



LOS ANGELES COUNTY  
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010  
TEL. (213) 738-2816 · FAX (213) 637-4748  
WEBSITE: <http://hiv.lacounty.gov> | EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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# COMMISSION ON HIV MEETING

Thursday, July 11, 2019  
9:00 AM – 1:00 PM

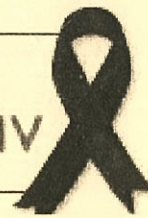
St. Anne's Conference Center, Foundation Room  
155 North Occidental Blvd.  
Los Angeles CA 90026



Join the movement in ending the HIV/AIDS epidemic in Los Angeles County, once and for all.  
Visit [www.LACounty.HIV](http://www.LACounty.HIV)



## LOS ANGELES COUNTY COMMISSION ON HIV



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HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

### VISION

A comprehensive, sustainable, accessible system of prevention and care that empowers people at-risk, living with or affected by HIV to make decisions and to maximize their lifespans and quality of life.

### MISSION

The Los Angeles County Commission on HIV focuses on the local HIV/AIDS epidemic and responds to the changing needs of People Living With HIV/AIDS (PLWHA) within the communities of Los Angeles County.

The Commission on HIV provides an effective continuum of care that addresses consumer needs in a sensitive prevention and care/treatment model that is culturally and linguistically competent and is inclusive of all Service Planning Areas (SPAs) and Health Districts (HDs).

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**1. APPROVAL OF THE AGENDA:**

- A. Agenda (**MOTION #1**)
- B. Code of Conduct
- C. Membership Roster
- D. Committee Assignments
- E. Commission Member Conflict of Interest
- F. July – October 2019 Commission Meeting Calendar
- G. Geographic Maps



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



AGENDA FOR THE **REGULAR** MEETING OF THE  
**LOS ANGELES COUNTY COMMISSION ON HIV (COH)**

(213) 738-2816 / FAX (213) 637-4748

EMAIL: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) WEBSITE: <http://hiv.lacounty.gov>

**Thursday, July 11, 2019 | 9:00 AM – 1:00 PM**

St. Anne's Conference Center  
Foundation Room  
155 N. Occidental Blvd., Los Angeles CA 90026

Notice of Teleconferencing Site:  
California Department of Public Health, Office of AIDS  
1616 Capitol Ave, Suite 74-616  
Sacramento, CA 95814

AGENDA POSTED: July 5, 2019

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

**ACCOMMODATIONS:** Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact Dina Jauregui at (213) 738-2816 or via email at [djauregui@lachiv.org](mailto:djauregui@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 con Dina Jauregui al (213) 738-2816 (teléfono), o por correo electrónico a [djauregui@lachiv.org](mailto:djauregui@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 the meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of an a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission’s Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order and Roll Call 9:00 A.M. – 9:02 A.M.

**I. ADMINISTRATIVE MATTERS**

- |    |                             |                  |                       |
|----|-----------------------------|------------------|-----------------------|
| 1. | Approval of Agenda          | <b>MOTION #1</b> | 9:02 A.M. – 9:04 A.M. |
| 2. | Approval of Meeting Minutes | <b>MOTION #2</b> | 9:04 A.M. – 9:06 A.M. |
| 3. | Consent Calendar            | <b>MOTION #3</b> | 9:06 A.M. – 9:08 A.M. |

**II. REPORTS**

- |     |  |  |                         |
|-----|--|--|-------------------------|
| 4.  | Executive Director/Staff Report<br>A. Welcome and Introductions  |  | 9:08 A.M. – 9:10 A.M.   |
| 5.  | Co-Chair Report<br>A. Meeting Management Reminders<br>B. Commissioner Planning Roles and Responsibilities                                      |  | 9:10 A.M. – 9:15 A.M.   |
| 6.  | 2019 Homeless Count and Los Angeles County Homeless Initiative Updates   |  | 9:15 A.M – 10:15 A.M.   |
| 7.  | Housing Opportunities for People Living with AIDS (HOPWA) Report   |  | 10:15 A.M – 10:30 A.M.  |
| 8.  | Ryan White Program Parts C, D and F Report   |  | 10:30 A.M – 10:35 A.M.  |
| 9.  | California Office of AIDS (OA) Report<br>A. California HIV Planning Group Update   |  | 10:35 A.M. – 10:40 A.M. |
| 10. | LA County Department of Public Health Report<br>A. Division of HIV/STD Programs (DHSP) Report<br>1. Linkage and Retention Program (LRP) Update |  | 10:40 A.M. – 11:35 A.M. |

**III. ANNOUNCEMENTS**

- |     |   |  |                         |
|-----|---|--|-------------------------|
| 11. | Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. |  | 11:35 A.M. – 11:40 A.M. |
| 12. | <b><u>IV. BREAK</u></b>   |  | 11:40 A.M. – 11:50 A.M. |

**V. REPORTS**

11:50 A.M. – 12:40 P.M.

**13. Standing Committee Reports****A. Operations Committee****(1) Membership Management****(a) 2019 Renewal Membership Slate                    MOTION #4**

- Susan Alvarado | City of Long Beach Rep (Seat #3)
- Derek Murray | City of West Hollywood Rep (Seat #5)
- LaShonda Spencer | Part D Rep (Seat #9)
- Miguel Martinez | Provider Rep #3 (Seat #13)
- Michele Daniels | UC, SPA 1 (Seat #19)
- Jason Brown | UC, SPA 3 (Seat #21)
- Raphael Pena | UC, SPA 7 (Seat #25)
- Carlos Moreno | UC, Sup District 1 (Seat #27)
- Joshua Ray | UC, Sup District 3 (Seat #29)
- Eduardo Martinez | Alternate (Seat #29)
- Diamante Johnson | UC, Sup District 5 (Seat #31)
- Joseph Green | UC, At-Large #2 (Seat #33)
- Bridget Gordon | UC, At-Large #4 (Seat #35)
- Traci Bivens-Davis | Rep, Board Office 2 (Seat #37)
- Justin Valero | Rep, Board Office 4 (Seat #39)
- Maribel Ulloa | Rep, HOPWA (Seat #41)
- Greg Wilson | HIV Stakeholder Rep #2 (Seat #45)
- Eric Paul Leue | HIV Stakeholder Rep #4 (Seat #47)
- Amiya Wilson | HIV Stakeholder Rep #6 (Seat #49)

**(2) Policies and Procedures****(a) Policy #08.3204: Excused Absences                    MOTION #5****(b) Policy #09.1007: Non-Commissioner Committee Appointments                    MOTION #6****(3) Training****(a) 2019 COH Mandatory Member Training | October 10, 2019****B. Planning, Priorities & Allocations (PP&A) Committee****(1) July 23, 2019 Committee Meeting on Data and Priority Setting and Resource Allocation****C. Public Policy Committee****(1) County, State and Federal Legislation & Policy****(a) Ending the Epidemic: A Plan for America****(2) County, State and Federal Budget****(a) Governor's Budget****D. Standards and Best Practices (SBP) Committee****(1) HIV Continuum of Care Framework Review****(2) Proposed Updates to Universal Standards of Care: **Public Comment Period July 11-26****

- 14. Caucus, Task Force and Work Group Reports 12:40 P.M. – 12:45 P.M.
  - A. Assessment of the Administrative Mechanism (AAM) Work Group
  - B. Aging Task Force
  - C. Black African American Community (BAAC) Task Force
  - D. Consumer Caucus
  - E. HIV Service Awards Work Group
  - F. Women’s Caucus
  - G. Transgender Caucus
- 15. Cities, Health Districts, Service Provider Area (SPA) Reports 12:45 P.M. – 12:48 P.M.

**VII. MISCELLANEOUS**

- 16. Public Comment 12:48 P.M. – 12:52 P.M.  
 Opportunity for members of the public to address the Commission  
 On items of interest that are within the jurisdiction of the Commission
- 17. Commission New Business Items 12:52 P.M. – 12:55 P.M.  
 Opportunity for Commission members to recommend new business  
 items for the full body or a committee level discussion on non-agendized  
 Matters not posted on the agenda, to be discussed and (if requested)  
 placed on the agenda for action at a future meeting, or matters requiring  
 immediate action because of an emergency situation, or where the need  
 to take action arose subsequent to the posting of the agenda
- 18. Announcements 12:55 P.M. – 1:00 P.M.  
 Opportunity for members of the public to announce community events,  
 workshops, trainings, and other related activities
- 19. Adjournment and Roll Call 1:00 P.M.  
 Adjournment for the meeting of July 11, 2019

<b>PROPOSED MOTION(S)/ACTION(S):</b>	
<b>PROCEDURAL MOTIONS</b>	
<b>MOTION #1:</b>	Approve the Agenda order, as presented or revised.
<b>MOTION #2:</b>	Approve the Minutes, as presented or revised.
<b>MOTION #3:</b>	Approve the Consent Calendar, as presented or revised.
<b>CONSENT CALENDAR:</b>	
<b>MOTION #4</b>	Approve the 2019 Renewal Membership Slate, as presented or revised and forward to Board of Supervisors for appointment.
<b>MOTION #5</b>	Approve Policy #08.3204: Excused Absences, as presented or revised.
<b>MOTION #6</b>	Approve Policy #09.1007: Non-Commissioner Committee Appointments, as presented or revised.

COMMISSION ON HIV MEMBERS:			
Al Ballesteros, MBA, Co-Chair	Grissel Granados, MSW, Co-Chair (LoA)	Susan Alvarado, MPH	Traci Bivens-Davis, MA
Jason Brown	Danielle Campbell, MPH	Raquel Cataldo	Pamela Coffey (Alasdair Burton, Alternate**)
Michele Daniels (Craig Scott, Alternate**)	Erika Davies	Susan Forrest (Alternate*)	Aaron Fox, MPM
Jerry D. Gates, PhD	Felipe Gonzalez (Alternate*)	Bridget Gordon	Karl Halfman, MA
Diamante Johnson (Kayla Walker-Heltzel, Alternate**)	William King, MD, JD, AAHIVS	Lee Kochems, MA	Bradley Land
David P. Lee, MPH, LCSW	Eric Paul Leue	Abad Lopez	Miguel Martinez, MSW, MPH
Anthony Mills, MD	Carlos Moreno	Derek Murray	Katja Nelson, MPP
Jazielle Newsome (LoA) (Miguel Alvarez, Alternate**)	Frankie Darling-Palacios (LoA)	Raphael Peña (Thomas Green, Alternate**)	Mario Pérez, MPH
Juan Preciado	Joshua Ray (Eduardo Martinez, Alternate**)	Ricky Rosales	Nestor Rogel (Alternate*)
LaShonda Spencer, MD	Martin Sattah, MD	Kevin Stalter	Maribel Ulloa
Justin Valero	Amiya Wilson	Greg Wilson	Russell Ybarra
<b>MEMBERS:</b>	<b>41</b>		
<b>QUORUM:</b>	<b>21</b>		
<b>LEGEND:</b>			
LoA= Leave of Absence; not counted towards quorum			
Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum			
Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member			





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### CODE OF CONDUCT

We welcome commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. We create a safe environment that celebrates differences while striving for consensus and is characterized by consistent, professional, and respectful behavior. Our common enemies are HIV and STDs. We strive to be introspective and understand and clarify our assumptions, while appreciating the complex intersectionality of the lives we live. We challenge ourselves to be self-reflective and committed to an ongoing understanding. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

**All participants and stakeholders should adhere to the following:**

- 1) We strive for consensus and compassion in all our interactions.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) We give and accept respectful and constructive feedback.**
- 7) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 8) We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including transphobia, ableism, and ageism).**
- 9) We give ourselves permission to learn from our mistakes.**

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); Revised (4/11/19)



