



EXECUTIVE COMMITTEE Virtual Meeting

Thursday, August 27, 2020

1:00PM-3:00PM (PST)

Agenda + Meeting Packet will be available on the Commission's
website at:

<http://hiv.lacounty.gov/Executive-Committee>

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/yxfv4bjx>

**link is for non-Committee members + members of the public only*

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Access code 145 970 4372

PUBLIC COMMENTS

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LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE **VIRTUAL** MEETING OF THE
LOS ANGELES COUNTY COMMISSION ON HIV (COH)
EXECUTIVE COMMITTEE

Thursday, August 27, 1:00 P.M.–3:00 P.M.

To Join by Computer: <https://tinyurl.com/yxfv4bjx>

**link is for non-Committee members + members of the public only*

To Join by Phone: +1-415-655-0001

Access code: 145 970 4372

Executive Committee Members:			
<i>Al Ballesteros, MBA, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Raquel Cataldo	Michele Daniels (Exec At-Large)
Erika Davies	Joseph Green	Lee Kochems, MA	Katja Nelson, MPP
Mario Perez, MPH	Juan Preciado	Kevin Stalter	
QUORUM*:	6		

**Due to COVID-19, quorum requirements suspended for teleconference meetings per Governor Newsom's Executive Order N-25-20*

AGENDA POSTED: August 24, 2020

ATTENTION: Any person who seeks support or endorsement from the Commission or Committee 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.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto la oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á hivcomm@lachiv.org, por lo menos 72 horas antes de la junta.

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 a 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 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, and Conflict of Interest Statements 1:00 P.M. – 1:03 P.M.

I. ADMINISTRATIVE MATTERS

- | | | | |
|----|-----------------------------|-------------------|-----------------------|
| 1. | Approval of Agenda | MOTION # 1 | 1:03 P.M. – 1:05 P.M. |
| 2. | Approval of Meeting Minutes | MOTION # 2 | 1:05 P.M. – 1:07 P.M. |

II. PUBLIC COMMENT

- | | | |
|----|--|-----------------------|
| 3. | Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. | 1:07 P.M. – 1:10 P.M. |
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III. COMMITTEE NEW BUSINESS ITEMS

- | | | |
|----|---|-----------------------|
| 4. | Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda. | 1:10 P.M. – 1:13 P.M. |
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IV. REPORTS

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| 5. | Executive Director's/Staff Report
A. 2020 Commission Training Schedule | 1:13 P.M. – 1:30 P.M. |
| 6. | Co-Chair's Report
A. August 20, 2020 COH Meeting Feedback
B. Board Letter Regarding Contractual Process UPDATE
C. At Large Executive Committee Member Open Nominations REMINDER+ONGOING | 1:30 P.M. – 1:50 P.M. |
| 7. | Division of HIV and STD Programs (DHSP) Report
A. Fiscal, Programmatic and Procurement Updates
B. Ending the HIV Epidemic (EHE) Activities + Updates
(1) Review HRSA and CDC EHE Workplans + Roles for Commission | 1:50 P.M. – 2:05 P.M. |

8. **Standing Committee Reports:** 2:05 P.M. – 2:45 P.M.
- A. Operations Committee
 - (1) Membership Management
 - i. New Member Applications
 - 1. Paul Nash, CPsychol AFBPsS FHEA **MOTION #3**
 - 2. Stephanie Cipres, MPH **MOTION #4**
 - ii. Seat Change | LaShonda Spencer, MD
 - (2) Mentorship Program Implementation
 - B. Planning, Priorities and Allocations (PP&A) Committee
 - (1) Ryan White Program Years 30, 31 and PY 32 Service Category Prioritization **MOTION #5**
 - (2) Ryan White Program Years 30, 31 and 32 Allocations Percentages **MOTION #6**
 - C. Standards and Best Practices (SBP) Committee
 - (1) Psychosocial Standards of Care **MOTION #7**
 - (2) Child Care Standards of Care | UPDATE
 - D. Public Policy Committee
9. **Caucus, Task Force, and Work Group Reports:** 2:45 P.M. – 2:50 P.M.
- A. Aging Task Force | September 28, 2020 @ 10am-12pm
 - B. Black/African-American Community (BAAC) Task Force | September 28, 2020 @ 1pm-3pm
 - C. Consumer Caucus | September 10, 2020 @ 3pm-5pm
 - D. Women's Caucus | September 21, 2020 @ 2pm-4pm
 - E. Transgender Caucus | September 22, 2020 @ 10am-12pm
10. **V. NEXT STEPS**
10. Task/Assignments Recap 2:50 P.M. – 2:53 P.M.
11. Agenda development for the next meeting 2:53 P.M. – 2:55 P.M.
11. **VI. ANNOUNCEMENTS** 2:55 P.M. – 3:00 P.M.
12. Opportunity for members of the public and the committee to make announcements
13. **VII. ADJOURNMENT**
13. Adjournment for the meeting of August 27, 2020. 3:00 P.M.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve New Member Applicant, Dr. Paul Nash, for HIV Stakeholder seat and elevate to Executive Committee for approval, as presented or revised.
MOTION #4:	Approve New Member Applicant, Stephanie Cipres, for Part D representative seat, and elevate to Executive Committee for approval, as presented or revised.
MOTION #5:	Approve Ryan White Program Year (PY) 30, 31 and PY 32 Service Category Prioritization as presented or revised.
MOTION #6:	Approve Ryan White Program Year (PY) 30, 31 and PY 32 Allocations Percentages as presented or revised, and provide DHSP the authority to make adjustments of 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #7:	Approve the Psychosocial Support Standards of Care, as presented or revised.



LOS ANGELES COUNTY COMMISSION ON HIV



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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.

EXECUTIVE COMMITTEE MEETING MINUTES

July 23, 2020

Draft

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	COMM STAFF/ CONSULTANTS
Al Ballesteros, MBA, Co-Chair	Mario Pérez, MPH	Alasdair Burton	Cheryl Barrit, MPIA
Bridget Gordon, Co-Chair	Juan Preciado	Kevin Donnelly	Dawn McClendon
Raquel Cataldo	Kevin Stalter	Carlos Moreno	
Joseph Green	MEMBERS ABSENT	Aaron Fox, MPP	
Lee Kochems, MA	Michele Daniels	Lieutenant Commander Jose Ortiz	
Katja Nelson, MPP	Erika Davies	Greg Wilson	
		DHSP STAFF	
		Julie Tolentino, MPH	

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, 7/23/2020
- 2) **Meeting Guidelines:** Code of Conduct, Revised 4/11/19
- 3) **Solidarity Statement:** To End HIV, We Must End Racism, 2020
- 4) **Minutes:** Executive Committee Meeting Minutes, 6/25/2020
- 5) **Membership Application:** Kevin Donnelly, 1/9/2020
- 6) **Roster:** Proposed 2020 Membership Roster, COH Appvd 7/9/20
- 7) **Roster:** 2020 Membership Roster, Updated 6/18/2020
- 8) **PIR:** Parity, Inclusion and Reflectiveness, Updated 6/18/20

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST: Bridget Gordon, Co-Chair, called the meeting to order at 1:05 pm.

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 6/25/2020 Executive 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: There were no items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. Welcome, Introductions, and Virtual Meeting Management Reminders

B. County/Commission Operational Updates

- Cheryl Barrit, Executive Director, shared that the County's Department of Public Health recently reported that COVID-19 is now the second leading cause of death in Los Angeles County. Consequentially, the impact has also had devastating fiscal and workforce implications; Ms. Barrit reported that a large number of the County's workforce has transitioned into disaster service work to include Commission staff Sonja Wright and Ms. Barrit.
- Ms. Barrit reminded the Committee that in response to COVID-19 and the need for community members and partners to know what services and programs are being offered, the Commission created a Virtual Lunch & Learn Series (VLL) as a community engagement tool to provide a platform for information and resource sharing during COVID-19. To date, seven (7) VLL successful sessions have been held, attracting an average of 20-35 attendees per session.
 - Ms. Barrit noted that the VLL sessions have not only informed the Commission's efforts in developing a progressive agenda to address social determinants of health that include mental health, isolation, loss of healthcare, housing, the economic impact of COVID-19 as it relates to retention in care, etc., but have also been essential in acknowledging and addressing the operational and fiscal impact COVID-19 has had on many of our Community Based Organizations (CBOs)/AIDS Services Organizations (ASO) who are largely non-profits and who provide a safety net of services for the community.
 - The Commission will continue to work with community partners to host additional VLL sessions.

6. CO-CHAIR REPORT

Al Ballesteros, Co-Chair, reported that the Co-Chairs alongside Ms. Barrit and DHSP meet monthly telephonically with the HRSA Project Officer to discuss and provide updates on Commission activities. On its latest call, the Commission's priority-setting and resource allocation (PSRA) process, the letter sent to the BOS regarding its contracting process, and needs of consumers amid COVID were a few of the items discussed.

A. August 20, 2020 Commission on HIV Meeting | REMINDER

- The August Commission meeting has been rescheduled to August 20, 2020 to accommodate the virtual 2020 National Ryan White Program Conference.

B. July 9, 2020 Commission on HIV Meeting | FEEDBACK

- None reported.

C. Board Letter Regarding Contractual Process | UPDATE

- Co-Chairs and Ms. Barrit are continuing to work together to confirm meetings with the Board of Supervisors' Health Deputies to strategize ways to expedite the County's contracting process in order to immediately expend Ending the HIV Epidemic funding.

D. At-Large Executive Committee Member Open Nominations | REMINDER

- There continues to be two seat vacancies. If interested, contact Commission staff.

