



LOS ANGELES COUNTY
COMMISSION ON HIV



510 South Vermont Avenue, 14th Floor, Los Angeles CA 90020

EML: hivcomm@lachiv.org | MAIN: 213.738.2816

WEBSITE: www.hivlacounty.gov

**(REVISED) AGENDA FOR THE VIRTUAL MEETING OF THE
EXECUTIVE COMMITTEE**

Thursday, December 9, 2021 @ 1:00 P.M.– 3:00 P.M

To Join by Computer, please Register at:

<https://tinyurl.com/ywaryztb>

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

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

Access code: 2597 017 7167

Executive Committee Members:			
<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Erika Davies	Kevin Donnelly
Lee Kochems, MA	Carlos Moreno	Katja Nelson, MPP	Frankie Darling- Palacios
Mario J. Pérez, MPH	Juan Preciado	Kevin Stalter	Justin Valero, MPA (Exec, At large)
QUORUM:	7		

AGENDA POSTED: December 2, 2021 (Revision December 7, 2021)

VIRTUAL MEETINGS: Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Until further notice, all Commission meetings will continue to be held virtually via WebEx. For a schedule of Commission meetings, please click [here](#).

PUBLIC COMMENT: Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS. All Public Comments will be made part of the official record.

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.

SUPPORTING DOCUMENTATION can be obtained via the Commission’s website at <http://hiv.lacounty.gov> or at the Commission office located at 510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020. Complimentary parking available at 523 Shatto Place, Los Angeles CA 90020.

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

Call to Order, Introductions, and Conflict of Interest Statements 1:00 P.M. – 1:03 P.M.

I. ADMINISTRATIVE MATTERS

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

II. PUBLIC COMMENT

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

III. COMMITTEE NEW BUSINESS ITEMS

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

IV. REPORTS

- | | | | |
|----|--|--|-----------------------|
| 5. | Executive Director’s/Staff Report | | 1:13 P.M. – 1:30 P.M. |
| | A. Commission/County Operational Updates | | |
| | B. 2022 COH Workplan Development | | |

6. **Co-Chair's Report** 1:30 P.M. – 1:50 P.M.
- A. Book Reading Activity | FOLLOW UP + FEEDBACK
 - B. November 18, 2021 Annual Meeting | FOLLOW UP + FEEDBACK
 - C. 2021 Holiday Meeting Schedule | REMINDER
7. **Division of HIV and STD Programs (DHSP) Report** 1:50 P.M. – 2:05 P.M.
- A. Fiscal, Programmatic and Procurement Updates
 - (1) Ryan White Program (RWP) Parts A & MAI | UPDATES
 - (2) Fiscal | UPDATES
8. **Standing Committee Reports** 2:05 P.M. – 2:35 P.M.
- A. Operations Committee
 - (1) 2021 Renewing Membership Application: Carlos Moreno, Provider Rep #1 **MOTION #3**
 - (2) 2022 Committee Workplan
 - (3) 2022 Assessment of the Administrative Mechanism (AAM) Planning & Development
 - B. Planning, Priorities and Allocations (PP&A) Committee
 - (1) Proposed Ryan White Part A and MAI Program Year (PY) 33 and 34 Service Category Rankings **MOTION #4**
 - (2) Proposed Ryan White Part A and MAI PY 33 and 34 Service Category Funding Allocations **MOTION #5**
 - (3) 2022 Comprehensive HIV Plan (CHP) Development
 - C. Standards and Best Practices (SBP) Committee
 - (1) Substance Use and Residential Treatment Standards | **MOTION #6**
 - (2) Benefit Specialty Service Standards | REVIEW
 - (3) Special Populations Best Practices Template & Feedback
 - D. Public Policy Committee
 - (1) County, State and Federal Policy and Legislation
 - 2021 Legislative Docket | UPDATES
 - COH Response to the STD Crisis | UPDATES
 - (2) County, State and Federal Budget
9. **Caucus, Task Force, and Work Group Reports:** 2:35 P.M. – 2:45 P.M.
- A. Aging Task Force | December 7, 2021 @ 1-3PM
 - B. Black/African American Workgroup
 - C. Consumer Caucus | January 13, 2022 @ 3-4:30PM
 - D. Prevention Planning Workgroup | January 26, 2022 @ 5:30-7:00PM
 - E. Transgender Caucus | January 26, 2022 @ 10AM-12PM
 - F. Women's Caucus | January 17, 2022 @ 2-4PM

VII. NEXT STEPS

- 10. A. Task/Assignments Recap 2:45 P.M. – 2:50 P.M.
- B. Agenda development for the next meeting 2:50 P.M. – 2:55 P.M.

VIII. ANNOUNCEMENTS 2:55 P.M. – 3:00 P.M.

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

IX. ADJOURNMENT 3:00 P.M.

- 12. A. Adjournment of the December 9, 2021 Executive Committee meeting

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve 2021 Renewal Membership Application for Carlos Moreno, Provider Representative #1 seat, as presented or revised.
MOTION #4:	Approved proposed RWP & MAI PY 33 and 34 Service Category Rankings, as presented or revised.
MOTION #5:	Approve proposed RWP & MAI PY 33 and 34 Service Category Funding Allocations, as presented or revised, and provide DHSP authority to adjust 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #6:	Approve Substance Use and Residential Treatment Service Standard, as presented or revised.



LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

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

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)**



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 12/06/21

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	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			
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)			
			Biomedical HIV Prevention			
			Medical Care Coordination (MCC)			
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			
FULLER	Luckie	No Affiliation	No Ryan White or prevention contracts			
			Ambulatory Outpatient Medical (AOM)			
			HIV Testing Storefront			
			HIV Testing Social & Sexual Networks			
GARTH	Gerald	Los Angeles LGBT Center	STD Screening, Diagnosis and Treatment			
			Health Education/Risk Reduction			
			Biomedical HIV Prevention			
			Promoting Healthcare Engagement Among Vulnerable Populations			
			Transportation Services			
			No Ryan White or Prevention Contracts			
			GATES	Jerry	AETC	Part F Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
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	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			

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
MARTINEZ (PP&A Member)	Miguel	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
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
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention Oral Healthcare Services
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
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	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	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
ROBINSON	Mallery	No Affiliation	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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
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)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
THOMAS	Damone	No Affiliation	No Ryan White or prevention contracts
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
VEGA	Rene	No Affiliation	No Ryan White or prevention contracts
VELAZQUEZ	Guadalupe	Unaffiliated consumer	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)
Transportation Services			



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

**EXECUTIVE COMMITTEE
MEETING MINUTES**

October 28, 2021

COMMITTEE MEMBERS			
P = Present A = Absent			
Danielle M. Campbell, MPH	P	Carlos Moreno	P
Bridget Gordon, Co-Chair	P	Katja Nelson, MPP	P
Frankie Darling-Palacios	P	Mario J. Pérez, MPH	P
Erika Davies	P	Juan Preciado	A
Kevin Donnelly	P	Kevin Stalter	P
Lee Kochems, MA	P	Justin Valero, MA	P
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Dawn Mc Clendon; Carolyn Echols-Watson, MPA; Catherine Lapointe; Jose Rangel-Garibay, MPH; and Sonja D. Wright, BA, MSOM, LAc,Dipl, PES			
DHSP STAFF			
Julie Tolentino, MPH			

*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.

Meeting agenda and materials can be found on the Commission’s website at
http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Packet/Pkt_Exec_102821_2.pdf?ver=8ecIdiWrx_d4u-aA6xcoDA%3d%3d

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Bridget Gordon called the meeting to order at 1:04 PM, led introductions and ice breaker, and reviewed housekeeping reminders and Code of Conduct.

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 August 27, 2021 Executive Committee Meeting Minutes, as presented (✓ Passed by Consensus)*

II. PUBLIC COMMENT

- 3. OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSIONON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION.** *There were no public comments.*

III. COMMITTEE NEW BUSINESS ITEMS

- 4. OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED ACTION AROSE AFTER POSTING AGENDA:** *There was no new business.*

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

A. 2021-2023 & 2022-2024 COH Co-Chairs | WELCOME

Cheryl Barrit, MPIA, acknowledged and congratulated newly elected COH Co-Chairs – Danielle M. Campbell, MPH and Bridget Gordon and noted the historical precedence and significance of two African American women as COH Co-Chairs.

B. Commission/County Operational Updates

Cheryl Barrit reported that Governor Gavin Newsom signed AB 361 amending the Brown Act which allowed virtual public meetings to continue during a state of an emergency as determined by each local jurisdiction. C. Barrit shared that the Board of Supervisors (BOS) will assess the County's state of emergency status on a month-by-month basis and will determine via a BOS motion whether its meetings, to include all Commission public meetings, will continue virtually. The COH will follow the BOS' lead in determining whether future COH meetings will be held virtually. The first motion of the BOS on this matter is scheduled for November 2nd; see [BOS Statement of Proceedings](#).

Cheryl Barrit also noted HRSA's newly released Policy Clarification Notice regarding the elimination of Ryan White HIV/AIDS Program (RWHAP) eligibility recertification requirement and stronger language around compliance with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment service. See Policy Notice [here](#).

- Kevin Stalter requested that the Standards and Best Practices (SBP) Committee agendize a discussion concerning RWP dental services criteria exclusion.

C. November 18, 2021 Annual Meeting

C. Barrit reminded the Committee that the Annual Meeting will be held November 18th and that the following presentations have been confirmed: Ending the HIV Epidemic (EHE) Steering Committee Projects Update, HIV Cluster Detection, Street Medicine, and HIV and Aging. See event flyer.

6. Co-Chair's Report

A. "So You Want to Talk About Race?" Book Reading Activity

B. Gordon read the final excerpt and polled the Committee to determine whether they felt the reading activity was constructive and met its overall goal. Requested feedback was asked to be sent to C. Barrit, Dawn Mc Clendon or B. Gordon.

B. Holiday Meeting Schedule (November-December 2021)

B. Gordon reminded the Committee that the December COH meeting is cancelled. A consensus was reached to also cancel the Committee's regularly scheduled November 27 and December 25 meetings and hold a meeting on December 9 in its stead; Operations Committee to follow suit.

C. October 14, 2021 COH Meeting | FOLLOW UP + FEEDBACK *No feedback provided.*

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

A. Fiscal, Programmatic, and Procurement Updates

(1) Ryan White Program (RWP) Parts A & B | UPDATES

Mario J. Pérez, MPH, Director, acknowledged HRSA's policy notice eliminating RWHAP eligibility recertification requirement and noted that DHSP has been recertifying RWHAP clients automatically during COVID.

M. Pérez expressed concerns regarding client grievances being discussed during Commission meetings and asked Commission leadership to assist in meeting management.

M. Pérez indicated that Commission meetings are not the appropriate venue to share grievances as specific agencies cannot be discussed in a public forum. However, to address these increasing concerns by clients, DHSP is currently working on improving its grievance process as well as identifying an Ombudsman to help coordinate and respond to client concerns. M. Pérez also shared that DHSP is currently developing a one-page FAQ sheet on its grievance process to share with the community.

➤ K. Stalter recommended customer satisfaction surveys and a secret shopper's program to improve service delivery and relations among clients and providers.

➤ M. Pérez committed to attending the next Consumer Caucus meeting to hear directly from the consumer community regarding their concerns around service delivery as well as discuss ways to help improve client/provider relationships and the grievance process.

(2) 2020-2021 Fiscal | UPDATES *No updates.*

8. Standing Committee Reports

A. Operations Committee

(1) New Member Application | Jesus “Chuy” Orozco, HOPWA representative MOTION#3

Approve New Member Applicant for Jesus “Chuy” Orozco to occupy HOPWA representative seat, as presented or revised, and elevate to full body for approval.

