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
Meeting

Thursday, January 11, 2024
9:00am-1:00pm (PST)

St. Anne's Conference Center
155 N. Occidental Blvd., LA 90026
****Complimentary On-Site Valet Parking Available****
Kindly inform Valet you are attending the Commission meeting

Agenda and meeting materials will be posted on our website at http://hiv.lacounty.gov/Meetings

Members of the Public May Join in Person or Virtually.
For Members of the Public Who Wish to Join Virtually, Register Here:
https://lacountyboardofsupervisors.webex.com/weblink/register/r9f3d1ca641932ebbf1f6c4df8e9f4fce

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

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

LIKE WHAT WE DO?

Apply to become a Commission Member at:
https://www.surveymonkey.com/r/COHMembershipApp
For application assistance call (213) 738-2816 or email hivcomm@lachiv.org

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

Thursday, January 11, 2024 | 9:00 AM – 1:00 PM

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MEMBERS OF THE PUBLIC: TO JOIN VIRTUALLY, REGISTER HERE:
https://lacountyboardofsupervisors.webex.com/weblink/register/r9f3d1ca641932ebbf1f6c4df8e9f4fce

AGENDA POSTED: January 5, 2023

SUPPORTING DOCUMENTATION: Supporting documentation can be obtained via the Commission on HIV Website at: http://hiv.lacounty.gov or in person. The Commission Offices are located at 510 S. Vermont Ave., 14th Floor Los Angeles, 90020. Validated parking is available at 523 Shatto Place, Los Angeles 90020. **Hard copies of materials will not be made available during meetings unless otherwise determined by staff in alignment with the County's green initiative to recycle and reduce waste.*

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, email your Public Comment to hivcomm@lachiv.org or submit electronically HERE. All Public Comments will be made part of the official record.

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

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico á HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

LOS ANGELES COUNTY
COMMISSION ON HIV

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.

1. ADMINISTRATIVE MATTERS

A.	Call to Order, Roll Call/COI & Meeting Guidelines/Reminders		9:00 AM – 9:03 AM
B.	County Land Acknowledgment		9:03 AM – 9:05 AM
C.	Ceremonial Oath of Office		9:05 AM – 9:08 AM
D.	Approval of Agenda	**MOTION #1**	9:08 AM – 9:10 AM
E.	Approval of Meeting Minutes	**MOTION #2**	9:10 AM – 9:12 AM
F.	Consent Calendar	**MOTION #3**	9:12 AM – 9:15 AM

2. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment (Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. For those who wish to provide public comment may do so in person, electronically HERE, or by emailing hivcomm@lachiv.org. *If providing oral public comments, comments may not exceed 2 minutes per person*.) 9:15 AM – 9:20 AM

B. Commissioner Comment (Opportunity for Commission members to address the Commission on items of interest that are within the jurisdiction of the Commission. *Comments may not exceed 2 minutes per member*.) 9:20 AM – 9:25 AM

3. PRESENTATIONS 9:25 AM – 10:30 AM

A. Ralph M. Brown "Brown Act" Overview
B. Parliamentary Procedures Overview
C. Statement of Economic Interest Form 700 Overview

4. REPORTS - I

A. Executive Director/Staff Report 10:30 AM – 10:40 AM

1. 2023 Draft Annual Report Updates
2. 2024 COH Workplan & Activities
   a. Bylaws Proposed Changes Summary
3. County/Operational Updates
   a. HIVConnect Online Resource Directory | Sunset Effective January 15, 2024

B. Co-Chairs' Report 10:40 AM – 11:00 AM

(1) 2023 Reflections & Vision for 2024
(2) November 9, 2023 Annual Conference | FOLLOW-UP & FEEDBACK
(3) Advocacy via Public Comments
(4) Conferences, Meetings & Trainings | OPEN FEEDBACK (Opportunity for members to share **Commission-related** information from events attended)
   a. 2024 International AIDS Conference (July 22-24, 2024)

4. REPORTS – I (cont'd) 10:40 AM – 11:00 AM

B. Co-Chairs' Report (cont'd)
- (5) Member Vacancies & Recruitment
- (6) 2024 Committee Co-Chairs Open Nomination & Elections Preparation
- (7) Acknowledgement of National HIV Awareness Days

C. LA County Department of Public Health Report (Part A Representative) 11:00 AM – 11:15 AM
- (1) Division of HIV/STD Programs (DHSP) Updates
  - a. Programmatic and Fiscal Updates
  - b. Mpox Briefing
  - c. Ending the HIV Epidemic (EHE) | UPDATES
- (2) California Office of AIDS (OA) Report (Part B Representative) 11:15 AM – 11:20 AM
  - a. OAVoice Newsletter Highlights
  - b. California Planning Group (CPG)

D. Housing Opportunities for People Living with AIDS (HOPWA) Report 11:20 AM – 11:30 AM

E. Ryan White Program Parts C, D, and F Report 11:30 AM – 11:40 AM

F. Cities, Health Districts, Service Planning Area (SPA) Reports 11:40 AM – 11:50 AM
- (1) City of Long Beach HIV Surveillance Dashboard

BREAK 11:50 AM – 12:00 PM

5. REPORTS - II 12:00 PM – 12:35 PM

A. Operations Committee
- (1) Membership Management
  - a. Standards & Best Practices (SBP) Committee-Only Membership Renewal Application | Dr. Mark Mintline **MOTION #4**
  - b. New Membership Application | Daryl Russell, Unaffiliated Consumer, At-Large #3 **MOTION #5**
  - c. Mentorship Volunteer Recruitment
- (2) Policy & Procedures
  - a. "2 Person/Per Agency" Waiver Re: Policy #09.4205 Commission Membership Evaluation, Nomination and Approval Process **MOTION #6**
- (3) Recruitment, Retention and Engagement

B. Standards and Best Practices (SBP) Committee
- (1) Universal Service Standards **MOTION #7**
- (2) Medical Care Coordination (MCC) Service Standards **MOTION #8**
- (3) Prevention Service Standards | Public Comment Period: 12/15/2023 – 1/31/24

C. Planning, Priorities and Allocations (PP&A) Committee
- (1) Los Angeles County HIV &STI Status Neutral Service Delivery Framework **MOTION #9**
- (2) Los Angeles Housing Service Authority (LAHSA) Data Analysis
- (3) Fiscal Year 2023 RWP/MAI Expenditures and Utilization Report | UPDATES

D. Public Policy Committee (PPC)

(1) County, State and Federal Policy, Legislation, and Budget Updates & Reports

a. 2023-2024 Legislative Docket

b. 2023-2024 Policies Priorities

d. State/Federal Budget

e. County Coordinated STD Response

E. Caucus, Task Force and Work Group Reports 12:35 PM – 12:45 PM

(1) Aging Caucus | February 6, 2024 @ 1-3PM **Virtual*

(2) Black/African American Caucus | January 18, 2023 @ 4-5PM **Virtual*

(3) Bylaws Review Taskforce (BRT) | TBD

(4) Consumer Caucus | January 11, 2024 @ 1:30-3PM * *Virtual & In-Person @ St. Anne's*

(5) Transgender Caucus | January 23, 2024 @ 10AM-11:30AM **Virtual*

(6) Women's Caucus | January 22, 2024 @ 2-4PM **Virtual*

7. MISCELLANEOUS

A. Public Comment 12:45 PM – 12:50 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 may do so in person, electronically HERE, or by emailing hivcomm@lachiv.org. If providing oral public comments, comments may not exceed 2 minutes per person.)

B. Commission New Business Items 12:50 PM – 12:55 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 12:55 PM – 1:00 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 1:00 PM

Adjournment for the meeting of January 11, 2024.

LOS ANGELES COUNTY
COMMISSION ON HIV

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1	Approve meeting agenda, as presented or revised.
MOTION #2	Approve meeting minutes, as presented or revised.
MOTION #3	Approve Consent Calendar, as presented or revised.
CONSENT CALENDAR	
MOTION #4	Approve Standards & Best Practices (SBP) Committee-Only Membership Renewal Application for Dr. Mark Mintline, as presented or revised.
MOTION #5	Approve New Membership Application for Daryl Russell to occupy Unaffiliated Consumer, At-Large #3 Seat, as presented or revised.
MOTION #6	Approve revisions to Policy # 09.4205 to incorporate waiver language which states, "A two-person-per-agency waiver is applicable to individuals affiliated with an entity or organization otherwise represented on the COH. This waiver is granted if the individual's salary is not supported by the represented organization and they do not receive payment directly funded by dollars from a DHSP contract or in any consulting capacity by DHSP contractual funds", as presented or revised.
MOTOIN #7	Approve revisions to the Universal Service Standards, as presented or revised.
MOTION #8	Approve revisions to the Medical Care Coordination Service Standards (MCC), as presented or revised.
MOTION #9	Approve updated Los Angeles County HIV & STI Status Neutral Service Delivery Framework, as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION ON HIV MEMBERS			
Danielle Campbell, PhD, Co-Chair	*Luckie Fuller, Co-Chair*	Joseph Green, *Co-Chair Pro Tem*	Miguel Alvarez
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton	Mikhaela Cielo, MD
Lilieth Conolly	Sandra Cuevas	Mary Cummings	Erika Davies
Pearl Doan	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS	Arlene Frames
Felipe Gonzalez	Bridget Gordon	Karl Halfman, MA	Dr. David Hardy (*Alternate)
Ismael Herrera	William King, MD, JD, AAHIVS	Lee Kochems, MA	Jose Magaña
Leon Maultsby, MHA	Anthony Mills, MD	Andre Moléttе	Derek Murray
Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Jesus “Chuy” Orozco	Ronnie Osorio (*Alternate)
Byron Patel RN, ACRN	Mario J. Pérez, MPH	Dechelle Richardson (*Alternate)	Erica Robinson (**Alternate)
Reverend Redeem Robinson	Ricky Rosales	Harold Glenn San Agustin, MD	Martin Sattah, MD
Juan Solis (*Alternate)	LaShonda Spencer, MD	Kevin Stalter	Lambert Talley (*Alternate)
Justin Valero, MPA	Jonathan Weedman	Russell Ybarra	
		MEMBERS:	**47**
		QUORUM:	**24**

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

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://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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Approved by COH 6/8/23

CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. 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 approach all our interactions with compassion, respect, and transparency.**
2) **We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
3) **We listen with intent, avoid interrupting others, and elevate each other's voices.**
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) **Be flexible, open-minded, and solution-focused.**
7) **We give and accept respectful and constructive feedback.**
8) **We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
9) **We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
10) **We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)

OVERVIEW OF THE COUNTYWIDE LAND ACKNOWLEDGMENT

AS ADOPTED BY THE BOARD OF SUPERVISORS ON NOVEMBER 1, 2022

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants—past, present, and emerging—as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the:

- Fernandeño Tataviam Band of Mission Indians
- Gabrielino Tongva Indians of California Tribal Council
- Gabrieleno/Tongva San Gabriel Band of Mission Indians
- Gabrieleño Band of Mission Indians – Kizh Nation
- San Manuel Band of Mission Indians
- San Fernando Band of Mission Indians

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at lanaic.lacounty.gov.

WHAT IS A LAND ACKNOWLEDGMENT?

A land acknowledgment is a statement that recognizes an area's original inhabitants who have been forcibly dispossessed of their homelands and is a step toward recognizing the negative impacts these communities have endured and continue to endure, as a result.

"THIS IS A FIRST STEP IN THE COUNTY OF LOS ANGELES ACKNOWLEDGING PAST HARM TOWARDS THE DESCENDANTS OF OUR VILLAGES KNOWN TODAY AS LOS ANGELES...THIS BRINGS AWARENESS TO STATE OUR PRESENCE, *E'QUA'SHEM*, WE ARE HERE."

—Anthony Morales, Tribal Chairman of the Gabrieleno/Tongva San Gabriel Band of Mission Indians

HOW WAS THE COUNTYWIDE LAND ACKNOWLEDGMENT DEVELOPED?

JUNE 23, 2020

The Board of Supervisors (Board) approves a motion, authored by LA County Supervisor Hilda L. Solis, to adopt the Countywide Cultural Policy.

JULY 13, 2021

The Board supports a motion to acknowledge and apologize for the historical mistreatment of California Native Americans by Los Angeles County.

OCTOBER 5, 2021

The Board directs the LA County Department of Arts and Culture (Arts and Culture) and the LA City/County Native American Indian Commission (LANAIC) to facilitate meetings with leaders from local Tribes to develop a formal land acknowledgment for the County.

"THE SPIRIT OF OUR ANCESTORS LIVES WITHIN US. THE TRUE DESCENDANTS OF THIS LAND HAVE BECOME THE TIP OF THE SPEAR AND WILL CONTINUE TO SEEK RESPECT, HONOR, AND DIGNITY, ALL OF WHICH WERE STRIPPED FROM OUR ANCESTORS. IT IS OUR MOST SINCERE GOAL TO WORK TOGETHER AS WE BEGIN TO CREATE THE PATH FORWARD TOWARD ACKNOWLEDGMENT, RESTORATION, AND HEALING."

—Donna Yocum, Chairwoman of the San Fernando Band of Mission Indians

NOVEMBER 2021 – MARCH 2022

With help from an outside consultant, Arts and Culture and LANAIC conduct extensive outreach to 22 tribal governments, with generally 5 tribal affiliations, that have ties to the LA County region, as identified by the California Native American Heritage Commission. Five Tribes agree to participate on a working group.

MARCH 30 – SEPTEMBER 30, 2022

Over five facilitated sessions, the working group contributes recommendations, guidance, and historic and cultural information that informs the development of the County's land acknowledgment.

OCTOBER 18, 2022

LANAIC Commissioners approve a recommendation for the Board to adopt the Countywide Land Acknowledgment.

NOVEMBER 1, 2022

The Board adopts the Countywide Land Acknowledgment.

DECEMBER 1, 2022

The Countywide Land Acknowledgment begins to be verbally announced and displayed visually at the opening of all Board meetings.

"TRUTH IS THE FIRST STEP TO THE RECOVERY OF OUR STOLEN LAND AND BROKEN PROMISES…WE ARE STILL HERE."

—Robert Dorame, Tribal Chair of the Gabrielino Tongva Indians of California

LOS ANGELES COUNTY COMMISSION ON HIV

2024 MEMBERSHIP ROSTER| UPDATED 1.9.24

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			***Vacant***		July 1, 2023	June 30, 2025	
2	City of Pasadena representative	1	EXC|SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2022	June 30, 2024	
3	City of Long Beach representative			***Vacant***	Long Beach Health & Human Services	July 1, 2023	June 30, 2025	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2022	June 30, 2024	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2023	June 30, 2025	
6	Director, DHSP **Non Voting*	1	EXC	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2022	June 30, 2024	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health, Office of AIDS	July 1, 2022	June 30, 2024	
8	Part C representative	1	PP	Leon Maultsby, MHA	Charles R. Drew University	July 1, 2022	June 30, 2024	
9	Part D representative	1	SBP	Mikhaela Cielo, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2023	June 30, 2025	
10	Part F representative	1	PP	Sandra Cuevas	Pacific AIDS Education and Training - Los Angeles Area	July 1, 2022	June 30, 2024	
11	Provider representative #1	1	OPS	Jose Magana	The Wall Las Memorias	July 1, 2023	June 30, 2025	
12	Provider representative #2	1	SBP	Andre Molette	Men's Health Foundation	July 1, 2022	June 30, 2024	
13	Provider representative #3	1	PP&A	Harold Glenn San Agustin, MD	JWCH Institute, Inc.	July 1, 2023	June 30, 2025	
14	Provider representative #4	1	PP&A	LaShonda Spencer, MD	Charles Drew University	July 1, 2022	June 30, 2024	
15	Provider representative #5	1	SBP	Byron Patel, RN, ACRN	Los Angeles LGBT Center	July 1, 2023	June 30, 2025	
16	Provider representative #6			***Vacant***		July 1, 2022	June 30, 2024	
17	Provider representative #7	1	EXC	Alexander Luckie Fuller ***(LOA)***	Invisible Men	July 1, 2023	June 30, 2025	
18	Provider representative #8	1	SBP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2022	June 30, 2024	
19	Unaffiliated consumer, SPA 1			***Vacant***		July 1, 2023	June 30, 2025	
20	Unaffiliated consumer, SPA 2	1	SBP	Russell Ybarra	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
21	Unaffiliated consumer, SPA 3	1	PP&A	Ish Herrera	*Unaffiliated Consumer*	July 1, 2023	June 30, 2025	
22	Unaffiliated consumer, SPA 4			***Vacant***		July 1, 2022	June 30, 2024	Lambert Talley (PP&A)
23	Unaffiliated consumer, SPA 5	1	EXC|SBP	Kevin Stalter	*Unaffiliated Consumer*	July 1, 2023	June 30, 2025	
24	Unaffiliated consumer, SPA 6	1	OPS	Jayda Arrington	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
25	Unaffiliated consumer, SPA 7			***Vacant***		July 1, 2023	June 30, 2025	Ronnie Osorio (PP)
26	Unaffiliated consumer, SPA 8	1	EXC|PP&A	Kevin Donnelly	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
27	Unaffiliated consumer, Supervisorial District 1			***Vacant***		July 1, 2023	June 30, 2025	Dechelle Richardson (PP&A)
28	Unaffiliated consumer, Supervisorial District 2	1	EXC	Bridget Gordon	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Arlene Frames	*Unaffiliated Consumer*	July 1, 2023	June 30, 2025	
30	Unaffiliated consumer, Supervisorial District 4			***Vacant***		July 1, 2022	June 30, 2024	Juan Solis (SBP)
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Felipe Gonzalez	*Unaffiliated Consumer*	July 1, 2023	June 30, 2025	
32	Unaffiliated consumer, at-large #1	1	PP&A	Lilieth Conolly	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
33	Unaffiliated consumer, at-large #2			***Vacant***		July 1, 2023	June 30, 2025	Erica Robinson (OPS)
34	Unaffiliated consumer, at-large #3			***Vacant***		July 1, 2022	June 30, 2024	David Hardy (SBP)
35	Unaffiliated consumer, at-large #4	1	EXEC	Joseph Green	*Unaffiliated Consumer*	July 1, 2023	June 30, 2025	
36	Representative, Board Office 1	1	EXC|PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2022	June 30, 2024	
37	Representative, Board Office 2	1	EXC|OPS	Danielle Campbell, MPH	T.H.E Clinic, Inc. (THE)	July 1, 2023	June 30, 2025	
38	Representative, Board Office 3	1	EXC|PP	Katja Nelson, MPP	APLA	July 1, 2022	June 30, 2024	
39	Representative, Board Office 4	1	EXC|OPS	Justin Valero, MA	No affiliation	July 1, 2023	June 30, 2025	
40	Representative, Board Office 5	1	PP&A	Jonathan Weedman	ViaCare Community Health	July 1, 2022	June 30, 2024	
41	Representative, HOPWA	1	PP&A	Jesus Orozco	City of Los Angeles, HOPWA	July 1, 2023	June 30, 2025	
42	Behavioral/social scientist	1	EXC|PP	Lee Kochems, MA	*Unaffiliated Consumer*	July 1, 2022	June 30, 2024	
43	Local health/hospital planning agency representative			***Vacant***		July 1, 2023	June 30, 2025	
44	HIV stakeholder representative #1	1	PP	Alasdair Burton	No affiliation	July 1, 2022	June 30, 2024	
45	HIV stakeholder representative #2	1	PP	Paul Nash, CPsychol AFBPsS FHEA	University of Southern California	July 1, 2023	June 30, 2025	
46	HIV stakeholder representative #3	1	PP	Pearl Doan	No affiliation	July 1, 2022	June 30, 2024	
47	HIV stakeholder representative #4	1	PP&A	Redeem Robinson ***(LOA)***	No affiliation	July 1, 2023	June 30, 2025	
48	HIV stakeholder representative #5	1	PP	Mary Cummings	Bartz-Altadonna Community Health Center	July 1, 2022	June 30, 2024	
49	HIV stakeholder representative #6	1	PP	Felipe Findley, PA-C, MPAS, AAHIVS	Watts Healthcare Corp	July 1, 2023	June 30, 2025	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2022	June 30, 2024	
51	HIV stakeholder representative #8	1	EXC|OPS	Miguel Alvarez	No affiliation	July 1, 2022	June 30, 2024	
	TOTAL:	**41**						

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

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 11/20/23

In accordance with the Ryan White Program (RWP), conflict of interest is defined as any financial interest in, board membership, current or past employment, or contractual agreement with an organization, partnership, or any other entity, whether public or private, that receives funds from the Ryan White Part A program. These provisions also extend to direct ascendants and descendants, siblings, spouses, and domestic partners of Commission members and non-Commission Committee-only members. Based on the RWP legislation, HRSA guidance, and Commission policy, it is mandatory for Commission members to state all conflicts of interest regarding their RWP Part A/B and/or CDC HIV prevention-funded service contracts prior to discussions involving priority-setting, allocation, and other fiscal matters related to the local HIV continuum. Furthermore, Commission members must recuse themselves from voting on any specific RWP Part A service category(ies) for which their organization hold contracts. ***An asterisk next to member's name denotes affiliation with a County subcontracted agency listed on the addendum.***

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts
CAMPBELL *	**Danielle**	T.H.E. Clinic, Inc.	See attached subcontractor's list
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Biomedical HIV Prevention
CUEVAS	**Sandra**	Pacific AIDS Education and Training - Los Angeles	No Ryan White or prevention contracts
CUMMINGS	**Mary**	Bartz-Altadonna Community Health Center	No Ryan White or prevention contracts
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DOAN	**Pearl**	No Affiliation	No Ryan White or prevention contracts
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FRAMES	**Arlene**	Unaffiliated consumer	No Ryan White or prevention contracts
FULLER	**Luckie**	No Affiliation	No Ryan White or prevention contracts
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
HARDY	**David**	LAC-USC Rand Schrader Clinic	No Ryan White or prevention contracts
HERRERA	**Ish**	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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)
			Transportation Services
			Promoting Healthcare Engagement Among Vulnerable Populations
MAULTSBY	**Leon**	Charles R. Drew University	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MOLLETTE	**Andre**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			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
OSORIO	**Ronnie**	Center For Health Justice (CHJ)	Transitional Case Management - Jails
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
PATEL	**Byron**	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
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
RICHARDSON	**Dechelle**	AMAAD Institute	Community Engagement/EHE
ROBINSON	**Erica**	Health Matters Clinic	No Ryan White or prevention contracts
ROBINSON	**Mallery**	No Affiliation	No Ryan White or prevention contracts
ROBINSON	**Redeem**	All Souls Movement (No Affiliation)	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	No Ryan White or prevention contracts
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
SOLIS *	**Juan**	UCLA Labor Center	See attached subcontractor's list
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Biomedical HIV Prevention
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
TALLEY	**Lambert**	Grace Center for Health & Healing (No Affiliation)	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WEEDMAN	**Jonathan**	ViaCare Community Health	Biomedical HIV Prevention
YBARRA	**Russell**	Capitol Drugs	No Ryan White or prevention contracts

The following list and addendum present the conflicts of interest for Commission members who represent agencies with Part A/B and/or CDC HIV Prevention-funded service contracts and/or subcontracts with the County of Los Angeles. For a list of County-contracted agencies and subcontractors, please defer to Conflict of Interest & Affiliation Disclosure Form.

Division of HIV and STD Programs Contracted Community Services		
ORGANIZATION	**SERVICE CATEGORY**	**SUBCONTRACTOR**
AIDS Healthcare Foundation (AHF)	Mental Health	
	Medical Specialty	
	Oral Health	
APLA Health & Wellness (AHW)	Ambulatory Outpatient Medical (AOM)	
	Case Management Home-Based	Libertana Home Health, Caring Choice, The Wright Home Care, Cambrian, Care Connection, Envoy
	Nutrition Support (Food Bank/Pantry Service	AIDS Food Store, Foothill AIDS Project, JWCH, Project Angel
	Oral Health	Dostal Laboratories
	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
	STD-Ex.C	
	Biomedical HIV Prevention Services	
AltaMed Health Services	Case Management Home-Based	Envoy, Caring Choice, Health Talent Strategies, Hope International
	Mental Health	
	Vulnerable Populations (YMSM)	TWLMP
Bienestar Human Services (BEN)	Nutrition Support (Food Bank/Pantry Service)	
	Vulnerable Populations (Trans)	CHLA, SJW
Black AIDS Institute	HTS - Storefront	LabLinc Mobile Testing Unit Contract
Center for Health Justice (CHJ)	Transitional Case Management (Jails)	
	Vulnerable Populations (YMSM)	
Childrens Hospital Los Angeles (CHL)	AOM	
	Vulnerable Populations (YMSM)	APAIT
	HTS - Storefront	AMAAD, Center for Health Justice, Sunrise Community Counceling Center
Coachman Moore and Associates	STD Prevention	
East Los Angeles Womens Center	HERR	
East Valley Community Health Center (EVC)	AOM	
Essential Access Health (formerly California Family Health Council)	STD Infertility Prevention and District 2	
Friends Research Institute	HERR	
Greater Los Angeles Agency on Deafness, Inc. (GLAD)	HERR	LIFESIGNS, Inc., Sign Language Interpreter Services
Heluna Health	Linkage to Care Service forr Persons Living with HIV	EHE Mini Grants (MHF; Kavich-Reynolds; SJW; CDU; Kedren Comm Health Ctr; RLA; SCC; EHE Priority Populations (BEN; ELW; LGBT; SJW; SMM; WLM; UCLA LAFANN; Spanish Telehealth Mental Health Services; Translation/Transcription Services; Public Health Detailing; HIV Workforce Development
In the Meantime Men's Group	Vulnerable Populations (YMSM)	Resilient Solutions Agency
JWCH Institute, Inc. (JWCH)	Mental Health	Bienestar
	Oral Health	USC School of Dentistry
	Biomedical HIV Prevention Services	
LAC University of Southern California Medical Center Foundation, Inc.	Community Engagement and Related Services	AMAAD, Program Evaluation Services, Community Partner Agencies
LAC-DHS Housing for Health (DHS)	Housing Assistance Services	Heluna Health
Los Angeles LGBT Center (LGBT)	AOM	Barton & Associates
	Vulnerable Populations (YMSM)	Bienestar, CHLA, The Walls Las Memorias, Black AIDS Institute
	Vulnerable Populations (Trans)	Special Services for Groups, Translatin@ Coalition, CHLA, Friends

Men's Health Foundation (Anthony Martin Mills, MD)	AOM	AMMD (Medical Services)
	Biomedical HIV Prevention Services	
	Vulnerable Poplulations (YMSM)	
	Sexual Health Express Clinics (SHEx-C)	AMMD - Contracted Medical Services
Minority AIDS Project (MAP)	Case Management Home-Based	Caring Choice, Envoy
Northeast Valley Health Corporation (NEV)	AOM	
	Mental Health	
	STD Testing and STD Screening, Diagnosis & Treatment Services (STD-SDTS)	
Project New Hope (PNH)	Residential Facility For the Chronically Ill (RCFCI)	
Public Health Foundation Enterprises (PHF)	Transitional Case Management (Jails)	
St. John's Well Child and Family Center (SJW)	HTS - Social and Sexual Networks	Black AIDS Institute
St. Mary Medical Center (SMM)	AOM	
	Case Management Home-Based	Envoy, Cambrian, Caring Choice
	Oral Health	Dental Laboratory
T.H.E. Clinic, Inc. (THE)	AOM	
The Wall Las Memorias Project	HTS - Storefront	
	HTS - Social and Sexual Networks	
Tarzana Treatment Center (TTC)	AOM	New Health Consultant
	Case Management Home-Based	Always Right Home, Envoy
	Mental Health	
The Regents of the University of California (UCLA)	Oral Health-Endo	
	Oral Health-Gen.	
University of Southern California School of Dentistry (USC-Ostrow)	Oral Health-Endo	Patient Lab - Burbank Dental Lab, DenTech; Biopsies - Pacific Oral Pathology
	Oral Health-Gen.	Patient Lab Services
Venice Family Clinic (VFC)	AOM	UCLA
	Benefit Specialty	UCLA
	Medical Care Coordination	UCLA
Watts Healthcare Corporation (WHC)	Oral Health	

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor, Los Angeles, CA 90020
TEL. (213) 738-2816
WEBSITE: hiv.lacounty.gov | EMAIL: hivcomm@lachiv.org

COMMITTEE ASSIGNMENTS

Updated: January 10, 2024
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 11 | Number of Quorum= 7**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Danielle Campbell	**Co-Chair, Comm./Exec.***	**Commissioner**
Luckie Fuller	**Co-Chair , Comm/Exec***	**Commissioner**
Joseph Green *(Pro tem)*	**Co-Chair, Comm./Exec.***	**Commissioner**
Miguel Alvarez	At-Large	Commissioner
Al Ballesteros	Co-Chair, PP&A	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Lee Kochems, MA	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner
Justin Valero, MA	Co-Chair, Operations	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4th Thursday of the Month **Regular meeting time: 10:00 AM-12:00 PM** **Number of Voting Members= 6 | Number of Quorum= 4**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Vacant	**Committee Co-Chair***	**Commissioner**
Justin Valero	**Committee Co-Chair***	**Commissioner**
Miguel Alvarez	At Large	Commissioner
Jayda Arrington	*	Commissioner
Jose Magaña	*	Commissioner
Leon Maultsby	*	Commissioner
Erica Robinson	*	Alternate

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month **Regular meeting time: 1:00-3:00 PM** **Number of Voting Members= 15| Number of Quorum= 9**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Al Ballesteros, MBA	**Committee Co-Chair***	Commissioner
Lilieth Conolly	*	Commissioner
Felipe Gonzalez	*	Commissioner
Ish Herrera	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
Dèchelle Richardson	*	Alternate
Redeem Robinson	*	Commissioner
Harold Glenn San Agustin, MD	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Lambert Talley	*	Commissioner
Jonathan Weedman	*	Commissioner
Michael Green, PhD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1st 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	*	Commissioner
Sandra Cuevas	*	Commissioner
Mary Cummings	*	Commissioner
Pearl Doan	*	Commissioner
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Paul Nash, CPsychol AFBPsS FHEA	*	Commissioner
Ronnie Osorio	*	Commissioner
Ricky Rosales	*	Commissioner

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE		
Regular meeting day: 1st Tuesday of the Month Regular meeting time: 10:00AM-12:00 PM Number of Voting Members = 12 | Number of Quorum = 7		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Stalter	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Mikhaela Cielo, MD	*	Commissioner
Arlene Frames	*	Commissioner
Lauren Gersh	*	Committee Member
David Hardy, MD	*	Commissioner
Mark Mintline, DDS	*	Committee Member
Andre Molette	*	Commissioner
Byron Patel, RN, ACRN	*	Commissioner
Martin Sattah, MD	*	Commissioner
Juan Solis	*	Alternate
Russell Ybarra	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting
Co-Chairs: Damone Thomas, Lilieth Conolly & Ismael (Ish) Herrera
Open membership to consumers of HIV prevention and care services

AGING CAUCUS

Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm
Co-Chairs: Kevin Donnelly & Paul Nash
Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm
Co-Chairs: Xelestiál Moreno-Luz & Yara Tapia
Open membership

WOMEN'S CAUCUS

Regular meeting day/time: Virtual - 3rd Monday of Each Quarter @ 2-4:00pm
The Women's Caucus Reserves the Option of Meeting In-Person Annually
Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo
Open membership

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

510 S. Vermont Avenue, 14th Floor, Los Angeles CA 90020 • TEL (213) 738-2816
EMAIL: hivcomm@lachiv.org • WEBSITE: http://hiv.lacounty.gov

Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission's website and may be corrected up to one year after approval. Meeting recordings are available upon request.

