



LOS ANGELES COUNTY
COMMISSION ON HIV



Visit us online: <http://hiv.lacounty.gov>

Get in touch: hivcomm@lachiv.org

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COMMISSION ON HIV Virtual Meeting

Thursday, January 13, 2022

9:00AM -1:30PM (PST)

*Meeting Agenda + Packet will be available on our website at:
<http://hiv.lacounty.gov/Meetings>

REGISTER + JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=e1e6a2b83d4d1a0ec87fc9127a1781cbe>

**link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll Access Code: 2598 667 6745

For a brief tutorial on how to use WebEx, please check out this
video: <https://www.youtube.com/watch?v=iQSSJYcrgIk>

**For those using iOS devices - iPhone and iPad - a new version of the WebEx app is now available and is optimized for mobile devices. Visit your Apple App store to download.*

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 via 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 <http://tinyurl.com/HIVCommApplication>



LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont Ave., 14th Floor, Los Angeles CA 90020
MAIN: 213.738.2816 EML: hivcomm@lachiv.org WEBSITE: <https://hiv.lacounty.gov>

REVISED AGENDA FOR THE VIRTUAL MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV (COH)

Thursday, January 13, 2022 | 9:00 AM – 1:30 PM

To Register + Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=e1e6a2b83d4d1a0ec87fc9127a1781cbe>

To Join by Telephone: 1-415-655-0001 Access code: 2598 667 6745

AGENDA POSTED: January 7, 2021 (Revised January 10, 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.

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.

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission office at hivcomm@lachiv.org or leave a voicemail at 213.738.2816.

Los servicios de interpretación para personas con problemas de audición y los servicios de traducción para otros idiomas además del inglés están disponibles sin cargo con al menos 72 horas de anticipación antes de la fecha de la reunión. Para coordinar estos servicios, comuníquese con la oficina de la Comisión en hivcomm@lachiv.org o deje un mensaje de voz al 213.738.2816.

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.



1. ADMINISTRATIVE MATTERS

- | | | |
|---|------------------|-------------------|
| A. Call to Order, Roll Call & Introductions | | 9:00 AM – 9:10 AM |
| B. Meeting Guidelines and Code of Conduct | | 9:10 AM – 9:15 AM |
| C. Approval of Agenda | MOTION #1 | 9:15 AM – 9:17 AM |
| D. Approval of Meeting Minutes | MOTION #2 | 9:17 AM – 9:20 AM |

2. REPORTS - I

- | | | |
|--|--|---------------------|
| A. Executive Director/Staff Report | | 9:20 AM – 10:00 AM |
| a. County & Commission Operational Updates | | |
| b. Draft 2021 Annual Report | | |
| c. 2022 COH and Committee Workplans | | |
| • 2022-2026 Comprehensive HIV Plan Overview AJ King, Next Level Consulting | | |
| B. Co-Chairs' Report | | 10:00 AM – 10:15 AM |
| a. 2021 Annual Meeting FEEDBACK | | |
| b. 2022 Elected Committee Co-Chairs | | |
| c. Executive At-Large Member OPEN NOMINATIONS & ELECTIONS | | |
| d. 2022 Member Commitment, Role & Responsibility | | |
| C. California Office of AIDS (OA) Report | | 10:15 AM – 10:20 AM |
| D. LA County Department of Public Health Report | | 10:20 AM – 10:40 AM |
| a. Division of HIV/STD Programs (DHSP) Updates | | |
| • Programmatic and Fiscal Updates | | |
| • Ryan White Program (RWP) Parts A & B | | |
| E. Housing Opportunities for People Living with AIDS (HOPWA) Report | | 10:40 AM – 10:50 AM |
| F. Ryan White Program Parts C, D, and F Report | | 10:50 AM – 10:55 AM |
| G. Cities, Health Districts, Service Planning Area (SPA) Reports | | 10:55 AM – 11:00 AM |

3. BREAK

11:00 AM – 11:15 AM

4. REPORTS - II

11:15 AM – 12:00 PM

A. Standing Committee Reports

(1) Operations Committee

(2) Planning, Priorities and Allocations (PP&A) Committee

- | | | |
|---|------------------|--|
| a. Proposed Ryan White Part A and MAI Program Year (PY) 33 and 34 Service Category Rankings | MOTION #3 | |
| b. Proposed Ryan White Part A and MAI PY 33 and 34 Service Category Funding Allocations | MOTION #4 | |



4. REPORTS – II (cont'd)

11:15 AM – 12:00 PM

(3) Standards and Best Practices (SBP) Committee

- a. Substance Use and Residential Treatment Service Standards | **MOTION #5**
- b. Benefit Specialty Service Standards | UPDATES
- c. Best Practices Template

(4) Public Policy Committee

- a. County, State and Federal Policy and Legislation
 - 2021 Legislative Docket | UPDATES
 - COH Response to the STD Crisis | UPDATES
- b. County, State and Federal Budget

B. Caucus, Task Force and Work Group Report

12:00 PM – 12:15 PM

- (1) Aging Task Force
- (2) Black/ African American Workgroup
- (3) Consumer Caucus
- (4) Prevention Planning Workgroup
- (5) Transgender Caucus
- (6) Women's Caucus

5. DISCUSSION

A. Los Angeles County Human Relations Commission Training & Guided Discussion | Disclosing, Part 1: Affirming Shared Views

12:15 PM – 1:15 PM

6. MISCELLANEOUS

A. Public Comment

1:15 PM – 1:20 PM

Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment, you may do so in-person, virtually by registering via WebEx or submit in writing at hivcomm@lachiv.org.

B. Commission New Business Items

1:20 PM – 1:25 PM

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

C. Announcements

1:25 PM – 1:30 PM

Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.



D. Adjournment and Roll Call

1:30 PM

Adjournment for the meeting of January 13, 2022.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the meeting minutes, as presented or revised.
MOTION #3:	Approved proposed RWP & MAI PY 33 and 34 Service Category Rankings, as presented or revised.
MOTION #4:	Approve proposed RWP & MAI PY 33 and 34 Service Category Funding Allocations, as presented or revised, and provide DHSP authority to adjust 10% greater or lesser than the approved allocations amount, as expenditure categories dictate, without returning to this body.
MOTION #5:	Approve the Substance Use and Residential Treatment Service Standards, as presented or revised.



COMMISSION ON HIV MEMBERS:

<i>Danielle Campbell, MPH, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Miguel Alvarez	Everardo Alvizo, LCSW
Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Mikhaela Cielo, MD	Pamela Coffey (Reba Stevens, **Alternate)
Michele Daniels (*Alternate) (LoA)	Erika Davies	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Alexander Luckie Fuller	Gerald Garth, MS	Jerry D. Gates, PhD	Grissel Granados, MSW
Joseph Green	Thomas Green	Felipe Gonzalez	Karl Halfman, MA
William King, MD, JD, AAHIVS	Lee Kochems, MA	David Lee, MSW, MPH	Anthony Mills, MD
Carlos Moreno	Derek Murray	Dr. Paul Nash, CPsychol, AFBPS FHEA	Katja Nelson, MPP
Jesus “Chuy” Orozco	Frankie Darling-Palacios	Mario J. Pérez, MPH	Juan Preciado
Joshua Ray, RN (LoA) (Eduardo Martinez, **Alternate)	Mallery Robinson (*Alternate)	Isabella Rodriguez, MA (*Alternate)	Ricky Rosales
Harold San Agustin, MD	Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter (René Vega, MSW, MPH, **Alternate)
Damone Thomas (*Alternate)	Guadalupe Velazquez, (LoA)	Justin Valero, MPA	Ernest Walker, MPH
MEMBERS:	42		
QUORUM:	22		



LOS ANGELES COUNTY
COMMISSION ON HIV



LEGEND:

LoA = Leave of Absence; not counted towards quorum
Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum
Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member



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

VISION

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

MISSION

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

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



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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



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TO END HIV, WE MUST END RACISM
[#STOPAAPIHATE](#)

The Los Angeles County Commission on HIV condemns all forms of hate and violence. We stand in solidarity with Asian American and Pacific Islander (AAPI) communities and condemn the attacks on our AAPI brothers and sisters across the Country. Acts of hate against AAPI communities have risen during the COVID-19 pandemic. An attack on one community, is an attack on all of US.