# 2019 MEMBERSHIP ROSTER | UPDATED 7/09/19

APPROVED BY COH ON 7/12/19

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			<i>Vacant</i>		July 1, 2017	June 30, 2019	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
3	City of Long Beach representative	1	PP&A	Susan Alvarado	City of Long Beach Department of Health and Human Services	July 1, 2017	June 30, 2019	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2020	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2017	June 30, 2019	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2020	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2020	
8	Part C representative	1	EXC PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2020	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2017	June 30, 2019	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2020	
11	Provider representative #1			<i>Vacant</i>		July 1, 2017	June 30, 2019	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2020	
13	Provider representative #3	1	EXC PP&A	Miguel Martínez, MSW, MPH	Children's Hospital Los Angeles	July 1, 2017	June 30, 2019	
14	Provider representative #4	1	PP&A	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2020	
15	Provider representative #5			<i>Vacant</i>		July 1, 2017	June 30, 2019	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2020	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios (LoA)	Los Angeles LGBT Center	July 1, 2017	June 30, 2019	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic (SPA1), LA County Department of Health Services	July 1, 2018	June 30, 2020	
19	Unaffiliated consumer, SPA 1	1	EXC OPS	Michele Daniels	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	Craig Scott (OPS/PP)
20	Unaffiliated consumer, SPA 2	1	PP&A	Abad Lopez	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
21	Unaffiliated consumer, SPA 3	1	EXC PP&A	Jason Brown	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
23	Unaffiliated consumer, SPA 5			<i>Vacant</i>		July 1, 2017	June 30, 2019	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Peña	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	Thomas Green (PP&A/SBP)
26	Unaffiliated consumer, SPA 8			<i>Vacant</i>		July 1, 2018	June 30, 2020	Susan Forrest (PP&A/OPS)
27	Unaffiliated consumer, Supervisorial District 1	1	OPS	Carlos Moreno	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	
28	Unaffiliated consumer, Supervisorial District 2			<i>Vacant</i>		July 1, 2018	June 30, 2020	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	Eduardo Martínez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			<i>Vacant</i>		July 1, 2018	June 30, 2020	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1	1	PP&A	Russell Ybarra	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	
34	Unaffiliated consumer, at-large #3			<i>Vacant</i>		July 1, 2018	June 30, 2020	Felipe Gonzalez
35	Unaffiliated consumer, at-large #4	1	EXC OPS	Bridget Gordon	<i>Unaffiliated Consumer</i>	July 1, 2017	June 30, 2019	
36	Representative, Board Office 1	1	EXC	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2020	
37	Representative, Board Office 2	1	EXC OPS	Traci Bivens-Davis	Community Clinic Association of LA County	July 1, 2017	June 30, 2019	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2020	
39	Representative, Board Office 4	1	SBP	Justin Valero	California State University, San Bernardino	July 1, 2017	June 30, 2019	
40	Representative, Board Office 5	1	SBP	Bradley Land	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2017	June 30, 2019	
42	Behavioral/social scientist	1	PP	Lee Kochems	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	
43	Local health/hospital planning agency representative			<i>Vacant</i>		July 1, 2017	June 30, 2019	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW (LoA)	Children's Hospital Los Angeles	July 1, 2018	June 30, 2020	
45	HIV stakeholder representative #2	1	EXC OPS	Greg Wilson	In the Meantime Men's Group	July 1, 2017	June 30, 2019	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2020	
47	HIV stakeholder representative #4	1	PP	Eric Paul Leue	Free Speech Coalition	July 1, 2017	June 30, 2019	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2020	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	AIDS Healthcare Foundation	July 1, 2017	June 30, 2019	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2020	
51	HIV stakeholder representative #8	1	SBP	Jazielle Newsome (LoA)	<i>Unaffiliated Consumer</i>	July 1, 2018	June 30, 2020	Miguel Alvarez (SBP/OPS)
<b>TOTAL:</b>		42						

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

LOA: Leave of Absence



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## COMMITTEE ASSIGNMENTS

Updated: July 9, 2019 | Information Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 <sup>th</sup> Thursday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 12   Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Grissel Granados, MSW (LoA)	Co-Chair, Comm./Exec.*	Commissioner
Al Ballesteros, MBA	Co-Chair, Comm./Exec.*	Commissioner
Traci Bivens-Davis, MA	Co-Chair, Operations	Commissioner
Jason Brown	Co-Chair, PP&A	Commissioner
Michele Daniels	At-Large Member*	Commissioner
Aaron Fox, MPM	Co-Chair, Public Policy	Commissioner
Bridget Gordon	At-Large Member*	Commissioner
Miguel Martinez	Co-Chair, PP&A	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Juan Preciado	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Greg Wilson	At-Large Member*	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 <sup>th</sup> Thursday of the Month Regular meeting time: 10:00 AM-12:00 PM Number of Voting Members= 11   Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Traci Bivens-Davis, MA	Committee Co-Chair*	Commissioner
Juan Preciado	Committee Co-Chair*	Commissioner
Miguel Alvarez	**	Alternate
Danielle Campbell, MPH	*	Commissioner
Michele Daniels (Craig Scott, Alternate)	*	Commissioner
Susan Forrest	**	Alternate
Bridget Gordon	*	Commissioner
Joseph Green	*	Commissioner
Kayla Walker-Heltzel	**	Alternate
Carlos Moreno	*	Commissioner
Greg Wilson	*	Commissioner

**Committee Assignment List**

Updated: July 9, 2019

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<b>PLANNING, PRIORITIES &amp; ALLOCATIONS (PP&amp;A) COMMITTEE</b>		
Regular meeting day: 3 <sup>rd</sup> Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 16   Number of Quorum= 9		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Jason Brown	Committee Co-Chair*	Commissioner
Miguel Martínez, MPH, MSW	Committee Co-Chair*	Commissioner
Susan Alvarado	*	Commissioner
Raquel Cataldo	*	Commissioner
Susan Forrest	*	Alternate
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Abad Lopez	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Diamante Johnson (Kayla Walker-Heltzel, Alternate)	*	Commissioner
Frankie Darling Palacios (LoA)	*	Commissioner
Raphael Pena (Thomas Green, Alternate)	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Maribel Ulloa	*	Commissioner
Russell Ybarra	*	Commissioner
TBD	DHSP staff	DHSP

<b>PUBLIC POLICY (PP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 12   Number of Quorum= 7		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Aaron Fox, MPM	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Pamela Coffey (Alasdair Burton, Alternate)	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Lee Kochems, MA	*	Commissioner
Eduardo Martinez	**	Alternate
Eric Paul Leue	*	Commissioner
Nestor Rogel	*	Alternate
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Craig Scott	**	Alternate
Kyle Baker	DHSP staff	DHSP

**Committee Assignment List**

Updated: July 9, 2019

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<b>STANDARDS AND BEST PRACTICES (SBP) COMMITTEE</b>		
Regular meeting day: 1 <sup>st</sup> Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 11   Number of Quorum:= 6		
<b>COMMITTEE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Kevin Stalter	Committee Co-Chair*	Commissioner
(Vacant)	Committee Co-Chair	Commissioner
Erika Davies	*	Commissioner
Thomas Green	**	Alternate
Felipe Gonzalez	*	Commissioner
Bradley Land	*	Commissioner
David Lee, MPH, LCSW	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Jazielle Newsome (LoA) (Miguel Alvarez, Alternate)	*	Commissioner
Joshua Ray (Eduardo Martinez, Alternate)	*	Commissioner
Justin Valero	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

<b>CONSUMER CAUCUS</b>		
Regular meeting day: 2 <sup>nd</sup> Thursday of Each Month Regular meeting time: Immediately following Commission Meeting <i>*Open membership to consumers of HIV prevention and care services*</i>		
<b>CAUCUS MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Russell Ybarra	Co-Chair	Commissioner
Jorge Orellana-Merida (Geo)	Co-Chair	Commissioner
Miguel Alvarez	Member	Alternate
Al Ballesteros, MBA	Member	Commissioner
Jason Brown	Member	Commissioner
Alasdair Burton	Member	Alternate
Pamela Coffey	Member	Commissioner
Michele Daniels	Member	Commissioner
Grissel Granados, MSW	Member	Commissioner

**Committee Assignment List**

Updated: July 9, 2019

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<b>CONSUMER CAUCUS (cont'd)</b>		
Regular meeting day: 2 <sup>nd</sup> Thursday of Each Month Regular meeting time: Immediately following Commission Meeting *Open Membership to Consumers of HIV Prevention and Care Services*		
<b>CAUCUS MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Joseph Green	Member	Commissioner
Felipe Gonzalez	Member	Alternate
Bridget Gordon	Member	Commissioner
Thomas Green	Member	Alternate
Diamante Johnson	Member	Commissioner
Lee Kochems, MA	Member	Commissioner
Brad Land	Member	Commissioner
Abad Lopez	Member	Commissioner
Eduardo Martinez	Member	Alternate
Anthony Mills, MD	Member	Commissioner
Carlos Moreno	Member	Commissioner
Jazielle Newsome (LoA)	Member	Commissioner
Raphael Pena	Member	Commissioner
Joshua Ray	Member	Commissioner
Nestor Rogel	Member	Alternate
Craig Scott	Member	Alternate
Kevin Stalter	Member	Commissioner
Greg Wilson	Member	Commissioner

<b>AGING TASK FORCE (ATF)</b>		
Regular meeting day: 4 <sup>th</sup> Thursday of Each Month Regular meeting time: 10am-12:00pm *Open membership*		
<b>TASK FORCE MEMBER</b>	<b>MEMBER CATEGORY</b>	<b>AFFILIATION</b>
Al Ballesteros, MBA	Member	Commissioner
Jason Brown	Member	Commissioner
Alasdair Burton	Member	Commissioner
Bradley Land	Member	Commissioner
Mark McGrath	Member	Community
Craig Pulsipher, MPP, MSW	Member	Community



Committee Assignment List

Updated: July 9, 2019

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**BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE**

Regular meeting day/time: Contact Commission Office

*\*Open membership\**

TASK FORCE MEMBER	MEMBER CATEGORY	AFFILIATION
Traci Bivens-Davis, MA	Member	Commissioner
Danielle Campbell, MPH	Member	Commissioner
Bridget Gordon	Member	Commissioner
William D. King, MD, JD, AAHIVS	Member	Commissioner
Greg Wilson	Member	Commissioner
LaShonda Spencer, MD	Member	Commissioner
Jeffrey King	Member	Community

**TRANSGENDER CAUCUS**

Regular meeting day/time: TBD; Contact Commission Office

*\*Open membership\**

**WOMEN'S CAUCUS**

Regular meeting day: 3rd Wednesday of Each Month

Regular meeting time: 10am-12:00pm

*\*Open membership\**

CAUCUS MEMBER	MEMBER CATEGORY	AFFILIATION
Danielle Campbell, MPH	Member	Commissioner
Bridget Gordon	Member	Commissioner
Grissel Granados, MSW	Member	Commissioner
Natalie Sanchez	Member	Community
LaShonda Spencer, MD	Member	Commissioner



**COMMISSION MEMBER "CONFLICTS-OF-INTEREST"**

Updated 7/9/19

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
ALVARADO	SUSAN	Long Beach Dept. of Health and Human Services	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			HIV Biomedical Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
BROWN	Jason	Unaffiliated consumer	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			
BIVENS-DAVIS	Traci	Community Clinic Association of LA County	No Ryan White or prevention contracts
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	Case Management, Home-Based
			Case Management, Transitional - Jails
			Housing Services
			Medical Transportation
			Mental Health, Psychotherapy
			Oral Health
			Substance Abuse, Residential
			Substance Abuse, Transitional
			Substance Abuse, Detox
			Biomedical Prevention
			Medical Nutrition Therapy
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)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Housing Services
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP
			Biomedical Prevention
			STD Screening and Treatment
DAVIES	Erika	City of Pasadena	HIV Counseling and Testing (HCT)
FORREST	Susan	Office of Division and Reentry, Department of Health Services, County of Los Angeles	No Ryan White or prevention contracts
FOX	Aaron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Housing Services
			Medical Care Coordination (MCC)
			Mental Health, Psychiatry
			Mental Health, Psychotherapy
			Non-Occupational HIV PEP

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			Biomedical Prevention
			STD Screening and Treatment
GATES	Jerry	AETC (Part F)	No Ryan White or prevention contracts
GONZALEZ	Felipe	City of Pasadena	HIV Counseling and Testing (HCT)
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
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	No Affiliation	No Ryan White or prevention contracts
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
LAND	Bradley	Unaffiliated consumer	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV/AIDS Benefits Specialty Services
			HIV Counseling, Testing, and Referral Prevention Services
LEUE PAUL	Eric	Free Speech Coalition	No Ryan White or prevention contracts
LOPEZ	Abad	Unaffiliated consumer	No Ryan White or prevention contracts
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			MH, Psychiatry
			MH, Psychotherapy
			Medical Specialty
			Oral Health
			HIV Counseling and Testing (HCT)
			STD Screening and Treatment
			Case Management, Transitional - Youth
			Health Education/Risk Reduction (HERR)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Miguel	Children's Hospital, Los Angeles	HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical Prevention
			Medical Care Coordination (MCC)
MORENO	Carlos	Unaffiliated consumer	No Ryan White or prevention contracts
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NELSON	Katja	APLA Health & Wellness	Benefits Specialty Case Management, Non-Medical (LCM) Case Management, Home-Based Health Education/Risk Reduction (HERR) HIV Counseling and Testing (HCT) Mental Health, Psychotherapy Nutrition Support Oral Health Biomedical Prevention Medical Care Coordination (MCC)
NEWSOME	Jazielle	Illumination Foundation	No Ryan White or prevention contracts
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)
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
			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, Psychiatry
SCOTT	Craig	Unaffiliated consumer	No Ryan White or prevention contracts
SPENCER	LaShonda	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
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
WILSON	Gregory	In the Meantime Men's Group, Inc.	HIV/AIDS Health Education/Risk Reduction Prevention Services
YBARRA	Russell	Capitol Drugs	No Ryan White or prevention contracts



# HIV Calendar

July 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30 Week 27	1 1:00 PM Public Policy Committee	2 10:00 AM Standards & Best Practices (SBP)	3	4 HOLIDAY   Independence Day - COH Office Closed	5	6
7 Week 28	8	9	10	11 9:00 AM Commission Meeting 1:00 PM Consumer Caucus Meeting	12	13
14 Week 29	15 10:00 AM Transgender Caucus	16 1:00 PM [CANCELLED] Planning, Priorities & Allocations (PP&A)	17 10:00 AM Women's Caucus	18	19	20
21 Week 30	22	23 9:00 AM Planning, Priorities & Allocations (PP&A)	24	25 10:00 AM Operations Committee Meeting 1:00 PM Executive Committee Meeting	26	27
28 Week 31	29	30	31	1	2	3