(√Passed; Majority Roll Call: Valero, Pérez, Nelson, Moreno, Kochems, Donnelly, Davies, Gordon, and Campbell)

(2) Assessment of the Administrative Mechanism (AAM) | UPDATES

The Committee is discussing the AAM process for 2022 to determine whether to conduct the process internally via an anonymous survey and will decide at its December meeting.

(3) New Applicant Interview Questions | REVIEW

The Committee is currently forming a workgroup to review the membership process, to include the interview questions, and will share with the various Committees and subordinate working groups for feedback.

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

(1) Ryan White Part A & Minority AIDS Initiative (MAI) Program Year PY 33 and PY 34 Service Category Rankings

The Committee will vote on the rankings at its next meeting.

(2) Ryan White Part A & MAI Program Year PY 33 and PY 34 Service Category Funding Allocations

The Committee will vote on the allocations at its next meeting.

(3) 2022 Comprehensive HIV Plan (CHP) Development

The Committee met with consultant, AJ King, to begin planning for the CHP due December 2022. The Committee in collaboration with the Prevention Planning Workgroup decided to review the current CHP to conduct a gap analysis as well as identify prevention activities that should be incorporated into the upcoming plan. Unlike prior years, the Committee will not form a separate working group and the CHP will remain a standing item on the PP&A agenda.

Kevin Donnelly, Co-Chair, encouraged members to fill deficiencies in the Operations Committee as well as fill the two Executive At-Large vacancies.

C. Standards and Best Practices (SBP) Committee

(1) Substance Use and Residential Treatment Standards | UPDATES

The Committee will review public comments at its November meeting and will be hearing from staff regarding potential changes to mental health and other services delivery infrastructure as a result of CalAIM.

(2) Benefit Specialty Service Standards | REVIEW

Staff and the Committee will discuss the impact and implications of CalAIM and will continue review of the service standards at its next meeting.

(3) Special Populations Best Practices Template & Feedback

Staff developed and disseminated template to all Committees and working groups and are awaiting feedback. Staff will utilize the template to work with all the subordinate working groups to develop a set of best practices to address key and target populations.

Erika Davies, Co-Chair, reported that the Committee leadership met with Dr. Fariba Younai, who previously lead the Committee in developing the dental service standard, in response to receiving feedback from agencies that they developed inclusion or exclusion criteria based on items that might be missing, or otherwise, just not explicitly stated in the standards. The Committee will solicit feedback from subject matter experts to help inform the development of an addendum to address these gaps.

D. Public Policy Committee (PPC)

(1) County, State and Federal Policy and Legislation

- 2021 Legislative Docket | UPDATES *No updates.*
- COH Response to the STD Crisis | UPDATES
Committee will defer to the County's Alliance for Health Integration for an update and inclusion in the County's response to the STD crisis and will continue to raise awareness and continue to promote the need for resources in the interim.

Katja Nelson, Co-Chair, reported that the state's Ending the Epidemic Coalition will be meeting on November 10th for a statewide brainstorming session to help identify budgetary and legislative priorities for next year. All are strongly encouraged to attend.

(2) County, State and Federal Budget *No updates.*

V. PRESENTATION

9. A. Alliance for Health Integration (AHI) Priorities

Jaclyn Baucum, Chief Operating Officer, AHI, County of Los Angeles

See PowerPoint (PPT) presentation in meeting packet.

VI. REPORTS

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

A. Aging Task Force (ATF)

Approve Updated HIV Care Framework for Older Adults Living with HIV, as presented or revised. MOTION #6 (✓Passed; majority roll call: Donnelly, Davis, Moreno, Nelson, Pérez, Gordon, and Campbell.)

Executive Committee Meeting Minutes

October 28, 2021

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The ATF updated the framework after hearing from Dr. Meredith Greene of the UCSF Golden Compass Program and receiving feedback which included women-focused screenings and comorbidities such as diabetes.

The ATF is currently working with SBP to incorporate the ATF framework and recommendations into a best practice model.

- M. Pérez requested to meet with the ATF to discuss possible implications of Medicaid expansion for people 50+ regardless of documentation status and agreed to attend the next meeting to determine what elements of the framework are realistic to implement.

B. Black/African American Workgroup

D. Campbell, Lead, reported that the workgroup has held several meetings to date, the next meeting scheduled for November 2nd, and are making progress in addressing the 4 task force recommendations as charged. The workgroup developed a list of participants for a PrEP marketing focus group and are currently discussing and soliciting community feedback regarding language recommendations for Mandatory Minimum Requirements (MMRs) to promote more Black led/servicing organizations to successfully compete for contracts.

C. Consumer Caucus

Alasdair Burton, Co-Chair, reported that at the last Caucus meeting, those who participated in the NMACBLOC training shared that it was a great experience. Also, the Caucus heard a presentation from DHSP's Clinical Quality Management Program and expressed concerns with DHSP's grievance process. A meeting has been scheduled with the Caucus Co-Chairs, staff and DHSP to discuss in more detail on how to better client/provider relations and service delivery. Additionally, the November Caucus meeting is cancelled in lieu of the November 18 Annual Meeting and the November 15 Legal Needs Assessment Focus Group for the consumer community.

- M. Pérez committed to attending the next Caucus meeting to address concerns.

D. Prevention Planning Workgroup

K. Donnelly reported that the PPW met and heard from consultant, AJ King, on the planning of the CHP. The PPW also continued discussions around addressing prevention interventions for women. Lastly, K. Donnelly made a pitch for a Commission or community member to assist in chairing the workgroup alongside Miguel Martinez. Next meeting is December 22 @ 5:30-7PM.

E. Transgender Caucus

F. Darling-Palacios reported that the Caucus discussed planning for 2022 and prioritizing educational forums much like the Women's Caucus' virtual lunch & learns, highlighting 2-3 key topics that are impacting the transgender community, i.e. mental health, sexual violence, and sex work. Additionally, the November Caucus meeting is cancelled in lieu of the Legal Needs Focus Group led by the Legal Needs Assessment Team funded by DHSP.

