



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



Visit us online: <http://hiv.lacounty.gov>  
Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)  
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**EXECUTIVE COMMITTEE**  
**Meeting**  
**Thursday, March 28, 2024**  
**1:00PM – 3:00PM (PST)**  
**"Vermont Corridor"**  
**510 S. Vermont Avenue, 9<sup>th</sup> Floor, Terrace Conference Room**  
**Los Angeles, CA 90020**  
**\*\*Validated Parking Available @ 523 Shatto Place, LA\*\***  
Agenda and meeting materials will be posted on our website  
at <https://hiv.lacounty.gov/executive-committee>

*As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting to access the Terrace Conference Room (9th flr) where our meetings are held*

**For Members of the Public Who Wish to Join Virtually, Register Here:**

<https://lacountyboardofsupervisors.webex.com/weblink/register/rd3a653e984da4fb5fe85c35aec0061e0>

To Join by Telephone: 1-213-306-3065  
Password: EXECUTIVE    Access Code: 2531 194 6306

Scan QR code to download an electronic copy of the meeting agenda and packet on your smart device. Please note that hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste. *\*If meeting packet is not yet available, check back 2-3 days prior to meeting; meeting packet subject to change. Agendas will be posted 72 hours prior to meeting per Brown Act.*



**together.**  
**WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL**

Apply to become a Commission member at:  
<https://www.surveymonkey.com/r/COHMembershipApp>  
For application assistance, call (213) 738-2816 or email [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



## HYBRID MEETING GUIDELINES, ETIQUETTE & REMINDERS (Updated 3.22.23)

- This meeting is a **Brown-Act meeting** and is being recorded.
  - The conference room speakers are *extremely* sensitive and will pick up even the slightest of sounds, i.e., whispers. If you prefer that your private or side conversations, not be included in the meeting recording which, is accessible to the public, we respectfully request that you step outside of the room to engage in these conversations.
  - Turn off your ringers/notifications on your smart devices so as not to disrupt the meeting.
  - Your voice is important, and we want to ensure that it is captured accurately on the record. Please be respectful of one another and minimize crosstalk.
  
- The **meeting packet** can be found on the Commission's website at <https://hiv.lacounty.gov/meetings/> or accessed via the QR code provided. Hard copies of materials will not be provided in compliance with the County's green initiative to recycle and reduce waste.
  
- Please comply with the **Commission's Code of Conduct** located in the meeting packet
  
- Public Comment** for members of the public can be submitted in person, electronically @ [https://www.surveymonkey.com/r/public\\_comments](https://www.surveymonkey.com/r/public_comments) or via email at [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org). *For members of the public attending virtually, you may also submit your public comment via the Chat box. Should you wish to speak on the record, please use the "Raised Hand" feature or indicate your request in the Chat Box and staff will call upon and unmute you at the appropriate time. Please note that all attendees are muted unless otherwise unmuted by staff.*
  
- For individuals joining in person, to mitigate any potential streaming interference for those joining virtually, we respectfully ask that you **not simultaneously log into the virtual option of this meeting via WebEx.**
  
- Committee members invoking **AB 2449 for "Just Cause" or "Emergency Circumstances"** must communicate their intentions to staff and/or co-chairs no later than the start of the meeting. Members requesting to join pursuant to AB 2449 must have their audio and video on, at all times, and disclose whether there is a person over the age of 18 in the room in order to be counted toward quorum and have voting privileges. For members joining virtually due to "Emergency Circumstances", a vote will be conducted by the Committee/COH for approval.
  
- Members will be required to explicitly state their agency's **Ryan White Program Part A and/or CDC prevention conflicts of interest** on the record (versus referring to list in the packet). A list of conflicts can be found in the meeting packet and are recorded on the back of members' name plates, courtesy of staff.



## COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 3/7/24

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts. **\*An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.**

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	Jayda	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	T.H.E. Clinic, Inc.	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Biomedical HIV Prevention
CUEVAS	Sandra	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	Mary	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FERGUSON	Kerry	ViiV Healthcare	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	Arlene	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	Luckie	Invisible Men	No Ryan White or prevention contracts
GERSH	Lauren	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	David	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	Ismael "Ish"	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
<b>MARTINEZ (PP&amp;A Member)</b>	<b>Miguel</b>	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
<b>MAULTSBY</b>	<b>Leon</b>	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
<b>MINTLINE (SBP Member)</b>	<b>Mark</b>	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
<b>MURRAY</b>	<b>Derek</b>	City of West Hollywood	No Ryan White or prevention contracts
<b>NASH</b>	<b>Paul</b>	University of Southern California	Biomedical HIV Prevention
<b>NELSON</b>	<b>Katja</b>	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Residential Care Facility - Chronically Ill
Data to Care Services			
<b>OSORIO</b>	<b>Ronnie</b>	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PATEL	Byron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	Dechelle	AMAAD Institute	Community Engagement/EHE
ROBINSON	Erica	Health Matters Clinic	No Ryan White or prevention contracts
ROBINSON	Mallery	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
RUSSEL	Daryl	Unaffiliated consumer	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
SOLIS *	Juan	UCLA Labor Center	See attached subcontractor's list
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
TALLEY	Lambert	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	Jonathan	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts

**Division of HIV and STDs Contracted Community Services**

The following list and addendum present the conflicts of interest for Commission members who represent agencies with Part A/B and/or CDC HIV Prevention-funded service contracts and/or subcontracts with the County of Los Angeles. For a list of County-contracted agencies and subcontractors, please defer to Conflict of Interest & Affiliation Disclosure Form.

Service Category	Organization/Subcontractor
Mental Health	
Medical Specialty	
Oral Health	
AOM	
Case Management Home-Based	Libertana Home Health Caring Choice The Wright Home Care Cambrian Care Connection Envoy
Nutrition Support (Food Bank/Pantry Service)	AIDS Food Store Foothill AIDS Project JWCH Project Angel
Oral Health	Dostal Laboratories
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
STD-Ex.C	
Biomedical HIV Prevention Services	
Case Management Home-Based	Envoy Caring Choice Health Talent Strategies Hope International
Mental Health	
Vulnerable Populations (YMSM)	TWLMP
Nutrition Support (Food Bank/Pantry Service)	
Vulnerable Populations (Trans)	CHLA SJW
HTS - Storefront	LabLinc Mobile Testing Unit Contract
Vulnerable Populations (YMSM)	
AOM	
Vulnerable Populations (YMSM)	APAIT AMAAD
HTS - Storefront	Center for Health Justice Sunrise Community Counseling Center
STD Prevention	
HERR	

AOM	
STD Infertility Prevention and District 2	
Linkage to Care Service for Persons Living with HIV	EHE Mini Grants (MHF; Kavich- Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN Spanish Telehealth Mental Health Services Translation/Transcription Services Public Health Detailing HIV Workforce Development
Vulnerable Populations (YMSM)	Resilient Solutions Agency
Mental Health	Bienestar
Oral Health	USC School of Dentistry
Biomedical HIV Prevention Services	
<b>Service Category</b>	<b>Organization/Subcontractor</b>
Community Engagement and Related Services	AMAAD Program Evaluation Services Community Partner Agencies
Housing Assistance Services	Heluna Health
AOM	Barton & Associates
Vulnerable Populations (YMSM)	Bienestar CHLA The Walls Las Memorias Black AIDS Institute
Vulnerable Populations (Trans)	Special Services for Groups Translatin@ Coalition CHLA
AOM	AMMD (Medical Services)
Biomedical HIV Prevention Services	
Vulnerable Populations (YMSM)	
Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Case Management Home-Based	Caring Choice Envoy
AOM	
Mental Health	
STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	

Service Category	Organization/Subcontractor
Residential Facility For the Chronically Ill (RCFCI)	
Transitional Residential Care Facility (TRCF)	
HTS - Social and Sexual Networks	Black AIDS Institute
AOM	
Case Management Home-Based	Envoy Cambrian Caring Choice
Oral Health	Dental Laboratory
AOM	
HTS - Storefront	
HTS - Social and Sexual Networks	
AOM	New Health Consultant
Case Management Home-Based	Always Right Home Envoy
Mental Health	
Oral Health-Endo	
Oral Health-Gen.	
Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech Biopsies - Pacific Oral Pathology
Oral Health-Gen.	Patient Lab Services
AOM	UCLA
Benefit Specialty	UCLA
Medical Care Coordination	UCLA
Oral Health	