COMMISSION ON HIV (COH)
OCTOBER 12, 2023 MEETING MINUTES

Vermont Corridor Terrace Level
510 S. Vermont Avenue, Los Angeles, CA 90020
CLICK HERE FOR MEETING PACKET

TELECONFERENCE SITE:
California Department of Public Health, Office of AIDS
1616 Capitol Ave, Suite 75-61, Sacramento, CA 95814

Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

COMMISSION MEMBERS P=Present | VP=Virtually Present | A=Unexcused Absence | EA=Excused Absence									
Miguel Alvarez	P	Everardo Alvizo, MSW	P	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton	P
Danielle Campbell, MPH	EA	Mikhaela Cielo, MD	P	Lilieth Conolly	P	Sandra Cuevas	P	Mary Cummings (BA; TeleConf)	P
Shonté Daniels	EA	Erika Davies	P	Pearl Doan	A	Kevin Donnelly	P	Felipe Findley	P
Luckie Fuller	EA	Arlene Frames	P	Felipe Gonzalez	P	Bridget Gordon	P	Joseph Green	P
Karl Halfman, MS	P (BA; TeleConf)	Dr. David Hardy	EA	Ismael Herrera	P	Dr. William King, JD	P	Lee Kochems	P
Jose Magaña	A	Leon Maultsby, MHA	P	Dr. Anthony Mills	EA	Andre Molette	P	Derek Murray	EA

Dr. Paul Nash	P	Katja Nelson	P	J. Chuy Orozco	P	Ronnie Osorio	A	Byron Patel	P
Mario J. Peréz, MPH	P	De'chelle Richardson	P	Erica Robinson	P	Redeem Robinson	EA	Ricky Rosales	EA
Dr. H. Glenn San Agustin	P	Dr. Martin Sattah	A	Juan Solis	A	Dr. LaShonda Spencer	P	Kevin Stalter	P
Lambert Talley	P	Justin Valero	P	Jonathan Weedman	P	Russell Ybarra	P		
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc Clendon; Jose Rangel-Garibay, MPH; and Sonja Wright, DACM, LAc. Jim Stewart, Parliamentarian									
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF									

I. ADMINISTRATIVE MATTERS

A. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

COH Co-Chair Pro Tem, Joseph Green called the meeting to order at 9:00 AM and reviewed meeting guidelines and reminders; see meeting packet.

B. COUNTY LAND ACKNOWLEDGEMENT

J. Green read the County's Land Acknowledgement to recognize the land originally and still inhabited and cared for by the Tongva, Tataviam, Kizh, and Chumas Peoples; see meeting packet for full statement.

C. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS

James Stewart, Parliamentarian, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, S. Cuevas, M. Cummings (BA: Teleconf), E. Davies, K. Donnelly, F. Findley, A. Frames, F. Gonzalez, B. Gordon, J. Green, K. Halfman (BA:Teleconf), I. Herrera, W. King, L. Kochems, L. Maultsby, A. Molette, P. Nash, K. Nelson, J. Orozco, B. Patel, M. Perez, D. Richardson, E. Robinson, H. San Agustin, L. Spencer, K. Stalter, L. Talley, J. Valero, J. Weedman and R. Ybarra.

D. APPROVAL OF AGENDA

MOTION #1: Approve meeting agenda, as presented or revised. ***✓Passed by Consensus***

E. APPROVAL OF MEETING MINUTES

MOTION #2: Approve meeting minutes, as presented or revised. ***✓Passed by Consensus***

F. CONSENT CALENDAR

MOTION #3: Approve Consent Calendar, as presented or revised. ***✓Passed by Consensus***

II. PUBLIC & COMMISSIONER COMMENTS

A. Public Comment *None*

B. Commissioner Comment *None*

III. REPORTS – 1

A. EXECUTIVE DIRECTOR/STAFF REPORT

Cheryl Barrit, Executive Director, COH, provided the following County/COH operational updates:

- C. Barrit (1) thanked staff, Commissioners, Rainbow Sound, and Co-Chair Bridget Gordon and Co-Chair Pro-Tem Joe Green for preparing for today's full Commission meeting, (2) acknowledged members of the public joining in person and remotely, and (3) informed attendees that the COH is working with the Department of Mental Health (DMH) building management team to report technical issues; in addition to leaning on the BOS and Internal Services Department IT teams for guidance, and Rainbow Sound for audio amplification options.

(1) Updated HRSA Planning Council Requirements and Expectations Letter

- On August 29, 2023, the Health Resources and Services Administration (HRSA) released a Program Expectations Letter for Planning Council. The letter was included on the September 28th Executive Committee agenda and in the packet.
- HRSA periodically updates this letter to provide clarification and responses to questions from Planning Councils (PCs).
- C. Barrit encouraged everyone to read the document as it will: (1) encourage attendance at Planning, Priorities & Allocations (PP&A) Committee meetings to review data presented by the Division of HIV and STDs (DHSP) on service utilization, program and fiscal information/reports, (2) push to fill vacancies, especially unaffiliated consumer seats, of which 33% is required by the Ryan White Care Act, and (3) to work with the

Bylaws Review Task (BRT) Force to align and fine tune sections of the bylaws with the updated guidance from HRSA.

- C. Barrit also noted the COH is working with County Counsel, DHSP and the Bylaws Review Task Force (BRT) on the following:
  - Terms limits and membership rotations (i.e., currently terms are waived by the Board of Supervisors)
  - Separation of PC and Recipient (DHSP) roles (i.e., changing the bylaws to specifically designate DHSP director and staff on Committees as "non-voting members". DHSP will abstain from voting as standard practice).

(2) Annual Conference Planning

- C. Barrit outlined the following: (1) the event will be held at the Vermont Corridor on November 9th, from 9am to 4pm, followed by reception from 4pm to 5pm, (2) it is open to the community and extended a special invitation to encourage strong attendance from consumers, (3) there is an integrated call to action exercise at the end of each speaker's session to engage participants in collective problem solving; call to action ideas will be synthesized by staff to help steer 2024 priorities and workplans, (4) the speakers consist of DHSP staff, Dr. Sid Puri (SAPC), Dr. Ardis Moe, Dr. Va Lecia Adams Kellum was invited, Dr. Curley Bonds (DMH), and an Intergenerational community discussion on community building with AJ King as the facilitator.

(3) Upcoming COH-Sponsored Activities and Events

- C. Barrit highlighted the following activities/events:
  - UCLA reached out to the COH to support a lecture by Dr. Ijeoma Opara, titled "Approaching Substance Use and Prevention by Harnessing Black Girl's Strength". COH representatives from the Women's and Black Caucuses (Caucus Co-Chairs plus commissioners Danielle Campbell, Jayda Arrington, Lilieth Conolly, Bridget Gordon, and Arlene Frames) will attend a dinner on Oct. 18 at UCLA to meet Dr. Opara and share community insights. Details can be found at the UCLA Luskin School of Public Affairs, Luskin Lecture Series website.
  - The TGI Summit will be held on November 2nd, from 8am to 4pm at the Village at Ed Gould Plaza. The Save the Date flyer was already sent out and is posted on the COH website under "Events".
  - A community outreach and education event, led by Black Caucus, will be held on Oct. 21, from 10am to 7pm, at the Taste of Soul, in partnership with several agencies such as Dr. King, the AMAAD Institute, JWCH, and more, for cross promotion of booths. For more information, visit www.tasteofsoulla.com .

World AIDS Day community awareness events:

- C. Barrit announced the following World AIDS events:
  - Supervisor Barger's Office and the COH will co-host a Leadership Breakfast on December 1st at the Robinson Recreation Center Auditorium in Pasadena. The event planning team consists of Jonathan Weedman, Katja Nelson, Dechelle Richardson, and Joseph Leahy. Supervisor Barger has been confirmed to speak and details are being worked out by planning team.
  - On December 6th, Supervisorial District 2 - Supervisor Holly Mitchell will partner with the COH's Black Caucus. Details are still being worked out but the anticipated time is from 9am to 12pm.

B. CO-CHAIRS' REPORT

- Co-Chair Joe Green provided the following reports:

(4) September 14, 2023 COH Meeting | FOLLOW-UP & FEEDBACK

a. LA County Department of Health Services (DHS) HIV Data Cascade Presentation

- As a follow-up to the presentation on DHS Positive Care Clinics HIV cascade, the Executive Committee discussed writing a memo to Dr. Christina Ghaly thanking Drs. Corado and Belani for their presentation and sharing the comments and concerns from the Commissioners about the need for providing the required level of funding for Positive Care Clinics to fully support the Medical Care Coordination staffing and service model. As a follow-up, periodic reports from DHS will be requested.

b. City Representatives Harm Reduction/Substance Use Presentations

- The City representatives were thanked for their presentations on harm reduction efforts last month. The presentations were well received, and the Executive Committee discussed dedicating detailed quarterly reports on a specific topic for our City representatives for future meetings.
- Leon Maultsby, Part C representative, provided an overview of Part C programs at today's meeting. As a follow-up, the COH will work with Part D and F representatives in scheduling overviews for future meetings.

c. **DHSP HIV + STD Services Customer Support Line**

- To better manage Commission meetings and focus conversations on the Commission's role as a planning council, the Division of HIV and STD Program's, HIV + STD Services Customer Support Line, was presented as a means to assist community members with accessing STD or HIV services in the County. The Customer Support Line is anonymous, and individuals will not be denied services for reporting a problem or concern. A copy of the

Customer Support Line was provided in the packet.

No feedback or comments.

(5) **Advocacy via Public Comments**

- On October 2, 2023 the Board of Supervisors passed a motion instructing the Department of Public Health's Director to provide the following at the October 17, 2023 Board meeting on current investments and programs that address the Sexually Transmitted Infection (STI) crisis: (1) current strategies that address STI health disparities and inequities among disproportionately impacted communities, (2) a review of the planned investment of new resources, and (3) new strategies to reduce rates of infection.
- The audience was encouraged to mobilize as a community and provide written and live public comments at the October 17th Board meeting to emphasize the importance of a meaningful and sustained action to curb the STI crisis. The agenda for the October 17th Board meeting is posted on the Board's website at https://bos.lacounty.gov/ .
- An email was sent to Commissioners on Friday, October 6th, informing members of the opportunity to provide public comments, along with suggested talking points to help construct their testimonies.
- Commissioners were asked to provide ongoing public comments at Health Deputies and Board meetings to garner support for strengthening the public health STD and HIV infrastructure and supporting DPH/DHSP and the local network of care providers in their efforts.
- Katja Nelson confirmed the information provided and added that Dr. Ferrer will be present and there are three things supporters can do: (1) to make an impact, be there in person, (2) call-in if attending in public is feasible, and (3) submit an online comment so that the comment is attached to the motion and part of the public record, if persons are unable to present in-person or by phone. K. Nelson will also provide a link to DHSP statistical data to help strengthen the discussions and testimonies.
- A. Ballesteros requested a 1-page data summary sheet to help Commissioners with their public comments.

(4) Conferences, Meetings & Trainings | OPEN FEEDBACK (Opportunity for members to share Commission-related information from events attended)

a. Collaboration in Care Conference: Improving HIV and Aging Services | September 17-19

- The Commission sponsored Arlene Frames to attend the Collaboration in Care Conference in Sacramento. A. Frames stated it was an honor and privilege to be able to attend, and how wonderful the experience was. One of her biggest takeaways was seeing and listening to speaker Harold Phillips, as she was impressed by his openness with being a Black gay man. She also "loved" Dr. Paul Nash's presentation on loneliness and living with HIV.

b. "Let's Talk About Sex": An Educational Event for Service Providers to Promote Sexual Health Among Older Adults | September 22

- Please see a summary of the education event under the Aging Caucus report below.

(5) Member Vacancies & Recruitment

The Commission continues to recruit for the following unaffiliated consumer vacancies:

- Service Planning Area 1 (Antelope Valley)
- Service Planning Area 4 (Metro LA)
- Service Planning Area 7 (East)
- Supervisorial District 1 (Supervisor Hilda Solis' District)
- Supervisorial District 4 (Supervisor Janice Hahn's District)
- 1 At Large Seat
- Unaffiliated consumers must meet the following criteria set by our federal funders: 1) a person living with HIV; and 2) a Ryan White program client; and 3) NOT employed by an agency receiving funding for Part A Ryan White program.
  - It was relayed that COH staff has reached out to local health plans and the Hospital Association of Southern CA to solicit applications for the local health/hospital planning agency representative and to other planning councils in California to discuss a unified approach and appeal to the State to fill the Medi-Cal seats in our respective councils.

All are encouraged to help promote the Commission and contact staff for assistance with membership applications.

(6) Acknowledgement of National AIDS Awareness Days for October 2023

October 15: National Latinx HIV/AIDS Awareness Day (NLAAD)

The following was reported in acknowledgment of NLAAD:

- HIV infection has had a disproportionate impact on the Latino community. According to the 2021 Los Angeles County HIV Surveillance Report, the populations most impacted by the HIV epidemic were Latinx males who represented 41% (21,608) of all PLWDH followed by White males (24%) (12,974) and Black males (17%) (8,874). Latinx Females represented 5.1% (or 2,746) of the people diagnosed

with HIV. Unfortunately, stigma and a general lack of awareness continue to help spread the epidemic in our communities.

- National Latino AIDS Awareness Day (NLAAD) is commemorated each year on October 15th, and is a movement that unites Latino leaders and community-based organizations across the nation to act and fight against HIV and AIDS. Created by the Hispanic Federation and the Latino Commission on AIDS in 2003, NLAAD promotes and sponsors diverse prevention activities that target Latino families.
- This year's theme, "Do it your way. Do it right.", urges the community, specifically those who are HIV-negative and sexually active, to choose one of many preventative options to maintain their negative status and to do it in their own way, but in a smart and unique way.
- To commemorate NLAAD, the Commission recognized the history of gay and lesbian activism in Los Angeles and included as a reminder that community building is rooted in organizing, activism and the fight for a seat at the table. The Commission played a 3-minute video clip of and encouraged everyone to watch the powerful documentary, UNIDAD: Gay and Lesbian Latinos Unidos" to remind us of the continuing fight for representation in the HIV movement. The full documentary is available on PBS's at www.PBS.org .
- Mario Perez, Director – Division of HIV and STDs, provided a few words in that 1997 became the year that Latinos grew into the racial group with the largest number of new infections, in 2004 became the largest ethnic/racial group living with HIV, and that Latino gay men make up the majority of all new HIV infections. Director Perez invited a moment of encouragement in that DHSP's summary reports of AOM/MCC utilization, show that Latinos are accessing these life-saving programs.

(6) 2023 Holiday COH & Committee Meeting Schedule for November & December

- All future Commission meetings will be held at the Vermont Corridor for the remainder of the year.
- The November 23rd Operations and Executive Committee meetings fall on Thanksgiving Day and will be cancelled. The Operations and Executive Committees will discuss whether to reschedule at their upcoming October meetings.
- It was decided at the September 28th Executive Committee meeting, that the December 14th full Commission meeting will be cancelled. The Executive Committee requested that Committees discuss and finalize their November and December meeting plans this month.

(7) 2024 Committee Co-Chairs Open Nomination & Elections Preparation

- The Committees were reminded to initiate Committee Co-Chair nominations so that Committee Co-Chairs elections can be held in January 2024.

- Commissioner Everardo Alvizo was recognized and thanked for his service on the Commission as the City of Long Beach representative and Operations Committee and Bylaws Review Task Force Co-Chair. His last day with the City of Long Beach was October 20th and he is continuing his work to advance the HIV movement in a different capacity.

IV. REPORTS – 1 (continued)

C. LA County Department of Public Health Report (Part A Representative)

(1) Division of HIV and STD Programs (DHSP) Updates

- DHSP staff, Julie Tolentino, will provide a comprehensive update on activities related to the Ending the HIV Epidemic Initiative at November's Annual Meeting.
- HIV & STDs Surveillance and Data Challenges for LA County Native American Communities | PART 2 OF 2
  - M. Perez reported that historically there has been challenges with securing surveillance data for Native American communities. As a result, DHSP has proposed connecting with Commander Michelle Sandoval of the PACE program to discuss and explore ways to develop programs which have the capacity to serve this community.
- Mpox Briefing
  - In the Spring of 2022, there was an upward swing in Mpox cases, and for Los Angeles County the upward tick occurred in May of 2022. For most counties across the country, declines have occurred. Within the last few months, only 1-2 cases were reported, and as of last week only 1 case was reported. DHSP will remain vigilant in encouraging Mpox and COVID vaccinations.
- OTHER ITEMS | UPDATES
  - In response to the Board of Supervisor's motion for an update on the current state of the STD/STI crisis, DHSP will have data prepared for Dr. Ferrer's presentation. In addition to the overall worsening of STD cases, of which over 100,000 were reported last year, there was close to 10,000 reported cases of syphilis, and over 130 cases of congenital syphilis. There is an increase in the number of cases of cisgender men who use meth and most likely as a result, an increase in the number of cases of syphilis among women (close to 2,000). In addition, there is a consistently, disproportionate impact of syphilis among gay and bisexual men in Los Angeles County. Dr. Ferrer will be prepared to share the complexities of the STD crisis in conjunction with Meth drug usage.
  - Director Perez pointed out that there is a shortage of Doxycycline, and it is anticipated that the supply will return to normal by the second quarter of 2024.
  - Director Perez also thanked the Consumer Caucus for their feedback on MCC and DHSP staff member Paulina Zamudio, will share the feedback with the

MCC teams she meets with on a monthly basis.
Questions and responses:

- Kevin Stalter inquired about the resources for commercial sex venues (CSVs).
    - Director Perez informed him that DHSP has invested resources for HIV and syphilis screenings in commercial sex venues. He added that JWCH has been an important partner in this investment.
    - A. Ballesteros noted that CSVs face challenges with adequate resources; owners need to be better educated to permit ideal locations for testing.
- Justin Valero questioned how to get providers comfortable with discussing and providing PrEP/PEP to their patients.
    - M. Perez provided an example of how DHSP has been successful in getting pharmaceutical representatives to speak with clinicians regarding PrEP/PEP. They also have syphilis tool kits and may other resources available for clinicians.
- Dr. Harold Glenn San Agustin commented that DHSP has a single-page patient handout which is very useful for clinicians like himself who prescribe Doxy PEP often. He also noted the importance of using expedited partner therapy (EPDT) to stem the spread of STI infections. He suggested that having PrEP onsite at CSVs as a 2-1-1 treatment would help reach more individuals. More at home testing promotion would also be beneficial for the community and providers.
- Dr. W. King suggested working with infectious disease doctors to train doctors on DoxyPEP and perhaps start with a focus group among the providers on the COH. The training could include information on how to get reimbursed for DoxyPEP services.

D. CALIFORNIA OFFICE OF AIDS (OA) REPORT (PART B REPRESENTATIVE)

(1) OA Voice Newsletter Highlights

Karl Halfman, MA, Chief, HIV Care Branch, referred to the October 2023 edition of the OAVoice in reference to their activities and updates. He highlighted (1) the California Planning Group (CPG) and will be hosting an in-person meeting in November 13th -15th in Sacramento, the theme is focused on advocacy and community organization and mobilization, (2) the OA has published two new infographics on diabetes and chronic kidney disease using the California Medical Monitoring Project data, both of the infographics summarize the best practices for screening and treatment and highlights opportunities to improve care for these two chronic conditions among PLWH, and (3) the U.S. Department of Housing and Urban Development announced $50 million in competitive funding for housing opportunities for PLWH.

(2) California Planning Group (CPG) Report

No report provided.

E. HOUSING OPPORTUNITIES FOR PEOPLE LIVING WITH AIDS (HOPWA) REPORT

J. Chuy Orozco provided the report. The HOPWA program is currently developing their Consolidated Annual Performance Evaluation Report (CAPER) and will provide the demographic data on clients served in December. HOPWA is trying to push for increased permanent support and is currently planning to build 32-units in Long Beach and 17 units in Little Tokyo. The CAPER informs the upcoming Consolidated Plan. HOPWA is seeking to increase its focus on targeting seniors in the program who because of their age and living with HIV are experiencing a myriad of health issues; HOPWA is anticipating the housing units for seniors to come to fruition in April 2026. Discussions are taking place with the Department of Health Services and Paulina Zamudio on how to create housing for people with special medical needs, specifically mental health. Mental health services are currently underutilized so HOPWA is looking to tap into those resources. C. Orozco mentioned possibly bringing back a HOPWA Advisory Committee and potentially having it as a Commission subcommittee that it is staffed by both the City and County of Los Angeles.

<u>Questions and answers:</u>

- K. Stalter asked of there would be any assistance available for to help individuals pay for their utilities considering the moratorium is ending.
    - C. Orozco informed everyone that there will be two funding pots that will help with short-term rental and utility assistance. HOPWA is also partnering with DHSP to coordinate the administration of Emergency Assistance programs.
- Lambert Talley inquired if HOPWA partners with the Los Angeles Homeless Services Authority (LAHSA).
    - C. Orozco will collaborate with his LAHSA counterpart to find out LAHSA contract will be provided to City Council and then provide and update to the Commission.

      F. Findley noted that HOPWA needs to provide report on waiting times, challenges faced by applicants for all housing programs such as STRMU, TBRA, ULA, and compare data between those who are housed and unhoused.

      R. Ybarra stated that some agencies do not have enough staff to handle housing applications. Some have told him that they have stopped accepting applications because staff are not able to handle the influx. He inquired as to what can be done to rectify this situation.

L. Conolly noted that some buildings, such as hers, are not up to par with maintenance and upkeep. Owners tend to do the bare minimum to pass inspections.

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

Part C: Leon Maultsby presented slides highlighting: (1) the Ryan White HIV/AIDS Program (RWHAP) helps low-income PLWH with services such as medical care, medications, and essential services to help them stay in care, (2) RWHAP Part C provides grants to local community-based groups, and (3) Part C funding supports outpatient ambulatory services for PLWH and help for community-based groups to strengthen their capacity to deliver high quality HIV care. To view the full PowerPoint presentation please click HERE.

Part D: Dr. Mikhaela Cielo reported that the podcast, "*The Confession*" will be released October 15th on streaming services and presented to the Women's Caucus at their next meeting. There is also the hope that the podcast will be shared at the full Commission meeting. Dr. Cielo also announced that Women's HIV Treatment Summit is being held on December 7th and registration is open.

Part F: Sandra Cuevas, PAETC UCLA, reported that PAETC holds monthly cultural humility trainings and they have just finalized their curriculum on Contingency Management of Stimulant Use and HIV, to be piloted in January.

G. CITIES, HEALTH DISTRICTS, SERVICE PLANNING AREA (SPA) REPORTS

City of Pasadena: Erika Davies thanked everyone for their feedback on last month's Commission presentation and thanked those who attended Pasadena's National Coming Out Day event at City Hall.

City of Long Beach (CLB): Everardo Alvizo reported the following: (1) the CLB held their quarterly HIV planning group meeting, which was well attended, (2) they have a new mobile testing unit that includes HIV and STI testing and treatment (3) CLB is continuing their collaboration with AJ King on the next iteration of their HIV strategy, which includes a more syndemic approach including harm reduction and concurrent issues like mental health and housing, and (4) on November 18th CLB in partnership with APLA Health and St. Mary's to hold a Sexual Health Summit at the Michelle Obama Library.

V. REPORTS – II

A. OPERATIONS COMMITTEE

- Operations Co-Chair Justin Valero provided the report. The Committee held its regularly scheduled meeting on, A September 28th, 2023, from 10am-12pm.
- Membership Management
  - A heartfelt thank you was extended to Operations Co-Chair Everardo Alvizo and well wishes on his new endeavor. As an aside, the Committee will need to decide whether to hold a special election for Co-Chair or request that a COH Co-Chair serve as Pro Tem until the end of 2023.
  - The motion to approve the renewal application for Derek Murray, City of West Hollywood Representative, was approved under Consent Calendar.
  - The motion to approve the renewal applications for Dr. Mikhaela Cielo, Part D Representative, was approved under Consent Calendar.
- Mentorship Opportunities: The Committee has been working hard to fill seat vacancies and has onboarded approximately 9 new commissioners since the beginning of September. The Committee is requesting long serving commissioners to extend warm welcoming hands and volunteer as mentors, and if interested in mentoring or in having a mentor assigned, to reach out to staff.
- Parity, Inclusivity & Reflectiveness (PIR) | UPDATES
  - Staff member S. Wright went over the reflectiveness table with the Committee. The updates and data presented included newly appointed commissioners. Based on the presented data, the Committee will pursue a more targeted approach for recruiting unaffiliated consumers, American Indian/Alaskan Native, Latinx overall and as unaffiliated consumers, and youth.
  - PIR data can be accessed on the Commission's website, under the Operations Committee meeting materials.
- Assessment of the Administrative Mechanism (AAM) | UPDATE
  - The Committee discussed next steps to plan for the upcoming AAM which will include C. Barrit to work on securing a project consultant by the end of November 2023 and the selected project consultant will review interview questions and study approach with Operations, Executive, and COH between November 2023 and January 2024. The assessment is expected to be conducted February thru April 2024. Status updates will be provided on a continual basis.
- Policies and Procedures
- COH 2 Person/Per Agency Policy: Policy #09.4205 Commission Membership Evaluation, Nomination and Approval Process
  - The Committee discussed the 2 person per agency rule under section 9D of the policy. (The policy states: To avoid potential influence and to preserve the integrity of the Commission's decision-making and planning process, the Commission's membership cannot consist of more than two agency representatives from the same agency). Currently, there are 3 seated

commissioners affiliated with the same agency. The Committee requested staff to seek County Counsel guidance and will continue its discussion at its next meeting.

- (Revised) 2023 Training Series
  - The Revised 2023 Training Series flyer is available on our website at: https://hiv.lacounty.gov/events/. As a reminder, all trainings will continue to be virtual and are open to the public. Please be reminded that members are required to attend the mandatory trainings (those w/ an asterisk) via the live virtual sessions or its recording.
  - The Sexual Health and Wellness training was held on September 20th from 3-5pm. This was a non-required training for commissioners. There was good turnout and the training received positive feedback.
  - The revised training schedule reflects the Health Literacy and Self-Advocacy training was changed from October 18th to October 24th, from 3-4:30pm and the Co-Chairs Roles and Responsibilities training was changed from December 6th to February 13, 2024 from 4-5pm.
- Recruitment, Outreach & Engagement.

- The Committee continues to identify opportunities and support members to participate in outreach, recruitment, and engagement activities, to promote the Commission and its work. Commission promotional materials can be accessed via its Digital Tool Kit available on the website under the Resource header tab and hard copies of other promotional materials can be requested from staff to distribute at community engagement and outreach events/activities.
- Next Meeting: The next meeting will be held in-person on October 26, 2023 @ 10AM-12PM

B. PLANNING, PRIORITIES AND ALLOCATIONS (PP&A) COMMITTEE

- PP&A Co-Chair Kevin Donnelly provided the report. The PP&A Committee last met on September 19th and welcomed three new members, Dr. Harold Glenn San Agustin, Lambert Talley, and Ismael ("Ish") Herrera.
- The Committee discussed the second installment of the RWP Care Utilization Report that was provided by DHSP staff and focused on Mental Health and Substance Abuse Residential Services utilization for fiscal year 2022. It was noted that there has been a decline in Mental Health services within the RWP in fiscal year 2022 despite recent data showing the need for more mental health services for people living with HIV. More data is needed to better understand the trend downward, but some possible explanations include lack of mental health providers, Medi-Cal expansion, coverage by RWP Parts C &

D over RWP Part A, and the Department of Health Services and/or other programs covering costs.

- A suggestion was made to request that DHSP:
    - Pilot the transition of mental health services as a line-item budget vs a fee-for-service model;
    - Explore ancillary services, such as the use of paraprofessionals, that can help support/round out mental health services; and
    - Work to identify factors that contribute to drop off in mental healthcare
- The meeting also included a presentation from the Prevention Planning Workgroup co-chairs, Dr. William King and Miguel Martinez, on the proposed status neutral framework and integration of prevention within the PP&A Committee. The committee will continue its discussion of prevention integration in their next meeting.
- The next PP&A Committee meeting will be Tuesday, October 17th from 1-4pm at the Vermont Corridor.

C. STANDARDS AND BEST PRACTICES (SBP) COMMITEE

- SBP Co-Chair, Erika Davies, provided the report. The SBP Committee last met on October 3, 2023 and discussed the following:
- **Universal Service Standards and Patient Bill of Rights Review**
    - The Committee decided to postpone a motion to approve the Universal Service Standards and Patient Bill of Rights pending receipt of status neutral recommendations from the Prevention Planning Workgroup. The Committee will revisit the document at their November meeting and will consider a bi-annual review process for the document.
- **Medical Care Coordination (MCC) Service Standards Review**
    - The Committee reviewed public comments submitted during the public comment period. During deliberations, the Committee determined some public comment items dealt with program operations and were out of the scope of service standards; the Committee will submit these comments to DHSP in addition to the standards once approved by the Commission. The Committee approved the document and elevated it to the Executive Committee for review and approval at their October 26, 2023 meeting.
- **Prevention Services Standards Review**
    - The Committee will revisit this document at their November meeting.
    - The Committee's next meeting will be in-person on Tuesday, November 7, 2023, from 10AM-12PM at the Vermont Corridor.

D. PUBLIC POLICY COMMITTEE (PPC)

- PPC Co-Chair Katja Nelson provided the report. The Public Policy Committee met on Oct. 2 and discussed the following:

- **County, State and Federal Policy, Legislation, and Budget**
  - 2023-2024 Legislative Docket
    - The Committee discussed status updates to bills included in the Legislative Docket. The document was last updated on Sep. 15,2023 is available for review in the PPC Oct. 2, 2023 Meeting packet on the Commission website. Please note that the last day for the Governor to sign or veto bills is on Oct. 14, 2023. Commission staff will send an updated version of the document to all Commissioners on Monday Oct. 16, 2023.
  - Coordinated STD Response
    - On October 2, 2023 the Board of Supervisors passed a motion instructing the Department of Public Health's Director to provide the following at the October 17, 2023 Board meeting on current investments and programs that address the Sexually Transmitted Infection (STI) crisis: (1) current strategies that address STI health disparities and inequities among disproportionately impacted communities, (2) a review of the planned investment of new resources, and (3) new strategies to reduce rates of infection.
    - The audience was encouraged to mobilize as a community and provide written and live public comments at the October 17th Board meeting to emphasize the importance of a meaningful and sustained action to curb the STI crisis. The agenda for the October 17th Board meeting is posted on the Board's website at https://bos.lacounty.gov/ .
    - Staff will email the agenda and a reminder to participate in the Board meeting and staff have prepared STD advocacy talking points to assist in crafting public comments.
  - Housing Appropriations FY24 Labor-HHS Spending Proposal
    - There were no updates.
  - Act Now Against Meth (ANAM)
    - There were no updates.
  - Ryan White Care Act (RWCA) Modernization Project:
    - The Committee decided to reconsider the approach and scope of the Modernization project and recommended that the Committee co-chairs reconvene with Commission staff to determine a new strategy for the project. The co-chairs will report back to the Committee at their December meeting.
- The Committee cancelled their Nov. 2023 meeting. The next Committee meeting will be on Dec. 4, 2023 from 1pm-3pm at the Vermont Corridor.

E. CAUCUS, TASK FORCE AND WORK GROUP REPORT

(1) Aging Caucus

The Aging Caucus met on Oct. 3 and discussed the following:

Reviewed the evaluation results from the Let's Talk About Sex | Sexual Health and Older Adults educational event held on Sept. 22.