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F. Women's Caucus

The Caucus elected its Co-Chairs for 2022 – Dr. Mikhaela Cielo and Shary Alonzo – and thanked Dr. Spencer for her service. The Caucus meeting is cancelled for November in lieu of the November 15 Legal Needs Focus Group and is also cancelled for December. The next meeting will take place January 17, 2022.

VII. NEXT STEPS

11. A. Tasks/Assignments Recap

B. Agenda Development for Next Meeting

- November 18 Annual Meeting Reminder
- Regularly scheduled November and December Executive and Operations Committee meetings cancelled in lieu of December 9th meeting
- PP&A PY 33 & 34 rankings and allocations motions will be on the December Executive Committee meeting agenda for approval

VIII. ANNOUNCEMENTS

12. OPPORTUNITY FOR PUBLIC AND COMMITTEE TO MAKE ANNOUNCEMENTS

No announcements.

IX. ADJOURNMENT

13. ADJOURNMENT. The meeting adjourned at approximately 3:30PM.



LOS ANGELES COUNTY
COMMISSION ON HIV



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Draft- FOR DISCUSSION
Executive Committee Meeting
December 9, 2021
Calendar Year 2022 Workplan Priorities

#	Priority	Assigned To	Notes
1	Develop the Comprehensive HIV Plan 2022-2026	Full council Lead/Coordinating Committee(s): PP&A	<ul style="list-style-type: none"> • All Committee and subgroup will contribute to shaping the CHP • Commission, committees and subgroup activities should aim to align with the CHP and support the EHE goals • AJ King to serve as CHP consultant/writer • CHP discussion agenda'd at all Committee and subgroup meetings • Scheduled updates and presentations at full COH meetings • Public comment period prior to DHSP internal review (Sept/Oct-tentative)
2	Address Areas of Improvement from the HealthHIV Planning Council Effectiveness Assessment	Full council Lead/Coordinating Committee(s): Executive & Operations Committees	<p>Member Recruitment and Retention</p> <ol style="list-style-type: none"> 1. Recruiting to get more representation of populations impacted by HIV in LAC 2. Orientation/mentoring of new members 3. Improving retention of new members <p>Community Engagement / Representation</p> <ol style="list-style-type: none"> 1. Encouraging trust between the community

			<p>and Commission</p> <ol style="list-style-type: none"> 2. Increasing visibility of the LAC COH in the community 3. Normalizing education on HIV and STIs in healthcare and school-based settings <p style="text-align: center;">Streamlining the LAC COH's Work</p> <ol style="list-style-type: none"> 1. Streamline priorities and meeting agendas 2. Strengthen relationships between members 3. Reduce barriers for participation in meetings (increase accessibility and training for new members)
3	Strengthen core planning council responsibilities	<p>Full council SBP PP&A OPS</p>	<ol style="list-style-type: none"> 1. Continue to improve prevention and care multi-year planning process and decision-making 2. Complete service standards for substance use, benefits specialty; home-based case management; oral health care; and other services identified by COH in alignment with multi-year allocations 3. Complete best practices document for highly impacted populations 4. Assessment of Administrative Mechanism 5. Member recruitment, skills and knowledge building, retention, and leadership development.
4	Continue to advocate for an effective County-wide response to the STD epidemic	<p>Full Council, Public Policy</p>	<p>Better inform the development of legislative and policy priorities with public hearings.</p>

III. Proposed Timeline:

Comprehensive HIV Plan 2022-2026

Deliverables	Timeline													
	2021	2022												
	11/1 – 4/1	4/1	5/2	6/1	7/1	7/7	7/15	8/1	8/15	9/15	10/3	11/1	11/30	
Pre-Planning and Planning	X													
Submit draft of Section III: Contributing Data Sets and Assessments		X												
Submit draft of Section IV: Situational Analysis			X											
Submit draft of Section V: 2022-2026 Goals and Objectives				X										
Submit draft of Section VI: Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up; and Other Sections: Executive Summary (Section I), Community Engagement and Planning Process (Section II), Data Sharing and Use					X									
DHSP & Medical Director review draft						X								
Draft to Executive Committee/COH for review							X							
All comments due to prepare for public comment period								X						
Open 30 day public comment period									X					
Public comment period closes									X					
Revise draft and share with Executive Committee for final revisions										X				
Comments due from Executive Committee											X			
DHSP Director reviews final document											X			
Revise with final edits												X		
Submit Final Plan														X



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November 18, 2021 Annual Meeting Evaluation Summary

Total number of participants: 138 (36 Commissioners)

Number of Survey Responses: 15 (5 Commissioners, 10 Community Members)

I. Please state 3 things that you liked most about the event?

1. The information, the comradery and the open discussion
2. Content, virtual, interaction
3. The speakers, especially street medicine and HIV and aging
4. Poignant presentations
5. The street medicine presentation, Dr. Nash's presentation, and the EHE initiative
6. Happy to see and hear that they listened to clients; Asking public for opinions and suggestions; Being completely open and showing clients what they know and are doing
7. Great presentations. Nice variety. Good conversation
8. Loved being in community. Learning about non-traditional care settings. Review of LAC EHE data and initiatives
9. Dynamic presentations and presenters
10. All presentations
11. Aging presentation, AMAAD presentation, street medicine team presentation
12. Great information, updates, real-world activities taking place to end the HIV epidemic.
13. 1. Morning check in session. 2. Learning about additional resources in LA County 3. Wealth of information provided
14. Presentations were great and informative
15. The presentations on Aging, Street Medicine and Cluster Detection were excellent.

II. Please state 3 things that you disliked about the event?

1. N/A
2. Virtual meeting made it tough to have dialogue and think through how information applies to COH work. Ice breakers in the beginning are cute but

really take up too much time from the agenda, leaving no time for break or for discussion.