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MAIN: 213.738.2816 EML: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <https://hiv.lacounty.gov>

## AGENDA FOR THE **REGULAR** MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV EXECUTIVE COMMITTEE

**THURSDAY, MARCH 28, 2024 | 1:00PM-3:00PM**

510 S. Vermont Ave, Terrace Level Conference, Los Angeles, CA 90020  
*Validated Parking: 523 Shatto Place, Los Angeles 90020*

*\*As a building security protocol, attendees entering the building must notify the parking attendant and security personnel that they are attending a Commission on HIV meeting in order to access the Terrace Conference Room (9th flr) where our meetings are held.*

### MEMBERS OF THE PUBLIC:

**To Register + Join by Computer:**

<https://lacountyboardofsupervisors.webex.com/weblink/register/rd3a653e984da4fb5fe85c35aec0061e0>

To Join by Telephone: 1-213-306-3065

Password: EXECUTIVE Access Code: 2531 194 6306

EXECUTIVE COMMITTEE MEMBERS			
<i>Luckie Fuller, Co-Chair (LOA)</i>	<i>Danielle Campbell, PhDc, MPH Co-Chair</i>	<i>Joseph Green, Co-Chair Pro Tem</i>	Miguel Alvarez (Executive At-Large)
Erika Davies	Kevin Donnelly	Felipé Gonzalez	Lee Kochems, MA
Katja Nelson, MPP	Mario J. Pérez, MPH	Kevin Stalter	Justin Valero, MPA
<b>QUORUM: 6</b>			

**AGENDA POSTED:** March 21, 2024

**SUPPORTING DOCUMENTATION:** Supporting documentation can be obtained via the Commission on HIV Website at: <http://hiv.lacounty.gov> or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. *\*Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may submit in person, email to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) , or submit electronically [here](#). All Public

Comments will be made part of the official record.

**ACCOMMODATIONS:** Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours’ notice before the meeting date. To arrange for these services, please contact the Commission Office at (213) 738-2816 or via email at [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org).

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org), por lo menos setenta y dos horas antes de la junta.

**ATTENTION:** Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

**I. ADMINISTRATIVE MATTERS**

- |  |                   |
|--|-------------------|
| 1. Call to Order & Meeting Guidelines/Reminders                | 1:00 PM – 1:03 PM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements | 1:03 PM – 1:05 PM |
| 3. Approval of Agenda <b>MOTION #1</b>                         | 1:05 PM – 1:07 PM |
| 4. Approval of Meeting Minutes <b>MOTION #2</b>                | 1:07 PM – 1:10 PM |

**II. PUBLIC COMMENT**

1:10 PM – 1:13 PM

5. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking [here](#), or by emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

**III. COMMITTEE NEW BUSINESS ITEMS**

1:13 PM – 1:15 PM

6. Opportunity for Commission members to recommend new business items for the full body or a committee level discussion on non-agendized Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda.

**IV. REPORTS**

- 7. Executive Director/Staff Report** 1:15 PM – 1:25 PM

A. Commission (COH)/County Operational Updates

- (1) [2023 Annual Report](#)
- (2) 2024 Proposed COH Meeting Schedule
- (3) 2024 Annual Conference Planning Workgroup
- (4) Health Resources and Services Administration (HRSA) Technical Assistance (TA) Site Visit May 20-23 -- What TA support requests would you like to submit to HRSA?

**8. Co-Chair Report**

1:25 PM – 1:40 PM

- A. Commissioner Commitments: How are you fulfilling your role/responsibilities as a commissioner?
- B. March 14, 2024 COH Meeting | FOLLOW UP & FEEDBACK
- C. April 11, 2024 COH Meeting Agenda Development
  - a. Meeting Location: MLK Behavioral Health Center (BHC)
  - b. Housing Resource Expert Panel and Discussion
- D. Conferences, Meetings & Trainings | OPEN FEEDBACK
  - a. [2024 International AIDS Conference](#) (July 22-24, 2024)
  - b. [2024 NMAC Biomedical Prevention Summit](#) (April 19-20, 2024)
  - c. [National Ryan White Conference](#) (August 20-23, 2024)
- E. Member Vacancies & Recruitment

**9. Division of HIV and STD Programs (DHSP) Report**

1:40 PM – 1:55 PM

- A. Fiscal, Programmatic and Procurement Updates
  - (1) Ryan White Program (RWP) Part A & MAI, and CDC/Ending the HIV Epidemic (EHE)
  - (2) Fiscal
  - (3) Mpox | UPDATES

**10. Standing Committee Report**

1:55 PM – 2:35 PM

- A. Operations Committee
  - (1) Membership Management
    - a. SEAT VACATE | Juan Solis, Alternate **MOTION #3**
    - b. **Alternate Seat Movement** | Dechelle Richardson | Seat #27, Alternate, to Seat #16 Provider Representative #6 **MOTION #4**
    - c. **Alternate Seat Movement** | Erica Robinson | Seat #33, Alternate, to Seat #46 HIV Stakeholder Representative #3 **MOTION #5**
    - d. **Alternate Seat Movement** | Ronnie Osorio | Seat #25, Alternate, to Seat #47 HIV Stakeholder Representative #4 **MOTION #6**
    - e. **NEW MEMBER APPLICATION** | Matthew Muhonen | Seat #41 Representative, HOPWA **MOTION #7**
    - f. **NEW MEMBER APPLICATION: Michael Euring, Unaffiliated Consumer** **MOTION #8**
  - (2) Policies & Procedures
    - a. Bylaws Proposed Changes | UPDATES
  - (3) Assessment of the Administrative Mechanism | UPDATE
  - (4) [2024 Training Schedule](#)
  - (5) Recruitment, Retention & Engagement
- B. Standards and Best Practices (SBP) Committee
  - (1) Prevention Services Standards **MOTION #9**

**10. Standing Committee Report (cont'd)**

1:55 PM – 2:35 PM

- C. Planning, Priorities and Allocations (PP&A) Committee
  - (1) Priority Setting & Resource Allocation (PSRA) Overview & Policy

(2) Status Neutral & Prevention Planning Implementation

D. Public Policy Committee (PPC)

(1) Federal, State, County Policy & Budget

- a. 2024 Legislative Docket
- b. 2024 Policies Priority
- c. DPH Memo in response to STD Board of Supervisors (BOS) motion

**11. Caucus, Task Force, and Work Group Reports:**

2:35 PM – 2:50 PM

- A. Aging Caucus
- B. Black/AA Caucus
- C. Consumer Caucus
- D. Transgender Caucus
- E. Women’s Caucus
- F. Bylaws Review Taskforce
- H. Prevention Planning Workgroup

**V. NEXT STEPS**

2:50 PM – 2:55 PM

- 12. Task/Assignments Recap
- 13. Agenda development for the next meeting

**VI. ANNOUNCEMENTS**

2:55 AM – 3:00 PM

- 14. Opportunity for members of the public and the committee to make announcements

**VII. ADJOURNMENT**

3:00 PM

- 15. Adjournment for the meeting of March 28, 2024.

**PROPOSED MOTIONS**

<b>MOTION #1</b>	Approve the Agenda Order as presented or revised.
<b>MOTION #2</b>	Approve the meeting minutes, as presented or revised.
<b>MOTION #3</b>	Approve seat vacate for Juan Solis, Alternate, as presented or revised, and forward to the Board of Supervisors for final vacate.
<b>MOTION #4</b>	Approve alternate seat movement for Dechelle Richardson to Seat #16 Provider Seat #6, as presented or revised and forward to the full body at its April 11, 2024 Commission meeting.
<b>MOTION #5</b>	Approve alternate seat movement for Erica Robinson to Seat #46 HIV Stakeholder Representative #3, as presented or revised and forward to the full body at its April 11, 2024 Commission meeting
<b>MOTION #6</b>	Approve alternate seat movement for Ronnie Osorio to Seat #47 HIV Stakeholder Representative #4, as presented or revised and forward to the full body at its April 11, 2024 Commission meeting

<b>MOTION #7</b>	Approve new member application for Matthew Muhonen, Seat #41 HOPWA Representative, as presented or revised and forward to the full body at its April 11, 2024 Commission meeting.
<b>MOTION #8</b>	Approve new member application for Michael Euring, Seat #22, Unaffiliated Consumer SPA 4, as presented or revised and forward to the full body at its April 11, 2024 Commission meeting.
<b>MOTION #9</b>	Approve Prevention Service Standards, as presented or revised, and forward to full body at its April 11, 2024 Commission meeting.