7. Division of HIV/STD Programs (DHSP) Report

- Mario Pérez, Director, reported that DHSP is currently performing closing exercises to wrap up its Ryan White Program Year 29 expenditures for Part A, B and MAI:
 - 90% of the MAI award has been expended; only \$280,000 of a \$3 million MAI award will be rolled over.
 - Positioned to meet the fiscal reporting deadline of July 31, 2020
 - Mr. Pérez reported that progress is being made in two areas of priorities:
 - Emergency Financial Assistance (EFA). Currently working with two partners to provide EFA to people living with HIV (PLWH).
 - Personal Protective Equipment (PPE). In final stages of investment with a third partner and projects to distribute PPEs beginning mid/late August 2020 for PLWH and providers (on a case-by-case basis).
 - Dr. Andrea Kim will be presenting the 2019 surveillance data report at the Commission's August 20, 2020 meeting.
 - In response to concerns regarding an uptick in methamphetamine (meth) injection use by PLWH amid the COVID-19 pandemic, citing that PLWH using meth have far worse outcomes when exposed to COVID, especially among those who are experiencing homelessness, Mr. Pérez expressed that DHSP will continue to work closely with its partners to address these mounting concerns.
- ➡ COH Staff will resend information regarding the NASTAD Webinar: Syringe Services Programs are Essential Public Health Infrastructure: Providing Services During the COVID-19 Epidemic – Wednesday July 29, 2020 3:00-4:00 PM EDT

8. ENDING THE HIV EPIDEMIC (EtHE) ACTIVITIES + UPDATES

- Julie Tolentino, MPH, reported that DHSP continues to meet weekly on EtHE. Ms. Tolentino acknowledged that although preliminary EtHE work had been performed prior to COVID-19, because of its impact on County contracting, procurement and hiring, DHSP is rethinking its strategies on how to expand its portfolio of services while remaining committed to ensuring services and resources are available to PLWH.
- Ms. Tolentino reported that EFA service implementation and expansion of home-based HIV testing is moving forward; thanked the Commission for approving its EFA Standards of Care.
- Ms. Tolentino announced that DHSP is creating an EtHE steering group to inform DHSP's planning activities which will be action-oriented and will lean upon existing planning groups such as the Commission to assist in promoting the EtHE's initiatives and activities in the community. The steering group is intended to engage non-traditional partners to expand its reach in the HIV community.
- Mr. Pérez shared that Ms. Tolentino is currently drafting definitions for the role and responsibilities of the steering group membership, which will include representatives from but not limited to:
 - COH leadership, i.e. COH Co-Chairs and/or Executive Director
 - COH Consumer Caucus
 - DHSP
 - Federally Qualified Health Centers (FQHC - Louise McCarthy, CCLA), housing and policy stakeholders who can engage and activate a much broader community base.

9. STANDING COMMITTEE REPORTS

A. Operations Committee

(i) Membership Management:

(a) New Member Applications

Kevin Donnelly **MOTION #3:** Approve New Member Application for Kevin Donnelly, as presented or revised, forward to the 7/9/2020 Commission Meeting for final approval (**Approved by Consensus**).

➡ Kevin Donnelly's new member application will be elevated to the August 20, 2020 COH meeting for approval.

(b) Mentorship Program Implementation: The Committee will begin implementation upon BOS appointment of the renewing and new member applications submitted to the BOS.

9. STANDING COMMITTEE REPORTS (cont'd)

B. Planning, Priorities, and Allocations (PP&A) Committee

(i) DHSP and COVID Landscape Overview

- DHSP staffing challenges were discussed as a result of a large majority of staffing being reassigned to COVID-related disaster service work, i.e contact tracing.

(ii). COVID Provider & Community Member Surveys

- Commission and DHSP COVID provider and community member surveys results were presented by Ms. Barrit and Pamela Ogata (DHSP), respectively, as a needs assessment tool to assist in the Committee's PSRA process; see COH website for PPT presentations.

(iii). Ryan White Program Utilization Data for Program Years 29 & 30

- Wendy Garland, MPH (DHSP) presented RWP PY 29 & 30 service utilization data to assist with the Committee's PSRA process; see COH website for PPT presentations.
- Co-Chairs encouraged all members and public to review the data available on the COH's website and to attend Part 2 of the PSRA process at its next meeting on August 18, 1-4pm.
- ➡ COH staff to send out meeting notice ahead of next meeting to encourage as many community members to attend.
- ➡ COH staff to send out PP&A data sets referenced

C. Standards and Best Practices (SBP) Committee

Kevin Stalter, Co-Chair, reported that the EFA Standards of Care (SOC) were approved by the Commission and transmitted to DHSP.

(i). Psychosocial Standards of Care | Public Comment Period 7/13-31, 2020

- The Psychosocial SOC is currently out for public comment; will be presented at the August 20, 2020 COH meeting.
- ➡ COH staff to send out Psychosocial SOC public comment reminder.

(ii). Child Care Standards of Care | UPDATE

- The Child Care SOC development is ongoing; currently seeking guidance from HRSA.

D. Public Policy Committee

Katja Nelson, Co-Chair, reported:

Federal Budget/Legislation/Policy:

- Health and Human Services (HHS) budget passed by the House representatives; pending Senate action.
- Senate COVID Stimulus bill pending.
- Presidential Advisory Council on HIV/AIDS (PACHA) will meet August 6, 2020; save the date.

State Budget/Legislation/Policy:

- State legislature will not augment its current budget
- State will have an estimated \$10-14 billion deficit next fiscal year
- State legislature will postpone its return until July 27, 2020 only to consider COVID-related bills upon return
- State legislature has until July 31, 2020 to pass its legislative agenda, thereafter Governor Gavin Newsome will be able to pass/veto

County Budget/Policy:

- County established an anti-racist agenda at its last BOS meeting; Committee will review at its next meeting.

10. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS

- A. Aging Task Force:** Meeting scheduled for Monday, August 3, 2020 at 10am-12pm; Dr. Paul Nash will present on HIV and aging.
- B. Black/African American Community (BAAC) Task Force:** Meeting pending scheduling confirmation for August 10, 2020.
- C. Consumer Caucus:** Caucus met July 9, 2020 and discussed consumer engagement; specifically, how to get more consumers engaged in Commission activities, i.e. PSRA process.
- D. Women's Caucus:** Caucus met on July 10, 2020 and is working toward reconvening discussions centered around women and social determinants of health via the Commission's VLL Series.
- E. Transgender Caucus:** Meeting scheduled for July 28, 2020 at 10am-12pm.

V. NEXT STEPS

11. TASK/ASSIGNMENTS RECAP: There were no additional items.

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

VI. ANNOUNCEMENTS

13. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS:

VII. ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at 2:10 pm.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/01/20

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	UCLA/MLKCH	HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
			HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HCT - Mobile Testing Unit
			HCT - Storefront
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Substance Abuse, Transitional Housing meth)
			Transitional Case Management-Jails
			Benefits Specialty (SPA 1)
			Medical Transportation (SPA 1)
			Oral Healthcare Services (SPA1)
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HCT - Routine Testing
			HCT - Storefront
			Health Education/Reduction Risk
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			STD Screening, Diagnosis and Treatment
			Promoting Healthcare Engagement Among Vulnerable Populations
DAVIES	Erika	City of Pasadena	HCT - Storefront
FOX	Aaron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HCT - Routine Testing, Storefront
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			STD Screening, Diagnosis and Treatment
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HCT - Storefront
			Mental Health
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
JOHNSON	Diamante	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	Benefits Specialty
			HCT - Storefront & MTU
			Ambulatory Outpatient Medical (AOM)
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			HCT-Storefront, Mobile Testing Unit
			Mental Health
			Medical Subspecialty
			Oral Healthcare Services
			HIV and STD Prevention Services in Long Beach
			STD-Screening, Diagnosis,&Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HCT-Storefront
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
MURRAY	Derek	City of West Hollywood	Promoting Healthcare Engagement Among Vulnerable Populations
			No Ryan White or prevention contracts
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HCT - Storefront
			Health Education/Risk Reduction (HERR)
			Health Education/Risk Reduction (HERR), Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
PEÑA	Raphael	Unaffiliated consumer	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Mental Health, Psychotherapy
			Benefits Specialty
			Mental Health, Psychiatry
			Oral Health
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
ROGEL	Nestor	Alta Med	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HCT Mobile Testing
			HIV Biomedical Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Promoting Healthcare Engagement Among Vulnerable Populations
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Mental Health
SAN AGUSTIN	Harold	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
SPENCER	LaShonda	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



Virtual Training Schedule for Commissioners and Community Members

These trainings are **highly recommended**. The Ryan White HIV/AIDS Program Part A Manual stipulates the provision of a thorough orientation to new and returning planning council members and ongoing formal training to attain skills necessary to perform their duties.

September 2 @ 2pm to 3:30pm REGISTER HERE: https://tinyurl.com/y4rdbl6u	Commission on HIV (COH) Overview Learn about the purpose of the COH, its ordinance and bylaws, and structure. Learn about integrated HIV prevention and care community planning.
September 14 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yxnnleq5	Ryan White CARE Act Legislation Overview Learn about the landmark law that establishes lifesaving care for people living with HIV in the United States.
October 1 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yy18gu9r	Membership Structure and Responsibilities Learn about the duties of a Commissioner, the 51 seats on the body, and the functions of the Operations Committee. Learn how different member perspectives help facilitate a sound integrated HIV/STD prevention and care planning process. Understand the concepts of Parity, Inclusion, Reflectiveness, and Representation.
October 29 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yyhgv8sb	Priority Setting and Resource Allocation (PSRA) Process Ryan White HIV/AIDS Program resources are limited and need is severe. Learn about the responsibility of planning councils to use sound information and a rational decision-making process when deciding which services and other program categories are priorities (priority setting) and how much to fund them (resource allocation).
November 5 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/y3c7f632	Service Standards Development Process Learn why the COH develops service standards for HIV services, the functions of the Standards and Best Practices Committee, and how community members help shape standards of care in Los Angeles County.
November 19 @ 10am to 11:30am REGISTER HERE: https://tinyurl.com/yyh64om6	Policy Priorities and Legislative Docket Development Process Learn about the functions of the Public Policy Committee and how the COH's policy priorities and legislative positions are developed. Learn about the Board of Supervisors guidance for Commissions on taking positions on legislative bills.