The harmful rhetoric of the previous administration and the repeated use of the term “China virus” to refer to COVID-19 have fueled the senseless increase in violence we are seeing across the country. These hurtful words and demonization of a particular community followed the long American history of using diseases to justify anti-Asian xenophobia, one that dates to the 19th and 20th centuries, and has helped to shape perception of AAPIs as “perpetual foreigners.”

Many scholars, historians, and activists have pointed out that racial violence against AAPIs often goes overlooked because of persistent stereotypes about the community. The pervasiveness of the model minority myth is a large contributing factor to the current climate. That false idea, constructed during the Civil Rights era to stymie racial justice movements, suggests that Asian Americans are more successful than other ethnic minorities because of hard work, education, and inherently law-abiding natures. Because the model minority myth suggests upward mobility, it creates a fallacy that Asian Americans don’t experience struggle or racial discrimination and misogyny.

We applaud the Los Angeles County Board of Supervisors in their decision to immediately identify funding to expand the County’s Anti-Hate program to combat hate against AAPIs. We call on all Angelenos to speak out against hateful and violent attacks on AAPI communities. Encourage those who experience or witness acts of hate toward the AAPIs communities to report an incident to 211 LA. Incidents can also be reported using the www.stopaapihate.org website. The STOP AAPI Hate reporting form is available in 11 languages.

The HIV movement knows too well that hateful language has real stigmatizing consequences. The hatred and violence we are witnessing perpetuated against AAPIs are rooted in the same form of racism, discrimination, and misogyny that continue to hinder our progress in ending HIV. Join us in stopping hate and support the AAPI communities.

In Solidarity,

Los Angeles County Commission on HIV

<https://www.lavshate.org/>
<https://stopaapihate.org/>

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



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TO END HIV, WE MUST END RACISM

On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and address 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; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV
Black/African American Community (BAAC) Task Force

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

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2022 COMMISSION ON HIV MEETING SCHEDULE

Assembly Bill (AB) 361 amends California’s Ralph M. Brown Act Section 54953 to allow virtual board meetings during a state of emergency. Due to the COVID-19 pandemic, until further notice, all Commission-related meetings will be held virtually via WebEx. For inquiries or public comment, please contact the Commission office at hivcomm@lachiv.org or at 213.738.2816.

Commission on HIV (COH) <i>*Brown Act</i>	2 nd Thursday of Each Month	9:00 AM	-	1:00 PM
Executive Committee <i>*Brown Act</i>	4 th Thursday of Each Month	1:00 PM	-	3:00 PM
Operations Committee <i>*Brown Act</i>	4 th Thursday of Each Month	10:00 AM	-	12:00 PM
Planning, Priorities & Allocations (PP&A) Committee <i>*Brown Act</i>	3 rd Tuesday of Each Month	1:00 PM	-	3:00 PM
Public Policy Committee (PPC) <i>*Brown Act</i>	1 st Monday of Each Month	1:00 PM	-	3:00 PM
Standards and Best Practices (SBP) Committee <i>*Brown Act</i>	1 st Tuesday of Each Month	10:00 AM	-	12:00 PM
Consumer Caucus	2 nd Thursday of Each Month	Following COH Meeting		
Transgender Caucus	4 th Tuesday Bi-Monthly	10:00 AM	-	12:00 PM
Women’s Caucus	3 rd Monday of Each Month	2:00 PM	-	4:00 PM
Aging Task Force (ATF)	1 st Tuesday of Each Month	1:00 PM	-	3:00 PM
Prevention Planning Workgroup (PPW)	4 th Wednesday of Each Month	5:30PM	-	7:00PM



2022 MEMBERSHIP ROSTER | UPDATED 1.10.22

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, 2020	June 30, 2022	
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, 2020	June 30, 2022	
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, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2020	June 30, 2022	
8	Part C representative	1	EXC PP&A	Frankie Darling Palacios	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2021	June 30, 2023	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	APLA	July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
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, 2020	June 30, 2022	
17	Provider representative #7	1	EXC OPS	Alexander Luckie Fuller	Antioch University	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, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1			Vacant		July 1, 2021	June 30, 2023	Damone Thomas (PP&A)
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant		July 1, 2021	June 30, 2023	Alasdair Burton (PP)
22	Unaffiliated consumer, SPA 4			Vacant		July 1, 2020	June 30, 2022	Rene Vega (SBP)
23	Unaffiliated consumer, SPA 5	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
24	Unaffiliated consumer, SPA 6	1	SBP	Pamela Coffey	Unaffiliated Consumer	July 1, 2020	June 30, 2022	Reba Stevens (SBP)
25	Unaffiliated consumer, SPA 7			Vacant		July 1, 2021	June 30, 2023	Mallery Robinson (SBP)
26	Unaffiliated consumer, SPA 8	1	PP&A	Kevin Donnelly	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2021	June 30, 2023	Michele Daniels (OPS)
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2020	June 30, 2022	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray (LOA)	Unaffiliated Consumer	July 1, 2021	June 30, 2023	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	Isabella Rodriguez (PP)
31	Unaffiliated consumer, Supervisorial District 5			Vacant		July 1, 2021	June 30, 2023	
32	Unaffiliated consumer, at-large #1	1	PP&A	Guadalupe Velazquez (LOA)	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2021	June 30, 2023	
36	Representative, Board Office 1	1	PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
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 SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	EXC OPS SBP	Justin Valero, MA	No affiliation	July 1, 2021	June 30, 2023	
40	Representative, Board Office 5			Vacant		July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2021	June 30, 2023	
44	HIV stakeholder representative #1	1	SBP	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
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	OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4	1	SBP	Ernest Walker	Men's Health Foundation	July 1, 2021	June 30, 2023	
48	HIV stakeholder representative #5	1	PP	Gerald Garth, MS	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
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, 2020	June 30, 2022	
51	HIV stakeholder representative #8	1	OPS SBP	Miguel Alvarez	No affiliation	July 1, 2020	June 30, 2022	
TOTAL:		39						

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: 47



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 1/11/22

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
BALLESTEROS	AI	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
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			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
Transportation Services			
Nutrition Support			

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NASH	Paul	University of Southern California	Biomedical HIV Prevention Oral Healthcare Services
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based Benefits Specialty HIV Testing Storefront HIV Testing Social & Sexual Networks STD Screening, Diagnosis and Treatment Sexual Health Express Clinics (SHEX-C) Health Education/Risk Reduction Health Education/Risk Reduction, Native American Biomedical HIV Prevention Oral Healthcare Services Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) HIV and STD Prevention Services in Long Beach Transportation Services Nutrition Support
OROZCO	Jesus ("Chuy")	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Ambulatory Outpatient Medical (AOM) Benefits Specialty Medical Care Coordination (MCC) Oral Healthcare Services Mental Health Biomedical HIV Prevention STD Screening, Diagnosis and Treatment Transportation Services
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
ROBINSON	Mallery	We Can Stop STDs LA	No Ryan White or prevention contracts
RODRIGUEZ	Isabella	No Affiliation	No Ryan White or prevention contracts
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SAN AGUSTIN	Harold	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
Transportation Services			
SPENCER	LaShonda	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
STEVENS	Reba	No Affiliation	No Ryan White or prevention contracts
THOMAS	Damone	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	Justin	Unaffiliated consumer	No Ryan White or prevention contracts
VEGA	Rene	Unaffiliated consumer	No Ryan White or prevention contracts
VELAZQUEZ	Guadalupe	Unaffiliated consumer	No Ryan White or prevention contracts
WALKER	Ernest	Men's Health Foundation	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services



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ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: January 11, 2022
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 1:00-3:00 PM		
Number of Voting Members= 11 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
Danielle Campbell	Co-Chair, Comm./Exec.*	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Alexander Fuller	Co-Chair, Operations	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Frankie-Darling Palacios	Co-Chair, PP&A	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero	Co-Chair, Operations	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month		
Regular meeting time: 10:00 AM-12:00 PM		
Number of Voting Members= 8 Number of Quorum= 5		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Alexander Luckie Fuller	Committee Co-Chair*	Commissioner
Justin Valero	Committee Co-Chair*	Commissioner
Miguel Alvarez	*	Commissioner
Everardo Alviso, LCSW	*	Commissioner
Michele Daniels	*	Alternate
Joseph Green	*	Commissioner
Carlos Moreno	*	Commissioner
Juan Preciado	*	Commissioner