510 S. Vermont Ave. 14th Floor • Los Angeles, CA 90020  
TEL : (213) 738-2816 EML: HIVCOMM@LACHIV.ORG WEB: http://hiv.lacounty.gov

*Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission’s website and may be corrected up to one year after approval. Meeting recordings are available upon request.*

## EXECUTIVE COMMITTEE MEETING MINUTES February 22, 2024

COMMITTEE MEMBERS			
P = Present   A = Absent   EA=Excused Absence   AB2449=Virtual			
Luckie Fuller, Co-Chair (LOA)	EA	Kevin Donnelly	P (AB2440)
Joseph Green, Co-Chair, Pro Tem	P	Lee Kochems, MA	P
Danielle Campbell, PhDC, MPH	P	Katja Nelson, MPP	P
Miguel Alvarez (EXEC At-Large)	P	Mario J. Pérez, MPH	P
Al Ballesteros, MBA	A	Kevin Stalter	P
Erika Davies	EA	Justin Valero	P
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, DACM			
DHSP STAFF			
No other DHSP staff in attendance			

Meeting agenda and materials can be found on the Commission’s website [HERE](#)

### I. ADMINISTRATIVE MATTERS

#### 1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

Joseph Green, COH Co-Chair Pro Tem, commenced the Executive Committee meeting at around 1:03PM and provided an overview of the meeting guidelines.

#### 2. INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS

J. Green initiated introductions and requested that Committee members their state conflicts of interest. Cheryl Barrit, MPIA, Executive Director, led roll call.

**ROLL CALL (PRESENT):** Miguel Alvarez, Lee Kochems, Felipe Gonzalez, Kevin Stalter, Justin Valero, Danielle Campbell, and Joseph Green.

## Executive Committee Minutes

February 22, 2024

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### 2. APPROVAL OF AGENDA

**MOTION #2:** Approve the Agenda Order, as presented or revised. *(Approved by Consensus).*

### 3. APPROVAL OF MEETING MINUTES

**MOTION #3:** Approve the Executive Committee minutes, as presented or revised. *(Approved by Consensus.)*

## II. PUBLIC COMMENT

### 4. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.

Michael Pitken shared his personal experience in the challenges met while attempting to access housing and supportive services upon relocation to Los Angeles County.

## III. COMMITTEE NEW BUSINESS ITEMS

### 5. OPPORTUNITY FOR COMMITTEE MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.

*No committee new business items.*

## IV. REPORTS

### 6. EXECUTIVE DIRECTOR/STAFF REPORT

#### A. Commission (COH)/County Operational Updates

##### (1) 2023 Annual Report Planning

Chery Barrit, MPIA, Executive Director, reminded the Committee that the draft 2023 Annual Report is available for review and feedback. The report is slated for submission to the Board of Supervisors (BOS) by February 29, 2024, necessitating feedback no later than February 26, 2024. The finalized version will subsequently be submitted to the BOS and made accessible on the COH's website.

- J. Green encouraged the Committee to review the draft report and offer feedback, especially sections that are applicable to their respective committees or working units.

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### **V. REPORTS**

#### **7. EXECUTIVE DIRECTOR/STAFF REPORT**

##### **A. Commission (COH)/County Operational Updates (cont'd)**

##### **(2) 2024 Meeting Schedule Review**

C. Barrit reviewed the proposed 2024 Meeting Schedule for the Committee's input and noted the following:

- Meeting schedule is a living document, serving as a framework to guide the COH's planning, prioritizing key topics as recommended by the COH and Committees, relevant to ending the HIV epidemic and enhancing meeting effectiveness and efficiency.
- Due to the extensive housing discussion at the February COH meeting, HOPWA representatives are considering splitting the data section into two reports, making the series a 4-part report. The final presentation will focus on community stakeholder input which will include other housing representatives outside of HOPWA to include a representative from the Los Angeles Housing Department, Section 8, and the CEO's Homeless Initiative.
  - Committee to discuss strategies of integrating housing planning across all committees and working groups, i.e., establish a community-wide housing taskforce.
  - Consumer Caucus expressed interest in establishing a consumer-focused housing taskforce.
  - Form a planning workgroup to determine goals, objectives, purpose, and desired outcomes of a housing taskforce.
    - Must be comprehensive and include a broad representation of stakeholders to address the larger system, i.e., LACHAC 2.0
    - Consumer voice must be at the forefront of planning and engagement
    - Various tracts of focus – unhoused, at-risk, 50+, homeless, couch surfers, etc. Identify issues that contribute to homelessness, i.e., social determinants of health, employment, etc.
    - Identify external groups with housing expertise beyond HIV and actively engage them, rather than solely relying on them to seek us out.
  - Concerns were raised about diverting COH's energy and resources towards matters beyond its jurisdiction and scope. It was emphasized that COH should concentrate on matters within its mandate, such as coordination,

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- data analysis, streamlining processes, and offering recommendations for improvement.
- Suggestion to convene the HOPWA housing presentations before determining COH response and next steps, i.e., establishing a community-wide housing task force.
- Historically, July meetings have been cancelled to offer a brief reprieve for those planning vacations.
- The March 14 and April 11 COH meetings will be held at the MLK BHC; more information to follow.
- Recommendations from Committee included:
  - Add comprehensive Ryan White Program Parts and Cities, Health Districts, Service Planning Area (SPA) Reports
  - Include a comprehensive Ending the HIV Epidemic (EHE) presentation to showcase the efforts of the EHE. It was noted that ongoing information sharing is not common practice, and updates are typically only received during EHE Townhalls.
  - Add an activity for Indigenous People's Day, Indigenous Heritage Day, or National Native HIV/AIDS Awareness Day. The Parity, Inclusiveness and Reflectiveness (PIR) table reflects that the indigenous community is underrepresented therefore more intentional planning to be inclusive is necessary.
  - As part of the June COH topical discussion, invite LA County health plans and private health plans to the table.

### **(3) 2024 Annual Conference Planning Workgroup**

C. Barrit proposed forming a planning workgroup to brainstorm topics of interest for the 2024 Annual Conference. An email will be sent out to recruit volunteers.

### **(4) Commissioner Commitments**

C. Barrit directed the Committee to review the Member Duty Statement in the meeting packet to refresh their understanding of their roles and responsibilities as Commissioners.

### **(5) Hybrid Meetings: Challenges & Solutions | UPDATES**

C. Barrit requested that all chairs remind their committee members of the hybrid meeting guidelines and etiquette to promote more efficient and productive meetings.

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### **(6) COH Affiliation & Disclosure & PIR Forms | REMINDER**

C. Barrit reminded everyone to submit their affiliation and PIR forms if they haven't already done so.

### **(7) Draft BOS Letter Re: HIV and STI Funding**

Following members' request at the February 8th COH meeting to draft a letter to the BOS regarding community concerns about potential cuts to HIV and STI funding, C. Barrit directed members to review the draft letter included in the packet and provide feedback. Feedback received included the suggestion to include specific details on protecting funding while emphasizing the need for increased federal funding through programs such as HOPWA, RWP, and PEPFAR. Additionally, there was a request to seek feedback from the BOS on their actions regarding this matter.

