LOS ANGELES COUNTY
COMMISSION ON HIV

AGENDA FOR THE **VIRTUAL** MEETING OF THE

STANDARDS AND BEST PRACTICES COMMITTEE

TUESDAY, May 4, 2021, 10:00 AM – 12:00 PM

******WebEx Information for Non-Committee Members and Members of the Public Only******

https://tinyurl.com/u4ybkxuv

or Dial

1-415-655-0001

Event Number/Access code: 145 999 1142

(213) 738-2816 / Fax (213) 637-4748
HIVComm@lachiv.org http://hiv.lacounty.gov

Standards and Best Practices (SBP) Committee Members			
Erika Davies *Co-Chair*	Kevin Stalter *Co-Chair*	Miguel Alvarez	Pamela Coffey *(Reba Stevens, Alternate)*
Wendy Garland, MPH	Grissel Granados, MSW	Thomas Green	Paul Nash, PhD, CPsychol AFBPsS FHEA
Katja Nelson, MPP	Joshua Ray (Eduardo Martinez, *Alternate*)	Harold Glenn San Agustin, MD	Justin Valero, MA
Ernest Walker, MPH	Amiya Wilson (LOA)*		
QUORUM: 7			

*LOA: Leave of Absence

AGENDA POSTED: April 29, 2021

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.

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.

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SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: http://hiv.lacounty.gov. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and

AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting. External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests - from members or other stakeholders - within the limitations and requirements of other possible constraints.

Call to Order, Introductions, Conflict of Interest Statements 10:00 AM – 10:03 AM

I. ADMINISTRATIVE MATTERS 10:03 AM – 10:07 AM

1. Approval of Agenda **MOTION #1**

2. Approval of Meeting Minutes **MOTION #2**

II. PUBLIC COMMENT 10:07 AM – 10:10 AM

3. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission

III. COMMITTEE NEW BUSINESS ITEMS 10:10 AM – 10:15 AM

4. 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

5. Executive Director/Staff Report 10:15 AM – 10:20 AM
- a. Commission and Committee Updates
- b. Ending the HIV Epidemic

6. Co-Chair Report 10:20 AM – 11:00 AM
- a. Committee Purpose and Process Refresher Training
  SBP Overview Slides and WebEx Recording on COH Website
- b. Committee Member Introductions/Getting to Know You

c. "So, You Want to Talk about Race" by I. Oluo Reading Activity"
   - Excerpts Only - from Chapters 4 or 5.

d. 2021 Workplan

7. New Committee Membership Application
   a. Mark Mintline, DDS

8. Division of HIV & STD Programs (DHSP) Report 11:00 AM – 11:15 AM
   a. DHSP Ryan White Substance Use Disorder – Residential Housing Services, Draft Information Sheet

V. DISCUSSION ITEMS

9. Childcare Service Standards **MOTION #3** **11:15 AM – 11:30 AM**

10. Substance Use and Residential Treatment 11:30 AM – 11:45 AM
   a. Background and Allocations Review
   b. Standards Review

VI. NEXT STEPS 11:45 AM – 11:55 AM

11. Task/Assignments Recap

12. Agenda development for the next meeting

VI. ANNOUNCEMENTS 11:55 AM – 12:00 PM

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

VII. ADJOURNMENT 12:00 PM

14. Adjournment for the virtual meeting of May 4, 2021

PROPOSED MOTIONS	
MOTION #1	**Approve the Agenda Order, as presented or revised.**
MOTION #2	**Approve the Standards and Best Practices Committee minutes, as presented or revised.**
MOTION #3:	**Approve Childcare Service Standards, as presented or revised.**

DRAFT

LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

Presence at virtual meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges and must verbally acknowledge their attendance in order to vote.
Approved meeting minutes are available on the Commission's website; meeting recordings are available upon request.

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

April 6, 2021

COMMITTEE MEMBERS P = Present | A = Absent					
Erika Davies, *Co-Chair*	P	Thomas Green	P	Reba Stevens *(Alt. to P. Coffey)*	P
Kevin Stalter, *Co-Chair*	P	Paul Nash, PhD, CPsychol	P	Justin Valero	P
Miguel Alvarez	P	Katja Nelson, MPP	P	Ernest Walker, MPH	P
Pamela Coffey	A	Joshua Ray, RN	P	Amiya Wilson (LOA**)	EA
Wendy Garland	EA	Eduardo Martinez *(Alt. to J. Ray)*	P	Bridget Gordon *(Ex Officio)*	P
Grissel Granados, MSW	P	Harold Glenn San Agustin, MD			
COMMISSION STAFF AND CONSULTANTS					
Cheryl Barrit | Dawn McClendon					
DHSP STAFF					
Paulina Zamudio					

**Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.*
**Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.*
**Meeting minutes may be corrected up to one year from the date of Commission approval.*
***LOA: Leave of absence*

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Standards and Best Practices (SBP) Committee Meeting Agenda, *4/6/2021*
2) **Minutes:** Draft SBP Meeting Minutes, *2/2/2021 and 3/2/2021*
3) **Tracker**: Service Standards Revision Date Tracker, *Updated 3/16/2021, Ongoing*
4) **Document:** Standards of Care Definitions
5) **Document:** Standards of Care Review Guiding Questions
6) **Table:** Contracted Providers for Selected Categories, For Information Only and Consideration of Potential Reviewers
7) **Table**: Standards and Best Practices Committee 2021 Work Plan, *Updated 3/10/2021, Ongoing*
8) **Presentation:** Division of HIV and STD Programs (DHSP) Provider Survey (Childcare and Language Services)
9) **Document**: DHSP Ryan White Substance Use Disorder – Residential Housing Services, Draft Information Sheet
10) **Document**: Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC), Drug Medi-Cal Organized Delivery System Waiver (DMC-ODS) Fact Sheet
11) **Document:** Standards of Care for HIV Substance Use Residential and Treatment Services, *Approved by the COH 4/13/2017*
12) **Journal Article:** Bupropion and Naltrexone in Methamphetamine Use Disorder, Trivedi, MH, et. Al., NEJM, 01/14/2021

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: Mr. Stalter called the meeting to order at 10:05 am.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA
MOTION #1: Approve the Agenda Order, as presented ***(Passed by Consensus)***.

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 02/03/2021 and 03/02/2021 Standards and Best Practices (SBP) Committee Meeting Minutes, as presented ***(Passed by Consensus)***.

II. PUBLIC COMMENT

3. **OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION**: There were no comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. **OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA**:

- Mr. Stalter requested that the Public Policy Committee (PPC) discuss what stance the Commission should take on the COVID-19 passports. He asked for consideration of the matter and to keep in mind how such measures of documentation may have a stigmatizing effect on the community, akin to the the stigma experience by people living with HIV (PLWH). Ms. Katja Nelson, (PPC) Co-Chair acknowledged the request and noted that she will bring up the topic for PPC's discussion at their May meeting.
- Mr. Valero would like SBP Committee to look at how schools, especially the University of California and California State University schools, are increasing PrEP awareness and use; what college student health centers are doing to increase PrEP uptake, promote and increase HIV and STD testing; and how are they preparing college students in navigating the healthcare system outside of the college environment.

IV. REPORTS

5. **EXECUTIVE DIRECTOR/STAFF REPORT**
   - Cheryl Barrit welcomed new Commissioner, Alternate Reba Stevens, to the SBP Committee. She informed the Committee that Wendy Garland is on vacation this week and will not be in attendance. Paulina Zamudio will provide the DHSP update on the provider survey on childcare and language services.
   - Cheryl Barrit reminded members to complete the Health HIV member survey. The survey is to assess the Commission's effectiveness as a planning body. The results will be used for technical assistance and other member support efforts. If the Commission achieves a 90% response rate by 4/9/21, Health HIV will provide a $20 gift card to all Commissioners.
   - The next full meeting of the Commission will be held on 4/8/21 where the book reading of *"So You Want to Talk about Race"*, will continue along with training and guided conversation with the Human Relations Commission.
   - The next Planning, Priorities and Allocations Committee meeting will be held on 4/20/21 where the group will review the Ryan White Program directives as part of the preparation for the multi-year planning process. Program directives outline specific instructions to DHSP on how to meet service priorities and respond to the needs of PLWH. It is important that SBP Committee members and other Commissioners participate and understand the Commission's planning process.
   - She reported that staff are working with the Black African American Community (BAAC) Task Force Co-Chairs to attend Committee meetings to provide specific guidance on how Committees can support the Task Force's recommendations.
   - Mr. Stalter inquired about the possibility of assigning a member of the BAAC TF to attend SBP Committee meetings.
   - ➲ Cheryl Barrit will relay the request to the BAAC TF Co-Chairs.

Ending the HIV Epidemic (EHE):
- Cheryl Barrit reminded the Committee that ongoing community feedback in an important part of ending the HIV epidemic. She invited the group to share what they need to fully understand the Commission's role in helping implement the local EHE plan.
- Mr. Staler requested that DHSP/Julie Tolentino look at the plan to determine if it addresses engaging private health plans. Can DHSP partner with the SBP Committee on engaging health plans in EHE? How can DHSP help facilitate a partnership with health plans?
- ➲ Cheryl Barrit will relay the suggestion to Ms. Julie Tolentino, DHSP EHE Program Manager.