Service Category		YR 29 (2019) Allocations	
		Part A	MAI
CORE SERVICES	Outpatient/Ambulatory Outpatient (AOM)	\$ 9,810,822	\$ -
	Oral Health	\$ 6,300,000	\$ -
	Early Intervention Services (EIS)	\$ 500,000	\$ -
	Mental Health	\$ 300,000	\$ -
	Home and Community Based Health Services	\$ 2,390,352	\$ -
	Medical Nutritional Therapy	\$ 21,000	\$ -
	Medical Case Management/ Medical Care Coordination (MCC)	\$ 10,569,206	\$ -
SUPPORT SERVICES	Non-medical Case Management	\$ 1,753,458	\$ 752,024
	Nutritional Support and Home Delivered Meals	\$ 1,299,557	\$ -
	Housing	\$ 500,000	\$ 1,455,000
	Legal Services	\$ 137,436	\$ -
	Linguistic Services	\$ 17,976	\$ -
	Medical Transportation	\$ 1,148,938	\$ -
	Outreach	\$ -	\$ 1,000,000
Direct Services Total		\$ 34,748,745	\$ 3,207,024
CQM Administration			
Total Carryover		\$ -	

Notes: Final MAI includes \$2.1 in Carryover

YR 29 (2019) Final Expenditures			
Part A		MAI	
\$	9,633,451	\$	-
\$	5,821,872	\$	-
\$	1,088,738	\$	-
\$	297,720	\$	-
\$	2,581,793	\$	-
\$	-	\$	-
\$	8,888,809	\$	2,042,205
\$	1,564,020	\$	830,408
\$	2,117,073	\$	-
\$	1,042,161	\$	2,238,934
\$	115,567	\$	-
\$	-	\$	-
\$	643,950	\$	-
\$	1,193,902	\$	-
\$	34,989,056	\$	5,111,547
\$	1,375,912	\$	-
\$	4,040,551	\$	356,336
\$	40,405,519	\$	5,467,883
\$	-		

Ending the HIV Epidemic in Los Angeles County

By utilizing the right data, right tools & right leadership

The five-year federal initiative, *Ending the HIV Epidemic: A Plan for America*, focuses on four key pillars to end the epidemic: (1) Diagnose people as early as possible, (2) Treat people rapidly and effectively, (3) Prevent new HIV transmissions, and (4) Respond quickly to HIV outbreaks. Through collaboration with key stakeholders and community partners, the Los Angeles County Department of Public Health, Division of HIV & STD Programs, plans to implement activities in Year 1 that enhance the current HIV portfolio, align with the four pillars, improve HIV-related health outcomes, and prevent new transmissions.

57,700

people living with HIV
in LA County

1,700

new transmissions
per year

6,400

are unaware of their
HIV positive status

50,660

Black & Latinx people
who would benefit
from PrEP

72,700

MSM*, transwomen,
ciswomen & injection
drug users would benefit
from PrEP

Diagnose

- Increase routine opt out HIV testing in healthcare & institutional settings
- Increase HIV testing programs in non-healthcare settings including home testing
- Increase client's yearly HIV re-screening



Prevent

- Utilize data to better identify persons with indication for PrEP and link to services
- Expand PrEP service delivery & provider options, including telehealth and pharmacies
- Improve PrEP retention in care through provider and consumer programming
- Expand Syringe Services Programs

Treat

- Expand partner services to facilitate rapid ART and linkage to care
- Increase knowledge of and access to HIV services
- Assess mental health services to identify gaps in care
- Improve client experience by working with clinical staff
- Increase opportunities for telehealth
- Develop programming that provides services related to housing and emergency financial assistance



Respond

- Facilitate real-time cluster detection and response through protocol development and trainings
- Implement routine epidemiological analysis of new infections in hot spots and subpopulations
- Monitor and assess clusters identified through recency testing
- Continue to build surveillance infrastructure at the public health department

Data estimates pulled from the [Division of HIV & STD Programs: 2019 HIV Surveillance Annual Report](#), & [2018 LA County Health Survey](#)

*MSM: men who
have sex with men

July 2020



Federal Funding in LA County

Various entities have received federal funding from HRSA, CDC & NIH to support ending the HIV epidemic goals and strategies, including the public health department, federally qualified health centers, AIDS Education Training Centers, and research partners.

FEDERAL PARTNERS

NATIONAL GOAL

75%
reduction in
new HIV
infections
by 2025
and at least
90%
reduction
by 2030



Did you know HIV cannot be transmitted sexually if a person maintains an undetectable viral load?

Learn more [here](#).

For more information on Ending the HIV Epidemic visit [HRSA](#) & [CDC](#) websites

Community engagement will play an important role in ending the HIV epidemic.

In collaboration with the Los Angeles County Commission on HIV, PACE & other partners, the Division of HIV & STD Programs will:

- Increase HIV education and awareness across the County
- Develop partnerships outside of the HIV sector to ensure all community voices are included.
- Convene an Ending the HIV Epidemic Steering Committee to guide efforts & ensure communities most impacted by HIV are engaged.

We need your help! Get involved

- ✓ Spread the word about the [Ending the HIV Epidemic](#) initiative
- ✓ Learn more about [PrEP](#), the daily pill that prevents HIV. It's free for those who qualify.
- ✓ [Get tested](#) to know your status and encourage others to do the same
- ✓ Educate yourself & others about [HIV](#) to reduce stigma
- ✓ Attend Los Angeles County Commission on HIV [meetings](#) to get connected
- ✓ Apply for the Ending the HIV Epidemic Steering Committee

**County of Los Angeles, Department of Public Health
Division of HIV and STD Programs**

**Ending the HIV Epidemic
Steering Committee and Commission on HIV
Roles and Responsibilities**

Ending the HIV Epidemic (EHE) Steering Committee

The Los Angeles County Department of Public Health, Division of HIV and STD Programs (DHSP) is seeking members to serve on the county-wide Ending the HIV Epidemic (EHE) Steering Committee (Committee) starting October 2020. EHE is a five-year federal initiative focusing on four key pillars: (1) diagnose people with HIV as early as possible, (2) treat people with HIV rapidly and effectively, (3) prevent new HIV transmissions, and (4) respond quickly to HIV outbreaks.

The Steering Committee will advise and collaborate with DHSP on the implementation of local strategies to achieve the multiple EHE goals and will incorporate and reflect a broad range of perspectives including evidence-based programming, community organizing, public health, epidemiology, health care delivery and financing, and alternate health care delivery models (e.g. street medicine), among other areas. The Committee will bring in new voices and partnerships to end the epidemic and will emphasize the importance of health equity and social justice.

The roles and responsibilities of Steering Committee members are as follows:

- Commit to serving a 12-month term starting October 2020
- Attend 4-6 required virtual meetings and conference calls during the term
First mandatory virtual meeting:
Thursday, October 1 from 10am-12pm
- Must reside in Los Angeles County

Serve as a Catalyst for Collective Action to End the HIV Epidemic

- Assume personal and professional accountability for implementing (as feasible) actions necessary to end the HIV epidemic in Los Angeles County.
- Increase personal and community knowledge and awareness of EHE goals, the four pillars, and Los Angeles County's local strategies.
- Each Committee member will be assigned to an EHE Pillar to help support and advance strategies within the specified pillar as well as recommend strategic directions on all EHE Pillars.
- Accelerate implementation of EHE strategies within their own organizations and communities as guided by the EHE Steering Committee and DHSP.
- Be flexible and adaptable to incoming requests and assignments/projects from DHSP, fellow Steering Committee members, and other key EHE stakeholders.

Community Engagement to Inform and Achieve EHE Goals

- Promote the active exchange of information between EHE Steering Committee Members, community-based organizations, community groups and stakeholders, social influencers, academic partners, policy makers and other parts of professional and personal networks.
- Gather and share information formally and informally on best practices, lessons learned, or innovative HIV prevention and care strategies at Committee meetings and throughout the County.

Los Angeles County Commission on HIV

Formal Ryan White planning council that provides recommendations to DHSP on HIV prevention and care under Brown Act requirements. Establish priorities and allocations of Ryan White Part A and B and CDC prevention funding in percentage and/or dollar amounts to various services. Designated by the Board of Supervisors (BOS) to study, advise, and recommend policies and actions/decisions on matters related to HIV/STDs to the BOS, DHSP and other departments. Full Commission bylaws may be found at <https://tinyurl.com/CommissionBylaws>.

- Educate and inform communities on EHE goals and strategies
- Prioritize Ryan White Part A strategies to align with and support EHE goals and strategies
- Allocate funding for Ryan White Part A services
- Act as a liaison between EHE Steering Committee members and the broader community
- Monitor EHE efforts and provide feedback to DHSP
- Continue to make recommendations to DHSP that evolve from full Commission, Committee, and Taskforce meetings
- Encourage Commissioners to play a more active role in implementation of EHE strategies within their organizations and networks

CURRICULUM VITAE

Paul Nash, PhD, CPsychol, AFBPsS FHEA

Current Institution:

University of Southern California
Leonard Davis School of Gerontology
3715 McClintock Ave.
Los Angeles, CA 90089

Phone: +1 (925)639-2123

E-mail: p.nash@usc.edu

Education:

2011 PhD Psychology, University of Glamorgan, Pontypridd, UK
2005 BSc (Honours, 2:1 classification) Psychology, University of Glamorgan, Pontypridd, UK

Current Position:

2018 Associate Professor, Leonard Davis School of Gerontology, University of Southern California
2008- Registered NVivo Trainer, QSR International

Previous Positions Held:

2017-2018 Associate Professor and Postgraduate Programmes Director, Gerontology & Ageing Studies, Swansea University
2012-2017 Senior Lecturer and Postgraduate Programmes Director, Gerontology & Ageing Studies, Swansea University
2010-2012 Research Officer (Economic & Social Research Council [ESRC]-funded post), Swansea University, Swansea, UK
2008-2010 Research Officer (Welsh Assembly Government-funded post), Swansea University, Swansea, UK
2005-2010 Lecturer, Social Psychology & Research Methodology, University of Glamorgan, Pontypridd, UK
2007-2008 Senior Survey Methodologist, Office for National Statistics, Newport, UK
2004 Research Assistant (Part Time), University of Glamorgan, Pontypridd, UK

Awards and Honours:

2019 Faculty Ally of the Year – LGBT Resource Center of USC
2019 Peterson Faculty Teaching Award
2019 Student Gerontology Association Professor of the Year
2017 Fellow, Higher Education Academy
2015 Associate Fellow, British Psychological Society

2011	Chartered Psychologist
2011	Welsh Livery Guild Travel Scholarship (£1,000 award)
2010	Stirling Prize for Postgraduate Research, British Psychological Society

Service Activities – Swansea University:

2016-2017	Education & Training Lead, Health & Wellbeing Academy, Swansea University
2016-2017	Panel Member, Programmes Approval Committee, Swansea University
2016-2017	Subject Specialist, Social Science Programme Development Team, Swansea University
2016-2017	Panel Member, Research Excellence Framework – UoA22
2015-2017	Panel Member, University Distance Learning Taskforce, Swansea University
2012-2017	Chair, Ethics committee, Human Sciences, Swansea University
2012-2017	Admissions Officer, Postgraduate Research, College of Human & Health Sciences, Swansea University
2012-2017	Chair, Postgraduate Research Progression Panel, Swansea University
2012-2017	Centre Representative, Learning & Teaching Committee, Swansea University