## **7. Co-Chair Report**

### **A. February 8, 2024 COH Meeting | FOLLOW UP & FEEDBACK**

- Overall appreciation was expressed in how the Co-Chairs managed the meeting by incorporating comment cards, enforcing 2 minutes of comments for both members and public, and allowing only one round of comments.
- Members commented that the NBHAAD presentation was well coordinated and that the Black Caucus did an excellent job.
- Concerns expressed towards those who did not vote to extend the meeting given the importance and priority of the topic (housing).
  - Mario J. Pérez expressed frustration towards those who voted not to extend the meeting given the topic and the impact it has on consumers.
  - Lee Kochems shared similar frustrations towards those who voted not to extend the meeting given the urgency of the topic.
  - D. Campbell stressed the importance of individuals voting according to their conscience, free from criticism or vilification. D. Campbell noted that there was great consideration given to past grievances regarding meeting length which has imposed upon the Consumer Caucus which meets immediately following the COH meeting.
- Recommendation to rotate hearing comments from attendees joining in-person and virtually to ensure equitable participation.
- Allocate sufficient time for hot topics such as housing as it requires more time and attention.
- Address committee reports at the beginning of the agenda.
- Concerns expressed with “double-booking” presentations for the same meeting, suggestion that only one presentation per meeting should be considered.

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### B. March 14, 2024 COH Meeting Agenda Development

The Committee reviewed the agenda proposal for the March 14, 2024 meeting.

### C. Conferences, Meetings & Trainings | OPEN FEEDBACK

(1) [2024 International AIDS Conference](#) (July 22-24, 2024)

(2) [2024 NMAC Biomedical Prevention Summit](#) (April 19-20, 2024)

(3) [2024 National Ryan White Conference](#) (August 20-23, 2024)

D. **Member Vacancies & Recruitment** *Refer to Operations Committee report.*

## 8. Division of HIV and STD Programs (DHSP) Report

### A. Fiscal, Programmatic and Procurement Updates

#### (1) Ryan White Program (RWP) Part A & MAI

Mario J. Pérez, MPH, Director (DHSP), provided the following reports, key highlights, and updates:

- A coalition of national organizations, including NASTAD, is leading a congressional appeal for \$110 million, in line with previous funding levels. This appeal aims to challenge a proposed appropriations bill that drastically reduces funding for vital public health programs targeting HIV/AIDS. Additionally, the bill eliminates funding for the CDC's EHE initiative.
- Offered a recommendation that COH's "fine-tune" its letter to the BOS regarding preserving STI and HIV funding to be "less ambiguous" by calling out threats to federal HIV and STD funding and requesting BOS support via federal advocacy to preserve funding for HIV and related services.
- The BOS continues to prioritize and advocate for STD funding and will double-down on its advocacy during their week-long annual visit to Washington DC.
- Following an extensive 2.5 hours of case management with a family who expressed dissatisfaction with the services provided during the February 8<sup>th</sup> COH meeting, despite efforts from supporting agencies to prevent eviction, the family's refusal to provide necessary documentation ultimately resulted in eviction. However, alternative housing arrangements have been secured.
- DHSP is in the process of expanding its STD portfolio by adding new contracts. This project is expected to take about a year to complete, involving the establishment and review of performance and cost data associated with the new Requests for Proposals (RFPs).
- DHSP anticipates an 8% reduction (around \$1.8 million) in EHE funding. Currently, DHSP is reviewing the CDC's updated guidance and regulations and will subsequently draft its plan for submission.

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- DHSP has identified a potential new vendor to overhaul CaseWatch, a process that may take a couple of years to complete. M. Pérez reported that there are no plans to utilize another case management system.
- In response to an inquiry about the impending expiration of the utility moratorium in April 2024, M. Pérez mentioned that he would work with staff to explore ways to assist those who might be affected.
- M. Pérez thanked the COH and the Planning, Priorities & Allocations (PP&A) Committee for a productive February 20<sup>th</sup> meeting.

### 9. Standing Committee Reports

**A. Operations Committee** Justin Valero, Co-Chair, reported the following:

#### (1) Membership Management

##### a. New Membership Applications

- Bridget Gordon | Unaffiliated Consumer, Sup. District 2 (Seat #28) **MOTION #3** (Approved✓ thru Roll Call: MAlvarez, KDonnelly, FGonzalez, LKochems, KNelson, KStalter, JValtero, JGreen and DCampbell; MPeréz (Abstain))
- Alasdair Burton | HIV Stakeholder #1 (Seat #44) **MOTION #4** (Approved✓ thru Roll Call: MAlvarez, KDonnelly, FGonzalez, LKochems, KNelson, KStalter, JValtero, JGreen and DCampbell; MPeréz (Abstain))
- Alexander Luckie Fuller | Provider Rep #7 (Seat #17) **MOTION #5** (Approved✓ thru Roll Call: MAlvarez, KDonnelly, FGonzalez, LKochems, KNelson, KStalter, JValtero, JGreen and DCampbell; MPeréz (Abstain))
- Jose Magaña | Provider Rep #1 (Seat #11) **MOTION #6** (Approved✓ thru Roll Call: MAlvarez, KDonnelly, FGonzalez, LKochems, KNelson, KStalter, JValtero, JGreen and DCampbell; MPeréz (Abstain))

##### b. Attendance Review

Sonja Wright, COH staff, reported that attendance letters were sent to Pearl Doan and Juan Solis as directed by the Operations Committee. P. Doan subsequently resigned stating she is no longer residing in the state. J. Solis' response is still pending.

#### (2) Policies & Procedures

##### a. Proposed Bylaws Updates | [Public Comment Period: February 12-March 13, 2024](#)

The proposed changes to the Bylaws are out for public comment until March 13, 2024.

#### (3) Assessment of the Administrative Mechanism | UPDATE

Collaborative Research, LLC met with the Operations Committee during its meeting today to formally introduce themselves and kick off the activities of the PY 32 AAM.

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### (4) [2024 Training Schedule](#)

Refer to the schedule for the 2024 training series. All presentations and recordings are uploaded to the COH's website following each training.

### (5) **Recruitment, Retention & Engagement**

The Committee remains committed to actively promoting recruitment and engagement initiatives across the COH's diverse range of events and meetings. There will be a heightened focus on increasing promotion efforts aimed at the Trans and Indigenous communities, in alignment with the COH's reflectiveness table.

### **B. Standards and Best Practices (SBP) Committee** *No updates reported.*

### **C. Planning, Priorities and Allocations (PP&A) Committee**

Kevin Donnelly, PP&A Co-Chair, reported the following key highlights and updates:

- Committee reviewed and discussed the updated Priority Setting and Resource Allocation (PSRA) process and policy, focusing on increasing Consumer Caucus engagement and participation in the PSRA process.
- Committee approved the HIV & STI Status Neutral Service Delivery Framework and is working with the SBP Committee to include in the Prevention Service Standards.
- Committee will focus on prevention planning at its March meeting.
- Victor Scott (DHSP) presented on the PY 33 expenditure report and noted that DHSP is working towards closing out PY 33 and will thereafter present a final expenditure report.
- Committee reviewed DHSP's solicitation schedule.

### **D. Public Policy Committee (PPC)**

Katja Nelson, PPC Committee Co-Chair, reported the following key highlights and updates:

#### **(1) Federal, State, County Policy & Budget**

- 2024 Legislative Docket** Committee is in process of developing its 2024 docket.
  - 2023-2024 Policies Priority** Committee is in the process of reviewing and updating its 2024 Policy Priorities.
  - DPH Memo in response to STD Board of Supervisors (BOS) motion**  
*Refer to earlier discussion regarding the draft BOS letter.*
- Continued reminders for members' participation in Health Deputy and BOS meetings are sent out by COH staff, encouraging public comments to champion COH and HIV-related initiatives.
  - The next PPC meeting will be on March 4, 2024 and will be an extended meeting (1-4PM)

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### 10. Caucus, Task Force, and Work Group Reports

#### A. Aging Caucus

K. Donnelly, Aging Caucus Co-Chair, noted a strong attendance at the last Caucus meeting. Grissel Sanchos from AltaMed provided valuable insights on PACE centers, offering assistance to People Living with HIV (PLWH) in managing medical appointments. Additionally, efforts are underway to secure a presentation by Dr. Paul Nash on isolation and loneliness. The next Caucus meeting will be on April 22, 2024.

#### B. Black/AA Caucus

D. Campbell, Black Caucus Co-Chair, highlighted the successful NBHAAD presentation delivered at the February 8th COH meeting, which received positive feedback. The Caucus is actively planning Community Listening Sessions, with the first session dedicated to the faith-based community confirmed for April 26th from 6-8 PM. Additionally, DHSP provided updates on the organizational needs assessment during the Caucus's recent meeting.

