LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
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****NOVEMBER & DECEMBER MEETING UPDATES****

EXECUTIVE COMMITTEE

Virtual Meeting

Wednesday, December 7, 2022
1:00PM - 3:00PM (PST)

*Meeting Agenda + Packet will be available on our website at:
http://hiv.lacounty.gov/Executive-Committee

The Executive Committee meetings for November 24 and December 22 have been **cancelled** due to the holidays.

The Executive Committee will convene its last meeting for 2022 on **Wednesday, December 7 @ 1-3PM**. Please note your calendars accordingly.

REGISTER + JOIN VIA WEBEX ON YOUR SMART DEVICE:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m282c70cb8eef832450cb1780d2ef3748

JOIN VIA WEBEX ON YOUR PHONE:
1-213-306-3065
Webinar Number: 2593 961 4400 Password: COMMITTEE

For a brief tutorial on how to use WebEx, please check out this video:
http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=9360

PUBLIC COMMENTS

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 to https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

All Public Comments will be made part of the official record.

LIKE WHAT WE DO?

Apply to become a Commissioner at
https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication

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**

Wednesday, December 7, 2022 @ 1:00 P.M.– 3:00 P.M

To Join by Computer, please Register at:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m282c70cb8eef832450cb1780d2ef3748
**link is for non-Committee members + members of the public*
To Join by Phone: 1-213-306-3065
Webinar Number: 2593 961 4400 Password: COMMITTEE

Executive Committee Members:			
Danielle Campbell, MPH, Co-Chair	*Bridget Gordon, Co-Chair*	Al Ballesteros, MBA	Erika Davies
Kevin Donnelly	Luckie Fuller, (*Co-Chair Elect*)	Lee Kochems, MA	Katja Nelson, MPP
Mario J. Peréz, MPH	Kevin Stalter	Justin Valero, MPA	
QUORUM:	**6**		

AGENDA POSTED: November 29, 2022

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

Call to Order, Introductions, and Conflict of Interest Statements 1:00 P.M. – 1:10 P.M.

I. ADMINISTRATIVE MATTERS

1. Approval of Agenda **MOTION #1** 1:10 P.M. – 1:13 P.M.
2. Approval of Meeting Minutes **MOTION #2** 1:13 P.M. – 1:15 P.M.

II. PUBLIC COMMENT 1:15 P.M. – 1:20 P.M.

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 1:20 P.M. – 1:25 P.M.

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, or where the need to take action arose subsequent to the posting of the agenda.

IV. REPORTS

5. Executive Director's/Staff Report 1:25 P.M. – 1:35 P.M.

A. COH/County Operational Updates
   (1) 2022 Brown Act Amendments
   (2) AB 361 30-Day Extension of Virtual Meetings
   (3) November 10, 2022 Annual Meeting Evaluation

6. Co-Chair's Report 1:35 P.M. – 1:55 P.M.

A. November 10, 2022 Annual Meeting | FOLLOW UP + FEEDBACK
B. December 8, 2022 COH Meeting
   (1) Presentation: "Building the Resistance: The Impact of Systemic Racism and Mass Incarceration on HIV in Los Angeles County" by Felipe Findley, PA-C
C. 2023 Workplan Development
   (1) Coordinated STD Response Planning
D. Conferences, Meetings & Trainings | OPEN FEEDBACK
E. Member Vacancies & Recruitment
F. Holiday Meeting Schedules
G. Committee & Working Unit Co-Chair Nominations & Elections

7. Division of HIV and STD Programs (DHSP) Report 1:55 P.M. – 2:10 P.M.

A. Fiscal, Programmatic and Procurement Updates
   (1) Ryan White Program (RWP) Parts A & MAI
   (2) Fiscal
   (3) Mpox | UPDATES

8. Standing Committee Reports 2:10 P.M. – 2:40 P.M.

A. Operations Committee
  (1) Membership Management
    a. New Member Appointments
    b. Pending Applications
    c. Quarterly Attendance Report
  (2) Policies & Procedures
    a. Policy # 09.4205
      • 2 Person/Per Agency Addendum
      • Provider Support Documentation
    b. Policy # 08.1104 (Co-Chair Elections & Terms) Workgroup

B. Planning, Priorities and Allocations (PP&A) Committee
  (1) 2022-2026 Comprehensive HIV Plan (CHP)
  (2) Multi-Year Contingency Planning & Maximizing Part A Funds
  (3) DHSP Responses to the COH Program Directives | UPDATES

C. Standards and Best Practices (SBP) Committee
  (1) Oral Healthcare Service Standards Development
  (2) Transitional Case Management: Incarcerated/Post-Release Service Standards Development **MOTION #3**

D. Public Policy Committee (PPC)
  (1) County, State and Federal Policy, Legislation, and Budget
    a. 2022 Legislative Docket | UPDATES
    b. 2022-2023 Policy Priorities | **MOTION #4**
    c. Act Now Against Meth (ANAM) | UPDATES

9. Caucus, Task Force, and Work Group Reports: 2:40 P.M. – 2:50 P.M.

A. Aging Caucus
B. Black Caucus
C. Consumer Caucus
D. Prevention Planning Workgroup
E. Transgender Caucus
F. Women's Caucus

VI. <u>NEXT STEPS</u>

10. A. Task/Assignments Recap 2:50 P.M. – 2:23 P.M.
B. Agenda development for the next meeting 2:23 P.M. – 2:25 P.M.

VII. <u>ANNOUNCEMENTS</u> 2:25 P.M. – 3:00 P.M.

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

VIII. <u>ADJOURNMENT</u> 3:00 P.M.

12. A. Adjournment of the December 7, 2022 Executive Committee

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 the Transitional Case Management: Incarcerated/Post-Release Service Standards as presented or revised and elevate to the full body.
MOTION #4:	Approve the 2022-2023 Policy Priorities document developed by the Public Policy Committee as presented or revised and elevate to the full body.

LOS ANGELES COUNTY
COMMISSION ON HIV

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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

1) **We strive for consensus and compassion in all our interactions.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen, don't repeat what has already been stated, avoid interrupting others, and allow others to be heard.**
4) **We encourage all to bring forth ideas for discussion, community planning, and consensus.**
5) **We focus on the issue, not the person raising the issue.**
6) **We give and accept respectful and constructive feedback.**
7) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
8) **We have no place in our deliberations for homophobic, racist, sexist, and other discriminatory statements and "-isms" (including misogyny, 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; 3/3/22)**

LOS ANGELES COUNTY COMMISSION ON HIV

2022 MEMBERSHIP ROSTER| UPDATED 11.30.22

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2021	June 30, 2023	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative	1	OPS	Everardo Alvizo, LCSW	Long Beach Health & Human Services	July 1, 2021	June 30, 2023	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2021	June 30, 2023	
6	Director, DHSP	1	EXC|PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative			***Vacant***		July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2021	June 30, 2023	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2	1	TBD	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2021	June 30, 2023	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Thomas Green	APAIT/Special Services for Groups (SSG)	July 1, 2021	June 30, 2023	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Men's Health Foundation	July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC|OPS	Alexander Luckie Fuller	APLA	July 1, 2021	June 30, 2023	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			***Vacant***		July 1, 2021	June 30, 2023	
20	Unaffiliated consumer, SPA 2			***Vacant***		July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3			***Vacant***		July 1, 2021	June 30, 2023	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4			***Vacant***		July 1, 2022	June 30, 2024	
23	Unaffiliated consumer, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2021	June 30, 2023	
28	Unaffiliated consumer, Supervisorial District 2			***Vacant***		July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	TBD	Arlene Frames	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2022	June 30, 2024	
31	Unaffiliated consumer, Supervisorial District 5			***Vacant***		July 1, 2021	June 30, 2023	Jose Magana (OPS)
32	Unaffiliated consumer, at-large #1			***Vacant***		July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2	1	OPS|PP&A	Joseph Green	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
34	Unaffiliated consumer, at-large #3	1	PP&A	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	EXC|PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2021	June 30, 2023	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC|OPS	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5			***Vacant***		July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2021	June 30, 2023	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1			***Vacant***		July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	SBP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2021	June 30, 2023	
46	HIV stakeholder representative #3	1	TBD	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	TBD	Redeem Robinson	No affiliation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5			***Vacant***		July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2021	June 30, 2023	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
	TOTAL:	**35**						