Service Activities – University of Southern California:

2019-	Facilities & Estate committee
2019-	Lead, Accreditation for Gerontology Education Council (AGEC) accreditation monitoring
2019	Chair, International Day of Older Persons planning committee
2019	Faculty Lead, Whats Hot in Ageing at USC Conference
2017-	Co-Chair, Masters committee
2017-2019	Member at large, Curriculum and Academic Service committee
2017-	Member at large, USC Age Friendly Initiative
2017	Representative, Facilities provision committee
2017	Co-Author, Masters program validation documentation
2017	Author, undergraduate program validation documentation

Service Activities – Regional and National Board and Executive Positions:

2017-	Member, International Association of Gerontology & Geriatrics – Global Social Issues on Ageing Taskforce
2016-2017	Chair, BSG Conference Executive Committee
2016-2017	Chair of Trustees, Age Cymru Swansea Bay, Swansea, UK
2016-2017	Secretary, British Society of Gerontology
2014-2017	Member, British Society of Gerontology Executive Committee
2013-2017	Panel Member, International Longevity Centre, UK (ILC-UK)
2013-2017	Trustee, Age Cymru, Swansea Bay
2009-2011	Secretary, Emerging Researchers in Ageing, British Society of Gerontology
2010	Chair, IAGG European Social Region Conference Executive Committee

Service Activities – Other:

2016-2017	Lead Trainer – Frailty & Care of the Older Adult, Abertawe Bro Morgannwg University Health Board, Swansea, UK
2016-2017	Dementia Champion, Alzheimer's Society, UK
2015-	Reviewer, Journal of Alzheimer's Disease
2014-	Reviewer, Journal of Gay & Lesbian Mental Health
2010-	Reviewer, Ageing and Society
2005-2010	Post-Graduate Representative to the British Psychological Society (BPS), University of Glamorgan

Professional Memberships:

British Society of Gerontology
Gerontological Society of America
Association of Gerontology in Higher Education
British Psychological Society
International Association of Applied Psychology

Active Research Areas:

- Attitudes towards ageing; prejudice & discrimination; self-presentation of ageist attitudes
- Intergroup relations & group dynamics
- Elder abuse
- Sexual health of older adults
- HIV and ageing
- Minority group issues for older populations
- Loneliness, social isolation and social connectivity
- Housing and healthcare provision for older people
- Cognitive functioning in later life

Current and Recent Grants:

2017-2020	Health and Care Research Wales: Welsh Government. <i>Centre for Ageing and Dementia Research (CADR) extension</i> . Role: Co-Investigator (£1,200,000.00)
2013-2016	UK-India Education and Research Initiative (UKIERI). <i>A Gerontology Research Centre for the Study of the Impact of Population Ageing, Migration, Environmental and Social Change on Older People and the Families in India</i> . Role: Co-PI (£12,520).
2013-2015	NISCHR Social Care Grant Scheme. <i>Older Peoples External Residential Assessment Tool (OPERAT)</i> . Role: Co-Investigator (£169,887).
2011-2014	National Institute of Social Care & Health Research (NISCHR) Social Care Grant Scheme. <i>Provision of Inclusive and Anti-Discriminatory Services to Older Lesbian,</i>

Gay, Bisexual-Identifying (LGB) People in Residential Care Environments in Wales.
Role: Co-PI (£143,954).

- 2014 British Council Researcher Links Fellowship. *Knowledge Exchange & International Collaboration in Research.* Role: PI (£7,130).
- 2013 Higher Education Funding Council for Wales (HEFCW), Strategic Insight Programme. *Indian Partnership Development.* Role: PI (£5,000).
- 2012-2013 South East Wales Improvement Collaborative (SEWIC). *Establishing Whether Extracare Provides Savings or Cost Efficiency to Health and Social Care Funders.* Role: PI (£10,000).
- 2011 OPAN Cymru Research Development Call. *Older People's Use of and Attitudes Towards Nano-Technology.* Role: PI (£1,700).
- 2010 Older People & Ageing Research and Development Network (OPAN) Cymru Research Development Call. *Devolved Nations Research.* Role: PI (£1,700).
- 2010 OPAN Cymru Research Development Call. *Older LGBT Adults in Residential Care.* Role: PI (£1,700).

Grants Under Review:

Global East Equity Research & Support (GEERS) Center Proposal – USC Diversity

Publications Under Review:

Karpiak, S., Nguyen, A., Egbert, A. & Nash, P. (In Review). Upstate Rural New York State. Findings from Research on Older Adults with HIV. National Resource Center on HIV and Ageing. White Paper

Peer-Reviewed Publications:

Officer, A., Amuthavalli, J., Schneider, M., Nash, P., & de la Fuente-Núñez, V. (2020). Ageism, Healthy Life Expectancy and Population Ageing: How Are They Related? *Int. J. Environ. Res. Public Health*, 17, 3159

doi:10.3390/ijerph17093159

Cicero, C. & Nash, P. (2020). Out with the old: Coronavirus highlights why we need new names for aging. *The Conversation*.

<https://theconversation.com/out-with-the-old-coronavirus-highlights-why-we-need-new-names-for-aging-131380>

Wilson, D.W., Nash, P., Buttar, H., Griffiths, K., Singh, R., De Meester, F., Horiuchi, R. & Takahashi, T. (2017). The Role of Food Antioxidants, Benefits of Functional Foods, and Influence of Feeding Habits on the Health of the Older Person: An Overview. *Antioxidants*. 6 (4), 81
doi:10.3390/antiox6040081

Leland, N. E., Lepore, M., Wong, C., Chang, S. H., Freeman, L., Crum, K., Gillies, H., & Nash, P. (2017). Delivering high quality hip fracture rehabilitation: The perspective of occupational and physical therapy practitioners. *Disability and Rehabilitation*, Advance online publication.

DOI:10.1080/09638288.2016.1273973

Officer, A., Schneiders, M., Wu, D., Nash, P., Thiyagarajan, J. & Beard, J. (2016). Valuing older people: time for a global campaign to combat ageism. *Bulletin of the World Health Organization*. 94:710-710A. DOI: <http://dx.doi.org/10.2471/BLT.16.184960>

Nash, P., Willis, P., Tales, A. & Cryer, T. (2015). Sexual health and sexual activity in later life. *Review in Clinical Gerontology*, 25(1), pp.22-30. DOI: 10.1017/S0959259815000015

Nash, P., Stuart-Hamilton, I. & Mayer, P. (2014). The continuation of prejudice: Addressing negative attitudes in nurse training and continuing professional education. *Educational Gerontology*, 40(1), pp.53-60. DOI:10.1080/03601277.2013.768084

Wu, Y., Nash, P., Barnes, L., Minett, T., Matthews, F., Jones, A. & Brayne, C. (2014). Assessing environmental features related to mental health: A reliability study of visual streetscape images. *BMC Public Health*, 14(1094), pp.1-10. DOI:10.1186/1471-2458-14-1094

Burholt, V., Nash, P. & Phillips, J. (2013). The impact of supported living environments on social resources and the experience of loneliness for older widows living in Wales: An exploratory mediation analysis. *Family Science*, 4(1), pp.121-132. DOI: 10.1080/19424620.2013.870811

Burholt, V. & Nash, P. (2011). Short Form 36 (SF36) Health Survey Questionnaire: Normative data for Wales. *Journal of Public Health*, 33(4), pp.587-603. DOI:10.1093/pubmed/fdr006

Burholt, V., Nash, P., Naylor, D. & Windle, G. (2010). Training older volunteers in gerontological

research in the United Kingdom: Moving towards an andragogical and emancipatory agenda. *Educational Gerontology*, 36(9), pp.753-780. DOI:10.1080/03601271003766270

Taylor, R. & Nash, P. (2006). Decision making during deceptive interactions: Sender and receiver interactions. *Psychological Correlates of Criminology*. IA-IP Publishing: London, pp.75-83.

Reports and Other Publications:

Carney, G. & Nash, P. (2020). Critical Questions for Ageing Societies. Policy Press. Bristol. UK

Karpiak, S., Nguyen, A., Nash, P., Egbert, A. & Brennan-Ing, M. (2019). HIV & Aging in Alameda County Oakland California. Findings from Research on Older Adults with HIV. National Resource Center on HIV and Ageing. White Paper

Nash, P. (2016). Gerontology. In G. Ritzer (Ed.), *Wiley-Blackwell encyclopedia of sociology* (2nd ed.). London: Wiley-Blackwell.

Nash, P. (2016). Attitudes and self-perceptions of aging. In N. A. Pachana (Ed.), *Encyclopedia of geropsychology* (pp. 1-8). Singapore: Springer. DOI:10.1007/978-981-287-080-3_8-1

Nash, P. (2015). Ageism. In World Health Organization (Ed.) *World report on ageing and health* (p. 11). Geneva: Author.

Nash, P., Farr, A. & Phillips, C. (2013). *A cost comparison of supported living in Wales: A Swansea case study*. Cardiff, UK: Welsh Government.

Willis, P., Nash, P. et al. (2013). *Provision of inclusive and anti-discriminatory services to older lesbian, gay, bisexual-identifying (LGB) people in residential care environments in Wales*. Cardiff, UK: National Institute for Social Care & Health Research.

Burholt, V., Nash, P., Phillips, J. & Doheny, S. (2011). *Extracare: Meeting the needs of fit and frail older people?* Cardiff, UK: Welsh Government.