6. **CO-CHAIR REPORT**

a. Committee Member Introductions/Getting to Know You

- Kevin Stalter invited Committee members/Commissioners Erika Davies, Thomas Green, and Bridget Gordon to introduce themselves to the group.
- Erika Davies has been with the Pasadena Public Health Department for 10 years and has loved ones who are living and thriving with HIV who help her keep focused on the work we do. Commissioners serve as an inspiration to her. She has been on the SBP Committee since the beginning of her membership on the Commission. It has been an honor for her to serve at the SBP Co-Chair for the past 3 years and appreciates the support and patience of Commissioners.
- Thomas Green started his career in the arts field and worked in theater. He was a professional dancer for 20 years. He was diagnosed on 1991 and was a slow progressor and started treatment in 2002. He has always been interested in getting into HIV-related work and services. He went to Medical Assistant school and now works at APAIT and is pleased to have the opportunity to work in the HIV field with a great team. He had a hotel in Zanzibar in Africa. He has had an interesting and very intricate life journey.
- Bridget Gordon is the Co-Chair of the Commission. She commended the Committee for doing the getting to know you exercises. Building relationships and trust is important in working together as a community. She grew up in Seattle. Her mom was a teacher and dad was an auto mechanic who owned his business with his brothers. She has a degree in Engineering worked for 14 years as an engineer. She travelled all over the world and eventually met her first husband. They were both diagnosed with HIV shortly after getting married. That marked what she called, "the downfall" of life. It took her many years to reconcile with the HIV diagnosis and decided to fight hard for herself and others. She decided to support other people in their experience living with HIV and got involved in the Commission. People like Grissel Granados nominated her to be on the Integration Advisory Board (IAB) and to run for the Commission Co-Chair. She had a baby 10 years ago. She lost her spouse to prostate cancer 2 years ago. The COVID pandemic has led to many losses in her family. She encouraged others to stay strong and healthy, to take care of each other, and keep building trust.

➲ Next month Ernest Walker, Eduardo Martinez, and Cheryl Barrit will share their stories as part of the Getting to Know You activity.

b. So, You Want to Talk about Race" by I. Oluo Reading Activity", Excerpt selected by Co-Chairs from Chapter 1

- Erika Davies read Chapter 1, Is it Really About Race? She encouraged other Committee members to read excerpts for future meetings.

c. Standards Revision Tracker

- Ms. Barrit noted the table in the packet which lists the last update/revisions dates for all service categories with additional information from DHSP.

d. 2021 Work Plan Review

- The Committee reviewed the Work Plan and noted the following for additions:
  - ➲ Work with the BAAC TF to explore feasibility of designating a member to attend SBP meetings.
  - ➲ Tie task #4 (engaging private health plans and providers) to the ongoing EHE conversation and activities.
  - ➲ Seek input from the Aging Task Force (ATF) on service standards. Benefits Specialty and Home-Based Case Management services were cited as examples. Katja Nelson who attends ATF meetings noted she can help report back to SBP their feedback. Dr. Paul Nash noted he is happy to review policy or standards to provide input specific to the needs and issues affecting older adults living with HIV.
  - The work plan review generated ideas for future discussion:
    - Examine continuity of care across life changes, such as changes in insurance, medical providers, and socioeconomic experiences. This exercise could include having a case manager to safeguard continuity of care and ensure that no critical services are dropped and that there is ongoing support for the patient. Examples provided include long-term care and health and life insurance. PLWH have faced discrimination in accessing these types of insurance. Perhaps the Committee may consider a statement on what care should like for PLWH. PLWH may be getting inconsistent or conflicting care (B. Gordon).
    - How can we make it easier to access services for PLWH? The Emergency Financial Assistance (EFA) and HOPWA services are hard to attain because of the paperwork/documentation requirement and many PLWH do not know about the services (B. Gordon).
    - Harm reduction services can be a disadvantageous for the community. It seems that harm reduction services are the only type services offered to the community these days. What are other options available

for patients? More comprehensive services are needed. Mental health care should be a component of a comprehensive care for patients (R. Stevens).

- Address homelessness, mental health and substance use by zip codes/communities to understand disparities (R. Stevens).
- Federal requirement regarding Ryan White Care as the payor of last resort is a bureaucracy that is not necessarily good for developing service standards. There are some restrictions on what the Committee can do (K. Stalter).
- Providers need a community resource guide (Dr. G. San Agustin). Cheryl Barrit mentioned looking at HIV Connect to as tool to help with informing community members about resources. Dr. P. Nash offered to speak to Dr. San Agustin and Cheryl Barrit on the resource guide. Dr. P. Nash described a research project he is working on that involves looking at resources needed by older adults living with HIV.
- Can the Commission collect information on whether services are actually being delivered? (B. Gordon). Cheryl Barrit noted that DHSP has a grievance line that clients may call to report concerns and feedback on local Ryan White services. She also stated that the Commission does not oversee contracts – that function is under DHSP and reminded the Committee to think of ways to engage in this discussion within the Commission's roles as defined in its ordinance and bylaws.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT

a. Childcare & Language Services Provider Survey

- Ms. Paulina Zamudio delivered a presentation on the results of the DHSP Childcare & Language Services Provider Survey. Refer to PowerPoint slides in the packet page 21-36.
- Ms. Grissel Granados stated that language service standards should be reviewed to include types of training, certifications, proof of competency and skills for bilingual staff. What activities should Spanish speaking/bilingual staff perform? For instance, should Spanish speaking staff provide interpretation in medical visits? Consider a tier of different tasks/activities bilingual staff may perform (e.g., translation of flyers and documents, interpretation for medical and non-medical visits, health education, and group facilitation).
- Ms. Zamudio stated that DHSP will use the information gathered from consumer focus groups and provider survey to develop Request for Proposals (RFP) for childcare and language services.

V. DISCUSSION ITEMS

Substance Use, Transitional Housing

a. Background and Allocations Review - postponed to May meeting to allow time for agency presentations.

b. Current Services Provided | Agency Presentations from Safe Refuge and Tarzana Treatment Centers

- Cynthia Chavez, MHA, Grant Writer/Contracts Administrator, Safe Refuge (formerly Substance Abuse Foundation of Long Beach and Raquel Cataldo, Senior Supervisor, Primary and Specialty Care Clinics, Tarzana Treatment Centers, provided overviews of their substance use services to help inform the Committee's discussion updating the service standards.

- **Safe Refuge**
  - The agency has more than 200 bed facility/campus with houses and apartments. Services are provided for all populations, including special programs for veterans.
  - They are mostly government funded with the largest source of funding from the Drug Medi-Cal Program.
  - The expansion of Medi-Cal to cover an array of substance treatment services has led to an increase in the number of individuals who can access substance use care and treatment outside of the Ryan White Care system. They recently ended their substance use contract with DHSP because those services are now covered by Drug Medi-Cal. They also use Substance Abuse and Mental Health Services Administration (SAMHSA) funds to cover other services.
  - Ms. Chavez noted that some of their clients living with HIV prefer to use services located in Long Beach because of its reputation for good HIV care.
  - Clients enter their services through the Los Angeles County toll-free Substance Abuse Service Helpline (SASH) at 1-844-804-7500, referrals, and walk-ins. They also do marketing in prisons and jails.

- Drug Medi-Cal requires certified contracted agencies to use the American Society of Addiction Medicine (ASAM) screening tool to determine placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions. The ASAM scale score determines the level of intensity for services. Building trust with the patient and encouraging them to be honest with their needs is critical. Some clients fear being denied services and may minimize that extent of their needs. Information about the patient is shared with other providers only for the purposes of securing other services and only with patient consent.

- **Tarzana Treatment Centers (TTC)**
  - TTC is a full service integrated behavioral healthcare (IBH) agency serving youth and adults of all ages. They provide inpatient care; inpatient and outpatient substance use care; primary care clinics; and run a psychiatric hospital.
  - TTC is a Federally Qualified Health Center with 14 sites with all facilities licensed to provide IBH and primary care. The IBH model of care seeks to provide comprehensive care at whatever point of entry a patient may enter their agency. Patients receive comprehensive assessment at all points of entry.
  - TTC receives funding from DHSP for substance use transitional housing services at their Reseda and Antelope Valley sites. They also receive funding from SAPC for their methadone and narcotics treatment program. Residents are screened for eligibility and needs; however, the substance use transitional housing services funded by DHSP are for PLWH only. They use the same eligibility criteria used for all other types of Ryan White services. Clients may stay in the program for up to a year and surrounded by all the appropriate services they need.
  - Clients are enrolled in intensive outpatient program that includes attending support groups (funded by SAMHSA) once a day for 2 hours and meeting with a counselor on a regular basis.
  - ASAM requires that agencies uphold the medical eligibility to be enrolled and remain in service. A client must have another medical condition in addition to a substance use disorder (SUD) to qualify for services. The use of ASAM guidelines was a significant change for SUD service providers as it required specific qualifications and certifications to serve as contracted providers under Drug Medi-Cal.
- Mr. Stalter inquired if there are innovative treatment strategies that give patients a semblance of their former lives back. He believes that agencies receive a significant amount of funds for these services but the patients do not necessarily benefit fully from the resources. Ms. Cataldo noted that outpatient detox is an option that allows patients to keep their jobs while being on treatment.