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

LOA: Leave of Absence

Overall total: 39

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 11/30/22

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
			HIV Testing Storefront
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	**Pearl**	No Affiliation	No Ryan White or prevention contracts
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
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**Luckie**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing 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
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
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
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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 Affiliation)	No Ryan White or prevention contracts
MOLLETTE	**Andre**	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
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
ROBINSON	**Mallery**	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROBINSON	**Redeem**	All Souls Movement (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)	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
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts

LOS ANGELES COUNTY
COMMISSION ON HIV

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DRAFT

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 27, 2022

COMMITTEE MEMBERS P = Present | A = Absent			
Bridget Gordon, Co-Chair	P	Katja Nelson, MPP	P
Danielle M. Campbell, MPH, Co-Chair	P	Mario J. Pérez, MPH	EA
Erika Davies	P	Kevin Stalter	EA
Kevin Donnelly	P	Justin Valero, MA	EA
Lee Kochems, MA	P		
Luckie Alexander Fuller	EA		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, MPIA; Catherine Lapointe, MPH; Lizette Martinez, MPH; Dawn McClendon; Jose Rangel-Garibay, MPH;			
DHSP STAFF			
Michael Green, PhD			

*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

https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/71ded2b7-92ee-41ba-83a4-b77e9664bdbb/Cvr%26Agen_EC_102722.pdf

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Bridget Gordon, Co-Chair, called the meeting to order at 1:07 PM, led introductions, and asked attendees to state conflicts of interest, if any.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented or revised ✓Passed by Consensus

2. APPROVAL OF MEETING MINUTES
MOTION #2: Approve the September 22, 2022 Executive Committee minutes, as presented or revised ✓Passed by Consensus

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. *There were no public comments.*

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, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA. *There were no committee new business items.*

IV. REPORTS

5. EXECUTIVE DIRECTOR'S/STAFF REPORT

A. COH/County Operational Updates

(1) Extending Virtual COH & Committee Meetings Pursuant to AB 361

- Cheryl Barrit, Executive Director, reminded the Executive Committee that at the October full-body meeting, the group voted to extend virtual meetings for the month of November.
- At the November COH meeting, another vote will be held to determine the continuation of virtual meetings for the month of December.

(2) November 10, 2022 Annual Meeting Planning

- C. Barrit directed the group to the 2022 Annual Meeting flyer. See meeting packet for details. The meeting will be held virtually on Thursday, November 10, 2022 from 9:00 AM to 4:30 PM. C. Barrit invited attendees to share the flyer widely to encourage consumer attendance.

6. CO-CHAIR'S REPORT

A. Co-Chair Nominations & Election Process | DISCUSSION & REVIEW

- B. Gordon reported that at their last meeting, the Executive Committee discussed confusion and miscommunication regarding the 2023 COH Co-Chair nomination and election process. Danielle Campbell, Co-Chair, stated that it was agreed to form a workgroup comprising of Executive and Operations Committee members to review to election policies and procedures and potentially develop a more streamlined election process.

- D. Campbell noted that the election process workgroup will meet to review the policies and procedures and further define the process to improve for future elections. For those interested in participating in the workgroup, please contact Dawn Mc Clendon. Kevin Donnelly volunteered for the workgroup.
- D. Campbell welcomed Commission Luckie Fuller as the 2023 Co-Chair -elect, who will serve alongside B. Gordon.

B. Human Relations Commissions (HRC) Training | FOLLOW UP & NEXT STEPS

- C. Barrit reported that COH staff and COH co-chairs continued its discussion with Robert Sowell, Assistant Executive Director, Human Relations Commission (HRC) to find ways to build trust among the Commission members, post- "Constructive Candid Conversations" training series. R. Sowell offered tips on how to apply what was learned from the training into the work of the COH, such as practicing active listening, confirming understanding, and practicing skills learned during non-controversial conversations.

C. October 13, 2022, COH Meeting | FOLLOW UP + FEEDBACK

None reported.

D. Conferences, Meetings & Trainings | OPEN FEEDBACK

(1) United States Conference on HIV/AIDS (USCHA)

- Jose Rangel-Garibay, COH Staff, attended the United States Conference on HIV/AIDS (USCHA) in San Juan, Puerto Rico on October 8-11, 2022. He reported that he attended sessions on racial justice and HIV, efforts to address stigma, medical mistrust, ending HIV criminalization, federal advocacy for harm reduction, the lack of advocacy for transgender men/transmasculine individuals in healthcare, and language justice.

E. Member Vacancies & Recruitment

- B. Gordon encouraged attendees to invite individuals who may be interested in joining the COH to the Annual Meeting.

F. 2022 Holiday Meeting Schedule

- The Executive Committee decided to cancel their regularly scheduled November and December meetings. The Committee will instead meet on Wednesday, December 7th from 1:00 – 3:00 PM.

7. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT – *No report provided.*

A. Fiscal, Programmatic and Procurement

(1) Ryan White Program (RWP) Parts A & MAI

(2) Fiscal

(3) Monkeypox Debrief | UPDATES

8. STANDING COMMITTEE REPORTS

A. Operations Committee

L. Fuller reported that the Operations Committee nominated Commissioners Everardo Alvizo, Justin Valero, and Joe Green as co-chairs for 2023.

(1) Membership Management

(a) New Membership Application

- **Mary Cummings | HIV Stakeholder #5**
  MOTION #3: Approve new Membership Application for Mary Cummings (Seat 48 – HIV stakeholder representative #5), as presented or revised, and forward to the Executive Committee meeting and then to the Commission meeting for recommendation to Board of Supervisors
  ✓Passed by Roll Call Vote (Yes = K. Nelson, L. Kochems, L. Fuller, K. Donnelly, A. Ballesteros, B. Gordon, D. Campbell; No = 0; Abstain = 0)

(b) Membership Application Interview Workgroup | FINDINGS – *The Operations Committee tabled this discussion for a future meeting.*

(2) Policies & Procedures – *The Operations Committee tabled this discussion for a future meeting.*

(3) Bylaws Review Planning – *The Operations Committee tabled this discussion for a future meeting.*

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

(1) 2022-2026 Comprehensive HIV Plan Development | UPDATES

- Kevin Donnelly reported that at their last meeting, the PP&A Committee received an update on the Comprehensive HIV Plan (CHP) from AJ King, CHP Consultant. The second draft of the CHP will be sent out for public comment on November 1st and will remain open until November 21st.

(2) Multi-Year Reallocation Contingency Planning

- The PP&A Committee has approximately $4 million to reallocate by the end of the program year. The Committee has contingency plans for money leftover and is looking to spend as much as possible in the current program year.

(3) DHSP Program Directives | UPDATES

- The PP&A Committee is in the process of reviewing the feedback from DHSP on the program directives.

C. Standards and Best Practices (SBP) Committee

(1) Special Populations Best Practices Project | UPDATES

- Erika Davies reported that at their last meeting, the Standards and Best Practices (SBP) Committee received an update on the Special Populations Best Practices Project with a focus on the feedback received from the Transgender Caucus.

(2) Oral Healthcare Service Standards Development

E. Davies provided an overview of the Oral Health Care Service Standard Addendum. See meeting packet for details. The purpose of the Addendum was to provide specific delivery guidance to Ryan White Part A-funded agencies regarding the provision of dental implants.

a. Dental Implants Addendum

MOTION #4: Approve the Dental Implants Addendum to the Oral Healthcare Service Standards as presented or revised and elevate to the full body COH
✓Passed by Roll Call Vote (Yes = K. Nelson, L. Kochems, K. Donnelly, E. Davies, A. Ballesteros, B. Gordon, D. Campbell; No = 0; Abstain = 0)

(3) Transitional Case Management: Incarcerated/Post-Release Service Standards Development

- The SBP Committee will continue to work on the Transitional Case Management: Incarcerated/Post-Release Service Standards at their November meeting.

D. Public Policy Committee (PPC)

(1) County, State and Federal Policy, Legislation, and Budget

a. 2022 Legislative Docket | UPDATE

- Katja Nelson reported that at their last meeting, the Public Policy Committee (PPC) reviewed the 2022 legislative docket. The PPC will begin the planning process for 2023 legislative docket early next year.

b. 2022 Policy Priorities | UPDATE

- The PPC revised their Policy Priorities document to cover 2022-2023. The PPC Co-chairs are working to finalize the document.

c. COH/LA County Response to STDs | UPDATES

- COH staff is working on scheduling a meeting with County health deputies to further advocate for a response to the STD crisis.
- COH staff will work with the Executive Committee to plan ahead in creating concrete action steps to address the STD crisis.

d. Act Now Against Meth (ANAM) | UPDATES

- At their last meeting, the PPC received an update from a representative from the Act Now Against Meth (ANAM) Coalition. ANAM is awaiting a report back from various County departments on their response to the meth epidemic. The report is expected in December 2022.