# HIV Calendar

August 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28 <small>Week 31</small>	29	30	31	1	2	3
4 <small>Week 32</small>	5 1:00 PM Public Policy Committee	6 10:00 AM Standards & Best Practices (SBP)	7	8 9:00 AM Commission Meeting  1:00 PM Consumer Caucus Meeting	9	10
11 <small>Week 33</small>	12	13	14	15	16	17
18 <small>Week 34</small>	19	20 1:00 PM Planning, Priorities & Allocations (PP&A)	21	22 10:00 AM Operations Committee Meeting  1:00 PM Executive Committee Meeting	23	24
25 <small>Week 35</small>	26	27	28	29	30	31

# HIV Calendar

September 2019

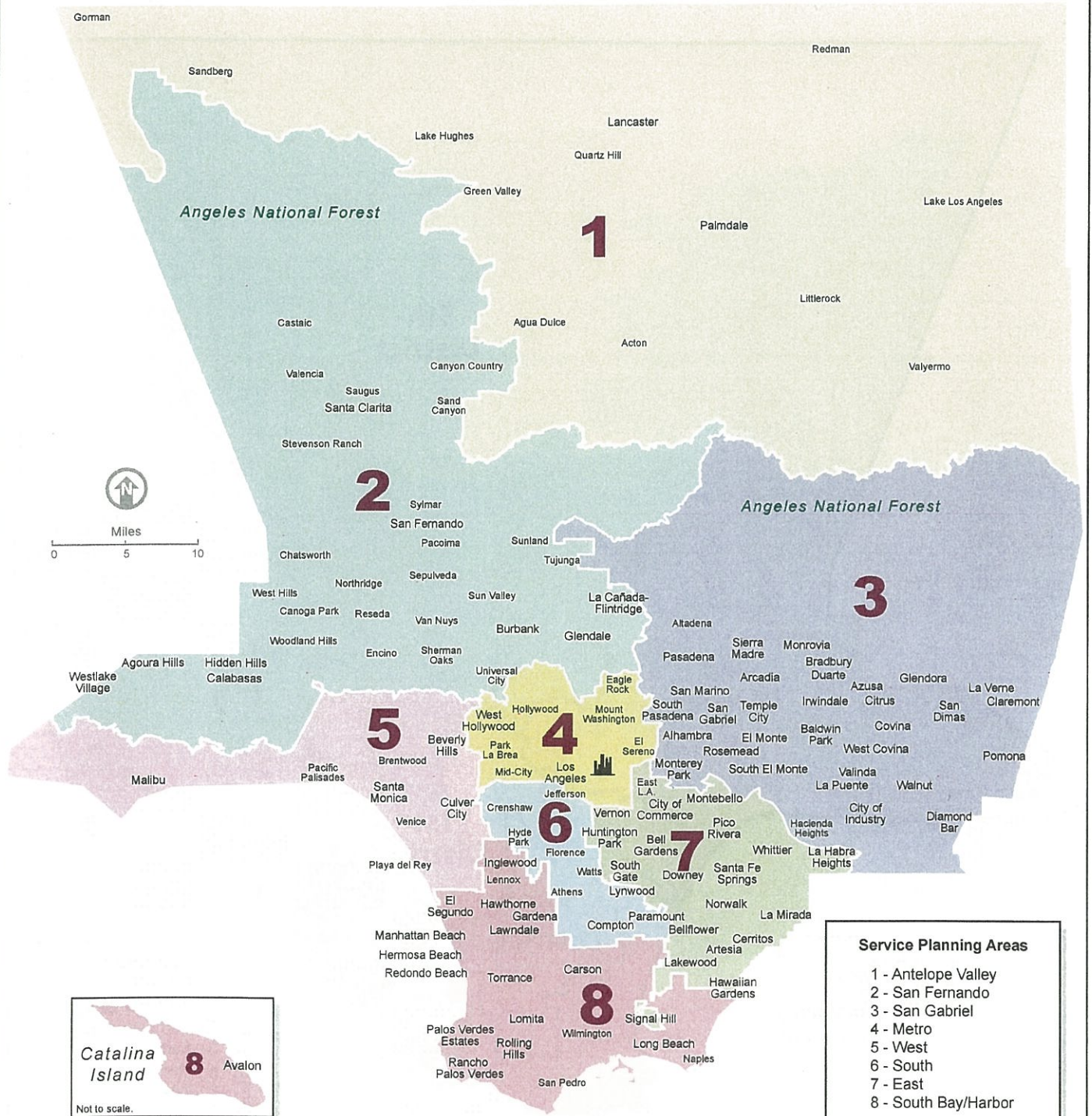
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Week 36	2 1:00 PM Public Policy Committee	3 10:00 AM Standards & Best Practices (SBP)	4	5	6	7
8 Week 37	9	10	11	12 9:00 AM Commission Meeting 1:00 PM Consumer Caucus Meeting	13	14
15 Week 38	16	17 1:00 PM Planning, Priorities & Allocations (PP&A)	18	19	20	21
22 Week 39	23	24	25	26 10:00 AM Operations Committee Meeting 1:00 PM Executive Committee Meeting	27	28
29 Week 40	30	1 10:00 AM Standards & Best Practices (SBP)	2	3	4	5

# HIV Calendar

October 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29 <small>Week 40</small>	30	1 10:00 AM Standards & Best Practices (SBP)	2	3	4	5
6 <small>Week 41</small>	7 1:00 PM Public Policy Committee	8	9	10 9:00 AM Commission Meeting  1:00 PM [CANCELLED] Consumer Caucus Meeting Member Orientation	11	12
13 <small>Week 42</small>	14	15 1:00 PM Planning, Priorities & Allocations (PP&A)	16	17	18	19
20 <small>Week 43</small>	21	22	23	24 10:00 AM Operations Committee Meeting  1:00 PM Executive Committee Meeting	25	26
27 <small>Week 44</small>	28	29	30	31	1	2

# Los Angeles County Service Planning Areas



**Service Planning Areas**

- 1 - Antelope Valley
- 2 - San Fernando
- 3 - San Gabriel
- 4 - Metro
- 5 - West
- 6 - South
- 7 - East
- 8 - South Bay/Harbor

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American Indian Children's Council covers all SPAs

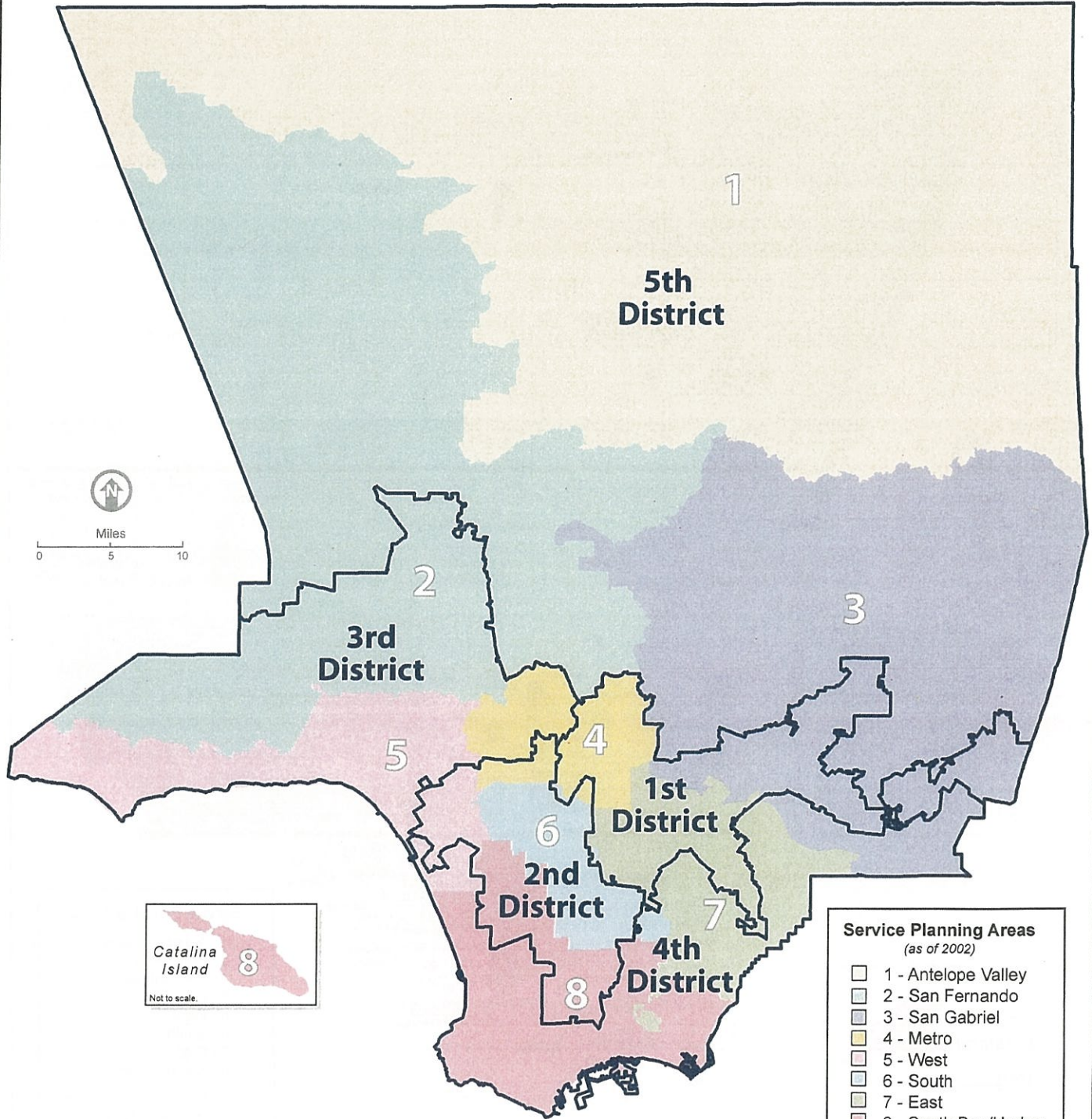


Note: City names are shown in BLACK.  
Communities are shown in GRAY.





# Los Angeles County Service Planning Areas by Supervisorial District



**Service Planning Areas  
(as of 2002)**

- 1 - Antelope Valley
- 2 - San Fernando
- 3 - San Gabriel
- 4 - Metro
- 5 - West
- 6 - South
- 7 - East
- 8 - South Bay/Harbor

American Indian Children's Council covers all SPAs



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**6. 2019 HOMELESS COUNT AND LOS ANGELES COUNTY  
HOMELESS INITIATIVE UPDATES**

### ACCESS CENTERS

**SPA Location Key:** SPA1-Antelope Valley / SPA 2-San Fernando / SPA 3-San Gabriel / SPA 4-Metro, Downtown LA / SPA 5-Westside, Santa Monica / SPA 6-South Los Angeles / SPA 7- East Los Angeles, Whittier / SPA 8-South Bay, Long Beach

**Access Centers provide access to amenities, such as shower rooms, computers, resources, hygiene kits, toiletries and case management.**

Agency	Contact	Day/Time	Requirements/Additional Information	SPA
<p><b><u>ASCENCIAS ACCESS CENTER</u></b></p> <p>1851 Tyburn Street Glendale, CA 91204</p>	<p>Christopher Piñeda (818) 246-7900</p>	<p>Monday - 7am-4pm Tuesday- 7am-4pm Wednesday- 7am-4pm Thursday-7am-2pm Friday- 7am-4pm</p> <p>Center is closed the last Friday of the month</p>	<ul style="list-style-type: none"> <li>• <b>Must be a Glendale resident</b></li> <li>• Intake interviews are held Monday-Friday starting at 7am, first come first serve</li> <li>• Center provides: homeless assistance, employment assistance, mental health services, and substance abuse recovery support</li> <li>• Proof of income, SSN, and Picture ID recommended</li> </ul>	2
<p><b><u>DOWNTOWN WOMENS DAY CENTER</u></b></p> <p>442 South San Pedro Street Los Angeles, CA 90013</p>	<p>Front desk (213) 680-0600</p>	<p>Monday-Friday 6am-4pm</p> <p>Saturday &amp; Sunday 7am-3pm</p>	<ul style="list-style-type: none"> <li>• Women only</li> <li>• Must attend orientation: Monday-Wednesday at 9am and Saturday at 9am and 1pm</li> <li>• Center provides: private bathrooms, showers, laundry facility, access to phone calls, computers, secure mailing address, and clothing</li> <li>• <b>Must provide current TB test</b></li> </ul>	4
<p><b><u>ST. FRANCIS CENTER</u></b></p> <p>1835 South Hope Street Los Angeles, CA 90015</p>	<p>Front desk (213) 747-5347</p>	<p>Monday-Friday 7am-3pm</p> <p>Saturday 7am-1pm</p>	<ul style="list-style-type: none"> <li>• Center provides: access to shower rooms, hygiene kits, toiletries, undergarments, and case management</li> <li>• For meal program, one must register on Tuesday from 10am-12pm and provide proof of income and Picture ID</li> <li>• <b>Must be a Central L.A. resident</b></li> </ul>	4