#### C. Consumer Caucus

D. Mc Clendon, COH staff, reported that the Caucus continues to focus on developing its 2024 workplan, incorporating discussions from its December 2023 retreat and subsequent discussions. The Caucus intends to align its first quarter meetings with the COH's housing discussions and has expressed interest in establishing a consumer-focused housing taskforce. The March and April Consumer Caucus meetings will be in-person only held at the Drew CARES Clinic; more details to follow.

#### D. Transgender Caucus

C. Barrit reported that the Caucus is developing its 2024 workplan and will work with the Public Policy Committee in lifting policies that impact the rights of the Trans community and elevating issues around harm reduction.

#### E. Women's Caucus

Lizette Martinez, COH staff, reported that the Caucus last met on January 22, 2024 and reviewed its 2024 workplan which includes collaboration with the Aging Caucus and developing its virtual Lunch & Learn (VLL) series; the first VLL proposal will focus on medication adherence for some time in April or May. The Caucus is planning a National Women & Girls HIV/AIDS Awareness Day (NWGHAAD) presentation at the February 8<sup>th</sup> COH meeting.

#### F. Bylaws Review Taskforce *Refer to Operations Committee Report.*

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### **V. NEXT STEPS**

#### **11. Task/Assignments Recap**

- Members to provide feedback on the draft Annual Report
- Members to provide feedback on draft letter to BOS re: HIV and STI funding
- Staff to update 2024 proposed meeting schedule

#### **12. Agenda development for the next meeting *Refer to minutes.***

### **VI. ANNOUNCEMENTS**

#### **13. Opportunity for members of the public and the committee to make announcements**

### **VII. ADJOURNMENT**

Adjournment for the meeting of February 22, 2024 @ 3:00PM.

DRAFT

**Los Angeles County Commission on HIV (COH)  
Meeting Schedule and Topics - Commission Meetings**

Versions: 01.18.24; 01.26.24; 02.12.24; 03.03.24; 03.18.24

**FOR DISCUSSION /PLANNING PURPOSES ONLY**

- **Bylaws:** Section 5. Regular meetings. In accordance with Los Angeles County Code 3.29.060 (Meetings and committees), the Commission shall meet at least ten (10) times per year. Commission meetings are monthly, unless cancelled, at a time and place to be designated by the Co-Chairs or the Executive Committee. The Commission’s Annual Meeting replaces one of the regularly scheduled monthly meetings during the fall of the calendar year.

Meeting Schedule and Topics - Commission Meetings		
	Month	Community Discussion Topic
HOUSING	2/8/24 @ St. Anne’s Conference Center	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program and Service Overview (Part 1)
	3/14/24 @ MLK BHC	City of Los Angeles Housing Opportunities for People with AIDS (HOPWA) Program Client Demographics and Service Data (Part 2)
	4/11/24 @ MLK BHC	Housing Resource Expert Panel and Discussion Discuss key program successes, challenges and best practices for coordinated planning and resource sharing. HOPWA, DHSP, LAHSA, County CEO’s Homeless Initiative, CHIRP LA, Section 8.
	5/9/24 @ Vermont Corridor	Part F (longer report on staffing and programmatic changes)
STI	6/13/24 @ Vermont Corridor	Mobilizing County-wide STI Response Key Partners Roundtable DHSP, DHS, Community Clinics, Health Plans, ETE Coalition
	7/11/24 @ Vermont Corridor	City Representatives Reports and Discussion
MH + SA	8/8/24 @ TBD	Leveraging Mental Health and Substance Use Programs and Partnerships DMH, SAPC

	9/12/24 @ TBD	HIV and Aging ( Collaborative panel/presentation with Aging and Women’s Caucus)
	10/10/24 @ TBD	CANCEL
	11/14/24 @ TBD	ANNUAL CONFERENCE
	12/12/24 @ TBD	CANCEL

**Potential Topics/Wish List: Could be components of the Annual Conference**

1. Planning Council Community Review – Aligning Expectations, Duties, and Improving Overall Effectiveness/Impact (Part of Annual Conference?)
2. AMAAD Institute’s HIV.E Community Engagement Program (August?)
3. Aging and Isolation (presentation from Dr. Nash; Sept?)
4. Housing (ongoing)
5. National HIV Awareness Days-Related Presentations
6. Comprehensive HIV Plan Temperature Check
7. Linkage and Retention Program (LRP) Service Utilization Report (consult with DHSP regarding month)
8. EHE- How are we doing with meeting our goals?
9. Bylaws update (integrated in agenda)
10. Indigenous communities and HIV



## **LOS ANGELES COUNTY COMMISSION ON HIV**

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www.hivcommission-la.info

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### **DUTY STATEMENT, COMMISSIONER (subject to change)**

#### **POLICY:**

- 1) Candidates for membership on the Commission on HIV must complete a membership application and are evaluated/scored by the Commission's Operations Committee, consistent with Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nomination Process*). The Operations Committee recommends candidates for membership to the Commission, which, in turn nominates them to the Board of Supervisors by a majority vote. The Board of Supervisors is responsible for appointing members to the Commission.

**DUTIES AND RESPONSIBILITIES:** In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership:

#### **1. Representation/Accountability:**

- Possess a thorough knowledge of HIV/AIDS/STI issues and affected communities, and the organization or constituency the member represents;
- Continually and consistently convey two-way information and communication between the organization/constituency the member represents and the Commission;
- Provide the perspective of the organization/constituency the member represents and the Commission to other, relevant organizations regardless of the member's personal viewpoint;
- Participate and cast votes in a manner that is best for the entire County, regardless of the personal opinions of the member personal or the interests/opinions of the organization/constituency the member represents.

## **2 Commitment/Participation:**

- a) Commitment to fill a full two-year Commission term.
- b) A pledge to:
  - respect the views of other members and stakeholders, regardless of race, ethnicity, sexual orientation, HIV status or other factors;
  - comply with "Robert's Rules of Order, Newly Revised", the Ralph M. Brown Act, the Commission's Code of Conduct and applicable HIPAA rules and requirements;
  - consider the views of others with an open mind;
  - actively and regularly participate in the ongoing decision-making processes; and
  - support and promote decisions resolved and made by the Commission when representing the Commission.
- c) A commitment to devote a minimum of ten hours per month to Commission/committee attendance, preparation and other work as required by your Commission membership.
- d) Each year of the two-year term, the Commissioner is expected to attend\* and participate in, at a minimum, these activities:
  - Two all-day Commission orientation meetings (*first year only*) and assorted orientations and trainings of shorter length throughout the year;
  - One to two half-day County commission orientations (*alternate years*);
  - One half- to full-day Commission meeting monthly;
  - One two- to three-hour committee meeting once a month;
  - All relevant priority- and allocation-setting meetings;
  - One all-day Commission Annual Meeting in the Fall;
  - Assorted voluntary workgroups, task forces and special meetings as required due to committee assignment and for other Commission business.

*\*Stipulation: Failure to attend the required meetings may result in a Commissioner's removal from the body.*

## **3 Knowledge/Skills:**

- a) A commitment to constantly develop, build, enhance and expand knowledge about the following topics:
  - general information about HIV/STIs and its impact on the local community;
  - a comprehensive HIV/STI continuum of care/prevention services, low-income support services, and health and human service delivery;
  - the Commission's annual HIV service priorities, allocations and plans;
  - the Ryan White Program, County health service and Medicaid information and other information related to funding and service support.