9. CAUCUS, TASK FORCE, AND WORKGROUP REPORTS:

A. Aging Caucus

- Al Ballesteros provided the report. At their last meeting, the Aging Caucus discussed what they learned from the Presidential Advisory Council on HIV/AIDS (PACHA) Conference and the International AIDS Conference.
- The group discussed their draft addendum on recommendations to address the needs of long-term survivors and people who acquired HIV perinatally.

B. Black Caucus

- D. Campbell provided the report. At their last meeting, the Black Caucus received a presentation from DHSP on PrEP Centers of Excellence.
- At their November meeting, the Black Caucus will develop quantitative and qualitative questions for a needs assessment to determine organizational capacity and technical assistance needs among the Black/African American community in LA County.

C. Consumer Caucus

- Dawn McClendon provided the report. At their last meeting, the Consumer Caucus received an update from DHSP on their customer support program, which was previously known as their grievance program. DHSP received feedback on their revised program.
- The November Consumer Caucus meeting is cancelled due to the Annual Meeting. The group will reconvene on December 8, 2022, following the December COH meeting.

D. Prevention Planning Workgroup

- K. Donnelly provided the report. At their last meeting, the Prevention Planning Workgroup (PPW) discussed harm reduction and received report from Dr. Sid Puri from Substance Abuse Prevention and Control (SAPC).

E. Transgender Caucus

- J. Rangel-Garibay provided the report. At their last meeting, the Transgender Caucus discussed potential topics for 2023 including decriminalizing sex work, decriminalizing HIV, an event for National Women and Girls HIV/AIDS Awareness Day, and a presentation on the nuances of PrEP within the transgender community.

F. Women's Caucus

- D. McClendon provided the report. The Women's Caucus hosted a two-part Virtual Lunch and Learn series regarding women living with HIV and sexuality. The events were held on September 21st and October 17th and were both well attended.

V. NEXT STEPS

10. TASK/ASSIGNMENTS RECAP

- The regular November and December Executive Committee meetings are cancelled. The group will instead meet on December 7th from 1:00 – 3:00 PM.
- The Executive Committee will discuss efforts to address the STD crisis in LA County.

11. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- The COH Annual Meeting will be held on November 10, 2022 from 9:00 AM – 4:30 PM.

VI. ANNOUNCEMENTS

12. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS

- K. Donnelly announced that the LA HIV Women's Taskforce Annual Treatment Summit will be held on November 30, 2022 from 8:30 AM – 2:00 PM at the California Endowment Center.

VII. ADJOURNMENT

13. ADJOURNMENT OF THE OCTOBER 27, 2022 EXECUTIVE COMMITTEE MEETING

The meeting was adjourned by B. Gordon at 2:34 PM.

PLANNING FOR ACTION: 2023 AND BEYOND

Annual Meeting Evaluation Summary

December 7, 2022

Executive Committee

LOS ANGELES COUNTY
COMMISSION ON HIV

Background

- November 10, 2022
- 9:00am to 4:30pm
- Virtual format using WebEx
- Planning and selection of key topics discussed at July-October Executive Committee meetings
- Sessions with Topic Champions
  - To sustain and lead additional conversations
- 183 attendees
- 22 completed post event evaluation survey

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Topics

- HIV and STD Updates – Division of HIV and STD Programs
- Comprehensive HIV Plan 2022-2026 – AJ King, K. Donnelly, A. Ballesteros
- Transgender Empathy Training – M. Robinson, Xelestial Moreno, I. Rodriguez
- How Trauma Affects Us – B. Gordon, video segments from Dr. Gabor Maté
- U=U: Moving from Awareness to Full Integration in HIV Care – M. Penner, D. Campbell
- Ryan White Legislation Overview and Systems Improvement – C. Armstrong, K. Nelson, L. Kochems

Evaluation Responses (22)

9	2	11
Commissioners	Los Angeles County Staff	Community Agency Staff

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COMMISSION ON HIV

Summary

- Did the topics presented help you with new learnings or knowledge? 22 “Yes”

Overall, how satisfied were you with the Annual Meeting?

12
Very satisfied

7
Satisfied

2
Neutral

Please state 3 things that you liked most about the Annual Meeting

- I liked the data breakdown, I also liked how organized the meeting was, lastly all the speakers were knowledgeable and engaging.
- The Transgender Empathy Training
- The presentations
- Very organized, the information regarding the trauma was amazing.
- TG Empathy, Dr. Gabor Mate
- Presentations were effective and informative and thought-provoking

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COMMISSION ON HIV

Please state 3 things that you liked most about the Annual Meeting

- Hearing program updates and upcoming changes
- Presentations, discussions and vision for the future
- Hearing about EHE plans, Mario's presentation, the big dream conversation at the end
- Inclusion of U=U, Mario's Presentation, RW review
- The Epi Data, the U=U presentation, the Trans Cultural Comp training
- Presentations on Transgender, Trauma-informed care, commissions members who addressed issues related seeking HIV services
- Was informal, recognition of attendance and DREAMING BIG presentation
- Transgender sensitivity tools that can be put into practice immediately

Please state 3 things that you liked most about the Annual Meeting

- I liked the presentations
- Good time management and staying on track with the agenda. Loved the presentation on Transgender empathy.
- Everything was amazing
- The presentations, comments and sense of networking
- The U=U talk, dissemination of information was clear, no time wasted.

Please state 3 things that you disliked about the Annual Meeting?

- N/A
- The time it took
- The duration
- I had nothing to dislike except echos and a couple of glitches.
- Could have been more efficient with time and made the meeting shorter. For instance, the video could have been sent out to watch on our own.
- Dr. Mate's video was difficult to hear.
- Virtual, I would love to attend in person.

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COMMISSION ON HIV

Please state 3 things that you disliked about the Annual Meeting?

- Some conversations are difficult but need it. I appreciated the conversations.
- Unanimous vote to meet by zoom in Dec., no interactive opportunity, the long trauma video that should have been summarized.
- That is was a full day, WebEx (prefer Zoom), that there wasn't a longer break for lunch.
- Length and issues of not being able to sign in due to wrong password.
- Being triggered when asked about sexual abuse, one presentation was too long, meeting was too long

Please state 3 things that you disliked about the Annual Meeting?

- The whole meeting was well done.
- I think the presentation on Trauma should not have been to sit and watch a YouTube video for 30 minutes. The video should have been 5 minutes max, and the other 25 minutes a discussion of how that is relevant to us, the work we do, and the patients we serve. The presentation about vision for Ryan White program was excellent, but when it came down to hearing audience input, it could have been done perhaps in a smaller group setting (like a breakout session), and needed more structure and specific prompts. I think commissioners have excellent ideas for what direction we would like to go, but perhaps was not given the opportunity to speak up in that format.

Suggestions

- I thought that it was very good and kept my attention all the way through.
- Look forward to another event!
- N/A
- It was a great meeting.
- In person
- Good job
- Glad to have been able to participate!
- Find a better way to take attendance and a vote than asking and waiting for each person to respond. Perhaps a private chat group?

Suggestions

- I liked hearing from consumers and providers about when we are falling short, it helps keep me focused on improving the work we do.
- Thank you for all the work. Let's continue.
- We need to meet in-person. It is impossible to network/build community in this format.
- Shorter on time pls, 9am-4pm was long.

Other Insights

- Conversations about trauma needs additional and dedicated time with more focus in 2023.
- Expand trauma conversations into the impact of COVID, living with HIV and racialized trauma.
- Identify concrete action steps and solutions to address and navigate trauma and provider burnout.
- Trauma session needed to be more interactive.
- Address social determinants and meeting basic needs of PLWH.
- Good to hear from various DHSP staff

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Other Insights

- Consider a dedicated conversation on self-care and what that may look like for individuals and communities.
- Appreciated the U=U presentation and tips on clear messaging.
- Continue discussions in 2023

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APPROVED
COH Meeting 6-7-22

Approval Dates: Planning, Priorities, and Allocations Committee 5/17/22/; Executive Committee 5/26/22/; COH 6/9/22; DHSP Response 11/14/22

Program Directives for Maximizing Health Resources Services Administration (HRSA) Ryan White Part A and MAI Funds for Program Years (PY) 32, 33, 34 and Centers for Disease Control and Prevention (CDC) Funding

Purpose: These program directives approved by the Los Angeles County Commission on HIV (COH) on June 9, 2022 articulate instructions to the Division of HIV and STD Programs (DHSP) on how to meet the priorities established by the COH. The Ryan White PY Years 32, 33, and 34 service rankings and allocations table are found in Attachment A.

