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## Monitoring and Improvement Plan

### Los Angeles County Comprehensive HIV Plan (2017-2021)

|                |   |
|----------------|---|
| REGION         | West  |
| PLAN TYPE      | EMA, Integrated city/county-only prevention and care plan |
| JURISDICTIONS  | Los Angeles County  |
| HIV PREVALENCE | High  |

LA's monitoring and improvement section is very strong. It provides detailed and concise information on the process of updating planning bodies/stakeholders on plan implementation and integrating feedback for plan improvement, as well as the plan to monitor and evaluate the implementation of the goals and SMART Objectives of the Integrated HIV Prevention and Care Plan. This section also includes information on the strategy for the use of data (surveillance and program/care data) to assess and improve health outcomes along the HIV Care Continuum which will be used to impact the quality of the HIV service delivery system, including strategic long-range planning.

#### SELECTION CRITERIA: MONITORING AND IMPROVEMENT PLAN

Exemplary monitoring and improvement plan sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- Description of the process of updating planning bodies/stakeholders on plan implementation and integrating feedback for plan improvement
- Description of the plan to monitoring and evaluate the implementation of the goals and SMART Objectives of the Integrated HIV Prevention and Care Plan
- Description/strategy of the use of data (surveillance and program/care data) to assess and improve health outcomes along the HIV Care Continuum which will be used to impact the quality of the HIV service delivery system, including strategic long-range planning



Additional exemplary plan sections are available online:  
[www.targetHIV.org/exemplary-integrated-plans](http://www.targetHIV.org/exemplary-integrated-plans)

## Section III: Monitoring and Improvement

### a. Process for regularly updating planning bodies and stakeholders.

The Los Angeles County's HIV planning body, 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 are updated on the progress of this plan. Formal updates will be scheduled quarterly. These updates will include progress on achieving the goals and SMART objectives outlined in Los Angeles County's implementation plan. Annually, the Commission on HIV and DHSP also convene a data summit for Commissioners, key stakeholders, and members of the community. The data summit may also be used as one of the quarterly update opportunities.

As part of the regular Commission on HIV meetings, there is time on the agenda for colloquia, which are opportunities for additional education for Commissioners. The Commission on HIV will use a minimum of two colloquia presentations to drill down and focus on one aspect of the plan's implementation (e.g., PrEP uptake, coordination with the housing continua of care in Los Angeles County). Individuals attending the colloquia will be asked to complete a presentation evaluation form, which will include at least one question on the information presented regarding the plan. Commission on HIV staff will collate the responses from these evaluations and present to the Priorities, Planning, and Allocations (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 is currently being redesigned, which will be used for updates on the plan. The Commission on HIV will post any presentation materials from the quarterly updates. They will also maintain a link to the plan dashboard, which will be comprised of the SMART objectives outlined in the plan. This dashboard will be updated as progress is reported, at least quarterly.

### b. Plan to monitor and evaluate implementation of the goals and SMART objectives.

DHSP and the Commission on HIV will work together to monitor and evaluate implementation of the goals and SMART objectives outlined in the implementation plan. The quarterly updates described above on progress being made will be used to update the dashboard that will be on the Commission on HIV website. This progress will be presented and discussed at Commission on HIV meetings quarterly. The Commission on HIV and DHSP will monitor progress yearly using the targets outlined in Table 34. This progress will be used to inform the annual update of the plan.

Los Angeles County chose to use several of the same targets outlined in the *NHAS Updated to 2020*. Based on the county's past experience, some of the indicators (e.g., linkage to care and retention in care) have changed minimally in the past five years. Thus, these targets represent "stretch" targets for the county. If the implementation plan outlined in Attachment C is successful, DHSP and the Commission on HIV expect to see greater change.

