testing and Delivery of Prototypes for Phase 4, Cycle 14	4.5.9.1.1	Deliverable 43.1: Completion of Quality Assurance Testing for Phase 4, Cycle 14, Component 34 of System	$2,120.40	$212.04
111	Task 43: Testing and Delivery of Prototypes for Phase 4, Cycle 14	4.5.9.1.2	Deliverable 43.2: Delivery of Prototypes for Phase 4, Cycle 14, Component 34 of System	$12,722.40	$1,272.24
112	Task 43: Testing and Delivery of Prototypes for Phase 4, Cycle 14	4.5.9.2.1	Deliverable 43.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 14, Component 34 of System	$2,120.40	$212.04

113	Task 43: Testing and Delivery of Prototypes for Phase 4, Cycle 14	4.5.9.2.2	Deliverable 43.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 14, Component 34 of System (KEY)	$8,400.00	$840.00
114	Task 44: Specifications Documents for Phase 4, Cycle 15	4.5.10.2.1	Deliverable 44.1: System Requirements Validation for Phase 4, Cycle 15	$2,197.13	$219.71
115	Task 44: Specifications Documents for Phase 4, Cycle 15	4.5.10.4.1	Deliverable 44.2: Specifications for Phase 4, Cycle 15 Component 35 and Revised Project Plan for Phase 4 (KEY)	$9,400.00	$940.00
116	Task 45: Testing and Delivery of Prototypes for Phase 4, Cycle 15	4.5.11.1.1	Deliverable 45.1: Completion of Quality Assurance Testing for Phase 4, Cycle 15, Component 35 of System	$1,255.50	$125.55
117	Task 45: Testing and Delivery of Prototypes for Phase 4, Cycle 15	4.5.11.1.2	Deliverable 45.2: Delivery of Prototypes for Phase 4, Cycle 15, Component 35 of System	$7,533.00	$753.30
118	Task 45: Testing and Delivery of Prototypes for Phase 4, Cycle 15	4.5.11.2.1	Deliverable 45.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 15, Component 35 of System	$1,255.50	$125.55
119	Task 45: Testing and Delivery of Prototypes for Phase 4, Cycle 15	4.5.11.2.2	Deliverable 45.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 15, Component 35 of System (KEY)	$5,000.00	$500.00
120	Task 46: Specifications Documents for Phase 4, Cycle 16	4.5.12.2.1	Deliverable 46.1: System Requirements Validation for Phase 4, Cycle 16	$2,522.63	$252.26
121	Task 46: Specifications Documents for Phase 4, Cycle 16	4.5.12.4.1	Deliverable 46.2: Specifications for Phase 4, Cycle 16 Component 36 and Revised Project Plan for Phase 4 (KEY)	$10,500.00	$1,050.00
122	Task 47: Testing and Delivery of Prototypes for Phase 4, Cycle 16	4.5.13.1.1	Deliverable 47.1: Completion of Quality Assurance Testing for Phase 4, Cycle 16, Component 36 of System	$1,441.50	$144.15
123	Task 47: Testing and Delivery of Prototypes for Phase 4, Cycle 16	4.5.13.1.2	Deliverable 47.2: Delivery of Prototypes for Phase 4, Cycle 16, Component 36 of System	$8,649.00	$864.90
124	Task 47: Testing and Delivery of Prototypes for Phase 4, Cycle 16	4.5.13.2.1	Deliverable 47.3: Recommended User Acceptance Test Plan of Prototype for Phase 4, Cycle 16, Component 36 of System	$1,441.50	$144.15
125	Task 47: Testing and Delivery of Prototypes for Phase 4, Cycle 16	4.5.13.2.2	Deliverable 47.4: Completion of Successful UAT for Prototype for Phase 4, Cycle 16, Component 36 of System (KEY)	$2,883.00	$288.30

126	Task 48: Delivery of Launch-Ready System for Phase 4, Cycles 11, 12, 13, 14, 15, and 16	4.5.14.6.1	Deliverable 48.1: Delivery of Launch-ready System for Phase 4 (KEY)	$18,283.80	$1,828.38
127	Task 49: Application Security Scan	4.5.15.1.1	Deliverable 49.1: Completion of Application Security Scan	$6,510.00	$651.00
128	Task 50: System Launch for Phase 4 to Production Use	4.5.16.1.1	Deliverable 50.1: Training for Phase 4 System Prior to Production Use (KEY)	$5,394.00	$539.40
129	Task 50: System Launch for Phase 4 to Production Use	4.5.16.5.1	Deliverable 50.2: Launch of Phase 4 for Production Use (KEY)	$9,141.90	$914.19
130	Task 50: System Launch for Phase 4 to Production Use	4.5.16.6.1	Deliverable 50.3: Phase 4 Acceptance (KEY)	**Return of Holdbacks for Phase 4** $22,446.15	
PHASE 5: e2PREVENTION INTEGRATED PREVENTION DATA SYSTEM					
131	Task 51: Project Start-Up Work for Phase 5	4.6.1.1.1	Deliverable 51.1: Demo Hosting Environment for Phase 5 (KEY)	$115,000.00	$11,500.00
132	Task 51: Project Start-Up Work for Phase 5	4.6.1.2.1	Deliverable 51.2: Detailed Project Plan for Phase 5 (KEY)	$11,000.00	$1,100.00
133	Task 52: Specifications Documents for Phase 5, Cycle 17	4.6.2.2.1	Deliverable 52.1: System Requirements Validation for Phase 5, Cycle 17	$5,736.94	$573.69
134	Task 52: Specifications Documents for Phase 5, Cycle 17	4.6.2.4.1	Deliverable 52.2: Specifications for Phase 5, Cycle 17 Components 37 and 38 and Revised Project Plan for Phase 5 (KEY)	$20,400.00	$2,040.00
135	Task 53: Testing and Delivery of Prototypes for Phase 5, Cycle 17	4.6.3.1.1	Deliverable 53.1: Completion of Quality Assurance Testing for Phase 5, Cycle 17, Components 37 and 38 of System	$1,092.75	$109.28
136	Task 53: Testing and Delivery of Prototypes for Phase 5, Cycle 17	4.6.3.1.2	Deliverable 53.2: Delivery of Prototypes for Phase 5, Cycle 17, Components 37 and 38 of System	$6,556.50	$655.65
137	Task 53: Testing and Delivery of Prototypes for Phase 5, Cycle 17	4.6.3.2.1	Deliverable 53.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 17, Components 37 and 38 of System	$1,092.75	$109.28
138	Task 53: Testing and Delivery of Prototypes for Phase 5, Cycle 17	4.6.3.2.2	Deliverable 53.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 17, Components 37 and 38 of System (KEY)	$2,185.50	$218.55
139	Task 54: Specifications Documents for Phase 5,	4.6.4.2.1	Deliverable 54.1: System Requirements Validation for	$9,297.09	$929.71

	Cycle 18		Phase 5, Cycle 18		
140	Task 54: Specifications Documents for Phase 5, Cycle 18	4.6.4.6.1	Deliverable 54.2: Specifications for Phase 5, Cycle 18 Components 39, 40, and 41 and Revised Project Plan for Phase 5 (KEY)	$9,297.09	$929.71
141	Task 55: Testing and Delivery of Prototypes for Phase 5, Cycle 18	4.6.5.1.1	Deliverable 55.1: Completion of Quality Assurance Testing for Phase 5, Cycle 18, Components 39, 40, and 41 of System	$1,770.88	$177.09
142	Task 55: Testing and Delivery of Prototypes for Phase 5, Cycle 18	4.6.5.1.2	Deliverable 55.2: Delivery of Prototypes for Phase 5, Cycle 18, Components 39, 40, and 41 of System	$10,625.25	$1,062.53
143	Task 55: Testing and Delivery of Prototypes for Phase 5, Cycle 18	4.6.5.2.1	Deliverable 55.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 18, Components 39, 40, and 41 of System	$1,770.88	$177.09
144	Task 55: Testing and Delivery of Prototypes for Phase 5, Cycle 18	4.6.5.2.2	Deliverable 55.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 18, Components 39, 40, and 41 of System (KEY)	$3,541.75	$354.18
145	Task 56: Specifications Documents for Phase 5, Cycle 19	4.6.6.2.1	Deliverable 56.1: System Requirements Validation for Phase 5, Cycle 19	$3,275.34	$327.53
146	Task 56: Specifications Documents for Phase 5, Cycle 19	4.6.6.5.1	Deliverable 56.2: Specifications for Phase 5, Cycle 19 Components 42 and 43 and Revised Project Plan for Phase 5 (KEY)	$14,400.00	$1,440.00
147	Task 57: Testing and Delivery of Prototypes for Phase 5, Cycle 19	4.6.7.1.1	Deliverable 57.1: Completion of Quality Assurance Testing for Phase 5, Cycle 19, Components 42 and 43 of System	$623.88	$62.39
148	Task 57: Testing and Delivery of Prototypes for Phase 5, Cycle 19	4.6.7.1.2	Deliverable 57.2: Delivery of Prototypes for Phase 5, Cycle 19, Components 42 and 43 of System	$3,743.25	$374.33
149	Task 57: Testing and Delivery of Prototypes for Phase 5, Cycle 19	4.6.7.2.1	Deliverable 57.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 19, Components 42 and 43 of System	$623.88	$62.39
150	Task 57: Testing and Delivery of Prototypes for Phase 5, Cycle 19	4.6.7.2.2	Deliverable 57.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 19, Components 42 and 43 of System (KEY)	$1,247.75	$124.78
151	Task 58: Specifications Documents for Phase 5,	4.6.8.2.1	Deliverable 58.1: System Requirements Validation for	$2,909.16	$290.92

	Cycle 20		Phase 5, Cycle 20		
152	Task 58: Specifications Documents for Phase 5, Cycle 20	4.6.8.6.1	Deliverable 58.2: Specifications for Phase 5, Cycle 20 Components 44, 45, and 46 and Revised Project Plan for Phase 5 (KEY)	$8,727.04	$872.70
153	Task 59: Testing and Delivery of Prototypes for Phase 5, Cycle 20	4.6.9.1.1	Deliverable 59.1: Completion of Quality Assurance Testing for Phase 5, Cycle 20, Components 44, 45, and 46 of System	$554.13	$55.41
154	Task 59: Testing and Delivery of Prototypes for Phase 5, Cycle 20	4.6.9.1.2	Deliverable 59.2: Delivery of Prototypes for Phase 5, Cycle 20, Components 44, 45, and 46 of System	$3,324.75	$332.48
155	Task 59: Testing and Delivery of Prototypes for Phase 5, Cycle 20	4.6.9.1.1	Deliverable 59.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 20, Components 44, 45, and 46 of System	$554.13	$55.41
156	Task 59: Testing and Delivery of Prototypes for Phase 5, Cycle 20	4.6.9.1.2	Deliverable 59.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 20, Components 44, 45, and 46 of System (KEY)	$1,108.25	$110.83
157	Task 60: Specifications Documents for Phase 5, Cycle 21	4.6.10.2.1	Deliverable 60.1: System Requirements Validation for Phase 5, Cycle 21	$956.16	$95.62
158	Task 60: Specifications Documents for Phase 5, Cycle 21	4.6.10.6.1	Deliverable 60.2: Specifications for Phase 5, Cycle 21 Components 47, 48, and 49 and Revised Project Plan for Phase 5 (KEY)	$8,652.00	$865.20
159	Task 61: Testing and Delivery of Prototypes for Phase 5, Cycle 21	4.6.11.1.1	Deliverable 61.1: Completion of Quality Assurance Testing for Phase 5, Cycle 21, Components 47, 48 and 49 of System	$546.38	$54.64
160	Task 61: Testing and Delivery of Prototypes for Phase 5, Cycle 21	4.6.11.1.2	Deliverable 61.2: Delivery of Prototypes for Phase 5, Cycle 21, Components 47, 48 and 49 of System	$3,278.25	$327.83
161	Task 61: Testing and Delivery of Prototypes for Phase 5, Cycle 21	4.6.11.2.1	Deliverable 61.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 21, Components 47, 48 and 49 of System	$546.38	$54.64
162	Task 61: Testing and Delivery of Prototypes for Phase 5, Cycle 21	4.6.11.2.2	Deliverable 61.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 21, Components 47, 48 and 49 of System (KEY)	$1,092.75	$109.28