# 2024 MEMBERSHIP ROSTER | UPDATED 3.21.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<b>Vacant</b>		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative			<b>Vacant</b>	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP *Non Voting	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	SBP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1			<b>Vacant</b>		July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6			<b>Vacant</b>		July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller (LOA)	Invisible Men	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			<b>Vacant</b>		July 1, 2023	June 30, 2025	Kerry Ferguson (SBP)
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			<b>Vacant</b>		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7	1	OPS	Wilma Mendoza	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Ronnie Osorio (PP)
26	Unaffiliated consumer, SPA 8	1	EXC PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1	1	PP	Leonardo Martinez-Real	Unaffiliated Consumer	July 1, 2023	June 30, 2025	Dechelle Richardson (PP&A)
28	Unaffiliated consumer, Supervisorial District 2	1	PP	Bridget Gordon	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Ariene Frames	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			<b>Vacant</b>		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			<b>Vacant</b>		July 1, 2023	June 30, 2025	Erica Robinson (OPS)
34	Unaffiliated consumer, at-large #3	1	PP&A	Daryl Russell, M.Ed	Unaffiliated Consumer	July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXC	Joseph Green	Unaffiliated Consumer	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, PhD, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA			<b>Vacant</b>	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC PP	Lee Kocherns, MA	Unaffiliated Consumer	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			<b>Vacant</b>		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, Cpsychol AFBPs FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3			<b>Vacant</b>	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4			<b>Vacant</b>	No affiliation	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
<b>TOTAL:</b>		<b>39</b>						

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

Overall total: 46



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 • <http://hiv.lacounty.gov> ORG • *VIRTUAL WEBEX MEETING*

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# Matthew Muhonen

Application on file at Commission office



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# Michael Euring

Application on file at Commission office

New Member Application Seat #22, Unaffiliated Consumer SPA4 | MOTION #6  
Interview Panel: Jayda Arrington and Justin Valero



## SUMMARY OF PROPOSED KEY BYLAWS CHANGES

1. **Annual administrative review** with 30-day public comment period prior to approval if there are changes to the bylaws. Requires 2/3 vote from Commission members present at the meeting.
2. **Composition:**
  - a. Change DHSP (Recipient/Part A Grantee) as non-voting member; does not count towards quorum (full Commission and DHSP staff assigned to standing Committees).
  - b. 50 voting members
3. **Term of Office:**
  - a. 2-year staggered terms
  - b. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.
4. **DHSP Role and Responsibility:** “Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission’s decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County.”
5. **Conflict of Interest:** Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion **and/or voting** concerning that area of conflict, or funding for those services and/or to those agencies.
6. **Removal/Replacement.** A Commissioner or Alternate may be removed or re-placed by the BOS for failing to meet attendance requirements, and/or other reasons determined by the BOS. The Commission, via its Operations and Executive Committees, may recommend vacating a member’s seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member’s term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.



# 2024 TRAINING SCHEDULE

## SUBJECT TO CHANGE

- “\*” Asterisk denotes mandatory training for all commissioners.
- All trainings are open to the public.
- Click on the training topic to register.
- Certifications of Completion will be provided.
- All trainings are virtual.

<a href="#"><u>Co-Chair Roles and Responsibilities</u></a>	February 13, 2024 4:00-5:00PM
<a href="#"><u>General Orientation and Commission on HIV Overview</u></a> *	March 26, 2024 3:00-4:30PM
<a href="#"><u>Priority Setting and Resource Allocation Process &amp; Service Standards Development</u></a> *	April 23, 2024 3:00-4:30PM
<a href="#"><u>Ryan White Care Act Legislative Overview Membership Structure and Responsibilities</u></a> *	July 17, 2024 3:00-4:30PM
<a href="#"><u>Policy Priorities and Legislative Docket Development Process</u></a>	October 2, 2024 3:00-4:30PM



# HIV/STI PREVENTION SERVICE STANDARDS



Draft for Executive Committee review as of 3/6/24.

## INTRODUCTION

Service standards outline the elements and expectations a service provider follows when implementing a specific service category. Service standards set the minimum level of care agencies should offer to clients. The Standards are intended to help agencies meet the needs of their clients. Providers are encouraged to exceed these standards. The Los Angeles County Commission on HIV (COH) developed the Prevention Service Standards to reflect current guidelines from federal and national agencies on HIV and Sexually Transmitted Infection (STI) prevention, and to establish the minimum standards of service delivery necessary to achieve optimal health among people with increased risk of HIV and STIs, regardless of where services are received in the County. Since there are many different types of organizations that may provide prevention services, not every category of prevention standards described herein will be applicable to all agencies. For example, an agency that provides HIV/STI testing only, will not necessarily be expected to provide adherence services for clients who are accessing pre-exposure prophylaxis (PrEP).

The development of the Standards includes guidance from service providers, the Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP), and members of the Los Angeles County COH, Standards and Best Practices Committee and the COH Prevention Planning Workgroup (2022-2023).

## SERVICE DESCRIPTION

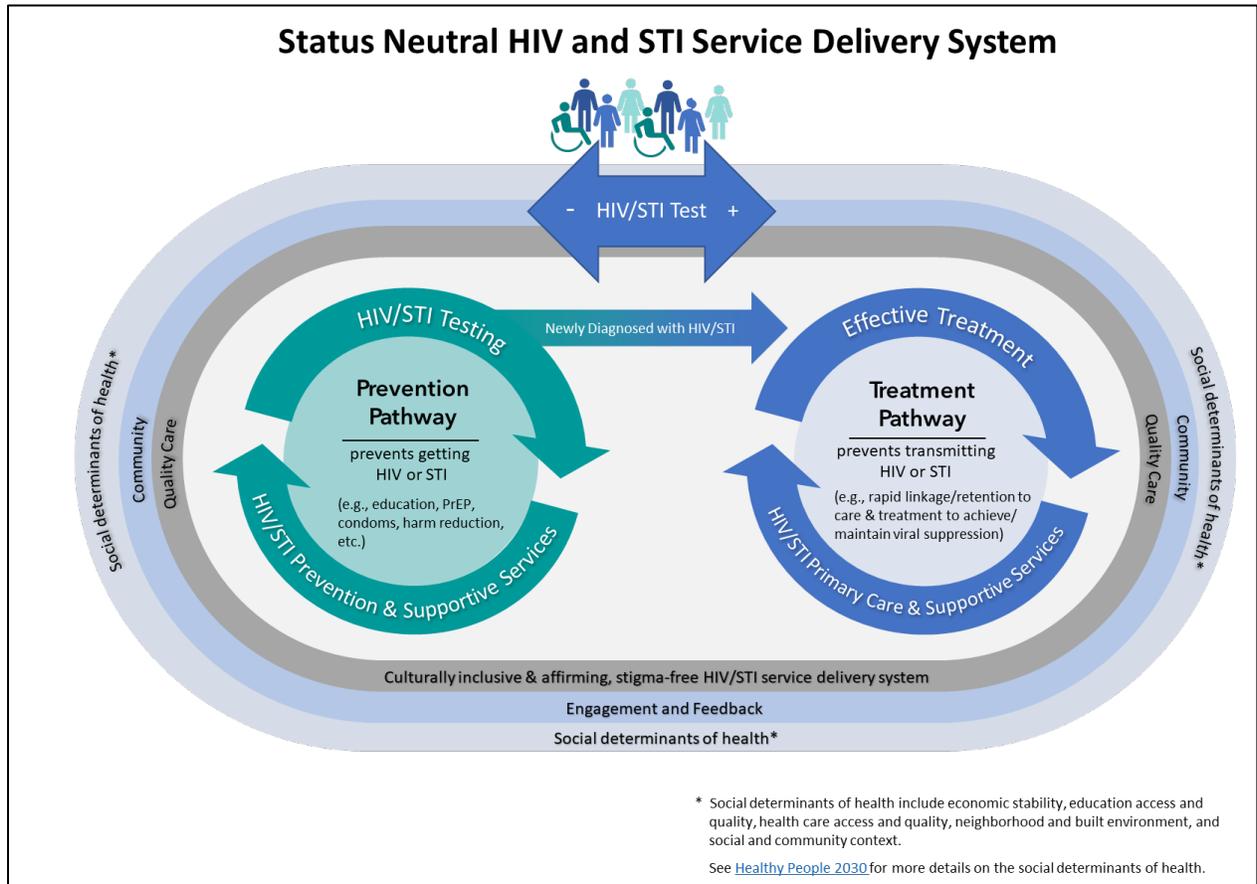
Prevention Services are those services used alone or in combination to prevent the transmission of HIV and STIs. The early diagnosis and treatment of STIs is vital to interrupting transmission of STIs as well as HIV. Prevention Services include HIV and STI screening, biomedical interventions, non-biomedical/behavioral interventions, social services, harm reduction, and medical interventions.

