LOS ANGELES COUNTY COMMISSION ON HIV

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May 15, 2015

Christina R. Ghaly, MD
Director of Health Integration
County of Los Angeles Chief Executive Office
726 Kenneth Hahn Hall of Administration
500 W. Temple Street
Los Angeles, CA 90012

RE: COMMENTS TO MARCH 30, 2015 DRAFT RESPONSE TO THE LOS ANGELES COUNTY BOARD OF SUPERVISORS REGARDING POSSIBLE CREATION OF A HEALTH AGENCY

Dear Dr. Ghaly:

Once again, we thank you for taking the time to address the Commission on HIV (Commission) directly and providing an opportunity for feedback and recommendations to the County's March 30, 2015 Draft Response to the Los Angeles County Board of Supervisors regarding possible creation of a health agency (Draft Report).

After thorough review and significant discussion of the March 30, 2015 Draft Report, the Commission respectfully requests consideration be given to strengthen language throughout the report to specifically delineate where persons living with HIV are mentioned with greater specificity. Moreover, the Commission respectfully requests that the key concepts behind most suggested edits and additions be stated in the following two main recommendations and incorporated into the Draft Report:

Recommendation No. 1: Creation of an Independent Community Integrated Health Advisory Commission

The Draft Report contemplates the creation of an advisory body that would inform and contribute to the effective development and operation of a health agency. But as consumers and providers have learned with experience over time, advice is often not enough to ensure responsiveness from government.

The Ryan White Care Act was a unique and brilliant piece of legislation that sought to ensure local government was responsive, and most importantly, *accountable*, to the community and consumers. Accountability was established by requiring local government to delegate the power of priority setting for services and allocation of resources for those services directly to the community through the mechanism of a community planning council. The Los Angeles County Board of Supervisors (BOS) enhanced this mechanism by delegating further oversight to its own local planning council for STD planning and prevention services and elevated the body to a full county commission. The Commission has played a critical role in assisting the BOS vet critical issues and provide clarity when complex issues needed a robust community engagement mechanism before policy determinations.

Establishing an independent community planning body, similar in scope and composition to the Commission, accountable directly to the BOS, is a key mechanism to ensure the establishment of a health agency meets the internal and external needs of consumers seeking effective, integrated services throughout Los Angeles County.

Recommendation No. 2: Assess and Incorporate the Role of Community Partners in Health Integration as Indispensable Components of County Service Delivery

The Draft Report is primarily an internally focused document. An opportunity exists however, to ensure the success of integration efforts by incorporating the critical assumption that County departmental services are, to a great extent, provided through and in conjunction with, community partners such as community clinics, community based organizations and other contracted providers.

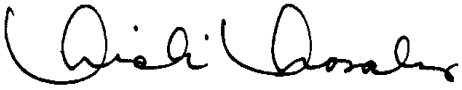
Post ACA, County has continued to enhance its role as a provider of specialty care, inherently reliant on the provision of primary care through FHQC partners. FQHCs are the entry point for many Los Angeles County residents seeking services within the contemplated fully integrated continuum of care. Efforts at integration on one side of any balanced system of care must be matched by the allowance and ability to integrate on the other. External integration will be critical to the success of the creation of health agency to fully integrate service delivery.

Community Partners have long advocated for this integration of service delivery. However, conflicting programmatic requirements, multiple and often redundant oversight functions, human resource allocation limited to one funding source alone, despite obvious administrative duplication, and consistent barriers to efficiency, effective service delivery create additional barriers to access for consumers. External integration for community partners will relieve administrative burden and improve/enhance the skills and efficacy of the delivery workforce where access occurs. This external integration will further enhance community partners' long history of effective consumer engagement for recruitment and retention in care.

Thank you once again for your time and effort to include the Commission in your planning process. We look forward to continued partnership with your office in creating an integrated delivery of care in Los Angeles County.

Sincerely,

Michael J. Johnson, Esq., Co-Chair
Los Angeles County Commission on HIV



Ricky Rosales, Co-Chair
Los Angeles County Commission on HIV

c: Board of Supervisors
Commission on HIV
Division of HIV and STD Programs (DHSP)