163	Task 62: Specifications Documents for Phase 5, Cycle 22	4.6.12.2.1	Deliverable 62.1: System Requirements Validation for Phase 5, Cycle 22	$3,336.38	$333.64
164	Task 62: Specifications Documents for Phase 5, Cycle 22	4.6.12.5.1	Deliverable 62.2: Specifications for Phase 5, Cycle 22 Components 50 and 51 and Revised Project Plan for Phase 5 (KEY)	$3,336.38	$333.64
165	Task 63 (Testing and Delivery of Prototypes for Phase 5, Cycle 22)	4.6.13.1.1	Deliverable 63.1: Completion of Quality Assurance Testing for Phase 5, Cycle 22, Components 50 and 51 of System	$635.50	$63.55
166	Task 63 (Testing and Delivery of Prototypes for Phase 5, Cycle 22)	4.6.13.1.2	Deliverable 63.2: Delivery of Prototypes for Phase 5, Cycle 22, Components 50 and 51 of System	$3,813.00	$381.30
167	Task 63 (Testing and Delivery of Prototypes for Phase 5, Cycle 22)	4.6.13.2.1	Deliverable 63.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 22, Components 50 and 51 of System	$635.50	$63.55
168	Task 63 (Testing and Delivery of Prototypes for Phase 5, Cycle 22)	4.6.13.2.2	Deliverable 63.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 22, Components 50 and 51 of System (KEY)	$1,271.00	$127.10
169	Task 64: Specifications Documents for Phase 5, Cycle 23	4.6.14.2.1	Deliverable 64.1: System Requirements Validation for Phase 5, Cycle 23	$3,132.94	$313.29
170	Task 64: Specifications Documents for Phase 5, Cycle 23	4.6.14.4.1	Deliverable 64.2: Specifications for Phase 5, Cycle 23 Component 52 and Revised Project Plan for Phase 5 (KEY)	$3,132.94	$313.29
171	Task 65: Testing and Delivery of Prototypes for Phase 5, Cycle 23	4.6.15.1.1	Deliverable 65.1: Completion of Quality Assurance Testing for Phase 5, Cycle 23, Component 52 of System	$954.80	$95.48
172	Task 65: Testing and Delivery of Prototypes for Phase 5, Cycle 23	4.6.15.1.2	Deliverable 65.2: Delivery of Prototypes for Phase 5, Cycle 23, Component 52 of System	$5,728.80	$572.88
173	Task 65: Testing and Delivery of Prototypes for Phase 5, Cycle 23	4.6.15.2.1	Deliverable 65.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 23, Component 52 of System	$954.80	$95.48
174	Task 65: Testing and Delivery of Prototypes for Phase 5, Cycle 23	4.6.15.2.2	Deliverable 65.3: Completion of Successful UAT for Prototype for Phase 5, Cycle 23, Component 52 of System (KEY)	$1,909.60	$190.96
175	Task 66: Specifications Documents for Phase 5, Cycle 24	4.6.16.2.1	Deliverable 66.1: System Requirements Validation for Phase 5, Cycle 24	$835.45	$83.55

176	Task 66: Specifications Documents for Phase 5, Cycle 24	4.6.16.4.1	Deliverable 66.2: Specifications for Phase 5, Cycle 24 Component 53 and Revised Project Plan for Phase 5 (KEY)	$2,506.35	$250.64
177	Task 67: Testing and Delivery of Prototypes for Phase 5, Cycle 24	4.6.17.1.1	Deliverable 67.1: Completion of Quality Assurance Testing for Phase 5, Cycle 24, Component 53 of System	$477.40	$47.74
178	Task 67: Testing and Delivery of Prototypes for Phase 5, Cycle 24	4.6.17.1.2	Deliverable 67.2: Delivery of Prototypes for Phase 5, Cycle 24, Component 53 of System	$2,864.40	$286.44
179	Task 67: Testing and Delivery of Prototypes for Phase 5, Cycle 24	4.6.17.2.1	Deliverable 67.3: Recommended User Acceptance Test Plan of Prototype for Phase 5, Cycle 24, Component 53 of System	$477.40	$47.74
180	Task 67: Testing and Delivery of Prototypes for Phase 5, Cycle 24	4.6.17.2.2	Deliverable 67.4: Completion of Successful UAT for Prototype for Phase 5, Cycle 24, Component 53 of System (KEY)	$954.80	$95.48
181	Task 68: Delivery of Launch-Ready System for Phase 5, Cycles 17, 18, 19, 20, 21, 22, 23, and 24	4.6.18.8.1	Deliverable 68.1: Delivery of Launch-ready System for Phase 5 (KEY)	$19,579.60	$1,957.96
182	Task 69: Application Security Scan	4.6.19.1.1	Deliverable 69.1: Completion of Application Security Scan	$4,712.00	$471.20
183	Task 70: System Launch for Phase 5 to Production Use	4.6.20.1.1	Deliverable 70.1: Training for Phase 5 System Prior to Production Use (KEY)	$3,720.00	$372.00
184	Task 70: System Launch for Phase 5 to Production Use	4.6.20.3.1	Deliverable 70.2: Launch of Phase 5 for Production Use (KEY)	$11,565.00	$1,156.50
185	Task 70: System Launch for Phase 5 to Production Use	4.6.20.4.1	Deliverable 70.3: Phase 5 Acceptance (KEY)	**Return of Holdbacks for Phase 5** $33,206.48	
PHASE 6: e2COMMUNITY					
186	Task 71: Project Start-Up Work for Phase 6	4.7.1.1.1	Deliverable 71.1: Demo Hosting Environment for Phase 6 (KEY)	$75,000.00	$7,500.00
187	Task 71: Project Start-Up Work for Phase 6	4.7.1.2.1	Deliverable 71.2: Detailed Project Plan for Phase 6 (KEY)	$30,500.00	$3,050.00
188	Task 72: Specifications Documents for Phase 6, Cycle 25	4.7.2.2.1	Deliverable 72.1: System Requirements Validation for Phase 6, Cycle 25	$1,871.63	$187.16
189	Task 72: Specifications Documents for Phase 6, Cycle 25	4.7.2.4.1	Deliverable 72.2: Specifications for Phase 6, Cycle 25 Component 54 and Revised Project Plan for	$5,614.88	$561.49

			Phase 6 (KEY)		
190	Task 73: Testing and Delivery of Prototype for Phase 6, Cycle 25	4.7.3.1.1	Deliverable 73.1: Completion of Quality Assurance Testing for Phase 6, Cycle 25, Component 54 of System	$802.13	$80.21
191	Task 73: Testing and Delivery of Prototype for Phase 6, Cycle 25	4.7.3.1.2	Deliverable 73.2: Delivery of Prototypes for Phase 6, Cycle 25, Component 54 of System	$4,812.75	$481.28
192	Task 73: Testing and Delivery of Prototype for Phase 6, Cycle 25	4.7.3.2.1	Deliverable 73.3: Recommended User Acceptance Test Plan of Prototype for Phase 6, Cycle 25, Component 54 of System	$802.13	$80.21
193	Task 73: Testing and Delivery of Prototype for Phase 6, Cycle 25	4.7.3.2.2	Deliverable 73.4: Completion of Successful UAT for Prototype for Phase 6, Cycle 25, Component 54 of System (KEY)	$1,604.25	$160.43
194	Task 74: Specifications Documents for Phase 6, Cycle 26	4.7.4.2.1	Deliverable 74.1: System Requirements Validation for Phase 6, Cycle 26	$1,281.66	$128.17
195	Task 74: Specifications Documents for Phase 6, Cycle 26	4.7.4.4.1	Deliverable 74.2: Specifications for Phase 6, Cycle 26 Component 55 and Revised Project Plan for Phase 6 (KEY)	$3,844.97	$384.50
196	Task 75: Testing and Delivery of Prototypes for Phase 6, Cycle 26	4.7.5.1.1	Deliverable 75.1: Completion of Quality Assurance Testing for Phase 6, Cycle 26, Component 55 of System	$732.38	$73.24
197	Task 75: Testing and Delivery of Prototypes for Phase 6, Cycle 26	4.7.5.1.2	Deliverable 75.2: Delivery of Prototypes for Phase 6, Cycle 26, Component 55 of System	$4,394.25	$439.43
198	Task 75: Testing and Delivery of Prototypes for Phase 6, Cycle 26	4.7.5.2.1	Deliverable 75.3: Recommended User Acceptance Test Plan of Prototype for Phase 6, Cycle 26, Component 55 of System	$732.38	$73.24
199	Task 75: Testing and Delivery of Prototypes for Phase 6, Cycle 26	4.7.5.2.2	Deliverable 75.4: Completion of Successful UAT for Prototype for Phase 6, Cycle 26, Component 55 of System (KEY)	$1,464.75	$146.48
200	Task 76: Delivery of Launch-Ready System for Phase 6, Cycle 25 and 26	4.7.6.2.1	Deliverable 76.1: Delivery of Launch-ready System for Phase 6	$3,069.00	$306.90
201	Task 77: Application Security Scan	4.7.7.1.1	Deliverable 77.1: Completion of Application Security Scan	$1,767.00	$176.70
202	Task 78: System Launch for Phase 6 to Production Use	4.7.8.1.1	Deliverable 78.1: Training for Phase 6 System Prior to Production Use (KEY)	$1,395.00	$139.50
203	Task 78: System	4.7.8.5.1	Deliverable 78.2: Launch of	$1,534.50	$153.45

	Launch for Phase 6 to Production Use		Phase 6 for Production Use (KEY)		
204	Task 78: System Launch for Phase 6 to Production Use	4.7.8.6.1	Deliverable 78.3: Phase 6 Acceptance (KEY)	[redacted]	
FINAL ACCEPTANCE					
205	Task 79: Final Acceptance	4.8.1	Deliverable 79.1: Final Acceptance (KEY)	**Return of Project Initiation and Project Management and Phase 6 Holdbacks $14,122.36**	
			Total Implementation Fees	**$2,112,999.95**	

2.0 ANNUAL SUBSCRIPTION FEES

Annual Subscription Fees for the System are set forth below. Subscription Fees do not start until the System is successfully implemented and has achieved Final Acceptance. Following Final Acceptance, the Contractor will be compensated on a fixed yearly Subscription Fee for use of the System based on the pricing below.