Committee Assignment List

Updated: January 11, 2022

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PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 14 Number of Quorum= 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Frankie-Darling Palacios	Committee Co-Chair*	Commissioner
Kevin Donnelly	Committee Co-Chair*	Commissioner
Al Ballesteros	*	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Damone Thomas	*	Alternate
Guadalupe Velazquez (LOA)	*	Commissioner
TBD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 10 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Alasdair Burton	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Gerald Garth, MS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Isabella Rodriguez	*	Commissioner
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner

Committee Assignment List

Updated: January 11, 2022

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STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1 st Tuesday of the Month		
Regular meeting time: 10:00AM-12:00 PM		
Number of Voting Members = 15 Number of Quorum = 8		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Pamela Coffey (Reba Stevens, Alternate)	*	Commissioner
Grissel Granados	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Joshua Ray – (LOA) (Eduardo Martinez, Alternate)	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Justin Valero, MA	*	Commissioner
Rene Vega	*	Alternate
Ernest Walker	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUSRegular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting

Co-Chairs: Alasdair Burton, Jayda Arrington, & Ishh Herrera

Open membership to consumers of HIV prevention and care services**AGING TASKFORCE (ATF)**

Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm

Co-Chairs: Al Ballesteros, MBA & Joe Green

Open membership**TRANSGENDER CAUCUS**Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm

Co-Chairs: Frankie Darling-Palacios & Luckie Fuller

Open membership**WOMEN'S CAUCUS**Regular meeting day/time: 3rd Monday of Each Month @ 9:30am-11:30am

Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo

Open membership

Committee Assignment List

Updated: January 11, 2022

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PREVENTION PLANNING WORKGROUP

Regular meeting day/time: 4th Wednesday of Each Month @ 5:30pm-7:00pm

Chair: Miguel Martinez

Open membership



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

COMMISSION ON HIV VIRTUAL MEETING MINUTES
November 18, 2021

COMMISSION MEMBERS									
P=Present A=Absent									
Miguel Alvarez	P	Kevin Donnelly	P	William King, MD, JD, AAHIVS	A	Joshua Ray, RN (LoA)	A	Guadalupe Velasquez (LoA)	A
Everardo Alvizo, MSW	P	Felipe Findley, PA-C, MPAS, AAHIVS	P	Lee Kochems	P	Ricky Rosales	P	Justin Valero, MPA	P
Al Ballesteros, MBA	P	Alexander Luckie Fuller	P	David Lee, MPH, LCSW	P	Mallery Robinson	P	Rene Vega (Alt)	P
Alasdair Burton (Alt)	P	Gerald Garth	A	Eduardo Martinez (Alt)	A	Isabella Rodriguez (Alt)	P	Ernest Walker	P
Danielle Campbell, MPH	P	Jerry Gates, PhD	P	Anthony Mills, MD	P	H. Glenn San Agustin, MD	P	Danielle Campbell, MPH	P
Mikhaela Cielo, MD	P	Felipe Gonzalez	P	Carlos Moreno	P	LaShonda Spencer, MD	P	Bridget Gordon	P
Pamela Coffey	P	Grissel Granados, MSW	P	Derek Murray	P	Kevin Stalter	P		
Michele Daniels (Alt) (LoA)	P	Joseph Green	P	Dr. Paul Nash, CPsychol, AFBPsS, FHEA	P	Reba Stevens (Alt)	P		
Frankie Darling-Palacios	P	Thomas Green	P	Mario J. Perez, MPH	P	Damone Thomas (Alt)	P		
Erika Davies	P	Karl Halfman, MA		Juan Preciado	P				

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, MPIA, Executive Director; Carolyn Echols-Watson, MPA; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; Sonja Wright, BA, MSOM, LAc, Dipl.OM, PES; and Catherine LaPointe Robert Sowell and April Johnson, MA (LAC Human Relations Commission)

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

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

Meeting agenda and materials can be found on the Commission's website at:
http://hiv.lacounty.gov/Portals/HIV/Commission%20Meetings/2021/Package/Pkt_AnnualMtg_111821_final.pdf?ver=LUojUhE-3X_Ojwi1Xk0oPQ%3d%3d

1. CALL TO ORDER

Bridget Gordon and Danielle Campbell, MPH, Co-Chairs, opened the meeting at 9:05am. Cheryl Barrit, MPIA, Executive Director, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, A. Burton, M. Cielo, M. Daniels, F. Darling-Palacios, E. Davies, K. Donnelly, F. Findley, L. Fuller, G. Garth, J. Gates, J. Green, T. Green, K. Halfman, W. King, L. Kochems, D. Lee, T. Mills, C. Moreno, D. Murray, P. Nash, K. Nelson, J. Preciado, I. Rodriguez, R. Rosales, H. San Agustin, M. Sattah, L. Spencer, K. Stalter, D. Thomas, J. Valero, E. Walker, D. Campbell, and B. Gordon

2. WELCOME, OPENING REMARKS, RECOGNITION OF SERVICE & MEETING OBJECTIVES

B. Gordon welcomed all attendees, provided the standard reminders and meeting guidelines, and led the group through an ice breaker.

3. COH BUSINESS/ADMINISTRATIVE MATTERS

A. APPROVAL OF AGENDA MOTION #1: Approve the Agenda Order, as presented (*✓ Passed by Consensus*).

B. APPROVAL OF MEETING MINUTES MOTION #2: Approve the October 14, 2021 Commission on HIV Meeting Minutes, as presented (*✓ Passed by Consensus*).

C. NEW MEMBERSHIP APPLICATION: JESUS "CHUY" OROZCO, HOPWA REPRESENTATIVE MOTION #3: Approve new membership applicant – Jesus "Chuy" Orozco, to occupy HOPWA representative seat, as presented or revised and forward to Board of Supervisors for appointment. (*✓ Passed by Majority, Roll Call*)

D. HIV & AGING CARE FRAMEWORK MOTION #4: Approve Aging Task Force's HIV & Aging Care Framework, as presented or revised. (*✓ Passed by Majority, Roll Call*)

4. "LISTENING WITHOUT JUDGMENT": LOS ANGELES COUNTY HUMAN RELATIONS COMMISSION (HRC), TRAINING SERIES

Robert Sowell and April Johnson, HRC, continued the training series and presented "Listening without Judgment"; see PowerPoint (PPT) presentation in meeting packet.

5. LOS ANGELES COUNTY UPDATE ON HIV AND STDs & ENDING THE EPIDEMIC (EHE) INITIATIVE UPDATE

Division of HIV and STD Program (DHSP) programmatic updates were provided by Mario J. Perez, Director (DHSP) and Julie Tolentino, MPH, EHE Program Manager; see PPT presentation in meeting packet.

EHE initiative updates provided by; see PPT presentation in meeting packet:

- Robbie Rodriguez, Managing Director of Operations, Equality California
- Zelenne Cardenas, Senior Director, Social Model Recovery Systems
- Bridget Rogala, MPH, Lecturer, California State University, Long Beach
- Tyreik Gaffney-Smith, Program Coordinator, APLA Health
- Gerald Garth & Jamar Moore, Arming Minorities Against Addiction and Disease (AMAAD) Institute

6. CLUSTER DETECTION & RESPONSE PRESENTATION w/ COMMUNITY DISCUSSION

Philip Peters, MD, Medical Officer, California Department of Public Health, Office of AIDS (OA) and Kathleen Poortinga, MPH, Epidemiologist, HIV Surveillance, DHSP presented on Cluster Detection & Response; see PPT presentation in meeting packet.

- Dr. Peters (OA) and K. Poortinga (DHSP) agreed to work with the consumer community to develop a Community Advisory Board (CAB) to solicit feedback, build trust and better inform HIV cluster detection practices in a manner that focuses on protecting those who are living with HIV in response to concerns expressed regarding the ethical practice of cluster detection.
- The Commission and DHSP will coordinate ongoing discussions throughout the upcoming year to address the concerns shared around HIV cluster detection.

7. STREET MEDICINE

Brett J. Feldman, MSPAS, PA-C, and Corinne T. Feldman, MMS, PA-C, University of Southern California, Keck School of Medicine presented on Street Medicine; see PPT presentation in meeting packet.

- The Public Policy Committee will continue discussions around street medicine to identify opportunities to support legislation and/or initiatives and will invite B. Feldman and C. Feldman to an upcoming Committee meeting for collaboration.