VI. NEXT STEPS

b. **TASK/ASSIGNMENTS RECAP**:

- Review substance use services program sheet from DHSP at the May meeting.
- Review allocations at the May meeting.
- Update the 2021 SBP Work Plan as described in 6d.
- Continue review substance use and residential treatment service standards.
- Revisit and finalize childcare service standards at May meeting.
- Continue Getting to Know You activity with Ernest Walker, Eduardo Martinez, Wendy Garland, and Miguel Alvarez.

12. **AGENDA DEVELOPMENT FOR NEXT MEETING**: There were no additional items.

VII. ANNOUNCEMENTS

13. **OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS**: There were no announcements.

VIII. ADJOURNMENT

14. **ADJOURNMENT**: The meeting adjourned at 12:15 pm.

LOS ANGELES COMMISSION ON HIV
PERCENTAGE ALLOCATIONS FOR RYAN WHITE PROGRAM YEARS 30, 31, 32
Approved 9/10/2020

	RW Service Allocation Descriptions	FY 2020 PY 30		FY 2021 PY 31		FY 2022 (PY 32)
PY 30 Priority #	Service Category	Part A %	MAI %	Part A %	MAI %	Total Part A/MAI %
1	Outpatient/Ambulatory Health Services (AOM)	27.24%	0.00%	27.21%	0.00%	28.30%
NP	AIDS Drug Assistance Program (ADAP) Treatments	0.0%	0.00%	0.00%	0.00%	0.00%
26	AIDS Pharmaceutical Assistance (local)	0.00%	0.00%	0.00%	0.00%	0.00%
11	Oral Health	14.10%	0.00%	13.04%	0.00%	12.00%
7	Early Intervention Services	0.59%	0.00%	0.59%	0.00%	1.25%
20	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%	0.00%
17	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%
16	Home and Community Based Health Services	6.67%	0.00%	6.70%	0.00%	5.91%
27	Hospice Services	0.00%	0.00%	0.00%	0.00%	0.00%
3	Mental Health Services	0.60%	0.00%	0.60%	0.00%	0.00%
23	Medical Nutritional Therapy	0.00%	0.00%	0.0%	0.00%	0.05%
4	Medical Case Management (MCC)	29.88%	0.00%	29.83%	0.00%	25.60%
18	Substance Abuse Services Outpatient	0.00%	0.00%	0.0%	0.00%	0.00%
10	Case Management (Non-Medical) BSS/TCM	5.92%	6.14%	5.91%	10.53%	8.60%
14	Child Care Services	0.00%	0.00%	1.00%	0.00%	1.00%
8	Emergency Financial Assistance		0.00%	0.00%	0.00%	2.50%
13	Food Bank/Home-delivered Meals	5.95%	0.00%	5.94%	0.00%	5.27%
6	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%
2	Housing Services RCFCI/TRCF/Rental Subsidies with CM	1.42%	93.86%	1.56%	89.47%	5.00%
21	Legal Services	0.16%	0.00%	0.16%	0.00%	1.00%
22	Linguistic Services	0.00%	0.00%	0.00%	0.00%	0.00%
9	Medical Transportation	1.89%	0.00%	1.89%	0.00%	1.52%
5	Outreach Services (LRP)	5.57%	0.00%	5.56%	0.00%	0.00%
12	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%	2.00%
19	Referral	0.00%	0.00%	0.00%	0.00%	0.00%
24	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%
25	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%
15	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%
	Overall Total	**100.0%**	**100.00%**	**100.0%**	**100.0%**	**100.00%**

LOS ANGELES COUNTY COMMISSION ON HIV

SERVICE STANDARDS REVISION DATE TRACKER as of 3/16/2021

	Standard Title	DHSP Program(s)	Date of Last Standard Revision	Program Currently Funded	Contract Expiration Date	Notes
1	AIDS Drug Assistance Program (ADAP) Enrollment		2009			ADAP contracts directly with agencies
Non-Medical Case Management						
2	Benefits Specialty	Benefits Specialty Services	2009	X	February 28, 2022	
3	Case Management, Transitional – Youth	Transitional Case Management-Youth	4/13/2017		March 31, 2020	Last funded two providers for this service through March 31, 2020
4	Case Management, Transitional – Incarcerated/Post Release	Transitional Case Management-Jails	4/13/2017	X	February 28, 2022	
5	Non-Medical Case Management	Linkage Case Management	12/12/2019		March 31, 2017	No longer funded.
6	Childcare		2009; currently being updated; latest draft revision date 12/14/2020			Last funded in 2009.
7	Emergency Financial Assistance Program (EFA)	EFA	6/11/2020	X	February 28, 2022	

8	Home-Based Case Management	Home-Based Case Management	2009	X	June 30, 2021	Contracts to be renewed for an additional 12 months in June 2021.
9	Hospice		2009			
10	Housing, Temporary: • Hotel/motel and meal vouchers, • Emergency shelter programs, • Transitional housing, • Income-based Rental Assistance, • Residential Care Facility for the Chronically Ill, and • Transitional Residential Care Facility	• Transitional Residential Care facilities (TRCF) • Residential Care facilities for the Chronically Ill (RCFCI) • Substance Use Transitional Housing (SUTH)	2/8/2018	X	February 28, 2022	
11	Housing, Permanent Supportive	Permanent Supportive Housing	2/8/2018		N/A	No contracts in permanent housing only temporary and worked with other entities for permanent housing (eg. DHS Housing for Health MOU).
12	Language Interpretation		2009		February 28, 2021	Contract expired 2-28-21, no response from provider need to solicit for new services again.
13	Legal	Legal Services	7/12/2018	X	August 24, 2024	New provider started December 2020
14	Medical Care Coordination	Medical Care Coordination	2/14/2019	X	February 28, 2022	New contracts started 3-1-19
15	Mental Health, Psychiatry, and Psychotherapy	Mental Health	2009	X	February 28, 2022	New FFS model started 8-1-17

16	Nutrition Support	• Food Bank • Home Delivery	2009	X	February 28, 2022	
17	Oral Health • Practice Guidelines for Treatment of HIV Patients in General Dentistry	• General Oral Health • Specialty Oral Health	2009 2015	X	February 28, 2022	
18	Outreach		2009		N/A	Never funded as a stand-alone contract. but has been part of Health Education/Risk Reduction. Linkage and Re-engagement Program (LRP) and partner services were supported as HRSA Part A Outreach Services. No contract for LRP and partner services because these activities are conducted by DHSP staff.
19	Peer Support		2009; integrated in Psychosocial Support 9/10/2020		October 15, 2009	No longer funded. Terminated due to state cuts back in 2009.
20	Permanency Planning		2009		February 28, 2010	No longer funded. It can be addressed by either BSS or Legal. Merged under legal contract in 2010.
21	Prevention Services: • Assessment; • HIV/STD Testing and Retesting; • Linkage to HIV Medical Care and Biomedical Prevention;		6/14/2018		HERR; 06/30/2021 VP: 12/31/2022 HIV Testing: 12/31 2022	"Take Me Home" online self HIV testing kits distributed through MOU with NASTAD. Self HIV tests kits also pending distribution through HIV/STD Testing contracts and with non-traditional community partners through MOUs.

	• Referral and Linkages to Non-biomedical Prevention; • Retention and Adherence to Medical Care, ART; and • Other Prevention Services				STD screening and Treatment: 12/31/2022 BIomedical: 6/30/2021	Currently evaluating extension of Biomedical contracts
22	Psychosocial Support		9/10/2020		August 31, 2017	No longer funded
23	Referral Services		2009		N/A	Not funded as a standalone service, included under various modalities
24	Residential Care and Housing		2009; integrated in Temporary and Permanent Supportive Housing 2/8/2018		(See #9 and 10)	
25	Skilled Nursing Facilities		2009		February 28, 2010	No longer funded replaced with RCFCI and TRCF- see under #24
26	Substance Use and Residential Treatment		4/13/2017		February 28, 2019	No longer funded. Funded by SAPC
27	Transportation		2009	X	February 28, 2023	New contracts began 6-1-20 and 9-1-20
28	Treatment Education		2009		October 15, 2009	No longer funded. Terminated due to state cuts. Activities incorporated into other programs (e.g. U=U social marketing)
29	Universal Standards		9/12/2019; currently being updated; latest draft		N/A	Not a program – standards that apply to all services

			revision date 12/16/2020 released for public comments			

LOS ANGELES COUNTY
COMMISSION ON HIV

Standards & Best Practices Committee
Standards of Care

- Service standards are written for service providers to follow
- Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer
- Service standards are essential in defining and ensuring consistent quality care is offered to all clients
- Service standards serve as a benchmark by which services are monitored and contracts are developed
- Service standards define the main components/activities of a service category
- Service standards do not include guidance on clinical or agency operations

Retrieved from https://targethiv.org/library/service-standards-guidance-ryan-white-hivaids-program-granteesplanning-bodies. December 2015.

Standards of Care Review
Guiding Questions

1. Are the standards up-to-date and consistent with national standards of high quality HIV and STD prevention services?

2. Are the standards reasonable and achievable for providers?

3. Will the services meet consumer needs? Are the proposed standards client-centered?

4. What are the important outcomes we expect for people receiving this service? How can we measure whether or not the service is working for them?