Year	Annual Subscription Fee
Subscription Fees During Implementation for Phase 1 - RYAN WHITE PROGRAM AND MEDICAL CARE COORDINATION VERSION 1 & Phase 2 - FISCAL AND PROCUREMENT DATA SYSTEM ENHANCEMENTS VERSION 1 (16 months)	$0.0
Year 1 of Subscription Fees (Partial year Subscription Fees following Acceptance of Phase 1 - RYAN WHITE PROGRAM AND MEDICAL CARE COORDINATION VERSION 1 & Phase 2 - FISCAL AND PROCUREMENT DATA SYSTEM ENHANCEMENTS VERSION 1 (After 16 months through 24 months)	$680,000.00
Year 2 of Subscription Fees (Initial Term – First Full Year following Final Acceptance)	$1,011,000.00
Year 3 of Subscription Fees (Initial Term)	$1,011,000.00
Year 4 of Subscription Fees (Optional Year, If Exercised by County)	$1,011,000.00
Year 5 of Subscription Fees (Optional Year, If Exercised by County)	$1,031,220.00
Year 6 of Subscription Fees (Optional Year, If Exercised by County)	$1,051,844.40
Year 7 of Subscription Fees (Optional Year, If Exercised by County)	$1,072,881.29
Year 8 of Subscription Fees (Optional Year, If Exercised by County)	$1,094,338.91
Total Cost for Subscription Fees During Entire Term (Up to 10 Years)	**$7,963,284.60**
Total Cost for Implementation Fees and Subscription Fees for 10 Years	**$10,076,284.55**

3.0 OPTIONAL WORK AND POOL DOLLARS

Optional Work: Contractor's Fixed Hourly Rate is set forth below, which is fully burdened and includes, but is not limited to, all labor, including design, specification development, configuration, prototyping, development, launch, security development, and project management, all administrative costs, supervision, overhead, materials, travel, taxes, benefits, and profit. Contractor may offer New Software, Professional Services, and other Optional Work at a fixed cost, which may include Implementation Fees, pursuant to its Software as a Service (SaaS) licensing model. In determining its fixed cost pricing for Optional Work, Contractor will provide sufficient justification which may include level of effort, the County's timeline considerations and degree of time compression, extent and complexity of the scope of work and specifications, degree of certainty regarding specifications (measured as a percentage of specifications complete), other system modules and features affected by the proposed system change, increases in system complexity, need for the involvement of subject matter experts, and the level and extent of administrative support and IT support required. The Fixed Hourly Rate will be used by the County in evaluating the Implementation Fees included in the fixed-cost pricing offered by the Contractor to implement County requested Optional Work.

The Implementation Fees shall include, if the Optional Work consisted of such scope, the cost of planning, design, specifications development, configuration and implementation of Optional Work for the County's use. Optional Work may include, but is not limited to, additional interface programming, database programming, workflows, software modifications, System configurations, data migration, automation script development, report development, New Software and/or components and/or Professional Services, etc. The proposed Fixed Hourly Rate for the term of the Agreement, which is subject to cost of living increases as provided for in Section 8.4.3 (Optional Work) of the Agreement, is:

Optional Work	**For Entire Term of Contract**
Fixed Hourly Rate	**$250.00**

Pool Dollars: The Pool Dollars available for Optional Work is set at **$ 1,007,628.45.** County will reduce the Pool Dollar amount and increase the total Maximum Contract Sum, accordingly, if and when it approves Optional Work items pursuant to Section 15.0 (Changes to Agreement) of the Agreement.

Pool Dollars	**For Entire Term of Contract**
Total Pool Dollars as of Effective Date	**$ 1,007,628.45**

4.0 MAXIMUM AGREEMENT SUM

E2LosAngeles System	
Year	**Implementation Costs/ Annual Subscription Fee**
One Time Implementation Fees (2-Year Implementation)	$2,112,999.95
Total Cost for Annual Subscriptions Fees for up to 10 Years	$7,963,284.60
Total Maximum Agreement Sum	**$10,076,284.55**
Total Pool Dollars as of Effective Date	$1,007,628.45
Total Remaining Pool Dollars	$1,007,628.45

EXHIBIT D

PROJECT SCHEDULE

[incorporated by reference]

EXHIBIT E
ADMINISTRATION OF AGREEMENT

E.1. COUNTY'S ADMINISTRATION

CONTRACT NO. PH-005479

COUNTY'S PROJECT DIRECTOR:

Name:	Mario Pérez
Title:	Director, Division of HIV and STD Programs
Address:	600 S. Commonwealth Avenue, 10th Floor
	Los Angeles, CA 90005
Telephone:	213 351-8001
Facsimile:	N/A
E-mail Address:	mjperez@ph.lacounty.gov

COUNTY'S PROJECT MANAGER:

Name:	Mike Janson
Title:	Manager, Data Systems and Informatics Planning, Development, and Research, Division of HIV and STD Programs
Address:	600 S. Commonwealth Avenue, 10th Floor
	Los Angeles, CA 90005
Telephone:	(213) 351-8189
Facsimile:	N/A
E-mail Address:	mjanson@ph.lacounty.gov

COUNTY'S PROJECT MONITOR:

Name:	Monique Collins, MPH
Title:	Chief, Contract Administration
Address:	Los Angeles County Department of Public Health
	Division of HIV and STD Programs
Telephone:	600 S. Commonwealth Ave. 10th Floor
Facsimile:	Los Angeles, CA 90005
E-mail Address:	(213) 351-1115

NOTICES TO COUNTY:

Name:	Mario Pérez
Title:	Director, Division of HIV and STD Programs
Address:	600 S. Commonwealth Avenue, 10th Floor
	Los Angeles, CA 90005
Telephone:	213 351-8001
Facsimile:	N/A
E-mail Address:	mjperez@ph.lacounty.gov

E.2. CONTRACTOR'S ADMINISTRATION

CONTRACTOR'S NAME: RDE System Support Group, LLC
CONTRACT NO. PH-005479

CONTRACTOR'S PROJECT DIRECTOR:

Name:	Jesse Thomas
Title:	Chief Vision Officer
Address:	44 Cedar Cliff Drive
	Wayne, NJ 07470
Telephone:	973-773-0244 ext 1001
Facsimile:	973-773-4707
E-mail Address:	jesset@rdesystems.com

CONTRACTOR'S PROJECT MANAGER:

Name:	Jean-Felix Lanoue
Title:	Senior Software Engineer
Address:	44 Cedar Cliff Drive
	Wayne, NJ 07470
Telephone:	973-773-0244 ext 1205
Facsimile:	973-773-4707
E-mail Address:	jeanl@rdesystems.com

CONTRACTOR'S AUTHORIZED OFFICIAL(S):

Name:	Raymond Egatz
Title:	Manager
Address:	44 Cedar Cliff Drive
	Wayne, NJ 07470
Telephone:	973-773-0244 ext 1000
Facsimile:	973-773-4707
E-mail Address:	raye@rdesystems.com

Name:	Jesse Thomas
Title:	Manager
Address:	44 Cedar Cliff Drive
	Wayne, NJ 07470

Telephone:	973-773-0244 ext 1001
Facsimile:	973-773-4707
E-mail Address:	jesset@rdesystems.com

NOTICES TO CONTRACTOR:

Name:	Jesse Thomas
Title:	Chief Vision Officer
Address:	44 Cedar Cliff Drive
	Wayne, NJ 07470
Telephone:	973-773-0244 ext 1001
Facsimile:	973-773-4707
E-mail Address:	ContractTeam@rdesystems.com

Contractor has requested County use the designated email address for proper disbursement of notices.

EXHIBIT F
CONFIDENTIALITY AND ASSIGNMENT AGREEMENT

Contractor Name: RDE Systems Support Group, LLC

Contract No PH-005479

GENERAL INFORMATION:

The Contractor referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement, Confidentiality, and Copyright Assignment Agreement.

CONTRACTOR ACKNOWLEDGEMENT:

Contractor understands and agrees that the Contractor employees, consultants, Outsourced Vendors and independent contractors (Contractor's Staff) that will provide services in the above referenced agreement are Contractor's sole responsibility. Contractor understands and agrees that Contractor's Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor's Staff's performance of work under the above-referenced contract.

Contractor understands and agrees that Contractor's Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor's Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. Contractor understands and agrees that Contractor's Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

CONFIDENTIALITY AGREEMENT:

Contractor and Contractor's Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor's Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor's Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor's Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor's Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor's Staff for the County.

Contractor and Contractor's Staff hereby agrees that they will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County's Project Manager.

Contractor and Contractor's Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, and all other original materials provided to Contractor and Contractor's Staff under the above-referenced contract. Contractor and Contractor's Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor's Staff agree that if proprietary information supplied by other County vendors is provided to me during this employment, Contractor and Contractor's Staff must keep such information confidential.

Contractor and Contractor's Staff agree to report any and all violations of this agreement by Contractor and Contractor's Staff and/or by any other person of whom Contractor and Contractor's Staff become aware.

Contractor and Contractor's Staff acknowledge that violation of this agreement may subject Contractor to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: Click or tap here to enter text. DATE: Click or tap here to enter text.

EXHIBIT G
BUSINESS ASSOCIATE AGREEMENT

County is a Covered Entity as defined by, and subject to the requirements and prohibitions of, the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), and regulations promulgated thereunder, including the Privacy, Security, Breach Notification, and Enforcement Rules at 45 Code of Federal Regulations (C.F.R.) Parts 160 and 164 (collectively, the "HIPAA Rules").

Contractor performs or provides functions, activities or services to County that require Contractor in order to provide such functions, activities or services to create, access, receive, maintain, and/or transmit information that includes or that may include Protected Health Information, as defined by the HIPAA Rules. As such, Contractor is a Business Associate, as defined by the HIPAA Rules, and is therefore subject to those provisions of the HIPAA Rules that are applicable to Business Associates.

The HIPAA Rules require a written agreement ("Business Associate Agreement") between County and Contractor in order to mandate certain protections for the privacy and security of Protected Health Information, and these HIPAA Rules prohibit the disclosure to or use of Protected Health Information by Contractor if such an agreement is not in place.

This Business Associate Agreement and its provisions are intended to protect the privacy and provide for the security of Protected Health Information disclosed to or used by Contractor in compliance with the HIPAA Rules.

Therefore, the parties agree as follows:

1. DEFINITIONS

1.1 "Breach" has the same meaning as the term "breach" at 45 C.F.R. § 164.402.

1.2 "Business Associate" has the same meaning as the term "business associate" at 45 C.F.R. § 160.103. For the convenience of the parties, a "business associate" is a person or entity, other than a member of the workforce of covered entity, who performs functions or activities on behalf of, or provides certain services to, a covered entity that involve access by the business associate to Protected Health Information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of another business associate. And in reference to the party to this Business Associate Agreement "Business Associate" will mean Contractor.

1.3 "Covered Entity" has the same meaning as the term “covered entity” at 45 C.F.R. § 160.103, and in reference to the party to this Business Associate Agreement, "Covered Entity" will mean County.

1.4 "Data Aggregation" has the same meaning as the term "data aggregation" at 45 C.F.R. § 164.501.

1.5 "De-identification" refers to the de-identification standard at 45 C.F.R. § 164.514.

1.6 "Designated Record Set" has the same meaning as the term "designated record set" at 45 C.F.R. § 164.501.