1. Across all prevention programs and services, use a status-neutral approach in service delivery models and create a connected network of services that promote access to PrEP, ongoing preventive care, mental health, substance use, and housing services. A status-neutral approach considers the steps that can lead to an undetectable viral load and steps for effective HIV prevention (such as using condoms and PrEP). The status-neutral approach uses high-quality, culturally affirming care and empowers PLWH to get treatment and stay engaged in care. Similarly, high-quality preventive services for people who are at risk of HIV exposure help keep them HIV-negative.[1] A status-neutral approach to HIV care means that all people, regardless of HIV status, are treated the same way, with dignity and respect, and with the same access to high-quality care and services.

   DHSP Response:
   - DHSP's EHE Outreach and Education team developed HIV Testing palm cards that are status-neutral. One side of the palm card has resources for persons diagnosed with HIV, and the other side of the card contains resources for persons who are HIV negative.
   - DHSP recently released a new RFP (through Heluna Health) to fund mini-projects that will improve linkage to care, diagnoses, or engagement in care. The RFP recommends the use of a status-neutral approach and is available at https://www.helunahealth.org/news/rfp-la-county-department-of-public-health-ending-the-hiv-epidemic-mini-grant-program-short-version-
   - All DHSP prevention contracts are status-neutral
   - Under vulnerable population contracts, at least four provide housing vouchers and three provide mental health services
   - Persons at risk for HIV should have access to substance use prevention and treatment if they have any private health insurance or through MediCal
   - Identification of a funding source for housing services for persons at risk of HIV has been a challenge. DHSP will advocate with CDC and HRSA to allow more flexibility with funding in order to support the status neutral approach

2. Across all funding sources for prevention and care, prioritize investments in populations most disproportionately affected and in health districts with the highest disease burden and prevalence, where service gaps and needs are most severe. To determine populations and geographic areas most affected by HIV, request DHSP to provide data on the following:
    a. HIV and STD surveillance
    b. Continuum of care
    c. PrEP continuum
    d. Data on low service utilization in areas with high rates of HIV
    e. Viral suppression and retention rates by service sites
    f. and other relevant prevention and care data

Priority populations are those groups defined in the Los Angeles County Ending the HIV Epidemic plan. "Based on the epidemiologic profile, situational analysis, and needs assessment in Los Angeles County, the key populations of focus selected for local Ending the HIV Epidemic activities to reduce HIV-related disparities include Black/African American

[1] hiv-status-neutral-prevention-and-treatment-cycle (nyc.gov)

MSM, Latinx MSM, women of color, people who inject drugs, transgender persons, and youth under 30 years of age. Although priority populations have been selected for EHE, the LAC HIV portfolio will continue to support all populations affected by HIV and will not diminish efforts to prevent, diagnose, and treat HIV for populations who remain a critical concern, including people over age 50 who account for over 51% of PLWH in LAC and people experiencing unstable housing or homelessness, among others" (pg. 21).

The Health Districts with the highest disease burden represent five cluster areas that account for more than 80% of the disease burden (LACHAS, pg. 7)

1. Hollywood Wilshire (SPA 4)
2. Central (SPA 4)
3. Long Beach (SPA 8)
4. Southwest (SPA 6)
5. Northeast (SPA 4)

See health district (HD) maps for ranking by HIV disease burden (Attachment B).

DHSP Response:

- DHSP has developed HIV and STD dashboards which present current data and trends. Health district and SPA results are available. The dashboards can be accessed at http://publichealth.lacounty.gov/dhsp/Dashboard.htm
- DHSP Data Visualization team has developed Health District-level Epi Profiles and a Power BI tool to help track clusters and inform cluster detection and response initiatives more efficiently
- DHSP has and will continue to provide responses to COH data requests. HIV and STD surveillance, RWP Utilization, NHBS, HIV testing, and MMP data were presented during 2021 and 2022. Data were also provided and included in the Comprehensive Prevention Plan.

3. Integrate telehealth across all prevention and care services, as appropriate.

DHSP Response:

- DHSP augmented some biomedical contracts to purchase telehealth software
- RWP AOM, MCC, MH, Transitional Case Management (TCM) and Home-Based Case Management (HBCM) services have had the capacity to deliver services via telehealth since March 2020, and will continue using telehealth (phone)
- Prevention programs used Zoom, Facebook and phone and will continue to use these telehealth modalities and a hybrid approach.
- DHSP will continue to monitor and evaluate telehealth usage in the RWP
- New services such as the Spanish language mental health services will require both on-site and telehealth options

4. Continue the implementation of the recommendations developed by the Black/African Community (BAAC) Task Force (TF) which set a progressive and

inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020:

a. Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust, and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum, monitoring, and evaluation.

   DHSP Response:

   - DHSP developed a training that addresses issues of cultural humility and implicit bias last year. Three hundred people have been trained so far and this work is ongoing.

b. In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with a larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women. Integrate needs assessment objectives and timelines in the 2022-2026 Comprehensive HIV Plan.

   DHSP Response:

   - DHSP has collaborated with Raniyah Copeland to obtain perspectives and feedback from the Black/African American community to develop a social marketing strategy
   - Black/African American Taskforce will conduct key informant interviews with service providers including workforce development needs
   - Conducting LACHNA is extremely labor intensive and time-consuming activity. The NHBS data can be used for prevention planning and the Medical Monitoring Project (MMP) can be used to understand HIV care needs.
   - A more targeted needs assessments can be completed by COH and AJ as part of the CHP development

c. Assess available resources by health districts by order of high prevalence areas.

   DHSP Response:

   - DHSP will update analyses to better understand geographic diversity of the HIV epidemic and will share the results with the COH.
   - See response to item #2

- DHSP will help improve the response of local HIV efforts to address epidemic among Blacks and African Americans by enlisting new providers and working with other county departments to help make the county contracting process easier to navigate and more inclusive.

d. Conduct a study to identify out-of-care individuals, and populations who do not access local services and why they do not.

DHSP Response:

- DHSP staff are currently analyzing data from the Linkage and Re-Engagement Program (LRP) as well as other Data-to-Care activities to identify out of care individuals and better understand their service needs.
- DHSP has developed a dedicated in-house Data to Action team

e. Fund mental health services for Black/African American women that are responsive to their needs and strengths. Maximize access to mental services by offering services remotely and in person. Develop a network of Black mental health providers to promote equity and reduce stigma and medical mistrust.

DHSP Response:

- Under the HRSA EHE grant, DHSP has secured a contractor who has conducted a Mental Health Needs Assessment. This assessment includes three levels of inquiry: systems, providers, and clients/consumers. Fifteen keyholder interviews were conducted, and surveys were collected from 35 providers and 29 consumers.
- The consultant presented preliminary findings at the October COH meeting and the final report will be available before the end of 2022.
- Based on the results of the Needs Assessment, DHSP will determine next steps to increase availability of mental health services for Black/African American women.
- Three RFPs for Black/African American or Latino MSM, Black/African American cisgender women, and Black/African American transgender were recently released (October 2022)
- To fully accomplish this goal, reform in the educational and reimbursement systems are needed which is outside DHSP's scope.

5. Earmark funds for peer support and psychosocial services for Black gay and bisexual men. The Commission allocated 1% funding for Psychosocial Support Services in PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis. It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American

community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community. For 2022, SBP is developing Best Practices for Special Populations with a specific document for Black/African community across multiple service categories.

DHSP Response:

- It would be helpful to obtain more specific information on the programmatic design of these psychosocial services from the COH
- One of the recently released priority population intervention RFPs (through Heluna Health) is for Black/African American MSM. This RFP requires both MH and psychosocial support services in the program model.
- DHSP currently supports one agency that has a robust peer support program and will obtain more information from them on their program model to inform the development of a RFP. A solicitation is scheduled for release in 2023.

6. Provide Non-Medical Case Management (NMCM) services in non-traditional and traditional locations to support improved service referrals and access points to Ryan White services for identified priority populations, such as young men who have sex with men (YMSM), African American men and women, Latinx communities, transgender individuals, and older adults (over 50 years). The COH's approved allocations for NMCM for PYs 32, 33, and 34 are as follows: 2.44% Part A and 12.61% MAI. The COH requests a solicitations schedule and updates from DHSP on an annual basis.