The Los Angeles County COH's *Status Neutral HIV and STI Service Delivery System Framework*, depicted in Figure 1 below, was used to guide the development of the Prevention Service Standards. The *Status Neutral HIV and STI Service Delivery System Framework* was developed in 2023 and adapted from the Centers for Disease Control and Prevention Status Neutral HIV Prevention and Care framework. This framework functions to provide an overview of the comprehensive support and care critical to addressing the social determinants of health that create disparities, especially as they relate to HIV and STIs. Continuous preventive, medical care and supportive services are highlighted as part of an ongoing effort by patient and provider to maintain engagement in clinical preventive care or treatment. A status-neutral approach to HIV care and prevention means that all people, regardless of HIV status, are treated in the same way. Engagement in the status neutral HIV and STI service delivery system starts with an HIV and/or STI test. Any result, positive or negative, initiates further engagement with the service delivery system leading to a common goal where HIV and STIs are neither acquired nor transmitted. The result is a dynamic trajectory into and through the continuum depending on test results. The figure emphasizes the continuous return of HIV negative persons to HIV/STI testing and linkage and engagement in care of persons diagnosed with HIV or STIs. When done

effectively, rapidly linking newly diagnosed persons to HIV/STI treatment and those who test negative to ongoing prevention services will result in the decrease of new HIV and STI infections. It will also support people with diagnosed HIV (PLWH) to thrive with and beyond HIV, and for those with diagnosed STIs to receive treatment and access to prevention strategies.

**Figure 1 - Status Neutral HIV and STI Service Delivery System Framework**

(Framework adapted from the [Centers for Disease Control and Prevention Status Neutral HIV Prevention and Care framework](#))



The status neutral framework reaches beyond established HIV and STI prevention & care systems and works to create pathways to vital medical and supportive services that meet the needs of clients regardless of their HIV or STI status and is not centered solely around meeting disease-specific needs. The benefits of a status neutral approach include a reduction in institutionalized stigma for people with HIV (PWH), a reduction in stigma associated with STIs, increased efficiencies that improves resource utilization, and gained knowledge/insight from various service deliveries.

## BACKGROUND

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**PURPOSE:** Prevention Service Standards outline the essential elements of service delivery a provider agency must adhere to when implementing HIV and STI prevention services. The purpose of the service standards is to ensure consistent high-quality service delivery throughout Los Angeles County. Service standards establish the minimal level of service delivery. Providers are encouraged to exceed this minimal level if able to, given their capacity and scope.

A multitude of factors at the structural-, environmental-, interpersonal-, and individual-level impact the risk of HIV and STI infection. Therefore, a multitude of strategies (e.g., housing, employment, social marketing, counseling, condom distribution, etc.) may also serve to prevent the acquisition of HIV and STIs. Since it is not feasible to create standards for every potential prevention service, the HIV and STI Prevention Service Standards described in this document focus on ensuring that every individual at risk of acquiring or transmitting HIV infection and/or STIs is successfully connected to and retained in the prevention service(s) that are appropriate for them at any given point in time. Additionally, given there are many different types of organizations that may provide prevention services, not every category of prevention standards described herein will be applicable to all agencies. For example, an agency that provides HIV/STI testing only, will not necessarily be expected to provide adherence services for clients who are accessing PrEP or Doxy PEP.

**DEFINITION OF HIV AND STI PREVENTION SERVICES:** HIV and STI Prevention Services are those services used alone or in combination to prevent the transmission of HIV and STIs. Prevention services may include:

- **Biomedical** HIV prevention refers to HIV prevention methods that use antiretroviral treatment (ART) to decrease the risk of HIV transmission by reducing the viral load of people living with HIV (PLWH) and/or by reducing the susceptibility of HIV infection among HIV-negative individuals (via PrEP and PEP). Additionally, biomedical STI prevention refers to prevention methods that use antibiotics (DoxyPEP) and vaccination to decrease the risk of STIs.
- **Non-biomedical** HIV and STI prevention refers to strategies that aim to alter behaviors that make individuals more vulnerable to HIV and/or STI acquisition.
- **Harm Reduction** refers to a set of strategies that reduce the harms associated with substance use. These strategies can reduce behaviors resulting in elevated risk of HIV infection among injecting and non-injecting drug users.

**SUMMARY OF CORE PREVENTION SERVICE COMPONENTS:** The HIV and STI Prevention Service Standards seek to ensure the provision of a core set of integrated HIV and STI prevention services aimed at preventing the acquisition and transmission of HIV and STIs. The Core Prevention Service Components are Screening and Assessments, Biomedical Prevention, Harm Reduction (drugs, alcohol use and sexual activity), and Non-biomedical/Behavioral Prevention. These Core Prevention Service Components are complementary and should be used collectively to maximize prevention efforts.

## UNIVERSAL STANDARDS FOR HIV AND STI PREVENTION SERVICES

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**UNIVERSAL STANDARDS FOR HIV AND STI PREVENTION SERVICES:** In order to achieve the goal of reducing new HIV and STI infections, prevention services in Los Angeles County must include the following universal standards:

- Staff members meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role and the communities served. If a position requires licensed staff, staff must maintain licensure to provide services.
- Staff participation in trainings appropriate to their job description and program including, but not limited to partnering with LGBTQ+/Transgender community, HIV Navigation Services (HNS), STI transmission and treatment, trauma-informed care, Narcan/naloxone use, fentanyl testing, cultural competence, and implicit bias.
- Provide services that are accessible and non-discriminatory to all people with a focus on highly impacted populations.
- Educate staff and clients on the importance of screening, biomedical prevention, non-biomedical prevention, and harm reduction to reduce the risk of HIV and STI transmission.
- Protect client rights and ensure quality of services.
- Provide client-centered, gender-affirming, age appropriate, culturally, and linguistically competent service delivery.
- Provide high quality services through experienced and trained staff.
- Meet federal, state, and county requirements regarding safety, sanitation, access, and public health.
- Guarantee client confidentiality and protect the right of client autonomy.
- Prevent information technology security risks and protect patient information and records.
- Inform clients of services and collect information through an intake process.
- Effectively assess client needs and encourage informed and active participation.
- Address client needs through coordination of care and referrals to needed services.
- Ensure that the quality of service and materials given to patients during telehealth encounter is similar with in-person visits.
- Attend to clients' overall physical health, mental health, and spiritual health, as guided by each individual client.
- Address the social determinants of health such as economic and social conditions that influence the health of individuals and communities.
- Use a strength-based approach to service design and seek to understand and develop clients' strengths and capabilities that can lead to improved health and quality of life.
- Ensure a sex positive environment and interaction with clients.
- Adopt trauma-informed approaches to interacting with patients.

## Screening and Assessments

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Intake	Initiate a client record at first clinic visit or client interaction.	<p>Intake tool in client file to include (at minimum):</p> <ul style="list-style-type: none"> <li>• Documentation of HIV/STI status (if applicable)</li> <li>• Proof of LA County residency or Affidavit of Homelessness</li> <li>• Verification of program and financial eligibility (if applicable)</li> <li>• Date of intake</li> <li>• Client name (lived name if applicable), pronouns, home address, mailing address and telephone number</li> <li>• Emergency and/or next of kin contact name, home address and telephone number</li> <li>• Signed and dated Release of Information, Limits of Confidentiality, Consent, Client Rights and Responsibilities</li> </ul>
Assessment	<p>Comprehensive assessments are completed in a cooperative process between staff and the client during first visit/appointment. Alternatively, clients may complete online assessments prior to their first visit.</p> <p>Comprehensive assessment is conducted to determine the:</p> <ul style="list-style-type: none"> <li>• Client’s needs for prevention and medical services, and support services including housing and food needs</li> <li>• Client’s current capacity to meet those</li> </ul>	<p>Comprehensive assessment on file in client chart to include:</p> <ul style="list-style-type: none"> <li>• Date of assessment</li> <li>• Signature and title of staff person conducting assessment</li> <li>• Completed assessment form</li> </ul> <p>Client strengths, needs and available resources in the following areas:</p> <ul style="list-style-type: none"> <li>• Medical/physical healthcare</li> <li>• Medications and Adherence issues</li> </ul>