Keynote / Invited Presentations:

- 2020 – State-wide Planning Group for HIV (CA): Social Consequence of Discrimination
- 2020 – City of LA Commission on HIV: Ageing with HIV in 2020
- 2020 – Sirius XM, Doctor Radio: Ageism in the Age of COVID-19
- 2020 – Blackstone Consulting, Seminar Series: Stress. Manifestations and Management
- 2020 – Hollywood, Health & Society; Writers Guild of America, Panel Discussion: OK Boomer. Fighting Ageism in the Entertainment Industry
- 2019 – International Association of Gerontology & Geriatrics European Region, Regional Congress. Masterclass. A personal guide to thinking about ageism: Exploring everyday ageism
- 2019 – AIDS Project Los Angeles (APLA Health) Annual Conference. Ageing with HIV: The challenges for a ‘new ageing’ population
- 2019 – HIV & Aging Statewide Planning Group (California). Ageing with HIV: The social consequences of discrimination
- 2017 – Queen’s University Belfast. Master in Social Policy Guest lectures. *Ageism in a Global Context.*
- 2016 – Abertawe Bro Morgannwg University Health Board. *Older People: Breaking the Stereotypes. Language used to describe older adults and ageing.*
- 2016 – Centre for Interdisciplinary Research on Ageing & Gerontology Annual Conference (India). *Unconscious ageism: The hidden prejudice affecting the health and care of older adults.*
- 2016 – Manchester Metropolitan University Seminar Series. *The future of gerontological education and the learning of older adults.*
- 2015 – The Open University. *Population ageing education and education for an ageing population.*
- 2014 – British Society of Gerontology: Emerging Researchers in Ageing. *Career trajectories in gerontology.*
- 2014 – University of Southern California: Chan School of Occupational Science & Occupational Therapy, post-doctoral and faculty presentation. *Care costing and staff attitudes research, implications and discussion.*
- 2012 – International Social Gerontology Research (India): 3 presentations given across Kerala. *Attitudes towards older people: The implications for care.*
- 2010 – Coastal Housing Group Executive. *Extracare: Innovative housing for older people? Evidence from Wales.*
- 2009 – Housing Care for Older People Research Group. *Are we meeting the needs of older people in Wales? : Comparative measures of frailty in three care settings.*

Conference Presentations:

2019

Gerontological Society of America (Austin). Building Recognition Across Campus and Town for USC's Age-Friendly University Initiative. Nash, P. & Cicero, C.

2018

Gerontological Society of America (Boston). Ageism: A Truly Global Issue (Symposium). Nash, P., Officer, A., de la Fuente-Nunez, V. & Schneider, M. Global Trends in Ageist Disposition: Comparing low, middle and high income countries using the World Values Survey Wave 6.

Gerontological Society of America (Boston). Hyde, M., Nash, P. & Schneiders, M. Global Culture of Ageing: Attitudes to ageing around the world.

2017

International Association of Gerontology & Geriatrics (San Francisco). Nash, P., Schneiders, M., Officer, A. & Jotheeswaran A. *Respected Or A Burden? Global Attitudes Towards Older People Using The World Values Survey Wave 6*

2016

Centre for Interdisciplinary Research on Ageing & Gerontology Annual Conference (India). Nash, P. & Nash, K. *Translating research into practice: Active gerontology in front line nursing.*

British Society of Gerontology Annual Conference. Nash, P. & Leland, N. *Delivering high quality hip fracture rehabilitation: A practitioner perspective.*

British Society of Gerontology Annual Conference. Nash, P. *Cultural representations of ageing in the mainstream media and as submitted to the "Ageing: The Bigger Picture" competition.*

2015

British Society of Gerontology Annual Conference. Nash, P., Willis, P., Tales, A. & Cryer, T. *Unmasking the sexual health and activity of older adults in the UK.*

2014

British Society of Gerontology Annual Conference. Nash, P., Willis, P., Tales, A. & Cryer, T. *Sexual health, stigma and social care: A critical review.*

International Conference on Applied Psychology. Nash, P. & Stuart-Hamilton, P. *An international perspective on ageism and the effects on the older adult.*

2013

British Society of Gerontology Annual Conference. Nash, P., Phillips, C. & Farr, A. *Cost analysis of supported living environments and the subsequent utilisation of NHS services.*

Gerontological Society of America Annual Conference. Nash, P. *Prejudice: Ageism in the National Health Service, implications on care.*

International Association of Gerontology & Geriatrics World Congress. Nash, P. & Burholt, V. *Extracare, a home for life? : A resident's perspective.*

International Association of Gerontology & Geriatrics World Congress. Nash, P. & Stuart-Hamilton, I. *The pervasive nature of ageism: A meta-analysis.*

International Association of Gerontology & Geriatrics World Congress. Nash, P., Willis, P., Miles, P. & Maegusuku-Hewitt, T. *A study to explore how the sexual identities and relationships of older lesbian, gay, bisexual (LGB) residents are perceived and supported in residential care environments in Wales.*

2012

British Society of Gerontology Annual Conference. Nash, P. & Stuart-Hamilton, I. *Internalised ageism: The hidden prejudice.*

Gerontological Society of America Annual Conference. Nash, P. & Burholt, V. *Expectations of care in assisted living: A resident's perspective.*

Gerontological Society of America Annual Conference. Nash, P. & Stuart-Hamilton, I. *Ageism: A meta-analysis.*

2011

British Society of Gerontology Annual Conference. Nash, P. & Stuart-Hamilton, I. *The influences of education on expressed and implicit attitudes towards older people.*

Gerontological Society of America Annual Conference. Nash, P. & Stuart-Hamilton, I. *To care or not to care? : The effects of nurse training on implicit and explicit attitudes towards older people.*

International Association of Gerontology & Geriatrics European Conference. Nash, P. & Stuart-Hamilton, I. *The effects of higher level education on implicit and explicit attitudes towards older people.*

International Association of Gerontology & Geriatrics European Conference. Nash, P. & Burholt, V. *An assessment of the provision of care in Extracare supported living in Wales.*

2010

British Psychological Society Annual Conference (Social Section). Nash, P., Stuart-Hamilton, I. & Mayer, P. *The effects of age specific education on implicit and explicit attitudes towards ageing.*

British Society of Gerontology Annual Conference. Nash, P. & Burholt, V. *Who looks after whom? : A comparative study of frailty in supported living environments in Wales.*

2009

British Society of Gerontology Annual Conference. Nash, P. & Burholt, V. *Are we meeting the needs of older people in Wales, UK? : Comparative measures of frailty in three care settings.*

British Society of Gerontology Annual Conference. Nash, P., Stuart-Hamilton, I & Mayer, P. *The effects of age specific education on implicit and explicit attitudes towards ageing.*

Cymorth Cymru Annual Conference. Nash, P. & Burholt, V. *Extracare: Are we meeting the needs of fit and frail older people in Wales?*

International Association of Gerontology & Geriatrics World Congress. Nash, P. & Burholt, V.
Are we meeting the needs of older people in Wales, UK? : Comparative measures of frailty in three care settings.

International Association of Gerontology & Geriatrics World Congress. Nash, P., Stuart-Hamilton, I. & Mayer, P. *The effects of specific education & direct experience on implicit & explicit measures of ageism.*

Current Teaching:

GERO 320: Psychology of Adult Development (Undergraduate Level)
GERO 508: The Mind Body Connection (Masters Level)
GERO 520: Lifespan Developmental Psychology (Masters Level)
GERO 530: Lifespan Developmental Sociology (Masters Level)
GERO 593: Research Methodology (Masters Level)

Previous Teaching:

ASPM01: Population Ageing and Policy (Masters Level)
ASPM02: Perspectives on Ageing (Masters Level)
ASPM05: Environments of Ageing (Masters Level)
ASPM10: Psychology of Ageing (Masters Level)
ASPM07: Research Dissertation (Masters Level)

Research Student Supervision:

Ruth Hopkins: The Role of Information Communication Technology in the Harmonious Ageing of Older Adults
Gordon Jones: The Experiences of Carers for Those Living with Early Onset Dementia
Karen Charles: Transitions to Residential Care in Tamil Nadu, India
Leeda Copley: Relationship Convoys and Wellbeing in Older Americans
Shanette Nixon: Sexual Health & HIV in Island Communities

Taught Program Supervision:

2016 – 18 Master Students
2015 – 6 Masters Students
2014 – 4 Masters Students
2013 – 4 Masters Students
2012 – 2 Masters Students

Invited Lectures (internal programmes):

2016 – Osteopathy: Undergraduate
Nursing: Undergraduate
Psychology: Undergraduate
2015 – Osteopathy: Undergraduate
Nursing: Undergraduate

Psychology: Undergraduate & Postgraduate
2014 – Nursing: Undergraduate
Psychology: Undergraduate
Social Policy: Undergraduate

Previous Teaching (excluding above courses):

Research Methods for Social Science (Undergraduate Level)
Statistics for Psychology (Undergraduate Level)
Social & Developmental Psychology (Undergraduate Level)
Clinical & Abnormal Psychology (Undergraduate Level)
Psychology & Identity (Undergraduate Level)
Health & Ageing (Masters Level)
Applied Practice for Osteopathy (Masters Level)

Stephanie Cipres

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Education

CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE Master of Public Health, Urban Health Disparities	Los Angeles, CA May 2019
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UNIVERSITY OF SOUTHERN CALIFORNIA Bachelor of Science, Health Promotion and Disease Prevention	Los Angeles, CA December 2015
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Professional Experience

USC KECK SCHOOL OF MEDICINE Study Coordinator/Project Specialist, Maternal Child & Adolescent Clinic	Los Angeles, CA October 2019-Present
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- Participate in screening and assessing patient eligibility for HRSA Part C Capacity Development Program (AAPS Study).
- Coordinate and complete participant activities such as recruitment, enrollment, and participant follow-up.
- Perform the consent process in compliance with IRB, HIPAA, and institutional regulations/policies.
- Assist with organizing and scheduling study activities to meet and comply with grant and research objectives.
- Communicate with study team personnel including Principal Investigator to ensure study procedures and protocols are followed. Serve as primary contact for study participants/IRB.
- Collect, record, and enter all pertinent data for participants and study activities. Administer pre/post study surveys and review medical records as needed.
- Maintain accurate and timely record keeping including database, consent forms, protocol documents, and REDCap (Research Electronic Data Capture). Update database for reporting and compliance purposes.
- Coordinate purchasing and reimbursements of study incentives, supplies, and materials.
- Collaborate with investigators to prepare and organize reports submitted to the funding agency and university.
- Work jointly with the data manager to request reports/data related to the study.
- Assist investigators in developing research proposals as needed.