   DHSP Response:

   - DHSP recently released a new RFP (through Heluna Health) to fund mini-projects that will improve linkage to care, diagnoses, or engagement in care. Traditional and non-traditional service sites can be proposed. The RFP also encourages non-traditional HIV providers to apply, and the RFP is available at https://www.helunahealth.org/news/rfp-la-county-department-of-public-health-ending-the-hiv-epidemic-mini-grant-program-short-version-
   - Two additional RFPs (through Heluna Health) were released. There is one RFP for ciswomen and another for TG persons. A peer-to-peer model to assist with referrals, access to care, and support services is a component of these new RFPs
   - One possible way to improve referral and care coordination is electronically through a new data system. DHSP plans to use EHE funds to procure a new data system in 2023.
   - DHSP is also exploring the possibility of developing a program that combines psychosocial and NMCM services
   - It would be helpful to obtain more specific information on the programmatic design of the requested NMCM services from the COH

7. Continue to enhance Foodbank and Home Delivered Meals services to include dietary guidance, better quality foods (specifically more high-quality nutrient-rich fruits, vegetables, and lean proteins), and increase the amount of food available for clients based on their individual needs or by gaps observed or reported by agencies and clients; cover essential non-food items such as personal hygiene products (to include feminine hygiene items), household cleaning supplies, and personal protective equipment (PPE). Permit contracted agencies to

provide grocery, gas, and transportation support (e.g., Metro Tap cards, rideshare services) to clients to facilitate expanded access to food.

DHSP Response:

- The majority of HRSA CARES funds were allocated to nutritional support services for new equipment, food, and PPE
- DHSP has augmented and is currently in the processes of augmenting nutritional support contracts
- Essential non-food items are currently available at DHSP contracted nutritional support providers
- Further enhancement of contracts has been a part of DHSP's investment strategy for RWP funds in 2022

8. Food insecurity affects all people regardless of their HIV status. Support agencies that provide prevention services to have access to and the ability to provide or link clients to foodbanks, food delivery services, and nutritious meals to maintain overall health and wellness. The PrEP navigation system offers a model for linking clients regardless of their status to benefits counseling and leveraging prevention funds to link individuals to wrap- around services and social supports such as housing, transportation, job referrals, legal services, and foodbanks.

   DHSP Response:

   - DHSP highly recommends that all prevention contractors provide referrals to foodbanks and food delivery services
   - DHSP will advocate with CDC and other prevention funders to be more flexible in allowable services/costs

9. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase the target number of clients served during the reallocation process. Funds should also be used to support additional training for housing specialists to serve the housing needs of families.

   DHSP Response:

   - Intensive Case Management services are available to clients participating in the Housing for Health (MAI Housing) program. Initially, Housing for Health notified DHSP that they had other funding to cover the Intensive Case Management services so it was not part of their DHSP contract.
   - DHSP is working with Housing for Health to now cover the costs of Intensive Case Management Services and to expand the number of clients served under this contract. DHSP is waiting for a budget proposal from Housing for Health.

10. Continue to support the expansion of medical transportation services for all individuals regardless of their HIV status.

    DHSP Response:

    - Some HTS providers have transportation under their incentive line items. It is up to each provider to request a transportation line item.
    - Transportation services are available and an integral part of Linkage and

Reengagement and Rapid and Ready program.
- DHSP RWP transportation contracts allow family members to utilize ride share
- DHSP will ask CDC if transportation is an allowable cost

11. Continue efforts to develop Ryan White client eligibility cards and welcome packets, with information on Ryan White-funded services in Los Angeles County; train providers on the use of eligibility cards to reduce the paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to expedite the distribution of eligibility cards as stated by DHSP representatives. The COH requests a solicitations schedule and updates from DHSP on annual basis.

    DHSP Response:
    - RWP Fact Sheets for each service category are currently available on online in both English and Spanish language. These documents will be included in the welcome packet.
    - Under the HRSA EHE grant, DHSP has contracted with Heluna Health and the client eligibility cards are one of the scope of work items. The Heluna Health contract was approved within the past 45 days.
    - Additionally, the proposed data system will also contain eligibility information to further reduce the paperwork burden on clients

12. Augment contracts to permit agencies to have an operational line-item budget for childcare and transportation to facilitate consistent engagement in care and support services. This strategy would avoid releasing a stand-alone RFP for childcare and transportation and give service providers the flexibility to provide these services to all clients with children. Explore funding informal childcare for Medical Care Coordination (MCC) programs for maximum flexibility. The County's Department of Public and Social Services administers a program under CalWORKs that provides childcare allowances to foster care parents. This model may provide insights on a possible contractual or administrative mechanism to expand childcare options using Ryan White or Net County Cost funding.

    DHSP Response:
    - RWP transportation contracts currently exist
    - The Childcare RFP is in development with new services starting in 2023

13. Continue to expand flexibility to provide emergency financial support for PLWH. Augment Medical Case Management/Medical Care Coordination services to include Emergency Financial Assistance (EFA) and Childcare services. Priority populations such as women and their families, YMSM, and transgender women, may have unique needs for emergency financial assistance due to domestic and intimate partner, or community violence.

    DHSP Response:
    - All eligible PLWDH can obtain EFA regardless of which RWP service they utilize. Thus, all MCC clients can apply for EFA and a line item is not necessary
    - All MCC providers (subrecipients) will be eligible to apply for a Childcare Services contract

- Note: Although not considered EFA, a contingency management program (iCARE) was launched in August 2022. This program provides financial incentives in the form of store gift cards for successfully reaching milestones in HIV care including appointment attendance, lab draws, linkage to supportive services, achieving and sustaining viral suppression for youth (age 30 or younger) and women of child bearing age that are enrolled in the Linkage and Reengagement Program (LRP).

14. Fund mobile care teams or clinics that provide holistic care for women living with HIV. Mobile teams should be available for all agencies and link women to services where they reside, congregate, or prefer to be engaged. Mobile clinics should aim to be all-inclusive and include bilingual services, STI services, linkages to clinics for ongoing care, STI/HIV testing, PrEP, mammograms, health education, and made availability to women of all ages. Mobile clinics should have the capacity to provide community referrals to food, childcare, housing, recreation and wellness resources, and other support services. Explore partnering with existing street medicine programs to enhance mobile care teams specifically designed for women.

DHSP Response:

- DHSP is assessing the current mobile unit inventory and discussing the type and quantity of mobile units needed
- Beginning in 2019 DHSP staff developed and implemented the POWER project. The goal of the POWER Project is the identification and treatment of women with undiagnosed and/or untreated HIV or syphilis infection who may not otherwise be tested in routine healthcare settings through partnership with County agencies and community-based organizations across Los Angeles County serving women with substance use disorder (SUD), experiencing mental health challenges or experiencing homelessness to provided HIV and STI testing and treatment to these women and their partners. DPH identified three Partner Models for expanding testing and treatment in this population: CBO with DPH staff, street based medicine provider model, and hybrid model (still in development). This project is still ongoing.
- DHSP is collaborating with the USC Street Medicine Group to provide street medicine based services to PLWDH. The program will be called the HIV Transition of Care Project and the contract is currently under review.

15. Fund psychosocial services and support groups for women. Psychosocial support services must include peer support to build a stronger sense of community, empowerment, and resilience among women living with HIV. Maximize access to psychosocial and support group services by offering services remotely and in person. The Commission allocated 1% funding for Psychosocial Support Services for PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis.

DHSP Response:

- Two recently released RFPs recommend peer models for cisgender and transgender women

- A DHSP consultant is training DHSP staff and providing psychosocial and mental health services for women enrolled in the LRP program
- It would be helpful to obtain more specific information on the programmatic design of these psychosocial services from the COH

16. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program and integrate the HIV and Aging care framework developed by the Aging Task Force. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, who experience aging-related issues earlier in life (before age 50). See Attachment C for the HIV and Aging Framework.

DHSP Response:

- A DHSP workgroup will be developed to review this directive. A progress update will be provided to the Aging Caucus in January 2023.

17. Integrate a geriatrician in medical home teams and establish a coordination process for specialty care services for older adults living with HIV.