1.7 "Disclose" and "Disclosure" mean, with respect to Protected Health Information, the release, transfer, provision of access to, or divulging in any other manner of Protected Health Information outside Business Associate's internal operations or to other than its workforce. (See 45 C.F.R. § 160.103.)

1.8 "Electronic Health Record" means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. (See 42 U.S. C. § 17921.)

1.9 "Electronic Media" has the same meaning as the term "electronic media" at 45 C.F.R. § 160.103. For the convenience of the parties, electronic media means (1) Electronic storage material on which data is or may be recorded electronically, including, for example, devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the Internet, extranet or intranet, leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media if the information being exchanged did not exist in electronic form immediately before the transmission.

1.10 "Electronic Protected Health Information" has the same meaning as the term "electronic protected health information" at 45 C.F.R. § 160.103, limited to Protected Health Information created or received by Business Associate from or on behalf of Covered Entity. For the convenience of the parties, Electronic Protected Health Information means Protected Health Information that is (i) transmitted by electronic media; (ii) maintained in electronic media.

1.11 "Health Care Operations" has the same meaning as the term "health care operations" at 45 C.F.R. § 164.501.

1.12 "Individual" has the same meaning as the term "individual" at 45 C.F.R. § 160.103. For the convenience of the parties, Individual means the person who is the subject of Protected Health Information and will include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502 (g).

1.13 "Law Enforcement Official" has the same meaning as the term "law enforcement official" at 45 C.F.R. § 164.103.

1.14 "Minimum Necessary" refers to the minimum necessary standard at 45 C.F.R. § 164.502 (b).

1.15 "Protected Health Information" has the same meaning as the term "protected health information" at 45 C.F.R. § 160.103, limited to the information created or received by

Business Associate from or on behalf of Covered Entity. For the convenience of the parties, Protected Health Information includes information that (i) relates to the past, present or future physical or mental health or condition of an Individual; the provision of health care to an Individual, or the past, present or future payment for the provision of health care to an Individual; (ii) identifies the Individual (or for which there is a reasonable basis for believing that the information can be used to identify the Individual); and (iii) is created, received, maintained, or transmitted by Business Associate from or on behalf of Covered Entity, and includes Protected Health Information that is made accessible to Business Associate by Covered Entity. "Protected Health Information" includes Electronic Protected Health Information.

1.16 "Required by Law" " has the same meaning as the term "required by law" at 45 C.F.R. § 164.103.

1.17 "Secretary" has the same meaning as the term "secretary" at 45 C.F.R. § 160.103

1.18 "Security Incident" has the same meaning as the term "security incident" at 45 C.F.R. § 164.304.

1.19 "Services" means, unless otherwise specified, those functions, activities, or services in the applicable underlying Agreement, Contract, Master Agreement, Work Order, or Purchase Order or other service arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

1.20 "Subcontractor" has the same meaning as the term "subcontractor" at 45 C.F.R. § 160.103.

1.21 "Unsecured Protected Health Information" has the same meaning as the term "unsecured protected health information" at 45 C.F.R. § 164.402.

1.22 "Use" or "Uses" means, with respect to Protected Health Information, the sharing, employment, application, utilization, examination or analysis of such Information within Business Associate's internal operations. (See 45 C.F.R § 164.103.)

1.23 Terms used, but not otherwise defined in this Business Associate Agreement, have the same meaning as those terms in the HIPAA Rules.

2. PERMITTED AND REQUIRED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

2.1 Business Associate may only Use and/or Disclose Protected Health Information as necessary to perform Services, and/or as necessary to comply with the obligations of this Business Associate Agreement.

2.2 Business Associate may Use Protected Health Information for de-identification of the information if de-identification of the information is required to provide Services.

2.3 Business Associate may Use or Disclose Protected Health Information as Required by Law.

2.4 Business Associate will make Uses and Disclosures and requests for Protected Health Information consistent with the Covered Entity's applicable Minimum Necessary policies and procedures.

2.5 Business Associate may Use Protected Health Information as necessary for the proper management and administration of its business or to carry out its legal responsibilities.

2.6 Business Associate may Disclose Protected Health Information as necessary for the proper management and administration of its business or to carry out its legal responsibilities, provided the Disclosure is Required by Law or Business Associate obtains reasonable assurances from the person to whom the Protected Health Information is disclosed (i.e., the recipient) that it will be held confidentially and Used or further Disclosed only as Required by Law or for the purposes for which it was disclosed to the recipient and the recipient notifies Business Associate of any instances of which it is aware in which the confidentiality of the Protected Health Information has been breached.

2.7 Business Associate may provide Data Aggregation services relating to Covered Entity's Health Care Operations if such Data Aggregation services are necessary in order to provide Services.

3. PROHIBITED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

3.1 Business Associate must not Use or Disclose Protected Health Information other than as permitted or required by this Business Associate Agreement or as Required by Law.

3.2 Business Associate must not Use or Disclose Protected Health Information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except for the specific Uses and Disclosures set forth in Sections 2.5 and 2.6.

3.3 Business Associate must not Use or Disclose Protected Health Information for de-identification of the information except as set forth in section 2.2.

4. OBLIGATIONS TO SAFEGUARD PROTECTED HEALTH INFORMATION

4.1 Business Associate must implement, use, and maintain appropriate safeguards to prevent the Use or Disclosure of Protected Health Information other than as provided for by this Business Associate Agreement.

4.2 Business Associate must comply with Subpart C of 45 C.F.R Part 164 with respect to Electronic Protected Health Information, to prevent the Use or Disclosure of such information other than as provided for by this Business Associate Agreement.

5. REPORTING NON-PERMITTED USES OR DISCLOSURES, SECURITY INCIDENTS, AND BREACHES OF UNSECURED PROTECTED HEALTH INFORMATION

5.1 Business Associate must report to Covered Entity any Use or Disclosure of Protected Health Information not permitted by this Business Associate Agreement, any Security Incident, and/ or any Breach of Unsecured Protected Health Information as further described in Sections 5.1.1, 5.1.2, and 5.1.3.

5.1.1 Business Associate must report to Covered Entity any Use or Disclosure of Protected Health Information by Business Associate, its employees, representatives, agents or Subcontractors not provided for by this Agreement of which Business Associate becomes aware.

5.1.2 Business Associate must report to Covered Entity any Security Incident of which Business Associate becomes aware.

5.1.3. Business Associate must report to Covered Entity any Breach by Business Associate, its employees, representatives, agents, workforce members, or Subcontractors of Unsecured Protected Health Information that is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate. Business Associate will be deemed to have knowledge of a Breach of Unsecured Protected Health Information if the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of Business Associate, including a Subcontractor, as determined in accordance with the federal common law of agency.

5.2 Except as provided in Section 5.3, for any reporting required by Section 5.1, Business Associate must provide, to the extent available, all information required by, and within the times frames specified in, Sections 5.2.1 and 5.2.2.

5.2.1 Business Associate must make an immediate telephonic report upon discovery of the non-permitted Use or Disclosure of Protected Health Information, Security Incident or Breach of Unsecured Protected Health Information to **(562) 940-3335** that minimally includes:

(a) A brief description of what happened, including the date of the non-permitted Use or Disclosure, Security Incident, or Breach and the date of Discovery of the non-permitted Use or Disclosure, Security Incident, or Breach, if known;

(b) The number of Individuals whose Protected Health Information is involved;

(c) A description of the specific type of Protected Health Information involved in the non-permitted Use or Disclosure, Security Incident, or

Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved);

(d) The name and contact information for a person highly knowledge of the facts and circumstances of the non-permitted Use or Disclosure of PHI, Security Incident, or Breach

5.2.2 Business Associate must make a written report without unreasonable delay and in no event later than three (3) business days from the date of discovery by Business Associate of the non-permitted Use or Disclosure of Protected Health Information, Security Incident, or Breach of Unsecured Protected Health Information and to the **HIPAA Compliance Officer at: Hall of Records, County of Los Angeles, Chief Executive Office, Risk Management Branch-Office of Privacy, 320 W. Temple Street, 7th Floor, Los Angeles, California 90012, PRIVACY@ceo.lacounty.gov,** that includes, to the extent possible:

(a) A brief description of what happened, including the date of the non-permitted Use or Disclosure, Security Incident, or Breach and the date of Discovery of the non-permitted Use or Disclosure, Security Incident, or Breach, if known;

(b) The number of Individuals whose Protected Health Information is involved;

(c) A description of the specific type of Protected Health Information involved in the non-permitted Use or Disclosure, Security Incident, or Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved);

(d) The identification by the System's unique e2ID number (a unique identifier generated by Business Associate's technology without exposing client PHI) of each Individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, Used, or Disclosed;

(e) Any other information necessary to conduct an assessment of whether notification to the Individual(s) under 45 C.F.R. § 164.404 is required;

(f) Any steps Business Associate believes that the Individual(s) could take to protect themselves from potential harm from the non-permitted Use or Disclosure, Security Incident, or Breach;

(g) A brief description of what Business Associate is doing to investigate, to mitigate harm to the Individual(s), and to protect against any further similar occurrences; and

(h) The name and contact information for a person highly knowledge of the facts and circumstances of the non-permitted Use or Disclosure of PHI, Security Incident, or Breach.

5.2.3 If Business Associate is not able to provide the information specified in Section 5.2.1 or 5.2.2 at the time of the required report, Business Associate must provide such information promptly thereafter as such information becomes available.

5.3 Business Associate may delay the notification required by Section 5.1.3, if a law enforcement official states to Business Associate that notification would impede a criminal investigation or cause damage to national security.

5.3.1 If the law enforcement official's statement is in writing and specifies the time for which a delay is required, Business Associate must delay its reporting and/or notification obligation(s) for the time period specified by the official.

5.3.2 If the statement is made orally, Business Associate must document the statement, including the identity of the official making the statement, and delay its reporting and/or notification obligation(s) temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described in Section 5.3.1 is submitted during that time.

6. WRITTEN ASSURANCES OF SUBCONTRACTORS

6.1 In accordance with 45 C.F.R. § 164.502 (e)(1)(ii) and § 164.308 (b)(2), if applicable, Business Associate must ensure that any Subcontractor that creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate is made aware of its status as a Business Associate with respect to such information and that Subcontractor agrees in writing to the same restrictions, conditions, and requirements that apply to Business Associate with respect to such information.

6.2 Business Associate must take reasonable steps to cure any material breach or violation by Subcontractor of the agreement required by Section 6.1.

6.3 If the steps required by Section 6.2 do not cure the breach or end the violation, Contractor must terminate, if feasible, any arrangement with Subcontractor by which Subcontractor creates, receives, maintains, or transmits Protected Health Information on behalf of Business Associate.

6.4 If neither cure nor termination as set forth in Sections 6.2 and 6.3 is feasible, Business Associate must immediately notify County.

6.5 Without limiting the requirements of Section 6.1, the agreement required by Section 6.1 (Subcontractor Business Associate Agreement) must require Subcontractor to contemporaneously notify Covered Entity in the event of a Breach of Unsecured Protected Health Information.

6.6 Without limiting the requirements of Section 6.1, agreement required by Section 6.1 (Subcontractor Business Associate Agreement) must include a provision requiring Subcontractor to destroy, or in the alternative to return to Business Associate, any Protected Health Information created, received, maintained, or transmitted by Subcontractor on behalf of Business Associate so as to enable Business Associate to comply with the provisions of Section 18.4.