5. Is there anything missing from the standards related to HIV prevention and care?

6. Is there anything missing in regard to other topics such as reducing stigma, social determinants of health, immigration issues, support around insurance and housing, etc.?

7. Are the references still relevant?

STANDARDS AND BEST PRACTICES COMMITTEE 2021 WORK PLAN
Updated 4/14/21 (Revisions in RED)

Co-Chairs: Erika Davies & Kevin Stalter		
Approval Date: 3/1/21	**Revision Dates: 3/10/21, 4/14/21**	
Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021. **Prioritization Criteria:** Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.		
#	**TASK/ACTIVITY**	**TARGET COMPLETION DATE**
1	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission • Work with the BAAC TF to explore feasibility of designating a member to attend SBP meetings. • Seek input from the Aging Task Force (ATF) on service standards. Benefits Specialty and Home-Based Case Management services were cited as examples.	Start Jan/Ongoing
~~2~~	~~Complete Universal service standards.~~ COMPLETED	~~March-Executive Committee April- COH~~
3	Complete Childcare service standards. ~~Waiting for DHSP on provider survey results/summary.~~ Survey results presented on 4/6/21	May
4	Provide feedback on and monitor implementation of the local Ending the HIV Epidemic (EHE) plan: • Develop strategies on how to engage with private health plans and providers in collaboration with DHSP	~~On hold~~ Ongoing
5	Update Substance use outpatient and residential treatment service standards	July
6	Update Benefits Specialty service standards	August
7	Update Home-based Case Management service standards	September

LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010 · TEL. (213) 738-2816 · FAX (213) 637-4748
Website: http://hiv.lacounty.gov Email: hivcomm@lachiv.org

COMMITTEE MEMBERSHIP APPLICATION

COMMITTEE MEMBERSHIP APPLICATION SECTION 1: INSTRUCTIONS

Background. Consistent with federal Ryan White legislation, guidance from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), and Los Angeles County Code, Title 3—Chapter 29 (Code 3.29), the Los Angeles County Commission on HIV advises LA County's Board of Supervisors (BOS) on a range of issues related to HIV and STDs and the delivery of HIV/STD services countywide. In accordance with legislative mandate, the Commission must prioritize various types of HIV and STD care, treatment and prevention services; allocate federal funding and recommend local funding for those purposes; evaluate service effectiveness; assess the administrative structure's ability to use and expedite the use of funding and other relevant system of care issues; develop, implement and monitor a countywide continuum of HIV/STD services and comprehensive HIV/STD plan; and many other responsibilities.

Membership. The Commission comprises 51 seats representing range and diversity of interests, opinions, knowledge and experiences of the HIV stakeholder community: from HIV care/prevention patients/clients ("consumers"), service and medical providers, government agencies, academia, and other stakeholders who contribute to and/or are affected by the County's overall HIV and STD service response. Five committees lead the work of the Commission: Executive*, Operations, Planning, Priorities & Allocations (PP&A), Public Policy (PP) and Standards & Best Practices (SBP). **Individuals may be appointed by the BOS directly to various committees for added professional expertise, as a means of further engaging community participation in the planning process. As a BOS-appointed committee member, the member is entitled to voting privileges and contributes to the committee's quorum. *_Only BOS-appointed Commissioners are able to serve on the Executive Committee._**

Commitment | Minimum Expectations. Applicants must be willing and able to dedicate a minimum of **10 hours every month** to their designated committees and related activities. BOS-appointed committee members are expected to attend all respective committee meetings (regular and special). Committee members are similarly expected to be prepared and familiar with the issues and information discussed at the committee. Failure to attend four committee meetings over the course of a year may be a cause for removal or the member not being re-appointed to the committee.

Evaluation. The committees each define the specific criteria for adding members to their respective bodies, and nominates members to fulfill that criteria. The Commission's Operations Committee reviews all applications to ensure candidates conform to the criteria set by the committees. The full Commission approves all nominations to be forwarded to the Board of Supervisors. Committees cannot nominate a committee majority of non-Commission committee members.

Application Forms. The following renewal application is divided into four sections with different purposes and forwarded to different destinations. Information in Section 2 (Contact Information) is kept confidential at the Commission office to the extent described and as you permit. Sections 3 and 4 are presented to the Operations Committee and the Commission, and Section 4 is referred to the Board of Supervisors. The Operations Committee, Commission and Board of Supervisors are all public forums, and the information provided in those sections is made available for public scrutiny.

Transparency and Public Documents. The Commission is a public entity that complies with the California's transparency and public meeting laws and requirements. In particular, the Ralph M. Brown Act ("Brown Act") dictates how public bodies, such as the Commission, must conduct themselves in prescribed ways to ensure openness, transparency and opportunities for public input. Since the Operations committee and Commission meetings are open to the public, any information reviewed or provided during Commission or committee meetings is considered a "public document" (the public can see it, reference it, use it, and/or request copies). However, since applications are offered by individuals in their private capacity to become future member of the HIV commission, the completed applications are not subject to the Brown Act.

However, if an applicant is recommended for approval, all sections of the application form excluding Section 4 will become a public document during the BOS appointment process. Therefore, applicants are informed to not divulge any information on the application form that the applicant would not want to be known publicly.

Application Submission. This Committee Membership Application (and the application form herein) is available in print or electronically. Potential candidates may request applications by contacting the Commission office at (213) 738-2816 and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at http://hiv.lacounty.gov. Submit your application via mail or in person to the Commission office located at 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010. Applications may also be emailed to hivcomm@lachiv.org.

Staff will confirm receipt of all applications via email. Upon receipt of the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Thereafter, staff will notify you appropriately of the Commission's recommendation for appointment and/or final BOS appointment.

If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

SECTION 2: CONTACT INFORMATION

1. **Are you willing and able to commit to the minimum standards expected for committee participation?** Yes ☑ No ☐

2. **Name:** Mark Mintline
(Please print name as you would like it to appear in communications)

3. **Organization** *(if applicable)*: Western University of Health Sciences

4. **Mailing Address:** 309 E. 2nd St. Rm3204

5. **City:** Pomona **State:** CA **ZIP:** 91766

6. **TEL:** (909) 469-8482 **FAX:** (909) 469-8650

7. **E-Mail:** mmintline@westernu.edu
(Standard Commission contact and communication is done through e-mail)

8. **Cell/Mobile Phone** *(optional)*: ( )

9. **Other Contact Information** ***(optional)***:
Type of Address: ☐ Home ☐ Work **Other:**
Address:
City: **State:** **ZIP:**
TEL: ( ) **FAX:** ( )
E-Mail:

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.

Mark Mintline — *Signature*

02/17/2021 — *Date*

Mark Mintline — *Printed Name*

SECTION 3: EXPERIENCE

1. **Which Commission committee are you asking to join?**

☐ Public Policy (PP) ☐ Operations ☐ Planning, Priorities & Allocations (PPA) ☑ Standards & Best Practices (SBP)

2. **Why do you want to join the committee?**

I would like to offer my expertise as a dentist and oral pathologist. I am an assistant professor at Western University of Health Sciences and program contact person for the Ryan White HIV/AIDS Program Part F application. As a possible Ryan White Part F grantee (initial applicant) in Los Angeles county, I would like to advocate for oral health services for patients with HIV.

3. **Please summarize your background and experience** ***(please attach curriculum vitae, resume and/or relevant information).***

Please see attached brief CV for background and experience.

4. **What specific skills and expertise(s) can you bring to the committee?**

I am an assistant professor at Western University of Health Sciences with a background in oral pathology and general dentistry. As a possible Ryan White Part F grantee (initial applicant) in Los Angeles county, I would like to advocate for oral health services for patients with HIV.

5. **Committee membership entails certain obligations. Appointed committee members are entitled to voting privileges on the committee and contribute to meeting quorums. If you are appointed to the committee, you agree to attend the committee's regularly and specially scheduled meetings.**

☑ As a Board-appointed committee member, I agree to fully participate in committee activities, including regularly attending to committee.

Mark Mintline
Signature

02/17/2021
Date

Mark Mintline
Printed Name

SECTION 4: STATEMENT OF QUALIFICATIONS

Name: _____
Please Type or Print

Nominee: Los Angeles County Commission on HIV Committee

Nominated by: Los Angeles County Commission on HIV Committee

Please Type or Print

Name: Mark Mintline ☐ **Female** ☑ **Male**

City where you reside: West Covina, California

Education:
UC Davis: BS in biochemistry and molecular biolgy

UCLA School of Dentistry: DDS

Univesrity of Florida, College of Dentsitry: oral and maxillofacial pathology certificate

Occupation: Assistant professor **Employer:** Western Univesrity of Health Sciences

Former Business/Professional Experience:
Shasta Pathology Associates: oral and maxillofacial pathologist

Shasta Community Health Center: dentist

Rolling Hills Dental Clinic: dentist

Organizational Affiliations *(professional, business, homeowner, etc.)*:
Western University of Health Sciences

Are you generally available for daytime or nighttime Commission meetings?
Yes ☐ **No** ☑

If no, please explain:
I am generally available pending clinic and teaching responsibilities.