Patient Care Navigator/Project Specialist, Maternal Child & Adolescent Clinic March 2018-October 2019

- Screened clients to determine eligibility for HIV-Positive Women of Color (WoC) Intervention in HIV primary care study funded by AIDS United.
- Recruited and approached clients regarding study and enrollment, explained intervention activities as well as benefits.
- Provided intensive care coordination and outreach to retain HIV positive WoC in care.
- Supported clients to ensure optimal adherence, treatment, and retention in care through viral load suppression.
- Developed and implemented individualized care plans according to patient specific goals and barriers.
- Delivered a series of skill enhancing educational sessions on HIV diagnosis, care, and treatment in a culturally and linguistically appropriate manner.
- Collaborated with clinical care team and Los Angeles County Department of Public Health to ensure patient retention and linkage
- Attended weekly conferences with health care team to discuss research study progress/deadlines, patient cases, and implementation activities.
- Completed monthly monitoring reports, data cleaning reports, and acuity assessments as part of the study protocol.
- Documented time sensitive client encounters in multiple database systems while maintaining confidentiality.
- Assisted with development and revision of implementation manual created by AIDS United/Boston University School of Public Health.

SOUTH CENTRAL FAMILY HEALTH CENTER Patient Care Navigator, Family Medicine	Los Angeles, CA February 2016-March 2018
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- Managed a caseload of approximately 100 patients and assisted with care coordination, chronic disease management, and health coaching.
- Worked closely with patients, providers, specialists, and care team to ensure the medical needs of the client were met.

- Coordinated completion of pre-op medical clearance and post-op appointments.
- Processed internal mental health referrals and managed template/schedule for mental health clinician.
- Managed Annual Wellness Exams and Initial Health Assessments as required by health plans.
- Collaborated with Patient-Centered Medical Home (PCMH) team.
- Reviewed ER Discharge list and coordinated Post-Hospital follow-up appointments.
- Referred patients to social services, mental health, and community resources.
- Attended monthly workshops hosted by the Institute for High Quality Care at Cedars-Sinai Medical Center and presented methods and techniques learned to clinic staff as a member of Quality Improvement Committee

USC HEALTHY MOTHERS & KIDS STUDY

Research Assistant, Department of Preventive Medicine

Los Angeles, CA

January 2014-December 2015

- Conducted phone surveys to determine participant eligibility for a study with a focus on obesity among low income families in Los Angeles.
- Designed a questionnaire/moderator guide for the diabetes focus group/interviews.
- Assisted as the Spanish translator during the focus groups/interviews and transcribed/coded dialogue on ATLAS.ti
- Provided educational material regarding nutrition classes, healthy eating, diabetes, and fitness to the families participating in the study.
- Created literature tables to identify and organize common themes presented in the diabetes focus groups.

Practicum Experience

SOUTH CENTRAL FAMILY HEALTH CENTER

December 2018- June 2019

Patient Care Navigator, Housing Insecurity & Health Workshops

- Assisted with Housing Insecurity & Health Workshop grant project funded by Kaiser Permanente.
- Attended and facilitated meetings and communication between clinic grant project staff and collaborating non-profit organization Inquilinos Unidos.
- Established workshop dates based on project staff and patient availability.
- Created bilingual educational materials for project that was culturally and linguistically appropriate for target population.
- Designed print and digital promotional materials for the project.
- Developed pre/post survey questions to assess effectiveness of housing workshop.
- Completed outreach activities and extended invitation to patients eligible per grant criteria
- Managed logistical matters such as reserving clinic space, childcare, setup etc.

Highlights

SKILLS: Excellent in Microsoft Office: Word, Excel, PowerPoint, Adobe Acrobat.

Proficient in Nextgen EHR, i2i Tracks, ORCHID EMR by Cerner, ESRI ArcGIS.

Proficient design experience using Canva to create educational materials such as infographics as well as promotional materials.

LANGUAGE: Fluent in Spanish.



MOTION #5

**Planning, Priorities and Allocations Committee
Service Category Rankings PY 30, 31, 32 Recommendations
For Executive Committee Approval on 8/27/20**

Approved PY 30	PY 31	PY 32	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1	2	2	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
			Medical Subspecialty Services		
			Therapeutic Monitoring Program		
2	1	1	Housing	S	Housing
			Permanent Support Housing		
			Transitional Housing		
			Emergency Shelters		
			Transitional Residential Care Facilities (TRCF)		
			Residential Care Facilities for the Chronically III (RCFCI)		
3	7	7	Mental Health Services	C	Mental Health Services
			MH, Psychiatry		
			MH, Psychotherapy		
4	6	6	Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
5	10	10	Outreach Services	S	Outreach Services
			Engaged/Retained in Care		
6	17	17	Health Education/Risk Reduction	S	Health Education/Risk Reduction

Approved PY 30	PY 31	PY 32	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
7	9	9	Early Intervention Services	C	Early Intervention Services
8	4	4	Emergency Financial Assistance	S	Emergency Financial Assistance
9	8	8	Medical Transportation	S	Medical Transportation
10	3	3	Non-Medical Case Management	S	Non-Medical Case Management Services
			Linkage Case Management		
			Benefit Specialty		
			Benefits Navigation		
			Transitional Case Management		
			Housing Case Management		
11	12	12	Oral Health Services	C	Oral Health Care
12	5	5	Psychosocial Support Services	S	Psychosocial Support Services
13	11	11	Nutrition Support	S	Food Bank/Home Delivered Meals
14	13	13	Child Care Services	S	Child Care Services
15	15	15	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
16	18	18	Home Based Case Management	C	Home and Community Based Health Services
17	19	19	Home Health Care	C	Home Health Care
18	16	16	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
19	20	20	Referral	S	Referral for Health Care and Support Services

Approved PY 30	PY 31	PY 32	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
20	21	21	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost-Sharing Assistance for Low-income individuals
21	14	14	Other Professional Services	S	Other Professional Services
			Legal Services		
			Permanency Planning		
22	22	22	Language	S	Linguistics Services
23	23	23	Medical Nutrition Therapy	C	Medical Nutrition Therapy
24	24	24	Rehabilitation Services	S	Rehabilitation Services
25	25	25	Respite	S	Respite Care
26	26	26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27	27	27	Hospice	C	Hospice

		COH Approved FY 2020 PY 30		DHSP Recommended FY 2020 PY 30 ⁽¹⁰⁾		COH Approved FY 2021 PY 31	DHSP Recommended FY 2021 PY 31 ⁽¹¹⁾		COH Approved FY 2022 (PY 32)
PY 30 Priority #	RW Service Allocation Descriptions Service Category	Part A %	MAI %	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI %
1	Outpatient/Ambulatory Health Services (AOM) ⁽¹⁾	30.77%	0.00%	27.24%	0.00%	28.30%	27.21%	0.00%	28.30%
NP	AIDS Drug Assistance Program (ADAP) Treatments	0.00%	0.00%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%
26	AIDS Pharmaceutical Assistance (local)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
11	Oral Health ⁽²⁾	20.72%	0.00%	14.10%	0.00%	12.00%	13.04%	0.00%	12.00%
7	Early Intervention Services ⁽³⁾	1.36%	0.00%	0.59%	0.00%	1.25%	0.59%	0.00%	1.25%
20	Health Insurance Premium & Cost Sharing Assistance	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
17	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
16	Home and Community Based Health Services ⁽⁴⁾	6.43%	0.00%	6.67%	0.00%	5.91%	6.70%	0.00%	5.91%
27	Hospice Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3	Mental Health Services ⁽⁵⁾	0.00%	0.00%	0.60%	0.00%	0.00%	0.60%	0.00%	0.00%
23	Medical Nutritional Therapy ⁽⁶⁾	0.06%	0.00%	0.00%	0.00%	0.05%	0.0%	0.00%	0.05%
4	Medical Case Management (MCC) ⁽⁷⁾	28.79%	8.68%	29.88%	0.00%	25.60%	29.83%	0.00%	25.60%
18	Substance Abuse Services Outpatient	0.00%	0.00%	0.00%	0.00%	0.00%	0.0%	0.00%	0.00%
10	Case Management (Non-Medical) BSS/TCM/CM for new positives/RW clients	3.74%	28.96%	5.92%	6.14%	8.60%	5.91%	10.53%	8.60%
14	Child Care Services	0.00%	0.00%	0.00%	0.00%	1.00%	1.00%	0.00%	1.00%
8	Emergency Financial Assistance	0.00%	0.00%		0.00%	2.50%	0.00%	0.00%	2.50%
13	Food Bank/Home-delivered Meals	5.73%	0.00%	5.95%	0.00%	5.27%	5.94%	0.00%	5.27%
6	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	Housing Services RCFCI/TRCF/Rental Subsidies with CM ⁽⁸⁾	0.00%	62.36%	1.42%	93.86%	5.00%	1.56%	89.47%	5.00%
21	Legal Services ⁽⁹⁾	0.75%	0.00%	0.16%	0.00%	1.00%	0.16%	0.00%	1.00%
22	Linguistic Services ⁽¹⁰⁾	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
9	Medical Transportation ⁽¹¹⁾	1.66%	0.00%	1.89%	0.00%	1.52%	1.89%	0.00%	1.52%
5	Outreach Services (LRP) ⁽¹²⁾	0.00%	0.00%	5.57%	0.00%	0.00%	5.56%	0.00%	0.00%
12	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%	2.00%	0.00%	0.00%	2.00%
19	Referral	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
24	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
25	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
15	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Overall Total	100.0%	100.0%	100.0%	100.00%	100.0%	100.0%	100.0%	100.00%

Notes:

NP - No priority given

PY 31 & 32 priorities may differ from PY 30 rankings. Please refer to the Planning Priorities and Allocations Committee, approved service category rankings for PY 30, 31 and 32 for detail ranking information by PY. (Motion #5)
 PY 31 & 32 allocation percentages are shown in sum total, not by specific funding source.

FOOTNOTES

- (1) - FY 30 change was based on PY 29 expenditures. No change in expenditures anticipated due to Telehealth services.
- (2) - FY 30 allocation recommendation reduced in anticipation of decreased service utilization from March to June 2020.
- (3) - FY 30 change provides for 3 to 5 DHSP Community Health Workers. A percentage of funding for Partner Services was moved to Outreach Services.
- (4) - FY 30 change due to consumer/community identified service need.
- (5) - FY 30 change new contracts started.
- (6) - FY 30 service to be included in existing AOM contracts.
- (7) - FY 30 new contracts started.
- (8) - FY 30 changes include allocations for mental health portion of RCFCI services and Housing for Health (HFH) on tract to maximize funding. The Rampart Housing program began in September 2019.
- (9) - FY 30 allocation include contract services beginning September 2020 with a new contractor.
- (10) - FY 30 solicitation to be released. New contractor is needed.
- (11) - FY 30 allocation reflects new transportation contracts to begin July 2020.
- (12) - FY 30 allocation based on PY 29 expenditures. Funding includes DHSP staff time for Linkage and Re-engagement Program (LRP) and Partner Services Outreach.
- (13) - Require Committee and Commission approval.