8. HIV, AGING & STIGMA

Dr. Paul Nash, CPsychol, AFBPsS, FHEA, University of Southern California, Leonard Davis School of Gerontology, presented on HIV, Aging and Stigma; see PPT presentation in meeting packet.

Dr. Nash led the group in a moment of silence in memory of Dr. Stephen Karpiak and shared the enormous impact that Dr. Karpiak has had in the field of HIV and aging.

9. PUBLIC COMMENT: OPORTUNITY TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION (To provide live public comment, register and join WebEx via computer or smartphone. Those joining via telephone cannot provide live public comment but may submit written comments or materials via email to hivcomm@lachiv.org.)

Reba Stevens expressed her disappointment regarding the Commission's inability to have lunch delivered to each Commission member for the virtual Annual Meeting.

10. COMMISSION NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR FULL BODY OR COMMITTEE DISCUSSION ON FUTURE AGENDAS, OR MATTERS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR WHERE NEED TO TAKE ACTION AROSE SUBSEQUENT TO POSTING THE AGENDA.

NONE.

11. ANNOUNCEMENTS: REGARDING COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITIES

(Provision of announcements will follow the same protocol as that listed for public comments above.):

NONE.

12. ADJOURNMENT AND ROLL CALL: The meeting adjourned at approximately 3:08PM in memory of Dr. Stephen Karpiak.

Roll Call (Present): M. Alvarez, E. Alvizo, A. Burton, M. Cielo, R. Stevens, F. Darling-Palacios, E. Davies, K. Donnelly, F. Findley, G. Garth, G. Granados, T. Green, K. Halfman, L. Kochems, C. Moreno, P. Nash, M. Pérez, I. Rodriguez, R. Rosales, H. San Agustin, E. Walker, D. Campbell, and B. Gordon

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	Passed by Consensus	MOTION PASSED
MOTION 2: Approve the October 14, 2021 Commission on HIV Meeting Minutes, as presented.	Passed by Consensus	MOTION PASSED
MOTION 3: Approve new membership applicant – Jesus “Chuy” Orozco, to occupy HOPWA representative seat, as presented or revised and forward to Board of Supervisors for appointment.	Ayes: Alvarez, Alvizo, Burton, Cielo, Stevens, Darling-Palacios, Davies, Donnelly, Garth, Granados, T. Green, Kochems, Lee, Moreno, Nash, Nelson, Pérez, Rodriguez, Rosales, Walker, Campbell, and Gordon Opposition: None Abstentions: Halfman	MOTION PASSED
MOTION 4: Approve Aging Task Force’s HIV & Aging Care Framework, as presented or revised.	Ayes: Alvarez, Alvizo, Burton, Cielo, Stevens, Darling-Palacios, Davies, Donnelly, Findley, Garth, Granados, T. Green, Kochems, Lee, Moreno, Nash, Nelson, Pérez, Rodriguez, Rosales, H. San Agustin, Walker, Campbell, and Gordon Opposition: None Abstentions: Halfman	MOTION PASSED



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

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

Development of LA County
2022-2026
Integrated HIV Prevention & Care Plan

LA County Commission on HIV Meeting
January 13, 2022

AJ King, Next-Level Consulting, Inc.

Agenda

- Integrated Planning Background and Overview
- Key Concepts Related to CHP Content
- Required Components
- Timeline
- Key Concepts Related to Process
- Next Steps

Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026

Division of HIV/AIDS Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

HIV/AIDS Bureau

Health Resources and Services Administration

June 2021



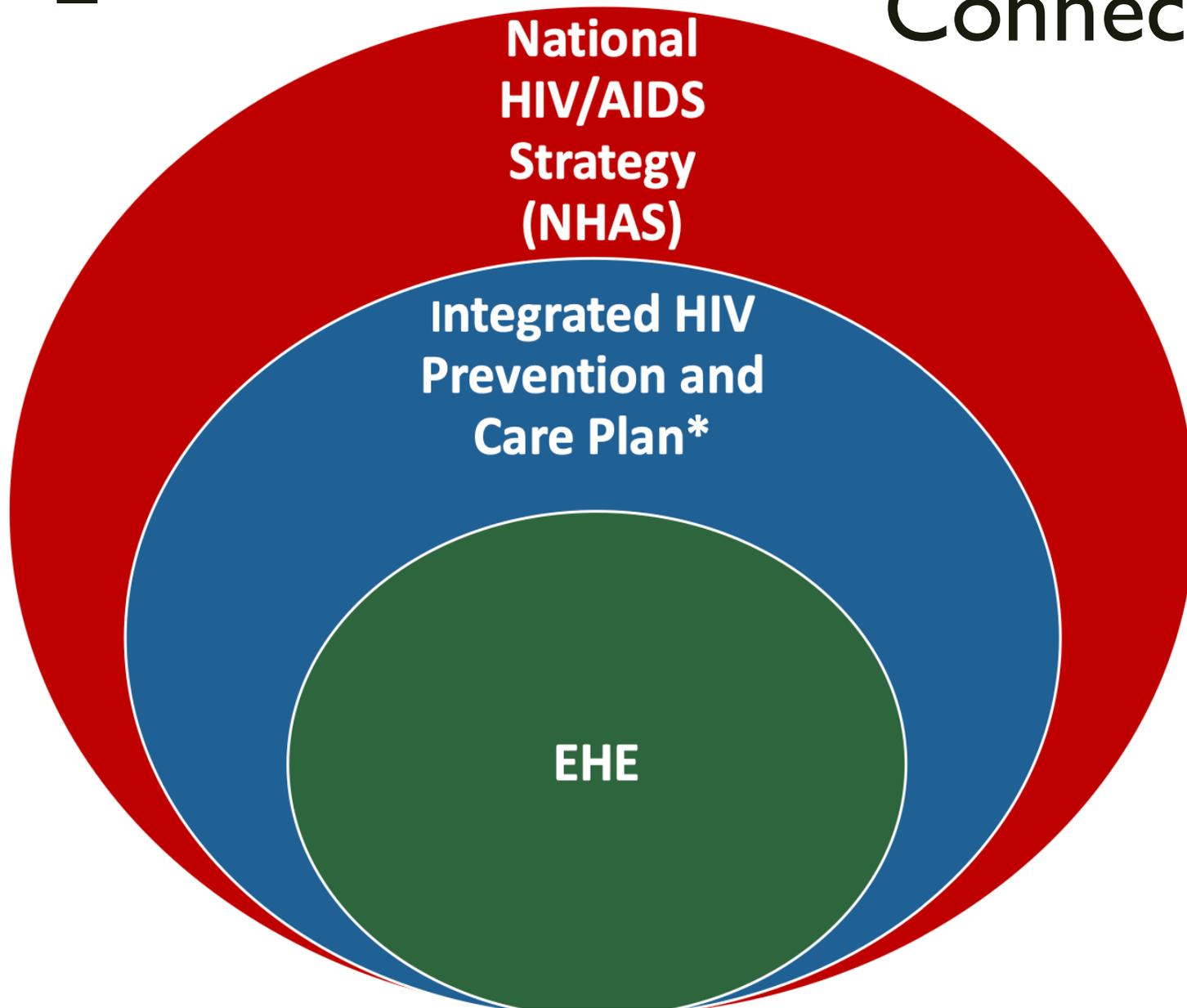
Background and Overview:

- Vehicle to identify needs, resources, barriers and gaps and outline strategies to address them
- Necessitates engagement from wide range of stakeholders
- Aligned with national goals but reflective of local vision, values and needs.
- May submit portions of other plans (e.g. EHE)
- Due in December 2022 – max 100 pages

Key Concepts Related to Content

- Status neutral
- Address syndemics
- Address SDHs and Inequities
- Build off of existing plans