Are you registered to vote in Los Angeles County? Yes ☑ No ☐

Have you ever been convicted, fined, imprisoned, placed on probation, received a suspended sentence or forfeited bail for any offense (except non-moving traffic violations) by any court (including convictions dismissed under Penal Code Section 1203.4?

Yes ☐ No ☑

If yes, what offense or offenses?

_____

_____

At the present time, do you hold any position with any public entity?

Yes ☐ No ☑

If yes, what public entity or entities and what position or positions?

_____

_____

_____

_____

_____

A statement of duties and/or qualifications of the position for which you are being considered are attached. Please read the statement and write below why you are particularly suited to serve the people of the County of Los Angeles in this position. You may attach additional sheets of paper for your response (optional).

_____

_____

_____

_____

_____

_____

_____

Please indicate the names, addresses, and phone number of references (optional):

Elizabeth Andrews: eandrews@westernu.edu

CONSENT AND CERTIFICATION

I have reviewed the attached description of qualifications and duties for the position. I am able to perform all duties. I am willing to serve.

I acknowledge that the County of Los Angeles may contact other entities or other persons to confirm information I have provided.

I consent to these contacts.

I certify that all statements and representations made in this Statement of Qualifications are true and correct.

Dated: 02/17/2021 Mark Minkine
(Signature)

Name: ☐ Mark Mintline
Please Type or Print

Nominee: Los Angeles County Commission on HIV Committee

Nominated by: Los Angeles County Commission on HIV Committee

ACKNOWLEDGMENT OF CONFLICT OF INTEREST INFORMATION

I acknowledge that I have been advised that Los Angeles County has made advance disclosure of potential Conflicts of Interest applicable to all members of commissions, committees and boards.

This means among other things, that I will disqualify myself from participation in any governmental matters in which I have an economic interest. If I have any questions regarding the propriety of my participation in such governmental matters, I will consult with the County Counsel.

I have also received a copy of applicable definitions and explanation of the requirements.

☐ Mark Mintline
(Signature)

☐ 02/17/2021
(Date)

LOS ANGELES COUNTY COMMITTEE MEMBER

COUNTY-RELATED FINANCIAL DISCLOSURE QUESTIONNAIRE

The following questionnaire requests certain information with respect to the financial and other interests that may be connected with the County or with your duties as a commissioner, committee member, or board member. In the spirit of the purposes of such disclosure, your answers should be liberally construed to disclose any interests that might be reasonably expected to be particularly affected by commission/committee/board action or to be disclosed in the public interest. Before answering any of the questions, please read the definitions listed below care-fully; they are intended to further your understanding of the types of information that should be disclosed.

NOTE: The information called for in the financial disclosure questionnaire relates only to income, real property, investments, or business interests which are the subject of business transactions with the County, or which are subject to the regulation, inspection, or enforcement authority of the County or of the commission, committee or board for which you are being considered for appointment. YOU ARE NOT REQUIRED to disclose this information if such is not the case.

When describing any investment of business interest, you need only describe it sufficiently to identify it. Thus, with respect to real property, the address or other precise identification of the location would be given. With respect to ownership interests in business entities the name of the business entity and a statement of the nature of your interest (e.g., common stock, partnership interest, director, trustee, etc.) are sufficient. With respect to disclosure of remuneration, the business entity that is the source should be described, but the nature of the income (e.g., dividends, salary, etc.) need not be described.

DEFINITIONS

"Interest in real property" includes any leasehold, beneficial or ownership interest or an option to acquire such an interest in real property if the fair market value of the interest is greater than one thousand dollars ($1,000). Interests in real property of an individual include a pro rata share of interests in real property of any business entity or trust in which the individual or his immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

"Investment" means any financial interest in or security issued by a business entity, including but not limited to common stock, preferred stock, rights, warrants, options, debt instruments and any partnership or other ownership interest, if the business entity or any parent, subsidiary or other-wise related business entity has an interest in real property in the County, or does business with the County, plans to do business with the County, or has done business with the County at any time during the last two years. No asset shall be deemed an investment unless its fair market value exceeds one thousand dollars ($1,000).

The term "investment" does not include a time or any insurance policy, interests in a diversified mutual fund registered with the Securities and Exchange Commission under the Investment Company Act of 2040 or a common trust fund which is created pursuant to Section 1564 of the Financial Code, or any bond or other debt instrument issued by any government or government agency. Investments of an individual DO include a pro rata share of investments of any business entity or trust in which the individual or his immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

"Income" means income of any nature from any source including, but not limited to, any salary, wage, advance, payment, dividend, interest, rent, capital gain, or return of capital. Income of an individual also includes a pro rata share of any income of any business entity or trust in which the individual or his immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

Name: Mark Mintline
Please Type or Print

Nominee For: Los Angeles County Commission on HIV

Nominated By: Los Angeles County Commission on HIV

COUNTY-RELATED FINANCIAL DISCLOSURE

QUESTIONNAIRE

(For reappointments, list income since last questionnaire)

1. **List all contracts entered into, bid on, or negotiated with the County or any County board, commission, or committee either as an individual or by any business in which you or your immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.**

None

2. **List each source of income aggregating more than $250 during the last 12 months derived from real property that you or your immediate family owns directly, indirectly or beneficially and is leased or rented by the County or is subject to regulation, inspection, or enforcement authority of the County or the board, commission, or committee for which you are being considered for appointment.**

None

3. **List any source of income (aggregating more than $250 during the last 12 months) that has regular transactions with any County agency, board, committee or commission.**

None

4. **List all investments worth more than $1,000 in entities in which you or your immediate family owns directly, indirectly or beneficially, a ten percent interest or greater, and provides or sells services or supplies utilized by the County or are subject to regulation, inspection, or enforcement authority of the County or of the board, commission, or committee for which you are being considered for appointment.**

None

5. **List the name of any business entity for which you were a director, officer, partner, trustee, or employee or for which you held any position of management that is the subject of any business transactions with the County or which is subject to regulation, inspection, or enforcement authority of any County agency or by the board, commission, or committee for which you are being considered for appointment.**

None

Western University College of Dental Medicine
CURRICULUM VITAE

Prepared: 12/03/2020

Name: Mark Mintline

Home: 301 South Glendora Avenue Unit 1225
West Covina, CA 91790-3083

Position: Assistant Professor, Co-Director of Advanced Diagnostic Workgroup

Address: 309 E. Second Street, Room 3204
Pomona, CA 91766-1854
Telephone: (909) 469-8482
Fax: (909) 469-8650
Email: mmintline@westernu.edu
Website: https://www.westernu.edu/

795 E. Second Street, Suite 8
Voice: (909) 706-3910
Fax: (909) 469-8650
Email: mmintline@westernu.edu
Website: https://www.westernu.edu/

EDUCATION:

09/2005-06/2009	University of California, Davis	Davis, California	B.S.
09/2009-06/2013	UCLA School of Dentistry	Los Angeles, California	D.D.S.
07/2013-06/2016	University of Florida, College of Dentistry	Gainesville, Florida	Certificate

LICENSES, CERTIFICATION:

2013	Dental National Board Certification
2013	Dentist License, California Dental Board
2013	DEA Certification
2015	Fellow, American Academy of Oral & Maxillofacial Pathology
2016	Board Certification, American Board of Oral & Maxillofacial Pathology
2016	Basic Life Support Certification
2018	Oral and Maxillofacial Pathology Laboratory Director, California Department of Public Health

PRINCIPAL POSITIONS HELD:

07/2015-06/2016	University of Florida, College of Dentistry Gainesville, Florida	Chief Resident of Oral & Maxillofacial Pathology
07/2016-10/2016	University of Florida, College of Dentistry Gainesville, Florida	Post-Residency, Fellow ABOMP Board Preparation
01/2017-01/2018	Good News Rescue Mission Redding, CA	Dentist, volunteer
07/2017-06/2018	Shasta Community Health Center Redding, California	Dentist
07/2017-06/2018	UCSF School of Dentistry San Francisco, California	Clinical Instructor
07/2017-06/2018	Western University of Health Sciences Pomona, California	Assistant Clinical Professor
07/2017-06/2018	NYU Lutheran, Dental Medicine Brooklyn, New York	AEGD Assistant Clinical Professor
07/2017-06/2018	AT Still University Arizona School of Dentistry & Oral Health Mesa, Arizona	Assistant Clinical Professor
01/2018-06/2018	Rolling Hills Dental Clinic Red Bluff, California	Dentist
09/2017-06/2018	Shasta Pathology Associates Redding, California	Oral & Maxillofacial Pathologist
07/2018-Present	Western University of Health Sciences Pomona, California	Assistant Professor

HONORS AND AWARDS:

2009	UC Davis, Graduated with Highest Honors
2009	UC Davis, Completed the Integration Studies Honors Program
2009	UC Davis, Completed the Davis Honors Challenge Program
2009	UC Davis, College of Biological Sciences Citation for Outstanding Performance
2013	Wilson-Jennings-Bloomfield UCLA Venice Dental Center Award:

	Excellence in General Dentistry and Clinical Care
2013	UCLA, Section of Oral & Maxillofacial Surgery Award
2013	UCLA, AAOMP Student Award
2015	AAOMP, Waldron Award: Best Resident Research Poster at Annual Meeting
2016	UFCD, Spring Synergy First Place Oral Presentation: Excellence in MS/Resident Research

KEYWORDS/AREAS OF INTEREST:

Oral health, clinical oral pathology, general dentistry, bone lesions, preventive dentistry, dental imaging, hematologic malignancies, oral pathology, dental education.