DHSP Response:

- DHSP is currently reviewing Homebased Case Management Services with the intent of developing a new RFP.

by COH 01-13-2022; PY 32 Approved by COH Sept 2021)

ons (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)
ies	0.96%	87.39%	8.33%	0.96%	87.39%		0.96%	87.39%	
	2.44%	12.61%	3.30%	2.44%	12.61%		2.44%	12.61%	
	25.51%	0.00%	23.33%	25.51%	0.00%		25.51%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		1.00%	0.00%	
	28.88%	0.00%	26.41%	28.88%	0.00%		28.00%	0.00%	
	4.07%	0.00%	3.72%	4.07%	0.00%		4.07%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	2.17%	0.00%	1.99%	2.17%	0.00%		2.17%	0.00%	
ed	8.95%	0.00%	8.19%	8.95%	0.00%		8.95%	0.00%	
	17.60%	0.00%	16.13%	17.60%	0.00%		17.48%	0.00%	
	0.95%	0.00%	0.87%	0.95%	0.00%		0.95%	0.00%	
	1.00%	0.00%	0.92%	1.00%	0.00%		1.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	6.78%	0.00%	6.21%	6.78%	0.00%		6.78%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
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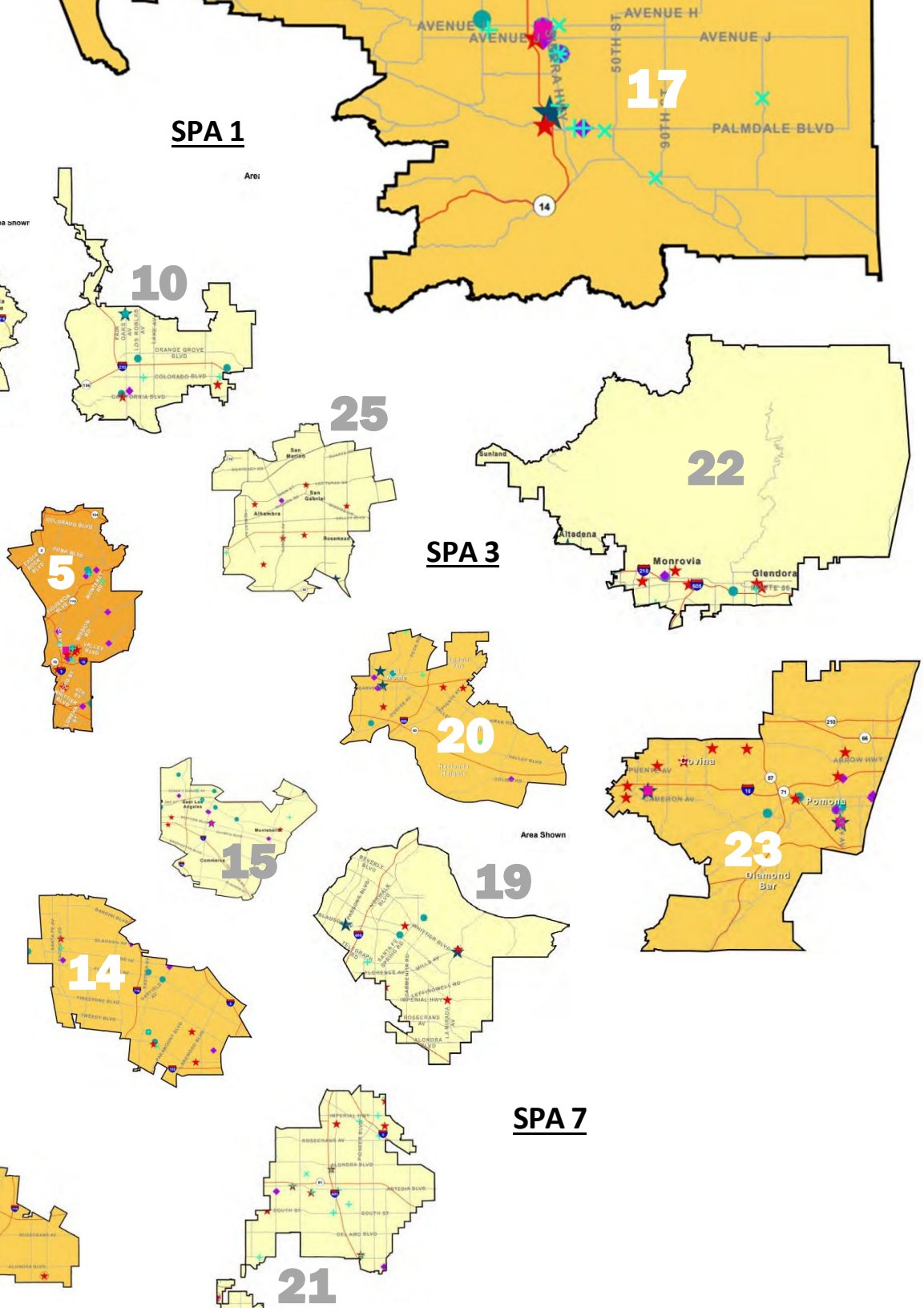
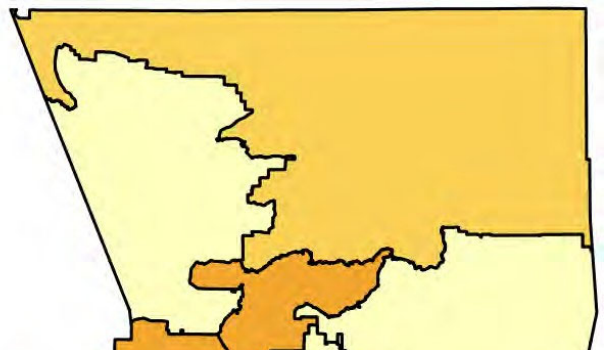
	100.0%	**100.00%**	**100%**	**100.0%**	**100.0%**	**0.00%**	**100.0%**	**100.00%**	**0.00%**



Los Angeles County HIV/AIDS Strategy Goals

By 2022:

1. Reduce annual HIV infections by 500
2. Increase diagnoses to at least 90%
3. Increase viral suppression to 90%



Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21; COH approved on 11/18/21)

STRATEGIES:

1. This framework seeks to facilitate medical wellness examinations and offers a flexible and adaptable guide to customizing care for ALL older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, experience aging-related issues earlier in life (before age 50) .

2. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.

3. Integrate a geriatrician in medical home teams.

4. Establish coordination process for specialty care.

Aging Task Force | Framework for HIV Care for PLHWA 50+ (10.18.21)

Assessments and Screenings			
Mental Health	Hearing	HIV-specific Routine Tests	Immunizations
Neurocognitive Disorders/Cognitive Function	Osteoporosis/Bone Density	Cardiovascular Disease	Advance Care Planning
Functional Status	Cancers	Smoking-related Complications	
Frailty/Falls and Gait	Muscle Loss & Atrophy	Renal Disease	
Social Support & Levels of Interactions	Nutritional	Coinfections	
Vision	Housing Status	Hormone Deficiency	
Dental	Polypharmacy/Drug Interactions	Peripheral Neuropathologies	

From Golden Compass Program

From Aging Task Force/Commission on HIV

Screenings & Assessment Definitions

- HIV-specific Routine Tests
  - HIV RNA (Viral Load)
  - CD4 T-cell count
- Screening for Frailty
  - Unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- Screening for Cardiovascular Disease
  - Lipid Panel (Dyslipidemia)
  - Hemoglobin A1c (Diabetes Mellitus)
  - Blood Pressure (Hypertension)
  - Weight (Obesity)
- Screening for Smoking-related Complications
  - Lung Cancer - Low-Dose CT Chest
  - Pulmonary Function Testing, Spirometry (COPD)

Screening for Renal Disease

  - Complete Metabolic Panel
  - Urinalysis
  - Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
  - Urine Protein-Creatinine Ratio (HIVAN)
- Screening for Coinfections
  - Injection Drug Use
  - Hepatitis Panel (Hepatitis A, B, C)
  - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Definitions (continued)

- Screening for Osteoporosis
  - Vitamin D Level
  - DXA Scan (dual-energy X-ray absorptiometry)
  - FRAX score (fracture risk assessment tool)
- Screening for Male and Female Hormone Deficiency
  - Menopause, decreased libido, erectile dysfunction, reduced bone mass (or low-trauma fractures), hot flashes, or sweats; testing should also be considered in persons with less specific symptoms, such as fatigue and depression.
- Screening for Mental Health Comorbidities
  - Depression – Patient Health Questionnaire (PHQ)
  - Anxiety – Generalized anxiety disorder (GAD), Panic Disorder, PTSD
  - Substance Use Disorder - Opioids, Alcohol, Stimulants (cocaine & methamphetamine), benzodiazepines
  - Referral to LCSW or MFT
  - Referral to Psychiatry
- Screening for Peripheral Neuropathologies
  - Vitamin B12
  - Referral to Neurology
  - Electrodiagnostic testing
- Screening for Sexual Health

Other Suggestions from ATF/COH Discussions

- Screen patients for comprehensive benefits analysis and financial security
- Assess patients if they need and have access to caregiving support and related services
- Assess service needs for occupational and physical therapy (OT/PT) and palliative care
- Review home-based case management service standards for alignment with OT and PT assessments
- Establish a coordinated referral process among DHSP-contracted and partner agencies
- Collaborate with the AIDS Education Training Centers to develop training for HIV specialist and geriatricians.