3. Long, Long, too long
4. Not knowing how to hold others accountable for their denials and their lies; Only allowed to leave messages on websites and not speak to an actual person
5. Timing was off
6. Length
7. Going over time allocated on the agenda
8. Management of time; Why someone thought it would be logically feasible to provide lunch
9. The event was filled with a lot of valuable information. Unfortunately, since the 15-minute break was eliminated and lunch was reduced to less than 30 minutes, I missed parts of the presentations.
10. Only one-the length time used for this event. 9-3 was a bit long.
11. Not mindful of everyone's time. Intros need to be shortened and an adequate time for lunch is needed.
12. The introductions were long, repetitive and didn't really add to the meeting.

III. Overall, how satisfied were you with the event?

Neutral = 1 Very satisfied = 8 Satisfied = 5 Very dissatisfied = 0

IV. Did the even help you with new learnings or knowledge?

Yes = 15

V. Do you have any other comments/suggestions that would help us make future events better?

1. You all did fine!
2. Still need to know how clients, recipients, providers, etc., can get involved and who to contact
3. Maybe have polls
4. Would suggest sticking to the agenda as best as possible so that participants who can only attend select presentations can manage their time accordingly.



LOS ANGELES COUNTY
COMMISSION ON HIV



Renewal Application Carlos Moreno, Seat #11

Membership Application on File with the Commission Office



**Planning, Priorities and Allocations Committee
Approved Recommendations for Service Category Rankings
For Program Years (PY) 33 and 34**

Approved PY 32 ⁽¹⁾	PY 33 ⁽²⁾	PY 34 ⁽²⁾	Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
1	1	1	Housing	S	Housing
			Permanent Support Housing		
			Transitional Housing		
			Emergency Shelters		
			Transitional Residential Care Facilities (TRCF)		
			Residential Care Facilities for the Chronically III (RCFCI)		
2	2	2	Non-Medical Case Management	S	Non-Medical Case Management Services
			Linkage Case Management		
			Benefit Specialty		
			Benefits Navigation		
			Transitional Case Management		
			Housing Case Management		
3	3	3	Ambulatory Outpatient Medical Services	C	Outpatient/Ambulatory Health Services
			Medical Subspecialty Services		
			Therapeutic Monitoring Program		
4	4	4	Emergency Financial Assistance	S	Emergency Financial Assistance
5	5	5	Psychosocial Support Services	S	Psychosocial Support Services
6	6	6	Medical Care Coordination (MCC)	C	Medical Case Management (including treatment adherence services)
7	7	7	Mental Health Services	C	Mental Health Services
			MH, Psychiatry		
			MH, Psychotherapy		

Approved			Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
PY 32 ⁽¹⁾	PY 33 ⁽²⁾	PY 34 ⁽²⁾			
8	8	8	Outreach Services	S	Outreach Services
			Engaged/Retained in Care		
9	9	9	Substance Abuse Outpatient	C	Substance Abuse Outpatient Care
10	10	10	Early Intervention Services	C	Early Intervention Services
11	11	11	Medical Transportation	S	Medical Transportation
12	12	12	Nutrition Support	S	Food Bank/Home Delivered Meals
13	13	13	Oral Health Services	C	Oral Health Care
14	14	14	Child Care Services	S	Child Care Services
15	15	15	Other Professional Services	S	Other Professional Services
			Legal Services		
			Permanency Planning		
16	16	16	Substance Abuse Residential	S	Substance Abuse Treatment Services (Residential)
17	17	17	Health Education/Risk Reduction	S	Health Education/Risk Reduction
18	18	18	Home Based Case Management	C	Home and Community Based Health Services
19	19	19	Home Health Care	C	Home Health Care
20	20	20	Referral	S	Referral for Health Care and Support Services
21	21	21	Health Insurance Premium/Cost Sharing	C	Health Insurance Premium and Cost- Sharing Assistance for Low-income individuals
22	22	22	Language	S	Linguistics Services

Approved			Commission on HIV (COH) Service Categories	HRSA Core/ Support Service	Core and Support Services Defined by Health Resources and Services Administration (HRSA)
PY 32 ₍₁₎	PY 33 ₍₂₎	PY 34 ₍₂₎			
23	23	23	Medical Nutrition Therapy	C	Medical Nutrition Therapy
24	24	24	Rehabilitation Services	S	Rehabilitation Services
25	25	25	Respite	S	Respite Care
26	26	26	Local Pharmacy Assistance	C	AIDS Pharmaceutical Assistance
27	27	27	Hospice	C	Hospice

Footnote:

1 – Service rankings approved 9/09/2021

2 – PY 33 & 34 PP&A Committee Recommendations approved 11/16/2021



**PLANNING, PRIORITIES AND ALLOCATIONS COMMITTEE
 ALLOCATIONS RECOMMENDATIONS FOR
 PROGRAM YEARS (PYS) 33 AND 34**

PY 32 Priority #	Core/ Support Services	Service Category	FY 2022 RW Allocations (PY 32) ⁽¹⁾			FY 2023 RW Allocations (PY 33) ⁽²⁾			FY 2024 RW Allocation (PY 34) ⁽²⁾		
			Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI % ⁽³⁾	Part A %	MAI %	Total Part A/ MAI % ⁽³⁾
1	S	Housing Services RCFCI/TRCF/Rental Subsidies with CM	0.96%	87.39%	8.33%	0.96%	87.39%		0.96%	87.39%	
2	S	Non-Medical Case Management - BSS/TCM/CM for new positives/RW clients	2.44%	12.61%	3.30%	2.44%	12.61%		2.44%	12.61%	
3	C	Ambulatory Outpatient Medical Services	25.51%	0.00%	23.33%	25.51%	0.00%		25.51%	0.00%	
4	S	Emergency Financial Assistance	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
5	S	Psychosocial Support Services	0.00%	0.00%	0.00%	0.00%	0.00%		1.00%	0.00%	
6	C	Medical Care Coordination (MCC)	28.88%	0.00%	26.41%	28.88%	0.00%		28.00%	0.00%	
7	C	Mental Health Services	4.07%	0.00%	3.72%	4.07%	0.00%		4.07%	0.00%	
8	S	Outreach Services (LRP)	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
9	C	Substance Abuse Outpatient	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
10	C	Early Intervention Services	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
11	S	Medical Transportation	2.17%	0.00%	1.99%	2.17%	0.00%		2.17%	0.00%	
12	S	Nutrition Support Food Bank/Home-delivered Meals	8.95%	0.00%	8.19%	8.95%	0.00%		8.95%	0.00%	
13	C	Oral Health Services	17.60%	0.00%	16.13%	17.60%	0.00%		17.48%	0.00%	
14	S	Child Care Services	0.95%	0.00%	0.87%	0.95%	0.00%		0.95%	0.00%	
15	S	Other Professional Services - Legal Services	1.00%	0.00%	0.92%	1.00%	0.00%		1.00%	0.00%	
16	S	Substance Abuse Residential	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
17	S	Health Education/Risk Reduction	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
18	C	Home Based Case Management	6.78%	0.00%	6.21%	6.78%	0.00%		6.78%	0.00%	
19	C	Home Health Care	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
20	S	Referral	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
21	C	Health Insurance Premium/Cost Sharing	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
22	S	Language	0.65%	0.00%	0.60%	0.65%	0.00%		0.65%	0.00%	
23	C	Medical Nutrition Therapy	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
24	S	Rehabilitation	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
25	S	Respite Care	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
26	C	Local Pharmacy Assistance	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
27	C	Hospice	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
		Overall Total	100.0%	100.0%	100%	100.0%	100.0%	0.00%	100.0%	100.0%	0.00%