CLINICAL ACTIVITIES SUMMARY:

I am committed to improving the public's oral health with compassionate clinical care and education. I want to provide the public with a better understanding of oral health, deliver comprehensive oral care, and diagnose oral lesions. I take pride in providing oral medicine services to underserved populations and mentoring dental professionals.

PROFESSIONAL ACTIVITIES

PROFESSIONAL ORGANIZATIONS

Memberships

2013-2017	American Dental Association
2013-2017	California Dental Association
2017	Northern California Dental Society
2015-2020	American Academy of Oral & Maxillofacial Pathology

INVITED PRESENTATIONS

NATIONAL

2018	American Academy of Oral & Maxillofacial Pathology Annual Meeting, Cincinnati, OH (oral presentation)
2016	American Academy of Oral & Maxillofacial Pathology Annual Meeting, Cincinnati, OH (oral presentation)
2015	American Academy of Oral & Maxillofacial Pathology Annual Meeting, San Diego, CA (poster)
2014	American Academy of Oral & Maxillofacial Pathology Annual Meeting, St. Augustine, FL (poster)

REGIONAL AND OTHER INVITED PRESENTATIONS

2015	Society for Hematopathology Workshop, Long Beach, CA (presentation)
2017	Oral Surgery Grand Rounds, UCLA School of Dentistry, Los Angeles, CA (lecture)
2017-2018	UCLA School of Dentistry, Oral Surgery Department (lecture series)
2019	Indian Health Services Dental Conference, Sacramento, CA (oral presentation)

RYAN WHITE HIV SUBSTANCE USE DISORDER - RESIDENTIAL HOUSING SERVICES

Draft for internal use only – do not distribute

Background

The Drug Medi-Cal Organized Delivery System (DMC-ODS) 1115 demonstration waiver was created by the California Department of Health Care Services in 2015 to address gaps in patient access to and success in substance use disorder (SUD) treatment as a result of fragmented service system. Los Angeles County (LAC) joined as demonstration site in 2017.

Historically Ryan White (RW) SUD Services included Outpatient and Residential with three subcategories: Detox, Rehabilitation and Transitional. Under DMC-ODS, these services are provided by the LAC Substance Abuse Prevention and Control (SAPC) program that include:

- Outpatient (OP), Intensive outpatient (IOP)
- Opioid (narcotic) treatment program (OTP)
- Withdrawal management (WM)
- Medication-assisted treatment (MAT)
- Short- term residential (RS)
- Case management and care coordination with physical and mental health
- Recovery support services.

The current Ryan White SUD Services consists of one subcategory, residential housing, that was implemented March 1, 2019 (Ryan White Year 29) and intended to supplement DMC-ODS as Ryan White is the payer of last resort.

Overview of SUD Services

The current contracts for this service category are for RW years 29-31 (March 1, 2019-February 28, 2022). The contracted agencies include Tarzana Treatment Centers and Safe Refuge. The following details are summarized from the from the contract scope of work.

Contractor requirements

1. Licensed Programs: must operate as an adult residential facility, a community care facility, a transitional housing facility or a congregate living facility
2. Unlicensed programs: same facilities as listed for licensed with a current, written plan of operation on file.

Service Description: to provide interim housing with supportive services for up to one (1) year exclusively designated and targeted for recently homeless persons living with HIV/AIDS in various stages of recovery from substance use disorder. The purpose of the service is to facilitate continued recovery from substance abuse and movement toward more traditional,

permanent housing through assessment of the individual's needs, counseling, and case management.

Service Population: indigent persons living with diagnosed HIV in Los Angeles County who are:

1. Are homeless/unstably housed:
   a) Lack a fixed, regular, and adequate residence, as well as the financial resources to acquire shelter;
   b) Reside in a shelter designed to provide temporary, emergency living accommodations;
   c) Reside in an institution that provides a temporary residence for individuals intended to be institutionalized; or,
   d) Reside in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
2. Uninsured or underinsured (current health plan does not cover services);
3. Have an income at or below 500% Federal Poverty Level; and,
4. In recovery.

Key Service Activities

1. Initial Intake: required during the first contact for all potential clients and includes
   a) Service eligibility and documentation
      - Proof of HIV diagnosis
      - Financial screening
      - Proof of residency in Los Angeles County
      - Proof of medical insurance or that client is underinsured or uninsured
      - Completion of a substance use treatment program in the past six weeks
      - In need of interim housing
   b) Client demographic data, emergency contact information, and next of kin, and
   c) Medical history complete with CD4 count and viral load measurements.
2. Assessment (agency-specific, not developed by DHSP)
3. Reassessment every 6 months (agency-specific, not developed by DHSP)
4. Client education (HIV/STD prevention and risk reduction, addiction education, medical complications of substance use, medication adherence)
5. Contagious/Infectious Disease Prevention and Intervention (screening and treatment for non-HIV infectious disease included Tuberculosis.
6. Treatment Plan (developed from assessment and updated at re-assessment every six months)
7. Referral Services (primary medical services, mental health, legal and financial services)
8. Partner Services (provided by contracted agency staff)
9. Support Services and Discharge Planning (includes written aftercare plan and specific SUD treatment recommendations).

Commented [WG1]: Would add Hepatitis

Limits on service utilization: shall not exceed one year per client with two six-month extensions (as approved by DHSP)

Bed hold policy: Contractor can hold a client's bed for up to two one-night bed holds per client per quarter for medical emergencies or therapeutic reasons. Unused bed holds cannot be carried forward

Reimbursement Structure

SUD Services – Residential has a fee-for-service reimbursement structure. This means contracted agencies are only reimbursed for those services they bill to DHSP.

Billable service units: number of days an individual occupied a bed (physically present in the facility overnight). This includes either the first day of admission or the day of discharge but not both unless entry and exit days are the same.

Service unit definition: day unit of services defined as a 24-hour period in which a resident receives housing and meals.

Service tracking measures:

1. Number of unduplicated clients
2. Number of service days delivered

Budget Information?

SUD services are supported through Ryan White Part B funds. Amount allocated for service by agency yrs. 29-30

Amount expended by agency

Contractor Reporting Requirements

1. Narrative Reports
   - Monthly reports (written report)
   - Semi-annual reports (six-month summary submitted January-June and July-December)
   - Annual report (written report for calendar year)
2. Client-level Data (submitted monthly through HIV Casewatch)
   - Eligibility data
   - Demographic/resource data
   - Service utilization data
     - Case Management Services (Tarzana only)

- HIV/STD Education (Tarzana only)
- Mental Health Services (Tarzana only)
- Routine Medical Care (Tarzana only)
- Vocational/Employment Counseling (Tarzana only)
- Transitional Housing (per day – Safe Refuge only)

- Core medical and support services outcomes, and
- Service linkages/referrals to other service providers

Service Utilization Summary for Year 29-30

A total of 115 clients utilized SUD Transitional Housing Services in Year 29 (March 1, 2019-February 28, 2020). Key client characteristics are described below. As Year 30 data is still under review, client demographics are not yet available.

- Race/Ethnicity: The majority of clients identified as Black (42%), followed by Latinx (34%), White (23%) and 1% were Asian.

- Gender Identity: Most clients identified as cisgender men (92%) while 3% identified as cisgender women and 3% as transgender women.

- Sex at Birth: Nearly all clients were male sex at birth (97%).

- Age: Most clients were aged 30-49 (53%), followed by client age 50-59 (23%), age 18-29 (17%) and 60 and older (7%).

- Primary Language: Nearly all clients (97%) identified English as their primary language.

- County of Birth: Nine out of 10 clients reported being born in the US (90%).

- Income by Federal Poverty Level (FPL): Nearly all clients were living at or below FPL (97%).

- Insurance Status: One in 8 clients was publicly insured (81%), 15% had no insurance and 4% had private or other insurance.

- Housing Status: Over half of clients reported experiencing homelessness at entry into services (51%), 26% were permanently housed, 21% were living in an institutional setting and 2% did not report.

- Incarceration History: Most clients had previous experience with the criminal justice system (57%).

- Receipt of Ryan White Medical Care: Few clients (6%) received medical care paid for by Ryan White in the reporting year.
- Engagement in HIV Care: Nearly all clients (99%) were engaged in HIV care during the reporting year.

- Retention in HIV Care: Most clients (84%) were retained in HIV care in the reporting year.

- Viral Suppression: Eight-seven percent (87%) of clients had suppressed HIV viral loads (less than 200 copies/mL at most recent test in the reporting period).

Listed below in Table 1 are the total number of clients for whom services were reported and paid for by DHSP in each Ryan White year, the total days of services provided and the average days of service per client. Note that no clients were reported by Safe Refuse in Year 30.

While the number of clients reported, the days of service reported and the averaged days of service per client increased from Year 29 to Year 30, please note that Year 30 data are preliminary but suggest that that Tarzana continued to provide these services during the COVID-19 stay at home orders.