Agency	Contact	Day/Time	Requirements/Additional Information	SPA
<b><u>OPCC ACCESS CENTERS</u></b>				
<p><b><u>ANNENBERG</u></b></p> <p>503 Olympic Boulevard Santa Monica, CA 90401</p>	<p>Front desk (310) 450-4050</p>	<p>Monday- 9am-5pm Tuesday- 1pm-5pm Wednesday- 9am-5pm Friday- 9am-5pm</p> <p>Center is closed the first Wednesday of the month</p>	<ul style="list-style-type: none"> <li>Center provides: clothing, meal, mail, phone services, mental health, counseling, and medical assistance</li> <li>The medical suite provides medical care</li> <li>Case Managers available Monday and Wednesday at 9am</li> </ul>	5
<p><b><u>NIGHT LIGHT</u></b></p> <p>503 Olympic Boulevard Santa Monica, CA 90401</p>	<p>Front Desk (310) 450-4050</p>	<p>Monday- 9am-5pm Tuesday- 1pm-5pm Wednesday- 9am-5pm Friday- 9am-5pm</p> <p>Center is closed every first Wednesday of the month</p>	<ul style="list-style-type: none"> <li>Must be a homeless youth</li> <li>Center provides referrals to temporary and permanent housing</li> </ul>	5
<p><b><u>SHWASHLOCK</u></b></p> <p>505 Olympic Boulevard Santa Monica, CA 90401</p>	<p>Front desk (310) 450-4050</p>	<p>Monday- 9am-5pm Tuesday- 1pm-5pm Wednesday- 9am-5pm Friday- 9am-5pm</p> <p>Center is closed first Wednesday of the month</p>	<ul style="list-style-type: none"> <li>Center provides: showers, washers, and lockers</li> </ul>	5
<p><b>Agency</b></p>	<p><b>Contact</b></p>	<p><b>Day/Time</b></p>	<p><b>Requirements/Additional Information</b></p>	<p><b>SPA</b></p>
<p><b><u>DOORS OF HOPE WOMEN SHELTER</u></b></p> <p>529 North Board Avenue Wilmington, CA 90744</p>	<p>Front desk (310) 518-3667</p>	<p>Monday &amp; Thursday 8:30am Arrive early</p>	<ul style="list-style-type: none"> <li>Single women only</li> <li>If taking medication must provide Picture ID</li> <li>Center provides: breakfast, dinner, washer, showers, and set of clean clothes</li> </ul>	8

## 2019 Greater Los Angeles Homeless Count - Data Summary Los Angeles County<sup>1</sup>

Population <sup>1</sup>	Sheltered	Unsheltered	Total	Prevalence of Homeless Pop. (%)	Percent Change 2018 - 2019	Significant Difference 2018 - 2019 <sup>2</sup>
<b>All Persons</b>						
All Persons	14,722	44,214	58,936	100%	+12%	Yes
<b>Household Composition</b>						
Individuals (Those not in family units)	7,590	42,481	50,071	85%	+13%	Yes
Chronically Homeless	1,518	14,337	15,855	27%	+17%	Yes
Veterans	965	2,866	3,831	7%	+1%	No
Unaccompanied Minors (Under 18)	21	45	66	0.1%	+5%	No
Family Members (Those in family units)	7,141	1,688	8,799	15%	+6%	Yes
Children in Families (Under 18)	4,322	892	5,214	9%	+6%	Yes
Chronically Homeless	474	200	674	1%	+31%	No
Veterans	17	31	48	0.1%	-49%	Yes
<b>Veterans</b>						
All Veterans	982	2,897	3,879	7%	-0%	No
Chronically Homeless Veterans	94	1,208	1,302	2%	-14%	No
<b>Gender</b>						
Male	7,391	31,408	39,339	67%	+11%	Yes
Female	6,540	11,697	18,337	31%	+13%	Yes
Transgender	127	932	1,059	2%	+14%	No
Gender Non-Conforming	21	177	201	0.3%	+14%	No
<b>Age</b>						
Under 18	1,518	3,937	5,280	9%	+6%	Yes
13 - 24	1,011	2,124	3,635	6%	+17%	No
25 and Over	8,323	41,153	50,021	85%	+12%	Yes
<b>Chronically Homeless<sup>3</sup></b>						
Individuals (Those not in family units)	1,518	14,337	15,855	27%	+17%	Yes
Family Members (Those in family units)	474	200	674	1%	+31%	No
Total Chronically Homeless Persons	1,992	14,537	16,529	28%	+17%	Yes

<b>Health and Disability</b>						
Health/Disability Indicator <sup>3</sup>	Sheltered	Unsheltered	Total	Prevalence in Over 18 Homeless Pop. (%)	Percent Change 2018 - 2019	Significant Difference 2018 - 2019 <sup>2</sup>
Substance Use Disorder	352	6,977	7,829	15%	+10%	No
HIV/AIDS	318	991	1,309	2%	+77%	Yes
Serious Mental Illness	2,433	11,392	13,675	25%	+7%	No

<b>Domestic/Intimate Partner Violence</b>						
Domestic/Intimate Partner Violence	Sheltered	Unsheltered	Total	Prevalence in Over 18 Homeless Pop. (%)	Percent Change 2018 - 2019	Significant Difference 2018 - 2019 <sup>2</sup>
Homeless Due to Fleeing Domestic/Intimate Partner Violence	325	3,615	3,940	7%	+28%	No

**Notes:**

- The Los Angeles County Data Summary includes Long Beach, Pasadena, and Glendale.
  - Significance tested at the 95% confidence interval.
  - Health/Disability indicators are not mutually exclusive (a person may report more than one). Numbers will not add up to 100%.
- Prepared by Los Angeles Homeless Services Authority (June 2019).  
 Data from 2019 Greater Los Angeles Point-In-Time Count conducted in January 2019. Visit <http://www.lahsa.org/homeless-count/> to view dashboards.

LAHSA supports and creates solutions to homelessness in Los Angeles County by providing leadership, advocacy, planning, and management of program funding.

[LEARN MORE](#)

## NEWS

[MORE NEWS](#)

[Two Housing Bills that Need Your Support in the State Legislature](#)

6/28

[Aligning Systems To Better Serve DV Survivors](#)

6/28

[2019 Technology Advisor For A Grants Management System RFI](#)  
[Submission Deadline: July 8, 2019, 2:00 PM](#)

6/10

## QUICK LINKS

### GET HELP

Find shelters and services near you

[GET HELP](#)

### LOS ANGELES HOMELESS COUNT

Canvassing 4,000+ square miles for our neighbors in need

[MORE](#)

### WHAT WE DO

[Coordinated Entry System](#)

[HMIS](#)

[Continuum of Care](#)

[Funding](#)

[Commission Meetings](#)

[Dashboards](#)

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### FOR PROVIDERS

- [MyOrg](#)
- [HMIS](#)
- [Funding](#)
- [Contracts](#)
- [Fileshare](#)
- [Capacity Building](#)

MORE TOOLS

### EVENTS

MORE EVENTS


Wed [L.A. COC Board Meeting](#)  
 Jul  
 10


Wed [L.A. COC Board Meeting](#)  
 Aug  
 14

Mon [Labor Day](#)  
 Sep  
 02

### VIDEOS

MORE VIDEOS

 As Homeless Count rises, an expanded system mobilizes

 2019 Safe Parking Program RFP Mandatory Proposers Conference Webinar

 2019 Gardner Library Bridge Housing RFP Webinar

### STAY UP TO DATE WITH LAHSA

JOIN OUR MAILING LIST

TOP



[Learn More](#)

[Make a Request](#)

# WANT TO MAKE AN OUTREACH REQUEST? PLEASE CHECK OUT FIRST

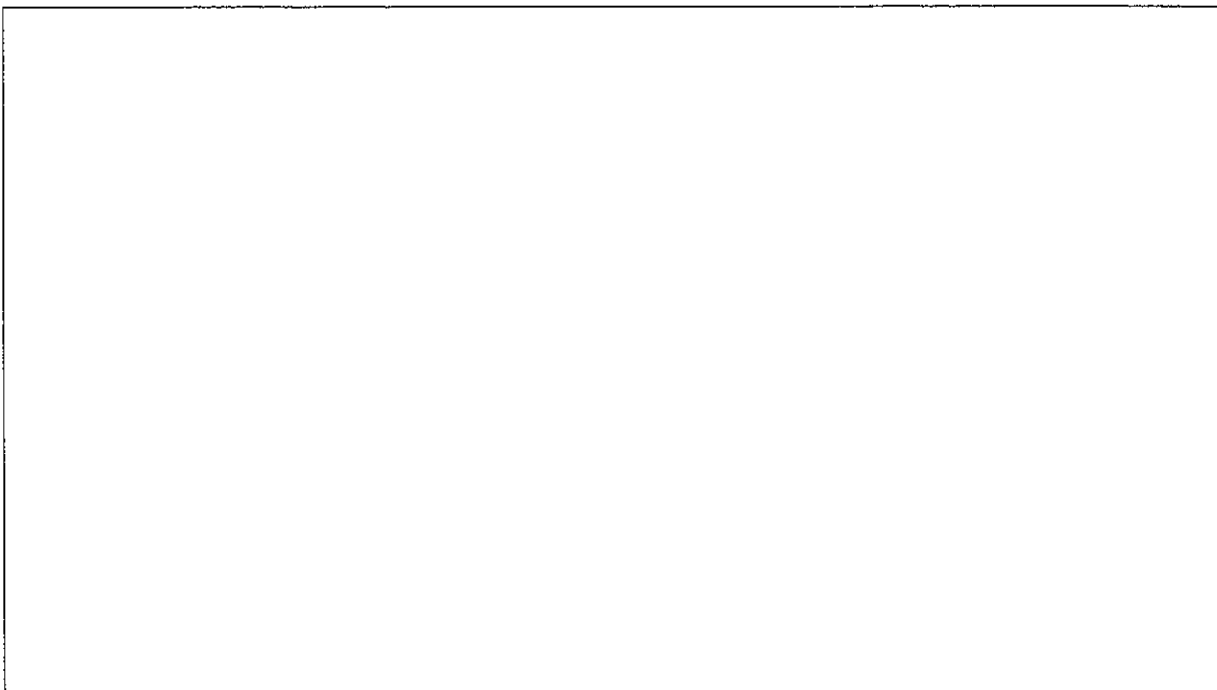
LA-HOP is designed to assist people experiencing homelessness in Los Angeles County with outreach services. We'll use this information to dispatch a homeless services outreach team to the area.

For medical or mental health emergencies, please [call 911](#).

For crime or illegal activity, please contact your local law enforcement agency.

For services like bulky item pickup, illegal dumping or graffiti removal, please contact your municipality.

LA-HOP does not replace homeless encampment reporting protocols. Please contact your municipality.



## WHEN SHOULD I FILL OUT AN OUTREACH REQUEST?

Did you see someone experiencing homelessness who needs help? Notice a homeless neighbor who seems to be struggling with their physical and/or mental health? Then you can help them by filling out an outreach request and alert us as to any specific concerns you may have regarding the person's well-being. As outreach capacity is limited, requests for those with more serious medical and/or mental health needs may be prioritized.

## WHEN SHOULD I NOT FILL OUT AN OUTREACH REQUEST?

If you come across a family with minor children experiencing homelessness, have them [call 211](#) and ask to be connected to the Coordinated Entry System for Families. If you are concerned about illegal activity, contact your local law enforcement agency. For medical and mental health emergencies, [call 911](#). Unfortunately, outreach teams are not able to serve individuals who are couch surfing, temporarily living with friends or family, at risk of homelessness, or already staying in a homeless shelter.

## WHAT DO OUTREACH WORKERS DO?

Outreach workers have many different skills including homeless services navigation, mental health first aid, motivational interviewing, and trauma informed care, among others. Some teams even have physical health, mental health and substance use professionals. Outreach teams start by building a trusting relationship with and determining the needs of people living on the streets. Their efforts can be as simple as helping someone experiencing homelessness get an ID card or as complex as

## HOW LONG DOES IT TAKE TO HELP SOMEONE?

Some people may require significant time to build trust. Others may be more readily open to help. Regardless, everything we do is in partnership with those we serve, and is done in a way that fosters dignity and self-determination. Until there's more shelter and affordable permanent housing, the process to get people indoors is slower than we would like. But through the investments of capital development funding via Proposition HHH, No Place Like Home, and Measure H, there will be an increase in

ultimate goal of outreach services? To help people who are homeless move from the streets into a permanent home.

Request and permanent housing... of our outreach teams, combined with expanded housing opportunities, will make a huge difference.

### WHAT DO YOU MEAN BY "HOMELESS"?

While there are different types of homelessness, street-based outreach teams serve those who the U.S. Department of Housing and Urban Development considers "literally homeless." This is defined as, "an individual that has a primary nighttime residence that is a public or private place not meant for human habitation."

### WHEN DO OUTREACH WORKERS WORK?

They usually work during daylight hours due to safety and because this allows outreach workers to connect individuals that are homeless to resources and other critical services like health and mental health services, job training programs, and those offered by the Department of Motor Vehicles and Department of Public Social Services.