6.7 Business Associate must provide to Covered Entity, at Covered Entity's request, a copy of any and all Subcontractor Business Associate Agreements required by Section 6.1.

6.8 Sections 6.1 and 6.7 are not intended by the parties to limit in any way the scope of Business Associate's obligations related to Subcontracts or Subcontracting in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

7. ACCESS TO PROTECTED HEALTH INFORMATION

7.1 To the extent Covered Entity determines that Protected Health Information is maintained by Business Associate or its agents or Subcontractors in a Designated Record Set, Business Associate working in collaboration with Covered Entity must, within two (2) business days after receipt of a request from Covered Entity, make the Protected Health Information specified by Covered Entity available to the Individual(s) identified by Covered Entity as being entitled to access and must provide such Individuals(s) or other person(s) designated by Covered Entity with a copy the specified Protected Health Information, in order for Covered Entity to meet the requirements of 45 C.F.R. § 164.524.

7.2 If any Individual requests access to Protected Health Information directly from Business Associate or its agents or Subcontractors, Business Associate must notify Covered Entity in writing within two (2) days of the receipt of the request. Whether access will be provided or denied will be determined by Covered Entity.

7.3 To the extent that Business Associate maintains Protected Health Information that is subject to access as set forth above in one or more Designated Record Sets electronically and if the Individual requests an electronic copy of such information, Business Associate working in collaboration with Covered Entity must provide the Individual with access to the Protected Health Information in the electronic form and format requested by the Individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to by Covered Entity and the Individual.

8. AMENDMENT OF PROTECTED HEALTH INFORMATION

8.1 To the extent Covered Entity determines that any Protected Health Information is maintained by Business Associate or its agents or Subcontractors in a Designated Record Set, Business Associate working in collaboration with Covered Entity must, within ten (10) business days after receipt of a written request from Covered Entity,

make any amendments to such Protected Health Information that are requested by Covered Entity, in order for Covered Entity to meet the requirements of 45 C.F.R. § 164.526.

8.2 If any Individual requests an amendment to Protected Health Information directly from Business Associate or its agents or Subcontractors, Business Associate must notify Covered Entity in writing within five (5) days of the receipt of the request. Whether an amendment will be granted or denied will be determined by Covered Entity.

9. ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION

9.1 Business Associate must maintain an accounting of each Disclosure of Protected Health Information as provided by the Business Associate's system audit capability, as is determined by Covered Entity to be necessary in order to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

9.1.1 Any accounting of disclosures provided by Business Associate under Section 9.1 must include:

(a) The date of the Disclosure;

(b) The name, and address if known, of the entity or person who accessed the Protected Health Information; and

(c) A brief description of the Protected Health Information Disclosed.

9.1.2 For each Disclosure that could require an accounting under Section 9.1, Business Associate must document the information specified in Section 9.1.1, and must maintain the information for six (6) years from the date of the Disclosure.

9.2 Business Associate must provide to Covered Entity, within ten (10) business days after receipt of a written request from Covered Entity, information collected in accordance with Section 9.1.1 to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528

9.3 If any Individual requests an accounting of disclosures directly from Business Associate or its agents or Subcontractors, Business Associate must notify Covered Entity in writing within five (5) days of the receipt of the request, and working in collaboration with the County must provide the requested accounting of disclosures to the Individual(s) within 30 days. The information provided in the accounting must be in accordance with 45 C.F.R. § 164.528.

10. COMPLIANCE WITH APPLICABLE HIPAA RULES

10.1 To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164, Business Associate must comply with the requirements of Subpart E that apply to Covered Entity's performance of such obligation(s).

10.2 Business Associate must comply with all HIPAA Rules applicable to Business Associate in the performance of Services.

11. AVAILABILITY OF RECORDS

11.1 Business Associate must make its internal practices, books, and records relating to the Use and Disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity available to the Secretary for purposes of determining Covered Entity's compliance with the Privacy and Security Regulations.

11.2 Unless prohibited by the Secretary, Business Associate must immediately notify Covered Entity of any requests made by the Secretary and provide Covered Entity with copies of any documents produced in response to such request.

12. MITIGATION OF HARMFUL EFFECTS

12.1 Business Associate must mitigate, to the extent practicable, any harmful effect of a Use or Disclosure of Protected Health Information by Business Associate in violation of the requirements of this Business Associate Agreement that is known to Business Associate.

13. BREACH NOTIFICATION TO INDIVIDUALS

13.1 Business Associate must, to the extent Covered Entity determines that there has been a Breach of Unsecured Protected Health Information by Business Associate, its employees, representatives, agents or Subcontractors, working in collaboration with Covered Entity provide breach notification to the Individual in a manner that permits Covered Entity to comply with its obligations under 45 C.F.R. § 164.404.

13.1.1 Business Associate, working in collaboration with Covered Entity, must notify, subject to the review and approval of Covered Entity, each Individual whose Unsecured Protected Health Information has been, or is reasonably believed to have been, accessed, acquired, Used, or Disclosed as a result of any such Breach.

13.1.2 The notification provided by Business Associate must be written in plain language, will be subject to review and approval by Covered Entity, and must include, to the extent possible:

(a) A brief description of what happened, including the date of the Breach and the date of the Discovery of the Breach, if known;

(b) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

(c) Any steps the Individual should take to protect themselves from potential harm resulting from the Breach;

(d) A brief description of what Business Associate is doing to investigate the Breach, to mitigate harm to Individual(s), and to protect against any further Breaches; and

(e) Contact procedures for Individual(s) to ask questions or learn additional information, including a toll-free telephone number, an e-mail address, Web site, or postal address.

13.2 Covered Entity, in its sole discretion, may elect to provide the notification required by Section 13.1 and/or to establish the contact procedures described in Section 13.1.2.

13.3 Business Associate must reimburse Covered Entity any and all costs incurred by Covered Entity, in complying with Subpart D of 45 C.F.R. Part 164, including but not limited to costs of notification, internet posting, or media publication, as a result of Business Associate's Breach of Unsecured Protected Health Information; Covered Entity will not be responsible for any costs incurred by Business Associate in providing the notification required by 13.1 or in establishing the contact procedures required by Section 13.1.2.

14. INDEMNIFICATION

14.1 Business Associate must indemnify, defend, and hold harmless Covered Entity, its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, expenses (including attorney and expert witness fees), and penalties and/or fines (including regulatory penalties and/or fines), arising from Business Associate's acts and/or omissions arising from this Business Associate Agreement, including, but not limited to, compliance and/or enforcement actions and/or activities, whether formal or informal, by the Secretary or by the Attorney General of the State of California.

14.2 Section 14.1 is not intended by the parties to limit in any way the scope of Business Associate's obligations related to Insurance and/or Indemnification in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

15. OBLIGATIONS OF COVERED ENTITY

15.1 Covered Entity will notify Business Associate of any current or future restrictions or limitations on the Use or Disclosure of Protected Health Information that would affect

Business Associate's performance of the Services, and Business Associate must thereafter restrict or limit its own Uses and Disclosures accordingly.

15.2 Covered Entity will not request Business Associate to Use or Disclose Protected Health Information in any manner that would not be permissible under Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except to the extent that Business Associate may Use or Disclose Protected Health Information as provided in Sections 2.3, 2.5, and 2.6.

16. TERM

16.1 Unless sooner terminated as set forth in Section 17, the term of this Business Associate Agreement will be the same as the term of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other service arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

16.2 Notwithstanding Section 16.1, Business Associate's obligations under Sections 11, 14, and 18 will survive the termination or expiration of this Business Associate Agreement.

17. TERMINATION FOR CAUSE

17.1 In addition to and notwithstanding the termination provisions set forth in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, if either party determines that the other party has violated a material term of this Business Associate Agreement, and the breaching party has not cured the breach or ended the violation within the time specified by the non-breaching party, which must be reasonable given the nature of the breach and/or violation, the non-breaching party may terminate this Business Associate Agreement.

17.2 In addition to and notwithstanding the termination provisions set forth in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, if either party determines that the other party has violated a material term of this Business Associate Agreement, and cure is not feasible, the non-breaching party may terminate this Business Associate Agreement immediately.

18. DISPOSITION OF PROTECTED HEALTH INFORMATION UPON TERMINATION OR EXPIRATION

18.1 Except as provided in Section 18.3, upon termination for any reason or expiration of this Business Associate Agreement, Business Associate must return or, if agreed to by Covered entity, must destroy as provided for in Section 18.2, all Protected Health Information received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, that Business Associate, including any Subcontractor, still maintains in any form. Business Associate will retain no copies of the Protected Health Information.

18.2 Destruction for purposes of Section 18.2 and Section 6.6 will mean that media on which the Protected Health Information is stored or recorded has been destroyed and/or electronic media have been cleared, purged, or destroyed in accordance with the use of a technology or methodology specified by the Secretary in guidance for rendering Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals.

18.3 Notwithstanding Section 18.1, in the event that return or destruction of Protected Health Information is not feasible or Business Associate determines that any such Protected Health Information is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities, Business Associate may retain that Protected Health Information for which destruction or return is infeasible or that Protected Health Information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities and must return or destroy all other Protected Health Information.

18.3.1 Business Associate must extend the protections of this Business Associate Agreement to such Protected Health Information, including continuing to use appropriate safeguards and continuing to comply with Subpart C of 45 C.F.R Part 164 with respect to Electronic Protected Health Information, to prevent the Use or Disclosure of such information other than as provided for in Sections 2.5 and 2.6 for so long as such Protected Health Information is retained, and Business Associate must not Use or Disclose such Protected Health Information other than for the purposes for which such Protected Health Information was retained.

18.3.2 Business Associate must return or, if agreed to by Covered entity, destroy the Protected Health Information retained by Business Associate when it is no longer needed by Business Associate for Business Associate's proper management and administration or to carry out its legal responsibilities.

18.4 Business Associate must ensure that all Protected Health Information created, maintained, or received by Subcontractors is returned or, if agreed to by Covered entity, destroyed as provided for in Section 18.2.

19. AUDIT, INSPECTION, AND EXAMINATION

19.1 Covered Entity reserves the right to conduct a reasonable inspection of the facilities, systems, information systems, books, records, agreements, and policies and procedures relating to the Use or Disclosure of Protected Health Information for the purpose determining whether Business Associate is in compliance with the terms of this Business Associate Agreement and any non-compliance may be a basis for termination of this Business Associate Agreement and the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, as provided for in section 17.

19.2 Covered Entity and Business Associate will mutually agree in advance upon the scope, timing, and location of any such inspection.

19.3 At Business Associate's request, and to the extent permitted by law, Covered Entity will execute a nondisclosure agreement, upon terms and conditions mutually agreed to by the parties.

19.4 That Covered Entity inspects, fails to inspect, or has the right to inspect as provided for in Section 19.1 does not relieve Business Associate of its responsibility to comply with this Business Associate Agreement and/or the HIPAA Rules or impose on Covered Entity any responsibility for Business Associate's compliance with any applicable HIPAA Rules.