Table 1: Total SUD Transitional Housing Clients Served by Contracted Agency, Los Angeles County, Ryan White Years 29-30* (March 1, 2019-February 28, 2021)

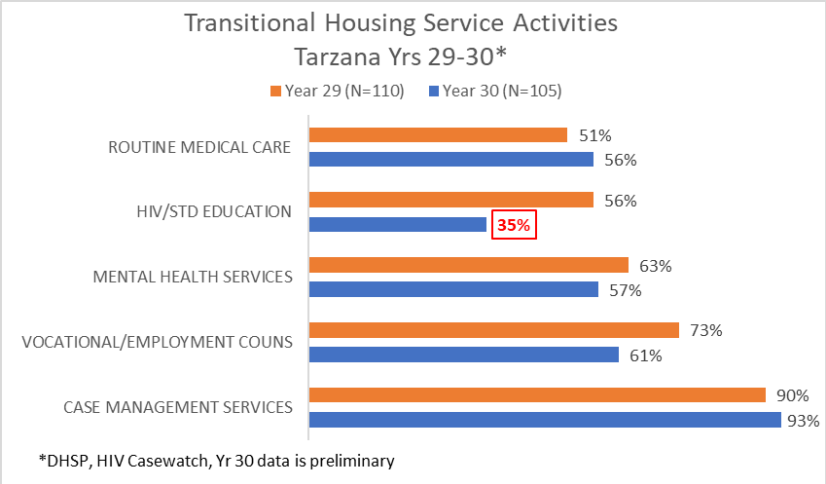
AGENCY	RW YEAR	TOTAL CLIENTS	DAYS OF SERVICE	AVERAGE DAYS PER CLIENT
SAFE REFUGE				
	29	5	653	130.6
	30	0	0	0
TARZANA				
	29	110	11,484	104.4
	30	105	11,872	113.1

*DHSP, HIV Casewatch, Year 30 data are preliminary

In addition to days of service, Tarzana also reported provision of specific service activities as presented below. Figure 1 presents the percent of clients who received each type of activity of the of the total number of clients served each year. Year 29 is represented by the orange bars and Year 30 by the blue bars. Further information is needed to understand if every client

should have received each service or whether this is determined by their care plan. Of note, there was a dramatic decrease in the proportion of clients who received HIV/STD education from Year 29 to Year 30.

Figure 1: Transitional Housing Service Activities Reported by Tarzana Treatment Centers, Years 29-30



Substance Abuse Services (Residential) per HRSA PCN #1602:

Description:
Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Substance Abuse Services (residential) are not allowable services under RWHAP Parts C and D.

Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

RWHAP funds may not be used for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license.

LOS ANGELES COUNTY
COMMISSION ON HIV

CHILDCARE

STANDARDS OF CARE

DRAFT—UPDATED 12/14/20

MOTION #3 (SBP 5/4/21)

LOS ANGELES COUNTY COMMISSION ON HIV

CHILDCARE SERVICES STANDARDS OF CARE

IMPORTANT: The service standards for childcare adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)

HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A

Service Standards: Ryan White HIV/AIDS Programs

INTRODUCTION

Standards of Care for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Childcare Services Standards of Care to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) can receive quality childcare services when attending core medical and/or support services appointments and meetings. The development of the Standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, Women's Caucus, and the public-at-large.

CHILDCARE SERVICES OVERVIEW: ALLOWABLE USE OF FUNDS

HRSA allows the use of Ryan White Part A funding for childcare services for the children of clients living with HIV, provided intermittently, **only while** the client attends in person, telehealth, or other appointments and/or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions. Part A funded childcare services cannot be used while the patient is at school or work. Only Ryan White Part A community advisory board meetings and Part A funded support groups are covered in these standards. The goal of childcare services is to reduce barriers for clients in accessing, maintaining and adhering to primary health care and related support services. Childcare services are to be made available for all clients using Ryan White Part A medical and support services. "**Licensed**" means childcare providers who are

licensed by the State of California and are required to maintain minimum standards related to physical size of the facility, safety features, cleanliness, staff qualifications, and staff-to-child ratios.

Childcare services may include recreational and social activities for the child/children, if provided in a licensed childcare setting including drop-in centers in primary care or satellite facilities. However, funds may not be used for off-premise social/recreational activities or gym membership. Existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services.

All service providers receiving funds to provide childcare services are required to adhere to the following standards.

Table 1. CHILDCARE SERVICE REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Eligibility and Need	Eligibility for Ryan White and need for childcare service are identified at intake and assessments by agencies providing licensed childcare.	Documentation of eligibility and in the client's primary record must reflect the appointment and/or meeting/group/training session attended.
Licensed Child Care Centers and Family Child Care Homes	Licensed childcare facilities must carry a valid active license as a childcare provider in the State of California. Services must be delivered according to California State and local childcare licensing requirements which can be found on the California Department of Social Services, Community Care Licensing Division website.[1]	a. Appropriate liability release forms are obtained that protect the client, provider, and the Ryan White program b. Providers must develop policies, procedures, and signed agreements with clients for childcare services. c. Documentation that no cash payments are being made to clients or primary care givers
Training	Agencies providing childcare are responsible for ensuring	Record of trainings on file at provider agency.

[1] https://cdss.ca.gov/inforesources/child-care-licensing

	childcare providers are trained appropriately for their responsibilities. In addition to State-required training for licensed childcare providers, childcare staff must complete the following training: • Domestic violence • HIPAA and confidentiality • Cultural diversity • HIV stigma reduction • LGBTQ 101 • Ryan White programs and service referral	
Language	Whenever possible, childcare should be delivered in the language most familiar to the child or language preferred by the patient. If this is not possible, interpretation services must be available in cases of emergency.	Appropriate language noted in client or program file.
Confidentiality	Agencies coordinating and providing childcare services must ensure client confidentiality will always be maintained. HIV status shall never be disclosed to anyone.	Written confidentiality and HIPAA policy in place. Documentation of notice of privacy and confidentiality practices provided to clients and/or family members before the start of service. Signed confidentiality policy and agreements for all employees on file and reviewed during new hire orientation and annually.
Service Promotion	Agencies coordinating licensed childcare services are expected to promote the availability of childcare to potential clients, external partners, and other	Program flyers, emails, or website documenting that childcare services was promoted to clients and HIV service providers.

	DHSP-funded Ryan White service providers.	
Referrals	Programs coordinating childcare services will provide referrals and information about other available resources to adults living with HIV who have the primary responsibility for the care of children. Special consideration should be given to helping clients find longer term or additional childcare options and resources.[2] Whenever appropriate, program staff will provide linked referrals demonstrating that clients, once referred, have accessed services. Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients' needs are met.	Documentation of referral efforts will be maintained on file by coordinating agency. Description of staff efforts of coordinating across systems in client file (e.g. referrals to

[2] Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: https://childcare.lacounty.gov/resources-for-families-and-communities/

	Follow up with client in 30 days to track referrals related to care coordination.	housing case management services, etc.). Documentation of follow up in client file.
Transportation	Clients who demonstrate a need for transportation to and from the childcare site, must be provided transportation support. Agencies must follow transportation programmatic guidance and requirements from DHSP. Childcare must be provided in a manner that is more accessible and convenient for the client.	
Physical Environment	The design and layout of the physical environment have a profound impact on children's safety, learning, behavior and on the client's ability to focus on their medical and support services appointments. Childcare environments must have: • Internet access and computers for children to use to complete schoolwork or participate in virtual classes if the parent/caregiver Ryan White appointment occurs during school hours • Age-appropriate educational supplies • Healthy food/snacks • Masks and personal protective equipment (PPEs) especially designed for children • A variety of inviting equipment and play materials accessible to children • Kid-friendly and visually appealing space with sufficient and uncluttered space for active play with an additional cozy space set aside for individual and quiet play • Kid-friendly videos available to watch • Available 5 days a week	

Appendix A: Examples of Childcare Resources

California Department of Social Services, Childcare Licensing
https://www.cdss.ca.gov/inforesources/child-care-licensing
The State of California requires licensed childcare providers to complete trainings in First Aid/CPR; fire and electrical safety; child development; waste disposal procedures; child abuse (includes sexual abuse); Health Insurance Portability and Accountability Act of 1996 (**HIPAA**) and confidentiality; infection control and preventative health measures; and the American Disabilities Act (ADA). Visit the website for additional information on childcare licensing rules and regulations.

Child Care Alliance Los Angeles offers voucher-based services for low income families.
https://www.ccala.net/

Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: https://childcare.lacounty.gov/resources-for-families-and-communities/

Los Angeles Education Partnership
www.laep.org
LAEP offers childcare for parent workshops, meetings, conferences, and other activities on a fee-for-service basis. LAEP brings all the necessary materials and supplies, including snacks.

STANDARDS OF CARE FOR HIV SUBSTANCE USE RESIDENTIAL AND TREATMENT SERVICES

Suggestions:
Change "measure" to "documentation"
Add hyperlinks to SAPC AOD certification standards
Add hyperlinks to SAPC Level of Care and Residential Designation links
Add hyperlinks to the CA Department of Healthcare Services

Approved by the Commission on HIV on 4/13/2017

TABLE OF CONTENTS

SUBSTANCE USE SERVICES STANDARDS OF CARE

Substance Use Outpatient/Treatment Services Definition
Per HRSA Policy Guidance, Substance Use Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Substance Use Residential Services
Per HRSA Policy Guidance, Substance Use Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This service includes:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:
Substance Use Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Substance Use Services Standards of Care
The overall objectives of the Substance Use Services standards of care are to:

- comply with state regulations, including licensing requirements, for substance Use services; and
- provide services with skilled, licensed professionals with experience and/or education in relevant disciplines.