### HOW LONG DOES IT TAKE A TEAM TO RESPOND?

Due to high demand, it may take a few days for an outreach team to be deployed and we may need to prioritize those individuals who are most vulnerable. With nearly 40,000 people living on the streets of LA County, the need for outreach services is great.

### CAN I GET AN UPDATE ON WHAT HAPPENED?

If you provide your email address, we will let you know we received your request and when it was fulfilled. We are required by law to protect the privacy of those we serve...therefore we are unable to share updates (unless the client allows us to). However, if you agree to be contacted, we may reach out to you to ask additional questions that will help us locate and connect with the person referred.

### HOW ELSE CAN I HELP MY HOMELESS NEIGHBORS?

Volunteering and donating to organizations serving people experiencing homelessness is a great way to help the cause. Please go to [TheyCountWillYou.org](http://TheyCountWillYou.org), [Volunteer Opportunities, Everyone In, VolunteerLA](http://VolunteerOpportunities.EveryoneIn.VolunteerLA), or contact your local homeless organization for further information on volunteering and/or donating towards ending homelessness.

### WHAT IS MEASURE H AND PROPOSITION HHH?

Measure H is a County of Los Angeles special sales tax increase passed by the voters in 2017 that specifically funds services, shelter, and permanent rental subsidies for people experiencing homelessness. Proposition HHH is a City of Los Angeles bond passed by the voters in 2016 that directly funds the building of new affordable permanent housing for people experiencing homelessness.

**READY TO MAKE A REQUEST?**

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**8. RYAN WHITE PROGRAM PARTS C, D AND F REPORT**



LOS ANGELES COUNTY  
COMMISSION ON HIV



## Ryan White HIV/AIDS Program Parts

The Ryan White HIV/AIDS Program is divided into five Parts, following from the authorizing legislation. Note that all Parts utilize the same service categories.

- **PART A** provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are population centers that are the most severely affected by the HIV/AIDS epidemic.
- **PART B** provides grant funding to states and territories to improve the quality, availability, and organization of HIV health care and support services. Grant recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the 5 U.S. Pacific Territories. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).
- **PART C** provides grant funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services.
- **PART D** provides grant funding to support family-centered, comprehensive care to women, infants, children, and youth living with HIV.
- **PART F** provides grant funding that supports several research, technical assistance, and access-to-care programs. These programs include:
  - **The Special Projects of National Significance Program**, supporting the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations;
  - **The AIDS Education and Training Centers Program**, supporting the education and training of health care providers treating people living with HIV through a network of eight regional centers and three national centers;
  - **The Dental Programs**, providing additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program; and
  - **The Minority AIDS Initiative**, providing funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.

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**9. CALIFORNIA OFFICE OF AIDS (OA) REPORT**

This newsletter is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The Integrated Plan is available on the Office of AIDS' (OA) website at [www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP\\_2016\\_Final.pdf](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final.pdf).

### **In This Issue:**

- Strategy A • Strategy H • Strategy K
- Strategy F • Strategy J

### **Staff Highlight:**

OA is pleased to announce John Keasling has received the University of California San Francisco School of Medicine SPOT Award, in recognition of his contributions to OA and the California Department of Public Health (CDPH).

John's work is well-known and sought after within CDPH and encompasses a broad range of products, from scientific posters to brochures, infographics, educational posters, in addition to the newly designed, OA Voice Newsletter. As the only graphic designer/health educator employed by OA, John's work is highly prized and has had a tremendous impact on the overall look of OA's public-facing documents. He designed the OA logo, OA's highly visible statewide *Getting to*

*Zero* integrated plan, and multiple HIV prevention education campaigns. His many successes include designing the logos for the Office of Refugee Health, the Center for Infectious Diseases, and the Office of Binational Border Health, designing and managing OA's condom distribution program, designing and managing OA's brochure clearinghouse, and, over his twenty-year career at OA, providing the themes and artwork for countless conferences, meetings and convenings.

John's artistic abilities alone would make him a standout on any team, however, his deep knowledge of health education principles, his willingness to share that knowledge with his teammates and local health departments and his ability to take on new, diverse projects make him a standout member of the OA team.

### **Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization**

#### **PrEP Assistance Program (PrEP-AP):**

As of June 25, there are 181 PrEP-AP enrollment sites covering 98 clinics that currently make up the PrEP-AP Provider Network. As of June 25, there are 2,068 clients enrolled in the PrEP-AP.

A comprehensive list of the PrEP-AP Provider Network can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.



## **Strategy F: Improve Overall Quality of HIV-Related Care**

### **Medical Monitoring Project (MMP):**

MMP is an enhanced surveillance activity that annually collects comprehensive data on 500 randomly selected people living with HIV/AIDS (PLWHA) in California.

MMP is designed to gather information about the experiences and needs of PLWHA.

Supported by the Centers for Disease Control and Prevention

(CDC), MMP is conducted by 23 project areas across the country by state and local health departments.



### **Why is MMP Important?**

MMP plays a distinctive role in assessing current key components of HIV Care by conducting a comprehensive health survey of PLWHA.

The comprehensive survey is conducted by interviewing the participants, providing OA and CDC direct feedback about an array of wellness topics aimed at identifying accessibility, need, utilization and quality of care and services.

Topics from the survey include stigma, adherence, healthcare coverage, alcohol and substance use, domestic violence, housing needs, food insecurity, among other wellness metrics.

MMP is unique in that it describes comprehensive clinical and behavioral information from persons carefully sampled to represent everyone with a reported HIV diagnosis in the United States. MMP and other surveillance programs are critical as federal coordination is needed to develop treatment and prevention cascades at state and local levels using standardized methodology and facilitate access to critical data to guide programs, services, policy and funding.

By collecting these data, locally and nationally representative behavioral and medical data from PLWHA, MMP will help answer the following questions:

- How many people with a reported HIV diagnosis are receiving adequate medical care for HIV?
- How easy is it to access medical care, prevention, and support services?
- What are the met and unmet service needs of people living with HIV?
- How is treatment affecting people living with HIV?

### **Where Does MMP Fit Into the Integrated Plan?**

By conducting comprehensive interviews from a randomized sample of PLWHA, MMP estimates are designed to be representative of PLWHA. Information gathered from MMP may be used by prevention planning groups, policy leaders, health care providers, and PLWHA to highlight disparities in care and services. MMP aims to monitor and measure the collective efforts and outcomes of OA programs, services, initiatives and strategies which are aimed at getting California to zero new infections.

### **Who Is Part of the MMP Team?**

We have a Principle Investigator- Dr. Marisa Ramos, a supervisor- Onika Chambers, an epidemiologist- Anna Flynn, two data managers Cassie Chavez and Hannah Johnson, and six core interviewers (Manny Rios, Frank Levels, Helen Hwang, Sophia Vourthis, Cassie Chavez, and Tony Gonzalez), and 1 part time interviewer (Ivan Mendoza-Manzo), who works in the AIDS Drug Assistance Program (ADAP).

If you are interested in learning more about MMP, please reach out to Onika Chambers at 916-449-5890.

More detailed information about the [Medical Monitoring Project](https://www.cdc.gov/hiv/statistics/systems/mmp/index.html) can be found at <https://www.cdc.gov/hiv/statistics/systems/mmp/index.html>.

**Strategy H: Improve Integration of HIV Services with Sexually Transmitted Diseases (STD), Tuberculosis, Dental, and Other Services**

*FDA clears first diagnostic tests for extragenital testing for chlamydia and gonorrhea.*

On May 23, 2019 the U.S. Food and Drug Administration (FDA) cleared for marketing two tests that can detect the presence of the bacteria Chlamydia trachomatis and Neisseria gonorrhoeae, which cause the sexually-transmitted infections, respectively, chlamydia and gonorrhea, through diagnostic testing of extragenital specimens. The Aptima Combo 2 Assay and the Xpert CT/NG are the first devices cleared for extragenital diagnostic testing of these infections via the throat and rectum. These tests were previously only cleared for testing urine, vaginal and endocervical samples. The FDA released the following press release, [FDA clears first diagnostic tests for extragenital testing for chlamydia and gonorrhea](https://www.fda.gov/news-events/press-announcements/fda-clears-first-diagnostic-tests-extragenital-testing-chlamydia-and-gonorrhea), found at <https://www.fda.gov/news-events/press-announcements/fda-clears-first-diagnostic-tests-extragenital-testing-chlamydia-and-gonorrhea>.

A joint [Dear Colleague Letter](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Extragenital_Screening_Dear_Colleague_Letter.pdf) ([https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Extragenital\\_Screening\\_Dear\\_Colleague\\_Letter.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Extragenital_Screening_Dear_Colleague_Letter.pdf)) encouraging

extragenital screening, was sent out from CDPH/OA and the STD Control Branch in February of this year. For more information, contact [Jessica.Frasure-Williams@cdph.ca.gov](mailto:Jessica.Frasure-Williams@cdph.ca.gov).

**Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP**

**ADAP's Insurance Assistance Programs:**


As of June 25, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

**Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs**

The CDC released [new materials](https://www.cdc.gov/ssp) (<https://www.cdc.gov/ssp>) highlighting the efficacy of syringe services programs (SSPs) in addressing HIV, HCV, overdose and other issues that impact the health and wellness of people who inject drugs. The materials include [fact sheets](https://www.cdc.gov/ssp/docs/SSP-FactSheet.pdf) (<https://www.cdc.gov/ssp/docs/SSP-FactSheet.pdf>), an [infographic](https://www.cdc.gov/ssp/docs/Syringe-Services-Program-Infographic_508.pdf) ([https://www.cdc.gov/ssp/docs/Syringe-Services-Program-Infographic\\_508.pdf](https://www.cdc.gov/ssp/docs/Syringe-Services-Program-Infographic_508.pdf)), [frequently asked questions](https://www.cdc.gov/ssp/docs/SSP-FAQs.pdf) (<https://www.cdc.gov/ssp/docs/SSP-FAQs.pdf>) and a [Safety and Effectiveness Summary](https://www.cdc.gov/ssp/syringe-services-programs-summary.html) (<https://www.cdc.gov/ssp/syringe-services-programs-summary.html>).

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from April
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	539	+4%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	4,647	-0.5%
Medicare Part D Premium Payment (MDPP) Program	1,732	+0.8%
<b>Total</b>	<b>6,918</b>	<b>+0.2%</b>





These materials are also posted on the OA website at [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_sep.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx).

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For questions regarding this report, please contact [angelique.skinner@cdph.ca.gov](mailto:angelique.skinner@cdph.ca.gov).



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## 11. STANDING COMMITTEE REPORTS:

- A. Operations Committee
  - (1) Membership Management
    - (a) 2019 Renewal Membership Slate **MOTION #4**
  - (2) Policies and Procedures
    - (a) Policy #08.3204: Excused Absences  
**MOTION #5**
    - (b) Policy #09.1007: Non-Commissioner  
Committee Appointments **MOTION #6**
  - (3) Training
    - (a) 2019 COH Mandatory Member Training
- C. Public Policy (PP) Committee
  - (1) County, State and Federal Legislation & Policy
    - (a) Ending the Epidemic: A Plan for America
- D. Standards and Best Practices (SBP) Committee
  - (1) HIV Continuum of Care Framework Review
  - (2) Proposed Updates to Universal Standards of Care:  
**Public Comment Period July 11-26**

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## 11. STANDING COMMITTEE REPORTS (cont'd):

- A. Operations Committee
  - (1) Membership Management
    - (a) 2019 Renewal Membership Slate **MOTION #4**
  - (2) Policies and Procedures
    - (a) Policy #08.3204: Excused Absences  
**MOTION #5**
    - (b) Policy #09.1007: Non-Commissioner  
Committee Appointments **MOTION #6**
  - (3) Training
    - (a) 2019 COH Mandatory Member Training

## 2019 COH Renewal Membership Slate

- Susan Alvarado | City of Long Beach Rep (Seat #3)
- Derek Murray | City of West Hollywood Rep (Seat #5)
- LaShonda Spencer | Part D Rep (Seat #9)
- Miguel Martinez | Provider Rep #3 (Seat #13)
- Michele Daniels | UC, SPA 1 (Seat #19)
- Jason Brown | UC, SPA 3 (Seat #21)
- Raphael Pena | UC, SPA 7 (Seat #25)
- Carlos Moreno | UC, Sup District 1 (Seat #27)
- Joshua Ray | UC, Sup District 3 (Seat #29)
- Eduardo Martinez | Alternate (Seat #29)
- Diamante Johnson | UC, Sup District 5 (Seat #31)
- Joseph Green | UC, At-Large #2 (Seat #33)
- Bridget Gordon | UC, At-Large #4 (Seat #35)
- Traci Bivens-Davis | Rep, Board Office 2 (Seat #37)
- Justin Valero | Rep, Board Office 4 (Seat #39)
- Maribel Ulloa | Rep, HOPWA (Seat #41)
- Greg Wilson | HIV Stakeholder Rep #2 (Seat #45)
- Eric Paul Leue | HIV Stakeholder Rep #4 (Seat #47)
- Amiya Wilson | HIV Stakeholder Rep #6 (Seat #49)

\*Refer to Membership Roster in packet for seat designation. See COH staff for member applications\*



LOS ANGELES COUNTY  
COMMISSION ON HIV



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

POLICY/PROCEDURE #08.3204	<del>Excused Commission and Committee Absences</del>	Page 1 of 1
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**\*\*FINAL DRAFT\*\***  
PROPOSED REVISIONS APPROVED AT  
6/27/19 OPERATIONS & EXEC  
COMMITTEES

**SUBJECT:** ~~Excused Commission and Committee Absences~~

**PURPOSE:** To clarify ~~under what circumstances an excused~~ how absences from a Commission or Committee meeting ~~can~~ must be claimed, how it must be communicated, why it is important, and what purpose it serves.