- There were 35 attendees the event was well received with attendees rating the event as Excellent (85%) and Very Good (15%).
- As next steps, the Aging Caucus discussed the following recommendations:
    - Ensure that older adults are involved in programming, planning and decision-making in a meaningful way
    - Determine how to coordinate scattered resources across the county
    - Many older adults, including providers, know very little about HIV prevention and treatment and other advances like PrEP, PEP, and U=U.
    - Address hot spots in the County and engage older adults in these geographic locations with more education
    - Perhaps host smaller educational events on sexual health focused on priority populations
    - In collaboration with the Aging and Disabilities Department, co-host more educational sessions in smaller, more intimate settings at community centers.
    - Continue to hear from consumers from the priority populations on how they navigate care and what challenges they face.
    - Rethink and reframe the messaging around "aging is the next epidemic"—don't pathologize or medicalize aging, it further stigmatizes older adults and the process of aging. Acknowledge that aging is perhaps one of the greatest challenges we have to grapple with to ensure our health and social infrastructure are ready to respond.

Resource Sharing from NATAP:

- Jules Levin, Executive Director of the National AIDS Treatment Advocacy Project (NATAP), announced a webinar on "Reducing the Risk of Bone Fractures in People with HIV" to be held on October 20th at 1:30pm (EST). Registration is available at https://www.natap.org/
- He also noted that the National Institutes of Health, held virtual events in September on HIV and Aging and to check out their website for summary reports on research opportunities (under National Institutes of Health, Office of AIDS Research).
- J. Levin reported that New York state and city are continuing to fund additional HIV and aging clinics to respond to the growing population of older adults living with HIV. Lastly, he mentioned that HRSA recently funded 10 sites across the US (under their Special Projects of National Significance "Aging with HIV Initiative"), including the Family Health Centers of San Diego.

Next Meeting:

- The next meeting will be in-person at the Vermont Corridor on December 5, 2023 from 1pm-3pm. The Caucus will discuss its priorities for 2024, including working with the Women's Caucus to plan an educational event on women and aging.

(2) **Black/African American Caucus**

The Caucus last met on September 21st and reported/discussed the following:

- Community Partnership w/ Dr. Opara. Dr. Opara will join the October 19 Caucus meeting to briefly share her research focus addressing HIV/AIDS, STI, and substance use prevention for urban youth, racial and gender specific prevention interventions for Black girls, and community-based participatory research with urban youth. Her talk entitled "Approaching Substance Use Prevention by Harnessing Black Girls' Strengths" will follow @ UCLA as part of the Luskin Lecture Series. Additionally, representatives from the Black Caucus and Women's Caucus will attend a dinner and conversation with Dr. Opara on October 18th.
- Organizational Capacity Needs Assessment. The pilot phase of the needs assessment w/ Dr. King has successfully concluded. Dr. King provided valuable feedback, and based on his input, updates have been made to the assessment tool. The updated assessment will be used to evaluate the nine Black-led and servicing organizations selected by the Caucus. More updates to come.
- Community Listening Sessions. The Community Listening Session Workgroup continues to plan for listening sessions organized geographically by the following key populations: Women, Same Gender Loving Men, Youth/Justice-Involved, Non-Traditional HIV Medical Professionals, Faith-Based, Trans Persons, and Non-US Born/Caribbean Immigrants.
- Worlds AIDS Day (WAD) Partnership w/ Supervisor Holly Mitchell's Office. The Caucus will be partnering with D2 Supervisor Holly Mitchell's office to host a Worlds AIDS Day event on December 6, 2023, additional details upcoming.
- October 21st Taste of Soul Participation. The Caucus will be making its inaugural appearance at the upcoming Taste of Soul event which will be held Saturday, October 21 from 10AM-7PM. Over 300K of our community members are expected to attend. There will be a range of engaging activities planned, including raffle prizes and swag giveaways, along with a unique Passport activity designed to connect participants with

our community partners. Our booth identification is "P20" located at the intersection of Martin Luther King Jr and Crenshaw Blvd, next to Dr. William King's medical tent. There will be QR codes and community navigators to help guide folks to the Commission's booth. Everyone was encouraged to share and join the Black Caucus at the Taste of Soul, and Commission members wishing to volunteer were encouraged contact COH staff member Dawn Mc Clendon.

- The next Caucus meeting will be held on October 19th, from 4-5PM.

(3) Consumer Caucus

- The Caucus met on September 14th following the Commission meeting and received an overview presentation from DHSP regarding the Medical Care Coordination (MCC) program and provided subsequent feedback. Feedback can be found in the Caucus meeting packet.
- The next Caucus meeting will be held following the Commission's October 12th meeting, from 1:30-3PM. The Caucus will hear from DHSP regarding their Clinical Quality Management Program and the Customer Support Program (formerly known as the Grievance Program). Additionally, the Caucus will address public comments and advocacy in response to the BOS' updated motion on STIs. Lastly, the Caucus will be in preliminary discussions regarding agenda planning for 2024.
- All consumers of HIV prevention and care services were invited to attend; a virtual option will be available for those wishing to attend online. Lunch will be provided for those joining in-person.
- As a reminder, the Caucus will not meet in November in lieu of the all-day Annual Conference on November 9th.

(4) Transgender Caucus

- The Transgender Caucus met on September 26, 2023 and the Caucus co-chairs shared updates on the planning developments of the TGI Health Summit. The planning committee has completed the agenda, confirmed speakers/panelists, and is working on finalizing catering logistics. Registration is now open! Visit the Commission website under the "Events" section to access the Eventbrite registration link or reach out to Commission staff for more information. The event will take place on Thursday November 2, 2023 from 8am-4pm at The Village at Ed Gould Plaza of the Los Angeles LGBT Center.
- As a reminder, the Caucus is focused on increasing community engagement and participation in Commission activities as well as exploring ways to hold

Commissioners accountable in considering the lived experiences of the Transgender community when making deliberations.

- The Transgender Caucus will hold their next virtual meeting on Tuesday October 24, 2023 from 10am-11:30am via WebEx.

(5) Women's Caucus

- No new updates since the September COH meeting. As a refresher:
  - The Caucus last met on July 17, 2023, and debriefed on its 2-part virtual lunch & learn presentation on loss, grief, and healing. The recordings are available on the Commission's website under the Events header tab.
  - The Caucus reviewed its 2019 recommendations which were included PP&A's programmatic directives to DHSP. The Caucus will continue its review of the directives at its next meeting.
  - As reported under the Black Caucus report, the Women Caucus & Black Caucus are partnering with UCLA Luskin School of Public Affairs & UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) to host Dr. Opara. A special dinner has been scheduled w/ Dr. Opara on October 18 and reps from the Women's Caucus + Black Caucus will attend, followed by her attendance at the October 19 Black Caucus and subsequent lecture at UCLA as part of the Luskin Lecture Series.
  - The Caucus' next meeting will be a hybrid meeting; in person option held at the Vermont Corridor on October 16 @ 2-4PM. Episode 1 of the newly-released "Confessions", a podcast about Latina women with HIV and their journeys produced by LAFAN will be presented.

(6) Vision & Mission Statement Review (VMS) Workgroup

The Vision & Mission Statement Workgroup (VMS) is on hiatus until the Bylaws Review Taskforce (BRT) has concluded and met its directives. Elements of the Vision & Mission Statement may be addressed at the upcoming Annual Conference.

(7) Prevention Planning Workgroup

- The Prevention Planning Workgroup last met on September 27th.
- The workgroup reviewed feedback/recommendations from the Planning, Priorities and Allocations Committee on the proposed status neutral framework. Consensus was not reached on suggested edits. The workgroup will revisit the recommendations at the next PPW meeting.

- Commission staff provided a brief overview of progress to date on revisions to the Prevention Standards. PPW co-chairs and staff will meet ahead of the next PPW meeting to continue to work on recommendations and they will be reviewed during the October PPW meeting.
- The next virtual PPW meeting will be next Wednesday, October 25th from 4-5:30pm.

(8) Bylaws Review Taskforce (BRT)

- The BRT continues to review the Bylaws for updates as directed by the Executive Committee. Key topics include stipend increases for unaffiliated consumer members and meeting frequency.
- County Counsel confirmed that most if not all the recommendations for updates to the Bylaws will trigger an Ordinance change.
- Staff will work with the BRT Co-Chairs to identify specific sections of the Bylaws that require updates and recommend language, pursuant to the tracker and present a mark-up version at the next BRT meeting for review.

(9) Presentation

"Chasing" | Presented by Natalie Sanchez, Hilda Sandoval, and Jeremiah Givens

- The film was funded through the EHE Initiative funding from DHSP by way of Heluna Health. For the series, an advisory group of individuals with previous experience with meth was consulted as it was crucial for the development of the film and in making sure all the key elements were incorporated. The episode for Chasing will focus on recovery and relapse.

VI. MISCELLANEOUS

A. PUBLIC COMMENT: 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 may do so in person, electronically here, or by emailing hivcomm@lachiv.org.

- There was a public comment from Jazmin Rojano that provided the same information regarding the podcast for Latino women living with HIV, as Dr. Cielo's report above.
- Damone Thomas congratulated N. Sanchez, H. Sandoval, and J. Givens and stated the film, Chasing, was a good way to send a message to the community from the community.

B. COMMISSION NEW BUSINESS ITEMS: 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.

- There were none.

C. ANNOUNCEMENTS: 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.

- Dechelle Richardson announced that she will be hosting s comedy show on December 1st for World AIDS day. A flyer will be provided to the COH for distribution.
- Lilieth Conolly announced that she and Arlene Frames will attending a dinner hosted by Drew Cares in conjunction with the Women's Caucus. They will use this moment to share information about the COH.
- APLA Health will host an AIDS walk on Sunday, October 15th at West Hollywood Park.

D. ADJOURNMENT AND ROLL CALL: Adjournment for the meeting of October 12, 2023

The meeting was adjourned at PM. J. Stewart conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, E. Alvizo, J. Arrington, A. Ballesteros, A. Burton, M. Cielo, L. Conolly, S. Cuevas, K. Donnelly, A. Frames, F. Gonzalez, B. Gordon, J. Green, K. Halfman (BA:Teleconf), I. Herrera, W. King, L. Kochems, L. Maultsby, A. Molette, P. Nash, K. Nelson, B. Patel, M. Perez, D. Richardson, E. Robinson, H. San Agustin, L. Spencer, K. Stalter, L. Talley, J. Valero, and R. Ybarra.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus.	**MOTION PASSED**
MOTION 2: Approve meeting minutes, as presented or revised.	Passed by Consensus.	**MOTION PASSED**

MOTION AND VOTING SUMMARY		
MOTION 3: Approve Consent Calendar, as presented or revised	Passed by Consensus	**MOTION PASSED**
MOTION #4: Approve renewal application for Derek Murray, as presented or revised.	Passed by Consent Calendar	**MOTION PASSED**
MOTION #5: Approve renewal application for Dr. Mikhaela Cielo, as presented or revised.	Passed by Consent Calendar	**MOTION PASSED**

LOS ANGELES COUNTY
COMMISSION ON HIV

DRAFT

510 S. Vermont Avenue, 14th Floor, Los Angeles CA 90020 • TEL (213) 738-2816
EMAIL: hivcomm@lachiv.org • WEBSITE: http://hiv.lacounty.gov

Commission member presence at meetings is recorded based on the attendance roll call. Only members of the Commission on HIV are accorded voting privileges. Members of the public may confirm their attendance by contacting Commission staff. Approved meeting minutes are available on the Commission's website and may be corrected up to one year after approval. Meeting recordings are available upon request.

COMMISSION ON HIV (COH)
NOVEMBER 9, 2023 MEETING MINUTES

510 S. Vermont Avenue, Los Angeles, CA 90020
Vermont Corridor Terrace Level
CLICK HERE FOR MEETING PACKET

TELECONFERENCE SITE:
Bartz-Altadonna Community Health Center
43322 Gingham Ave, Lancaster, CA 93535

COMMISSION MEMBERS P=Present | VP=Virtually Present | A=Unexcused Absence | EA=Excused Absence									
Miguel Alvarez	P	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton	P	Danielle Campbell, MPH	EA
Mikhaela Cielo, MD	P	Lilieth Conolly	P	Sandra Cuevas	P	Mary Cummings	P	Shonté Daniels	EA
Erika Davies	P	Pearl Doan	A	Kevin Donnelly	P	Felipe Findley	P	Luckie Fuller	EA
Arlene Frames	P	Felipe Gonzalez	EA	Bridget Gordon	P	Joseph Green	P	Karl Halfman, MS	EA
Dr. David Hardy	A	Ismael Herrera	P	Dr. William King, JD	P	Lee Kochems	P	Jose Magaña	A
Leon Maultsby, MHA	P	Dr. Anthony Mills	A	Andre Molette	P	Derek Murray	EA	Dr. Paul Nash	EA
Katja Nelson	P	J. Chuy Orozco	EA	Ronnie Osorio	A	Byron Patel	P	Mario J. Peréz, MPH	EA
De'chelle Richardson	P	Erica Robinson	P	Redeem Robinson	EA	Ricky Rosales	P	Dr. H. Glenn San Agustin	P

Dr. Martin Sattah	P	Juan Solis	A	Dr. LaShonda Spencer	EA	Kevin Stalter	P	Lambert Talley	P
Justin Valero	P	Jonathan Weedman	EA	Russell Ybarra	P				
COMMISSION STAFF & CONSULTANTS									
Cheryl Barrit, MPIA; Lizette Martinez, MPH; Dawn Mc McLendon; Jose Rangel-Garibay, MPH; and Sonja Wright, BA, MSOM, LAc, Dipl. OM, PES									
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF									
Michael Green, PhD, MHSA; Pamela Ogata, MPH; Sona Oksuzyan, PhD, MD, MPH; Julie Tolentino, MPH; Juli Carlos-Henderson, MPH; Melissa Papp-Green, MPH									

I. ADMINISTRATIVE MATTERS

A. CALL TO ORDER & MEETING GUIDELINES/REMINDERS

COH Co-Chair, Bridget Gordon called the meeting to order at 9:22 AM and reviewed meeting guidelines and reminders; see meeting packet. B. Gordon was presented with an award commemorating her service and leadership as Co-chair of the COH.

B. COUNTY LAND ACKNOWLEDGEMENT

J. Green read the County's Land Acknowledgement to recognize the land originally and still inhabited and cared for by the Tongva, Tataviam, Kizh, and Chumash Peoples; see meeting packet for full statement.

C. INTRODUCTIONS, ROLL CALL, & CONFLICT OF INTEREST STATEMENTS

Cheryl Barrit, Executive Director, conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Burton, A. Ballesteros, M. Cielo, L. Conolly, S. Cuevas, M. Cummings, E. Davies, K. Donnelly, F. Findley, A. Frames, B. Gordon, J. Green, D. Hardy, I. Herrera, W. King, L. Kochems, L. Maultsby, A. Molette, K. Nelson, B. Patel, D. Richardson, E. Robinson, R. Rosales, G. San Agustin, M. Sattah, J. Solis, K. Stalter, L. Talley, J. Valero, and R. Ybarra.

D. APPROVAL OF AGENDA

MOTION #2: Approve meeting agenda, as presented or revised. ✓***Passed by Consensus***

II. PRESENTATIONS

A. DIVISION ON HIV & STD PROGRAMS (DHSP) LOS ANGELES COUNTY STATE OF HIV/STDS

(1) ENDING THE HIV EPIDEMIC (EHE) UPDATE

Presented by Julie Tolentino, MPH, Program Manager, EHE. The presentation provided an update of the Ending the HIV Epidemic Initiative which included an overview of current strategies and programs as well as highlights for each Pillar (Diagnose, Treat, Prevent, and Respond) and cross cutting activities such as Mini-Grants, the Community Engagement Program, Outreach and Education and upcoming EHE Programs and Projects. Refer to the meeting packet for a copy of the presentation materials.

Commissioner Kevin Donnelley asked if DHSP was considering a revision to the target for the Prevent Pillar Indicator "Percentage of persons in priority populations prescribed PrEP" given that the County has surpassed the EHE target of 50% by 2025. The presenter noted that the EHE team will take a look at the metrics and reach for a higher target.

(2) HIV & STD SURVEILLANCE UPDATE

Presented by Julie Carlos-Henderson, MPH, Supervising Epidemiologist. The presentation provided an update on HIV/STD surveillance and an overview of the DHSP Data Dashboards. Refer to the meeting packet for a copy of the presentation materials.

Commissioner David Hardy asked how much of the increase in syphilis cases can be attributed to the Bicillin shortage. The presenter noted that there has been a decrease in cases however the data is too preliminary to determine the cause of the increase in syphilis cases seen in the past couple years. Doxycycline (doxy) can be used as an alternate form of treatment however issues with compliance given the longer treatment time have been observed. Due to the Bicillin shortage, providers are directed to reserve use of Bicillin for pregnant women.

Commissioner Russel Ybarra asked if herpes was considered a Sexually Transmitted Disease (STD) by DHSP. The presenter noted that herpes is considered an STD however it is not reportable; the DHSP does not have data to share that is specific to herpes.

Commissioner Justin Valero asked if DHSP had any intervention recommendations for addressing the increase in syphilis cases in suburban areas. The presenter noted that in the past couple years, DHSP has focused resources on pregnant women and have done academic detailing in suburban areas to train providers.

B. THE COUNTY'S RESPONSE TO THE INTERSECTION OF HIV & SUBSTANCE USE: HARM REDUCTION AND OTHER SERVICES

(1) Presented by Dr. Sid Puri, MD, Associate Medical Director of Prevention, Substance Abuse and Prevention Control (SAPC). The presented described overdose trends in Los Angeles County, provided a definition for 'harm reduction', described how harm reduction has been effective in protecting the health of individuals and communities, described data that can be useful in confirming harm reduction is beneficial for Los Angeles County, and shared information on efforts led by the SAPC Harm Reduction Unit (HRU). Refer to the meeting packet for a copy of the presentation materials.

Commissioner Felipe Findley asked what the role of clinicians is in addressing pain issues and prescribing methadone as a harm reduction approach to pain management. The presenter noted that the recommendation is to utilize non-opioids for pain but if needed to use them and leverage suboxone. He added that talking with the patient about mindfulness activities for the patient with the focus being on the activities the patient can do with pain to increase functionality. The presenter also mentioned that SAPC is working on deregulating methadone and increasing access in the skid row areas of downtown Los Angeles.

Commissioner Katja Nelson reference the Board of Supervisors (BOS) report in response to the Act Now Against Meth (ANAM) platform and asked if SAPC have reviewed the report and/or outlined any future activities related to ANAM. The presenter noted that SAPC has been moving towards doing more of the work outlined in the ANAM platform and that some of the work that SAPC has already been doing is not being publicized enough. For any further questions regarding the ANAM platform, meth, HIV, and overdose prevention, contact Dr. Sid Puri.

Commissioner Martin Sattah asked what the status of implementing a safer consumption site in Los Angeles County. The presented shared that there is no legal pathway for a safe consumption site but can follow the model implemented in New York City which involves establishing programs that provide services to people without necessarily having a physical location. He added that having safer consumption sites may not be the end all to fully address the overdose rates in Los Angeles, but it is a good option once there is a legal pathway.

C. PREP, LONG-ACTING PREP, DOXY PEP: STRATEGIES FOR INCREASING ACCESS & UTILIZATION AMONG PRIORITY POPULATIONS

(1) Dr. Ardis Moe, MD, University of California Los Angeles (UCLA) Clinical AIDS Research and Education (CARE) Center. The presentation provided a summary of the current PrEP options and efficacy of the different methods by population. The presentation also described the different patient populations that would benefit from PrEP and the gap in coverage among these populations including a discussion on individual and systems barriers to PrEP adherence. The presentation also provided a variety of strategies clinicians can utilize to encourage PrEP use and adherence by removing barriers. Lastly, the presentation provided a brief overview of Doxy PEP and its potential for reducing STD rates. Refer to the meeting packet for a copy of the presentation materials.

Commissioner K. Donnelly asked if there is a Doxy PrEP option. The presenter shared that there is not one known, and that Doxy is currently recommended as Post Exposure Prophylaxis (PEP). She quoted, "Regret is more likely than planning."

Commissioner F. Findley asked that considering the higher rates in transmission of STIs during the perinatal period, what are the strategies for increasing adherence in women. The presenter advised to consider combining discussions regarding Doxy PEP and PrEP with visits regarding birth control to make the experiences as easy as possible for the patient. The ideal situation would be finding a way to combine Doxy PEP and/or PrEP with Depo-Provera to make patient visits "one-stop shop" as much as possible.

Commissioner Lilieth Conolly shared an anecdote describing her experience navigating the healthcare system and how Dr. Moe helped her get linked to care. The presenter encouraged women to be part of clinical trials as often as possible.

D. PUBLIC COMMENT: 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 may do so in person, electronically here, or by emailing hivcomm@lachiv.org.

- Carlos Moreno, Health Educator with Childrens Hospital Los Angeles (CHLA) focused on anti-stigma and empowerment program for queer youth ages 29 and under. Carlos addressed the clinicians in the room and asked what is happening in the clinic room with the doctor that the patient comes out not knowing about their care?

- Ismael Herrera commented that a lot of physicians do not know what is happening in regard to PrEP and Doxy PEP. They do not want to prescribe it due to insurance reasons and this needs to stop.
- Felipe Findley made a comment regarding the BOS resolution on the Middle East conflict and suggested that the COH should have an open position on this issue.

E. HOUSING & HIV: COMMUNITY REFLECTIONS ON COORDINATED PLANNING

(1) Facilitated by Cheryl Barrit, MPIA, Executive Director, COH. The presentation offered a space for attendees to reflect on housing and coordinated planning efforts in Los Angeles County. She discussed the different funding sources allocated to address the housing crisis in Los Angeles County and compared the magnitude of the impact each source has in providing services. The items brought up during the discussion will be used to plan for the first quarter of 2023 COH meetings focused on housing. Refer to the meeting packet for a copy of the presentation materials.

Commission L. Conolly shared their experience in the New Hope building noting that they are an original tenant. She expressed the need to have someone in residential management that is living with HIV and/or educated and/or has lived experience in providing services and care to people living with HIV. She also expressed concerns about building repairs and maintenance issues that have a critical impact on the daily lives of people living in the complex.

Commissioner Dechelle Richardson asked, how do we engage key funders? Community members need better awareness of grants available at the community level and education on the process for applying for grants and opening bids to community members.

Commissioner R. Ybarra commented that seniors and people living with disabilities should get more help since they lack computer access and literacy to apply for assistance programs that have online applications. There need to be further discussion on how to help seniors access and apply for housing and other benefits. Additionally, these discussions should include fixed income issues and not being able to keep up with ongoing rent increases.

Arely Vasquez from Comprehensive Housing Information and Referrals for People with HIV/AIDS (CHIRP) noted that finding a listing does not necessarily mean that a client

meets the requirements. Clients need support from their case managers to work with property managers to prevent evictions; this includes further training in working with people living with HIV and people living with mental health issues. Arely mentioned that case managers have big caseloads which present a barrier to providing effective care. She added that application fees are another barrier to clients accessing and receiving housing services. She recommended expanding training opportunities for case managers and/or hiring additional staff to help clients complete applications. She noted that some housing specialists and case managers are themselves living in shared housing barely surviving because their salary is not enough to cover rent. Frontline workers need to have a decent source of income.

I. Herrera shared that since 2015 they have struggled with paying rent has experience difficult in accessing services. He expressed that clients need more compassion out of case managers.

F. Findley shared that agencies need to have an on the ground perspective of what is happening in regard to housing. He also discussed the validity of the unsheltered point-in-time count in Los Angeles and how it can be an underestimate since it only counts the visible homeless population.

E. Robinson noted that the COH should meet with representatives of housing agencies and leaders from community-based organizations and those with lived experience to coordinate and organize efforts and resources to improve the response to the specific needs and experiences of people living with HIV.

Thelma Garcia shared that there are a lot of issues and barriers for people living with HIV accessing housing services. Funding needs to have more clearly defined parameters to meet the needs of clients.

Andre Molette shared that using a status neutral approach to housing services is important. Using transitional housing programs to get people housing can help but there are lot of barrier for youth/younger people attempting to access housing services. He noted that the Emergency Financial Assistance (EFA) program does not pay for transitional housing programs and that there needs to be a funding source that can help bridge this gap. There needs to be more coordinated efforts and have additional support for the most vulnerable people that are not at this table and who are being represented.

F. THEN & NOW: WHERE WE WERE & WHERE WE ARE NOW: A FACILITATED COMMUNITY DISCUSSION INTERGENERATIONAL PERSPECTIVES ON COMMUNITY BUILDING AND RESILIENCE

(1) Facilitated by AJ King, MPH and Milan Eatmon, Next-Level Consulting, Inc. The goal of the presentation was to build intergenerational solidarity by having an open dialogue on how attendees can work together more effectively while ensuring that ensuring everyone feels valued for the strengths they bring to the table. Refer to the meeting packet for a copy of the presentation materials.

E. Robinson shared that promoting open communication, fostering mutual understanding, and encouraging shared activity can help building intergenerational discourse. The focus should be on education and sharing different experiences, storytelling, and hearing form different age groups. She added that older generations tend to think that younger generations do not have the knowledge or history to make feasible suggestions for innovative approaches because other groups have been doing something for a longer time.

An attendee shared that being accepting of others and being open to receiving others is important; meeting people where they are at and being respectful/ cordial.

L. Gersh shared that having discussion about intergenerational tension related to pronouns as an opportunity to explore differences between generations. Respect, kindness, learning and everyone wanting to be teacher/learner.

D. Richardson shared that older generations claim that younger generations “have it easy”. She stated, “what part? COVID? AI taking over our jobs? No pensions?” It is important to not invalidate the struggles of other generations.

A group in the back mentioned that younger generations tend to not want to hear from doctors that are just getting older and not adapting to the needs of younger populations.

A CHLA staff members shared that having mutual respect for lived experiences is important when creating services/research around an age group; and to ensure to include members of those populations in the planning not just in an advisory capacity.

The youth need to have a vote in the decision-making process. Be active voting members, not just advisor.

Lambert Talley shared that working with senior adult groups and youth to help each other and work together to learn from each other.

D. Richardson asked what can we do to build? We need to have more entertainment spaces together to interact with each other.

L. Conolly shared an anecdote of an experience educating her grandson in HIV. She shared her experience in talking to youth about her life. She highlighted the power of storytelling.

G. ENHANCING ACCESS TO MENTAL HEALTH SERVICES FOR PEOPLE LIVING WITH HIV (PLWH)

(1) Dr. Curley Bonds, MD, Chief Medical Officer, Los Angeles County Department of Mental Health (DMH). The presentation was framed as an open Question and Answer session in which attendees can ask questions regarding mental health services and programs available to people living with HIV. The presentation did not have any presentation materials.

An audience member asked, what mental health services are available to people living with HIV? Substance Use Disorders (SUDs)?

Dr. Bonds responded that the best way to access services is to dial the DMH access numbers as well as 988. The program links individuals to specialty mental health mobile response teams and assist with navigate linkage to care. He added that DMH provides services at 300 sites across Los Angeles County; some services are co-located with other county agencies and offer services such as prevention and early prevention efforts. DMH has over 1,000 contractors and DMH is the largest in the country with 6,000 employees. He noted that response time to mental health crisis has decreased over time with additional funding from the federal government. Dr. Bonds talked about supportive therapy teams that conduct field-based outreach to homeless populations. These teams are skilled in interacting with people with external manifestations of mental health issues. He noted that a lot of this information is available on dmh.lacounty.gov.

I. Herrera shared that they have attended coalition meetings on mental health and recommended to train police officers to response to mental health crisis. He asked if there were any ongoing training opportunities for police officers. Dr. Bonds mentioned that the Sheriff's department conduct a training during onboarding, but he was not clear on the frequency or depth of the training.

An attendee asked if DMH collects data on HIV status? STIs? Dr. Bonds noted that those metrics would be include in a clients medical record, but it is not overtly recording when providing mental health services or during intake. Some mental health clinicians are more attuned with asking about HIV status/STIs but data mining for STIs is not common.

E. Robinson asked how DMH can address disparities in funding for prevention and intervention programs that target African American communities. Dr. Bonds responded that DMH has a stakeholder process with different misrepresented groups that review service trends. There is a partnership with Charles Drew University which is the only DMH funded Psychiatry Residency Program. E. Robinson added that the Mental Health Services Act Community Planning Group saw funding allocated for underserved communities, but the services were not provided by members of the target communities. This created a disconnect between service access and service utilization. Dr. Bonds noted that he does not oversee the entire grant making process for DMH. He would not agree that there are disparities despite better efforts. A landscape analysis has been done in collaboration with the University of California Los Angeles (UCLA) and the community-based organization, In the Meantime Men's Group

An attendee asked if there are any psychiatrist or physicians that are advocating for addressing the intersection between mental health issues and incarceration as well as the risk for HIV.

K. Donnelley asked if there was any way to separate mental health services and substance use services? Dr. Bonds noted that there are times when he sees a client with an addiction that does not have a mental health disorder; they might go through an adjustment period and not need help afterward. He added that behavioral health encompasses both mental health and substance use disorder. Education is important for substance use disorder prevention.

An attendee asked if DMH allows for continuing care for clients that do not meet a DSM diagnosis. Dr. Bonds noted that there is a notion that there are some DSM diagnoses that have a timelines, but diagnoses tend to be rough labels and patients may behave and present symptoms in different ways that do not necessarily conform to DSM diagnosis descriptions. He added that the CalAIM initiative has brought forth a transformation in billing for mental health services which may allow clinicians to engage with patients and not have those visits denied due to not meeting medical necessity. He noted that clinicians nowadays are more aligned with assessing patients and make appropriate referrals to community organizations.

III. MISCELLANEOUS

A. PUBLIC COMMENT: 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 may do so in person, electronically here, or by emailing hivcomm@lachiv.org.

- Ismael Herrera expressed gratitude to all in the room that do the work.
- Gaby, HIV group facilitator, talked about the East LA Women's center seeking safety program and expressed gratitude for the presenters and the event.
- Lilieth Conolly thanked attendees, staff, and providers for making her feel welcomed and appreciated. She added that it is not easy but she will continue to show up because she made a promise to family, God, and self to show up as long as she has breath in her body. She loves people and loves to help.
- Unknown: expressed that the conversations had during the day are not new.
- Carlos Moreno shared their experience with the EFA program in which he described being discouraged to apply due to the length of the process and found himself informing the case manager about how the service works. He noted that having to sign forms in person is a barrier to the accessing the service. He added that as someone who is knowledgeable and resourceful is having issues, what may other people who are not as knowledgeable and resourceful may be experiencing?

B. CLOSING REMARKS

- Co-chairs provided closing remarks.

C. ADJOURNMENT AND ROLL CALL: Adjournment for the meeting of November 9, 2023

The meeting was adjourned at 3:49PM. C. Barrit conducted roll call.

ROLL CALL (PRESENT): M. Alvarez, A. Burton, M. Cielo, L. Conolly, K. Donnelly, A. Frames, I. Herrera, L. Kochems, K. Nelson, B. Patel, D. Richardson, E. Robinson, H. San Agustin, K. Stalter, L. Talley, J. Valero, R. Ybarra, B. Gordon, J. Green.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve meeting agenda, as presented or revised.	Passed by Consensus.	**MOTION PASSED**

LOS ANGELES COUNTY
COMMISSION ON HIV

OATH OF OFFICE

Please repeat after me:

I, (state your name), during such times as I hold the office of the County of Los Angeles Commission on HIV do solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion and that I will well and faithfully discharge the duties upon which I am about to enter.