Connection to Other Plans



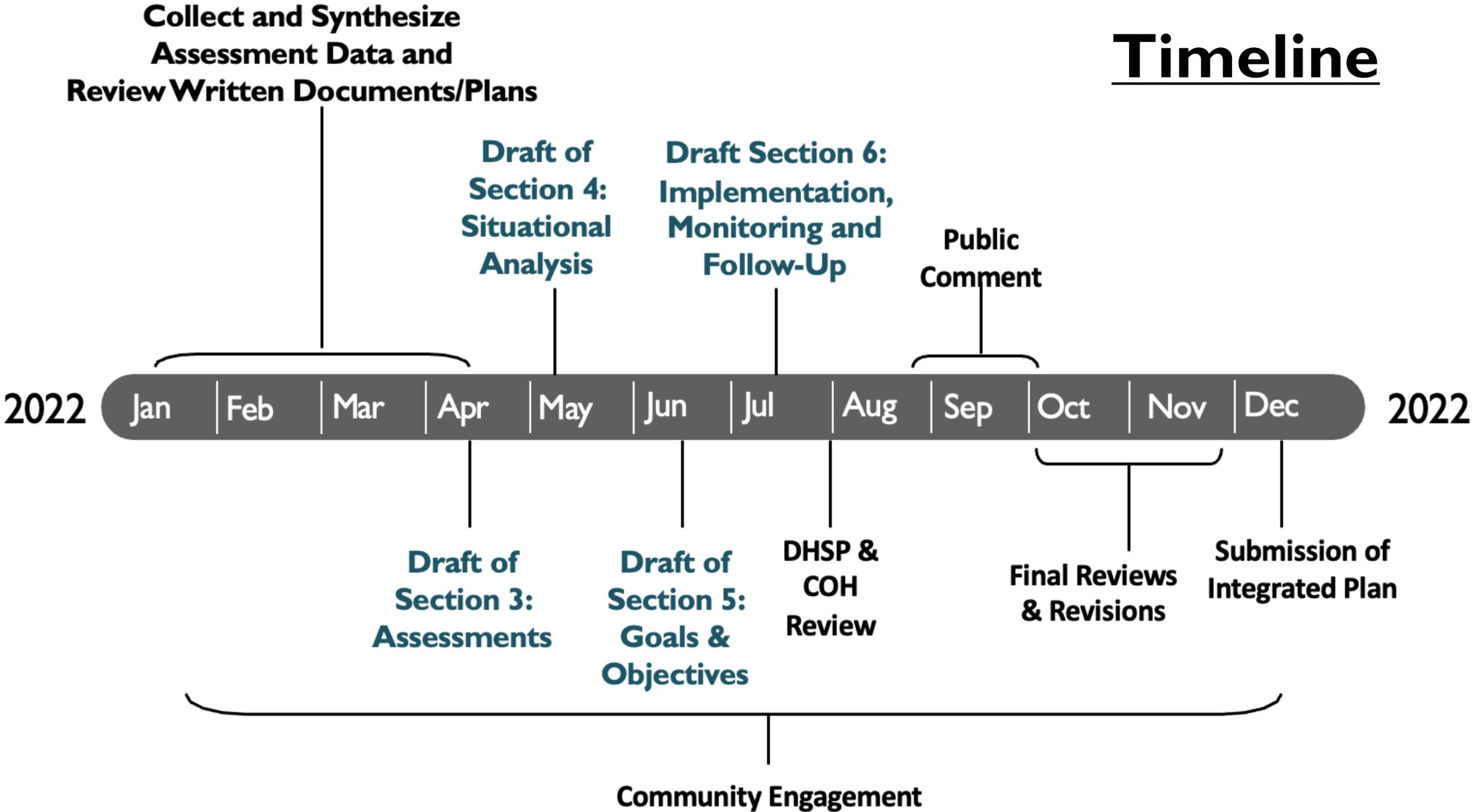
NHAS Overarching Goal:
Reduce new HIV infections by 90% by 2030

CHP Goals and Objectives Pertaining to EHE Strategies:

1. Diagnose
2. Treat
3. Prevent
4. Respond

Required Section	Section Description
1. Executive Summary	Describe <u>approach</u> to preparing the Integrated Plan submission; and list and describe <u>all documents used</u> to meet submission requirements.
2. Community Engagement and Planning Process	Describe how we approached the planning process and <u>engaged</u> community members and stakeholders.
3. Contributing Data Sets and Assessments	Epidemiologic Snapshot HIV Prevention, Care and Treatment Resource Inventory Needs Assessment
4. Situational Analysis	Overview of <u>strengths, challenges, and identified needs</u> with respect to Diagnose; Treat; Prevent; Respond.
5. Goals and Objectives	How we will <u>diagnose, treat, prevent and respond</u> to HIV. Should reflect strategies that ensure a unified, coordinated approach for all HIV funding.
6. Integrated Planning Implementation, Monitoring and Follow Up	Infrastructure, procedures, systems, and/or tools that will be used to support the key phases of planning. How to ensure the success of goals and objectives through Implementation; Monitoring; Evaluation; Improvement; Reporting and Dissemination
7. Letters of Concurrence	Specify how the planning body was involved in the Integrated Plan development.

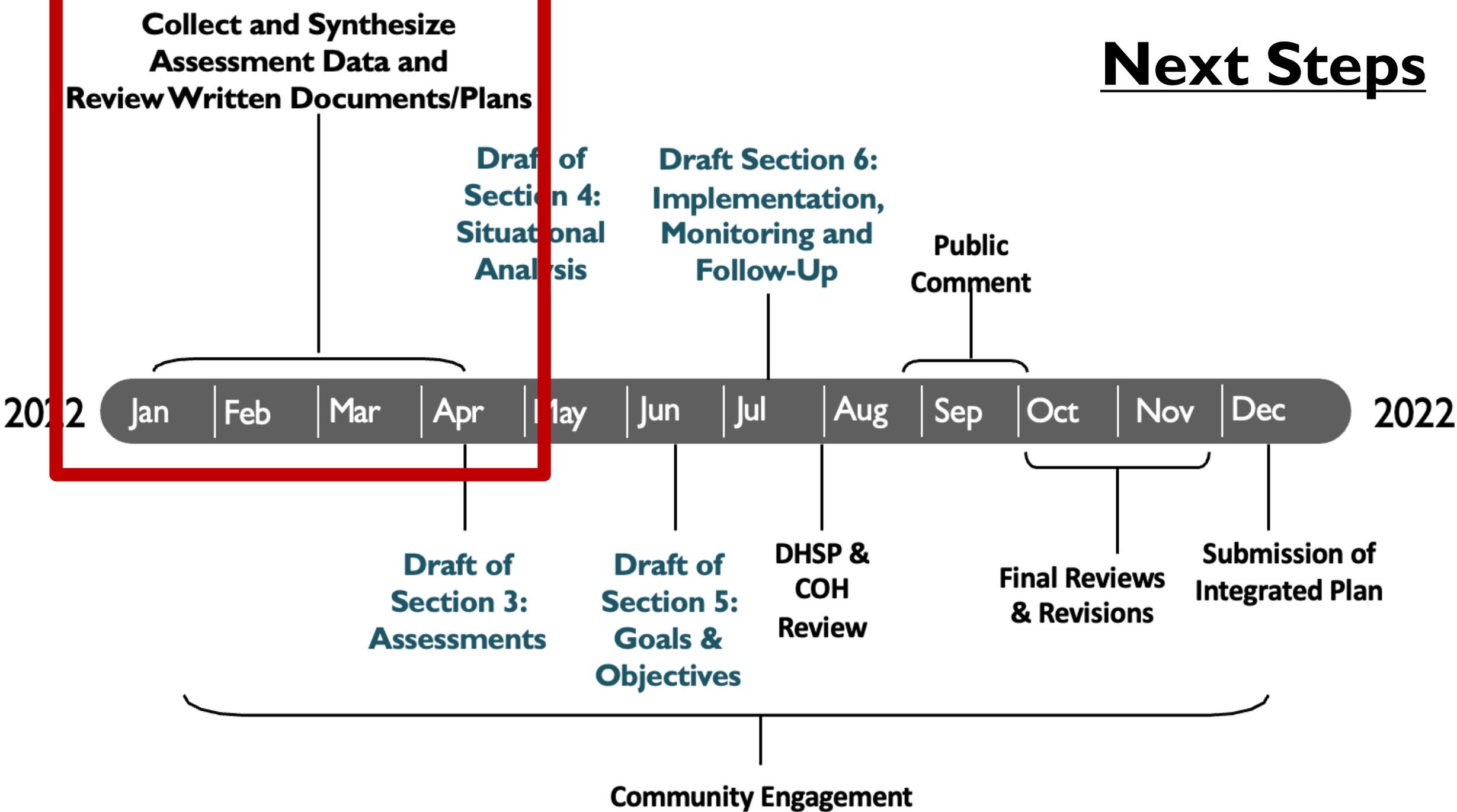
Timeline



Key Tenets with Respect to the Process

- Build upon the local EHE plan and similar documents to develop CHP
- Don't recreate, think strategically
- Harness existing and new partnerships
- Engage members of the Commission in a more thoughtful and intentional way

