



LOS ANGELES COUNTY
COMMISSION ON HIV



DRAFT

AGENDA FOR THE **VIRTUAL MEETING OF THE
STANDARDS AND BEST PRACTICES COMMITTEE**

TUESDAY, JUNE 1, 2021, 10:00 AM – 12:00 PM

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

<https://tinyurl.com/mnexbzut>

or Dial

1-415-655-0001

Event Number/Access code: 145 178 3376

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

HIVComm@lachiv.org <http://hiv.lacounty.gov>

Standards and Best Practices (SBP) Committee Members

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

*LOA: Leave of Absence

AGENDA POSTED: May 26, 2021

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

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

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos 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, Introductions, Conflict of Interest Statements 10:00 AM – 10:03 AM

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

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

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

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

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

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

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

IV. REPORTS

5. Executive Director/Staff Report 10:15 AM – 10:20 AM
 a. Commission and Committee Updates
 b. Staffing Update

6. Co-Chair Report 10:20 AM – 10:45 AM
 a. Ending the HIV Epidemic
 b. 2021 Workplan Review & Opportunities to Support Task Forces and

- c. Caucuses
- d. Committee Member Introductions/Getting to Know You
- d. “So, You Want to Talk about Race” by I. Oluo Reading Activity”
 - Excerpts Only - from Chapters 6 or 7.

- 7. New Committee Membership Application
 - a. Mark Mintline, DDS **MOTION #3** 10:45 AM - 10:55 AM
- 8. Division of HIV & STD Programs (DHSP) Report 10:55 AM – 11:05 AM

V. DISCUSSION ITEMS

- 9. Substance Use and Residential Treatment Standards Review 11:05 AM – 11:45 AM

VI. NEXT STEPS 11:45 AM – 11:55 AM

- 10. Task/Assignments Recap
- 11. Agenda development for the next meeting

VI. ANNOUNCEMENTS 11:55 AM – 12:00 PM

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

VII. ADJOURNMENT 12:00 PM

- 13. Adjournment for the virtual meeting of June 1, 2021

PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order, as presented or revised.
MOTION #2	Approve the Standards and Best Practices Committee minutes, as presented or revised.
MOTION #3:	Approve Committee Membership Application for Mark Mintline, DDS and move to Operations Committee for approval.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 4/27/21

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
ALVIZO	Everardo	Long Beach Health & Human Services	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Substance Abuse, Transitional Housing (meth)
			Transitional Case Management-Jails
			Transportation Services
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)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
STD Screening, Diagnosis and Treatment			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testng Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GARTH	Gerald	AMAAD Institute	No Ryan White or Prevention Contracts
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HACK	Damontae	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KAMURIGI	Nestor	No Affiliation	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
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	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Oral Healthcare Services
			Mental Health
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
			Transportation Services
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
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)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	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
VELAZQUEZ	Guadalupe	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

**STANDARDS AND BEST PRACTICES (SBP)
COMMITTEE MEETING MINUTES**

May 4, 2021

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

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

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of Commission approval.

**LOA: Leave of absence

Meeting agenda and materials can be found on the Commission’s website at <http://hiv.lacounty.gov/LinkClick.aspx?fileticket=O6Dr8OWmnkl%3d&portalid=22>

CALL TO ORDER-INTRODUCTIONS-CONFLICT OF INTEREST STATEMENTS: The meeting to order at 10:05 am.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

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

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the 04/06/2021 Standards and Best Practices (SBP) Committee Meeting Minutes, as presented (*Passed by Consensus*).

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS: There were no new Committee business items.

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

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

Cheryl Barrit, Executive Director (ED) reported the following.