POLICY/PROCEDURE #08.2107	Consent Calendar	Page 1 of 3

NO PROPOSED CHANGES, 4/10/2008

ADOPTED, 1/10/2008

SUBJECT: **"Consent Calendar" procedures at Commission and other meetings.**

PURPOSE: **To provide instructions for the "Consent Calendar" procedures at the Los Angeles County Commission on HIV and other, related Commission meetings.**

BACKGROUND:

- The Commission regularly takes action on multiple items at its monthly meetings. As a result, the Commission is pressured to give complex actions adequate consideration and due diligence, but must rush through motions in order to conclude the meetings on time.

- At the November 2, 2007 Commission meeting, members suggested using a Consent Calendar to expedite the motions that have unanimous support and do not necessitate discussion or debate. The Executive Committee formally endorsed the Consent Calendar practice at its December 3, 2007 meeting.

POLICY:

1) The "Consent Calendar" is a procedural mechanism to expedite Commission business by allowing the body to approve all motions on the consent calendar collectively without debate or dialogue.

2) Commission members or members of the public may set aside (or "pull") an item from the Consent Calendar for any reason in order for the body to discuss and/or vote on it at its appointed time on the agenda. Reasons for setting aside an item include an accompanying presentation, a desire to discuss, address and/or review the item, to register a contrary or opposing vote, and/or to propose an amendment to the motion.

3) Any item that would generate an opposing vote must be removed from the Consent Calendar and returned to its normal place on the agenda.

4) Those items that remain on the Consent Calendar (that have not been "pulled") will be approved collectively in the single Consent Calendar motion. The Consent Calendar motion must be approved unanimously by quorum of the voting membership that is present.

5) The motions that have been set aside will be addressed according to their order on the agenda. Removing an item from the Consent Calendar does not preclude a later vote on that item, nor its approval at a later point on the agenda.

6) Voting members are allowed to register their abstentions from individual items on the Consent Calendar during the Consent Calendar vote.

PROCEDURE(S):

1. **Consent Calendar**: All "action" motions on the Commission's (or other meetings') agendas are automatically placed on the Consent Calendar. "Procedural" motions (e.g., approval of the agenda, approval of the minutes) are not part of the Consent Calendar.

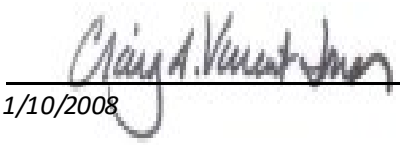
2. **Setting Aside Consent Calendar Items**: An item may be "pulled" from the Consent Calendar by any Commission member, member of the public, or staff member for any reason. The most common reasons for setting aside a Consent Calendar item are:
   a) There is a presentation that accompanies the item.
   b) The member has a question or would like information about the item.
   c) The member would like to see to discuss the item or see it discussed.
   d) The member would like to amend/substitute the motion.
   e) There is an opposing vote.

3. **Items Removed from the Consent Calendar**: "Pulling" an item from the Consent Calendar does not preclude that motion from being considered at a later point on the agenda:
   a) Setting aside a Consent Calendar item returns that item to its regular place on the agenda, where it is addressed at its appointed time.
   b) That motion will be voted on, in agendized order, unless the body chooses to postpone, amend or substitute it when it is considered.

4. **Approving the Consent Calendar**: The Consent Calendar approval vote must be unanimous.
   a) There is no discussion about the Consent Calendar approval, except to pull specific items.
   b) As with all Commission motions, a quorum must be present to vote on it.
   c) As a vote without objections, the Consent Calendar motion does not necessitate a roll call.
   d) Items that generate an opposing vote for the Consent Calendar approval must be removed from the Consent Calendar for later consideration on the agenda.
   e) Voting members may register "abstentions" for individual items on the Consent Calendar.

DEFINITIONS:

- **Abstain/Abstention**: when a voting member acknowledges his/her presence, but declines to vote "aye" or "no" on a motion.
- **"Action" Item/Motion**: a motion that leads to action by the Commission. In the context of this policy, "action" motions are placed on the Consent Calendar.
- **Consent Calendar**: a procedural vehicle for a public voting body to collectively approve all of its "action" motions that do not require discussion or debate.
- **Motion**: the proposed decision or action that the Commission formally moves and votes on.
- **"Procedural" Item/Motion**: a motion necessary for meeting procedural requirements (approving the agenda or minutes). In the context of this policy, "procedural" motions are not placed on the Consent Calendar.
- **"Pull" (an Item/Motion)**: removing or setting aside an item/motion from the Consent Calendar and returning it to its original place on the agenda for discussion/consideration.

NOTED AND APPROVED:  **EFFECTIVE DATE:** January 10, 2008

Original Approval: 1/10/2008 *Revision(s):*

THE RALPH M. BROWN ACT

PRESENTED BY:

THE OFFICE OF COUNTY COUNSEL

THE HEART OF THE BROWN ACT

"All meetings of the legislative body of a local agency shall be open and public, and all persons shall be permitted to attend any meeting of the legislative body of a local agency, except as otherwise provided in this chapter."

APPLIES TO:

Local Legislative Bodies:

- Boards of Supervisors
- City Councils
- School Boards

Groups Created by the Board:

- Commissions
- Committees
- Councils

APPLIES WHEN:

There is a gathering of a **majority (or quorum)** of the members of the legislative body to:

1. **HEAR**

   Listening to staff reports or watching a movie.

2. **DISCUSS**

   Does not require any action be taken.

3. **DELIBERATE**

   Making decisions, taking action.

any item of business that is within the subject matter jurisdiction of the body.

EXCEPTIONS

- The Brown Act does not apply to meetings of public agency employees (i.e. staff meetings).
- The passive distribution of a document to body members such as a memorandum from staff, or an opinion from legal counsel, does not constitute a meeting.
- Conferences and similar gatherings which are open to the public and deal with issues of general public concern.

EXCEPTIONS

- Open and public meetings held by another person or organization.
- Open and noticed meetings of another legislative body (e.g. BOS attend L.A. City Council meeting).
- Purely social or ceremonial occasions.

PROVIDED THAT A MAJORITY OF MEMBERS DO NOT DISCUSS BUSINESS AMONGST THEMSELVES

SUBSIDIARY BODIES

Standing Committee

- Less than a quorum of members
- Includes other individuals not on the legislative body
- Advisory or decision-making
- Continuing jurisdiction over a particular subject matter
- Fixed meeting schedule

BROWN ACT APPLIES

Ad-Hoc Committee

- Less than a quorum of members
- Comprised solely of less than a quorum of the members
- Advisory only
- Short-term
- No fixed meeting schedule

BROWN ACT DOES NOT APPLY

MEETINGS

- Regular Meetings

  Agenda must be posted **72 hours** in advance.

- Special Meetings

  Agenda must be posted **24 hours** in advance.

  The notice, which also serves as an agenda, must state: (a) that a special meeting has been called by the chair or majority vote of the members, whichever is the case; (b) the time and place of the special meeting; and (c) the business to be transacted or discussed.

THE AGENDA

- Agenda items must have enough detail to give the public a reasonable idea of what will be discussed and/or acted upon—*no guessing.*
- If it's not on the agenda, it cannot be discussed!
- List location of the meeting and the location for document inspection.

ADDING AN ITEM TO THE AGENDA

- After the agenda is posted, an item may be added only if one of the following occurs:
  - **Emergency** – when prompt action is needed because of actual or threatened disruption of public facilities (only applies to bodies with ultimate decision-making authority).
  - **Newly arising items** – unknown at the time of the original posting and immediate action needed.

THE PUBLIC'S RIGHTS

Brown Act gives members of the public the right to:

- Not give their name as a condition precedent to attend.
- Record the meeting.
- Comment and criticize.

Members of the public must be allowed to comment on:

- Any agenda item, before or during the consideration of the item; and
- Any matter within the jurisdiction of the Board or commission.

PUBLIC COMMENT

- Fair and reasonable rules may be adopted to assist the body in processing comments from the public.
  - Regulating time is OK if reasonable.
  - Regulating content is not OK.
  - At least twice the allotted time should be provided to a member of the public who utilizes a translator, unless simultaneous translation is utilized.
- Public comment is not a debate. Avoid back and forth.

PUBLIC'S RIGHT TO DOCUMENTS

Public can make a standing request for copies of agenda materials:

- Must be made in writing
- Effective for one year
- Subject to fees for copying and postage

Failure to send packet of agenda materials requested can invalidate any action taken.

CLOSED SESSIONS

- Meeting in closed session is allowed only for specific matters as expressly authorized by statute.
- Closed session items must be described on the agenda.
- Special announcements must be made before and after the body meets in closed session.

CLOSED SESSION TOPICS

- **Personnel matters**

  Must have legal authority to appoint/terminate.

- **Litigation:** Anticipated, pending, or initiation

  Must have legal authority to direct the course of the litigation.

- **Labor negotiations**

  Must have legal authority to negotiate

- **Real property negotiations**

  Must have legal authority to negotiate.

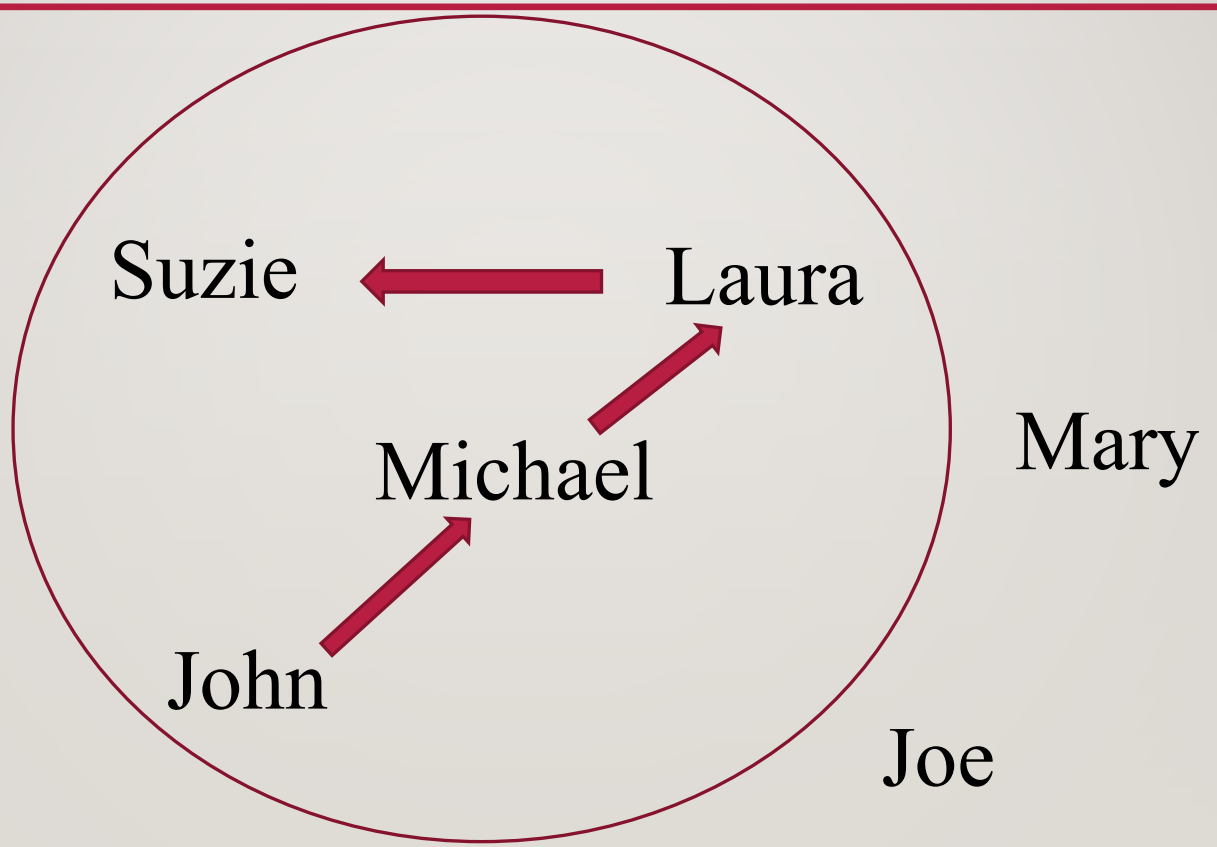
SERIAL MEETINGS

SERIAL MEETINGS

A serial meeting is typically a series of communications (face-to-face, telephone, e-mail, text, social media), each of which involves less than a quorum of the body, but which taken as a whole, involves a majority of the body's members.

General Rule: A majority may not use a series of communications, directly or through intermediaries, to discuss agency business.

<u>EXAMPLE</u>: 6-MEMBER COMMITTEE, 4 MEMBERS (QUORUM) INDIRECTLY COMMUNICATE ON MATTERS RELATED TO THE BODY'S BUSINESS.



AB 992
SOCIAL MEDIA

- Provides a stricter rule regarding communications on social media platforms because AB 992 **prohibits communications even between two members of a legislative body**.
- Applies to internet-based social media platforms that are "open and accessible to the public." Includes (without limitation): Facebook, Twitter, Instagram, Snapchat, etc.
- **BRIGHT LINE RULE**: A member cannot respond directly to any communication on an internet-based social media platform regarding a matter within the subject matter jurisdiction of the legislative body that is made, posted, or shared by any other member.

PERMITTED CONDUCT UNDER AB 992

- A *member* of a legislative body may engage in “separate” communications with the public using an internet-based social media platform that is open and accessible to the public regarding a matter that is within the subject matter jurisdiction of that body, **provided that a "majority" do not discuss among themselves business of a "specific nature."**

- A *member* of a legislative body may use social media to discuss **personal** matters with another member of a legislative body.

PROHIBITED CONDUCT UNDER AB 992

- A *majority* may not use an internet–based social media platform to discuss agency business.

- A *member* may not "**respond directly**" to any communication posted or shared by another member regarding agency business on an internet-based social media platform.

Includes: likes, thumbs up, emojis, and/or other symbols

SIGNIFICANCE

AB 992 provides a stricter rule regarding communications on social media platforms because it prohibits communications even between two members of a legislative body. This is a change because under general circumstances, a single contact between one public official and another would not constitute a prohibited meeting.

TELECONFERENCE MEETINGS AND REMOTE ATTENDANCE

- Traditional Rule
- Just Cause & Emergency Circumstances

TELECONFERENCE MEETINGS: TRADITIONAL RULE

- At least a quorum of the legislative body must participate from locations within the local agency's jurisdiction.
- An agenda must be posted at each location.
- The address of each location must be listed in the notice and agenda, including a room number, if applicable.
- Each location must be fully accessible to the public.
- Each location must be ADA-compliant.
- The public has a right to testify at each location.
- All votes taken must be conducted by roll call.

AB 2449: JUST CAUSE AND EMERGENCY CIRCUMSTANCES TELECONFERENCING

- Effective January 1, 2023, AB 2449 permits a member of a legislative body to participate in a meeting via teleconferencing without disclosing and making open to the public the teleconferencing location, under certain circumstances.
- A quorum of members must attend the meeting in person at a singular location.
- The teleconferencing member(s) must have **"just cause"** or **"emergency circumstances"** justifying their remote appearance.

AB 2449: "JUST CAUSE"

- **"Just cause"** may be any of the following:
  - Childcare or caregiving of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires a member to participate remotely;
  - A contagious illness that prevents a member from attending in person;
  - A need related to a physical or mental disability; or
  - Travel while on business of the legislative body or another state or local agency.

AB 2449: “JUST CAUSE”

- A member seeking to appear remotely for “just cause” must notify the legislative body at the earliest opportunity and provide a general description of the circumstances necessitating their remote appearance.

AB 2449: “EMERGENCY CIRCUMSTANCES”

- **“Emergency circumstances”** means a physical or family medical emergency that prevents a member from attending in person.
- A member must request the legislative body allow them to appear remotely due to emergency circumstances and the legislative body must take action to approve the request.
- The legislative body must request a general description of the circumstances relating to the member's need to appear remotely.
- The description generally does not need to exceed 20 words and a member is not required to disclose a medical diagnosis or disability.

AB 2449: ADDITIONAL REQUIREMENTS

- Should the body decide to permit teleconferencing for the public's and/or body's benefit, and the body has a quorum at a singular physical location, then the legislative body must provide access via:
  1. a two-way audio-vision platform, or
  2. a two-way telephonic service with live webcasting

  so that the public may remotely observe the meeting and address the body.
- The meeting's agenda must notify the public of the ways to access the meeting and offer public comment via a call-in or internet-based service option, and in person.

AB 2449: ADDITIONAL REQUIREMENTS

- A member cannot appear remotely using “just cause” or “emergency circumstances” for more than three consecutive months, or for 20% of regular meetings in a calendar year, or more than two meetings if the body regularly meets fewer than 10 times per calendar year.
- A member appearing remotely must disclose if any person over the age of 18 is present.
- A member appearing remotely must participate using both audio and visual technology.

NEW BROWN ACT LAW: SB 1100

SB 1100: DISORDERLY CONDUCT

- **Effective January 1, 2023**
- The presiding member of a legislative body or their designee may remove or cause the removal of an individual for disrupting a meeting
- Disrupting a meeting means engaging in behavior during a meeting that actually disrupts, impedes, or renders infeasible the orderly conduct of the meeting.

VIOLATING THE BROWN ACT

PENALTIES AND REMEDIES

- Criminal Penalties
  - Knowing violations are a misdemeanor.

- Civil Remedies
  - Any interested person may bring a lawsuit for declaratory and injunctive relief.
  - Body has chance to cure and correct.
  - Certain illegal action may be voided.
  - Costs and attorney fees awarded.

LOS ANGELES COUNTY BOARD OF SUPERVISORS
EXECUTIVE OFFICE

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Statement of Economic Interests
Form 700 -
Why Do I Need to File This Form?

PURPOSE OF A FORM 700

Every elected official and public employee who makes or influences governmental decisions is required to submit a Statement of Economic Interests, also known as the Form 700. The Form 700 provides transparency and ensures accountability in two ways:

1. It provides necessary information to the public about an official's personal financial interests to ensure that officials are making decisions in the best interest of the public and not enhancing their personal finances.

2. It serves as a reminder to the public official of potential conflicts of interest so the official can abstain from making or participating in governmental decisions that are deemed conflicts of interest.

PUBLIC OFFICIALS/EMPLOYEES

Public Officials/Employees can include:

- Every member, officer, employee or consultant of a state or a local government agency.

- Compensation is not a determining factor.

DEFINITION OF "PARTICIPATING IN A GOVERNMENTAL DECISION"

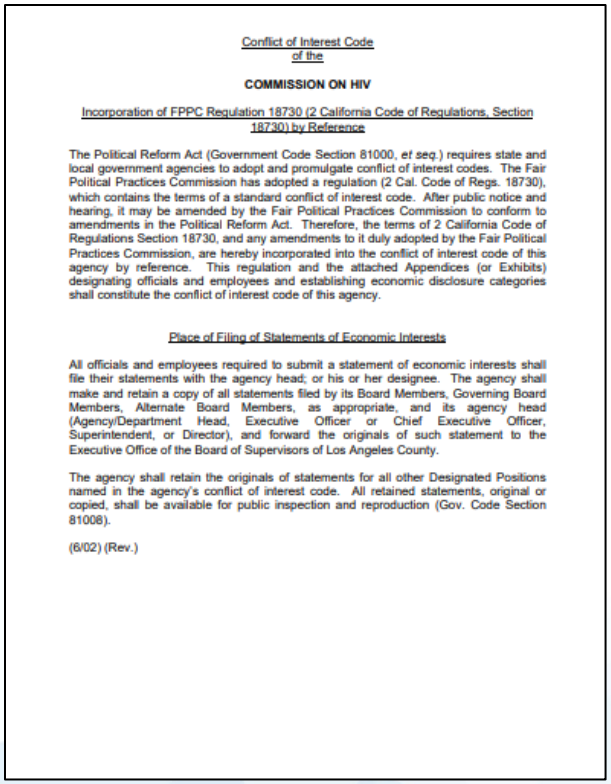
A person who participates in a governmental decision:

1. Votes on a matter

2. Obligates or commits the agency to any course of action

3. Enters into any contractual agreement on behalf of the agency

CONFLICT OF INTEREST CODE



Conflict of Interest Code
of the

COMMISSION ON HIV

Incorporation of FPPC Regulation 18730 (2 California Code of Regulations, Section 18730) by Reference

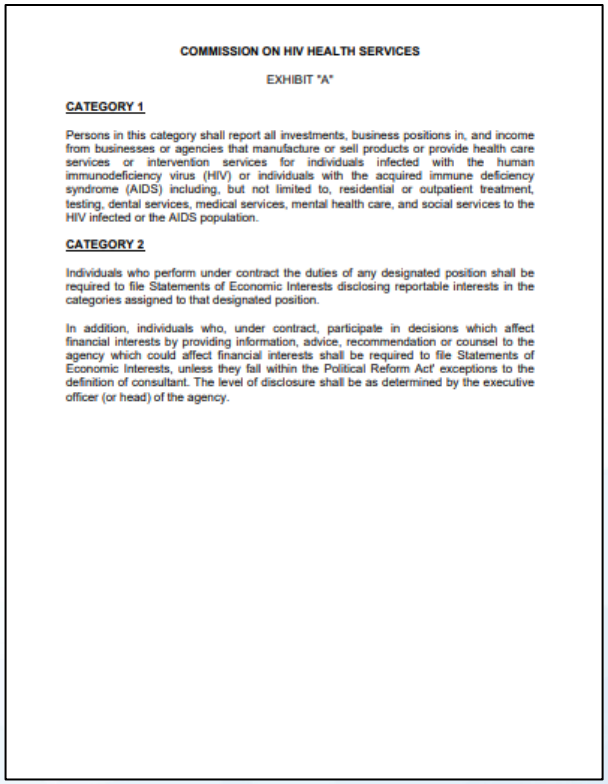
The Political Reform Act (Government Code Section 81000, *et seq.*) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 Cal. Code of Regs. 18730), which contains the terms of a standard conflict of interest code. After public notice and hearing, it may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730, and any amendments to it duly adopted by the Fair Political Practices Commission, are hereby incorporated into the conflict of interest code of this agency by reference. This regulation and the attached Appendices (or Exhibits) designating officials and employees and establishing economic disclosure categories shall constitute the conflict of interest code of this agency.

Place of Filing of Statements of Economic Interests

All officials and employees required to submit a statement of economic interests shall file their statements with the agency head; or his or her designee. The agency shall make and retain a copy of all statements filed by its Board Members, Governing Board Members, Alternate Board Members, as appropriate, and its agency head (Agency/Department Head, Executive Officer or Chief Executive Officer, Superintendent, or Director), and forward the originals of such statement to the Executive Office of the Board of Supervisors of Los Angeles County.

The agency shall retain the originals of statements for all other Designated Positions named in the agency's conflict of interest code. All retained statements, original or copied, shall be available for public inspection and reproduction (Gov. Code Section 81008).

(6/02) (Rev.)



COMMISSION ON HIV HEALTH SERVICES

EXHIBIT "A"

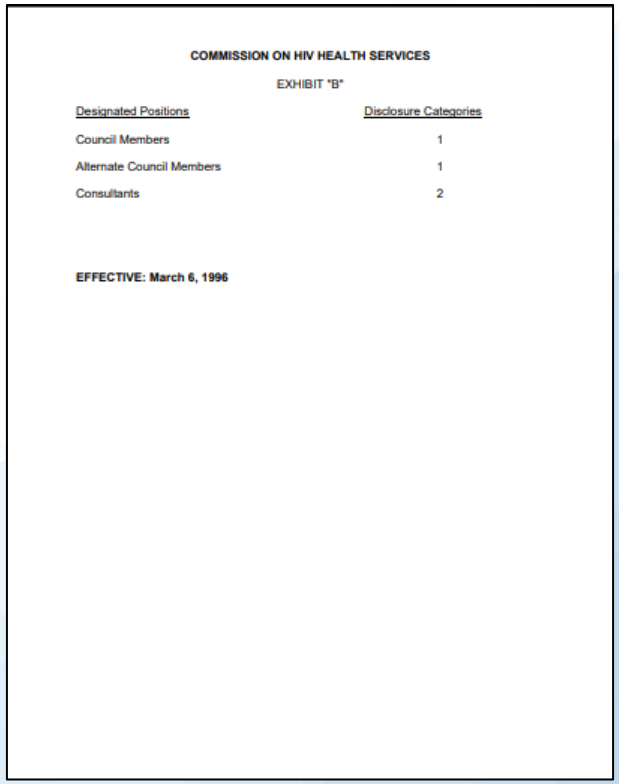
CATEGORY 1

Persons in this category shall report all investments, business positions in, and income from businesses or agencies that manufacture or sell products or provide health care services or intervention services for individuals infected with the human immunodeficiency virus (HIV) or individuals with the acquired immune deficiency syndrome (AIDS) including, but not limited to, residential or outpatient treatment, testing, dental services, medical services, mental health care, and social services to the HIV infected or the AIDS population.

CATEGORY 2

Individuals who perform under contract the duties of any designated position shall be required to file Statements of Economic Interests disclosing reportable interests in the categories assigned to that designated position.

In addition, individuals who, under contract, participate in decisions which affect financial interests by providing information, advice, recommendation or counsel to the agency which could affect financial interests shall be required to file Statements of Economic Interests, unless they fall within the Political Reform Act' exceptions to the definition of consultant. The level of disclosure shall be as determined by the executive officer (or head) of the agency.



COMMISSION ON HIV HEALTH SERVICES

EXHIBIT "B"

Designated Positions	Disclosure Categories
Council Members	1
Alternate Council Members	1
Consultants	2

EFFECTIVE: March 6, 1996

Statement of Economic Interests Form 700
Why Do I Need to File This Form?

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

DESIGNATED EMPLOYEE

A designated employee is an officer, employee, member or consultant of an agency whose position is designated in the Conflict of Interest Code because the position entails the making, or participating in the making, of governmental decisions, which may foreseeably have a material effect on any financial interest. (Gov. Code Section 82019)

DISCLOSURE CATEGORY

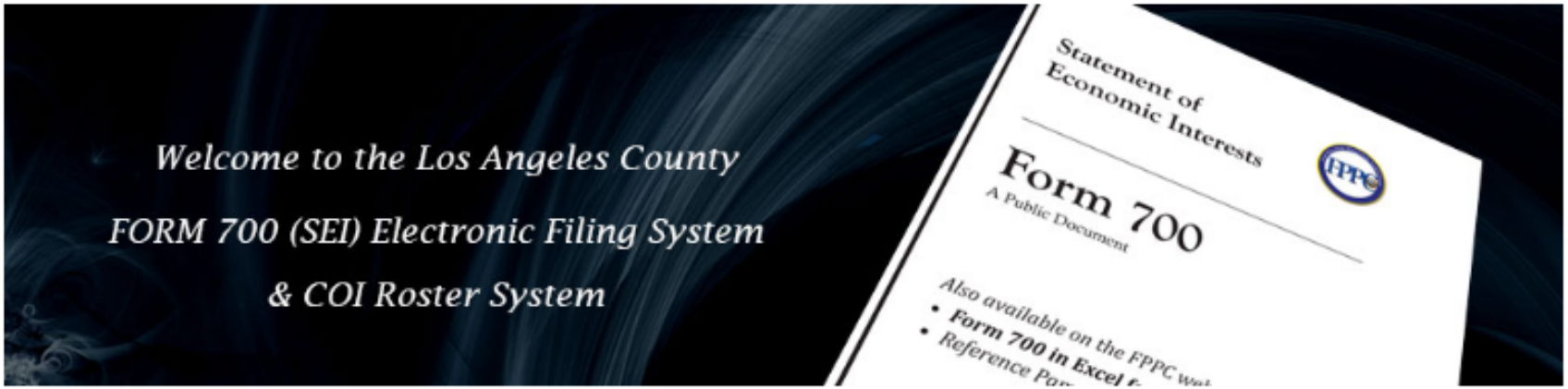
CATEGORY 1

Persons in this category shall report all investments, business positions in, and income from businesses or agencies that manufacture or sell products or provide health care services or intervention services for individuals infected with the human immunodeficiency virus (HIV) or individuals with the acquired immune deficiency syndrome (AIDS) including, but not limited to, residential or outpatient treatment, testing, dental services, medical services, mental health care, and social services to the HIV infected or the AIDS population.

lacounty.gov

To Enrich Lives through Effective and Caring Service

FORM 700 ELECTRONIC FILING SYSTEM



STATEME

Log In

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

Log In
User Id: N000555
Password: ••••••••••
Log In

Forgot User Id/ Password?

What's New

Gift Limit Increase
The gift limit increased to $590 for calendar years 2023 and 2024. The gift limit in 2022 was $520.

Cryptocurrency
Please note that you are not required to report possession of cryptocurrency on schedules A-1 and A-2.

How to File
Reviewing your agency's conflict of interest code is essential in

Filing Officer Online Resources

Agency Conflict of Interest Codes
2022/23 Department Head Certification
Filing Officer Info.
Filing Officer Duties
Filing Officer Handbook - County Departments/Commissions
FPPC Presentation Slides
LA County Presentation Slides
Filing Officer Handbook – Outside Agencies
Filing Officer Duties and Responsibilities Webinar
Roster System User Guides

Other Resources

For assistance concerning reporting, prohibitions, and restrictions under the Act:

Email questions to
advice@fppc.ca.gov

Call FPPC toll-free at (866)-275-3772
Mon-Thurs, 9-11:30 a.m.
www.fppc.ca.gov

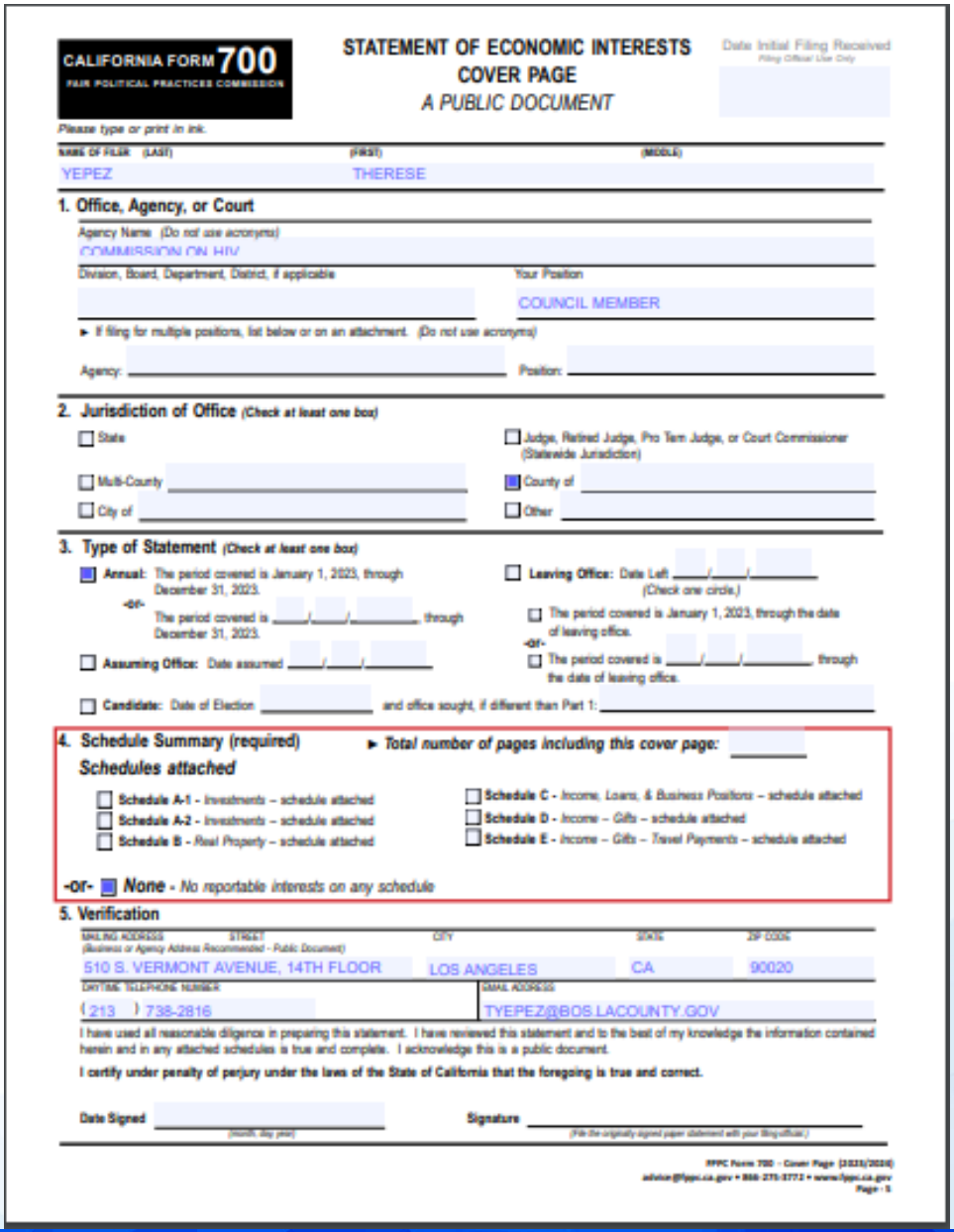
Related Links:
Reference Pamphlet
Limitations and Restrictions Fact Sheet

"e-Filing supports the environment through paper reduction"

Statement of Economic Interests Form 700
Why Do I Need to File This Form?