Next Steps



**Collect and Synthesize
Assessment Data and
Review Written Documents/Plans**

**Draft of
Section 4:
Situational
Analysis**

**Draft Section 6:
Implementation,
Monitoring and
Follow-Up**

**Public
Comment**

2022

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

2022

**Draft of
Section 3:
Assessments**

**Draft of
Section 5:
Goals &
Objectives**

**DHSP &
COH
Review**

**Final Reviews
& Revisions**

**Submission of
Integrated Plan**

Community Engagement

Collect & Synthesize Assessment Data and Information from Documents/Plans

- City Representatives
- Ryan White Stakeholders (Part B, C, D, F)
- Commission Committees, Caucuses, Workgroups, Task Forces
- Incorporate Recommendations:
 - *Black/African-American Task Force*
 - *Aging Task Force*
- Incorporate Plans:
 - *West Hollywood*
 - *Long Beach*

Emerging Themes

**HIV
Workforce
Capacity**

**Leverage
partners to
address SDHs**

**System/
Services
Integration**

**Harm
Reduction and
Needle
Exchange**

Stigma

**Unstably
Housed**

**Messaging for
the Latinx
Community**

**Aging
Population**

**Trans
Community**

**People who use
Crystal Meth**

Thank you!

Contact Information:

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LOS ANGELES COUNTY
COMMISSION ON HIV



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November 18, 2021 Annual Meeting Evaluation Summary

Total number of participants: 138 (36 Commissioners)

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

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

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

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

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

Duty Statement: Executive Committee At-Large Member

Page 2 of 2

KNOWLEDGE/BACKGROUND:

- ① CDC HIV Prevention Program, Ryan White Program (RWP), and other general HIV/AIDS and STI policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS and other service delivery systems
- ④ County policies, practices and stakeholders
- ⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
- ⑥ County Ordinance and practices, and Commission Bylaws
- ⑦ **Minimum of one year's active Commission membership prior to At-Large role**

SKILLS/ATTITUDES:

- ① Sensitivity to the diversity of audiences and able to address varying needs at their levels
- ② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues
- ③ Ability to demonstrate parity, inclusion and representation
- ④ Multi-tasker, take-charge, "doer", action-oriented
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
- ⑥ Capacity to attend to the Commission's business and operational side, as well as the policy and advocacy side
- ⑦ Strong focus on mentoring, leadership development and guidance
- ⑧ Firm, decisive and fair decision-making practices
- ⑨ Attuned to and understanding personal and others' potential conflicts of interest

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

- ① Put personal agenda aside and advocate for what's in the best interest of the Commission
- ② Devote adequate time and availability to the Commission and its business
- ③ Assure that members' and stakeholders' rights are not abridged
- ④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- ⑤ Always consider the views of others with an open mind
- ⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
- ⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors

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

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

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

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

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

Yes = 15

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

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



LOS ANGELES COUNTY COMMISSION ON HIV

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DUTY STATEMENT

AT-LARGE MEMBER, EXECUTIVE COMMITTEE

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, there are three At-Large members of the Executive Committee, elected annually by the body, to provide the following representation, leadership and contributions:

COMMITTEE PARTICIPATION:

- ① Serve as a member of the Commission's Executive and Operations Committees, and participates, as necessary, in Committee meetings, work groups and other activities.
- ② As a standing member of the Executive Committee, fill a critical leadership role for the Commission; participation on the Executive Committee requires involvement in key Commission decision-making:
 - Setting the agenda for Commission regular and special meetings;
 - Advocating Commission's interests at public events and activities;
 - Voting and determining urgent action between Commission meetings;
 - Forwarding and referring matters of substance to and from other Committees and to and from the Commission;
 - Arbitrating final decisions on Commission-level grievances and complaints;
 - Discussing and dialoguing on a wide range of issues of concern to the HIV/AIDS community, related to Commission and County procedure, and involving federal, state and municipal laws, regulations and practices.

REPRESENTATION:

- ① Understand and voice issues of concern and interest to a wide array of HIV/AIDS and STI-impacted populations and communities
- ② Dialogue with diverse range perspectives from all Commission members, regardless of their role, including consumers, providers, government representatives and the public
- ③ Contribute to complex analysis of the issues from multiple perspectives, many of which the incumbent with which may not personally agree or concur
- ④ Continue to be responsible and accountable to the constituency, parties and stakeholders represented by the seat the member is holding
- ⑤ As a more experienced member, with a wider array of exposure to issues, voluntarily mentor newer and less experience Commission members
- ⑥ Actively assist the Commission and Committee co-chairs in facilitating and leading Commission discussions and dialogue
- ⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views



DUTY STATEMENT COMMISSIONER

Candidates for membership on the Commission on HIV must complete a membership application and are evaluated/scored by the Commission's Operations Committee, consistent with Policy/ Procedure #09.4205 (*Commission Membership Evaluation and Nomination Process*). The Operations Committee recommends candidates for membership to the Commission, which, in turn nominates them to the Board of Supervisors by a majority vote. The Board of Supervisors is responsible for appointing members to the Commission.

DUTIES AND RESPONSIBILITIES:

In order to be an effective, active member of the Commission on HIV, an individual must meet the following demands of Commission membership:

1. Representation and Accountability:

- Possess a thorough knowledge of HIV/AIDS/STI issues and affected communities, and the organization or constituency the member represents;
- Continually and consistently convey two-way information and communication between the organization/constituency the member represents and the Commission;
- Provide the perspective of the organization/constituency the member represents and the Commission to other, relevant organizations regardless of the member's personal viewpoint;
- Participate and cast votes in a manner that is best for the entire County, regardless of the personal opinions of the member personal or the interests/opinions of the organization/constituency the member represents.

2. Commitment/Participation:

- Commitment to fill a full two-year Commission term.
- A pledge to:
 - respect the views of other members and stakeholders, regardless of race, ethnicity, sexual orientation, HIV status or other factors;
 - comply with "Robert's Rules of Order, Newly Revised", the Ralph M. Brown Act, the Commission's Code of Conduct and applicable HIPAA rules and requirements;
 - consider the views of others with an open mind;
 - actively and regularly participate in the ongoing decision-making processes; and
 - support and promote decisions resolved and made by the Commission when representing the Commission.
 - A commitment to devote a minimum of ten hours per month to
 - Commission/committee attendance, preparation and other work as required by your Commission membership.
- Each year of the two-year term, the Commissioner is expected to attend* and participate in, at a minimum, these activities:
 - Two all-day Commission orientation meetings (*first year only*) and assorted orientations and trainings of shorter length throughout the year;
 - One to two half-day County commission orientations (*alternate years*);
 - One half- to full-day Commission meeting monthly;
 - One two- to three-hour committee meeting once a month;
 - All relevant priority- and allocation-setting meetings;
 - One all-day Commission Annual Meeting in the Fall;
- Assorted voluntary workgroups, task forces and special meetings as required due to committee assignment and for other Commission business.

**Stipulation: Failure to attend the required meetings may result in a Commissioner's removal from the body.*

3. Knowledge/Skills:

- A commitment to constantly develop, build, enhance and expand knowledge about the following topics:
 - general information about HIV/STIs and its impact on the local community;
 - a comprehensive HIV/STI continuum of care/prevention services, low-income support services, and health and human service delivery;
 - the Commission's annual HIV service priorities, allocations and plans;
 - the Ryan White Program, County health service and Medicaid information and other information related to funding and service support.

This newsletter is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf.

In This Issue:

- Strategy A
- Strategy B
- Strategy H
- Strategy J
- Strategy K
- Strategy M

Staff Highlight:

Please join OA in congratulating **Cameron Bridgeman** on his promotion to the Client Services Supervisor/Supervising Program Technician (SPT) II in the AIDS Drug Assistance Program (ADAP) Client Services Unit (CSU).

Cameron has been working in the CSU for the past four years as a Program Technician (PT) II. He has a fundamental understanding of both ADAP and the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP), the ADAP Enrollment System (AES), our standard operating procedures, guidelines, and processes. Prior to state service, Cameron worked at the Covered CA contractor, Fanuiel, where he held the positions of Customer Service Representative, Lead, and Supervisor. He has also worked as a Lead for the Maximus call center, and as a Customer Service Representative for Health Net – both adding to Cameron's extensive background in medical and healthcare coverage. Prior to that, Cameron worked for six years as a Supervisor at Jamba Juice. He brings a wealth of healthcare, Medi-Cal, customer service, and supervisory knowledge, which will serve him well in his new role as the Client Services Supervisor.