- The May 13, 2021 Commission meeting will include the Human Relations Commission third workshop entitled “Words Matter”.
- Health HIV survey assessing the effectiveness of the Commission as a planning council will be presented the May 13 meeting as well. The Division on HIV and STD Programs (DHSP) will present new data on HIV and STD surveillance data.
- The Aging Task Force and SCAN Health Community Giving Program are sponsoring an age sensitivity training, called Trading Ages, on May 6, 2021 from 11:00AM to 1:00PM. The training will address the needs of the older adults and how others can be more sensitive and responsive to their needs. The training will be virtually through ZOOM. C. Barrit will send a training reminder.
- C. Barrit brought to the Committee’s attention the most recent Ryan White multi-year allocations table approved by the Commission in September 2020. She reminded the Committee that the allocations table help guide how the SBP Committee schedules the review and updates of specific service standards.

a. Ending the HIV Epidemic Activities and Feedback

- Bridget Gordon, Commission Co-Chair, will be the lead liaison between the Commission and the DHSP EHE steering Committee. In addition, Commission members Katja Nelson, Kevin Stalter and Felipe Finley will serve as liaison to support B. Gordon. Liaisons will provide feedback and monitor steering committee activities. EHE Liaisons will attend Committee meetings to facilitate ongoing feedback and develop specific activities that can be integrated within the planning charge of the Commission.

6. CO-CHAIR REPORT

a. Committee Purpose and Process Refresher Training

- Erika Davies informed the Committee that the Co-Chairs held a virtual consultation with consultant and technical assistance provider, Emily Gantz McKay, on developing customized service standards training and possibly facilitating a community discussion on engaging private providers with the Ryan White care system.
- E. Davis reminded the group about the purpose of the SBP Committee, highlighting its charge to develop minimal service expectations for contracted agencies. She requested Committee members to take the time to review the SBP Overview [Slides](#) and WebEx [Recording](#) on COH website

b. Committee Member Introductions/Getting to Know You

- SBP Committee members Miguel Alvarez and Wendy Garland introduced themselves to the group.
- M. Alvarez has been an activist for 16 years and is under 30 years old, one of the youngest Commissioners. He was honored by the City of West Hollywood with the Paul Andrew Starke Warrior Award in 2019 for his service to the community. He is HIV-negative and has no personal agenda or specific personal stories. He just wants to serve the community and represent young people like him at decision-making tables like the Commission.
- W. Garland has been working in the HIV field since 2001 while finishing her Master of Public Health at USC. She is committed to analyzing and using data to support DHSP, the community and the Commission, develop effective programs and make data-driven decisions. In high school, a friend of hers passed away of AIDS and she thinks of him often and dedicates her HIV work to him.
- Next month Ernest Walker, Eduardo Martinez, and Justin Valero, and Reba Stevens will share their stories as part of the Getting to Know You activity.

c. So, You Want to Talk about Race” by I. Oluo Reading Activity”, Excerpt selected by Co-Chairs from Chapter 4 or 5

- Thomas Green read an excerpt from the book. E. Davies encouraged other Committee members to read excerpts for future meetings.

- d. **2021 Workplan** – The Committee members were reminded of the key tasks for the Committee for 2021.

7. New Committee Membership Application

a. Mark Mintline, DDS

- The Committee reviewed Dr. Mintline’s Committee member application and agreed to put his application for approval at the June SBP Committee meeting.
- ➡ Staff to invite Dr. Mintline to attend the June SBP Committee meeting to introduce himself to the group and agenda his Committee member application for approval.

8. Division of HIV & STD Programs (DHSP) Report

a. DHSP Ryan White Substance Use Disorder – Residential Housing Services, Draft Information Sheet

- W. Garland went over the handout in the packet and invited Committee members to provide feedback on the format and content of the information sheet. She wants to make sure that the information is useful for the Committee. She noted that DHSP funds substance use residential housing to complement substance use disorders (SUD) services covered by Drug Medi-Cal. Access to SUD services for Ryan White-eligible individual has increased under the expansion of Drug Medi-Cal.
- She recommended that the SBP Committee may want to address hepatitis in the SUD service standards currently being reviewed and updated by the Committee. The budget information is left out in the draft information fact sheet since more time is needed to complete the document. DHSP supports SUD Ryan White services using State Part B funds.
- The section of service utilization provides information on how many people were served with client characteristics (i.e., age, gender, race, insurance status, income level, primary language, and housing status). For Program Year 29-30 (2019 and 2020), the following health outcomes were reported:
 - Engagement in HIV Care: Nearly all clients (99%) were engaged in HIV care during the reporting year.
 - Retention in HIV Care: Most clients (84%) were retained in HIV care in the reporting year.
 - Viral Suppression: Eight-seven percent (87%) of clients had suppressed HIV viral loads (less than 200 copies/mL at most recent test in the reporting period).