DRAFT

SERVICE STANDARDS FOR TRANSITIONAL CASE MANAGEMENT: JUSTICE-INVOLVED INDIVIDUALS

LOS ANGELES COUNTY
COMMISSION ON HIV

Approved by the SBP Committee on 12/6/22.
For Executive Committee approval.

Last approved by the Commission on HIV on 4/13/2017

DRAFT

SERVICE STANDARDS: TRANSITIONAL CASE MANAGEMENT- JUSTICE-INVOLVED INDIVIDUALS

IMPORTANT: The service standards for Justice-involved individuals, Transitional Case Management 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:

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

HRSA HAB Policy Clarification Notice (PCN) # 18-02: The use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved

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

INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards. The Los Angeles County Commission on HIV (COH) developed Transitional Case Management Services for justice-involved individuals standards to establish the minimum services necessary to coordinate care for individuals who are living with HIV and are transitioning back to the community and those that continue to experience recidivism. 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.

SERVICE DESCRIPTION

Transitional Case Management: Justice-Involved Individuals is a client-centered activity that coordinates care for justice-involved individuals who are living with HIV and are transitioning back to the community and experiencing recidivism. TCM services include:

- Intake and assessment of available resources and needs
- Periodic reassessment of status and needs
- Development and implementation of Individual Release Plans
- Appropriate referrals to housing, community case management, medical, mental health, and substance use treatment, dental health
- Services to facilitate retention in care, viral suppression, and overall health and wellness
- Access to HIV and STI information, education, partner services, and behavioral and biomedical interventions (such as pre-exposure prophylaxis (PrEP)) to prevent acquisition and transmission of HIV/STIs)

RECOMMENDED TRAINING TOPICS FOR TRANSITIONAL CASE MANAGEMENT STAFF

Transitional Case Management staff should complete ongoing training related to the provision of TCM services. Staff development and enhancement activities should include, but not be limited to:

- HIV/AIDS Medical and Treatment Updates
- Risk Behavior and Harm Reduction Interventions
- Addiction and Substance Use Treatment
- HIV Disclosure and Partner Services
- Trauma-informed Care
- Person First Language
- Mental health and HIV/AIDS including Grief and Loss
- Legal Issues, including Jails/Corrections Services
- Alternatives to Incarceration Training
- Integrated HIV/STI prevention and care services including Hepatitis C screening and treatment
- Sexual identification, gender issues, and provision of trans-friendly services
- Stigma and discrimination and HIV/AIDS
- Health equity and social justice
- Motivational interviewing
- Knowledge of available housing, food, and other basic need support services

The following are resources to assist agencies the health and social needs of this community:
https://wdacs.lacounty.gov/justice-involved-support-services/
https://careacttarget.org/sites/default/files/JailsLinkageIHIPPocketCard.pdf
https://www.cdc.gov/correctionalhealth/rec-guide.html
http://www.enhancelink.org/

SERVICE STANDARDS

All contractors must meet the Universal Standards of Care approved by the COH in addition to the following Incarcerated/Post-Release Transitional Case Management Services standards. The Universal Standards of Care can be accessed at: https://hiv.lacounty.gov/service-standards

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Outreach	Transitional case management programs will conduct outreach to educate potential clients and HIV and STI services providers and other supportive service organizations about the availability and benefits of TCM services for justice-involved persons living with HIV.	Outreach plan on file at provider agency.
	Transitional case management programs will provide information sessions to incarcerated people living with HIV that facilitate enrollment into TCM services.	Record of information sessions at the provider agency. Copies of flyers and materials used. Record of referrals provided to clients.
	Transitional case management programs establish appointments (whenever possible) prior to release date.	Record of appointment date.
Client Intake	Initiate a client record	Client record to include: • Client name and contact information including: address, phone, and email • Written documentation of HIV/AIDS diagnosis • Proof of LAC Residency or documentation that client will be released to LAC residency • Verification of client's financial eligibility for services • Date of intake • Emergency and/or next of kin contact name, home address, and telephone number • Signed and dated Release of Information, Limits of

		Confidentiality, Consent, Client Rights and Responsibilities, and Grievance Procedures forms
Comprehensive Assessment	Comprehensive assessment and reassessment are completed in a cooperative process between the TCM staff and the client and entered into DHSP's data management system within 15 days of the initiation of services. Perform reassessments at least once per year or when a client's needs change or they have re-entered a case management program. Comprehensive assessment is conducted to determine the: • Client's needs for treatment and support services including housing and food needs • Client's current capacity to meet those needs • Client's Medical Home post-release and linkage to Medical Case Management (MCC) team prior to release to ensure continuity of care • Ability of the client's social support network to help meet client need • Extent to which other agencies are involved in client's care	Comprehensive assessment or reassessment on file in client chart to include: ○ Date of assessment/reassessment ○ Signature and title of staff person conducting assessment/reassessment ○ Client strengths, needs and available resources in the following areas: ○ Medical/physical healthcare ○ Medications and Adherence issues ○ Mental health ○ Substance use and substance use treatment ○ HCV/HIV dual diagnosis ○ Nutrition/food ○ Housing and living situation ○ Family and dependent care issues ○ Access to hormone replacement therapy, gender reassignment procedures, name change/gender change clinics and other transition-related services. ○ Transportation ○ Language/literacy skills ○ Religious/spiritual support ○ Social support system ○ Relationship history

		○ Domestic violence/Intimate Partner Violence (IPV) ○ History of physical or emotional trauma ○ Financial resources ○ Employment and Education ○ Legal issues/incarceration history ○ HIV and STI prevention issues
Individual Release Plan (IRP)	IRPs will be developed in conjunction with the client within two weeks of completing the assessment or reassessment The IRP should address, at minimum, the following: • Document discharge viral load • Document discharge medications ordered • Reasons for incarceration and prevention of recidivism • Transportation • Housing/shelter • Food • Primary health care • Mental health • Substance use treatment • Community-based case management IRPs will be updated on an ongoing basis.	IRP on file in client chart to includes: • Name of client and case manager • Date and signature of case manager and client • Date and description of client goals and desired outcomes • Action steps to be taken by client, case manager and others • Customized services offered to client to facilitate success in meeting goals, such as referrals to peer navigators and other social or health services. • Goal timeframes • Disposition of each goal as it is met, changed, or determined to be unattainable
Monitoring and	Implementation, monitoring, and follow-up involve ongoing contact and interventions with (or on behalf of) the client to ensure that IRP goals are addressed, and that the client is linked to and appropriately access	Signed, dated progress notes on file that detail (at minimum): • Description of client contacts and actions taken • Date and type of contact • Description of what occurred

Follow-up	and maintains primary health care and community-based supportive services identified on the IRP. Case managers will: • Provide referrals, advocacy and interventions based on the intake, assessment, and IRP • Monitor changes in the client's condition • Update/revise the IRP • Provide interventions and linked referrals • Ensure coordination of care • Help clients submit applications and obtain health benefits and care • Conduct monitoring and follow-up to confirm completion of referrals and service utilization • Advocate on behalf of clients with other service providers • Empower clients to use independent living strategies • Identify available familial or partner resources • Help clients resolve barriers • Follow up on IRP goals • Maintain/attempt contact at a minimum of once every two weeks and at least one face-to-face contact monthly • Follow up missed appointments by the end of the next business day • Collaborate with the client's community-based case manager for coordination and follow-up when appropriate • Transition clients out of incarcerated transitional case management at six month's	• Changes in the client's condition or circumstances • Progress made toward IRP goals • Barriers to IRPs and actions taken to resolve them • Linked referrals and interventions and current status/results of same • Barriers to referrals and interventions/actions taken • Time spent with, or on behalf of, client • Case manager's signature and title

	post-release. Transitioning may include sharing assessment documents and other documents that were collected with the receiving provider agency	
Staffing Requirements and Qualifications	Case managers will have: • Knowledge of HIV//STIs and related issues • Knowledge of and sensitivity to incarceration and correctional settings and populations • Knowledge of and sensitivity to lesbian, gay, bisexual, and transgender and gender-fluid persons • Effective motivational interviewing and assessment skills • Ability to appropriately interact and collaborate with others • Effective written/verbal communication skills • Ability to work independently • Effective problem-solving skills • Ability to respond appropriately in crisis situations • Effective organizational skills • Prioritize caseload • Patience • Multitasking skills Refer to list of recommend training topics for Transitional Case Management Staff	Resume, training certificates, interview assessment notes, reference checks, and annual performance reviews on file.
	Case managers will hold a bachelor's degree in an area of human services; high school diploma (or GED equivalent) and at least one year's	Resumes on file at provider agency documenting experience. Copies of diplomas on file.