Additionally, Cameron has received consistent acknowledgement from management, peers, and our contracted Enrollment Workers on



the level of service he provides to them and our clients. He was recognized and awarded in 2019 at our annual all staff meeting, for this reason. Cameron frequently discussed during his interview the desire to develop his team, coach, mentor, and lead with compassion. He has an intense passion for the work that we do in ADAP, and for the client populations we serve, as well as the work we are doing in the Division around racial and social justice. We are excited to see Cameron hit the ground running in his new position!

On a personal note, Cameron is a family man. He and his wife, Raeesah, enjoy raising their four-year-old son, Baby Cam. Cameron is a 49ers and Marvel fan, and also enjoys reading, writing poetry, and playing pool and video games.

General Office Updates:

COVID-19:

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed.

Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

Racial Justice and Health Equity:

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout the California Department of Public Health (CDPH) and take next steps towards advancing RHE in our work. The workgroup has formed subcommittees to address community stakeholder engagement challenges, improve OA policy and practices to support RHE and increasing OA knowledge and attitude on RHE among leadership and staff.

Since establishment, we are proud to report the following accomplishments:

- **Recruitment** - OA now posts all job openings on job boards that focus on Black, Indigenous, and People of Color (BIPOC) applicants;
- **Language** - RHE language is now being integrated into all OA duty statements;
- **Training** - The 21-Day Race and Health Equity Challenge and the Transgender

Cultural Humility Awareness and Responsiveness Trainings are now included in the Public Health Employee Training Tracking System (PHETTS) training system for OA, and all OA staff participated in both trainings during 2021;

- **Accessibility** - OA Division launched a suggestion box on our [OA Website](#) to increase engagement. It provides an opportunity to hear from staff, stakeholders and the community at large to give feedback on RHE efforts; and
- **New Position** – The Center for Infectious Diseases (CID) has created a new full-time RHE position promoting RHE throughout Division

HIV/STD/HCV Integration:

As the lead state department in the COVID-19 response, CDPH has re-directed hundreds of staff to this effort. Because of this, the integration efforts of the OA, STD Control Branch, and Office of Viral Hepatitis Prevention are postponed indefinitely. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/doa/pages/oamain.aspx, to stay informed.

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

National Clinician Consultation Center:

The National Clinician Consultation Center (NCCC) provides clinicians of all experience levels prompt, expert responses to questions about managing HIV/AIDS, perinatal HIV, pre-



exposure prophylaxis, and bloodborne pathogen exposures. They provide online and phone-based consultation in service areas including testing and prevention, treatment, and post-exposure prophylaxis (PEP). The NCCC mission is to improve patient health outcomes by building the capacity of healthcare providers through expert clinical consultation and education.

Experiences from multiple demonstration projects across California, and findings presented at numerous scientific conferences throughout 2021, affirm the importance and benefits of addressing hepatitis C.

HCV testing, linkage to care, and treatment coordination are high-impact interventions that can be implemented across varied settings. For patients starting treatment, services that help support non-interrupted medication access and adherence are vital to achieving desired treatment outcomes. Nevertheless, missed doses of direct-acting antivirals (DAA) are relatively common. The American Association for the Study of Liver Diseases and the Infectious Diseases Society of America (AASLD/IDSA) HCV guidelines offer [recommendations for managing treatment interruptions](#); the National Clinician Consultations Center's Hepatitis C tele-consultation service is a complementary clinical resource offering free, on-demand access to experienced consultants who can help providers navigate uncertainties related to preventing and managing HCV treatment interruptions. Non-health care providers interested in [learning more about HCV](#) can visit CDPH's website for more information at www.cdph.ca.gov/Programs/CID/DCDC/Pages/HepatitisC.aspx.

PrEP-Assistance Program (AP):

As of January 3, 2022 there are 200 PrEP-AP enrollment sites covering 174 clinics that currently make up the PrEP-AP Provider network.

A [comprehensive list of the PrEP-AP Provider Network](#) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6>

878d3a1c9724418aebfea96878cd5b2.

[Data on active PrEP-AP clients](#) can be found in the three tables displayed on page 4 of this newsletter.

California Requires Coverage of Injectable PrEP Without Cost Sharing:

California's Insurance Commissioner Ricardo Lara released a bulletin notifying health plans regulated by the by the California Department of Insurance (DOI) that they are required to cover all PrEP drugs and related clinical services without cost sharing – including injectable PrEP.

In California, the large majority of health plans are regulated by two state departments – the California Department of Insurance and the Department of Managed Health Care. The Department of Managed Health Care will similarly be requiring that health plans cover injectable PrEP and related clinical services without cost sharing. The [DOI bulletin](#) is posted under the “What's New at Office of AIDS” section of the OA webpage.

Strategy B: Increase and Improve HIV Testing

OA's HIV home-testing distribution demonstration project continues through Building Healthy Online Communities (BHOC) in the six California Consortium Phase I Ending the HIV Epidemic in America counties. The program, [TakeMeHome®](#), (<https://takemehome.org/>) is advertised on gay dating apps, where users see an ad for home testing and are offered a free HIV-home test kit.

In the first 15 months, between September 1, 2020 and November 30, 2021, 2298 tests were distributed, including 104 tests distributed in November. Of those ordering a test in November, 52.9% reported never before receiving an HIV test, and 50.0% were 18 to 29 years of age. Among individuals reporting ethnicity, 37.7% were Hispanic/Latinx, and of those reporting sexual history, 61.4% indicated 3 or more

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	290	6%	---	---	---	---	47	1%	337	7%
25 - 34	1,263	27%	1	0%	---	---	448	10%	1,712	37%
35 - 44	1,105	24%	---	---	1	0%	294	6%	1,400	30%
45 - 64	812	17%	2	0%	20	0%	177	4%	1,011	22%
65+	44	1%	---	---	161	3%	10	0%	215	5%
TOTAL	3,514	75%	3	0%	182	4%	976	21%	4,675	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	162	3%	---	---	33	1%	24	1%	---	---	101	2%	2	0%	15	0%	337	7%
25 - 34	932	20%	2	0%	162	3%	95	2%	2	0%	421	9%	14	0%	84	2%	1,712	37%
35 - 44	883	19%	4	0%	108	2%	74	2%	1	0%	271	6%	8	0%	51	1%	1,400	30%
45 - 64	729	16%	2	0%	43	1%	24	1%	3	0%	196	4%	---	---	14	0%	1,011	22%
65+	49	1%	1	0%	2	0%	4	0%	---	---	158	3%	---	---	1	0%	215	5%
TOTAL	2,755	59%	9	0%	348	7%	221	5%	6	0%	1,147	25%	24	1%	165	4%	4,675	100%

Active PrEP-AP Clients by Gender and Race/Ethnicity:

Gender	Latinx		American Indian or Alaskan Native		Asian		Black or African American		Native Hawaiian/ Pacific Islander		White		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female	538	12%	---	---	7	0%	13	0%	---	---	15	0%	---	---	2	0%	575	12%
Male	2,075	44%	9	0%	322	7%	205	4%	6	0%	1,109	24%	21	0%	152	3%	3,899	83%
Transgender	132	3%	---	---	14	0%	2	0%	---	---	10	0%	3	0%	1	0%	162	3%
Unknown	10	0%	---	---	5	0%	1	0%	---	---	13	0%	---	---	10	0%	39	1%
TOTAL	2,755	59%	9	0%	348	7%	221	5%	6	0%	1,147	25%	24	1%	165	4%	4,675	100%

All PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 12/31/2021 at 12:01:47 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

partners in the past 12 months. To date, 329 recipients have filled out an anonymous follow up survey, with 94.5% indicating they would recommend TakeMeHome® HIV test kits to a friend. The most common behavioral risks of HIV exposure reported in the follow up survey were being a man who has sex with men (74.5%) or having had more than one sex partner in the past 12 months (61.4%).