V. DISCUSSION ITEMS

9. Childcare Service Standards

MOTION #3

- The Committee reviewed the final version of the Childcare Service standards which has last updated in December 2020 and approval was put on hold to wait for the results of the DHSP Provider Survey. The Committee reviewed the document and was approved by roll call vote. **(11 Ayes; Motion Passed)**
- The Childcare standards will go to Executive Committee at their May meeting and to the full body in June.

10. Substance Use and Residential Treatment

a. Background and Allocations Review

C. Barrit went over the approved multi-year Ryan White allocations table for Program Years 30, 31, and 32 (2020, 2021, 2022) and explained that the table shows zero allocations for substance use outpatient and residential treatment services because DHSP uses State Part B dollars to support these services, not Part A or Minority AIDS Initiative funds.

b. Standards Review

E. Davies went over the draft Substance Use and Residential Treatment service standards document, last updated and approved 2017 to align with the expansion of Medi-Cal to include drug services (Drug Medi-Cal). The Committee discussed the following changes to the document:

- Fix formatting; the current format and numbering layout is confusing. Remove capitalized “U” under “Use” throughout the document. Add page numbers.

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- For staff qualifications, add similar language from recently approved standards that include “people living with HIV and/or lived experience preferred.”
- Under competencies, add a list of training topics; pull training topics from recently approved standards.
- Add and explicit highlight trauma informed care as a staff competency.
- Re-assess if section on “Key Systems Level Changes...” is still necessary.
- Define “collateral” services and other terms in the document. Define acronyms such as ASAM, SAPC, SAMHSA.
- Address gender identity to be inclusive and use non-binary language.
- Patient medical evaluation should be mindful of concerns about confidentiality.
- C. Barrit noted that standards for cultural and linguistic competencies, staff qualifications and patient privacy are in the Universal Standards of Care (recent updated and approved on 2/11/21).

VI. NEXT STEPS

a. TASK/ASSIGNMENTS RECAP:

- ➡ Approve Dr. Mark Mintline’s Committee member application at the June meeting.
- ➡ Continue review substance use and residential treatment service standards.
- ➡ Continue Getting to Know You activity with Ernest Walker, Eduardo Martinez, Justin Valero, and Reba Stevens.
- ➡ Justin Valero volunteered to read an excerpt from either Chapter 6 or 7 of the *So, You Want to Talk About Race* book.

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

VII. ANNOUNCEMENTS

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

VIII. ADJOURNMENT

14. ADJOURNMENT: The meeting adjourned at 11:58 pm.



LOS ANGELES COUNTY
COMMISSION ON HIV



Standards & Best Practices Committee Standards of Care

- ❖ **Service standards are written for service providers to follow**

- ❖ **Service standards establish the minimal level of service or care that a Ryan White funded agency or provider may offer**

- ❖ **Service standards are essential in defining and ensuring consistent quality care is offered to all clients**

- ❖ **Service standards serve as a benchmark by which services are monitored and contracts are developed**

- ❖ **Service standards define the main components/activities of a service category**

- ❖ **Service standards do not include guidance on clinical or agency operations**



LOS ANGELES COUNTY
COMMISSION ON HIV



**Standards of Care Review
Guiding Questions**

1. Are the standards up-to-date and consistent with national standards of high quality HIV and STD prevention services?
2. Are the standards reasonable and achievable for providers?
3. Will the services meet consumer needs? Are the proposed standards client-centered?
4. What are the important outcomes we expect for people receiving this service? How can we measure whether or not the service is working for them?
5. Is there anything missing from the standards related to HIV prevention and care?
6. Is there anything missing in regard to other topics such as reducing stigma, social determinants of health, immigration issues, support around insurance and housing, etc.?
7. Are the references still relevant?