**POLICY:** It is recommended that all Commissioners and Committee members regularly and faithfully inform staff of their intentions to be absent from either Commission and/or Committee meetings. Knowledge of member attendance/absences prior to meetings helps Commission Co-Chairs and staff ascertain quorums in advance.

Members cannot miss three consecutive Commission or Committee meetings, or six of either type of meeting in a single year. Absences can result in the suspension of voting privileges or removal from the Commission. However, removal from the Commission due to three consecutive absences cannot result if any of those absences are excused.

COH bylaws dictate that excused absences can be claimed for the following reasons:

- personal sickness, personal emergency and/or family emergency\*;
- vacation; and/or
- out-of-town travel; and/or
- unforeseen work schedule conflict(s)

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In cases of an extended absence from the COH due to personal sickness, personal emergency and/or family emergency, members are allowed to take a leave of absence for up to three months. Should a member's leave of absence extend beyond three months, the Operations' Committee Co-Chairs and Executive Director will confer with the member and determine appropriate next steps, to include a voluntary resignation from the Commission with the understanding that ~~(s)he~~ they can reapply at a later time.

**PROCEDURE:**

To claim an excused absence for reasons of vacation and/or out-of-town business, members must notify the Commission Secretary or respective Committee support staff person two weeks prior to the meeting. For purposes of personal/family emergency or sickness, members have until two days after a meeting to notify the aforementioned staff that they are claiming an excused absence.

For leaves of absence, members must notify the Executive Director immediately upon knowledge of the extended absence. It is the responsibility of the member to keep the Executive Director updated on ~~his/her~~ their status and estimated return to the COH. If the Member does not notify the Executive Director appropriately, the member's absence is therefore deemed unexcused and the member is subject to suspension of voting privileges or removal from the Commission.

Notification must occur by e-mail or fax for documentation purposes (e-mail preferred). Receipt of the excused absence notification will be acknowledged within 48 hours through the same medium; an absence is not considered excused until receipt has been acknowledged. Notification must detail the member's name, meeting for which an excused absence is being claimed, and reason for the excused absence.

NOTED AND  
APPROVED:

*Cheryl Barit*

EFFECTIVE  
DATE:

7/24/17

11/24/2008; Revised and approved 5/23/16; 7/24/17  
Proposed Revisions 6/27/19



<b>POLICY/ PROCEDURE:</b>	<b>NO. 09.1007</b>	<b>Non-Commissioner Committee Appointments</b>	<b>Page 1 of 4</b>
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**\*\*FINAL DRAFT\*\***  
**PROPOSED REVISIONS APPROVED AT**  
**6/27/19 OPERATIONS & EXEC**  
**COMMITTEES**

**SUBJECT:** Appointment of Non-Commissioner Committee Members

**PURPOSE:** To define the process through which members are selected and appointed to Committees by the Los Angeles County Board of Supervisors and endowed with voting privileges on those Committees without becoming Commission members.

**BACKGROUND:** In 2004, the Los Angeles County Board of Supervisors revised Ordinance 3.29 for the Commission on HIV that, in part, included the following new provision:

“3.29.060 E: As needed by committees and appropriate for added professional expertise, as a means of further engaging community participation in the planning process, and/or as necessary to meet the requirements of the CDC HIV Planning Guidance, the Commission is empowered to nominate candidates who are not commission members for appointment by the Board of Supervisors as members of the Commission's established standing committees. The term of each such member shall be two (2) years.”

- The provision gives the Board the opportunity to appoint—once nominated by the Commission—committee members to its standing committees without requiring them to serve as full Commission members.
- This procedure acknowledges that certain Commission committees necessitate a range and diversity of expertise for deliberations and decision-making that cannot be accommodated by the number or requirements of Commission seats.
- It is also recognized that there are individuals willing to serve actively in roles on Committees closely aligned with their professional expertise, but who cannot make the time commitment as a full Commission member.
- County Counsel has previously advised that committee members cannot legally vote on committees if they are not appointed by the Board:
  - The Commission believes that consistent, active participation cannot be expected if the participants do not have a legitimate role in the body's (Committee) final decision-making.
  - Board appointment will bestow voting privileges on those members and will help ensure their commitment and investment in the committees' processes and decisions.

## Policy 09.1007: Non-Commissioner Committee Appointments

Proposed Revisions: 6/27/19

Page 2 of 4

- POLICY:**
- This policy details the processes and procedures through which prospective Committee members are recruited, selected, nominated and appointed to one of the Commission's standing committees.
  - The Operations Committee oversees Commission membership, policy and governance activities, the nomination and training of committee members.
  - Given that it is not necessary for Committee membership to meet federal membership, diversity, serostatus or other requirements, additional Committee membership is largely driven by the needs and functions of the individual committees.
  - Each standing Committee is expected to outline the guidelines and parameters for additional membership on their respective committees, the number and/or limits of additional members, and the criteria by which they are selected.
    - Once a candidate is recommended for appointment to the Committee by the Committee, the Operations Committee (OC) will approve or decline the candidate's nomination to the full Commission in accordance with the criteria and instructions that Operations has received from the Committee.
    - The Operations Committee is not authorized, nor is any other Commission entity, to nominate members to Committees independently, without first referring the candidate to the specific Committee for concurrence and recommendation.
    - In the case of disagreement between the two Committees, the Committee may appeal the OC decision to the Executive Committee for final resolution.
  - If approved by the Commission and appointed by the Board of Supervisors, the candidate becomes a member of the Committee in full standing, with rights to vote on any matter before the Committee.
    - Non-Commission Committee members are ineligible to serve as Committee Co-Chairs since Co-Chairs must also serve on the Executive Committee—a committee to which they have not been appointed.
    - Non-Commission Committee members are entitled to serve on subcommittees and working groups as any other full Committee member would.



## Policy 09.1007: Non-Commissioner Committee Appointments

Proposed Revisions: 6/27/19

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- There are no guidelines for numbers of Non-Commission Committee members populating each Committee. Those decisions are left to the individual Committees based on the Committee's unique needs. However, there cannot be more than two members representing the same agency assigned to each standing Committee. This practice is designed to avoid potential influence and to preserve the integrity of the Committees' planning and decision-making process.
- Non-Commission Committee members serve terms of two years, beginning with the date of appointment from the Board of Supervisors.
  - All other County rules and regulations regarding Board appointees (e.g., financial disclosure, code of ethics, legal protections, etc.) that apply to Commission members also apply to Non-Commission Committee members.

### PROCEDURE(S):

1. Before recommending the addition of Non-Commission members to Committees, the recommending Committees must submit their guidelines for additional membership to the Operations Committee in order to facilitate OC's understanding of that Committee's unique membership needs.
  - a) The guidelines should comprise parameters for membership on the Committee, including targeted expertise, background, diversity, and/or professional status.
  - b) The guidelines should also include criteria by which the Operations Committee can assess the qualifications of candidates recommended for Committee membership.
2. Committee member candidates can apply by completing the appropriate application for Non-Commission Committee membership.
  - a) Given that Committee members are not held to the same membership representativeness and reflectiveness requirements as Commissioners, the application for Committee membership is abbreviated and addresses the candidate's qualifications and interest in supporting the Committee's activities.
  - b) Candidates are also required to complete the application for Commission appointment from the Board of Supervisors.
3. The Operations Committee retains oversight of this process to ensure smooth and equitable application of all membership and nomination activities.
  - a) Once the Committee is ready to fulfill its membership expectations and recommend candidates for Committee membership, it recommends those candidates to the Operations Committee for nomination to the Commission.
  - b) The Operations Committee will endeavor to review the application at its subsequent regularly scheduled meeting.

**Policy 09.1007: Non-Commissioner Committee Appointments**

Proposed Revisions: 6/27/19

Page 4 of 4

4. The Operations Committee will nominate a candidate to the Commission for membership on the Committee based on four criteria:
  - a) The candidate's qualifications conform to the Committee's needs and comply with its criteria for additional members, as outlined by the Committee to OC;
  - b) The candidate meets all legal and application requirements; and
  - c) The candidate has made a full commitment to regular and ongoing Committee attendance, participation and active support of Committee goals and efforts.
  - d) Nomination does not violate the Committees' "two person per agency" policy.
  
5. If the Operations Committee declines to nominate the Committee's recommendation, the Committee is empowered to appeal the decision to the Executive Committee for final resolution.
  
6. No other Committee or Commission-affiliated entity is entitled to nominate a candidate for Committee membership without the Committee's specific concurrence and recommendation to the Operations or Executive Committee.
  
7. Non-Commission Committee members are only appointed by the Board of Supervisors, upon final nomination by the full Commission.
  
8. Non-Commission Committee membership expires at the end of its term, unless the appointment is re-nominated by the Commission and re-appointed by the Board, or if the member resigns prior to the end of the term.
  
9. Non-Commission Committee members are entitled to all of the voting privileges of Commission members assigned to the Committee, and are counted towards quorum like all other voting Committee members.
  - a) They are not, however, entitled to serve as Committee Co-Chair because that responsibility entails membership on the Executive Committee and the Commission—to which they have not been appointed.

**NOTED AND  
APPROVED:**



**EFFECTIVE  
DATE:**

January 11, 2007

Original Approval: 1/11/2007; Revised: 11/10/2016; Proposed Revisions: 6/27/19



LOS ANGELES COUNTY

# SAVE THE DATE

LOS ANGELES COUNTY COMMISSION ON HIV

## Mandatory Annual Training

THURSDAY, OCTOBER 10, 2019

Immediately following the regular Commission Meeting



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## **11. STANDING COMMITTEE REPORTS (cont'd):**

### **C. Public Policy (PP) Committee**

#### **(1) County, State and Federal Legislation & Policy**

##### **(a) Ending the Epidemic: A Plan for America**

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## 11. STANDING COMMITTEE REPORTS (cont'd):

### D Standards and Best Practices (SBP) Committee

(1) HIV Continuum of Care Framework Review

(2) Proposed Updates to Universal Standards of Care:

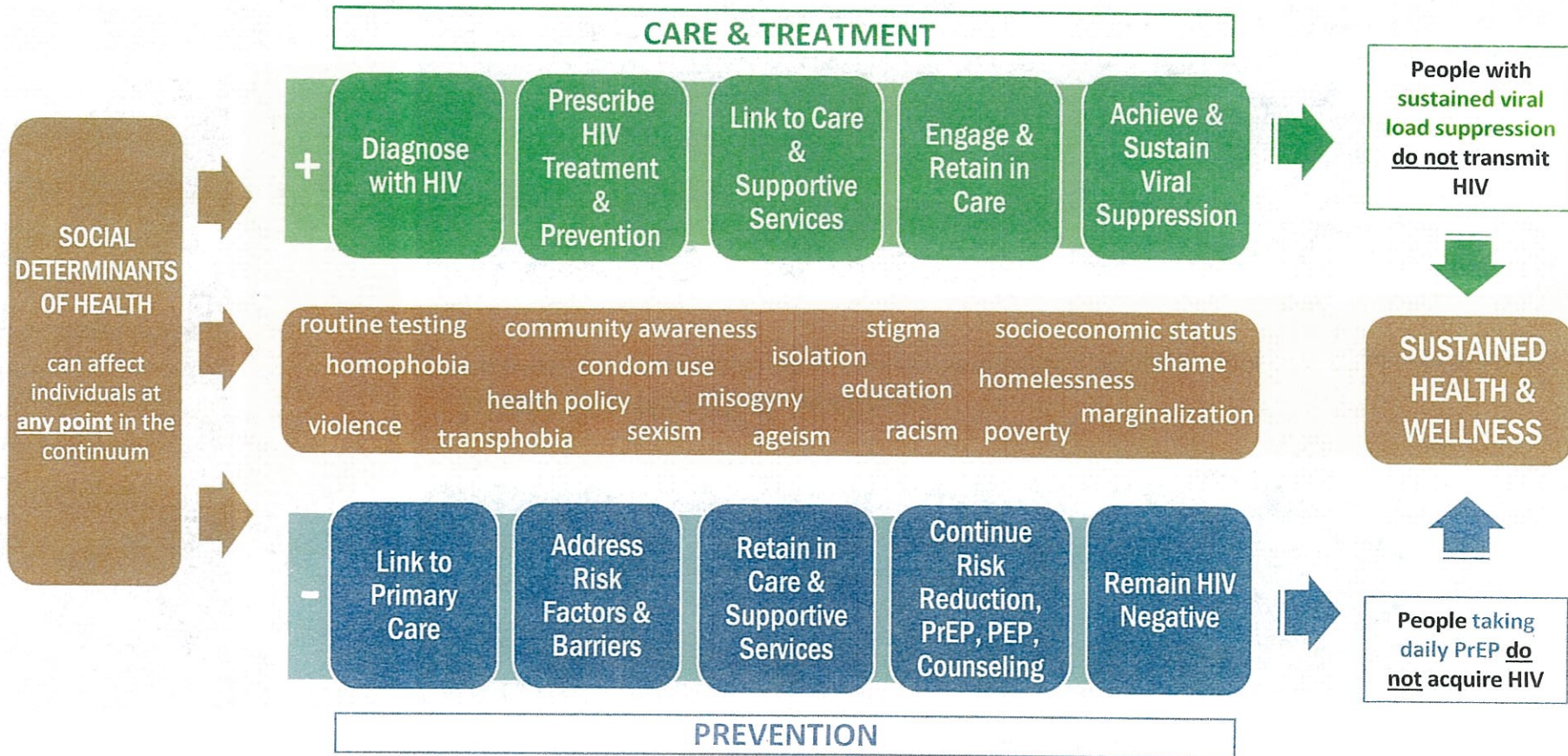
**Public Comment Period July 11-26**



# Comprehensive HIV Continuum Framework

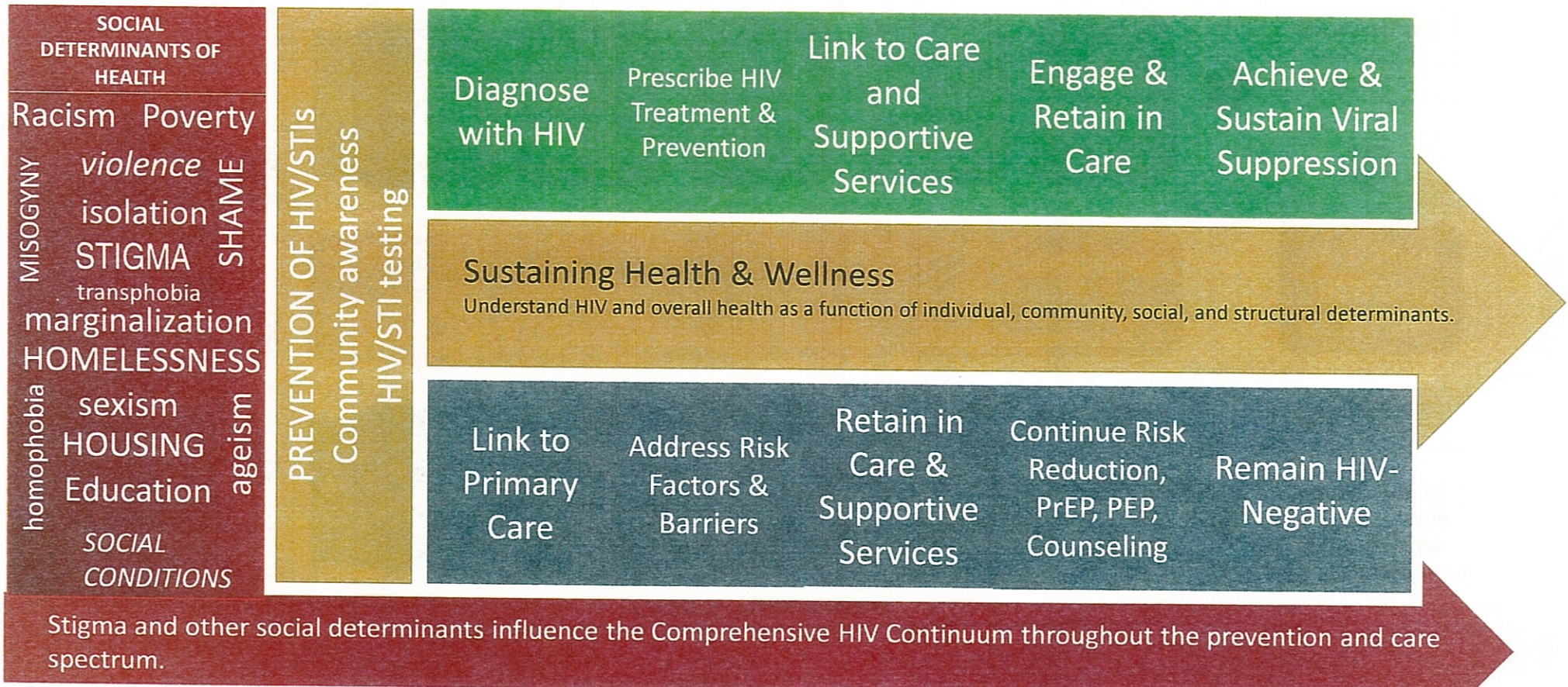


The HIV Continuum is a framework for people to stay healthy, have improved quality of life, and live longer. The Commission on HIV adapted the Continuum to demonstrate HIV, sexual health, and overall health are influenced by individual, social, and structural determinants of health. The Continuum guides the Commission on community planning and standards of care development.





Los Angeles County Commission on HIV  
 Comprehensive HIV Continuum Framework (Final Approved 12.8.16)



LEGEND: The connected boxes depict the complementary and supportive nature of primary and secondary prevention in controlling the HIV/STI disease burden. The green boxes show the HIV/AIDS treatment cascade (PLWHA) while the blue boxes depict the prevention continuum (HIV-negative). Both continua are equally important in decreasing new HIV/STI infections and sustaining health and wellness for PLWHA and those at risk for acquiring HIV/AIDS. The yellow arrow acknowledges that sustaining health and wellness is the ultimate goal for all people receiving HIV-related services, regardless of their status. The goal extends beyond achieving viral load suppression or maintaining a negative serostatus.



LOS ANGELES COUNTY  
COMMISSION ON HIV



**RYAN WHITE PROGRAM  
UNIVERSAL STANDARDS OF CARE**

**DRAFT FOR PUBLIC COMMENT**

**PUBLIC COMMENT PERIOD: July 11 – 26, 2019**

Email comments to [HIVComm@lachiv.org](mailto:HIVComm@lachiv.org)





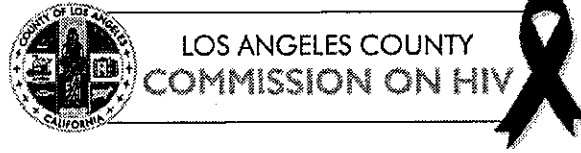
LOS ANGELES COUNTY  
COMMISSION ON HIV



**Standards of Care Review  
Guiding Questions**

Please utilize the questions below to guide your review of the Universal Standards.

1. Are the standards up-to-date and consistent with national standards of high quality HIV and STD prevention services and the Comprehensive HIV Plan?
2. Are the standards reasonable and achievable for providers?
3. Will the services engage and meet consumer needs? Are the proposed standards client-centered?
4. Is there anything missing from the standards related to HIV prevention and care?
5. Is there anything missing in regard to other topics such as reducing stigma, social determinants of health, immigration, insurance, housing, etc.?
6. Are the references still relevant?



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## INTRODUCTION

Standards of Care outline the elements and expectations a Ryan White service provider follows when implementing a specific service category. Standards of Care are available for each service category to set the minimum level of care Ryan White funded agencies should offer to clients. The Standards are intended to help Ryan White Part A funded agencies meet the needs of their clients. Providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Universal Standards of Care to reflect current guidelines from federal and national agencies on HIV care and treatment, and to establish the minimum standards of care necessary to achieve optimal health among people living with HIV (PLWH), regardless of where services are received in the County. The development of the Standards includes guidance from service providers, consumers and members of the Los Angeles County Commission on HIV, Standards and Best Practices Committee.

## UNIVERSAL STANDARDS OVERVIEW

The objectives of the Universal Standards are to ensure agencies:

- Provide services that are accessible to all people living with HIV in Los Angeles County with a focus on highly impacted populations
- Educate staff and clients on the importance of receiving care, treatment as prevention, and how maintaining an undetectable viral load results in little to no risk of HIV transmission.
- Protect client rights and ensure quality of care
- Provide client-centered, age appropriate, culturally and linguistically competent care
- Provide high quality services through experienced and trained staff
- Meet federal, state, and county requirements regarding safety, sanitation, access, public health, and infection control
- Guarantee client confidentiality, protect client autonomy, and ensure a fair process of addressing grievances
- Inform clients of services, establish eligibility, and collect information through an intake process
- Effectively assess client needs and encourage informed and active participation
- Address client needs through coordination of care and referrals to needed services

### 1. GENERAL AGENCY POLICIES

All agencies offering Ryan White services must have written policies that address client confidentiality, release of information, client grievance procedures, and eligibility. Agency policies and procedures facilitates service delivery as well as ensures safety and well-being of clients and staff.

<b>1.0 GENERAL AGENCY POLICIES</b>	
<b>Standard</b>	<b>Documentation</b>
1.1 Agency develops or utilizes an existing client confidentiality policy in accordance with state and federal laws to assure protection of client HIV status, behavioral risk factors, and/or use of services.	1.1 Written client confidentiality policy on file.
1.2 Client determines what information of theirs can be released and with whom it can be shared.	<p>1.2 Completed <i>Release of Information Form</i> on file including:</p> <ul style="list-style-type: none"> <li>• Name of agency/individual with whom information will be shared</li> <li>• Information to be shared</li> <li>• Duration of the release consent</li> <li>• Client signature</li> </ul> <p>For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), form must be HIPAA disclosure authorization compliant.</p>
1.3 Agency develops or utilizes an existing grievance procedure to ensure clients have recourse if they feel they are being treated in an unfair manner or feel they are not receiving quality services.	<p>1.3 Written grievance procedure on file that includes, at minimum:</p> <ul style="list-style-type: none"> <li>• Client process to file a grievance</li> <li>• Information on the Los Angeles County Department of Public Health, Division of HIV &amp; STD Programs (DHSP) Grievance Line 1-800-260-8787.<sup>1</sup> Additional ways to file grievances can be found at <a href="http://publichealth.lacounty.gov/dhsp/QuestionServices.htm">http://publichealth.lacounty.gov/dhsp/QuestionServices.htm</a></li> </ul> <p>DHSP Grievance Line is posted in a visible location on site.</p>

<sup>1</sup> <http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>

Standard	Documentation
1.4 Agency provides eligibility requirements for services available upon request. Eligibility requirements must follow guidance from Division of HIV & STD Programs (DHSP) and HRSA under Policy Clarification Notice #16-02. <sup>2</sup>	1.4 Written eligibility requirements on file.
1.5 All client files are stored in a secure and confidential location, and electronic client files are protected from unauthorized use.	1.5 Client files must be locked and/or password protected with access provided only to appropriate personnel.
1.6 Agency maintains progress notes of all communication between provider and client.	1.6 Legible progress notes maintained in individual client files that include, at minimum: <ul style="list-style-type: none"> <li>• Date of communication or service</li> <li>• Service(s) provided</li> <li>• Recommended referrals linking clients to needed services (See Section 7: Referrals and Case Closure)</li> </ul>
1.7 Agency develops or utilizes an existing crisis management policy.	1.7 Written crisis management policy on file that includes, at minimum: <ul style="list-style-type: none"> <li>• Infection control (e.g. syringes)</li> <li>• Mental health crises</li> <li>• Dangerous behavior by clients or staff</li> </ul>
1.8 Agency develops a policy on utilization of Universal Precaution Procedures. <sup>3</sup> <ol style="list-style-type: none"> <li>a. Staff members are trained in universal precautions.</li> </ol>	1.8 Written policy or procedure on file. <ol style="list-style-type: none"> <li>a. Documentation of staff training in personnel file.</li> </ol>
1.9 Agency ensures compliance with Americans with Disabilities Act (ADA) criteria for programmatic accessibility (e.g. building and design accessibility, parking, etc.). For agencies with multiple sites, all sites must be in compliance.	1.9 ADA criteria on file at all sites.

<sup>2</sup> [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

<sup>3</sup> <https://www.cdc.gov/niosh/topics/bbp/universal.html>

Standard	Documentation
1.10 Agency complies with all applicable state and federal workplace and safety laws and regulations, including fire safety.	1.10 Signed confirmation of compliance with applicable regulations on file.

**2. CLIENT RIGHTS AND RESPONSIBILITIES**

A key component of HIV/AIDS service delivery is the historic and continued involvement of people living with HIV in the design and evaluation of services. The quality of care and quality of life for people living with HIV/AIDS is maximized when people living with HIV are active participants in their own health care decisions with their providers. This can be facilitated by ensuring that clients are aware of and understand the importance of their input in the development of HIV programming.