The service specific standards of care for Substance Use Services provide additional

requirements around the following components of service provision:

A. Agency Licensing and Policies
B. Competencies

Substance Use Services providers are expected to comply with the Universal Standards of Care, as well as these additional standards.

A. Agency Licensing and Policies

The objective of the standards for agency licensing and policies for Substance Use Services is to ensure that programs comply with state regulations and licensing requirements.

If residential substance Use treatment services are provided in a facility that primarily provides inpatient medical or psychiatric care, the component providing the substance Use treatment must be separately licensed for that purpose.

A. Agency Licensing and Policies (Substance Use)	
Standard	**Measure**
Agency is licensed and accredited by appropriate state and local agency to provide substance Use services.	Current license(s) on file.

B. Competencies

The objective of the competencies standards for Substance Use Services is to ensure that clients have access to the highest quality services through experienced and trained staff.

B. Competencies (Substance Use)	
Standard	**Measure**
Staff members are licensed or certified, as necessary, to provide substance Use services and have experience and skills appropriate to the specified substance Use treatment modality.	Current license and résumé on file.

Key systems level changes affecting substance use disorder (SUD) treatment in Los Angeles County:

The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a new health care services paradigm for Medi-Cal eligible individuals with substance use disorders (SUD). The Los Angeles County Department of Public Health, Substance Use Prevention and Control (SAPC) will implement an initial benefit package for SUD services within the initial 12 months of approval

from the California Department of Health Care Services (DHCS). California's Medi-Cal 2020 1115(a) Waiver Demonstration Project paves the way for Los Angeles County (LAC) to increase access to substance use disorder (SUD) treatment services for adolescents and adults who are eligible for Medi-Cal.

It expands Drug Medi-Cal (DMC) reimbursable services beyond outpatient (OP), intensive outpatient (IOP), and opioid (narcotic) treatment program (OTP) to create a fuller continuum of care that includes withdrawal management (WM), medication-assisted treatment (MAT), short-term residential (RS), case management and care coordination with physical and mental health, and recovery support services. With the new benefits, also comes the responsibility to make placement decisions based on the American Society of Addiction Medicine (ASAM) Criteria and medical necessity; provide care at the lowest and most appropriate level of care (LOC), including improved transitions between LOCs; and use MAT in conjunction with other treatment services.

UPDATES TO SUBSTANCE USE SERVICES STANDARDS OF CARE:

As Ryan White serves as the payor of last resort for critical HIV/AIDS care and treatment services, its service level standards must align with SAPC's standards. In recognition of these systems-level changes to the treatment of SUD in publicly funded settings, the following changes are noted in the Substance Use Treatment and Residential Standards of Care:

- All Ryan White funded substance Use services must provide integrated services of behavioral health treatment and HIV medical care. An integrated behavioral health and HIV medical care program addresses alcohol, marijuana, cocaine, heroin, injection drug use (IDU), and prescription drug misuse; mental disorder treatment and HIV/viral hepatitis services, including HIV and hepatitis B and C testing; and use evidence-based interventions defined by the Substance Use and Mental Health Services Administration (SAMHSA).

- Use a trauma-informed approach following SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-aTrauma-Informed-Approach/SMA14-4884).

- Link clients and partners to appropriate community-based behavioral health services/systems including primary HIV care and antiretroviral treatment (ART), HIV pre-exposure prophylaxis (PrEP), primary health care, and other recovery support services.

- Offer and use appropriate behavioral health services include engagement services (e.g., outreach, assessment, service planning); outpatient treatment services; intensive outpatient treatment services; substance use or mental disorders residential treatment services; medication-assisted treatment (MAT); community support services such as case management (e.g., assessment, planning, linking, monitoring, and advocacy), and peer and other recovery support services http://www.samhsa.gov/recovery.

- Use the Medical Care Coordination Assessment tool to determine acuity level and eligibility for MCC services.

- Screen and assess clients for the presence of co-occurring mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having co-occurring disorders.

- Ensure that patients who need trauma-related services have access to these services through case management and referral to certified trauma providers.

- All clients who are considered to be at risk for vital hepatitis (B and C), as specified by the United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B and hepatitis C screening, must be tested for viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral.

- Provide a plan for providing referrals and linkages to follow-up care and treatment for all individuals infected with viral hepatitis (B or C).

- Develop a plan for case management of all clients who have a preliminary positive HIV and confirmatory HIV test result. The process of case management includes: comprehensive assessment of the client's needs and development of an individualized service plan.

- Medication Assisted Treatment (MAT) is an evidence-based substance Use treatment therapy. SAMHSA supports the right of individuals with an opioid or alcohol use disorder to be given access to MAT as appropriate under the care of a physician.

- Screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

Substance Use Treatment	
Standard	**Measure**
Providers must provide the following service components: • Intake • Individual counseling • Group counseling • Patient education • Family therapy • Medication services • Collateral services • Crisis intervention services • Treatment planning • Discharge services	A comprehensive written program service delivery protocol outlining how staff will deliver all service components based on SAPC, SAMHSA and ASAM guidelines.
Providers are responsible to provide culturally competent services. Services must be embedded in the organizational structure and upheld in day-to-day operations.	Agencies must have in place policies, procedures and practices that are consistent with the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS).
Agencies provide services that accounts for a client's age and developmental level to ensure his/her engagement into the treatment process.	Use of assessment and screening tools that establishes age and developmental levels and appropriate individualized treatment plan. Case notes clearly articulate action steps and treatment modifications for the client's age and developmental level.
Agencies must have procedures for linkage/integration of Medication-Assisted Treatment (MAT) for patients to ensure adequate access to core components of substance use disorder (SUD) treatment.	Established protocols for MAT following prescribing standards from the American Society of Addiction Medicine (ASAM) and SAMHSA.
Agencies must use Evidence-Based Practices such as Motivational Interviewing and Cognitive Behavioral Therapy, relapse prevention, trauma-informed treatment, and psychoeducation.	Written evidence-based program protocol.
Agencies must provide Field-Based Services (FBS) based on comprehensive assessment.	Proper certifications are in place for staff to provide FBS. Written FBS protocol.
Providers must deliver a variety of case management and care coordination services	Written case management and care coordination protocol.

including transitioning clients from one level of care to another and navigating the mental health, physical health, and social service delivery systems.	MOUs with agencies for ensuring coordination of services for patients. List of service providers and partners.
Providers must delivery recovery support services to clients upon discharge from treatment services, including outpatient /intensive outpatient programs.	Written recovery support services protocol. MOUs with agencies for ensuring coordination of care.
Agencies must maintain complete and thorough documentation of services provided to client.	Agencies maintain documentation based on the ASAM Criteria. Progress notes are thorough, dated, and verified by a licensed supervisor.

Substance Use – Residential	
Standard	**Measure**
Providers must provide the following service components: • Intake • Individual counseling • Group counseling • Patient education • Family therapy • Safeguard medications • Medication services • Collateral services • Crisis intervention services • Treatment planning • Transportation services • Discharge services	A comprehensive written program service delivery protocol outlining how staff will deliver all service components based on SAPC, SAMHSA and ASAM guidelines.
Appropriate medical evaluation must be performed prior to initiating residential treatment services, including physical examinations when deemed necessary.	Medical record of physical examinations and medical evaluation by a licensed medical provider.
Providers are responsible to provide culturally competent services. Services must be embedded in the organizational structure and upheld in day-to-day operations.	Agencies must have in place policies, procedures and practices that are consistent with the principles outlined in the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS).
Agencies must have procedures for linkage/integration of Medication-Assisted Treatment (MAT) for patients to ensure adequate access to core components of	Established protocols for MAT following prescribing standards from the American Society of Addiction Medicine (ASAM) and SAMHSA.

substance use disorder (SUD) treatment.	
Agencies must use Evidence-Based Practices such as Motivational Interviewing and Cognitive Behavioral Therapy, relapse prevention, trauma-informed treatment, and psychoeducation.	Written evidence-based program protocol.
Case management will assist patients in navigating and accessing mental health, physical health, and social service delivery systems.	Case notes must show that the initiating provider provided case management services and communicated with the next provider along the continuum of care to ensure smooth transitions between levels of care. If the client is referred to a different agency, case notes must show that the client has been successfully admitted for services with the new treating provider.
Providers must delivery recovery support services to clients to sustain engagement and long-term retention in recovery, and re-engagement in SUB treatment and other services and supports as needed.	Written recovery support services protocol. MOUs with agencies for ensuring coordination of care.
Agencies must maintain complete and thorough documentation of services provided to client.	Agencies maintain documentation based on the ASAM Criteria.

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This document was under the guidance of the Los Angeles County Commission on HIV, Standards and Best Practices (SBP) Committee and critique from subject matter experts. We thank them for their leadership and dedication to ensuring that high quality HIV services are accessible to PLWHA.

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