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

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

8	Home-Based Case Management	Home-Based Case Management	2009	X	June 30, 2021	Contracts to be renewed for an additional 12 months in June 2021.
9	Hospice		2009			
10	Housing, Temporary: <ul style="list-style-type: none"> • Hotel/motel and meal vouchers, • Emergency shelter programs, • Transitional housing, • Income-based Rental Assistance, • Residential Care Facility for the Chronically Ill, and • Transitional Residential Care Facility 	<ul style="list-style-type: none"> • Transitional Residential Care facilities (TRCF) • Residential Care facilities for the Chronically Ill (RCFCI) • Substance Use Transitional Housing (SUTH) 	2/8/2018	X	February 28, 2022	
11	Housing, Permanent Supportive	Permanent Supportive Housing	2/8/2018		N/A	No contracts in permanent housing only temporary and worked with other entities for permanent housing (eg. DHS Housing for Health MOU).
12	Language Interpretation		2009		February 28, 2021	Contract expired 2-28-21, no response from provider need to solicit for new services again.
13	Legal	Legal Services	7/12/2018	X	August 24, 2024	New provider started December 2020
14	Medical Care Coordination	Medical Care Coordination	2/14/2019	X	February 28, 2022	New contracts started 3-1-19
15	Mental Health, Psychiatry, and Psychotherapy	Mental Health	2009	X	February 28, 2022	New FFS model started 8-1-17

16	Nutrition Support	<ul style="list-style-type: none"> • Food Bank • Home Delivery 	2009	X	February 28, 2022	
17	Oral Health <ul style="list-style-type: none"> • Practice Guidelines for Treatment of HIV Patients in General Dentistry 	<ul style="list-style-type: none"> • General Oral Health • Specialty Oral Health 	2009 2015	X	February 28, 2022	
18	Outreach		2009		N/A	Never funded as a stand-alone contract. but has been part of Health Education/Risk Reduction. Linkage and Re-engagement Program (LRP) and partner services were supported as HRSA Part A Outreach Services. No contract for LRP and partner services because these activities are conducted by DHSP staff.
19	Peer Support		2009; integrated in Psychosocial Support 9/10/2020		October 15, 2009	No longer funded. Terminated due to state cuts back in 2009.
20	Permanency Planning		2009		February 28, 2010	No longer funded. It can be addressed by either BSS or Legal. Merged under legal contract in 2010.
21	Prevention Services: <ul style="list-style-type: none"> • Assessment; • HIV/STD Testing and Retesting; • Linkage to HIV Medical Care and Biomedical Prevention; 		6/14/2018		HERR; 06/30/2021 VP: 12/31/2022 HIV Testing: 12/31 2022	<p>“Take Me Home” online self HIV testing kits distributed through MOU with NASTAD.</p> <p>Self HIV tests kits also pending distribution through HIV/STD Testing contracts and with non-traditional community partners through MOUs.</p>

	<ul style="list-style-type: none"> • Referral and Linkages to Non-biomedical Prevention; • Retention and Adherence to Medical Care, ART; and • Other Prevention Services 				STD screening and Treatment: 12/31/2022 Biomedical: 6/30/2021	Currently evaluating extension of Biomedical contracts
22	Psychosocial Support		9/10/2020		August 31, 2017	No longer funded
23	Referral Services		2009		N/A	Not funded as a standalone service, included under various modalities
24	Residential Care and Housing		2009; integrated in Temporary and Permanent Supportive Housing 2/8/2018		(See #9 and 10)	
25	Skilled Nursing Facilities		2009		February 28, 2010	No longer funded replaced with RCFCI and TRCF- see under #24
26	Substance Use and Residential Treatment		4/13/2017		February 28, 2019	No longer funded. Funded by SAPC
27	Transportation		2009	X	February 28, 2023	New contracts began 6-1-20 and 9-1-20
28	Treatment Education		2009		October 15, 2009	No longer funded. Terminated due to state cuts. Activities incorporated into other programs (e.g. U=U social marketing)
29	Universal Standards		9/12/2019; currently being updated; latest draft		N/A	Not a program – standards that apply to all services

			revision date 12/16/2020 released for public comments			
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STANDARDS AND BEST PRACTICES COMMITTEE 2021 WORK PLAN

Updated 4/14/21 (Revisions in RED)