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES


Log In
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT
Log In
User Id: N000555
Password:
Log In
Forgot User Id/ Password?



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER: (LAST) YEPEZ (FIRST) THERESE (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
COMMISSION ON HIV

Division, Board, Department, District, if applicable

Your Position
COUNCIL MEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office *(Check at least one box)*

☐ State
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County
☑ County of
☐ City of
☐ Other

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
-or- The period covered is ____/____/____ through December 31, 2023.
☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
☐ The period covered is January 1, 2023, through the date of leaving office.
-or- ☐ The period covered is ____/____/____ through the date of leaving office.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (required) ► *Total number of pages including this cover page:*

Schedules attached

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached
☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D** - *Income – Gifts* – schedule attached
☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or- ☑ **None** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document): 510 S. VERMONT AVENUE, 14TH FLOOR
CITY: LOS ANGELES
STATE: CA
ZIP CODE: 90020
DAYTIME TELEPHONE NUMBER: (213) 738-2816
EMAIL ADDRESS: TYEPEZ@BOS.LACOUNTY.GOV

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed (month, day, year)
Signature (File the originally signed paper statement with your filing official.)

FPPC Form 700 - Cover Page (2023/2024)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 1

Statement of Economic Interests Form 700
Why Do I Need to File This Form?

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

RESOURCE LINKS

To file your Form 700 online, or view completed filings, visit:
https://lacform700.lacounty.gov/login.aspx

To obtain the most current Form 700 in pdf format, visit the FPPC website: https://www.fppc.ca.gov/Form700.html

If you need assistance, contact the COI Desk:
Email: COI-Desk@bos.lacounty.gov
Phone: 213-974-1748

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

Commission on HIV 2023 Annual Conference Feedback Survey

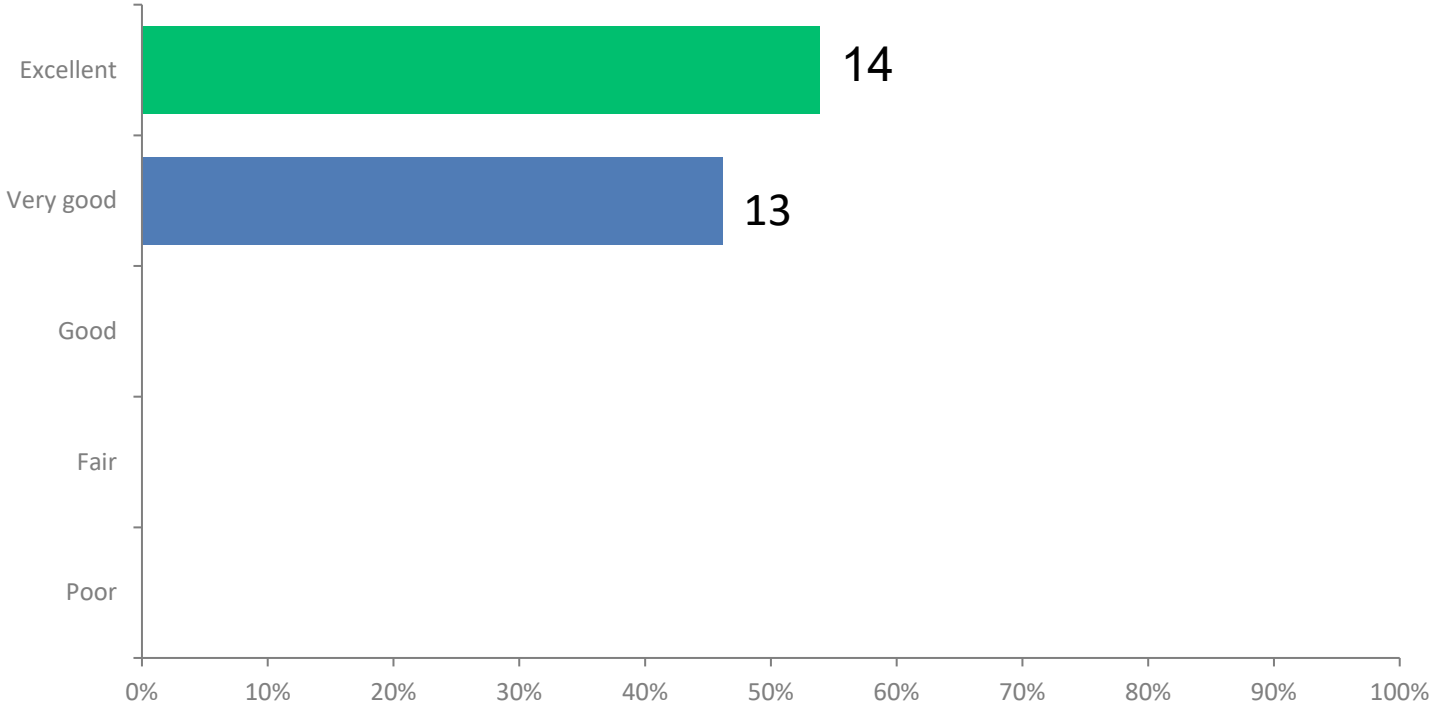
December 12, 2023

- 58 in-person attendees
- 30 via livestreaming
- 100% rated the event “Excellent” or “Very Good” (N=27)
- “The collegial aspect of the conference. People had time to talk with each other and spend time doing so. This was a healing opportunity for our community after the years of Covid.”
- “Very interactive. The topics were relevant to what is happening in our communities.”
- “Well-organized, very good presentations and discussions.”

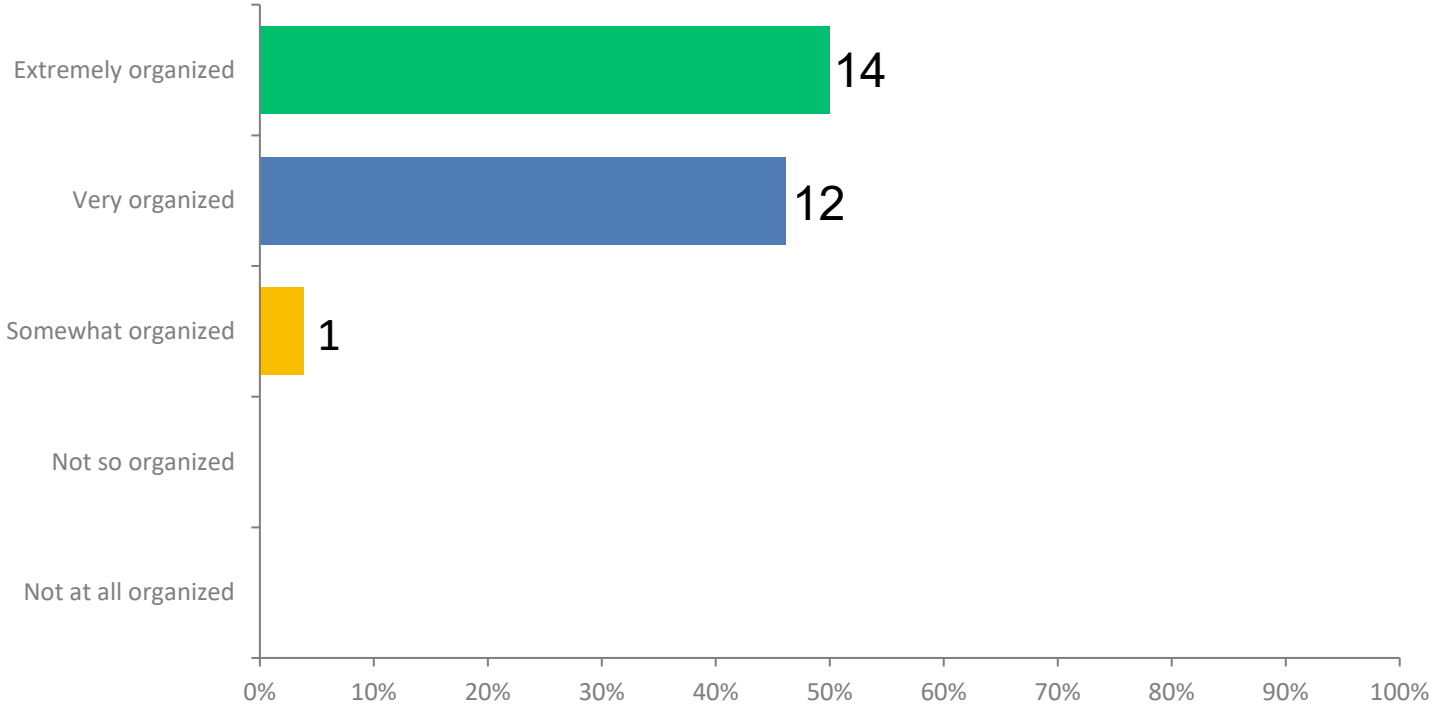
Nov 9 at 2:55 PM ·

@hivcommla Annual Conference.
Thank you for a great informative program. Let’s end this epidemic.

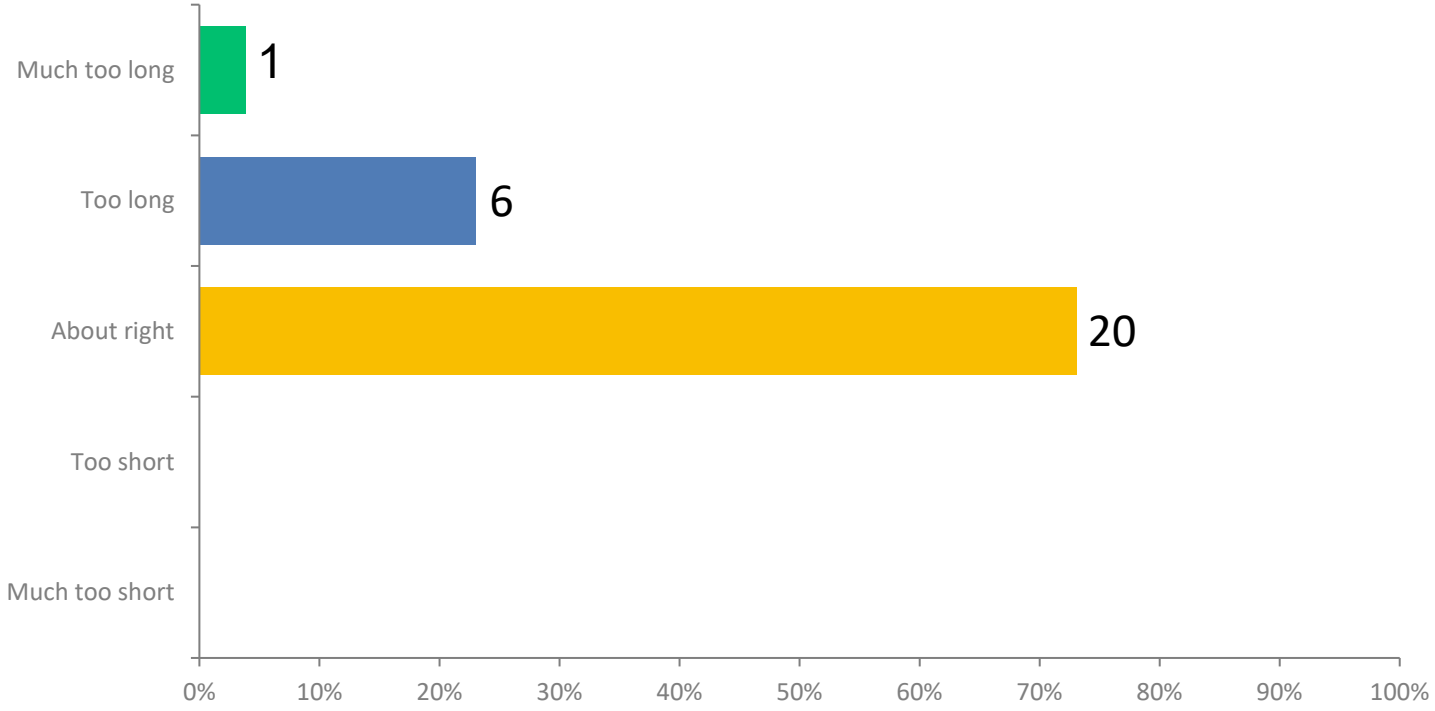
Q1: Overall, how would you rate the event?



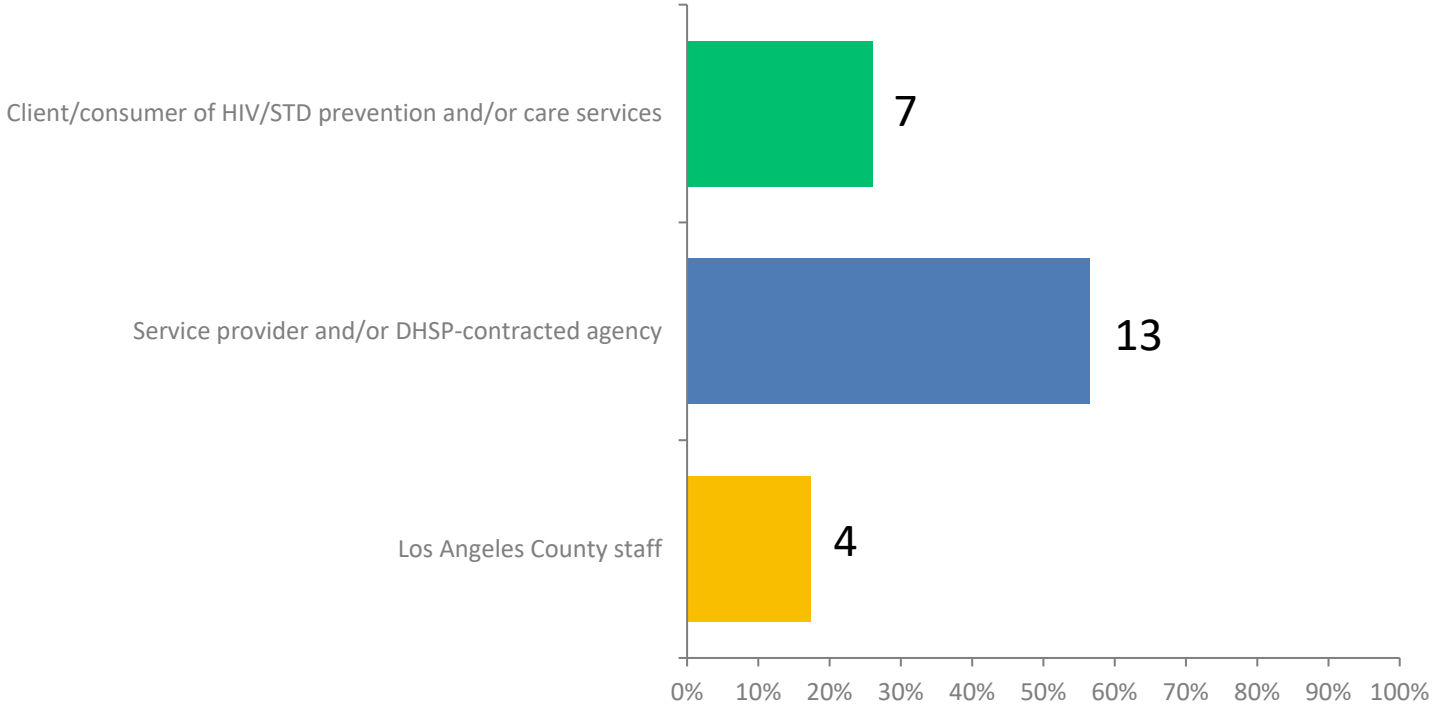
Q4: How organized was the event?



Q5: Was the event length too long, too short or about right?



Q7: Which of the following categories best describes you. Please select one.



See attachments for responses to open-ended questions.

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • https://hiv.lacounty.gov

2023 ANNUAL CONFERENCE EVALUATION
RESPONSES TO OPEN-ENDED QUESTIONS

What did you like about the event?

1. The presenters and content were great. The fellowship of all that attended was very nice.
2. The issues relating to the generational divide.
3. The event flowed well, was informative and thought-provoking, and sometimes entertaining ...
4. Great presentations (except for the Mental Health presenter - that was not engaging and it felt patronizing tbh)
5. Love all the speakers.
6. The information about PrEP and implementation of EHE
7. The location!
8. Presentation and group participation. Information presented.
9. Very well-spoken speakers and great information shared.
10. The collegial aspect of the conference. People had time to talk with each other and spend time doing so. This was a healing opportunity for our community after the years of Covid
11. Very interactive. The topics were relevant to what is happening in our communities.
12. The data about PrEP
13. I enjoyed the intergenerational conversation.
14. I liked all the various topics discussed in the conference!
15. Well-organized, very good presentations and discussions.
16. Various updates on services in LA County
17. Great camaraderie, speakers, and food.
18. People interacting with each other.
19. I enjoyed the presentations, particularly the Harm Reduction, Increasing Access Among Priority Populations, and the Intergenerational conversations.
20. Presentations & Participation
21. The variety of information that was presented. Everyone was excellent.
22. All the presenters were informative and knowledgeable
23. It was super informative. I enjoyed the different speakers and how the problems were being addressed.
24. The EHE session and Doxy PEP sessions were very informative
25. Let's me know where my computer programming outputs find their use.
26. I learned stuff.

What did you dislike about the event?

1. The location of the language interpreters. They were located in the very center of the room, 3 tables back. It was extremely distracting for me, and at times hard to follow the speakers/presenters because the voices of the interpreters were competing with the voices of the speakers/presenters. I think the interpreters could have been located in the very back corners of the room. This way the interpreters could still see and hear everything in order to provide interpretation services, but they would be much less distracting for those of us not needing interpretation services.
2. Should've had more folks in attendance from some of our long-time colleagues,
3. Not so much disliked, as I look forward to when we can have attendance back up at the pre-COVID levels ...
4. Food could have been better and more substantial. The raffle of prizes at the end felt haphazard and the way it was given was a bit unfair - it was a question that was posed and even before the question was asked, Katya raised her hand and then she was given the question, and when she got it right, she got two prizes. It was unfair and I think it was just poor planning because that raffle should have been done appropriately and included everyone who submitted a raffle ticket, not just a raise of hand.
5. Everything was great! Would have liked to hear more from those with lived experiences. Consider panel discussions highlighting some of the populations and opportunities for interaction among attendees and presenters.
6. Everything was good
7. The food
8. N/A
9. Too many audience questions and comments unrelated to the subject.
10. I wish the Housing and Intergenerational segments had been more structured. There was space for improvisation. We could have asked more challenging questions of ourselves.
11. none
12. I personally do not like the breakdown groups.
13. Nothing
14. n/a
15. The slides had to be rotated each time. It was distracting and annoying.
16. Food
17. More information on what the COH has accomplished
18. Went a little too long. Had to rush out and did not get to enjoy the meet and greet after the meeting. Many people left half way through the event.
19. The event could use more opportunities to the be actively engaged. The presentations were amazing but sometimes felt a little being lectured to for hours.
20. N\A
21. Misinformation about 988 mental health crisis hotline.
22. Nothing
23. I was unaware until the morning of.
24. Nothing. The more awareness, the better. If I have to come up with something, it was not a programming seminar.
25. Missed in depth conversations.

Please share other comments you have.

1. Invited to afternoon cookies/snacks, didn't arrive until the closing statements
2. CoH staff continues to set themselves a high standard for subsequent years ...
3. Should end at 2pm
4. I don't have any comments at this time
5. it is nice to meet and learn the new updates!
6. N/A
7. Dr. Moe is a dynamic presenter. People around me were nodding their heads in agreement with her observations. Would the Commission or DHSP sponsor an event with Drs. King, Moe, Hardy and Gottlieb? I was struck by the through line of HIV care and knowledge in these doctors training.
8. n/a
9. I like to see HIV efforts merge with DMH. And DMH do more HIV education.
10. Lovely event, just too long
11. More integrated discussions amongst the larger group, such as the intergenerational activity, would be welcome.
12. I would like to see more Mediterranean meals because cold high carb foods, I was told to stay away from. While there many hours those on medical have restrictions.
13. Just looking forward to seeing if the providers listened and are willing to help their clients more. Also, a little bit more compassionate towards the issues we face daily as PLWHIV

LOS ANGELES COUNTY COMMISSION ON HIV

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

2023 ANNUAL CONFERENCE CALL TO ACTION RESPONSES

Los Angeles County State of HIV/STDs/ Updates | Division of HIV and STD Programs (DHSP)	
EDUCATION AND OUTREACH/COMMUNITY ENGAGEMENT AND EMPOWERMENT	• Obtain data on the impact of DoxyPEP on county-wide reductions on STIs. • Secure leadership support from agencies to strengthen community by prioritizing and supporting staff to connect with other agencies. • Increase opportunities for staff to participate in SPA meetings, Commission, Task Forces, etc. Require this for all funded agencies. • Public assistance participants must attend sexual health class/classes to learn about syphilis, gonorrhea, HIV, DoxyPEP. • Visit day care centers and offer workshops for parent on sexual health. • Learn more about working with schools, street medicine, buddy programs, and grants for innovative outreach. • Increase unaffiliated consumer representation on CABs, Commission and other planning efforts. Providers should promote client participation in the Consumer Caucus. Consider opening up the DHSP training for frontline staff to unaffiliated consumers.
PROGRAM AND SERVICE DELIVERY IMPROVEMENTS	• Implement and support programs that reach vulnerable priority populations effectively. • Employ contingency management for staying in care and maintaining viral suppression. • Expand public health detailing program to more clinics. • Clarify if street medicine includes mental health medication. • Expand the availability of and access to women's condoms. • Equip LGBT+ bars with home test kits. • Simplify the application process for the Emergency Financial Assistance program. • Bulk HIV/STD test kits to distribute like COVID tests in pharmacies, clinics, community centers, etc. Incentivize HIV+ clients with SUD and meth to be virologically controlled, similar to contingency management model. DoxyPEP without prescription needed; given through pharmacy. • Start focusing on herpes on MSM. Please use independent pharmacies.

	• Implement HIV testing at commonly utilized, public non-medical service centers (e.g., DMV). This has worked well in D.C. • Take national advocacy action to make benzathine penicillin more available to better treat syphilis and stop transmission. • Advance street medicine programs to deliver injectable ART and PrEP on the street. • Explore how staff and agencies can obtain harm reduction medicine cabinet kits. • Establish (or support and expand) support groups for domestic violence/sexual assault survivors living with HIV specifically women of color {trauma-informed}. Continuous support services (ongoing). • Watts Health Center has a mobile unit currently unused (for most part). It is paid for – but we need funding to use this unit as a street medicine van as well as for full staffing-clinician, nurse, case worker, etc. We have applied for grants with CHIPTS and AMAAD but pending—could this be a joint DHSP endeavor? (FF)
PARTNERSHIPS	Partner with schools to educate and provide care. Compel private health groups and insurers have more skin in the game with comes to STI prevention.

The County's Response to the Intersection of HIV and Substance Use | Harm Reduction and Other Services, DPH, Substance Abuse Prevention and Control (SAPC) | Dr. Sid Puri, Associate Medical Director, SAPC	
EDUCATION AND OUTREACH/COMMUNITY ENGAGEMENT AND EMPOWERMENT	• Establish regular meetings with appropriate commissioners. • Educate community-at-large about the role of safe injection/consumption sites to promote acceptance.
PROGRAM AND SERVICE DELIVERY IMPROVEMENTS	• Clarify federal and local rules and regulations about the ability of FQHCs to serve as a syringe exchange programs. • There is a need for provider detailing and harm reduction strategies around GHB (a.k.a., Liquid Ecstasy, G, Georgia homeboy, cups).

	• Support and expand safe sites/overdose sites. • Create and support users union. • Reduce costs for medication. • Promote women's condoms for harm reduction. • Use harm reduction techniques as a form of prevention instead of gateway to stigma and misinformed calls to action. Reduce stigma so more people come forward and are able to voice their experience as a building block to make these services more accessible or at the very least bring more awareness to services offered. • Establish and use of safe use spaces to engage with PWIDs, offer through OD-protective services, build trust, and begin discussion about harm reduction, recovery and a new way of life. Increase use of harm reduction services as a beginning.
PARTNERSHIPS	• Use independent pharmacies.

PrEP, Long-acting PrEP, DoxyPEP | Strategies for Increasing Access and Utilization among Priority Populations | Dr. Ardis Moe	
EDUCATION AND OUTREACH/COMMUNITY ENGAGEMENT AND EMPOWERMENT	• Inform providers and community about PrEP failures for both oral and long-acting injectables. Educate the community about the costs, uptake and what the reality/complexity is around PrEP failures. • Consider using the messaging, "Health pill" not the "pill to prevent HIV." • Train doctors to prescribe PrEP in emergency departments. • Educate providers and the community about rules and regulations about access to PrEP for minors. • Educate the community about PrEP and DoxyPEP options for cisgender women.
PROGRAM AND SERVICE DELIVERY IMPROVEMENTS	• Operationalize home testing kits for routine PrEP labs to further decrease barrier and increase PrEP persistence. • Support the EHE initiative around pharmacy PrEP Centers of Excellence and share a list of participating pharmacies that can dispense PrEP and PEP and this list disseminated to the

	community. • Promote conversations with providers, especially those who receive those government funds, about making the conversation around PrEP something as easy as asking for general medical care. It would be nice to see Hold providers accountable to having those conversations and prescribing PrEP. Patients shouldn't have to educate their providers. "We are all having sex. But no one is talking about it." • Consider DPH-initiated injectable PrEP with directly observed therapy approach to administer at home. PrEP and DoxyPEP through pharmacy or clinical pharmacist.

Housing and HIV | Community Reflections on Coordinated Planning	
GENERAL REFLECTIONS	• Bridge the huge disconnect between what we discuss at the Commission meetings, the HOPWA reports, and the actual lived experience of patients. Doctors feel helpless when their patients need housing and they are not able to offer help even if their agency has a housing case manager, or funded to provide housing, or serves primarily people experiencing homelessness. • Who do we need to engage to identify a true coordinated entry system? i.e., centralized document repository. How can we create a low barrier entry system? What does a coordinated case management system look like? How can we successfully house persons experiencing mental illness? How can COH and participants contribute to the housing solution other than allocating RWP funding? What training is available on the housing system/partner/ stakeholders in LAC? Need to understand the foundation/context to be able to participate in conversations. What homeless prevention services/programs can we provide? • The homeless point in time count underestimates the severity of homelessness. The unsheltered PIT count in LA was 52,307. The annualized estimate is 87,526. This should be the number used as a denominator for population-based coverage, especially if we

	are following people indoors, which we should be. The unsheltered count is approximately a 30% *underestimate* due to only counting the visible homeless population. This would put us well over 100k. The PIT count *excludes* those in hospitals, jail, and people who are "doubled up." This may result in a disproportionate undercounting of racial and ethnic minorities who are overrepresented in incarcerated populations. A published study did an expanded count to include those in jails, which increased the count by 57%.
PROGRAM AND SERVICE DELIVERY IMPROVEMENTS	• PLWH seniors and disabled for permanent housing as aged are priced out. Create communities of PLWH and other allies for services. Seniors on fixed income are not able to keep up with rising cost of rent. • People need help every step of the way from how to start an application and through maintaining housing. Keep seniors in housing and provide ongoing assistance. • Listings on CHIRPLA does not necessarily mean that an individual will qualify for these units. It is important to prevent eviction. • Reduce caseloads- there is not enough time for case managers to adequately help clients given the huge caseloads. Case managers themselves are barely able to make ends meet and pay their rent. They too need a decent source of income. • Unit set asides for affordable housing are not necessarily affordable. The application fee is too high for many and they need help filling out the application form. • There is lack of housing for seniors; some do not know how to fill out the paper work or collect the required documentation. • HOPWA needs to do just more than “site audits”- talk to consumers. Cover application fees. Increase salary for staff. Smaller caseloads. Housing specialists need to hold their clients through the process. Hire and train more HOPWA and LAHSA staff. • Assist people with subsidized housing stay housed and pay their bills. Train case managers to hold client’s hands throughout their housing needs.

	• Educate the community about entities and resources to maintain the habitability (maintenance and upkeep) of their housing. • More effort is needed to create more housing specialists. More compassion and not just a check. Would be nice to bring more housing organizations to the table. We see the need and how underserved this service is so why isn't the conversation happening to be able to implement on a higher scale. Cross training utilization is lacking when that could potentially bridge the gap in not only, accessing out receiving services. • Address stigma in PLWH and homelessness in order to increase retention in medical care and adhere to ART. Develop strategies specially in cisgender women. • Develop built-in accountability to spend funds that are earmarked in a timely manner. Get passionate/effective/ productive navigators to help clients throughout the process of accessing funds/resources. Have their salaries contingent on a certain level of productivity and incentivize higher pay with helping more clients. • Conduct an asset mapping and work with different housing players to understand different housing options/services available in different geographic areas; have all housing providers come together quarterly to provide report and share inventory of available housing. • A coordinated application process is needed. • Housing for cisgender women is an even bigger issue; some cannot get housing because they have a partner. We need to illustrate housing funding and resources by populations; people need help paying their bills on a regular basis because its too expensive. • Bring housing as part of the status neutral approach. Providers are learning a lot of barriers for clients (such as EFA cannot pay for transitional housing assistance). Staff need additional support for coordination.
PARTNERSHIPS	• It is critical to have HOPWA and LAHSA representatives and leaders present at housing

	conversations. Have a staff from CHIRP LA at Commission meetings. How do we get housing funders to talk to us? • Develop a sustainable housing plan. Consider how much we can actually impact. • Accountability of a timeline for and goals reached (# of homeless persons housed) to ensure prompt and productive use of appropriated funds from each funded source. Integration of mental health, substance use, more building/rehabilitation, life skills building services with housing. • Consider awarding contracts to other and new entities to have a new approach. Maybe giving contracts to community members with a fresh plan. • Work with housing funders to host RFP informational sessions.