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

On December 20, 2021, CDPH released the [Hepatitis C Testing and Linkage to Care Demonstration Projects, California—2016-2018](#), Evaluation Report. You can also find this link on the [CDPH HIV/HCV Testing website](#). This report describes outcomes from five hepatitis C virus (HCV) testing and linkage to care demonstration projects working in six counties--Butte, Los Angeles, Monterey, San Luis Obispo, San Francisco, and San Diego--from March 1, 2016 – June 30, 2018. These were the first state-funded projects of their kind and were intended to identify opportunities to enhance HCV testing and linkages to care in local health jurisdiction, clinical, and community settings.

Highlights:

- One local health department worked with local hospitals to change their HCV testing policies to ensure people with a reactive HCV antibody screening test received automatic “reflex” testing for HCV ribonucleic acid (RNA), which is needed to diagnose current hepatitis C infection.
- 43,000 people were tested for HCV antibody; 2,064 people had evidence of HCV infection, of whom 63 percent were linked to care. 818 people initiated treatment, of whom 80 percent completed treatment. (Note: These are likely underestimates, since not all sites

were able to track treatment outcomes after linking clients to their first medical appointment.) 40 percent of those linked to care had a history of injection drug use.

- People who inject drugs had the same hepatitis C linkage to care and treatment completion rates as people with no or unknown injection drug use history.

CDPH wishes to thank the HCV demonstration project site staff, volunteers, and participants for their efforts making these projects possible, and to thank the CDPH staff past and present who worked so hard to write this report and get it approved and posted to the CDPH website.

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

Ryan White HIV/AIDS Program Part B Clinical Quality Management Program:

Since Fall of 2020, the Office of AIDS Ryan White HIV/AIDS Program Part B Clinical Quality Management (CQM) program has been implementing a quality improvement project to improve comprehensive healthcare coverage (CHC) enrollment for clients receiving HIV Care Program non-medical case management (NMCM) services and/or ADAP. Through various improvement activities, the percentage of clients receiving NMCM who are enrolled in CHC increased from 68% in September 2020 to 81% in December 2021. The Office of AIDS continues to implement activities to improve CHC enrollment and would like to thank all providers that are continuing to assist those who are uninsured with CHC enrollment needs. As Covered California open-enrollment period comes to an end on January 31, 2022, we urge providers to use the opportunity to get those that qualify enrolled. For more information regarding the CHC improvement activities, please [contact the CQM program](mailto:rw.partbcqm@cdph.ca.gov) at rw.partbcqm@cdph.ca.gov.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from November
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	559	-3.29%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,372	-2.19%
Medicare Part D Premium Payment (MDPP) Program	1,963	-4.29%
Total	8,894	-2.73%

ADAP's Insurance Assistance Programs:

As of January 3, 2022, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the above.

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

Telehealth for Opioid Use Disorder Toolkit:

The [Providers Clinical Support System](#) announced the release of a toolkit to help organizations deliver telehealth for opiate use disorder care. A flowchart, checklist and sample note are included for clinicians. The toolkit also includes information on evidence, research, and the current policies. View the [toolkit](https://pcssnow.org/wp-content/uploads/2021/10/ODU-Toolkit_FINAL_10.2021.pdf) at: https://pcssnow.org/wp-content/uploads/2021/10/ODU-Toolkit_FINAL_10.2021.pdf.

HHS Announces New Overdose Prevention Strategy:

The Federal Department of Health and Human Services (HHS) released their new overdose prevention strategy. The strategy prioritizes four key target areas—primary prevention, harm reduction, evidence-based treatment, and recovery support. View the [full strategy](https://www.hhs.gov/about/news/2021/10/27/hhs-secretary-becerra-announces-new-overdose-prevention-strategy.html) at: <https://www.hhs.gov/about/news/2021/10/27/hhs-secretary-becerra-announces-new-overdose-prevention-strategy.html>.

New Methamphetamine Committee:

Methamphetamine use is on the rise and usage among Men who have sex with men (MSM) living with HIV or unaware of their HIV status, use at a notably higher rate than MSMs who are HIV-negative. The California Planning Group (CPG) created the Methamphetamine and Other Stimulants (Meth) Committee to highlight this and expand education and awareness on stimulant use related to increased HIV and STI risk.

Strategy M: Improve Usability of Collected Data

The six federal Ending the HIV Epidemic in America counties will be using the Local Evaluation Online (LEO) data system to record the HIV testing, linkage to care, and linkage to PrEP activities. The Prevention Evaluation and Monitoring Section (PEMS) is modifying LEO to accommodate the activities funding through PS20-2010A. Use of LEO provides the counties and the state real-time analysis of data entered to date, allowing monitoring of progress of the various interventions and provides the required information needed for the twice a year submission of data to the CDC.

For [questions regarding this issue of *The OA Voice*](#), please send an e-mail to angelique.skinner@cdph.ca.gov.



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

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

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

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

Footnote:

1 – Service rankings approved 9/09/2021

2 – PY 33 & 34 Executive Committee Recommendations approved 11/16/2021 and Executive Committee Approved 12/09/2021



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

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

Footnotes:

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

2 - PY 33 and 34 Allocation percentages approved by PP&A on 11/16/2021 and the Executive Committee on 12/09/2021

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



LOS ANGELES COUNTY
COMMISSION ON HIV



SERVICE STANDARDS FOR SUBSTANCE USE OUTPATIENT CARE AND RESIDENTIAL SERVICES

FOR COMMISSION APPROVAL 01/13/22
MOTION #3

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



**SUBSTANCE USE SERVICES
SERVICE STANDARDS**

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

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

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

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

INTRODUCTION

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

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

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

HRSA Definitions and Program Guidance

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

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

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

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

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

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

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

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

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

APPENDIX A: DEFINITIONS

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

Collateral Services

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

Crisis Intervention Services

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

Discharge Services

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

Family Therapy

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

Field-based Services (FBS)

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

Group Counseling

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

Individual Counseling

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

Intake

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

Medication-assisted Treatment/Therapy (MAT)

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

Medication Services and Safeguarding Medications

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

Patient Education

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

Treatment Plan/Planning

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

LA County Commission on HIV



Constructively Candid Conversations Session 8



End-in-mind: Commissioners will know, and feel confident to apply, principles and techniques for engaging in Constructively Candid Conversations with Peers.

Plan

30-minute sessions in monthly Commission meetings: presentation of principle or technique and practice/application

One special 90-minute training on what Implicit Bias is and how it operates

Schedule:

- 1) Why Some Conversations are Uncomfortably Difficult
- 2) Stages of Relationships
- 3) Words Matter
- < Special 90-minute training on what Implicit Bias is and how it operates >
- 4) Self-Management
- 5) Empathy
- 6) Inquiry
- 7) Listening without Judging
- 8) Disclosing, Part 1 - affirming Shared Views**
- 9) Disclosing, Part 2 - presenting Different Facts or Perspective
- 10) Disclosing, Part 3 - requesting Different Behavior

Interaction Agreements

Engage Fully – avoid distractions

Represent Yourself – don't claim to speak for others

Share the Space – give room for others to speak

Receive Generously – don't attribute motives

Assume Alliance – we may disagree on issues, but we don't attack people

Protect Confidentiality – take learning with you, leave stories behind



Review – Essential Skills for Constructively Candid Conversations

- Self-Management, including Self-Awareness and Self-Control
- Empathy, imagining what another person is experiencing
- Inquiry, learning with open-ended questions
- Listening without judging to Understand



Today – 5th of 5 Skills for Constructively Candid Conversations: ***Disclosing*** (Part 1)



***Conversations are 2-way communications,
so, after we listen, we need to respond***

prejudice → acceptance, *inequity* → justice, *hostility* → peace

Today – 5th of 5 Skills for
Constructively Candid Conversations: ***Disclosing*** (Part 1)



***Conversations are 2-way communications,
so, after we listen, we need to respond***

WHAT we disclose and HOW we disclose it

prejudice → acceptance, *inequity* → justice, *hostility* → peace

Today – 5th of 5 Skills for
Constructively Candid Conversations: ***Disclosing*** (Part 1)

Disclosing, Part 1



Affirming Shared Views

prejudice → acceptance, *inequity* → justice, *hostility* → peace

Practice



As you listen to this reading, think about what you agree on with the speaker.

prejudice → acceptance, *inequity* → justice, *hostility* → peace

Today – 5th of 5 Skills for
Constructively Candid Conversations: ***Disclosing*** (Part 1)



***Conversations are 2-way communications,
so, after we listen, we need to respond***

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LA County Commission on HIV



Constructively Candid Conversations Session 8