19.5 Covered Entity's failure to detect, its detection but failure to notify Business Associate, or its detection but failure to require remediation by Business Associate of an unsatisfactory practice by Business Associate, will not constitute acceptance of such practice or a waiver of Covered Entity's enforcement rights under this Business Associate Agreement or the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

19.6 Section 19.1 is not intended by the parties to limit in any way the scope of Business Associate's obligations related to Inspection and/or Audit and/or similar review in the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

20. MISCELLANEOUS PROVISIONS

20.1 Disclaimer. Covered Entity makes no warranty or representation that compliance by Business Associate with the terms and conditions of this Business Associate Agreement will be adequate or satisfactory to meet the business needs or legal obligations of Business Associate.

20.2 HIPAA Requirements. The Parties agree that the provisions under HIPAA Rules that are required by law to be incorporated into this Amendment are hereby incorporated into this Agreement.

20.3 No Third Party Beneficiaries. Nothing in this Business Associate Agreement will confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

20.4 Construction. In the event that a provision of this Business Associate Agreement is contrary to a provision of the applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order, or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate, the provision of this Business Associate Agreement will control. Otherwise, this Business Associate Agreement will be construed under, and in accordance with, the terms of the

applicable underlying Agreement, Contract, Master Agreement, Work Order, Purchase Order or other services arrangement, with or without payment, that gives rise to Contractor's status as a Business Associate.

20.5 Regulatory References. A reference in this Business Associate Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

20.6 Interpretation. Any ambiguity in this Business Associate Agreement will be resolved in favor of a meaning that permits the parties to comply with the HIPAA Rules.

20.7 Amendment. The parties agree to take such action as is necessary to amend this Business Associate Agreement from time to time as is necessary for Covered Entity or Business Associate to comply with the requirements of the HIPAA Rules and any other privacy laws governing Protected Health Information.

EXHIBIT H

SAFELY SURRENDERED BABY LAW

Some parents of newborns can find themselves in difficult circumstances. Sadly, babies are sometimes harmed or abandoned by parents who feel that they're not ready or able to raise a child. Many of these mothers or fathers are afraid and don't know where to turn for help.

This is why California has a Safely Surrendered Baby Law, which gives parents the choice to legally leave their baby at any hospital or fire station in Los Angeles County.

FIVE THINGS YOU NEED TO KNOW ABOUT BABY SAFE SURRENDER

1. Your newborn can be surrendered at any hospital or fire station in Los Angeles County up to 72 hours after birth.
2. You must leave your newborn with a fire station or hospital employee.
3. You don't have to provide your name.
4. You will only be asked to voluntarily provide a medical history.
5. You have 14 days to change your mind; a matching bracelet (parent) and anklet (baby) are provided to assist you if you change your mind.

No shame | No blame | No names

BabySafeLA.org

ABOUT THE BABY SAFE SURRENDER PROGRAM

In 2002, a task force was created under the guidance of the Children's Planning Council to address newborn abandonment and to develop a strategic plan to prevent this tragedy.

Los Angeles County has worked hard to ensure that the Safely Surrendered Baby Law prevents babies from being abandoned. We're happy to report that this law is doing exactly what it was designed to do: save the lives of innocent babies. Visit BabySafeLA.org to learn more.

No shame | No blame | No names

ANY FIRE STATION.
ANY HOSPITAL.
ANY TIME.

1.877.222.9723
BabySafeLA.org

THERE'S A BETTER CHOICE.
SAFELY SURRENDER YOUR BABY.

BabySafeLA.org

No shame | No blame | No names

FROM SURRENDER TO ADOPTION: ONE BABY'S STORY

Los Angeles County firefighter Ted and his wife Becki were already parents to two boys. But when they got the call asking if they would be willing to care for a premature baby girl who'd been safely surrendered at a local hospital, they didn't hesitate.

Baby Jenna was tiny, but Ted and Becki felt lucky to be able to take her home. "We had always wanted to adopt," Ted says, "but taking home a vulnerable safely surrendered baby was even better. She had no one, but now she had us. And, more importantly, we had her."

Baby Jenna has filled the longing Ted and Becki had for a daughter—and a sister for their boys. Because her birth parent safely surrendered her when she was born, Jenna is a thriving young girl growing up in a stable and loving family.

ANSWERS TO YOUR QUESTIONS

Who is legally allowed to surrender the baby?
Anyone with lawful custody can drop off a newborn within the first 72 hours of birth.

Do you need to call ahead before surrendering a baby?
No. A newborn can be surrendered anytime, 24 hours a day, 7 days a week, as long as the parent or guardian surrenders the child to an employee of the hospital or fire station.

What information needs to be provided?
The surrendering adult will be asked to fill out a medical history form, which is useful in caring for the child. The form can be returned later and includes a stamped return envelope. No names are required.

What happens to the baby?
After a complete medical exam, the baby will be released and placed in a safe and loving home, and the adoption process will begin.

What happens to the parent or surrendering adult?
Nothing. They may leave at any time after surrendering the baby.

How can a parent get a baby back?
Parents who change their minds can begin the process of reclaiming their baby within 14 days by calling the Los Angeles County Department of Children and Family Services at (800) 540-4000.

If you're unsure of what to do:
You can call the hotline 24 hours a day, 7 days a week and anonymously speak with a counselor about your options or have your questions answered.

1.877.222.9723 or BabySafeLA.org
English, Spanish and 140 other languages spoken.

INFORMATION SECURITY AND PRIVACY REQUIREMENTS

This Exhibit I (Information Security and Privacy Requirements) ("Exhibit") is attached to and forms a part of that certain Agreement for e2LosAngeles System and Related Services, dated as of the Effective Date (together with all Exhibits, Attachments, and Schedules thereto, all as amended from time to time, the ("Agreement"), between the County of Los Angeles ("County") and RDE System Support Group, LLC ("Contractor"). Capitalized terms used herein without definition have the meanings given to such terms in the Agreement.

The County is committed to safeguarding the Integrity of the County systems, Data, Information and protecting the privacy rights of the individuals that it serves. This Exhibit sets forth the County and the Contractor's commitment and agreement to fulfill each of their obligations under applicable state or federal laws, rules, or regulations, as well as applicable industry standards concerning privacy, Data protections, Information security, Confidentiality, Availability, and Integrity of such Information. The Information security and privacy requirements and procedures in this Exhibit are to be established by the Contractor before the Effective Date of the Agreement and maintained throughout the term of the Agreement.

These requirements and procedures are minimum standards and are in addition to the requirements of the Agreement and any other agreements between the parties. However, it is the Contractor's sole obligation to: (i) implement appropriate and reasonable measures to secure and protect its systems and all County Information against internal and external Threats and Risks; and (ii) continuously review and revise those measures to address ongoing Threats and Risks. Failure to comply with the minimum requirements and procedures set forth in this Exhibit will constitute a material, non-curable breach of Agreement by the Contractor, entitling the County, in addition to the cumulative of all other remedies available to it at law, in equity, or under the Agreement, to immediately terminate the Agreement. To the extent there are conflicts between this Exhibit and the Agreement, the more stringent provision on Contractor and protective provision of the County shall prevail unless stated otherwise.

1. DEFINITIONS

Unless otherwise defined in the Agreement, the definitions herein contained are specific to the uses within this exhibit.

a. **Availability:** the condition of Information being accessible and usable upon demand by an authorized entity.

b. **Confidentiality:** the condition that Information is not disclosed to system entities (users, processes, devices) unless they have been authorized to access the Information.

c. **County Information:** all Data and Information belonging to the County. The same meaning as "County Data" under the Agreement.

d. **Data:** a subset of Information comprised of qualitative or quantitative values.

e. **Incident:** a suspected, attempted, successful, or imminent Threat of unauthorized electronic and/or physical access, use, disclosure, breach, modification, or destruction of information; interference with Information Technology operations; or significant violation of County policy.

f. **Information:** any communication or representation of knowledge or understanding such as facts, Data, or opinions in any medium or form, including electronic, textual, numerical, graphic, cartographic, narrative, or audiovisual.

g. **Information Security Policy:** high level statements of intention and direction of an organization used to create an organization's Information Security Program as formally expressed by its top management.

h. **Information Security Program:** formalized and implemented Information Security Policies, standards and procedures that are documented describing the program management safeguards and common controls in place or those planned for meeting the County's information security requirements.

i. **Information Technology:** any equipment or interconnected system or subsystem of equipment that is used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of Data or Information.

j. **Integrity**: the condition whereby Data or Information has not been improperly modified or destroyed and authenticity of the Data or Information can be ensured.

k. **Mobile Device Management (MDM):** software that allows Information Technology administrators to control, secure, and enforce policies on smartphones, tablets, and other endpoints.

l. **Privacy Policy:** high level statements of intention and direction of an organization used to create an organization's Privacy Program as formally expressed by its top management.

m. **Privacy Program:** A formal document that provides an overview of an organization's privacy program, including a description of the structure of the privacy program, the resources dedicated to the privacy program, the role of the organization's privacy official and other staff, the strategic goals and objectives of the Privacy Program, and the program management controls and common controls in place or planned for meeting applicable privacy requirements and managing privacy risks.

n. **Risk:** a measure of the extent to which the County is threatened by a potential circumstance or event, Risk is typically a function of: (i) the adverse impacts that would arise if the circumstance or event occurs; and (ii) the likelihood of occurrence.

o. **Threat:** any circumstance or event with the potential to adversely impact County operations (including mission, functions, image, or reputation), organizational assets, individuals, or other organizations through an Information system via unauthorized access, destruction, disclosure, modification of Information, and/or denial of service.

p. **Vulnerability:** a weakness in a system, application, network or process that is subject to exploitation or misuse.

q. **Workforce Member:** employees, volunteers, and other persons whose conduct, in the performance of work for Los Angeles County, is under the direct control of Los Angeles County, whether or not they are paid by Los Angeles County. This includes, but may not be limited to, full and part time elected or appointed officials, employees, affiliates, associates, students, volunteers, and staff from third party entities who provide service to the County.

2. INFORMATION SECURITY AND PRIVACY PROGRAMS

a. **Information Security Program.** The Contractor shall maintain a company-wide Information Security Program designed to evaluate Risks to the Confidentiality, Availability, and Integrity of the County Information covered under this Agreement.

Contractor's Information Security Program shall include the creation and maintenance of Information Security Policies, standards, and procedures. Information Security Policies, standards, and procedures will be communicated to all Contractor employees in a relevant, accessible, and understandable form and will be regularly reviewed and evaluated to ensure operational effectiveness, compliance with all applicable laws and regulations, and addresses new and emerging Threats and Risks.

The Contractor shall exercise the same degree of care in safeguarding and protecting County Information that the Contractor exercises with respect to its own Information and Data, but in no event less than a reasonable degree of care. The Contractor will implement, maintain, and use appropriate administrative, technical, and physical security measures to preserve the Confidentiality, Integrity, and Availability of County Information.

The Contractor's Information Security Program shall:

- Protect the Confidentiality, Integrity, and Availability of County Information in the Contractor's possession or control;
- Protect against any anticipated Threats or hazards to the Confidentiality, Integrity, and Availability of County Information;
- Protect against unauthorized or unlawful access, use, disclosure, alteration, or destruction of County Information;
- Protect against accidental loss or destruction of, or damage to, County Information; and
- Safeguard County Information in compliance with any applicable laws and regulations which apply to the Contractor.

b. **Privacy Program.** The Contractor shall establish and maintain a company-wide Privacy Program designed to incorporate Privacy Policies and practices in its business operations to provide safeguards for Information, including County Information. The Contractor's Privacy Program shall include the development of, and ongoing reviews and updates to Privacy Policies, guidelines, procedures and appropriate workforce privacy training within its organization. These Privacy Policies, guidelines, procedures, and appropriate training will be provided to all Contractor employees, agents, and volunteers. The Contractor's Privacy Policies, guidelines, and procedures shall be continuously reviewed and updated for effectiveness and compliance with applicable laws and regulations, and to appropriately respond to new and emerging Threats and Risks. The Contractor's Privacy Program shall perform ongoing monitoring and audits of operations to identify and mitigate privacy Threats.