	<p>needs/identify barriers that address needs</p> <ul style="list-style-type: none"> <li>• Client’s medical home</li> <li>• Ability of the client’s social support network to help meet client needs</li> <li>• Extent to which other agencies are involved in client’s care</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Substance use and/or substance use</li> <li>• HCV/HIV dual diagnosis, if applicable</li> <li>• Nutrition/food</li> <li>• Housing and living situation</li> <li>• Family and dependent care issues</li> <li>• Gender Affirming Care including access to hormone replacement therapy, gender affirming surgical procedures, name change/gender change clinics and other related services.</li> <li>• Transportation</li> <li>• Language/literacy skills</li> <li>• Religious/spiritual support</li> <li>• Social support system</li> <li>• Relationship history</li> <li>• Domestic violence/Intimate Partner Violence (DV/IPV)</li> <li>• History of physical or emotional trauma</li> <li>• Financial resources</li> <li>• Employment and Education</li> <li>• Legal issues/incarceration history</li> <li>• Knowledge/beliefs about HIV/STIs/Hepatitis</li> <li>• Agencies that serve the client and/or household</li> </ul>
	<p>Staff will conduct reassessments with the client as needed.</p>	<ul style="list-style-type: none"> <li>• Date of reassessment</li> <li>• Signature and title of staff person conducting reassessment</li> </ul>

		<ul style="list-style-type: none"> <li>Completed reassessment form</li> </ul>
HIV Testing	Staff will conduct appropriate HIV and/or STI tests based on sexual health history or client request.	Documentation of HIV/STI testing in client file and data management system.
	HIV/STI testing must be voluntary and free from coercion. Patients/clients must not be tested without their knowledge/written consent.	Documentation of patient consent as required or appropriate.
	Provide immediate and, if necessary, repeated, linkage services to persons with a preliminary positive HIV test result or a confirmed HIV diagnosis.	Documentation of linkage to care.
Testing and Treatment of STIs	Assess patients risk for STI acquisition.	STI risk assessments on file.
	Provide or partner with agencies that provide treatment for patients to test positive for an STI	Documentation of STI treatment plan and medication prescriptions. If referring to other agency, Memorandum of Understanding (MOU) on file.
	Ensure client is linked to services that cover the cost of treatment.	Documentation of linkage to services.
	Conduct follow up testing 3 months after positive test to ensure STI has been treated appropriately.	Documentation of follow-up.
	Provide or partner with agencies that provide vaccination for HPV and Hepatitis B, as recommended.	Vaccination record.

## BIOMEDICAL PREVENTION

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Treatment as Prevention (for PLWH)	Provide antiretroviral treatment (ART) to persons with diagnosed HIV within 3 days of diagnosis.	Documentation of treatment and prescription orders on file.
	For patients who choose to postpone treatment, periodically reoffer ART after informing them of the benefits and risk of currently recommended regimens.	Documentation of care follow-up and timeline.
	Enroll patients in health insurance or medical assistance programs that provide HIV care or cover costs of care.	Documentation of referrals or appointments with benefits specialists.
	Offer navigation assistance and support to encourage active participation in care.	Documentation of navigation assistance and/or referral.
	Establish procedures to identify patients at risk for lapses in care or services that support their continued care.	Documentation of chart reviews and internal procedures for maintaining engagement in care.
PrEP/PEP	Assess a client's risk of HIV acquisition.	Risk assessments on file.
	Provide clients with a PrEP/PEP Navigator/Navigation Services	Documentation of service in client files.
	Provide PrEP prescription that addresses the specific needs of the client.	Documentation of service in client files.
DoxyPEP	Assess a client's risk of STI acquisition.	STI risk assessments on file.
	Provide DoxyPEP prescription to clients at risk of STI acquisition.	Documentation of STI treatment plan and medication prescriptions.
Partner Services	Identify client's recent sexual and/or injection drug use partner(s).	Documentation of partner services offer.
	Notify partner(s) of potential exposure to HIV and/or STI.	Documentation of partner notification.
	Offer appropriate HIV and/or STI treatment and care plan to partner(s).	Documentation of treatment provided to partners.
	Conduct follow up to ensure partner(s) adherence to treatment/care.	Documentation of follow-up.

	Refer clients to expedited partner services, as needed.	Documentation of referral.
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## HARM REDUCTION (drugs, alcohol use and sexual activity)

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Narcan/Naloxone	Partner with agencies/organizations to provide training to clients on how to use nasal Narcan and/or injectable naloxone.	Documentation of training.
	Partner with agencies/organizations to provide free or low-cost Narcan and/or naloxone to clients.	Documentation of Narcan/naloxone distributed.
Fentanyl Test Strips and Other Substance Testing Kits	Partner with agencies/organizations to provide training to clients on how to use fentanyl test strips, and other substance testing kits.	Documentation of training.
	Partner with agencies/organizations to provide free or low-cost fentanyl test strips and other substance testing kits.	Documentation of test strips distributed.
Syringe Services Programs	Partner with agencies/organizations to provide syringe services that include: <ul style="list-style-type: none"> <li>• Needle exchange</li> <li>• Safe disposal</li> <li>• Nasal spray Narcan</li> <li>• Injectable naloxone</li> <li>• Condoms</li> <li>• Wound care kit</li> <li>• Safer smoking supplies (e.g. pipes, mouthpieces, cleaning supplies)</li> </ul>	Documentation of items collected and/or distributed.
Peer Support	Provide referrals and assist with linkage to peer support as related to substance use disorder.	Documentation of referral.
Contingency Management	Provide referrals and assist with linkage to Contingency Management programs for stimulant use disorder.	Documentation of referral.
Mobile/Street Medicine	Provide mobile and/or street medicine to clients, where feasible.	Documentation of schedules, services provided/used, etc.

Medication Assisted Treatment (MAT)	Provide MAT for clients identified with substance use disorder, as appropriate per provider assessments.	Documentation of treatment provided.
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**NON-BIOMEDICAL/BEHAVIORAL PREVENTION**

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Education/Counseling	Provide HIV and STI education. Sessions will focus on Health Education/Risk Reduction Prevention, Behavior Change Skills Building and increasing knowledge of access to care services based on the client’s risk assessment.  Sessions can be provided on a one-to-one basis or group setting depending on the client’s preference, need and/or environment.  Sessions can be conducted on an ongoing basis, depending on need, and can be from 1 to 3 weekly or semi-monthly sessions.	Documentation of program manuals and curricula.
	Provide PrEP/PEP education and counseling for clients at risk of HIV acquisition.	Documentation of program manuals and curricula.
	Provide DoxyPEP education and counseling for clients at risk of STI acquisition.	Documentation of program manuals and curricula.
	Provide education for PLWH on the importance of maintaining an undetectable viral load, the importance of adhering to care, and increase their capacity to engage their own care.	Documentation of program manuals and curricula.
	Offer free or low cost internal and external condoms and dental dams.	Documentation of safer sex supplies provided client.
Supportive Services	Assess the client’s need for supportive services.	Completed assessment on file.
	Provide referrals and assist with linkage to supportive services. Services may include:	Documentation of referrals.

	<ul style="list-style-type: none"> <li>• syringe exchange</li> <li>• housing services</li> <li>• mental health services</li> <li>• substance abuse services</li> <li>• food and nutrition support</li> <li>• employment services</li> <li>• unemployment financial assistance</li> <li>• drug assistance programs</li> <li>• health insurance navigation</li> <li>• childcare</li> <li>• legal assistance</li> <li>• other services, as identified and needed</li> <li>• health literacy education</li> <li>• peer support</li> </ul> <p>Referrals should be to local facilities, clinics, and service providers in the area of the client minimizing transportation barriers.</p>	
Social Marketing and Outreach	Outreach to potential clients/families and providers.	Outreach plan on file.
	Collaborate with community partners and health care providers to promote services.	Documentation of partnerships.
Navigation Services	Provide navigation assistance for linkage to supportive services.	Documentation of services offered.
	Health Navigators will canvas the target areas to identify and document all available service providers that can be used as referral sources for clients.	Activity logs on file.
	Health Navigators will become familiar with the access, referral, and intake process to educate clients of this process when providing referral for services.	Training or resources identified by staff on file.
	Follow up session should be conducted to reassess clients' current situation and need for additional services.	Documentation of reassessment.