**Table 34. Yearly Targets for SMART Objectives**

| NHAS Goal and SMART Objective  |  | 2017                                 | 2018   | 2019     | 2020     | 2021                  |     |
|--|--|--------------------------------------|--------|----------|----------|-----------------------|-----|
| <b>1. Reduce New HIV Infections.</b>   |  |                                      |        |          |          |                       |     |
| 1.1  | By December 31, 2021, Los Angeles County will decrease the number of new HIV infections by at least 25%. <b>2010 Baseline: 2,117</b>   | 2,011                                | 1,905  | 1,799    | 1,694    | 1,588                 |     |
| 1.2  | By December 31, 2021, Los Angeles County will increase to 25,000 the number of high-risk HIV negative individuals accessing pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) as needed. <b>2016 Baseline: 4,000</b>   | 8,000                                | 12,000 | 16,000   | 20,000   | 25,000                |     |
| <b>2. Increase Access To Care And Improve Health Outcomes For People Living With HIV.</b>  |  |                                      |        |          |          |                       |     |
| 2.1  | By December 31, 2021, Los Angeles County will increase the percentage of newly diagnosed persons <i>linked</i> to HIV medical care within one month of their HIV diagnosis to at least 85%. <b>2014 Baseline: 71%</b>  | 73%                                  | 76%    | 79%      | 82%      | 85%                   |     |
| 2.2  | By December 31, 2021, Los Angeles County will increase the percentage of persons with diagnosed HIV infection who are <i>retained</i> in HIV medical care to at least 85%. <b>2014 Baseline: 59%</b>   | 64%                                  | 69%    | 74%      | 79%      | 85%                   |     |
| <b>3. Reduce HIV-Related Disparities and Health Inequities.</b>  |  |                                      |        |          |          |                       |     |
| 3.1  | By December 31, 2021, Los Angeles County will decrease the number of new HIV diagnoses by at least 30%.  | YMSM <b>2014 Baseline: 640</b>       | 640*   | 592      | 544      | 496                   | 448 |
|  |  | Blacks/African Americans 445         | 445*   | 412      | 379      | 346                   | 312 |
|  |  | Latino MSM 702                       | 702*   | 649      | 596      | 543                   | 491 |
|  |  | Transgender Persons 25               | 25*    | 24       | 22       | 20                    | 18  |
| 3.2  | By December 31, 2021, Los Angeles County will increase to 80% viral suppression.   | PWID <b>2014 Baseline: 48%</b>       | 54%    | 61%      | 67%      | 73%                   | 80% |
|  |  | Youth (18-29 years) 50%              | 56%    | 62%      | 68%      | 73%                   | 80% |
|  |  | Cisgender females 54%                | 59%    | 64%      | 70%      | 75%                   | 80% |
|  |  | Transgender persons 49%              | 55%    | 61%      | 67%      | 73%                   | 80% |
|  |  | Blacks/African Americans 48%         | 54%    | 61%      | 67%      | 73%                   | 80% |
|  |  | American Indians/ Alaska Natives 50% | 56%    | 62%      | 68%      | 73%                   | 80% |
| <b>4. Create a Collaborative System, Inclusive of Public and Private Sectors That Best Responds to HIV, STIs, and Social Determinants of Health.</b> |  |                                      |        |          |          |                       |     |
| 4.1  | By December 31, 2021, the Los Angeles County Division of HIV and STD Programs and/or the Los Angeles Commission on HIV will implement at least three (3) <i>internal efforts</i> to improve the coordination of HIV programs within the Los Angeles County Department of Health Services to increase coordination with key stakeholders. | 1 effort                             |        | 1 effort | 1 effort | Plan for next 5 years |     |
| 4.2  | By December 31, 2021, the Los Angeles County Division of HIV and STD Programs and/or the Los Angeles Commission on HIV will implement at least three (3) <i>external</i> efforts to improve the coordination of HIV programs within the Los Angeles County Department of Health Services to increase coordination with key stakeholders. | 1 effort                             |        | 1 effort | 1 effort | Plan for next 5 years |     |

\*In Year 1 of the implementation plan, there are no anticipated decreases in new diagnoses as DHSP and the

Commission on HIV are striving to diagnose the estimated 7,196 PLWH who are undiagnosed.

**c. Strategy to utilize surveillance and program data to assess and improve health outcomes along the HIV Care Continuum, which will be used to impact the quality of the HIV.**

DHSP and the Commission on HIV have used the surveillance-based HIV Care Continuum measures to assess and improve health outcomes for the past three years. The sophistication of the data available has improved over time and the county is beginning to trace the HIV Care Continuum outcomes for numerous subpopulations, especially by race/ethnicity to identify disparities. The most current HIV Care Continuum measures for multiple populations are presented in *Section I. A. b. HIV Care Continuum in Los Angeles County* of this plan. Available HIV Care Continuum data from Los Angeles County's Medical Monitoring Project (MMP) and its Ryan White Program clients through Casewatch has also been used. The HIV Care Continuum data from these datasets has been used extensively in the development of the implementation plan outlined in Attachment C. These data will continue to be used to monitor the plan based on Table 34.

The HIV Care Continuum data is only as good as the data that is entered into the surveillance system. Other jurisdictions across the nation have implemented robust data-to-care programs, which uses HIV surveillance data for identifying PLWH who are not in care and linking or re-engaging them into care. Seattle, Colorado, and Virginia have all learned that more than 50% of PLWH who are supposedly "not in care" are actually "in care." These programs have allowed jurisdictions to clean their data, thereby improving the quality of information that it describes. As part of this plan, Los Angeles County is proposing to develop a robust data-to-care program that will increase the accuracy of the HIV Care Continuum measures across all populations.