The Contractor shall exercise the same degree of care in safeguarding the privacy of County Information that the Contractor exercises with respect to its own Information, but in no event less

than a reasonable degree of care. The Contractor will implement, maintain, and use appropriate privacy practices and protocols to preserve the Confidentiality of County Information.

The Contractor's Privacy Program shall include:

- A Privacy Program framework that identifies and ensures that the Contractor complies with all applicable laws and regulations;
- External Privacy Policies, and internal privacy policies, procedures and controls to support the privacy program;
- Protections against unauthorized or unlawful access, use, disclosure, alteration, or destruction of County Information;
- A training program that covers Privacy Policies, protocols and awareness;
- A response plan to address privacy Incidents and privacy breaches; and
- Ongoing privacy assessments and audits.

3. PROPERTY RIGHTS TO COUNTY INFORMATION

All County Information is deemed property of the County, and subject to the provisions of Paragraph 3.3.3 (Customized Modules) of the Agreement, the County shall retain exclusive rights and ownership thereto. County Information shall not be used by the Contractor for any purpose other than as required under this Agreement, nor shall such or any part of such be disclosed, sold, assigned, leased, or otherwise disposed of, to third parties by the Contractor, or commercially exploited or otherwise used by, or on behalf of, the Contractor, its officers, directors, employees, or agents. The Contractor may assert no lien on or right to withhold from the County, any County Information it receives from, receives addressed to, or stores on behalf of, the County. Notwithstanding the foregoing, the Contractor may aggregate, compile, and use County Information in order to improve, develop or enhance the System software and/or other Services offered, or to be offered, by the Contractor, provided that (i) no County Information in such aggregated or compiled pool is identifiable as originating from, or can be traced back to the County, and (ii) such Data or Information cannot be associated or matched with the identity of an individual alone, or linkable to a specific individual. The Contractor specifically consents to the County's access to such County Information held, stored, or maintained on any and all devices Contactor owns, leases or possesses.

4. CONTRACTOR'S USE OF COUNTY INFORMATION

The Contractor may use County Information only as necessary to carry out its obligations under this Agreement. The Contractor shall collect, maintain, or use County Information only for the purposes specified in the Agreement and, in all cases, in compliance with all applicable local, state, and federal laws and regulations governing the collection, maintenance, transmission, dissemination, storage, use, and destruction of County Information, including, but not limited to, (i) any State and Federal law governing the protection of personal Information, (ii) any State and Federal security breach notification laws, and (iii) the rules, regulations and directives of the Federal Trade Commission, as amended from time to time.

5. SHARING COUNTY INFORMATION AND DATA

The Contractor shall not share, release, disclose, disseminate, make available, transfer, or otherwise communicate orally, in writing, or by electronic or other means, County Information to a third party for monetary or other valuable consideration.

6. CONFIDENTIALITY

In addition to the confidentiality provisions contained in the Agreement, Contractor agrees as follows:

a. **Confidentiality of County Information.** The Contractor agrees that all County Information is Confidential and proprietary to the County regardless of whether such Information was disclosed intentionally or unintentionally, or marked as "confidential".

b. **Disclosure of County Information.** The Contractor may disclose County Information only as necessary to carry out its obligations under this Agreement, or as required by law, and is prohibited from using County Information for any other purpose without the prior express written approval of the County's contract administrator in consultation with the County's Chief Information Security Officer and/or Chief Privacy Officer. If required by a court of competent jurisdiction or an administrative body to disclose County Information, the Contractor shall notify the County's contract administrator immediately and prior to any such disclosure, to provide the County an opportunity to oppose or otherwise respond to such disclosure, unless prohibited by law from doing so.

c. **Disclosure Restrictions of Non-Public Information.** While performing work under the Agreement, the Contractor may encounter County Non-public Information ("NPI") in the course of performing this Agreement, including, but not limited to, licensed technology, drawings, schematics, manuals, sealed court records, and other materials described and/or identified as "Internal Use", "Confidential" or "Restricted" as defined in Board of Supervisors Policy 6.104 – Information Classification Policy as NPI. The Contractor shall not disclose or publish any County NPI and material received or used in performance of this Agreement. This obligation is perpetual.

d. **Individual Requests.** The Contractor shall acknowledge any request or instructions from the County regarding the exercise of any individual's privacy rights provided under applicable federal or state laws. The Contractor shall have in place appropriate policies and procedures to promptly respond to such requests and comply with any request or instructions from the County within seven (7) Days. If an individual makes a request directly to the Contractor involving County Information, the Contractor shall notify the County within five (5) Days and the County will coordinate an appropriate response, which may include instructing the Contractor to assist in fulfilling the request. Similarly, if the Contractor receives a privacy or security complaint from an individual regarding County Information, the Contractor shall notify the County as described in Section 14 SECURITY AND PRIVACY INCIDENTS, and the County will coordinate an appropriate response.

e. **Retention of County Information.** The Contractor shall not retain any County Information for any period longer than necessary for the Contractor to fulfill its obligations under the Agreement and applicable law, whichever is longest.

7. CONTRACTOR STAFF

The Contractor shall require all employees, agents, and volunteers to abide by the requirements in this Exhibit, as set forth in the Agreement, and sign an appropriate written Confidentiality/non-disclosure agreement with the Contractor.

The Contractor shall supply each of its employees with appropriate, annual training regarding Information Security procedures, Risks, and Threats. The Contractor agrees that training will cover, but may not be limited to the following topics:

a. **Secure Authentication:** The importance of utilizing secure authentication, including proper management of authentication credentials (login name and password) and multi-factor authentication.

b. **Social Engineering Attacks:** Identifying different forms of social engineering including, but not limited to, phishing, phone scams, and impersonation calls.

c. **Handling of County Information:** The proper identification, storage, transfer, archiving, and destruction of County Information.

d. **Causes of Unintentional Information Exposure:** Provide awareness of causes of unintentional exposure of Information such as lost mobile devices, emailing Information to inappropriate recipients, etc.

e. **Identifying and Reporting Incidents:** Awareness of the most common indicators of an Incident and how such indicators should be reported within the organization.

f. **Privacy:** The Contractor's Privacy Policies and procedures as described in Section 2b. Privacy Program.

The Contractor shall have an established set of procedures to ensure the Contractor's employees promptly report actual and/or suspected breaches of security.

8. SUBCONTRACTORS AND THIRD PARTIES

The County acknowledges that in the course of performing its services, the Contractor may desire or require the use of goods, services, and/or assistance of Subcontractors or other third parties or suppliers. The terms of this Exhibit shall also apply to all Subcontractors and third parties. The Contractor or third party shall be subject to the following terms and conditions: (i) each Subcontractor and third party must agree in writing to comply with and be bound by the applicable terms and conditions of this Exhibit, both for itself and to enable the Contractor to be and remain in compliance with its obligations hereunder, including those provisions relating to Confidentiality, Integrity, Availability, disclosures, security, and such other terms and conditions as may be reasonably necessary to effectuate the Agreement including this Exhibit; and (ii) the Contractor shall be and remain fully liable for the acts and omissions of each Subcontractor and third party, and fully responsible for the due and proper performance of all Contractor obligations under this Agreement.

The Contractor shall obtain advanced approval from the County's Chief Information Security Officer and/or Chief Privacy Officer prior to subcontracting services subject to this Exhibit.

9. STORAGE AND TRANSMISSION OF COUNTY INFORMATION

All County Information shall be rendered unusable, unreadable, or indecipherable to unauthorized individuals in accordance with the requirements set forth in Paragraph 14.3 (Protection of Electronic County Information – Data Encryption Standards) of the Agreement. Without limiting the generality of the foregoing, the Contractor shall at all times comply with Section 14.3 (Protection of Electronic County Information – Data Encryption Standards) of the Agreement.

All mobile devices storing County Information shall be managed by a Mobile Device Management system. Such system must provide provisions to enforce a password/passcode on enrolled mobile devices. All workstations/Personal Computers (including laptops, 2-in-1s, and tablets) will maintain the latest operating system security patches, and the latest virus definitions. Virus scans must be performed at least monthly. Request for less frequent scanning must be approved in writing by the County's Chief Information Security Officer.

10. RETURN OR DESTRUCTION OF COUNTY INFORMATION

The Contractor shall return or destroy County Information in the manner prescribed in this section unless the Agreement prescribes procedures for returning or destroying County Information and those procedures are no less stringent than the procedures described in this section.

a. **Return or Destruction.** Upon County's written request, or upon expiration or termination of this Agreement for any reason, Contractor shall (i) promptly return or destroy, at the County's option, all originals and copies of all documents and materials it has received containing County Information; or (ii) if return or destruction is not permissible under applicable law, continue to protect such Information in accordance with the terms of this Contract; and (iii) deliver or destroy, at the County's option, all originals and copies of all summaries, records, descriptions, modifications, negatives, drawings, adoptions and other documents or materials, whether in writing or in machine-readable form, prepared by the Contractor, prepared under its direction, or at its request, from the documents and materials referred to in Subsection (i) of this Section, provided however, that this clause (iii) shall not apply to Contractor's property described in Paragraphs 3.3.3 and 3.4.2 of the Agreement. For all documents or materials referred to in Subsections (i) and (ii) of this Section that the County requests be returned to the County, the Contractor shall provide a written attestation on company letterhead certifying that all documents and materials have been delivered to the County. For documents or materials referred to in Subsections (i) and (ii) of this Section that the County requests be destroyed, the Contractor shall provide an attestation on company letterhead and certified documentation from a media destruction firm consistent with subdivision b of this Section. Upon termination or expiration of the Agreement or at any time upon the County's request, the Contractor shall return all hardware, if any, provided by the County to the Contractor. The hardware should be physically sealed and returned via a bonded courier, or as otherwise directed by the County.

b. **Method of Destruction.** The Contractor shall destroy all originals and copies by (i) cross-cut shredding paper, film, or other hard copy media so that the Information cannot be read or otherwise reconstructed; and (ii) purging, or destroying electronic media containing County Information consistent with NIST Special Publication 800-88, "Guidelines for Media Sanitization" such that the County Information cannot be retrieved. The Contractor will provide

an attestation on company letterhead and certified documentation from a media destruction firm, detailing the destruction method used and the County Information involved, the date of destruction, and the company or individual who performed the destruction. Such statement will be sent to the designated County Project Director within ten (10) Days of termination or expiration of the Agreement or at any time upon the County's request. On termination or expiration of this Agreement, the County will return or destroy all Contractor's Information marked as confidential (excluding items licensed to the County hereunder, or that provided to the County by the Contractor hereunder), at the County's option.

11. PHYSICAL AND ENVIRONMENTAL SECURITY

All Contractor facilities that process County Information will be located in secure areas and protected by perimeter security such as barrier access controls (e.g., the use of guards and entry badges) that provide a physically secure environment from unauthorized access, damage, and interference.