Footnotes:

1 - Service Category Rankings and Allocation Percentages Approved by the Commission on 09/09/2021

2 - PY 33 and 34 Allocation percentages approved by PP&A on 11/16/2021

3 - To determine total percentages, funding award amounts for Part A and MAI must be known.

SUBSTANCE USE DISORDER AND RESIDENTIAL TREATMENT SERVICE STANDARDS & CaIAIM

Executive Committee
December 9, 2021



LOS ANGELES COUNTY
COMMISSION ON HIV



Ryan White Substance Use Disorder (SUD) and Residential Services Background

- **Drug Medi-Cal Organized Delivery System (DMC-ODS)** 1115 demonstration waiver created by the California Department of Health Care Services (DHCS) in 2015 to address gaps in patient access and success in substance use disorder (SUD) treatment as a result of fragmented service system. Los Angeles County (LAC) joined as demonstration site in 2017.
- Historically, Ryan White SUD included Outpatient and Residential with three subcategories: **Detox, Rehabilitation** and **Transitional**.
- Under DMC-ODS, services are provided by the LAC Substance Abuse Prevention and Control (SAPC) program and include:

- Outpatient (OP), Intensive Outpatient (IOP)
- Opioid (narcotic) Treatment Program (OTP)
- Withdrawal Management (WM)
- Medication-Assisted Therapy (MAT)

- Short-Term Residential (RS)
- Case Management & Care Coordination with Physical and Mental Health
- Recovery Support Services



Ryan White SUD Residential Services Background

- Current Ryan White (RW) SUD Services **consist of one subcategory, residential housing**, implemented March 1, 2019 (RW Year 29) and intended to supplement DMC-ODS as RW is the payer of last resort.
- Current contracts are for RW years 29-31 (Mar 1, 2019-Feb 28, 2022) and contracted agencies include Tarzana Treatment Centers and Safe Refuge.

Service Description

- To provide interim housing with supportive services for up to one (1) year exclusively designated and targeted for recently homeless persons living with HIV/AIDS in various stages of recovery from substance use disorder.
- The purpose of the service is to facilitate continued recovery from substance abuse and movement toward more traditional, permanent housing through assessment of the individual's needs, counseling, and case management.



Service Population

Indigent persons living with diagnosed HIV in Los Angeles County who are:

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



California Advancing and Innovating Medical (CalAIM)

- Multi-year initiative by Department of Health Care Services (DHCS) to improve the quality of care provided to Medi-Cal members by implementing broad delivery system, program, and payment reform across the Medi-Cal Program.
- Builds on lessons learned from various pilots including, Whole Person Care Pilots (WPC), Health Homes Program (HHP), and the Coordinated Care Initiative (CCI/Cal MediConnect).
- DHCS intended to implement CalAIM January 2021; however, due to the COVID-19 public health emergency, DHCS delayed initial implementation to Jan 1, 2022.
- DHCS will request 5-year renewal for DMC-ODS from Jan 1, 2022 – Dec 31, 2026.



California Advancing and Innovating Medical (CalAIM)

Three Primary CalAIM Goals

1. Identify and manage member risk and need through whole-person care approaches and addressing social determinants of health;
2. Move Medi-Cal to a more consistent and seamless systems by reducing complexity and increasing flexibility; and,
3. Improve quality outcomes, reduce health disparities and drive delivery systems transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

Enhanced Care Management (ECM) and In Lieu of Services (ILOS)

- ECM is a care coordination benefit for the highest need and/or high-cost members
- ILOS are medically appropriate, cost-effective alternatives to services to services or setting under the State Plan.



Enhanced Care Management (ECM)

- New Medi-Cal managed care plan (MCP) benefit would provide intensive care management for both medical and non-medical needs for high-need Medi-Cal members.
 - Narrowly defined eligible populations include children with complex medical conditions, people experiencing homelessness, and people at risk of institutionalization.
 - The new ECM benefit building upon both the Health Homes and Whole-Person Care Pilot Programs.
- **January 1, 2022**– Counties with existing Health Homes and Whole Person Care Pilot Programs transition current target populations.
 - **July 1, 2022**– Counties with existing Health Homes and Whole Person Care Pilot Programs add new populations; other counties begin implementation.
 - **January 1, 2023**– Full implementation of ECM in all counties.