2.0 CLIENT RIGHTS AND RESPONSIBILITIES	
Standard	Documentation
2.1 Agency ensures services are available to any individual who meets the eligibility requirements for the specific service category.	2.1 Written eligibility requirements on file. Client utilization data made available to funder.
2.2 Agency includes input from people living with HIV/AIDS in the design and evaluation of services to ensure care is client-centered.	2.2 Written documentation of how input was received to inform service planning and evaluation in regular reports. Lists may include: <ul style="list-style-type: none"> <li>• Consumer Advisory Board meetings</li> <li>• Participation of people living with HIV in HIV program committees or other planning bodies</li> <li>• Needs assessments</li> <li>• Satisfaction surveys</li> <li>• Focus groups</li> </ul>

Standard	Documentation
<p>2.3 Agency provides each client a copy of the <i>Client Rights and Responsibilities</i> document that informs them of the following:</p> <ul style="list-style-type: none"> <li>• Confidentiality policy</li> <li>• Expectations and responsibilities of the client when seeking services</li> <li>• Client right to file a grievance</li> <li>• Client right to receive no-cost interpreter services</li> <li>• Client right to access their file (if psychotherapy notes cannot be released per clinician guidance, agency should provide a summary to client within 30 days)</li> <li>• Reasons for which a client may be discharged from services and the process that occurs during involuntary discharge</li> </ul>	<p>2.3 <i>Clients Rights and Responsibilities</i> document is signed by client and kept on file.</p>

### 3. STAFF REQUIREMENTS AND QUALIFICATIONS

Staff must be well qualified and, if necessary, hold all required licenses, registration, and/or degrees in accordance with applicable State and federal regulations as well as requirements of the Los Angeles County Department of Public Health, Division of HIV & STD Programs. At minimum, all staff will be able to provide timely, linguistically and culturally competent care to people living with HIV. Staff will complete orientation through their respective hiring agency, including a review of established programmatic guidelines, and supplemental trainings as required by the Los Angeles County Department of Public Health, Division of HIV and STD Programs.

3.0 STAFF REQUIREMENTS AND QUALIFICATIONS	
Standard	Documentation
<p>3.1 Staff members meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role and the communities served.</p>	<p>3.1 Staff resumes on file.</p>
<p>3.2 If a position requires licensed staff, staff must be licensed to provide services.</p>	<p>3.2 Copy of current license on file.</p>



Standard	Documentation
<p>3.3 Staff will participate in trainings appropriate to their job description and program</p> <p>a. <u>Required education on how a client achieving and maintaining an undetectable viral load for a minimum of six months results in little to no risk of HIV transmission.</u></p>	<p>3.3 Documentation of completed trainings on file</p>
<p>3.4 New staff will participate in trainings to increase capacity for fulfilling the responsibilities of their position.</p> <p>a. Required completion of an agency-based orientation within 6 weeks of hire</p> <p>b. Training within 3 months of being hired appropriate to the job description.</p> <p>c. Additional trainings appropriate to the job description and Ryan White service category.</p>	<p>3.4 Documentation of completed trainings on file</p>

#### 4. CULTURAL AND LINGUISTIC COMPETENCE

Ryan White funded agencies must provide services that are culturally and linguistically competent based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. As noted in the CLAS Standards, ensuring culturally and linguistically appropriate services advances health equity, improves quality, and helps eliminate health care disparities by establishing a blueprint for health and health care organizations. For the purpose of these standards, culture is defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics.<sup>4</sup> The standards below are adapted directly from the National CLAS Standards.

Agencies should also strive towards acknowledging implicit bias, how it plays a role in service delivery, and how it can be addressed and countered. Agencies must provide services that align

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<sup>4</sup> National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. Office of Minority Health, US Department of Health and Human Services. April 2013. <https://www.thinkculturalhealth.hhs.gov/clas/standards>

with strategies to reduce implicit bias by the Institute for Healthcare Improvement.<sup>5</sup> For the purpose of the standards, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.<sup>6</sup>

Cultural competence and acknowledging implicit bias relies on behaviors, attitudes, and policies that come together in a system, agency, or among individuals that reduces stigma and enables effective delivery of services. Linguistic competence is the ability to communicate effectively with clients, including those whose preferred language is not the same as the provider’s, those who have low literacy skills, and/or those with disabilities. Cultural and linguistic competence is a goal toward which all service providers must aspire, but one that may never be completely achieved given the diversity of languages and cultures throughout our communities, and understanding that culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetime. However, agencies should ensure staff are involved in a continual process of learning, personal growth, and training that increases cultural and linguistic competence, addresses implicit bias, decreases stigma and enhances the ability to provide appropriate services to all individuals living with HIV/AIDS.

Federal and State language access laws require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency patients at no cost, to ensure equal and meaningful access to health care services.<sup>7</sup> Interpretation refers to verbal communication where speech is translated from a speaker to a receiver in a language that the receiver can understand. Translation refers to the conversion of written material from one language to another.

<b>4.0 CULTURAL AND LINGUISTIC COMPETENCE</b>	
<b>Standard</b>	<b>Documentation</b>
4.1 Recruit, promote, and support a culturally and linguistically diverse workforce that are responsive to the population served.	4.1 Documentation of how staff demographics reflect the demographics of clients served on file (e.g. race, gender identity, age, sexual orientation, etc.)
4.2 Educate and train workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	4.2 Documentation of completed trainings on file.

<sup>5</sup> <http://www.ihl.org/communities/blogs/how-to-reduce-implicit-bias>

<sup>6</sup> <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

<sup>7</sup> Title VI of the Civil Rights Act of 1964 and California’s 1973 Dymally-Alatorre Bilingual Services Act

Standard	Documentation
<p>4.3 Provide resources onsite to facilitate communication for individuals who experience impairment due to a challenging medical condition or status (e.g. augmentative and alternative communication resources or auxiliary aids and services)</p>	<p>4.3 Resources on file</p> <ul style="list-style-type: none"> <li>a. Checklist of resources onsite that are available for client use.</li> <li>b. Type of accommodations provided documented in client file.</li> </ul>
<p>4.4 Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.</p>	<p>4.4 <i>Signed Client Rights and Responsibilities</i> document on file that includes notice of right to obtain no-cost interpreter services.</p>
<p>4.5 Ensure the competence of individuals providing language assistance</p> <ul style="list-style-type: none"> <li>a. Use of untrained individuals and/or minors as interpreters should be avoided</li> <li>b. Ensure quality of language skills of self-reported bilingual staff who use their non-English language skills during client encounters</li> </ul>	<p>4.5 Staff resumes and language certifications, if available, on file.</p>
<p>4.6 Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area in clinic points of entry (e.g. registration desks, front desks, reception, waiting rooms, etc.) and areas where work with client is performed (e.g. clinic rooms, meeting rooms, etc.)</p>	<p>4.6 Materials and signage in a visible location and/or on file for reference.</p>

**5. INTAKE AND ELIGIBILITY**

All clients who request or are referred to HIV services will participate in an intake process conducted by appropriately trained staff. The intake worker will review client rights and responsibilities, explain available services, the confidentiality and grievance policy, assess immediate service needs, and secure permission to release information.

<b>5.0 INTAKE AND ELIGIBILITY</b>	
<b>Standard</b>	<b>Documentation</b>
<p>5.1 Intake process begins within 5 days of initial contact and is completed within 30 days of initial contact with client.</p>	<p>5.1 Completed intake on file that includes, at minimum:</p> <ul style="list-style-type: none"> <li>• Client’s legal name, chosen name, and pronouns</li> <li>• Address, phone, and email (if available). A signed affidavit declaring homelessness should be kept on file for clients without an address.</li> <li>• Preferred method of communication (e.g., phone, email, or mail)</li> <li>• Emergency contact information</li> <li>• Preferred language of communication</li> <li>• Enrollment in other HIV/AIDS services;</li> <li>• Primary reason and need for seeking services at agency</li> </ul> <p>If client chooses not to complete the intake within 30 days of initial contact, document attempts to contact client and mode of communication in client file.</p>
<p>5.2 Agency determines client eligibility</p>	<p>5.2 Documentation includes:</p> <ul style="list-style-type: none"> <li>• Los Angeles County resident</li> <li>• Income equal to or below the required Federal Poverty Level (FPL) as determined by Division of HIV &amp; STD Programs</li> <li>• Verification of HIV positive status</li> </ul>

**6. REFERRALS AND CASE CLOSURE**

A client case may be closed through a systematic process that includes case closure justification and a transition plan to other services or other provider agencies, if applicable. Agencies should maintain a list of resources available for the client for referral purposes. If the client does not agree with the reason for case closure, they should follow the grievance policy at the provider agency and/or be referred to the Department of Public Health, Division of HIV and STD Programs Grievance Line.

<b>6.0 REFERRALS AND CASE CLOSURE</b>	
<b>Standard</b>	<b>Documentation</b>
<p>6.1. Agency will maintain a comprehensive list of providers for full spectrum HIV-related and other service referrals</p> <p style="padding-left: 20px;">a. Staff will provide referrals to link clients to services based on assessments and reassessments</p>	<p>6.1 Identified resources for referrals at provider agency (e.g. lists on file, access to websites)</p> <p style="padding-left: 20px;">a. Written documentation of recommended referrals in client file</p>
<p>6.2 If needed, staff will engage additional providers for specific support services (e.g. behavioral health, substance abuse)</p>	<p>6.2 Agency establishes partnerships with agencies for referrals as needed. Memoranda of Understanding (MOU) on file.</p>
<p>6.3 For clients with missed appointments or pending case closure, staff will attempt to contact client.</p> <p style="padding-left: 20px;">a. Cases may be closed if the client:</p> <ul style="list-style-type: none"> <li>• Relocates out of the service area</li> <li>• Is no longer eligible for the service</li> <li>• Discontinues the service</li> <li>• No longer needs the service</li> <li>• Puts the agency, service provider, or other clients at risk</li> <li>• Uses the service improperly or has not complied with the services agreement</li> <li>• Is deceased</li> <li>• Has had no direct agency contact, after repeated attempts, for a period of 12 months.</li> </ul>	<p>6.3 Attempts to contact client and mode of communication documented in file.</p> <p style="padding-left: 20px;">a. Justification for case closure documented in client file</p>
<p>6.4 Agency has a transition procedure in place that is implemented for clients leaving services to ensure a smooth transition for clients who no longer want or need services.</p>	<p>6.4 Completed transition summary in file, signed by client and supervisor (if possible). Summary should include reason for discharge; and a plan for transition to other services, if applicable, with confirmation of communication between referring and referral agencies, or between client and agency.</p>

Standard	Documentation
6.5 Agency develops or utilizes existing due process policy for involuntary discharge of clients from services; policy includes a series of verbal and written warnings before final notice and discharge.	6.5 Due process policy on file as part of transition, discharge, and case closure policy described in the <i>Client Rights and Responsibilities</i> document. (Refer to Section 2).

**ACKNOWLEDGEMENTS**

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**Standards & Best Practices Committee Members**

- Joseph Cadden, MD *Co-Chair*
- Kevin Stalter *Co-Chair*
- Bradley Land
- David Lee, MSW, LCSW, MPH
- Erika Davies
- Felipe Gonzalez
- Justin Valero
- Katja Nelson, MPP
- Thomas Green
- Wendy Garland, MPH

**Content Reviewers**

- Noah Kaplan, LCSW
- Amy Croft, RN, BSN, CCM
- Lisa Klein, RN, MSN, CPHQ
- Octavio Vallejo, MD, MPH
- George Gati, RN

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**18. ANNOUNCEMENTS**

# Los Angeles Area AIDS Education and Training Center

Pacific

## Summer Special Last Tuesday Training

**July 30, 2019**  
**8:00am-12:00pm**

7:30am - 8:00am Registration  
8:00am - 9:30am Alcohol & HIV I  
9:30am - 9:45am Break  
9:45am - 11:15am Alcohol & HIV II  
11:15am - 11:30am Break  
11:30am - 12:00pm Alcohol & HIV III

\*Please arrive 10-15 minutes early\*

LOCATION:

**Charles Drew University**  
**COBB Building Boardroom 281**

## ALCOHOL & HIV: What Clinicians Need to Know



Facilitated by:

Beth A. Rutkowski, MPH  
UCLA Integrated Substance Abuse Programs  
Pacific Southwest Addiction Technology Transfer Center



REGISTER ONLINE:

<https://tinyurl.com/Alcohol-HIVSummerSpecial>

By the end of this training participants will be able to:

- 1) Define at least three key terms related to alcohol and at-risk drinking
- 2) Review the neurobiology, medical consequences, and epidemiology of alcohol use
- 3) Discuss the intersection of alcohol use and HIV/AIDS

For disability accommodations or to submit grievances please contact Kevin-Paul, [kevinpaul@HIVtrainingCDU.org](mailto:kevinpaul@HIVtrainingCDU.org)

For more information:  
Kevin-Paul Johnson, CDU PAETC  
[kevinpaul@HIVtrainingCDU.org](mailto:kevinpaul@HIVtrainingCDU.org)  
323-357-3402

Continuing LCSW and MFT Education Credit. Courses meet the qualifications for 3.5 Hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. Provider #PCE 128280.

Continuing Nursing Education Credit. These courses are approved for 3.5 Contact Hours by the California Board of Registered Nursing. Provider #15484. \*Pharmacists registered in CA may use BRN CE as per their governing board.



The LA County Commission on HIV is pleased to announce HIV Connect, an online tool for community members and providers looking for resources on HIV and STD testing, prevention and care, service locations, and housing throughout LA County.