Co-Chairs: Erika Davies & Kevin Stalter		
Approval Date: 3/1/21		Revision Dates: 3/10/21, 4/14/21
<p>Purpose of Work Plan: To focus and prioritize key activities for COH Committees and subgroups for 2021.</p> <p>Prioritization Criteria: Select activities that 1) represent the core functions of the COH; 2) advance the goals of the local Ending the HIV Epidemic (EHE) Plan; and 3) align with COH staff and member capacities and time commitment; 4) ongoing COVID public health emergency response and recovery priorities.</p>		
#	TASK/ACTIVITY	TARGET COMPLETION DATE
1	Review BAAC and ATF charge and implement recommendations best aligned with the purpose and capacity of the Commission <ul style="list-style-type: none"> • Work with the BAAC TF to explore feasibility of designating a member to attend SBP meetings. • Seek input from the Aging Task Force (ATF) on service standards. Benefits Specialty and Home-Based Case Management services were cited as examples. 	Start Jan/Ongoing
2	Complete Universal service standards. COMPLETED	March Executive Committee April COH
3	Complete Childcare service standards. Waiting for DHSP on provider survey results/summary. Survey results presented on 4/6/21	May
4	Provide feedback on and monitor implementation of the local Ending the HIV Epidemic (EHE) plan: <ul style="list-style-type: none"> • Develop strategies on how to engage with private health plans and providers in collaboration with DHSP 	On hold Ongoing
5	Update Substance use outpatient and residential treatment service standards	July
6	Update Benefits Specialty service standards	August
7	Update Home-based Case Management service standards	September



LOS ANGELES COUNTY COMMISSION ON HIV

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

COMMITTEE MEMBERSHIP APPLICATION

COMMITTEE MEMBERSHIP APPLICATION SECTION 1: INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

COMMITTEE MEMBERSHIP APPLICATION

SECTION 2: CONTACT INFORMATION

1. Are you willing and able to commit to the minimum standards expected for committee participation? Yes No
2. Name: Mark Mintline
(Please print name as you would like it to appear in communications)
3. Organization (if applicable): Western University of Health Sciences
4. Mailing Address: 309 E. 2nd St. Rm3204
5. City: Pomona State: CA ZIP: 91766
6. TEL: (909) 469-8482 FAX: (909) 469-8650
7. E-Mail: mmintline@westernu.edu
(Standard Commission contact and communication is done through e-mail)
8. Cell/Mobile Phone (optional): ()

9. Other Contact Information (optional):

Type of Address: Home Work Other:

Address:

City: State: ZIP:

TEL: () FAX: ()

E-Mail:

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

Mark Mintline 02/17/2021
Signature Date

Mark Mintline
Printed Name

SECTION 3: EXPERIENCE

1. Which Commission committee are you asking to join?

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

2. Why do you want to join the committee?

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

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

Please see attached brief CV for background and experience.

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

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

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

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

Mark Mintline
Signature

02/17/2021
Date

Mark Mintline
Printed Name

Statement of Qualifications

Page 2

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

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

Yes No

If yes, what offense or offenses?

At the present time, do you hold any position with any public entity? Yes No

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

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

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

Elizabeth Andrews: eandrews@westernu.edu

CONSENT AND CERTIFICATION

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

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

I consent to these contacts.

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

Dated: 02/17/2021

mark muntline
(Signature)

Name: Mark Mintline
Please Type or Print

Nominee: Los Angeles County Commission on HIV Committee

Nominated by: Los Angeles County Commission on HIV Committee

**ACKNOWLEDGMENT OF CONFLICT OF INTEREST
INFORMATION**

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

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

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

Mark Mintline
(Signature)

02/17/2021
(Date)

LOS ANGELES COUNTY COMMITTEE MEMBER

COUNTY-RELATED FINANCIAL DISCLOSURE QUESTIONNAIRE

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

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

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

DEFINITIONS

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

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

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

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

Name: Mark Mintline
Please Type or Print

Nominee For: Los Angeles County Commission on HIV

Nominated By: Los Angeles County Commission on HIV

COUNTY-RELATED FINANCIAL DISCLOSURE

QUESTIONNAIRE

(For reappointments, list income since last questionnaire)

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

None

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

None

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

None

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

None

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

None



**Western University College of Dental Medicine
CURRICULUM VITAE**

Prepared: 12/03/2020

Name: Mark Mintline

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

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

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

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

EDUCATION:

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

LICENSES, CERTIFICATION:

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

PRINCIPAL POSITIONS HELD:

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

HONORS AND AWARDS:

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

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

KEYWORDS/AREAS OF INTEREST:

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

CLINICAL ACTIVITIES SUMMARY:

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

PROFESSIONAL ACTIVITIES

PROFESSIONAL ORGANIZATIONS

Memberships

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

INVITED PRESENTATIONS

NATIONAL

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

REGIONAL AND OTHER INVITED PRESENTATIONS

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



LOS ANGELES COUNTY
COMMISSION ON HIV



STANDARDS OF CARE FOR SUBSTANCE USE OUTPATIENT CARE AND RESIDENTIAL SERVICES

Last Approved by the Commission on HIV on 4/13/2017
Draft Revisions as of 5/7/21



**SUBSTANCE USE SERVICES
STANDARDS OF CARE**

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

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

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

[Service Standards: Ryan White HIV/AIDS Programs](#)

INTRODUCTION

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

The Los Angeles County Commission on HIV developed the Substance Use Outpatient Care and Residential Service standards to establish the minimum services necessary to support clients through treatment and counseling services for drug or alcohol use disorders and promote engagement in medical care and treatment adherence to achieve viral load suppression.

The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, caucuses, and the public-at-large.

HRSA Definitions and Program Guidance

Substance Use Outpatient Care	Substance Use Residential Services
Per HRSA Policy Guidance, Substance Use Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Use Outpatient Care service category include: <ul style="list-style-type: none"> • Screening 	Per HRSA Policy Guidance, Substance Use Residential Services is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. This

<ul style="list-style-type: none"> • Assessment • Diagnosis, and/or treatment of substance use disorder, including: <ul style="list-style-type: none"> ○ Pretreatment/recovery readiness programs ○ Harm reduction ○ Behavioral health counseling associated with substance use disorder ○ Outpatient drug-free treatment and counseling ○ Medication-assisted therapy (MAT) ○ Neuro-psychiatric pharmaceuticals ○ Relapse prevention <p>Program Guidance: Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HIV/AIDS Bureau (HAB)-specific guidance.</p>	<p>service includes:</p> <ul style="list-style-type: none"> • Pretreatment/recovery readiness programs • Harm reduction • Behavioral health counseling associated with substance use disorder • Medication-assisted therapy (MAT) • Neuro-psychiatric pharmaceuticals • Relapse prevention • Detoxification, if offered in a separate licensed residential setting (including a separately licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital) <p>Program Guidance: Substance Use Residential Services is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA Ryan white HIV/AIDS Program (RWHAP). Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP. HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.</p> <p>Substance Use Residential Services seek to provide interim housing with supportive services for up to one (1) year exclusively designated and targeted for homeless or unstably housed persons living with HIV/AIDS in various stages of recovery from substance use disorder. The purpose of the service is to facilitate continued recovery from substance abuse and movement toward more traditional, permanent housing through assessment of the individual's needs,</p>
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	counseling, and case management.
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All contractors must meet the Universal Standards of Care in addition to the following Substance Use Outpatient Care and Residential Services service standards.¹

Service Components	Standard	Documentation
<p>1a. Activities Based on client needs and assessment, providers must provide the following service activities:</p> <ul style="list-style-type: none"> • Intake • Individual counseling • Group counseling • Patient education • Family therapy • Safeguard medications • Medication services • Collateral services • Crisis intervention services • Treatment planning • Discharge services 	<p>Agencies must maintain complete and thorough documentation of services provided to client.</p>	<p>Agencies maintain documentation based on Los Angeles County, Substance Abuse and Mental Health Services Administration (SAMHSA), and American Society of Addiction Medicine (ASAM) guidelines.</p> <p>Progress notes are thorough, dated, and verified by a licensed supervisor.</p>
<p>1b. Agency Licensing and Policies</p>	<p>Outpatient Services: Agency is licensed and accredited by appropriate state and local agency to provide substance use outpatient care services.</p> <p>Residential Services: Agencies must operate as a licensed adult residential facility, a transitional housing facility or a congregate living facility.</p>	<p>Current license(s) on file.</p>