All Contractor facilities that process County Information will be maintained with physical and environmental controls (temperature and humidity) that meet or exceed hardware manufacturer's specifications.

12. OPERATIONAL MANAGEMENT, BUSINESS CONTINUITY, AND DISASTER RECOVERY

The Contractor shall: (i) monitor and manage all of its Information processing facilities, including, without limitation, implementing operational procedures, change management, and Incident response procedures consistent with Section 14 SECURITY AND PRIVACY INCIDENTS; and (ii) deploy adequate anti-malware software and adequate back-up systems to ensure essential business Information can be promptly recovered in the event of a disaster or media failure; and (iii) ensure its operating procedures are adequately documented and designed to protect Information and computer media from theft and unauthorized access.

The Contractor must have business continuity and disaster recovery plans. These plans must include a geographically separate back-up data center and a formal framework by which an unplanned event will be managed to minimize the loss of County Information and services. The formal framework includes a defined back-up policy and associated procedures, including documented policies and procedures designed to: (i) perform back-up of data to a remote back-up data center in a scheduled and timely manner; (ii) provide effective controls to safeguard backed-up data; (iii) securely transfer County Information to and from back-up location; (iv) fully restore applications and operating systems; and (v) demonstrate periodic testing of restoration from back-up location. If the Contractor makes backups to removable media (as described in Section 9 STORAGE AND TRANSMISSION OF COUNTY INFORMATION), all such backups shall be encrypted in compliance with the encryption requirements noted above in Section 9 STORAGE AND TRANSMISSION OF COUNTY INFORMATION.

13. ACCESS CONTROL

Subject to and without limiting the requirements under Section 9 STORAGE AND TRANSMISSION OF COUNTY INFORMATION, County Information (i) may only be made

available and accessible to those parties explicitly authorized under the Agreement or otherwise expressly approved by the County Project Director or Project Manager in writing; and (ii) if transferred using removable media (as described in Section 9 STORAGE AND TRANSMISSION OF COUNTY INFORMATION) must be sent via a bonded courier and protected using encryption technology designated by the Contractor and approved by the County's Chief Information Security Officer in writing. The foregoing requirements shall apply to back-up media stored by the Contractor at off-site facilities.

The Contractor shall implement formal procedures to control access to County systems, services, and/or Information, including, but not limited to, user account management procedures and the following controls:

a. Network access to both internal and external networked services shall be controlled, including, but not limited to, the use of industry standard and properly configured firewalls;

b. Operating systems will be used to enforce access controls to computer resources including, but not limited to, multi-factor authentication, use of virtual private networks (VPN), authorization, and event logging;

c. The Contractor will conduct regular, no less often than semi-annually, user access reviews to ensure that unnecessary and/or unused access to County Information is removed in a timely manner;

d. Applications will include access control to limit user access to County Information and application system functions;

e. All systems will be monitored to detect deviation from access control policies and identify suspicious activity. The Contractor shall record, review and act upon all events in accordance with Incident response policies set forth in Section 14 SECURITY AND PRIVACY INCIDENTS; and

f. In the event any hardware, storage media, or removable media (as described in Section 9 STORAGE AND TRANSMISSION OF COUNTY INFORMATION) must be disposed of or sent off-site for servicing, the Contractor shall ensure all County Information, has been eradicated from such hardware and/or media using industry best practices as discussed in Section 9 STORAGE AND TRANSMISSION OF COUNTY INFORMATION.

14. SECURITY AND PRIVACY INCIDENTS

In the event of a security or privacy Incident, the Contractor shall:

a. Promptly notify the County's Chief Information Security Officer, the Departmental Information Security Officer, and the County's Chief Privacy Officer of any Incidents involving County Information, within twenty-four (24) hours of detection of the Incident. All notifications shall be submitted via encrypted email and telephone.

County Chief Information Security Officer and Chief Privacy Officer email
CISO-CPO_Notify@lacounty.gov

Chief Information Security Officer:

Jeffrey Aguilar
Chief Information Security Officer
320 W Temple, 7th Floor
Los Angeles, CA 90012
(213) 253-5600

Chief Privacy Officer:
Lillian Russell
Chief Privacy Officer
320 W Temple, 7th Floor
Los Angeles, CA 90012
(213) 351-5363

Departmental Information Security Officer:
Sascha Schleumer
Departmental Information Security Officer
5555 Ferguson Dr, Suite 100-04
Commerce, CA 90022
213-251-6703
SSchleumer@ph.lacounty.gov

Departmental Privacy Officer:
Eleanor Lehnkering
Departmental Privacy Officer
5555 Ferguson Dr, Suite 100-04
E-mail: elehnkering@ph.lacounty.gov
Phone: 323-659-6417

b. Include the following Information in all notices:

- The date and time of discovery of the Incident,
- The approximate date and time of the Incident,
- A description of the type of County Information involved in the reported Incident, and
- A summary of the relevant facts, including a description of measures being taken to respond to and remediate the Incident, and any planned corrective actions as they are identified.
- The name and contact information for the organizations official representative(s), with relevant business and technical information relating to the incident.

c. Cooperate with the County to investigate the Incident and seek to identify the specific County Information involved in the Incident upon the County's written request, without charge, unless the Incident was caused by the acts or omissions of the County. As Information about the Incident is collected or otherwise becomes available to the Contractor, and unless prohibited by law, the Contractor shall provide Information regarding the nature and consequences of the Incident that are reasonably requested by the County to allow the County to notify affected individuals, government agencies, and/or credit bureaus.

d. Immediately initiate the appropriate portions of their Business Continuity and/or Disaster Recovery plans in the event of an Incident causing an interference with Information Technology operations.

e. Assist and cooperate with forensic investigators, the County, law firms, and and/or law enforcement agencies at the direction of the County to help determine the nature, extent, and source of any Incident, and reasonably assist and cooperate with the County on any additional disclosures that the County is required to make as a result of the Incident.

f. Allow the County or its third-party designee at the County's election to perform audits and tests of the Contractor's environment that may include, but are not limited to, interviews of relevant employees, review of documentation, or technical inspection of systems, as they relate to the receipt, maintenance, use, retention, and authorized destruction of County Information.

Notwithstanding any other provisions in this Agreement and Exhibit, The Contractor shall be (i) liable for all damages and fines, (ii) responsible for all corrective action, and (iii) responsible for all notifications arising from an Incident involving County Information caused by the Contractor's weaknesses, negligence, errors, or lack of Information Security or privacy controls or provisions.

15. NON-EXCLUSIVE EQUITABLE REMEDY

The Contractor acknowledges and agrees that due to the unique nature of County Information there can be no adequate remedy at law for any breach of its obligations hereunder, that any such breach may result in irreparable harm to the County, and therefore, that upon any such breach, the County will be entitled to appropriate equitable remedies, and may seek injunctive relief from a court of competent jurisdiction without the necessity of proving actual loss, in addition to whatever remedies are available within law or equity. Any breach of Section 6 CONFIDENTIALITY shall constitute a material breach of this Agreement and be grounds for immediate termination of this Agreement in the exclusive discretion of the County.

16. AUDIT AND INSPECTION

a. **Self-Audits.** The Contractor shall annually conduct audits, assessments, testing of the system of controls, and testing of Information security and privacy procedures, including penetration testing, intrusion detection, and firewall configuration reviews. These periodic audits will be conducted by staff certified to perform the specific audit in question at Contractor's sole cost and expense through either (i) an internal independent audit function, (ii) a nationally recognized, external, independent auditor, or (iii) another independent auditor approved by the County. A completed annual SOC2 audit for every year during the Term of this Agreement by Contractor will be sufficient to meet this requirement.

The Contractor shall have a process for correcting control deficiencies that have been identified in the annual audit, including follow up documentation providing evidence of such corrections. The Contractor shall provide the audit results and any corrective action documentation to the County promptly upon its completion at the County's request. With respect to any other report, certification, or audit or test results prepared or received by the Contractor that contains any County Information, the Contractor shall promptly provide the County with copies of the same upon the County's reasonable request, including identification of any failure or exception in the Contractor's Information systems, products, and services, and the corresponding steps taken by

the Contractor to mitigate such failure or exception. Any reports and related materials provided to the County pursuant to this Section shall be provided at no additional charge to the County.

b. **County Requested Audits.** At its own expense, the County, or an independent third-party auditor commissioned by the County, shall have the right to audit the Contractor's infrastructure, security and privacy practices, Data center, services and/or systems storing or processing County Information via an onsite inspection at least once a year. Upon the County's request the Contractor shall complete a questionnaire regarding Contractor's Information Security and/or program. The County shall pay for the County requested audit unless the auditor finds that the Contractor has materially breached this Exhibit, in which case the Contractor shall bear all costs of the audit**;** and if the audit reveals material non-compliance with this Exhibit, the County may exercise its termination rights underneath the Agreement.

Such audit shall be conducted during the Contractor's normal business hours with reasonable advance notice, in a manner that does not materially disrupt or otherwise unreasonably and adversely affect the Contractor's normal business operations. The County's request for the audit will specify the scope and areas (e.g., Administrative, Physical, and Technical) that are subject to the audit and may include, but are not limited to physical controls inspection, process reviews, policy reviews, evidence of external and internal Vulnerability scans, penetration test results, evidence of code reviews, and evidence of system configuration and audit log reviews. It is understood that the results may be filtered to remove the specific Information of other Contractor customers such as IP address, server names, etc. The Contractor shall cooperate with the County in the development of the scope and methodology for the audit, and the timing and implementation of the audit. This right of access shall extend to any regulators with oversight of the County. The Contractor agrees to comply with all reasonable recommendations that result from such inspections, tests, and audits within reasonable timeframes.

When not prohibited by law, regulation, the Contractor's agreements with other customers, or the Contractor's security policies and procedures, the Contractor will provide to the County a summary of: (i) the results of any security audits, security reviews, or other relevant audits, conducted by the Contractor or a third party that are relevant to the Contractor's obligations under this Exhibit I; and (ii) corrective actions or modifications, if any, the Contractor will implement in response to such audits.

17. PRIVACY AND SECURITY INDEMNIFICATION

In addition to the indemnification provisions in the Agreement, the Contractor agrees to indemnify, defend, and hold harmless the County Indemnitees from and against any and all claims, demands liabilities, damages, judgments, awards, losses, costs, expenses or fees including reasonable attorneys' fees, accounting and other expert, consulting or professional fees, and amounts paid in any settlement arising from, connected with, or relating to:

- The Contractor's violation of any federal and state laws in connection with its accessing, collecting, processing, storing, disclosing, or otherwise using County Information;
- The Contractor's failure to perform or comply with any terms and conditions of this Agreement or related agreements with the County; and/or,

- Any Information loss, breach of Confidentiality, or Incident involving any County Information that occurs on the Contractor's systems or networks (including all costs and expenses incurred by the County to remedy the effects of such loss, breach of Confidentiality, or Incident, which may include (i) providing appropriate notice to individuals and governmental authorities, (ii) responding to individuals' and governmental authorities' inquiries, (iii) providing credit monitoring to individuals, and (iv) conducting litigation and settlements with individuals and governmental authorities).

  Notwithstanding the preceding sentences, the County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel, including, without limitation, County Counsel, and shall be entitled to seek reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction or other equitable relief, or make any admission, in each case, on behalf of County without County's prior written approval.