	experience working as an HIV case manager or at least two years' experience working within a related health services field. Prior experience providing services to justice-involved individuals is preferred. Personal life experience with relevant issues is highly valued and should be considered when making hiring decisions.	
	All staff will be given orientation prior to providing services.	Record of orientation in employee file at provider agency.
	Case management staff will complete DHSP's required certifications/training as defined in the contract. Case management supervisors will complete DHSP's required supervisor's certification/training as defined in the contract.	Documentation of certification completion maintained in employee file.
	Case managers and other staff will participate in recertification as required by DHSP.	Documentation of training maintained in employee files to include: • Date, time, and location of function • Function type • Staff members attending • Sponsor or provider of function • Training outline, handouts, or materials • Meeting agenda and/or minutes
	Case management staff will receive a minimum of four hours of client care-related supervision per month from a master's degree-level mental health professional.	All client care-related supervision will be documented as follows (at minimum): • Date of client care-related supervision • Supervision format • Name and title of participants • Issues and concerns identified • Guidance provided and follow-up plan • Verification that guidance and plan have been

		implemented • Client care supervisor's name, title, and signature.
	Clinical Supervisor will provide general clinical guidance and follow-up plans for case management staff.	Documentation of client care-related supervision for individual clients will be maintained in the client's individual file.

LOS ANGELES COUNTY
COMMISSION ON HIV

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PUBLIC POLICY COMMITTEE (PPC)[1]
2022-2023 POLICY PRIORITIES

HIV has been raging in communities across the world for almost 40 years and with advancements in biomedical interventions, research and vaccines, the time for the HIV cure is now.

With a renewed sense of optimism and urgency, the PPC remains steadfast in its commitment to universal health care, eradication of racism in all forms, and unfettered access to trauma informed care and supportive services, including comprehensive harm reduction services, to ensure that all people living with HIV and communities most impacted by HIV and STDs, live full, productive lives.

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. Nevertheless, like the HIV epidemic, (globally, nationally, and locally), it is our most marginalized communities, including youth, who are disproportionately impacted with higher rates of disease and death. In addition, The COVID-19 global pandemic is severely impacting the delivery of HIV prevention and care services. The PPC is compelled to encourage and support innovative efforts to reduce bureaucracy, increase funding, enhance HIV prevention, and care service. This effort is to address the negative impacts of COVID-19 and restore pre-COVID service levels, preferably exceeding the quantity and quality of HIV and prevention services.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. PPC will identify support legislation, local policies, procedures, and regulations that address Commission priorities in calendar years 2022 and 2023. (Issues are in no order.)

Systemic and Structural Racism

a. Establish health equity through the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; as well as criminalization.

[1] The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support Public Policy Committee activities.

b. Reduce and eliminate the disproportionate impact of HIV/AIDS and STIs in the Black/African American community. To include the identification of and rooting out of systemic and systematic racism as it affects Black/African American communities.

Racist Criminalization and Mass Incarceration[2]

a. Eliminate discrimination against or the criminalization of people living with or at risk of HIV/AIDS including those who exchange sex for money (e.g., Commercial Sex Work).
b. Support the efforts of Measure J, the Alternatives to Incarceration and closure of Men's Central Jail and seek increased funding for services and programming through Measure J as well as through redistribution of funding for policing and incarceration. [3]

Housing[4]

a. Focus b, c, and d below especially in service to LGBTQIA+ populations
b. Improve systems, strategies and proposals that expand affordable housing, as well as prioritize housing opportunities for people living with, affected by, or at risk of transmission of HIV/AIDS
c. Improve systems, strategies, and proposals that prevent homelessness for people living with, affected by, or at risk of contracting HIV/AIDS.
d. Promote Family housing and emergency financial assistance as a strategy to maintain housing.

[2] Black/African Americans, while making up only 8% of the LA County population, represent over 30% of the jail population. In the Los Angeles County Alternatives to Incarceration Report, "Los Angeles County operates the largest jail system in the United States, which imprisons more people than any other nation on Earth." As documented in the Los Angeles County HIV/AIDS Strategy for 2020 and Beyond; "Incarceration destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for already marginalized populations. Incarceration is associated with harmful effects on viral suppression, lower CD4/T-cell counts, and accelerated disease progression."

[3] Developing a plan for closing men's central jail as Los Angeles county reduces its reliance on incarceration (item #3 July 7, 2020, board meeting)

[4] Homelessness is a risk factor for HIV transmission and acquisition. LGBTQIA+ experience a number of factors which increased the risk of being unhoused, from family discrimination at home to discrimination in employment. Such discrimination contributes to higher rates of poverty; undermines their ability to thrive; and increases the risk of arrest and incarceration. Homelessness is a risk factor for HIV transmission and acquisition.

Mental Health

a. Expand and enhance mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
b. By increasing services for those with underlying mental health issues, there will be less reliance on incarceration. Los Angeles County Jail has also become the largest mental health institution in the country.
c. Support the building of community-based mental health services.
d. Support the placement in mental health facilities of the estimated 4,000+ individuals currently incarcerated and in need of mental health services and support closing of Men's Central Jail. (See footnote 3)

Sexual Health

a. Increase access to prevention, care and treatment and bio-medical intervention (such as PrEP and PEP) services. Promote the distribution of services to people at risk for acquiring HIV and people living with HIV/AIDS.
b. Increase comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.
c. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases; especially among young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color.
d. Advance and enhance routine HIV testing and expanded linkage to care.
e. Maintain and expand funding for access and availability of HIV, STD, and viral hepatitis services.
f. Promote women centered prevention services to include domestic violence and family planning services for women living with and at high-risk of acquiring HIV/AIDS.
g. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Abuse

a. Advocate for substance abuse services to PLWHA.
b. Advocate for services and programs associated with methamphetamine use and HIV transmission.
c. Expand alternatives to incarceration/diversion programs to provide a "care first" strategy and move those who need services away from incarceration to substance abuse programs.
d. Expand harm reduction services (including and not limited to syringe exchange, safe administration sites, over-dose prevention strategies) across all of Los Angeles County.
e. Support trauma informed services for substance users.

Consumers

a. Advocate and encourage the empowerment and engagement of People Living with HIV/AIDS (PLWH/A) and those at risk of acquiring HIV. Focusing on young MSM (YMSM), African American MSM, Latino MSM, transgender persons (especially of color), women of color, and the aging.

Aging

a. Create and expand medical and supportive services for PLWHA ages fifty (50) and over.

Women

a. Create and expand medical and supportive services for women living with HIV/AIDS. This includes services such as family housing, transportation, mental health, childcare, and substance abuse.
b. Advocate for women's bodily autonomy in all areas of health care services including and not limited to full access to abortions, contraception, fertility/infertility services and family planning.

Transgender

a. Create and expand medical and supportive services for transgender PLWHA.
b. Promote and maintain funding for the Transgender Wellness Fund created by the passage of AB2218.

General Health Care

a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
b. Fund and expand eligibility for Medicaid, Medicare, and HIV/AIDS programs and health insurance coverage for individuals with pre-existing conditions.
c. Increase and enhance compatibility and effectiveness between RWP, Medicaid, Medicare, and other health systems. This includes restructuring funding criteria to **not** disincentives contractors from referring clients to other contractors.
d. Expand access to and reduction of barriers (including costs) for HIV/AIDS, STD, and viral hepatitis prevention and treatment medications.
e. Preserve full funding and accessibility to the AIDS Drug Assistance Program (ADAP), Office of AIDS Health Insurance Premium Payment (OA-HIPP) Assistance, Employer Based Health Insurance Premium Payment (EB-HIPP), and Medigap.
f. Provide trauma informed care and harm reduction strategies in all HIV Disease health care settings

Service Delivery

a. Enhance the accountability of healthcare service deliverables. This would include a coordinated effort between federal, state, and local governments.
b. Incorporate COVID strategies to reduce administrative barriers, increase access to health services and encourage the development of an HIV vaccine mirroring the COVID 19 vaccine process.

Data

a. Use data, without risking personal privacy and health, with the intention of improving health outcomes and eliminating health disparities among PLWHA.
b. Promote distribution of resources in accordance with the HIV burden within Los Angeles County.