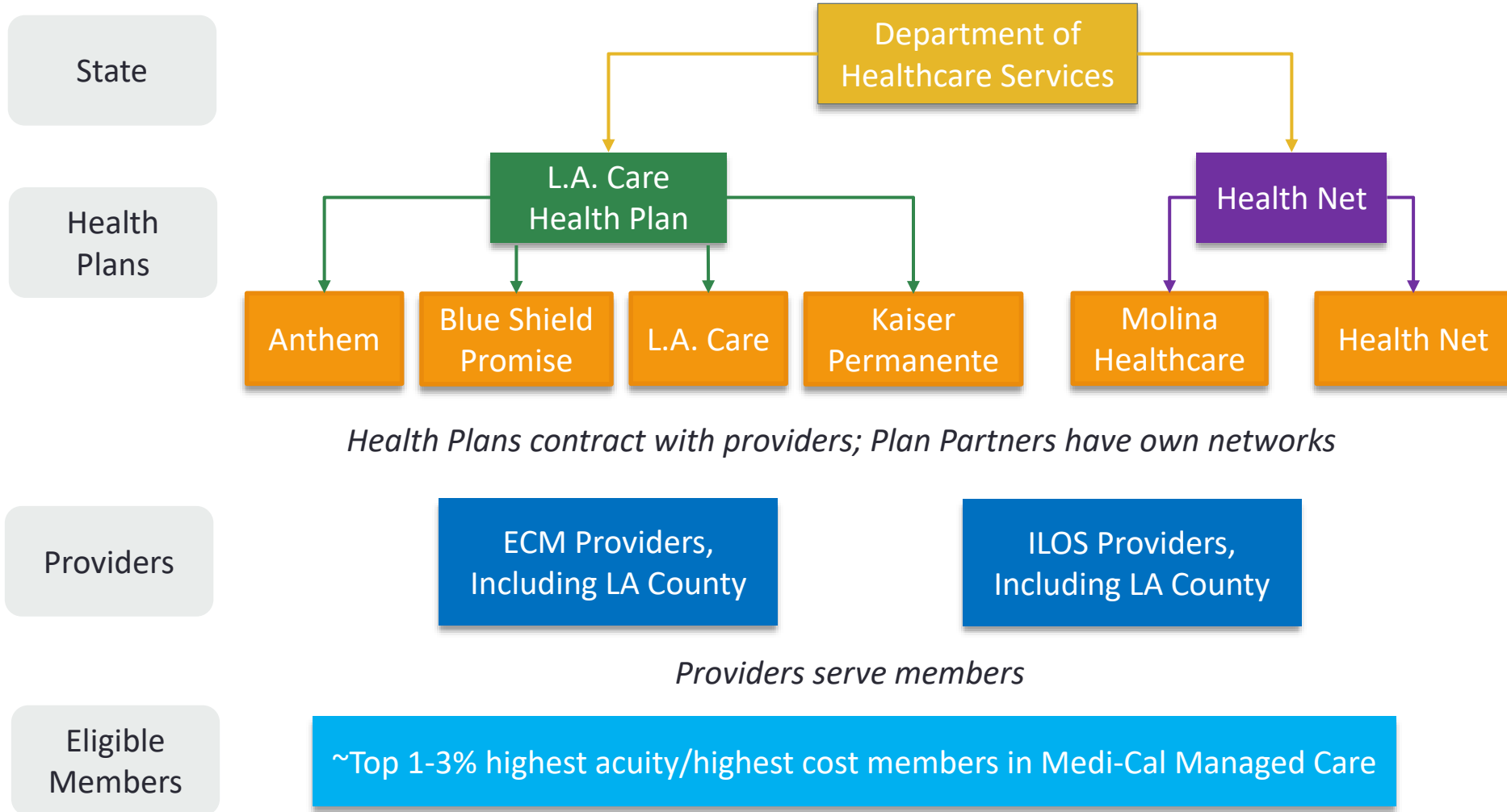
In Lieu of Services (ILOS)

- New MCP option for high-risk/high-need Medi-Cal members to provide wrap-around services to help them avoid hospital or skilled nursing facility services, among others. ILOS include housing services, sobering centers, and medically-tailored meals. ILOS builds upon the Whole-Person Care Pilot Programs.
- **ILOS are optional but strongly encouraged**

- **January 1, 2022**



Future State: ECM and ILOS



Adapted from: [L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals \(itup.org\)](https://www.itup.org/)



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ILOS Selections by LA County Managed Care Plan

Managed Care Plans	Selected ILOS for January 2022 Launch
Health Net	<ul style="list-style-type: none"> • Asthma Remediation • Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite) • Sobering Centers
Kaiser Permanente	<ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite)
L.A. Care Health Plan	<ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite)
Molina Healthcare of California	<ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite) • Sobering centers

Source: [L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals \(itup.org\)](https://www.itup.org/)



LOS ANGELES COUNTY
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ILOS Selections by LA County Managed Care Plan

Managed Care Plans	Selected ILOS for January 2022 Launch
Anthem Blue Cross	<ul style="list-style-type: none">• Asthma Remediation• Environmental Accessibility Adaptation (Home Modifications)• Housing Deposits• Housing Tenancy and Sustaining Services• Housing Transition Navigation Services• Meals/Medically Tailored Meals• Recuperative Care (Medical Respite)
Blue Shield Promise	<ul style="list-style-type: none">• Environmental Accessibility Adaptation (Home Modifications)• Housing Deposits• Housing Tenancy and Sustaining Services• Housing Transition Navigation Services• Meals/Medically Tailored Meals• Personal Care and Homemaker Services• Recuperative Care (Medical Respite)• Respite Services• Short-term Post-Hospitalization Housing

Source: [L.A. Health Collaborative COVID-19 and Medi-Cal Waiver Renewals \(itup.org\)](https://www.itup.org)



LOS ANGELES COUNTY
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Population of Focus #3: Adult Serious Mental Illness(SUI)/SUD

Adults who:

(1) **meet the eligibility criteria** for participation in or obtaining services through:

- The county Specialty Mental Health (DMH) System **AND/OR**
- The DMC-ODS or the Drug Medi-Cal (DMC) program.