Then & Now: Where We Were & Where We Are Now **Facilitated Community Discussion | Intergenerational Perspectives on Community Building and Resilience**	
EDUCATION AND OUTREACH/COMMUNITY ENGAGEMENT AND EMPOWERMENT	• Consider how staff/client/patient generational differences impact positively or negatively healthcare outcomes. Provide education about the different generations; mentorship and reverse mentorship; allyship; storytelling; technology comfort – opportunities to end HIV. • Ongoing training on cultural humility. • Work together. Share experience and wisdom. Start/end with any 1 process/person. Promote relatability and allyship. Stigma still here. Use status-neutral language. Use language that promote unity rather than division. Address lack of trust. Promote diversity equity, shared values, shared goals and things in common. Consider information accessibility across generations. • It is important to involve the communities that one is conducting research, care, outreach, and programs for in the decisions that affect them, particularly in youth. Have voting members of every generation ensures that there is an active voice in the decisions being made for them. For instance, if you have a department that serves ages 12-24, you

	should have a member of that age range with equal voting power helping to make decisions for them. • More fun space intergenerational, like a game night where we learn old and new games.

Enhancing Access to Mental Health Services for PLWH | Dr. Curley Bonds, Chief Medical Officer, Los Angeles County Department of Mental Health	
EDUCATION AND OUTREACH/COMMUNITY ENGAGEMENT AND EMPOWERMENT	• Address or bridge the disconnect with what is actually experienced by patients and services offered in the community. Consider a patient and DMH panel to continue this important conversation. • Increase promotion of 988. Consider working with a coalition or workgroup that meet monthly or whatever it may be to offer services across the board to organizations which may need these extended services or services they do not directly offer.
PROGRAM AND SERVICE DELIVERY IMPROVEMENTS	• Work with DMH to collect HIV status data for all clients. How and what training do MH clinicians need to address HIV and LGBTQ+ issues?
PARTNERSHIPS	• Foster more connection with LAC DMH and the Commission.

LOS ANGELES COUNTY
COMMISSION ON HIV

SUMMARY OF PROPOSED KEY BYLAWS CHANGES

1. **Annual administrative review** with 30-day public comment period prior to approval if there are changes to the bylaws. Requires 2/3 vote from Commission members present at the meeting.

2. **Composition:**
    a. Change DHSP (Recipient/Part A Grantee) as non-voting member; does not count towards quorum (full Commission and DHSP staff assigned to standing Committees).
    b. 50 voting members

3. **Term of Office:**
    a. 2-year staggered terms
    b. Members are limited to three consecutive terms and are eligible to reapply following a one-year break in service.

4. **DHSP Role and Responsibility: "**Section 12. DHSP Role & Responsibility. DHSP, despite being a non-voting member, plays a pivotal role in the Commission's work. As the RWHAP Grantee and Part A representative for the Los Angeles County EMA, DHSP provides essential epidemiological and surveillance data to guide the Commission's decision-making. DHSP plays a central role in carrying out needs assessments, conducting comprehensive planning, overseeing contracting and procurement of providers, evaluating service effectiveness, and performing quality management. Collaborating closely with DHSP, the Commission ensures effective coordination and implementation of its integrated comprehensive HIV plan. The Commission heavily relies on this partnership to ensure the optimal use of RWHAP funds and adherence to legislative and regulatory requirements, ensuring the highest standard of HIV services in Los Angeles County."

5. **Conflict of Interest:** Further, in accordance with HRSA guidance, Commission Policy #08.3108: Ryan White Conflict of Interest Requirements, dictates that all members must declare conflicts of interest involving RWHAP-funded agencies and their services, and the member is required to recuse themselves from discussion ***and/or voting*** concerning that area of conflict, or funding for those services and/or to those agencies.

6. **Removal/Replacement**. A Commissioner or Alternate may be removed or re-placed by the BOS for failing to meet attendance requirements, and/or other reasons determined by the BOS. The Commission, via its Operations and Executive Committees, may recommend vacating a member's seat if egregious or unresolved violations of the Code of Conduct occur, after three months of consecutive absences, if the member's term is expired, or during the term if a member has moved out of the jurisdiction and/or no longer meets the qualifications for the seat.

LOS ANGELES COUNTY
COMMISSION ON HIV

2024 TRAINING SCHEDULE

SUBJECT TO CHANGE

- "*" Asterisk denotes mandatory training for all commissioners.
- All trainings are open to the public.
- Click on the training topic to register.
- Certifications of Completion will be provided.
- All trainings are virtual.

Co-Chair Roles and Responsibilities	February 13, 2024 4:00-5:00PM
General Orientation and Commission on HIV Overview *	March 26, 2024 3:00-4:30PM
Priority Setting and Resource Allocation Process & Service Standards Development *	April 23, 2024 3:00-4:30PM
Ryan White Care Act Legislative Overview Membership Structure and Responsibilities *	July 17, 2024 3:00-4:30PM
Policy Priorities and Legislative Docket Development Process	October 2, 2024 3:00-4:30PM

Ending the HIV Epidemic Initiative: World AIDS Day Partnerships & Upcoming Funding Opportunities

Commission on HIV Meeting
January 11, 2024

World AIDS Day Social Media Influencer Project

- EHE contracted with two social media influencers: Page Person and Gunnar Deathrage.

- Both created dresses with upcycled condoms to promote @TransinLA and GetProtectedLA.com

Page Person @page_person	Gunnar Deathrage @gunnardeatherage
IG followers: 2.3k	IG followers: 384k, TikTok 2.6M
Creative dress designing	Known from Project Runway
Visual/Performance Artist	Featured in popular magazines, celebrity stylist
Member of LGBTQ+ community	Member of LGBTQ+ community

page__person ❤BE SAFE❤ For World AIDS Day, I have partnered with @TransinLA to remind you that condoms remain one of the best ways of preventing HIV. I'm wearing a gown made from 2,000 condoms here to drive the point home - but it only takes ONE to keep yourself safe. Condoms (and other physical barriers such as gloves and dental dams) are both effective and accessible.

Trans women are 49 times more likely to contract HIV than the general population (per the Human Rights Campaign). I need my sisters to thrive! Know your status by testing regularly and normalize discussing prevention with your partners. Ask your doctor if PrEP is right for you. Most importantly, spread the word that Undetectable=Untransmittable; a person diagnosed with HIV who has suppressed their viral load to undetectable levels can NOT transmit the virus. Let's end the stigma and stay safe!

For sexual health info and resources in LA County, visit www.GetProtectedLA.com. Log on to www.TakeMeHome.org to get up to two free at-home HIV tests.

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Pic by @planet.hann

Edited · 4d

Liked by **miss.carlaibarra** and **333 others**

gunnardeatherage 5w
We made a dress out of CONDOMS! In honor of World AIDS Day! Visit www.GetProtectedLA.com for sexual health info and resources in LA County, including HIV/STI testing locations. Follow @transinla for resources by and for trans-identifying folx! #diy #sewing #dresses #design #art #worldaidsday

gunnardeatherage 5w
Just to reiterate, all of these were expired condoms and rather than just throw them in the trash, we wanted to make some art with them to raise awareness, and provide resources to LA County!❤️

page__person 5w
Amazing!
1 like Reply

patrickstarr511 5w
EXPIRED condoms people! He literally said it 15 seconds into the video 🤦🏾
17,944 likes Reply

View all 2 replies

auliicravalho 5w
fire and fabulous and a fantastic message!!!!
75 likes Reply

jasyleh 5w
CONDOMS EXPIRE?!
1 like Reply

Gunnar Deatherage Instagram Post/Video:
https://www.instagram.com/reel/C0VNatkp-c7/?utm_source=ig_web_copy_link&igshid=MzRlODBiNWFlZA==

World AIDS Day Social Media Campaign Results
01/09/2024

Gunnar Deatherage

	Followers	Views	Likes	Comments
Instagram	396 K	4.4 M	225 K	1276
TikTok	2.60 M	389 K	69.8 K	595
YouTube	2.40 M	19.0 M	1.0 M	5700

***Views on Instagram = Number of different Instagram accounts reached
***Instagram Shares for Gunnar's Post = 161 K

Page Person

	Followers	Likes	Comments
Instagram	2.6 K	334	29

ONE Condom Blog Post featuring Gunnar's post:
https://onecondoms.com/blogs/community-stories/condom-fashion-to-commemorate-world-aids-day-2023

EHE Funding Opportunities/Request for Proposals (RFPs)

Street Medicine Program	• Capacity Building for $100,000 for one year • Comprehensive Program $400,000 for one year
Pharmacy PrEP Centers of Excellence	• PrEP/PEP Starts $75,000 for one year • Comprehensive Program $150,000 for one year
Innovation Awards	• $250,000 for one year
Mini-Grants	• $50,000 for one year

RFP application links will be sent through the EHE listserv.

Email EHEInitiative@ph.lacounty.gov to sign up.

the OA Voice
Issue: December 2023

This newsletter is currently organized to align with Strategies from the ***Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*** (Integrated Plan). The Integrated Plan is available on the Office of AIDS' (OA) website.

INSIDE:

STAFF HIGHLIGHT

OA would like to congratulate **Mindy McFall** on her promotion to the Health Program Specialist I position in the Support Branch's Business Operations & Compliance Section. In this position she will serve as our CDC grant specialist.

Mindy has been with OA for two years working as a fiscal analyst in the Support Branch. During that time, she provided administrative support for invoice processing, reconciliation, federal fund drills, and encumbrances. She also initiated and implemented several process improvement efforts that streamlined the encumbrance management process, reports for the Center of Infectious Diseases (CID) briefings, enhancements to the invoice trackers, and the STD 215 revision process. Prior to working in OA, Mindy was a senior business analyst for Intel, and also owned and managed a fitness studio in Folsom. Mindy has over 15 years of analytics and business experience that has been used to improve the efficiency of Support Branch activities and processes.

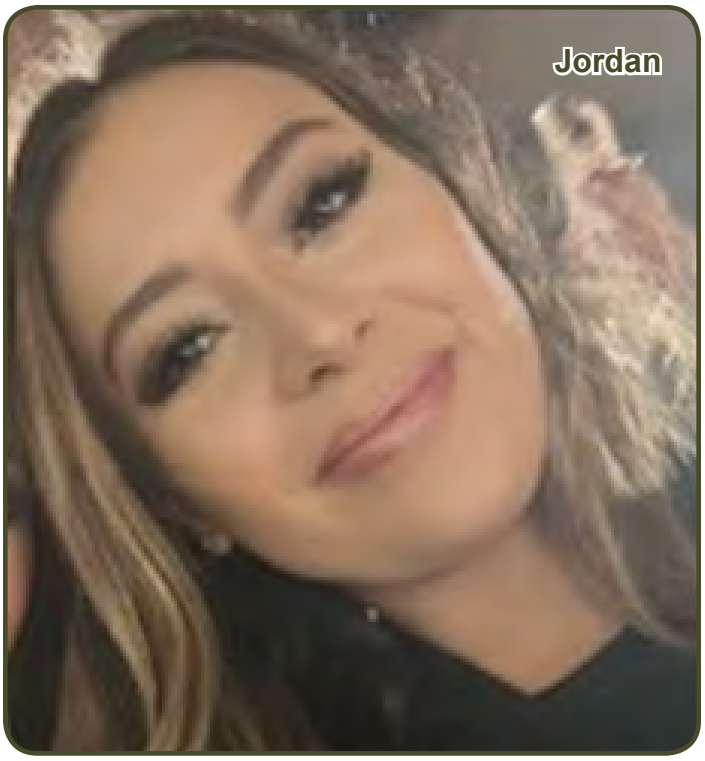
Outside of work, Mindy enjoys hanging with family, competing in endurance races, cheering-on the Sacramento Kings, and snuggling with her bearded dragon, Chili.

Additionally, please join us in congratulating **Jordan Folster**. She has been promoted within


Mindy

the OA Support Branch to the Staff Services Manager II (Section Chief) position overseeing the Business Operations and Compliance Section.

Jordan has over 9 years of experience as a Human Resources Manager. She is well trained and experienced in providing guidance related to the Family and Medical Leave Act, California Family Rights Act, Pregnancy Disability Leave, Workers' Compensation, Reasonable Accommodations, and more. Her knowledge and experience in human resources, project management, policy and procedure



development, benefits, leave, training, employee development, and payroll administration will be a valuable asset to our team. For the past year she has led the Personnel and Operations Unit in the Support Branch where she has worked with the Personnel Liaisons to facilitate the Request for Personnel Action (RPA) process and responded to inquiries from OA management regarding the hiring process, redirections, position tracking, reorganizations, and other RPA-related processes that pertain to OA's staffing needs in addition to providing direction related to memorandums, policies, and procedures from the Human Resources Division. Jordan has also assisted on multiple special projects and contributed to grant and audit activities.

We'd also like to congratulate **Matthew Brown**. Matthew accepted a promotion as Care Business Unit Chief in the Care Branch's Care Program Section.

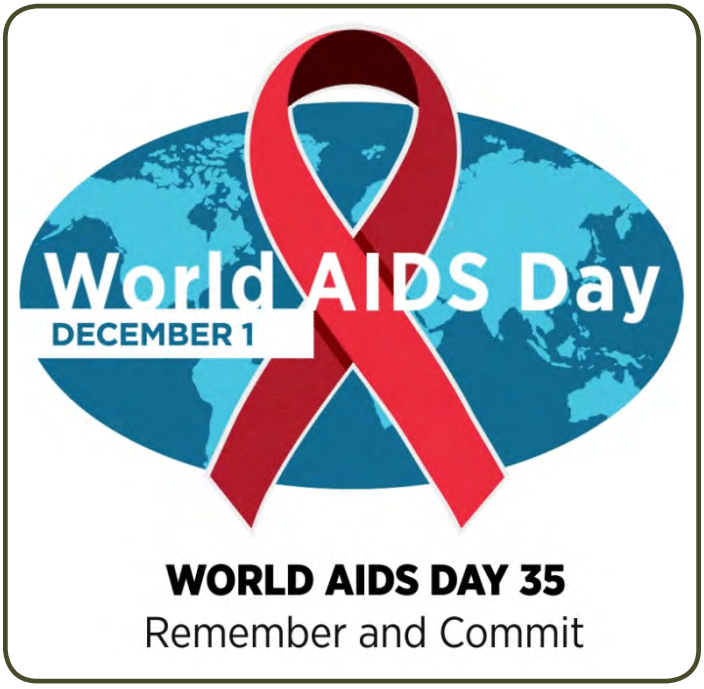
Matthew joined the Care Business Unit three years ago as a Fiscal Analyst. He helped innovate many of the tools in the unit such as the budget/expenditure "Master Tracker," providing feedback to help build the new HIV Care Connect data system, and the personnel salary budget tool to assist our subrecipients build their budgets. Matthew is a Georgia native and spent most of his childhood growing up in Brunswick and Atlanta, Georgia. He attended Delaware State University and received a bachelor's degree in aviation management. He is currently pursuing a master's degree in video game development at the Academy of Art University based in San Francisco. He plans to open his own indie video game company and create Christian video games that teach people about salvation and the good news of Jesus Christ. He is an avid video gamer, he loves reading all types of books from fantasy to leadership development, and he enjoys traveling around the world. He is always down for a new food adventure, and a dream of his is to spend one year living in Japan.

HIV AWARENESS

***December 1st** marks the 35th commemoration of **World AIDS Day**, and this year's theme is, "Remember and Commit." It's a time to*

remember the early years when illness and death were common, as well as remember the amazing strides that transformed HIV infection to a chronic manageable disease when HIV medications are taken regularly, and the virus is suppressed to undetectable levels. Those living with HIV who are undetectable optimize their health and cannot infect others. Undetectable Equals Untransmittable. Of the 141,001 people living with diagnosed HIV infection in 2021, 73.0% were in HIV care and 64.4% achieved viral suppression. The Ending the HIV Epidemic in the United States goals are to increase linkage to care and viral suppression to 95% by 2025. New infections continue, and as of 2020, more than 14,000 individuals are infected with HIV but unaware of their status. HIV health disparities in California are decreasing but are still present, especially within the Latinx and African American communities. Therefore, we commit to continuing to address the syndemic of HIV, STIs, and HCV by confronting structural and systemic health disparities fueled by racism, homophobia and transphobia, sexism, ableism, xenophobia, social and economic inequality, homelessness, and identity-based discrimination and stigma. OA and the STD Control Branch are guided by an integrated Strategic Plan for California, which was created from extensive community input from people with lived experience, as well as input from state agencies, local health jurisdictions, and healthcare- and community-based organizations. Innovations have increased access to HIV, STI, and HCV screening through home collection kits available for free, telehealth has broadened the ability for people to interact with their health care and other support providers, and the PrEP Assistance Program removes the financial barrier to accessing PrEP. Guided by ongoing community input, the OA is committed to continuing on the path of decreased new infections, increase the percentage of people living with HIV who have sustained viral suppression, and coordinating with other resources to ensure those vulnerable to HIV infection obtain the services and resources needed to live healthy, dignity-filled lives free of stigma. Therefore, on this World AIDS Day we commit ourselves to working with you to work and eliminate health inequities among those most affected by HIV, HCV, and STIs in California. Co-create the California we want to live in together and we will make our work and continued progress the best way to honor those who we have lost.

– Dr. Marisa Ramos, Chief, State Office of AIDS



> World AIDS Day Resources

- Visit the World AIDS Day webpage to review general resources for World AIDS Day.
- Share the HIV.gov theme announcement blog, which includes remarks from senior domestic and global leadership. Also, watch for the White House World AIDS Day proclamation.
- Watch and share Harold Phillips' FYI video, (Lead of the Office of National AIDS Policy) where he shares why we should pause and reflect on the day's importance.

ENDING THE EPIDEMICS STRATEGIC PLAN OA/STD

Implementation of the ***Ending the Epidemics Strategic Plan***, which replaces our *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan), is continuing.

Thank you to the California Planning Group (CPG) for hosting a discussion about the ***Implementation Blueprint***, which is a supporting document to our *Ending the Epidemics Strategic Plan,* at their in-person meeting in November. The CPG and other Planning Councils, Commissions and Groups across California have been integral partners in the review, improvement, and implementation of our *Strategic Plan*.

The *Strategic Plan* has 30 strategies organized over six social determinants of health and our

Implementation Blueprint helps us drill-down into these strategies. Please continue to use and share these two documents.

CDPH has also made technical assistance available to counties that want to customize the *Implementation Blueprint* for their communities.

For technical assistance and more information about our ongoing community engagement, please visit Facente Consulting's webpage at https://facenteconsulting.com/cdph-technical-assistance-request-portal/.

GENERAL 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 to stay informed.

Mpox

OA is committed to providing updated information related to mpox. We have partnered with the Division of Communicable Disease Control (DCDC), a program within the Center of Infectious Diseases and have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to the DCDC website to stay informed.

Mpox digital assets are available for LHJs and CBOs.

Racial Justice and Health Equity

The Racial & Health Equity (RHE) workgroup aims to gain insight and understanding of racial and health equity efforts throughout 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.

HIV/STD/HCV Integration

Now that the Emergency Declaration has ended and the COVID-19 response is winding down, we are reinitiating our integration discussions and moving forward with the necessary steps to integrate our HIV, STI, and HCV programs into a single new Division. We will continue to keep you apprised on our journey!

Ending the HIV Epidemic

The *Ending the HIV Epidemic (EHE) in the US Initiative* counties of Alameda, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco and Los Angeles have all completed another calendar year of work. Thank you for expanding services for HIV testing, PrEP and linkage to HIV medical care to EHE priority populations. More information about the EHE Initiative.

STRATEGY A

Improve Pre-Exposure Prophylaxis (PrEP) Utilization:

PrEP-Assistance Program (AP)

As of November 29, 2023, there are 217 PrEP-AP enrollment sites and 187 clinical provider sites that currently make up the PrEP-AP Provider network.

Data on active PrEP-AP clients can be found in the three tables displayed on page 7 of this newsletter.

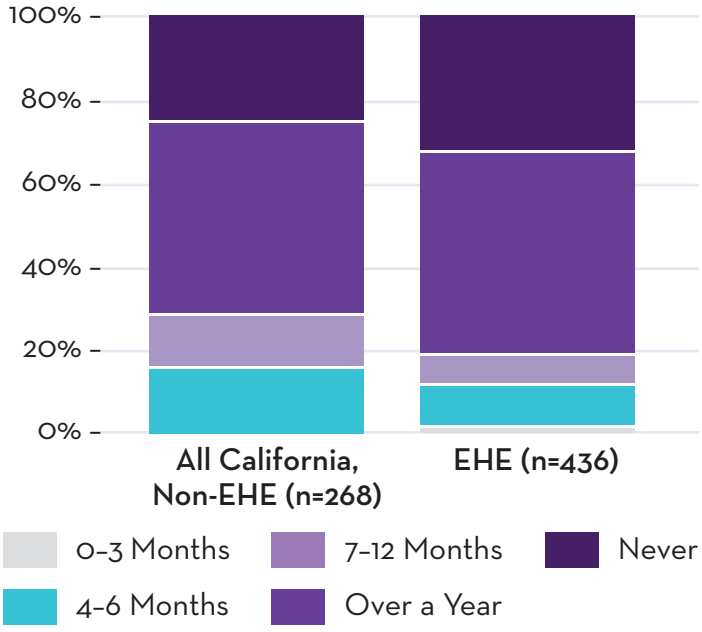
STRATEGY B

Increase and Improve HIV Testing:

OA continues to implement its Building Healthy Online Communities (BHOC) self-testing program to allow for rapid OraQuick test orders in all jurisdictions in California. 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 October, 268 individuals in 31 counties ordered self-test kits, with 215 (80.2%) individuals ordering 2 tests. Additionally, OA's existing TakeMeHome Program continues in the six California Consortium Phase I Ending the HIV Epidemic in America counties. In the first 38 months, between September 1, 2020, and October 31, 2023, 7895 tests have been distributed. This month, mail-in lab tests (including dried blood spot tests for HIV, syphilis, and Hepatitis C, as well as 3-site tests for gonorrhea and chlamydia) accounted for 275 (63.1%) of the 436 total tests distributed in EHE counties.

HIV Test History Among Individuals Who Ordered TakeMeHome Kits, Oct. 2023



TAKEMEHOME

Additional Key Characteristics	EHE	All California, Non-EHE
Of those sharing their gender, were cisgender men	48.1%	62.7%
Of those sharing their race or ethnicity, identify as Hispanic or Latinx	37.3%	43.8%
Were 17-29 years old	50.7%	40.7%
Of those sharing their number of sex partners, reported 3 or more in the past year	49.7%	40.7%

Since September 2020, 890 test kit recipients have completed the anonymous follow up survey from EHE counties; there have been 281 responses from the California expansion since January 2023. Highlights from the survey results include:

	EHE	All California, Non-EHE
Would recommend TakeMeHome to a friend	94.5%	94.3%
Identify as a man who has sex with other men	60.7%	61.9%
Reported having been diagnosed with an STI in the past year	8.7%	9.6%

STRATEGY F

Improve Overall Quality of HIV-Related Care:

The Clinical Quality Management (CQM) Program is thrilled to announce the release of the 2023 CQM Program presentation on the OA CQM webpage. This comprehensive document outlines the goals and strategies of the CQM program, providing valuable insights into the program's mission to enhance quality care for people living with HIV (PLWH).

STRATEGY J

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

As of November 29, 2023, the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program are shown in the chart at the top of page 8.

STRATEGY K

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

The Federal Substance Abuse and Mental Health Services Agency (SAMHSA) has a new Housing and Homelessness Resource Center that issues a monthly newsletter with information, upcoming webinars, and more. This month's highlights include *Thinking About Starting a Supportive Housing Program? Recommendations and Considerations for the Planning Process*, a resource developed by the National Association of State and Territorial AIDS

(continued on page 8)

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	390	11%	---	---	---	---	36	1%	426	12%
25 - 34	1,261	34%	1	0%	1	0%	204	6%	1,467	40%
35 - 44	889	24%	---	---	3	0%	157	4%	1,049	28%
45 - 64	388	11%	1	0%	19	1%	100	3%	508	14%
65+	22	1%	---	---	201	5%	8	0%	231	6%
TOTAL	**2,950**	**80%**	**2**	**0%**	**224**	**6%**	**505**	**14%**	**3,681**	**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	235	6%	---	---	44	1%	21	1%	3	0%	78	2%	2	0%	43	1%	426	12%
25 - 34	877	24%	1	0%	129	4%	88	2%	9	0%	276	7%	10	0%	77	2%	1,467	40%
35 - 44	634	17%	4	0%	99	3%	43	1%	4	0%	208	6%	9	0%	48	1%	1,049	28%
45 - 64	291	8%	---	---	43	1%	19	1%	2	0%	131	4%	2	0%	20	1%	508	14%
65+	20	1%	---	---	3	0%	3	0%	---	---	198	5%	---	---	7	0%	231	6%
TOTAL	**2,057**	**56%**	**5**	**0%**	**318**	**9%**	**174**	**5%**	**18**	**0%**	**891**	**24%**	**23**	**1%**	**195**	**5%**	**3,681**	**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	71	2%	---	---	6	0%	10	0%	1	0%	20	1%	---	---	6	0%	114	3%
Male	1,788	49%	4	0%	291	8%	157	4%	17	0%	844	23%	23	1%	170	5%	3,294	89%
Trans	172	5%	---	---	17	0%	6	0%	---	---	14	0%	---	---	7	0%	216	6%
Unknown	26	1%	1	0%	4	0%	1	0%	---	---	13	0%	---	---	12	0%	57	2%
TOTAL	**2,057**	**56%**	**5**	**0%**	**318**	**9%**	**174**	**5%**	**18**	**0%**	**891**	**24%**	**23**	**1%**	**195**	**5%**	**3,681**	**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: 11/30/2023 at 12:02:18 AM Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from October
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	501	+ 0.02%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	5,240	- 0.26%
Medicare Part D Premium Payment (MDPP) Program	2,074	+ 1.02%
Total	**7,815**	**+ 0.10%**

Source: ADAP Enrollment System

Directors (NASTAD) along with other partners and informed by conversations with current housing and harm reduction service providers.

Sign up for the Housing and Homelessness Resource Center newsletter.

STRATEGY N

Enhance Collaborations and Community Involvement:

California Planning Group (CPG)

The Fall In-Person CPG Meeting was held in Sacramento from November 13 – 15, 2023. The theme of the meeting was *Adapting to a Changing Landscape - Advocacy in Community Engagement, Organization and Mobilization*. We want to thank all CPG members and community members for their attendance, active participation and engagement, personal perspectives, and help in creating a safe space for sharing and listening. We also want to thank all Steering Committee members who helped to plan the meeting, support the CPG members, and helped with setting up, running mics, cleaning up, and so much more. Also, much appreciation to the OA and STD Control Branch Committee Liaisons who continuously support CPG members throughout the monthly committee meetings leading up to and during this event. Without you all, this would not have been possible. We hope you found the meeting informative to our CPG and collective work.

Huge thank you to our facilitator, Eileen Jacobowitz, for her always stellar facilitation and OA Division Chief, Dr. Marisa Ramos, for taking time out of her busy schedule to attend and provide her candid open forum updates. Also, thank you to the OA and STD Control Branch Management Teams for attending the meeting and supporting CPG members. We also want to express a huge thanks to Community Co-Chairs Rafael Gonzalez and Yara Tapia for their ongoing work and support in helping to plan for this meeting. Additionally, a huge thank you to Kevin Ramos and Janet Scott from the CDC for their attendance and participation. And finally, a huge thank you to Rachel Kallett and CSUS for taking care of all our travel and hotel logistics!

Meeting Highlights

During this meeting, Tai Edward Few from the Denver Prevention Training Center hosted our fifth skills and capacity building CPG Leadership Academy on **Day 1**. The Academy was focused

on *Using Racial Equity and Anti-Racist Practices to Advance Community Advocacy*.

On **Day 2** we had presentations by Jax Kelly, President of Let's Kick ASS Palm Springs, with his impactful presentation on the *BEAM Wellness Grant*, and Kevin Sitter, who presented on *The Vital Role of People with Lived Experience in Ending the Syndemic of HIV, HCV, and STIs*.

On **Day 3** we held our first ever Planning Council Roundtable where each nominated member from local planning councils shared their personal work in their respective planning bodies. We also had Pike Long of the OA Harm Reduction Unit and Ale Del Pinal, Program Director, and Luka Zies with Punks with Lunch present on Harm Reduction in California and Punks with Lunch, Oakland. We thank them all for sharing their time, efforts, and expertise with CPG.

Overall, it was a successful and engaging meeting. We look forward to the next in-person meeting in Southern California in the Spring of 2024!

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

LOS ANGELES COUNTY
COMMISSION ON HIV

510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov • *VIRTUAL WEBEX MEETING*

Mark Mintline

Application on file at Commission office

LOS ANGELES COUNTY
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Daryl Russell

Application on file at Commission office

Interview Panel: Everardo Alvizo, Jayda Arrington, and Joe Green
SEAT #34| MOTION #3

LOS ANGELES COUNTY
COMMISSION ON HIV

****MOTION****
1.11.24 COH Meeting
Proposed Updates Re: 2 Person/Per Agency Rule

POLICY/PROCEDURE #09.4205	Commission Membership Evaluation, Nomination and Approval Process	Page 1 of 8

SUBJECT: **The submission, evaluation, scoring, selection, and nomination of applications/ candidates for seats on the Los Angeles County Commission on HIV.**

PURPOSE: **To outline consistent method for evaluating, scoring and selecting candidates to fill Commission seats, and for appropriate communication with those applicants before and after evaluation of the application.**

PROCEDURE(S):

1. **Membership Applications**: There are two Commission membership application forms:
   a) **New/Renewal Member Application**: for first-time applicants for Commission membership and renewing members, refer to electronic Membership Application found at https://www.surveymonkey.com/r/COHMembershipApp .
   b) **Non-Commission Committee Member Application(s)**: for applicants who are applying for membership on one of the Commission's standing committees, but not for the Commission, see Policy/Procedure #09.1007 (Non-Commission Committee Membership) for details regarding the process for evaluating and nominating non-Commission Committee member candidates.

2. **Application Submission**: All candidates for Commission or Committee membership must complete and submit a Commission or Committee-only membership application. Once the application is submitted and received by staff:
   a) Staff will review the application for member eligibility, completeness, and accuracy, and will verify with the candidate, via telephone and email, to ensure all eligibility requirements are met and/or to seek clarification on incomplete sections or confirm information not understandable/ accurate. Additionally, staff will review with the applicant the Commission's requirements, commitment expectations, and onboarding process for membership.
   b) Once the application has been completed and verified by staff, staff will coordinate interview and/or next steps with the Operations Co Chairs.

3. **Application Evaluation Timeline**: Provided all conditions for a Commission membership application are met, the Operations Committee, via a designated interview panel, will evaluate and score the application within 60 days of its receipt. Necessary conditions include, but are not limited to:
   a)
   b) All sections of the application are complete,
   c) Original or electronic signatures have been provided,
   d) The applicant is willing and available to sit for an interview when appropriate.
   e) Current Commissioners or Alternates who are seeking to continue their membership on the Commission are required to complete an application prior to the expiration of their membership terms. The renewal application focuses on the member's past performance, strengths and weaknesses, and methods for improving any gaps in service and/or participation.
   f) Candidates for institutional seats will not be required to sit for an interview but may be assessed for strengths and skill sets for training opportunities and placement in the appropriate committee, task force, caucus, or workgroup.
   g) Candidates who are employed by organizations who receive Ryan White Program Part A funding through the Division of HIV and STD Programs (DHSP) must provide a written letter of support from their employer and provide to staff prior to interview. This requirement ensures that the employer is not only aware of their staff's participation on the Commission but confirms their support given the nature of the Commission's work and member expectation.