LOS ANGELES COUNTY
COMMISSION ON HIV



PSYCHOSOCIAL SUPPORT STANDARDS OF CARE

Final for Executive Committee Approval
August 27, 2020
Motion #7



PSYCHOSOCIAL SUPPORT SERVICES STANDARDS OF CARE

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 Psychosocial Support Services Standards of Care to help people living with HIV (PLWH) cope with their diagnosis and any other psychosocial stressors they may be experiencing. 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, and members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee.

All contractors must meet the Universal Standards of Care in addition to the following Psychosocial Support Services Standards of Care.¹

PSYCHOSOCIAL SUPPORT SERVICES OVERVIEW

The purpose of psychosocial support services is to remove or lessen barriers to care and treatment through counseling services and mental health support. Psychosocial support services provide group or individual support and counseling services to assist people living with HIV in addressing behavioral and physical health concerns and provide a safe space where lived experiences and challenges can be discussed without judgement. Psychosocial support services are client-centered and may include individuals who are newly diagnosed, newly identified as living with HIV, or who require additional support to engage in and maintain HIV medical care and supportive services. The objective is to not only provide counseling and support services, but to ensure clients are linked to care and continuously supported to remain in care. According to guidance from Health Resources & Services Administration (HRSA) Psychosocial support services may include: bereavement counseling, caregiver/respite support, child abuse and neglect counseling, HIV support groups, nutrition counseling, and pastoral counseling. It is important to note that psychosocial support services do not include ongoing psychotherapy which is provided under the Mental Health Services under the Ryan White Program.²

KEY COMPONENTS

Psychosocial support services are associated with improved engagement in HIV care for the purpose of improving health outcomes. Agencies are expected to offer the service to individuals who are having difficulty remaining engaged in HIV care. The goal of psychosocial support services is to enhance client

¹ Universal Standards of Care can be accessed at <http://hiv.lacounty.gov/Projects>

² Mental Health Services Standards of Care can be accessed at <http://hiv.lacounty.gov/LinkClick.aspx?fileticket=jbxd4dIEds1F%3d&portalid=22>

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self-management skills, provide counseling services to clients that aim to overcome barriers in accessing care or remaining in care.

A key component of psychosocial support services for PLWH and those affected by HIV is to provide trauma-informed care, a strength-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment.³ Agencies should center the provision of psychosocial support services based on trauma-informed practices. Key components include assessment, care/service plan, provision of service, outreach and retention, evaluation, and staff requirements.

ASSESSMENT & REASSESSMENT

Psychosocial Support Service providers must complete an initial assessment with the client, within 30 days of intake, through a collaborative, interactive, face-to-face process between the Case Manager and client. To ensure wrap-around services and only with client consent, assessments may also include additional information from individuals that are familiar with the client such as service providers, caregivers, and family members. Staff members must comply with established agency confidentiality policies (Refer to Universal Standards, Section 1) when soliciting information from external sources. The initial assessment may be scalable based on client need and the type of psychosocial support service offered by the agency. Accommodations may be made for clients who are unable to attend an appointment within the 30-day timeframe due to health reasons. It is the responsibility of staff at the provider agency to conduct reassessments with the client as needed and based on contract guidelines from the Division of HIV & STD Programs (DHSP).

PROVISION OF SERVICE

Staff will provide a safe, confidential space for participants to discuss topics of interest through group facilitation techniques. Meeting locations must be accessible and affordable for participants. To reduce barriers to accessing care, an agency may offer online counseling and therapy services or telepsychology through phone, webcam, email or text message appointments depending on its capacity and/or contract guidelines from the Division of HIV & STD Programs (DHSP). Psychosocial support services may also include peer navigation, peer educators, or other peer delivered services.

The goal of support group services is to provide a forum where lived experiences, challenges, and health concerns can be discussed without judgement. In addition, support groups aim to increase participant knowledge and awareness of HIV-related topics, build a trusting network among participants as well as with the facilitator, and empower participants to maintain their highest level of optimal mental, physical, and emotional health.

Topics discussed may include, but are not limited to:

- Living with HIV
- Healthy lifestyles (including substance use) and relationships
- Adherence to treatment
- Access and barriers to care
- Prevention (PrEP, PEP, treatment as prevention)
- Disclosing status

³ <https://traumainformedoregon.org/wp-content/uploads/2016/01/What-is-Trauma-Informed-Care.pdf>

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- Stigma

Attendance and participation numbers will also be tracked based on reporting requirements provided by the Los Angeles County Department of Public Health, Division of HIV and STD Programs.

SERVICE PROMOTION & RETENTION

Programs providing psychosocial support services will promote psychosocial services to potential clients. Programs will collaborate with HIV service providers and HIV testing sites to identify clients and refer them appropriately.

Agencies will strive to retain clients in psychosocial support services based on individual progress documented during sessions. Agencies and staff are also responsible for offering programs and opportunities for client social connectedness, retention in the program or other relevant programs, and remaining in contact with the client after they have completed their counseling or support group sessions in the event that the client needs to be brought back in for services. For clients that miss sessions, agencies will establish follow-up procedures, such as phone calls, text messages, and/or email, to encourage client(s) to remain in support services as needed. Staff are responsible for assisting clients access other services provided by the Ryan White system whether through referrals, compiling documentation to reduce duplicative efforts, making appointments, or connecting clients to services such as transportation, childcare, etc.

EVALUATION

Based on contract guidance from the Division of HIV & STD Programs (DHSP) agencies must evaluate, at minimum on an annual basis, the services and topics covered by counseling sessions to ensure client and/or group needs are being met whether that includes solely providing counseling, linking clients to care, or retaining clients in care. Agencies are also responsible for conducting ongoing self-evaluation of trauma-informed practices within the agency to ensure services are providing a safe space, welcoming, engaging and empowering for clients. Based on evaluation results, course corrections and adaptations to curriculum should be implemented as needed.

STAFF REQUIREMENTS AND QUALIFICATIONS

It is recommended that facilitators and staff are reflective of the population and communities they are serving. For individual counseling, staff must be well qualified and/or have experience in counseling. For group counseling, support group facilitators must have excellent knowledge of the group's purpose and uphold confidentiality at all times. It is recommended that agencies provide trauma-informed care trainings to staff, especially for those that are not familiar with delivering trauma-informed care to ensure the approach is thoughtful, sensitive, and engaging for clients. For psychosocial support services intended to provide peer-delivered services, it is encouraged that staff with lived experience are hired as peer navigators, peer educators, and for other peer-delivered programs. Agencies are encouraged to hire people living with HIV as staff, however staff must not be current clients of the support group to which they are assigned.

Table 1. PSYCHOSOCIAL SUPPORT SERVICES STANDARDS OF CARE

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Staff Requirements and Qualifications	Staff with experience in individual and group supportive counseling. Bachelor's degree in a related field preferred and/or experienced consumer preferred.	Staff resumes on file.
	Supervisors with experience in supportive counseling and/or case management in an area of mental health, social work, counseling, psychology. Master's degree in a related field and/or experienced consumer/PLWH preferred.	Staff resumes on file.
	Staff providing counseling services must be provided with clinical supervision by an experienced clinical mental health professional.	
	Staff are required to coordinate across Ryan White funded and non-funded programs/services, such as, but not limited to, medical care, and housing, to ensure clients needs are met.	Description of staff efforts of coordinating across systems in client file (e.g. referrals to housing case management services, etc.). Referrals to other services must be documented in client's or program files.
	Follow up with client in 30 days to track referrals related to care coordination.	Documentation of follow up in client file.
	Agencies who provide peer support services (i.e. peer navigators, peer educators, other peer delivered programs) are responsible for ensuring peer support staff are supported throughout their roles of the program via bi-weekly meetings, at minimum, with their supervisor.	Meeting notes and signed documentation on file indicating dates of one-on-one supervision and meetings with peer support staff, type of supervision, and name of supervisor.
	Supervisors from agencies that provide peer support services are responsible for ensuring peer support staff are trained appropriately for their role and responsibilities. Peer support staff will participate in trainings to increase their capacity for fulfilling the responsibilities of their position in addition to the trainings listed in the Universal Standards of Care. Trainings may include, but are not limited to:	Documentation of completed trainings on file.

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	<ul style="list-style-type: none"> · Motivational interviewing · Trauma informed care (strongly recommended within 1 year of employment) · Mental health overview · HIV/AIDS service providers and resources available to clients 	
Client Assessment and Reassessment	Assessments will be completed within 30 days of the initiation of services and at minimum should assess whether the client is in care. Accommodations may be made for clients who are unable to attend an appointment within the 30-day timeframe due to health reasons.	Completed assessment in client chart signed and dated by Case Manager.
	Staff will conduct reassessments with the client as needed and in accordance with DHSP contract guidelines.	Completed reassessment in client chart signed and dated by Case Manager.
Individual Service Plan	Individual Service Plans will be developed collaboratively with the client within two weeks of completing the assessment or reassessment and, at minimum, should include: <ul style="list-style-type: none"> · Description of client goals and desired outcomes · Action steps to be taken and individuals responsible for the activity · Anticipated time for each action step and goal · Status of each goal as it is met, changed or determined to be unattainable 	Completed plan in client chart, dated and signed by client and Case Manager.
	Staff will update Individual Service Plans every six months, or as needed based on client progress or DHSP contract requirements, with client outcomes and/or revisions based on changes in access to care and services.	Updated plan in client chart, dated and signed by client and Case Manager.
Group Session Service Plans	Group Session Service Plans will be developed by staff, based on best practices and evidence-based curriculum and, at minimum, should include: <ul style="list-style-type: none"> · Overall vision and mission of the group 	<p>Completed plan submitted to DHSP for prior approval.</p> <p>Documentation of meeting dates, group session topics, and sign-in sheets on file.</p>