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

Draft Revisions as of 5/7/21

Service Components	Standard	Documentation
1c. Client Assessment and Reassessment	Assessments will be completed at the initiation of services and at minimum should assess whether the client is in care. Reassessments must be completed every 6 months.	Completed assessment in client chart signed and dated by Case Manager.
	Appropriate medical evaluation must be performed prior to initiating residential treatment services, including physical examinations when deemed necessary.	Medical record of physical examinations and medical evaluation by a licensed medical provider.
	Use the Medical Care Coordination (MCC) Assessment tool to determine acuity level and eligibility for MCC services.	Documentation of use MCC assessment tool as deemed appropriate by staff.
	Screen and assess clients for the presence of co-occurring mental disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having co-occurring disorders.	Documentation of assessment in client file.
1d. Staff Competencies	Staff members are licensed or certified, as necessary, to provide substance use outpatient care and residential services and have experience and skills appropriate to the specified substance needed by the client. Bachelor’s degree in a related field preferred and/or lived experience preferred.	Current license and résumé on file.
	Providers are responsible to provide culturally competent services. Services must be embedded in the organizational structure and upheld in day-to-day operations.	Agencies must have in place policies, procedures and practices that are consistent with the principles outlined in the National Standards for Culturally and Linguistically

		Appropriate Services in Health Care (CLAS).
	Use a trauma-informed approach following SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach (http://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884).	Training documentation in personnel and program files.
1e. Integrated Behavioral and Medical Care	All Ryan White funded substance use outpatient care and residential services must provide integrated services of behavioral health treatment and HIV medical care. An integrated behavioral health and HIV medical care program addresses alcohol, marijuana, cocaine, heroin, injection drug use (IDU), and prescription drug misuse; mental disorder treatment and HIV/viral hepatitis services, including HIV and hepatitis B and C testing; and use evidence-based interventions defined by the Substance Use and Mental Health Services Administration (SAMHSA).	A comprehensive written program service delivery protocol outlining how staff will deliver all service components based on Los Angeles County, SAMHSA, and ASAM guidelines.
	Agencies must have procedures for linkage/integration of Medication-Assisted Treatment (MAT) for patients to ensure adequate access to core components of substance use disorder (SUD) treatment.	Established protocols for MAT following prescribing standards from ASAM and SAMHSA.
	Agencies must use Evidence-Based Practices such as Motivational Interviewing and Cognitive Behavioral Therapy, relapse prevention, trauma-informed treatment, and psychoeducation.	Written evidence-based program protocol.

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	<p>Case management will assist patients in navigating and accessing mental health, physical health, and social service delivery systems.</p>	<p>Case notes must show that the initiating provider provided case management services and communicated with the next provider along the continuum of care to ensure smooth transitions between levels of care. If the client is referred to a different agency, case notes must show that the client has been successfully admitted for services with the new treating provider.</p>
	<p>Providers must delivery recovery support services to clients to sustain engagement and long-term retention in recovery, and re-engagement in SUD treatment and other services and supports as needed.</p>	<p>Written recovery support services protocol. MOUs with agencies for ensuring coordination of care.</p>
	<p>All clients who are considered to be at risk for vital hepatitis (B and C), as specified by the United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B and hepatitis C screening, must be tested for viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral.</p>	<p>Documentation of hepatitis screening and treatment described in client file.</p>
<p>1f. Individual Treatment Plan</p>	<p>Individual Treatment Plans (ITPs) will be developed collaboratively between the client and Case Manager within 7 calendar days (or as soon as possible) of completing the assessment or reassessment and, at minimum, should include:</p> <ul style="list-style-type: none"> • Description of client goals and desired outcomes 	<p>Completed ITP in client chart, dated and signed by client and Case Manager.</p>

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	<ul style="list-style-type: none"> • Action steps to be taken and individuals responsible for the activity • Anticipated time for each action step and goal • Status of each goal as it is met, changed or determined to be unattainable 	
<p>1g. Linkage and Referral</p>	<p>Link clients and partners to appropriate community-based behavioral health services/systems including primary HIV care and antiretroviral treatment (ART), HIV pre-exposure prophylaxis (PrEP), hepatitis B, C, primary health care, and other recovery support services.</p>	<p>Documentation of linkage and referrals, follow-up care and treatment for in client case files.</p>
	<p>Ensure that patients who need trauma-related services have access to these services through case management and referral to certified trauma providers.</p>	<p>Documentation of linkage and referrals in client case files.</p>
<p>1h. Discharge Planning</p>	<p>Client Discharge Plan should be developed for every client, regardless of reason for discharge. At minimum, the Discharge Plan should include:</p> <ul style="list-style-type: none"> • Reason for client discharge from services (i.e., treatment goals achieved, client requested termination of services, client left facility, client deceased, etc.) • Referrals to ongoing outpatient substance use treatment service • Identification of housing options and address at which client is expected to reside 	<p>Client record documentation contains signed and dated Discharge Plan with required Elements.</p>