4. **Candidate Interviews**: All new member candidates must sit for an interview with a panel composed of at least two Commission members or alternates in good standing with at least one member assigned to the Operations Committee. To maintain transparency and integrity of the nomination process, should an interview panelist be assigned to an interview of an applicant with which the panelist has a personal relationship, working relationship while employed by same employer, used as reference by the applicant, and/or other conflict of interest as identified by the Operations Co-Chairs and Executive Director, the panelist will be removed from the interview panel and a qualified Commission member will be selected in their stead.

   The Operations Committee, in consultation with the Commission Co-Chairs, may request an interview with a member seeking to renew his/her Commission membership. Likewise, a renewal membership candidate may request an interview with the Operations Committee. .

5. **Interview/Scoring Sequence**: Applications are always evaluated and scored following the interview. At its discretion, the interview panel may request a second interview after it has scored an application, and re-score the application following the interview to incorporate any new information learned at subsequently and/or at the interview. Point scores may or may not change when an application is re-scored following an interview.

6. **Score(ing)**: The interview panel evaluates the applicant according to the appropriate "Los Angeles County Commission on HIV New Member Application Evaluation & Scoring."
   a) Each member of the interview panel participating in the evaluation assigns a point value to each factor of criteria.
   b) All interview panel members' scores are totaled and averaged. The final point value is the applicant's final score.

7. **Scoring Forms**: The Commission's Operations Committee is responsible for the development and revision of the Membership Candidate Evaluation/Scoring Forms. The Committee develops separate scoring forms for new member candidates and renewal candidates:
   a) Scoring criteria is based on essential skills and abilities, qualities and characteristics, experience, and past performance (for renewal candidates) that the Committee determines is necessary for effective Commission member participation.
   b) The Operations Committee determines those factors and their relative importance through annual membership assessments.
   c) The Operations Committee is authorized to revise the scoring form as needed. To the degree that revisions are substantial, or criteria are altered, the revised scoring form must be approved by the Commission.

8. **Qualification Status**: By virtue of their application scores, candidates' application will be determined to be "Qualified" or "Not Qualified" for nomination to a Commission membership seat. A minimum of 60 points qualifies the candidate for nomination consideration ("Qualified"); a score of less than 60 indicates that a candidate is "Not Qualified".
   a) If the applicant earns a "Not Qualified" score, the Operations Co-Chairs will inform the applicant accordingly and suggest opportunities of other HIV/AIDS planning or volunteer involvement as further preparation for future Commission service.

9. **New Member Candidate Eligibility**: New member candidates must also be "eligible" for Commission membership nomination. New member candidates are considered eligible if they meet the following conditions:
   a) The application score qualifies ("Qualified") the candidate for Commission membership.
   b) There is not purposefully misleading, untruthful, or inaccurate information on the application.
   c) The applicant has fully participated in the evaluation/scoring process, as appropriate.
   d) The applicant does not violate the Commission's "two persons per agency" rule. To avoid potential influence and to preserve the integrity of the Commission's decision-making and planning process, the Commission's membership cannot consist of more than two agency representatives from the same agency. However, an exception via a waiver may apply to individuals affiliated with an entity or organization otherwise represented on the Commission. This waiver is granted if the individual's salary is not supported by the represented organization, and they do not receive payment directly

funded by dollars from a DHSP contract or in any consulting capacity by DHSP contractual funds.

10. **Renewal Candidate Eligibility**: Current Commissioners seeking re-appointment to the Commission must be "eligible" for continued Commission membership. Renewal candidates are considered eligible if they meet the following conditions:
    a) There is not purposefully misleading, untruthful or inaccurate information on the application.
    d) The applicant does not violate the Commission's "two persons per agency" rule.
    e) The candidate has fulfilled Commission member requirements in his/her prior term of service, including, but not limited to:
        - ***Commission Meeting Attendance***: unless the reason for the absence falls within Policy #08.3204 Excused Absences, members cannot miss three sequential, regularly scheduled Commission or primary assignment committee meetings in a year, or six of either type of meeting in a single year. Policy 08.3204 dictate that excused absences can be claimed for the following reasons:
            - personal sickness, personal emergency and/or family emergency;
            - vacation; and/or
            - out-of-town travel
        - ***Primary Committee Assignment***: members have actively participated in the committee to which they have been assigned, including compliance with meeting attendance requirements.
        - ***Training Requirements***: members are required to participate in designated trainings as a condition of their memberships.
        - ***Plan of Corrective Action (PCA)***: the member must fulfill the terms of any PCA required of him/her by the Operations and/or Executive Committee(s).

11. **Nominations Matrix**: If the applicant is eligible for Commission membership, the Operations Committee will place the candidate among those that can be nominated for available and appropriate seats on the Commission on its upcoming agenda for Committee approval. The candidate's name is entered on the "Nominations Matrix" which lists candidates in order of scores, alongside available Commission seats and vacancies.

12. **Seat Determination**: At the recommendation of the interview panel, the Committee will then determine the individual seats, if any, that are most appropriate for the available qualified candidates—based on the seats the candidates indicated in their applications, and any other seat(s) identified by Committee members that the candidate(s) are qualified to fill.
    a) Duty Statements for each seat dictate requirements for each membership seat on the Commission.

13. **Multiple Application Requirement**: In accordance with HRSA guidance, there should be multiple candidates for membership seats when possible. All consumer and provider representative seats, along with other seats designated by the Operations Committee, require two or more applications. The Operations Committee may exempt a seat previously designated to require multiple applications from that requirement under the following circumstances:
    a) There has been a vacancy in the seat for six or more months,
    b) The pool of available, possible candidates is limited, and
    c) The Committee is convinced that every effort has been made and exhausted by the appropriate stakeholders to identify additional membership candidates.

14. **"Representation" Requirement**: Ryan White legislation and HRSA guidance require the Part A planning council membership to include specific categories of representation. The Commission's membership seats have been structured to fulfill that requirement. As specified in the COH Bylaws (Policy/Procedure #06.1000), Commission membership shall include individuals from areas with high HIV and STD incidence and prevalence. The Commission endeavors to ensure those categories are always represented by planning council membership.

15. **"Unaffiliated Consumer" Requirement**: Ryan White legislation and HRSA guidance require one-third or 33% of the voting membership of the Ryan White Part A planning council to be "unaffiliated" or "non-aligned" consumers. "Unaffiliated" consumers are patients/clients who use Ryan White Part A-funded services **and** who are not employees or contractors of a Ryan White Part A-funded agency **and** do not have a decision-making role at any Ryan White Part A-funded agency. (Policy/Procedure #08.3107 contains information on Consumer Definitions and Related Rules and Requirements). In addition, the Commission defines "Unaffiliated Consumer" as someone using Ryan White Part A-funded services within the last year and who is "unaffiliated" or "non-aligned," consistent with Ryan White legislative and HRSA definitions.

    Following the updated ordinance of the Commission as an integrated HIV prevention and care planning body, a "Consumer" is defined as an HIV-positive and/or AIDS-diagnosed individual who uses Ryan White-funded services or is the caretaker of a minor with HIV/AIDS who receives those services, or an HIV-negative prevention services client.

16. **"Reflectiveness" Requirement**: Ryan White legislation and HRSA guidance require both the entire Commission membership and the subset of unaffiliated consumer members to "reflect" the gender and ethnic/racial distribution of the local HIV epidemic. The Commission endeavors to always reflect the gender and ethnic/racial demographic distribution of Los Angeles County's HIV epidemic among its membership and consumer members. Furthermore, the CDC HIV Planning Guidance notes that planning bodies place special emphasis on identifying representatives of at-risk, affected, HIV-positive, and socioeconomically marginalized populations.

17. **Committee Nominations**: All factors being equal among two or more applications that meet the requirements of a particular open seat, the Committee will forward the candidate with the highest application score to the Commission for nomination to the Board of Supervisors for appointment to the Commission.

18. **Special Considerations**: There are several "special considerations" that may preclude the Committee from nominating the candidate with the highest score, resulting in the nomination of a candidate with a lower score to a seat. Those factors may include, but are not limited to:
    a) the necessity of maintaining "reflectiveness",
    b) an adequate proportion of consumer members,
    c) the need to fill certain "representative" categories,
    d) Board of Supervisors interest or feedback,
    e) over-representation of a particular stakeholder/constituency, otherwise known as the "two persons per agency" rule.
    f) potential appointment challenges.
    g) candidate would violate the COH's two person/per agency rule

19. **Conditional Nomination(s)**: The Operations Committee may nominate candidates "conditionally." Conditional nominations require candidates to fulfill certain obligations from the Executive and/or Operations Committee prior to or following the nomination. Conditions are detailed in a "Plan of Corrective Action (PCA)" imposed to correct past Commission performance issues or to enhance certain skills and abilities of the candidate/ member.
    a) The PCA is written with expected timelines and objectives, and must be agreed to and signed by the candidate, the Executive Director and an Executive or Operations Committee co-chair, as appropriate.
    b) The candidate must agree to the PCA by the subsequent regularly scheduled committee meeting following the development of the PCA. A candidate's refusal to accept a PCA may render his/her application ineligible.
    c) If the PCA obligates the candidate to certain conditions prior to nomination, the nomination will not proceed until the candidate has fulfilled those obligations.
    d) If the candidate/member has not fulfilled the conditions of the PCA, he/she will not be eligible for future re-nomination to the Commission.
    e) Terms of the PCA may be modified at any time upon agreement from all three parties (candidate/member, Executive Director, committee).
    f) The Operations Committee is responsible for monitoring a candidate's progress and fulfillment of any PCA obligations and requirements.

20. **Candidate Communication**: At the conclusion of a candidate's evaluation (interview, scoring, qualification and eligibility designation, seat determination, nomination), the Committee shall notify the candidate in written communication of the results of the evaluation and scoring process. The notification will detail one of the three possible results:
    a) The Committee has nominated the candidate for a particular Commission seat;

b) The Committee has judged that there are no specific seats available concurrent with the candidate's qualifications, but the Committee will keep the candidate's application and evaluation scores for ongoing consideration for up to a year from the date of application submission; or
c) The candidate's application and/or evaluation has been placed on hold temporarily.

21. Temporary Hold: A candidate's application may be held temporarily for up to a year under certain conditions that preclude an otherwise eligible nomination to proceed, including but not limited to:
a) Multiple candidates have not applied for a seat that requires multiple applications,
b) Appointment of the candidate to a seat would interfere with the Commission's capacity to meet representation, consumer and/or reflectiveness requirements, and/or
c) The Committee intends to nominate the candidate to a seat that is expected to be vacated soon.

The Operations Committee will provide the reason(s) for a temporary hold when it notifies the candidate of his/her application status. Once a candidate's application has been released from the hold, the candidate must agree to the nomination before it proceeds. If the hold is not released within the year, the candidate must submit a new application for Commission membership.

22. Withdrawal/Declination: At any time after a candidate has submitted an application up until the appointment is approved by the Board of Supervisors, a candidate is entitled to withdraw his/her application and/or decline a proposed nomination.

23. Training Requirements: Commissioners and Alternates are required to fulfill all training requirements, as indicated in the Commission's approved comprehensive training plan, including, but not limited to, the New Member Orientation(s), and Los Angeles County Ethics and Sexual Harassment trainings. Failure to fulfill training requirements as a Commission member may render the member's subsequent renewal applications ineligible.

24. Nomination and Approval: Once the Operations Committee has nominated a candidate for Commission membership, the Committee forwards the nomination(s) to the Commission for approval at its next scheduled meeting. When a candidate's nomination has been approved by the Commission, the candidate's Statement of Qualifications shall be forwarded within two weeks to the Executive Office of the Board of Supervisors.
a) Candidates are advised to attend the Commission meeting at which their nomination will be considered.
b) Upon Commission approval, the candidate is encouraged to attend all committees to learn how they operate and assess the best fit for a committee assignment.
c) Upon Commission approval, the candidate is asked to select its preferred primary Committee assignment. In most instances, the candidate will be asked to review the Committee Description and select their preferred committee in advance of approval to

allow staff to review committee membership assignments to ensure parity, inclusion and reflectiveness.

25. Appointment: The Executive Office of the Board of Supervisors places the nomination on a subsequent Board of Supervisors agenda for appointment. Upon Board of Supervisors approval, the candidate is appointed to the Commission.

a) Candidates are not required to appear before the Board of Supervisors, although they may attend the designated meeting if so desired.
b) Candidates will be notified in writing when their nomination will appear before the Board of Supervisors and following appointment.
c) A newly appointed Commission member is expected to begin his/her service on the Commission at the next scheduled Commission meeting following Board appointment.
d) Each Commission seat has a pre-designated term of office in which the Commission member will serve until the term expires or he/she resigns from the seat. Should a member's seat change during their membership which prompts a change in their term of office, an updated signed SOQ must be resubmitted to the Executive Office to place the member on the BOS agenda for reappointment to formalize the change in term of office.

NOTED AND APPROVED: Cheryl A Barnit **EFFECTIVE DATE:** 5/10/18

Original Approval: 9/6/2004
Revision(s): 5/12/2011; 2013; 4/27/16; 4/12/16; 5/12/16; 5/2/17; 5/22/17; 9/14/17; 05/10/18; 2/9/23; Proposed Updates 1/11/24

UNIVERSAL STANDARDS OF CARE AND CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

Los Angeles County Commission on HIV

LOS ANGELES COUNTY
COMMISSION ON HIV

Table of Contents

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

- Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A
- Service Standards: Ryan White HIV/AIDS Programs

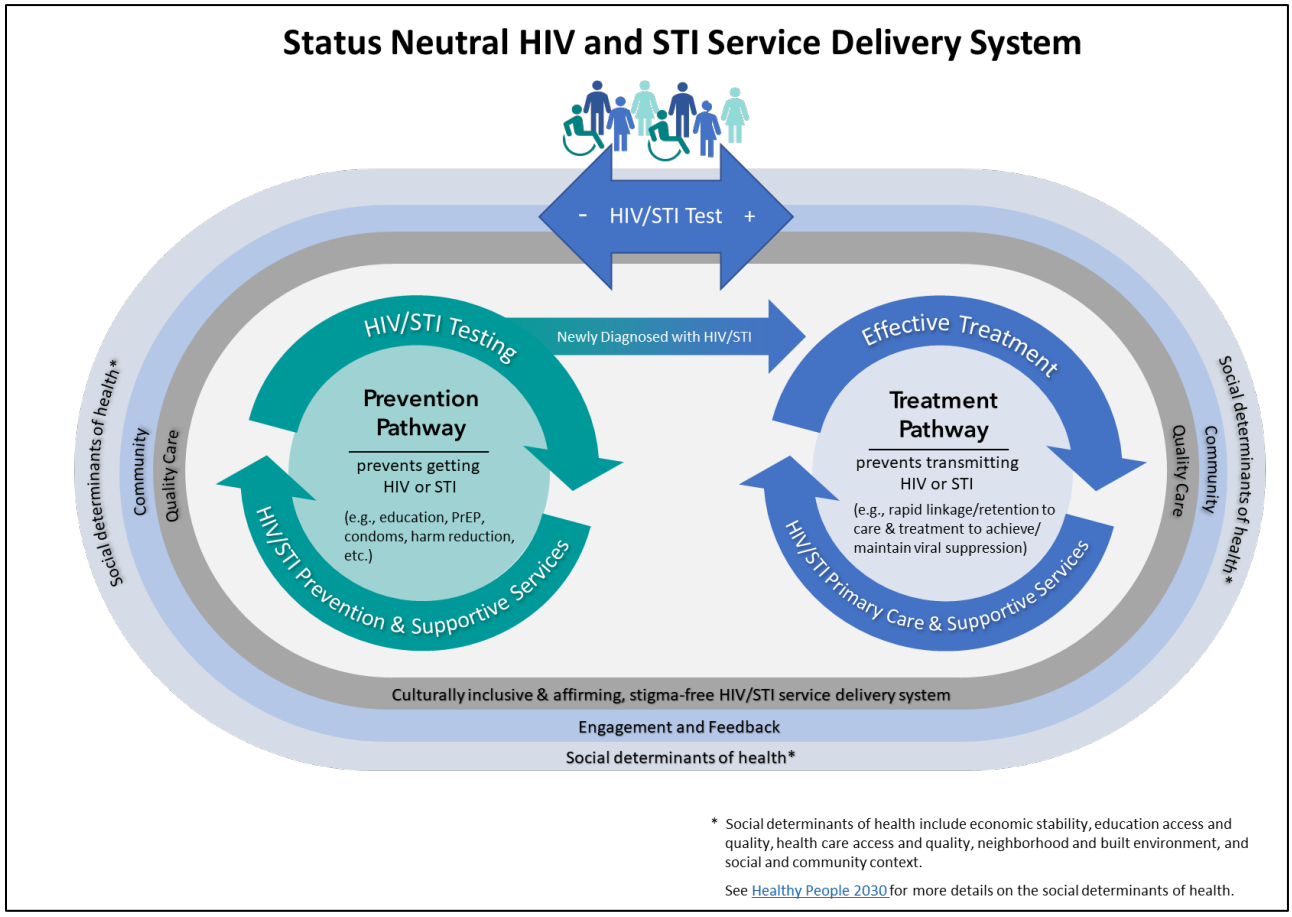
Introduction

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

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

Additionally, providers are encouraged to adopt the "Status Neutral HIV and STI Service Delivery System Framework," that addresses both HIV care and prevention and is responsive to the unique needs of their clients (see **Figure 1**). The framework functions to provide comprehensive support and care to address the social determinants of health that create HIV and STI disparities. A status-neutral approach means that all people are treated in the same way and are linked to preventive care, medical care, and supportive services, regardless of HIV or STI status. When done effectively, rapidly linking newly diagnosed people to HIV treatment and those who test negative to ongoing prevention services will decrease new HIV infections, support positive people to thrive with and beyond HIV, and works to reduce health disparities.

Figure 1 - Status Neutral HIV and STI Service Delivery System Framework
(Adapted from the Centers for Disease Control and Prevention Status Neutral HIV Prevention and Care Framework)



Further information on the "Status Neutral HIV and STI Service Delivery System Framework," and standards related to prevention can be found at https://hiv.lacounty.gov/service-standards.

Universal Standards Overview

The objectives of the Universal Standards are to ensure agencies:

- Provide services that are accessible and non-discriminatory to all PLWH in LAC.
- Educate staff and clients on the importance of receiving care, treatment as prevention, and how maintaining an undetectable viral load will result in little to no risk of HIV transmission.
- Protect client rights and ensure quality of care.
- Provide client-centered, age appropriate, culturally, and linguistically competent care.
- Provide high quality services through experienced and trained staff.
- Meet federal, state, and county requirements and guidelines regarding safety, sanitation, access, and public health.
- Guarantee client confidentiality, protect client autonomy, and ensure a fair process of addressing grievances.
- Prevent information technology security risks and protect patient information and records.
- Inform clients of services, establish eligibility, and collect information through an intake process.
- Effectively assess client needs and encourage informed and active participation.
- Address client needs through coordination of care and referrals to needed services.
- Ensure that the quality of service and materials given to patients during telehealth encounter is similar with in-person visits.

Section 1.0—General Agency Policies

All agencies offering Ryan White services must have written policies that address client confidentiality, release of information, client grievance procedures, and eligibility. Agency policies and procedures facilitate service delivery as well as ensure safety and well-being of clients and staff. Agencies are encouraged to build their telehealth technology infrastructure and capacity to include videoconferencing to facilitate patient-provider connectivity and relationships.

1.0 GENERAL AGENCY POLICIES		
	STANDARD	DOCUMENTATION
1.1	Agency develops or utilizes an existing client confidentiality policy in accordance with state and federal laws to assure protection of client HIV status, behavioral risk factors, and/or use of services.	Written client confidentiality policy on file with specific information technology safeguards for confidentiality and patient information if using telehealth service modality.
1.2	Agency is responsible for informing the patient that they have the right to obtain copies of their medical and other health records maintained by the agency.	Written policy for informing the patient of their rights to receive a copy of their medical records. The policy should contain a description of the process for obtaining records, such as a verbal or written request and a reasonable timeframe for patients to receive the information.

1.3	Client determines what information of theirs can be released and with whom it can be shared. Services using telehealth modality are subject to consent by the patient.	Completed *Release of Information Form* on file including: • Name of agency/individual with whom information will be shared • Information to be shared • Duration of the release consent • Client signature For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), form must be HIPAA disclosure authorization compliant. The form must also be compliant with the CA Medi-Cal telehealth policy.[1]
1.4	Agency develops or utilizes an existing grievance procedure to ensure clients have recourse if they feel they are being treated in an unfair manner or feel they are not receiving quality services.	Written grievance procedure on file that includes, at minimum: • Client process to file a grievance • Information on the Los Angeles County Department of Public Health, Division of HIV & STD Programs (DHSP) Customer Support Program[2] 1-800-260-8787. DHSP Customer Support Program information is posted in a visible location on site or provided to the patient at the beginning of a telehealth encounter.
1.5	Agency provides eligibility requirements for services available upon request. Eligibility requirements must follow guidance from Division of HIV & STD Programs (DHSP) and HRSA under Policy Clarification Notice #16-023	Written eligibility requirements on file.
1.6	All client files are stored in a secure and confidential location, and electronic client files are protected from unauthorized use. Protection of client files and information must cover use of electronic medical records, phones, text messages, email, and telehealth modalities.	Client files must be locked and/or password protected with access provided only to appropriate personnel. Agencies must establish written procedures and IT policies for message encryption and restrictions on staff access to protect client information.
1.7	Agency maintains progress notes of all communication between provider and client.	Legible progress notes maintained in individual client files that include, at minimum: • Date of communication or service • Service(s) provided

		Recommended referrals linking clients to needed services (See Section 6: Referrals and Case Closure)
1.8	Agency develops or utilizes an existing crisis management policy.	Written crisis management policy on file that includes, at minimum: • Mental health crises Dangerous behavior by clients or staff
1.9	Agency develops a policy on utilization of Universal Precaution Procedures[4,5]. Staff members are trained in universal precautions.	Written policy or procedure on file. Documentation of staff training in personnel file.
1.10	Agency ensures compliance with Americans with Disabilities Act[6] (ADA) criteria for programmatic accessibility (e.g. building and design accessibility, parking, etc.). For agencies with multiple sites, all sites must comply with the ADA requirements.	ADA criteria on file at all sites.
1.11	Agency complies with all applicable state and federal workplace and safety laws and regulations, including fire safety.	Signed confirmation of compliance with applicable regulations on file.

Section 2.0—Client Rights and Responsibilities

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

2.0 CLIENT RIGHTS AND RESPONSIBILITIES		
	STANDARD	DOCUMENTATION
2.1	Agency ensures services are available to any individual who meets the eligibility requirements for the specific service category.	Written eligibility requirements on file. Client utilization data made available to funder.
2.2	Agency includes input from people living with HIV/AIDS in the design and evaluation of services to ensure care is client centered.	Written documentation of how input was received to inform service planning and evaluation in regular reports. Lists may include: • Consumer Advisory Board meetings • Participation of people living with HIV in HIV program committees or other planning bodies • Needs assessments • Anonymous patient satisfaction surveys. Discreet drop off boxes should be available in various sites

		throughout the agency and/or anonymous electronic follow-up surveys emailed to patients after their appointment. • Focus groups
2.3	Agency ensures that clients receive information technology support and training on how to use telehealth services.	Written checklists and/or "how to" guides are provided to patients prior to their telehealth appointment. Materials may be emailed to patient and/or posted on the agency website. The document should contain at least the following information: • Instructions on how to use telehealth tools (i.e., phone, laptop, tablets, etc.) in plain language and available in the patient's preferred language. • Telephone number for technical support or trouble shooting available before, during and after the telehealth appointment.
2.4	Agency ensures that clients retain the right to accept or decline a telehealth visit. The ultimate decision on the mode of service delivery, whether in- person or telehealth, must be determined by the client first before an appointment is made.	Written procedures and telehealth acceptance or denial form completed by patients prior to the appointment.
2.5	Agency provides each client a copy of the *Patient & Client Bill of Rights & Responsibilities (Appendix B)* document that informs them of the following: • Confidentiality policy • Expectations and responsibilities of the client when seeking services • Client right to file a grievance • Client right to receive no-cost interpreter services • Client right to access their file (if psychotherapy notes cannot be released per clinician guidance, agency should provide a summary to client within 30 days) • Reasons for which a client may be removed from services and the process that occurs during involuntary removal	*Patient and Client Bill of Rights* document is signed by client and kept on file.

Section 3.0—Staff Requirements and Qualifications

Staff must be well qualified and, if necessary, hold all required licenses, registration, and/or degrees in accordance with applicable State and federal regulations as well as requirements of the Los Angeles County Department of Public Health, Division of HIV & STD Programs. At minimum, all staff will be able to provide timely, linguistically, and culturally competent care to people living with HIV. Staff will complete orientation through their respective hiring agency, including a review of established programmatic guidelines, and supplemental trainings as required by the Los Angeles County Department of Public Health, Division of HIV and STD Programs. The AIDS Education Training Center (AETC)7 offers a variety of training for the HIV workforce.

3.0 STAFF REQUIREMENTS AND QUALIFICATIONS		
	STANDARD	DOCUMENTATION
3.1	Staff members meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role and the communities served. Employment is an essential part of leading an independent, self-directed life for all people, including those living with HIV/AIDS. Agencies should develop policies that strive to hire PLWH in all facets of service delivery, whenever appropriate.	Hiring policy and staff resumes on file.
3.2	If a position requires licensed staff, staff must be licensed to provide services.	Copy of current license on file.
3.3	Staff will participate in trainings appropriate to their job description and program a. Required education on how a client achieving and maintaining an undetectable viral load for a minimum of six months will not sexually transmit HIV. Continuing to take HIV medications as directed is imperative to stay undetectable. b. Staff should have experience in or participate in trainings on: • LGBTQ+/Transgender community and HIV Navigation Services (HNS)[8] provided by Centers for Disease Control and Prevention (CDC). • Trauma informed care • Providing care for older	Documentation of completed trainings on file -

	adults Mental Health First Aid	
3.4	New staff will participate in trainings to increase capacity for fulfilling the responsibilities of their position. a. Required completion of an agency-level orientation within 6 weeks of hire b. Training within 3 months of being hired appropriate to the job description. c. Additional trainings appropriate to the job description and Ryan White service category.	Documentation of completed trainings on file
3.5	Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients' needs are met.	Documentation of staff efforts of coordinating across systems for the client on file (e.g. housing case management services, etc.).

Section 4.0—Cultural and Linguistic Competence

Ryan White funded agencies must provide services that are culturally and linguistically competent based on the National Standards for Culturally and Linguistically Appropriate Services9 (CLAS) in Health and Health Care. As noted in the CLAS Standards10, ensuring culturally and linguistically appropriate services advances health equity, improves quality, and helps eliminate health care disparities by establishing a blueprint for health and health care organizations. For the purpose of these standards, culture is defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. The standards below are adapted directly from the National CLAS Standards.

Agencies should also strive towards acknowledging implicit bias, how it plays a role in service delivery, and how it can be addressed and countered. Agencies must provide services that align with strategies to reduce implicit bias by the Institute for Healthcare Improvement. For the purpose of the standards, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.

Cultural competence and acknowledging implicit bias rely on behaviors, attitudes, and policies that come together in a system, agency, or among individuals that reduces stigma and enables effective delivery of services. Linguistic competence is the ability to communicate effectively with clients, including those whose preferred language is not the same as the provider's, those who have low literacy skills, and/or those with disabilities. Cultural and linguistic competence is a goal toward which all service providers must aspire, but one that may never be completely achieved given the diversity of

languages and cultures throughout our communities, and understanding that culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetime. However, agencies should ensure staff are involved in a continual process of learning, personal growth, and training that increases cultural and linguistic competence, addresses implicit bias, decreases stigma, and enhances the ability to provide appropriate services to all individuals living with HIV/AIDS.

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

4.0 CULTURAL AND LINGUISTIC COMPETENCE		
	STANDARD	**DOCUMENTATION**
4.1	Recruit, promote, and support a culturally and linguistically diverse workforce that are responsive to the population served.	Documentation of how staff demographics reflect the demographics of clients served on file (e.g. race, gender identity, age, sexual orientation, lived experience etc.)
4.2	Agency develops or utilizes existing culturally and linguistically appropriate policies and practices. Agency educates and trains workforce on culturally and linguistically appropriate practices on an ongoing basis.	Written policy and practices on file Documentation of completed trainings on file.
4.3	Provide resources onsite to facilitate communication for individuals who experience impairment due to a challenging medical condition or status (e.g. augmentative and alternative communication resources or auxiliary aids and services).	Resources on file a. Checklist of resources onsite that are available for client use. b. Type of accommodations provided documented in client file.
4.4	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	*Signed Patient & Client Bill of Rights and Responsibilities* document on file that includes notice of right to obtain no-cost interpreter services.
4.5	Ensure the competence of individuals providing language assistance a. Use of untrained individuals and/or minors as interpreters should be avoided b. Ensure quality of language skills of self-reported bilingual staff who use their non-English language skills during client encounters	Staff resumes and language certifications, if available, on file.
4.6	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area in clinic	Materials and signage in a visible location and/or on file for reference.

	points of entry (e.g. registration desks, front desks, reception, waiting rooms, etc.) and areas where work with client is performed (e.g. clinic rooms, meeting rooms, etc.).	

Section 5.0—Intake and Eligibility

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

5.0 INTAKE AND ELIGIBILITY		
	STANDARD	**DOCUMENTATION**
5.1	Intake process begins within 5 days of initial contact and is completed within 30 days of initial contact with client.	Completed intake on file that includes, at minimum: • Client's legal name, name if different than legal name, and pronouns • Address, phone, and email (if available). A signed affidavit declaring homelessness should be kept on file for clients without an address. • Preferred method of communication (e.g., phone, email, or mail) • Emergency contact information • Preferred language of communication • Enrollment in other HIV/AIDS services. • Primary reason and need for seeking services at agency • If client chooses not to complete the intake within 30 days of initial contact, document attempts to contact client and mode of communication in client file.
5.2	Agency determines client eligibility.	Documentation includes: • Los Angeles County resident • Income equal to or below the required Federal Poverty Level (FPL) as determined by Division of HIV & STD Programs

		• Verification of HIV diagnosis

Section 6.0—Referrals and Case Closure

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

6.0 REFERRALS AND CASE CLOSURE		
	STANDARD	DOCUMENTATION
6.1	Agency will maintain a comprehensive list of providers for full spectrum HIV-related and other service referrals a. Staff will provide referrals to link clients to services based on assessments and reassessments	Identified resources for referrals at provider agency (e.g. lists on file, access to websites) Written documentation of recommended referrals in client file
6.2	If needed, staff will engage additional providers for specific support services (e.g. behavioral health, substance use, housing).	Agency establishes partnerships with agencies for referrals as needed. Memoranda of Understanding (MOU) on file.
6.3	For clients with missed appointments or pending case closure, staff will attempt to contact client. a. Cases may be closed if the client: • Relocates out of the service area • Is no longer eligible for the service • Discontinues the service • No longer needs the service • Puts the agency, service provider, or other clients at risk • Uses the service improperly or has not complied with the services agreement • Is deceased • Has had no direct agency contact, after repeated attempts, for a period of 12 months.	Attempts to contact client and mode of communication documented in file. Justification for case closure documented in client file
6.4	Agency has a transition procedure in place that is implemented for clients leaving services to ensure a smooth transition.	Completed transition summary in file, signed by client and supervisor (if possible). Summary should include reason for case closure; and a plan for transition to other services, if applicable,

		with confirmation of communication between referring and referral agencies, or between client and agency.
6.5	Agency develops or utilizes existing due process policy for involuntary removal of clients from services; policy includes a series of verbal and written warnings before final notice and case closure.	Due process policy on file as part of transition, and case closure policy described in the *Patient & Client Bill of Rights and Responsibilities* document. (Refer to Appendix B).