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	<ul style="list-style-type: none"> Membership details (e.g. recruitment, maximum number of members) Support group leadership Potential group goals determined by participants 	
Individual Counseling*	One-to-one supportive counseling to address goals in Individual Service Plan	Progress notes in client file.
Group Counseling*	<p>Groups must have at least 3 participants. At least 1 participant must be enrolled in the program.</p> <p>Group session topics and curriculum must be prepared in advance and evidence-based</p>	<p>Sign-in sheet, date, and handouts on file</p> <p>Group progress notes on file.</p> <p>Topics and curriculum approved for use by Division of HIV & STD Programs.</p>
Family Counseling*	Supportive counseling that includes client's family members, friends, or anyone else who matters to the client to address goals described in the Individual Service Plan	Client must be present during family counseling session, documented by sign-in sheets and progress notes on file.
Pastoral Counseling*	One-to-one counseling for clients seeking spiritual guidance, provided by pastoral care program, center, or a service provided by a licensed provider (e.g. home care or hospice provider)	Progress notes in client file.
Biomedical Counseling*	<p>Counseling and education to be included in individual, group, and family counseling sessions to increase knowledge on prevention of HIV transmission. Topics include:</p> <ul style="list-style-type: none"> Undetectable = Untransmittable PrEP, PEP Treatment as prevention 	Progress notes in client file.
Peer Support	<p>Agencies may include peer navigation, peer educators, or other peer delivered programs.</p> <p>People living with HIV are trained to serve as "peers" for patients who are either ART-experienced or ART-naïve and need additional support.⁴ Those who serve as</p>	<p>Lists of peer services on file.</p> <p>Sign-in sheets with dates, handouts provided, on file.</p> <p>Progress notes in client file.</p>

⁴ <https://www.cdc.gov/hiv/effective-interventions/treat/peer-support/index.html>

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	peers provide medication-related social support through group meetings and weekly individual telephone calls. Individual or group meetings are led by peers, who are supervised by agency or clinic program staff. The group meetings are designed to give patients an opportunity to engage face-to-face with their assigned peer, meet other peers and patients who are taking ART and share experiences with the group.	
Case Conferencing	For agencies that include peer support staff as well as clinical or case management staff, there should be ongoing case consultation to ensure continuity of care. Teams will meet regularly (weekly or biweekly) to engage in case consultation and care coordination to help define/delineate roles between peer support and clinical staff while fostering greater collaboration.	Meeting notes on file indicating meeting dates, names of meeting participants, summary of topics discussed and next steps. Documentation signed by supervisor or case manager.
Service Promotion & Retention	Staff will promote services to potential clients and HIV service providers.	Individual progress documented in client files.
Evaluation	Agency annually evaluates the services and topics covered to ensure they meet client need. Evaluations may occur via customer satisfaction surveys, focus groups, etc.	Completed results on file and shared with DHSP upon request. Documentation of shared results with staff and program adaptations implemented as a result of the evaluation results.
	Agency tracks and evaluates clients that are linked to or retained in care as a result of participating in psychosocial support services.	Clients linked to care documented in client file. Evaluation reports including summaries with client cases linked or retained to care on file and shared with DHSP upon request.
	Agency tracks linked referrals for clients as a result of participating in psychosocial support services.	Linked referrals documented in client file. Evaluation reports including summaries with clients linked to referrals on file and shared with DHSP upon request.
Case Closure	Agencies must adhere to the case closure protocol from the Universal Standards of Care. For Psychosocial Support Services, a client case may also be closed after completion of a curriculum-based support group or the completion of individual	Justification for case closure documented in client file.

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SERVICE COMPONENT	STANDARD	DOCUMENTATION
	<p>counseling sessions based on the Individual Service Plan.⁵</p> <p>Although a client case may be closed, agencies are encouraged to create programs and opportunities that allow clients to access services or engage with previous case managers or staff as needed.</p>	

*Counseling services are not to replace or to be used in place of psychotherapy services. Psychotherapy services are provided under the Ryan White Mental Health service category.

Appendix A: Examples of Psychosocial Service Standards Resources

I. Health Resources Services Administration (HRSA), HIV AIDS Bureau (HAB)

- The Use of Peer Workers in Special Projects of National Significance Initiatives, 1993 – 2009 March 2010
https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/spns_useofpeersreport.pdf
- The Power of Peers on Engagement and Retention in Care among People of Color
<https://hab.hrsa.gov/sites/default/files/hab/About/Parts/cyperspnsoctober2013.pdf>
- HRSA Key Populations <https://targethiv.org/library/topics/key-populations>

II. Trauma-Informed Care

- Trauma-informed Care at AIDS Service Organizations
<https://targethiv.org/library/trauma-informed-care-aids-service-organizations>
- NASTAD A Health Systems Approach to Trauma Informed Care
<https://www.targethiv.org/sites/default/files/supporting-files/NASTAD-Trauma-Informed-Care-2017.pdf>
- Trauma-Informed Approach: Improving Care for People Living with HIV Curriculum Trainer's Manual
https://www.nasmhpd.org/sites/default/files/NCTIC_TIA_TrainersManual_HIV%20Final2.pdf
- Trauma-Informed Care Implementation Resource Center
<https://www.traumainformedcare.chcs.org/>

⁵ Universal Standards of Care can be accessed at <http://hiv.lacounty.gov/Projects>

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- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>
- Trauma-Informed Care in Behavioral Health Services
<https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- Resource Guide to Trauma-Informed Human Services
<https://www.acf.hhs.gov/trauma-toolkit>

DRAFT



CHILDCARE SERVICES STANDARDS OF CARE

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) are able to 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), and members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee.

CHILDCARE SERVICES OVERVIEW

Childcare services are provided to children living in the household of people living with HIV (PLWH) for the purpose of enabling those clients to attend medical visits, related appointments, and/or Ryan White related meetings, groups, or training sessions. The goal of childcare services is to reduce barriers for clients in accessing, maintaining and adhering to primary health care and related support services.

The Health Resources Services Administration (HRSA) allows the following use of funds: a licensed or registered childcare provider to deliver intermittent care of informal childcare provided by a neighbor, family member or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services. The use of these funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

SERVICE REQUIREMENTS

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

Table 1. CHILDCARE SERVICES STANDARDS OF CARE

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Licensed Facilities (i.e., childcare centers, family childcare homes)	<p>Depending on agency capacity, DHSP guidance, and individual client needs, licensed and/or license-exempt childcare services may be provided on an intermittent basis to the children living in the household of PLWH who are Ryan White eligible clients for the purpose of enabling clients to attend medical visits, related appointments, and/or Ryan White HIV/AIDS Program (RWHAP) related meetings, groups, or training sessions.</p> <p>Agencies must be a licensed 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</p>	<p>Documentation in the client's primary record must reflect the appointment and/or meeting/group/training session attended.</p> <p>A copy of valid California childcare license or proper certification.</p>
Licensed-exempt Childcare	<p>License-exempt childcare includes:</p> <ol style="list-style-type: none"> 1) individuals who care for the children of a relative, or who care for the children of one other family in addition to their own children; 2) agencies that offer limited onsite childcare or child watch to their clients. These programs usually require that the parent or guardian remain on the premises and that they remove their children within a specified amount of time; and 3) online childcare booking service. <p>Online or mobile app based childcare services that offer gift cards may be considered as an option for agencies</p>	<p>Where license-exempt childcare arrangements are obtained, subrecipient must ensure:</p> <ol style="list-style-type: none"> a. Documentation of compliance with DHSP-required mechanism for handling payments for licenses-exempt childcare arrangements b. Appropriate liability release forms are obtained that protect the client, provider and the Ryan White program c. Documentation that no cash payments are being made to clients or primary care givers d. Documentation that payment is for actual costs of service.

¹ <https://cdss.ca.gov/inforesources/child-care-licensing>

	<p>and clients. Agencies that opt to provide childcare through online or mobile app based childcare services are responsible for reading, understanding, explaining to the clients, and accepting the terms of service specified in the company website.</p> <p>Child watch is a non-licensed service provided onsite at a service provider's site during the duration of the client's appointment only. Parents are responsible for their children during child watch hours.</p>	<p>e. Providers must develop policies, procedures and signed agreements with clients for child watch services.</p>
Recommended Training	<p>Agencies are responsible for ensuring childcare providers and volunteers are trained appropriately for their responsibilities. Childcare staff encouraged to participate in trainings such as:</p> <ul style="list-style-type: none"> · First aid/CPR · Fire and electrical safety · Child development · Waste disposal procedures · Child abuse · Domestic violence 	<p>Record of trainings on file at provider agency.</p>
Language	<p>Whenever possible, childcare should be delivered in the language most familiar to the child. If this is not possible, interpretation services must be available in cases of emergency.</p>	<p>Appropriate language noted in client or program file.</p>
Confidentiality	<p>Client confidentiality will be maintained at all times. HIV status will never be disclosed without written permission from a client.</p>	<p>Record of HIPAA and confidentiality before the start of service provision.</p>
Service Promotion	<p>Agencies coordinating childcare services with licensed and license-exempt providers are expected to promote the availability of childcare to potential clients as well as external partners.</p>	<p>Program flyers and emails documenting that childcare services was promoted to clients and HIV service providers.</p> <p>Offer of childcare services is noted in client case file.</p>

	<p>Agencies should attempt to disseminate information about the availability of childcare throughout all components of the continuum of HIV care, including meetings with internal agency staff and relaying information to external HIV medical and social services partners.</p>	
	<p>Agencies should inform clients of the details of the childcare services, including:</p> <ul style="list-style-type: none"> • How far in advance the service must be scheduled • Whether the childcare is in-home or at the service site 	<p>Description of information shared with potential clients and partners and method of communication on file.</p>
<p>Referrals</p>	<p>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.</p> <p>Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients' needs are met.</p> <p>Follow up with client in 30 days to track referrals related to care coordination.</p>	<p>Documentation of referral efforts will be maintained on file by coordinating agency.</p> <p>Description of staff efforts of coordinating across systems in client file (e.g. referrals to housing case management services, etc.).</p> <p>Documentation of follow up in client file.</p>

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/>

Appendix A: Examples of Childcare Resources

Trustline.org - TrustLine is a database of nannies and baby-sitters that have cleared criminal background checks in California. It's the only authorized screening program of in-home caregivers in the state with access to fingerprint records at the California Department of Justice and the FBI.

Childcareaware.org - works with more than 400 state and local Childcare Resource and Referral agencies nationwide.

Online or mobile app based childcare booking sites that offer gift cards:

Urbansitters.com

Nanno.com

Bambino.com

Child Care Alliance Los Angeles offers voucher-based services for low income families.

<https://www.ccala.net/>

[YMCA of Greater Williamson County Members Responsibilities and Guidelines for Child Watch Page 11](#)