AND

(2) are actively experiencing at least one complex social factor influencing their health (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, history of Adverse Childhood Experiences (ACEs), former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms or associated behaviors);

AND

(3) **Meet one or more of the following criteria:**

- Are at high risk for institutionalization, overdose and/or suicide;
- Use crisis services, emergency rooms, urgent care or inpatient stays as the sole source of care;
- Experienced two or more ED visits or two or more hospitalizations due to SMI or SUD in the past 12 months; or
- Are pregnant or post-partum women (12 months from delivery).



Dec 7, 2021, Board Motion #23

- Approval for Medi-Cal Waiver Contracting and Implementation Authority
- Authorizes contract extensions and other mechanisms to ensure continue of care
- Recognition that it will take up to 2 years to fully work out the details and understand how stakeholders will respond to the new changes in the Medi-Cal system of care
- The full text of the motion can be found here:
<http://file.lacounty.gov/SDSInter/bos/supdocs/164006.pdf>





LOS ANGELES COUNTY
COMMISSION ON HIV



SERVICE STANDARDS FOR SUBSTANCE USE OUTPATIENT CARE AND RESIDENTIAL SERVICES

FINAL – UPDATED 6/3/21
APPROVED BY SBP 12/7/21
FOR EXECUTIVE COMMITTEE APPROVAL 12/9/21



SUBSTANCE USE SERVICES SERVICE STANDARDS

IMPORTANT: The service standards for Substance Use Outpatient Care and Residential Services 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

The service standards 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 Programs (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>

Service Components	Standard	Documentation
<p>1c. Client Assessment and Reassessment</p>	<p>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.</p>	<p>Completed assessment in client chart signed and dated by Case Manager.</p>
	<p>Appropriate medical evaluation must be performed prior to initiating residential treatment services, including physical examinations when deemed necessary.</p>	<p>Medical record of physical examinations and medical evaluation by a licensed medical provider.</p>
	<p>Use the Medical Care Coordination (MCC) Assessment tool to determine acuity level and eligibility for MCC services.</p>	<p>Documentation of use MCC assessment tool as deemed appropriate by staff.</p>
	<p>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.</p>	<p>Documentation of assessment in client file.</p>
<p>1d. Staff Competencies</p>	<p>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.</p>	<p>Current license and résumé on file.</p>
	<p>Providers are responsible to provide culturally competent services. Services must be embedded in the organizational structure and upheld in day-to-day operations.</p>	<p>Agencies must have in place policies, procedures and practices that are consistent with the principles outlined in the National Standards for Culturally and Linguistically</p>

		Appropriate Services in Health Care (CLAS).
	Use a trauma-informed approach following SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach	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.

	<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 deliver 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 viral 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>

	<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 	
1g. Linkage and Referral	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), viral hepatitis B and C, primary health care, and other recovery support services.	Documentation of linkage and referrals, follow-up care and treatment for in client case files.
	Ensure that patients who need trauma-related services have access to these services through case management and referral to certified trauma providers.	Documentation of linkage and referrals in client case files.
1h. Discharge Planning	<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 	Client record documentation contains signed and dated Discharge Plan with required Elements.

	<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 Licensure 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.) to 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/Therapy (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.

NATIONAL HIV/AIDS STRATEGY

WHAT YOU NEED TO KNOW

The National HIV/AIDS Strategy provides the framework and direction for the Administration's policies, research, programs, and planning for 2022–2025 to lead us toward ending the HIV epidemic in the United States by 2030.

The Strategy reflects President Biden's commitment to accelerate and strengthen our national response to ending the HIV epidemic. It details principles and priorities to guide our collective national work to address HIV in the United States over the next four years.

It is a national plan designed to re-energize a whole-of-society response to the HIV epidemic that accelerates efforts while supporting people with HIV and reducing HIV-associated morbidity and mortality.



The Updated NHAS



Recognizes racism as a serious public health threat that directly affects the well-being of millions of Americans, acknowledges ways in which it drives and affects HIV outcomes, and highlights numerous opportunities to intervene to eliminate the HIV-related disparities that result and pursue equity in our national HIV response.



Underscores the vital role that the Affordable Care Act (ACA) plays in our response to HIV and calls for maximizing use of services available through Marketplace and Medicaid coverage because of the ACA.



Adds a new focus on the needs of the growing population of **people with HIV who are aging**.



Enhances a focus on **quality of life for people with HIV**.



Expands discussion of populations with or experiencing risk for HIV, whose unique circumstances warrant specific attention and tailored services, such as immigrants, individuals with disabilities, justice-involved individuals, older adults, people experiencing housing instability or homelessness, and sex workers.



Strengthens emphasis on the importance of **better integrating responses to the intersection of HIV, viral hepatitis, STIs, and substance use and mental health disorders**.



Puts greater emphasis on the **important roles of harm reduction and Syringe Services Programs** in our national response to HIV, as well as to hepatitis C virus infection and substance use disorder.



Calls for expanding engagement opportunities for **people with lived experience** in the research, planning, delivery, assessment, and improvement of HIV prevention, testing, and care services.

THE UPDATED NHAS (CONTINUED)



Weaves HIV research activities more broadly across the objectives, with an emphasis on implementation research and moving research findings into practice more swiftly.



Calls for sustaining program/service innovations and administrative changes implemented in response to the COVID-19 public health emergency that can continue to support and improve access to and engagement in HIV testing, prevention, care and treatment, and other related services.



Expands the focus on addressing the social determinants of health that influence an individual's HIV risk or outcomes.



Encourages reform of state HIV criminalization laws.



Incorporates **the latest data** on HIV incidence, prevalence, and trends.



Adds a new focus on **opportunities to engage the private sector** in novel and important ways in the nation's work to end the HIV epidemic.



Goals

The Strategy focuses on four goals to guide the nation toward realizing this vision:



GOAL 1
Prevent New HIV Infections.



GOAL 2
Improve HIV-Related Health Outcomes of People with HIV.



GOAL 3
Reduce HIV-Related Disparities and Health Inequities.



GOAL 4
Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic Among All Partners.

Strategy Vision

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the life span.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstances.

Priority Populations

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men
- Black women
- Transgender women
- Youth aged 13–24 years
- People who inject drugs