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	<ul style="list-style-type: none">• Identification of medical care provider from whom client is expected to receive treatment• Identification of case manager/care coordinator from whom client is expected to receive services• Source of client's HIV medications upon discharge	
	Client Discharge Plan should be provided to client.	Client record signed and dated progress notes reflect provision of Discharge Plan to client.

APPENDIX A: DEFINITIONS

Source: Substance Use Disorder Treatment Services Provider Manual, Version 5.0, Last Updated July 2020. Los Angeles County Department of Public Health, Substance Abuse Prevention and Control.

Collateral Services

Collateral Services are sessions between significant persons in the life of the patient (i.e., personal, not official or professional relationship with patient) and SUD counselors or Licenses Practitioner of the Healing Arts (LPHA) are used to obtain useful information regarding the patient to support the patient's recovery. The focus of Collateral Services is on better addressing the treatment needs of the patient.

Crisis Intervention Services

Crisis Intervention services include direct communication and dialogue between the staff and patient and are conducted when: 1) A threat to the physical and/or emotional health and well-being of the patient arises that is perceived as intolerable and beyond the patient's immediately available resources and coping mechanisms; or 2) An unforeseen event or circumstance occurs that results in or presents an imminent threat of serious relapse. These sessions are immediate and short-term encounters that focus on (1) stabilization and immediate management of the crisis, often by strengthening coping mechanisms and (2) alleviating a patient's biopsychosocial functioning and well-being after a crisis.

Discharge Services

Discharge services or discharge planning is the process of preparing the patient for referral into another level of care, post-treatment return, or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services. Discharge planning should identify a description of the patient's triggers, a plan to avoid relapse for each of these triggers and an overall support plan.

Family Therapy

Family therapy is a form of psychotherapy that involves both patients and their family members and uses specific techniques and evidence-based approaches (e.g. family systems theory, structural therapy, etc.) improve the psychosocial impact of substance use and the dynamics of a social/family unit.

Field-based Services (FBS)

Field-based Services (FBS) are a method of mobile service delivery for SUD outpatient services case, management, and recovery support services (RSS) for patients with established medical necessity. FBS provide an opportunity for SUD network providers to address patient challenges to accessing traditional treatment settings, such as physical limitations, employment conflicts, transportation limitations, or restrictive housing requirements (e.g., registered sex offenders).

Group Counseling

Group counseling sessions are designed to support discussion among patients, with guidance from the facilitator to support understanding and encourage participation, on psychosocial issues related to substance use.

Individual Counseling

Individual Counseling sessions are designed to support direct communication and dialogue between the staff and patient and focus on psychosocial issues related to substance use and goals outlined in the patient's individualized Treatment Plan.

Intake

Intake involves completing a series of administrative processes that are designed to ensure/verify eligibility, discuss program offerings, consent forms and other relevant documents. The intake process is a critical first step in establishing trust between the provider and the client and sets the stage for supporting the client in their treatment process.

Medication-assisted Treatment (MAT)

Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient's needs.

Medication Services and Safeguarding Medications

Medication services and safeguarding medications include the prescription, administration, or supervised self-administration (in residential settings) of medication related to SUD treatment services or other necessary medications. Medication services may also include assessment of the side effects or results of that medication conducted by staff lawfully authorized to provide such services and/or order laboratory testing within their scope of practice or licensure.

Patient Education

Patient education sessions are designed to enable the facilitator to teach participants and encourage discussion among patients on research-based educational topics such as addiction, treatment, recovery, and associated health consequences with the goal of minimizing the harms of SUDs, lowering the risk of overdose and dependence, and minimizing adverse consequences related to substance use.

Treatment Plan/Planning

A treatment plan is an electronic or paper document that describes the patient's individualized diagnosis, strengths, needs, long-range goals, short-term goals, treatment and supportive interventions, and treatment providers.