APPENDIX A—Ryan White Part A Service Categories

The Ryan White HIV/AIDS Program Part A provides assistance to communities that are most severely impacted by the HIV epidemic. Part A funds must be used to provide core medical and support services for people living with HIV.

CORE MEDICAL SERVICES	DESCRIPTION
Ambulatory Outpatient Medical (AOM) Services	HIV medical care access through a medical provider.
Home-based Case Management	Specialized home care for homebound clients.
Medical Care Coordination (MCC)	HIV care coordination through a team of health providers to improve quality of life.
Medical Specialty Services	Medical care referrals for complex and specialized cases.
Mental Health Services	Psychiatry, psychotherapy, and specialized cases.
Oral Health Services (General & Specialty)	General and specialty dental care services.

SUPPORTIVE SERVICES	DESCRIPTION
Benefits Specialty Services	Assistance navigating public and/or private benefits and programs (health, disability, etc.).
Language Translation Services	Translation services for non-English speakers and deaf and/or hard of hearing individuals.
Legal Services	Legal information, advice, and services.
Nutrition Support Services	Home-delivered meals, food banks, and pantry services.
Residential Care Facility for the Chronically Ill (RCFCI)	Home-like housing that provides 24-hour care.
Substance Use Disorder Transitional Housing (SUDTH)	Housing services for clients in recovery form drug or alcohol use disorders.
Transitional Case Management	Support for incarcerated individuals transitioning from County jails back to the community.
Transitional Residential Care Facility (TRCF)	Short-term housing that provides 24-hour assistance to clients with independent living skills.
Transportation Services	Ride services to medical and social services

	appointments.

APPENDIX B—Patient and Client Bill of Rights and Responsibilities

It is the provider's responsibility to provide clients a copy of the Patient & Client Bill of Rights and Responsibilities in all service settings, including telehealth. The purpose of this Patient and Client Bill of Rights is to help enable clients to act on their own behalf and in partnership with their providers to obtain the best possible HIV/AIDS care and treatment. This Bill of Rights and Responsibilities comes from the hearts of people living with HIV/AIDS in the diverse communities of Los Angeles County. As someone newly entering or currently accessing care, treatment, or support services for HIV/AIDS, you have the right to:

A. Respectful Treatment and Preventative Services

1. Receive considerate, respectful, professional, confidential, and timely care and preventative services (such as screenings and vaccinations) in a safe client-centered, trauma-informed environment without bias.
2. Receive equal and unbiased care according to your age and needs in accordance with federal and State laws.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses, and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care services.
6. Receive services that are culturally and linguistically appropriate, including having a full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Review your medical records and receive copies of them upon your request (reasonable agency policies including reasonable fee for photocopying may apply).

B. Competent, High-Quality Care

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the U.S. Department of Health and Human Services12 (HHS), the Centers for Disease Control and Prevention13 (CDC), the California Department of Health Services14, and the County of Los Angeles Department of Public Health15.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or care services.
4. Have their phone calls and/or emails answered with 1-5 business days based on the urgency of the matter.

C. Participate in the Decision-making Treatment Process

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.

2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which treatment option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Have access to patient-specific education resources and reliable information and training about patient self-management.
5. Refuse any and all treatments recommended and be told of the effect that not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
6. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
7. Refuse to participate in research without prejudice or penalty of any sort.
8. Refuse any offered services or end participation in any program without bias or impact on your care.
9. Be informed of the procedures at the agency for resolving misunderstandings, making complaints, or filing grievances.
10. Receive a response to a complaint or grievance within 30-45 days of filing it.
11. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services16 (CMS).

D. Confidentiality and Privacy

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. (Your agency will ask you to acknowledge receipt of this document.)
2. Keep your HIV status confidential. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. (Your physician has the right to accept or refuse your request with an explanation.)

E. Billing Information and Assistance

1. Receive complete information and explanation in advance of all charges that may be incurred for receiving care, treatment, and services as well as payment policies of your provider.
2. Receive information on any programs to help you pay and assistance in accessing such assistance and any other benefits for which you may be eligible.

F. Patient/Client Responsibilities

In order to help your provider give you the care to which you are entitled, you also have the responsibility to:

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly any changes or new developments.
3. Communicate to your provider whenever you do not understand information you are provided.
4. Follow the treatment plan you have agreed to and understand the consequences of failing to adhere to the recommended course of treatment or of using alternative treatments.
5. Understand that cases may be closed if the client:
    i. Relocates out of the service area
    ii. Is no longer eligible for the service(s)
    iii. Discontinues the service(s)
    iv. No longer needs the service(s)
    v. Puts the agency, service provider, or other clients at risk
    vi. Uses the service(s) improperly or has not complied with the services agreement
    vii. Is deceased
    viii. Has had no direct agency contact, after repeated attempts, for a period of 12 months
6. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
7. Keep your provider or main contact informed about how to reach you confidentially by phone, mail, or other means.
8. Follow the agency's rules and regulations concerning patient/client care and conduct.
9. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
10. Refrain from the use of profanity or abusive or hostile language; threats, violence, or intimidations; carrying weapons of any sort; theft or vandalism; sexual harassment and misconduct.
11. If you are a person living with a Substance Use Disorder, please be open and honest with your provider about your substance use so that any issues can be properly addressed.

For More Help or Information

Your first step in getting more information involving any complaints or grievances is to speak with your provider or a designated client services representative or patient or treatment advocate at the agency. If this does not resolve the problem in a reasonable time span, or if serious concerns or issues arise and you would like to speak with someone outside the agency, you may call the number below for confidential, independent information and assistance.

Division of HIV and STD Programs | Customer Support Program (800) 260-8787 | 8:00 am – 5:00 Monday – Friday

APPENDIX C—Division on HIV/STD Programs Customer Support Program

The Division of HIV and STD Programs' (DHSP) Customer Support Program aims to assist consumers of HIV and STD services who have experienced difficulty accessing services from DHSP-funded providers throughout Los Angeles County. If you or someone you know is a consumer of HIV and STD services who have experienced difficulty accessing services from DHSP-funded providers throughout Los Angeles County, the Customer Support Program can assist with accessing HIV or STD services and addressing concerns about the quality of services received.

Please contact the Customer Support Program via email dhspsupport@ph.lacounty.gov , online http://publichealth.lacounty.gov/dhsp/QuestionServices.htm or by telephone at (800) 260-8787. By contacting the Customer Support Program, you will **not** be denied services. Your name and personal information can be kept confidential.

APPENDIX D—Telehealth Resources

Federal and National Resources:

- HRSA's Ryan White HIV/AIDS Program Expanding HIV Care Through Telehealth CARE Action Newsletter October 2019: https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/telehealth.pdf

Telehealth Discretion During Coronavirus:

- AAFP Comprehensive Telehealth Toolkit: https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf
- ACP Telehealth Guidance & Resources: https://www.acponline.org/practice-resources/business-resources/telehealth
- ACP Telemedicine Checklist: https://www.acponline.org/system/files/documents/practice-resources/health-information- technology/telehealth/video_visit_telemedicine_checklist_web.pdf
- AMA Telehealth Quick Guide:https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide
- CMS Flexibilities for Physicians: https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf
    - "Under the CARES Act, CMS is waiving the requirements of section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services. This waiver allows the use of audio-only equipment to furnish services

described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services."

- CMS Flexibilities for RHCs and FQHCs: https://www.cms.gov/files/document/covid-rural-health-clinics.pdf
    - "Medicare telehealth services generally require an interactive audio and video telecommunications system that permits real-time communication between the practitioner and the patient. (During the PHE, some telehealth services can be furnished using audio-only technology.)"
- CMS Fact Sheet on Virtual Services: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
- Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

ENDNOTES

[1] California Department of Health Care Services Telehealth Provider Manual can be accessed here https://files.medi- cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf

[2] More information on the Customer Support Program can be found here: DHSP_CSP_CustomerSupportForm_Website- ENG-Final_12.2022.pdf (lacounty.gov)

[3] PCN 16-02 RWHAP Services Eligible Individuals and Allowables Uses of Funds (hrsa.gov)

[4] Bloodborne Infectious Diseases | NIOSH | CDC

[5] Bloodborne Pathogens - Worker protections against occupational exposure to infectious diseases | Occupational Safety and Health Administration (osha.gov)

[6] Laws, Regulations & Standards | ADA.gov

Welcome | AIDS Education and Training Centers National Coordinating Resource Center (AETC NCRC) (aidsetc.org)

[8] HIV Navigation Services | Treat | Effective Interventions | HIV/AIDS | CDC

[9] Culturally and Linguistically Appropriate Services - Think Cultural Health (hhs.gov)

[10] CLAS Standards - Think Cultural Health (hhs.gov)

[11] DHSP_CSP_CustomerSupportForm_Website-ENG-Final_12.2022.pdf (lacounty.gov)

[12] HIV Treatment Guidelines | NIH

[13] Guidelines and Recommendations | Clinicians | HIV | CDC

[14] HIV Care Program

[15] LA County Department of Public Health

[16] Home - Division of Appeals Policy (lmi.org)

MEDICAL CARE COORDINATION STANDARDS OF CARE

Los Angeles County Commission on HIV

LOS ANGELES COUNTY
COMMISSION ON HIV

Table of Contents

IMPORTANT: Service standards must 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

Service standards for the Ryan White HIV/AIDS Part A Program (RWHAP) outline the elements and expectations a service provider should follow when implementing a specific service category. The purpose of the standards is to ensure that all RWHAP service providers offer the same fundamental components of the given service category. Additionally, the standards set the minimum level of care Ryan White-funded service providers may offer clients, however, service providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV (COH) developed the Medical Care Coordination (MCC) service standards to establish the minimum service necessary to provide coordinated medical and non-medical care to people living with HIV regardless of where services are received in the County. The developed of the standards included review of an alignment with the 2018 HIV/AIDS Medical Care Coordination Service Guidelines from the Los Angeles County Department of Public Health Division of HIV and STD Programs, as well as feedback from service providers, people living with HIV, members of the COH's Standards and Best Practices (SBP) Committee, COH caucuses, and the public-at-large. All service standards approved by the COH align with the Universal Service Standards approved by the COH on January 11, 2024.

Medical Care Coordination Overview

The Medical Care Coordination model is an integrated service model to fully respond to patient's unmet medical and non-medical support needs (e.g. mental health, substance use, and housing) through coordinated case management activities to support continuous engagement in care and adherence to antiretroviral therapy. This is from the 2018 HIV/AIDS Medical Care Coordination Service Guidelines.

MCC services include:

- Comprehensive assessment/reassessment
- Development and monitoring of an Integrated Care Plan
- Brief interventions
- Referrals
- Case conferences
- Patient retention services

The goals of MCC include:

- Increase retention in HIV care

- Improve adherence to antiretroviral therapy (ART)
- Link patients with identified need to mental health, substance use, specialty care, and housing resources, and other support services
- Reduce HIV transmission through sexual risk and substance use reduction counseling and education

The terms *mental health* and *behavioral health* are often used interchangeably. For the purposes of the Medical Care Coordination service standards, *mental health* is used and is intended to encompass a broad range of related diagnoses and services necessary to achieve optimal patient health outcomes.

All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and all programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

MEDICAL CARE COORDINATION MODEL

All patients receiving medical care in Ryan White-funded clinics are routinely screened for Medical Care Coordination (MCC) based on clinical and psychosocial criteria. The patients who are identified as candidates for MCC services or who are directly referred by their medical provider are then enrolled into the MCC program.

Physical co-location of the medical outpatient clinics and MCC programs and medical team is necessary and will be determined based on the needs of the program, the patient population, and the providers delivering the service. MCC programs must operate from a central location that serves as an administrative hub and primary program venue. MCC is an integrated approach to care, rather than a location where care is provided.

MCC teams are integrated into the medical home as part of the medical care team to ensure the Medical Care Manager, Patient Care Manager, Case Worker, and Retention Outreach Specialist are able to work together and directly with the patient. The Medical Care Manager is responsible for the patient's clinical needs and will directly track and address all medical components of the Integrated Care Plan, which is developed by the MCC team and patient, for anyone eligible for the service. The Patient Care Manager will work with the Medical Care Manager to address the patient's psychosocial needs, and track and supervise these components of the Integrated Care Plan.

Case Workers are the liaison between HIV Counseling and Testing sites and the medical clinic to ensure that new patients are enrolled in medical care in a timely fashion. Case workers address the patient's socioeconomic needs and assists with patient monitoring and tracking outcomes. Depending on the size of the program and volume of patients, the program may employ additional case workers who are directly supervised by the care manager. In the case of a smaller program, the Medical and Patient Care Managers directly support all patients on an ongoing basis.

The retention outreach specialist will directly engage clients who are at-risk of falling out of care or are lost to care. The retention outreach specialist is responsible for reaching the patients through all available means of communication, including but not limited to phone calls, text messages, emails, physical mail, and street outreach to parks, food pantries, and shelters.

All members of the MCC team have a responsibility to serve as a contact to each patient for continued care and support. Care coordination programs may choose to engage additional providers for specific

services (e.g., mental health, substance use,) or may establish comprehensive service agreements with such providers that will facilitate the program's access to those additional services. Memoranda of Understanding between the grantee and the provider/agency must be submitted to the Los Angeles County Department of Public Health Division of HIV and STD Programs.

SERVICE COMPONENTS

MCC services are patient-centered activities that focus on facilitating access to, utilization of, and engagement in primary health care services, as well as coordinating and integrating all services along the continuum of care for patients living with HIV. All MCC services should aim to increase the patient's sense of empowerment, self-advocacy, and medical self- management, as well as enhance the overall health status of the patient. Programs must ensure patients are given the opportunity to ask questions and receive accurate answers regarding services provided by MCC staff and other professionals to whom they are referred. These discussions build the provider-patient relationship, serve to develop trust and confidence, and empower patients to be active partners in decisions about their health care. In addition, MCC services will be culturally and linguistically appropriate.

The overall emphasis of ongoing MCC services should be on facilitating the coordination, sequencing, and integration of primary health care, specialty care, and all other services in the continuum of care to achieve optimal health outcomes.

MCC services in Los Angeles County will include (at minimum):

- Comprehensive assessment/reassessment
- Integrated Care Plan
- Brief interventions
- Referrals, coordination of care, and linkages
- Case conferences
- Patient retention services

Section 1.0—Patient Eligibility

Patient eligibility is determined at intake, which includes the collection of demographic data, emergency contact information, relative/significant other, and eligibility documentation. Although MCC is a Ryan White Program, patients do not need to be receiving Ryan White funded medical care or support services to receive MCC services.

Ryan White Program eligibility includes individuals who:

- Reside in Los Angeles County
- Are age 12 years or older
- Have a household income equal to or below 500% Federal Poverty Level, and
- Are living with HIV

An intake process, which includes registration and eligibility, is required for every patient's point of entry into the MCC service system. If an agency or other funded entity has the required patient information and documentation on file in the agency record or in the countywide data management system, further intake is not required to avoid burden on client. Patient confidentiality will be strictly maintained and enforced.

The client file will include the following information (at minimum):

- Date of intake
- Client name, mailing address and telephone number
- Proof of Los Angeles County residency*
- Verification of financial eligibility for services
- Verification of medical insurance
- Emergency contact's name, home address and telephone number
- Required Forms: Programs must develop the following forms in accordance with State and local guidelines.
- Release of Information**
- Confidentiality policy
- Consent to Receive Services
- Patient Bill of Rights and Responsibilities***
- Customer Support Program
- Notice of Privacy Practices (HIPAA)

*For patients without an address, a signed affidavit declaring they are homeless should be kept on file.

**Must specify what information is being released and to whom

***Service providers are to provide a copy of the Commission on HIV Patient Bill of Rights and Responsibilities to clients.

1.0 PATIENT ELIGIBILITY		
	STANDARD	DOCUMENTATION
1.1	Eligibility determined by provider.	Patient file includes: • Los Angeles County resident • Age: 12 years or older • Household income equal to or below 500% Federal Poverty Level
1.2	Required forms are discussed and completed.	Signed and dated forms: • Release of information • Confidentiality policy • Consent to receive services • Commission on HIV Client Bill of Rights and Responsibilities • Grievance procedures • Notice of privacy practices (HIPAA)

Section 2.0—Patient Assessment and Reassessment

The Medical Care Coordination assessment is the systematic and continuous collection of data and information about the patient and their need for MCC services. The assessment is a countywide standardized acute assessment tool and is used to identify and evaluate a patient's medical, physical, psychosocial, environmental, and financial strengths, needs and resources. While the assessment helps guide discussion between the MCC team and the patient, and ensures specific domains are addressed, it is not exhaustive. The patient assessment and reassessments must be conducted collaboratively and in a coordinated manner by the Medical Care Manager and Patient Care Manager

team. The medical information and medical assessment portions of the assessment and reassessment must be completed by the Medical Care Manager.

The comprehensive assessment determines the:

- Patient needs for treatment and support services, and capacity to meet those needs
- Integrated Care Plan
- Ability of the patient's social support network to help meet patient needs
- Involvement of other health and/or supportive agencies in patient care
- Areas in which the patient requires assistance in securing services

Patient acuity levels will be determined based on responses of the comprehensive assessment. Emergencies or medical and/or psychosocial crisis may require quick coordination decisions to mitigate the acute presenting issues before completing the entire intake/assessment. Acuity levels will be updated through reassessment dependent on patient need but should be conducted annually at minimum.

The acuity levels are as follows:

- **Self-managed:** For patients presenting some need, but whose needs are easily addressed; refer to other Ryan White services.
- **Moderate acuity:** For patients presenting some need, but whose needs are relatively easily addressed.
- **High acuity:** For patients presenting the most complex and challenging needs; and
- **Severe acuity:** For patients presenting in crisis who require immediate, high frequency and/or prolonged contact.

Acuity levels may by adjusted based on MCC team's understanding of patient needs not captured on the assessment/reassessment.

2.0 PATIENT ASSESSMENT AND REASSESSMENT		
	STANDARD	**DOCUMENTATION**
2.1	Acuity level assigned to patient based on assessment results.	Completed tool kept on file in patient record. Patient acuity level assigned as: • Self-managed • Moderate • High • Severe
2.2	Reassessments are conducted based on patient need, but annually at minimum to update patient acuity.	Program monitoring and reassessment on file.
2.3	Patients unable to actively participate in Medical Care Coordination services will be referred to Home-based Case Management, skilled nursing, psychiatric services, or hospice care.	Documentation of linked referral on file in patient record.

Section 3.0—Integrated Care Plan

The Integrated Care Plan (ICP) is an individualized multidisciplinary service plan to be completed following the completion of the comprehensive assessment. The ICP is patient centered with the patient as an active participant in its development together with the Medical Care Manager and Patient Care Manager. The plan should be guided by needs identified by domains from the assessment and additional information expressed to the MCC team.

Assessment domains are based on the following:

- Health Status
- Quality of Life/Self-Care
- Antiretroviral Knowledge & Adherence
- Medical Access, Linkage and Retention
- Housing
- Financial Stability
- Transportation
- Legal Needs/End of Life Needs
- Support Systems and Relationships
- Risk Behavior
- Substance use and Addiction
- Mental Health

In rare cases, due to the type of treatment, immediacy of services and/or their confidential nature (e.g., mental health, legal services), the ICP may be limited to referencing, rather than detailing, a specific treatment plan and/or the patient's agreement to seek and access those specific services.

3.0 INTEGRATED CARE PLAN		
	STANDARD	DOCUMENTATION
3.1	Integrated Care Plan will be developed collaboratively with the patient within 30 days of completing the assessment.	Integrated Care Plan on file includes: • Patient name • Patient Care Manager (PCM) name • Medical Care Manager (MCM) name • Date and patient signature • Date and PCM and MCM signature. Electronic signatures are acceptable.

Section 4.0—Progress Notes/Monitoring Patient Progress

Integrated Plan Implementation (ICP) and evaluation involve ongoing contact and interventions with, or on behalf of, the patient to ensure goals are addressed that work towards improving a patient's health and resolving psychosocial needs. Current dated and signed progress notes, detailing activities related to implementing and evaluating, will be kept on file in the patient record.

The following documentation is required (at minimum):

- Date, type, and description of all patient contact, attempted contact and actions taken on behalf of the patient
- Changes in the patient's condition or circumstances
- Progress made towards achieving goals identified in the ICP
- Barriers identified in reaching goals and actions taken to resolve them
- Current status, results, and barriers to linking referrals and interventions
- Time spent with, or on behalf of, the patient
- Care coordination staff's signature and professional title
- Follow up within 1-5 business day with patients who miss an MCC appointment. If follow-up activities are not appropriate or cannot be conducted within the prescribed time, care coordination staff will document reason(s) for the delay.
- Collaborating with the patient's other service providers for coordination and follow-up

4.0 PROGRESS NOTES/MONITORING PATIENT PROGRESS		
	STANDARD	DOCUMENTATION
4.1	MCC team will monitor: • Implementation of Integrated Care Plan • Changes in the patient's condition or circumstances • Lab results • Adherence to medication • Completion of referrals • Delivery of brief interventions • Barriers to care and engagement	Progress notes on file include: • Date, type, and description of all patient contact, attempted contact, and actions take on behalf of patient. • Changes in the patient's condition or circumstances. • Progress made toward achieving goals. • Barriers to reaching goals and actions taken to resolve them. • Current status and results of recommended referrals. • Current status and results of recommended interventions. • Time spent with patient. • Care team signatures. Electronic signatures are acceptable.

Section 5.0—Brief Interventions

Brief interventions are short sessions that raise awareness of risks and motivates patient toward acknowledgement of an identified behavioral issue. The goal of the brief intervention is to help the patient see a connection between their behavior and their health and wellbeing. Based on the goals and objectives identified in the patient's ICP, MCC team members shall deliver brief interventions designed to promote treatment adherence and overall wellness for MCC patients. The brief interventions are not a substitute for long-term care for patients with a high level of need; referrals to more intensive care may be warranted in those situations. For example, patients with severe or complex mental health needs should be referred to the appropriate specialist.

MCC intervention activities primarily focus on:

- Promoting Antiretroviral Therapy Adherence
- Risk Reduction Counseling (Includes sexual and substance use risk reduction counseling)
- Engagement in HIV care
- Mental Health
- Re-engagement in HIV care
- Disclosure Assistance
- Housing support and referrals
- Other activities that improve the overall patient wellness

5.0 BRIEF INTERVENTIONS		
	STANDARD	DOCUMENTATION
5.1	Brief interventions may focus on: • Promoting Antiretroviral Therapy (ART) adherence. • Risk Reduction Counseling • Engagement in HIV care • Mental health	Documentation of recommended interventions in progress notes.

Section 6.0—Patient Self-Efficacy and Care

MCC teams will teach patients and their caregiver's effective HIV disease self-efficacy skills to improve self-sufficiency health outcomes with attention to meeting the cultural needs and challenges of the patients. Staff will educate clients and caregivers about maintaining an undetectable viral load will result in little to no risk of HIV transmission. MCC teams will educate and empower clients to interact effectively with all levels of service providers and to become increasingly informed and independent consumers.

6.0 PATIENT SELF-EFFICACY AND CARE		
	STANDARD	DOCUMENTATION
6.1	MCC team will educate patients on the importance of maintaining an undetectable viral load, the importance of adhering to care, and increase their capacity to engage their own care.	Documentation of education on file in patient record.

Section 7.0—Referrals

Programs providing MCC services will actively collaborate with other agencies to maximize their capacity to provide referrals to the full spectrum of HIV-related services. Programs must maintain a comprehensive list of service providers–both internal and external-- for the full spectrum of HIV-related and other services. The MCC team should refer patients to appropriate services based on needs identified in the assessment and reassessment and described in the Integrated Care Plan.

Programs will develop written protocols, or use existing agency protocol, for referring patients to other providers, networks and/or systems. Referrals must be tracked and monitored to ensure linkage to referrals are documented. MCC teams are responsible for working with patients to increase follow through in linking referrals.

7.0 REFERRALS		
	STANDARD	DOCUMENTATION
7.1	MCC team will provide referrals as needed based on assessment and reassessments. Agency or medical care home will maintain a comprehensive list of providers for full spectrum HIV-related and other service referrals.	Identified resources for referrals at provider agency (e.g. lists on file, access to websites).
7.2	If needed, engage additional providers for specific support services (e.g. mental health, substance use).	Memoranda of Understanding (MOU) on file.

Section 8.0—Case Conferences

Multidisciplinary case conferences, formal and informal, are a critical component of MCC services and help integrate the MCC team into the medical care team. Case conferences convene a patient's MCC team and other key care providers (e.g. physician, nurse practitioner, physician assistant) to assess progress in meeting the needs identified in the patient's ICP and to strategize further responses.

Case conferences are an opportunity to address major life transitions and changes in health status for the patient with other members of the care team and should be conducted when possible. Programs are expected to convene case conferences based on patient need and acuity level.

Documentation of case conferences shall be maintained within each patient record and include:

- Date of case conference
- Names and titles of participants
- Medical and psychosocial issues and concerns identified
- Description of recommended guidance
- Follow-up plan
- Results of implementing guidance and follow-up

8.0 Case Conferences		
	STANDARD	DOCUMENTATION
8.1	MCC team will convene case conferences, formal and informal, to ensure coordination of care for patient.	Documentation on file includes: • Date • Name/Titles of participants • Identified medical and psychosocial issues and concerns

		• Description of recommended guidance • Follow-up plan • Results of implemented guidance

Section 9.0—Patient Retention

Agencies or medical homes providing MCC services will develop and implement a plan that guides the agency's efforts to re-engage patients into care:

- Patients at the clinic who have fallen out of care
- Patients who are aware of their HIV status, but not in care (i.e. unmet need)
- Patients at risk for falling out of care

Retention Outreach Specialists (ROS) are responsible for following up with patients that the MCC team has not been able to engage or re-engage through existing resources. This includes attempting to locate patients that have missed an HIV medical or MCC appointment. Locating patients may entail visiting the patient's last known address and/or sites of frequent socialization (e.g. food pantry, parks, community centers), contacting patients' other service providers, researching whether the patient is incarcerated, or other methods to bring the patient back into HIV care.

Retention Outreach Specialist will:

- Identify clinic patients not engaged in HIV medical care within the past 7 months.
- Work as an integral part of the medical care coordination (MCC) services team, including participating in team meetings.
- Act as liaison for clinic patients recently released from incarceration to ensure timely reengagement into HIV medical care.
- Work with out of care clinic patients to identify and address potential and/or existing barriers to engagement in medical care.
- Utilize motivational interviewing techniques to encourage patients to engage in and/or reengage into HIV medical care.

Programs will strive to retain patients in medical care coordination services. To ensure continuity of service and retention of patients, programs should follow existing agency specific policies regarding broken appointments. Follow-up may include telephone calls, written correspondence and/or direct contact. Programs will demonstrate due diligence through multiple efforts to contact patients by phone or by mail and document efforts in progress notes within the patient record. In addition, programs will develop and implement a contact policy and procedure to ensure that patients who are homeless or report no contact information are not lost to follow-up.

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

9.0 PATIENT RETENTION		
	STANDARD	DOCUMENTATION
9.1	Agency or medical home will develop procedures or follow existing agency-specific policies to work with patients: • At the clinic who have fallen out of care • Who are aware of HIV status, but not in care • At risk for falling out of care	Documentation of attempted patient contact on file.

Section 10.0—Disenrollment

The disenrollment process includes formally notifying patients of pending disenrollment and completing a disenrollment summary to be kept on file in the patient record. All attempts to contact the patient and notifications about disenrollment will be documented in the patient file, along with the reason for disenrollment. Note that cases often remain open, and should not be closed, so that the Retention Outreach Specialists can locate and rescreen patients.

Clients may be disenrolled if:

- Relocates out of the service area
- Has had no direct program contact in the past six months despite multiple attempts by staff to contact the client
- Is ineligible for the service
- Discontinues the service
- Uses the service improperly or has not complied with the client services agreement
- Is deceased
- No longer needs the service

When appropriate, disenrollment summaries will include a plan for continued success and ongoing resources to potentially be utilized. At minimum, disenrollment summaries will include:

- Date and signature of both the Medical and Patient Care Managers
- Date of disenrollment
- Status of the Integrated Care Plan
- Status of primary health care and support service utilization
- Referrals provided
- Reasons for disenrollment and criteria for reentry into services

10.0 DISENROLLMENT		
	STANDARD	DOCUMENTATION
10.1	MCC team will follow up with patients who have missed appointments and may be pending disenrollment.	Numbers of attempts to contact and mode of communication documented in patient file.
10.2	Cases may be disenrolled when the patient:	Justification for disenrollment documented in patient file.

	• Relocated out of the service area • Has had no direct program contact in the past six months despite multiple attempts by staff to contact the client • Is ineligible for the service(s) • Discontinues the service(s) • Uses the service(s) improperly or has not complied with the client services agreement • Is deceased • No longer needs the service(s)	

Section 11.0—Staffing Requirements and Qualifications

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

Staff should also be trained by their agency on patient confidentiality and HIPAA regulations, and de-escalation techniques. It is recommended that MCC teams across agencies convene at least once a year to discuss best practices, outcomes, and exchange ideas on how to best provide patient care through MCC.

The minimum requirements for MCC staff are:

- Medical Care Manager must possess a valid license as a registered nurse (RN) in the state of California.
- Patient Care Manager must possess a master's degree in one of these disciplines: Social Work, Counseling, Psychology, Marriage, and Family Counseling, and/or related Human Services field.
- Case Worker(s) must possess a bachelor's degree in nursing, Social Work, Counseling, Psychology, Human Services; OR possess a license as a vocational nurse (LVN) or have demonstrated experience working in the HIV field.
- Retention Outreach Specialist shall possess the following requirements:
  - Experience in conducting outreach to engage individuals; and
  - Shall have good interpersonal skills; experience providing crisis intervention; knowledge of HIV risk behaviors, youth development, human sexuality, or substance use disorders; ability to advocate for clients; and be culturally and linguistically competent.

The core MCC team members above may engage other specialists, such as but not limited to, mental health therapists, housing specialists, and geriatricians to address the needs of the client.

11.0 STAFFFING REQUIREEMNTS AND QUALIFICATIONS		
	STANDARD	**DOCUMENTATION**
11.1	MCC team will include: • Medical Care Manager • Patient Care Manager • Case Worker(s) • Retention Outreach specialist The core MCC team members above may engage other specialists, such as but not limited to, mental health therapists, housing specialists, and geriatricians to address the needs of the client.	Documentation of required licenses on file: •Medical Care Manager: RN license in the State of CA •Patient Care Manager: master's degree in social work, Counseling, Psychology, Marriage and Family Counseling, and/or related Human Services field. •Case Worker(s): bachelor's degree in nursing, Social Work, Counseling, Psychology, Human Services OR possess a license as a vocational nurse (LVN) OR have demonstrated experience working in the HIV field. •Retention Outreach Specialist: ○ Experience in conducting outreach to engage individuals ○ Shall have food interpersonal skills; experience providing crisis intervention; knowledge of HIV risk behaviors; youth development; human sexuality; or substance use disorders; ability to advocate for clients; and be culturally and linguistically competent.

Section 12.0—Translation/Language Interpreters

Federal and State language access laws, require health care facilities that receive federal or state funding to provide competent interpretation services to limited English proficiency patients at no cost, to ensure equal and meaningful access to health care services. MCC staff must develop procedures for the provision of such services, including the hiring of staff able to provide services in the native language of limited English proficiency patients and/or staff reflective of the population they serve.

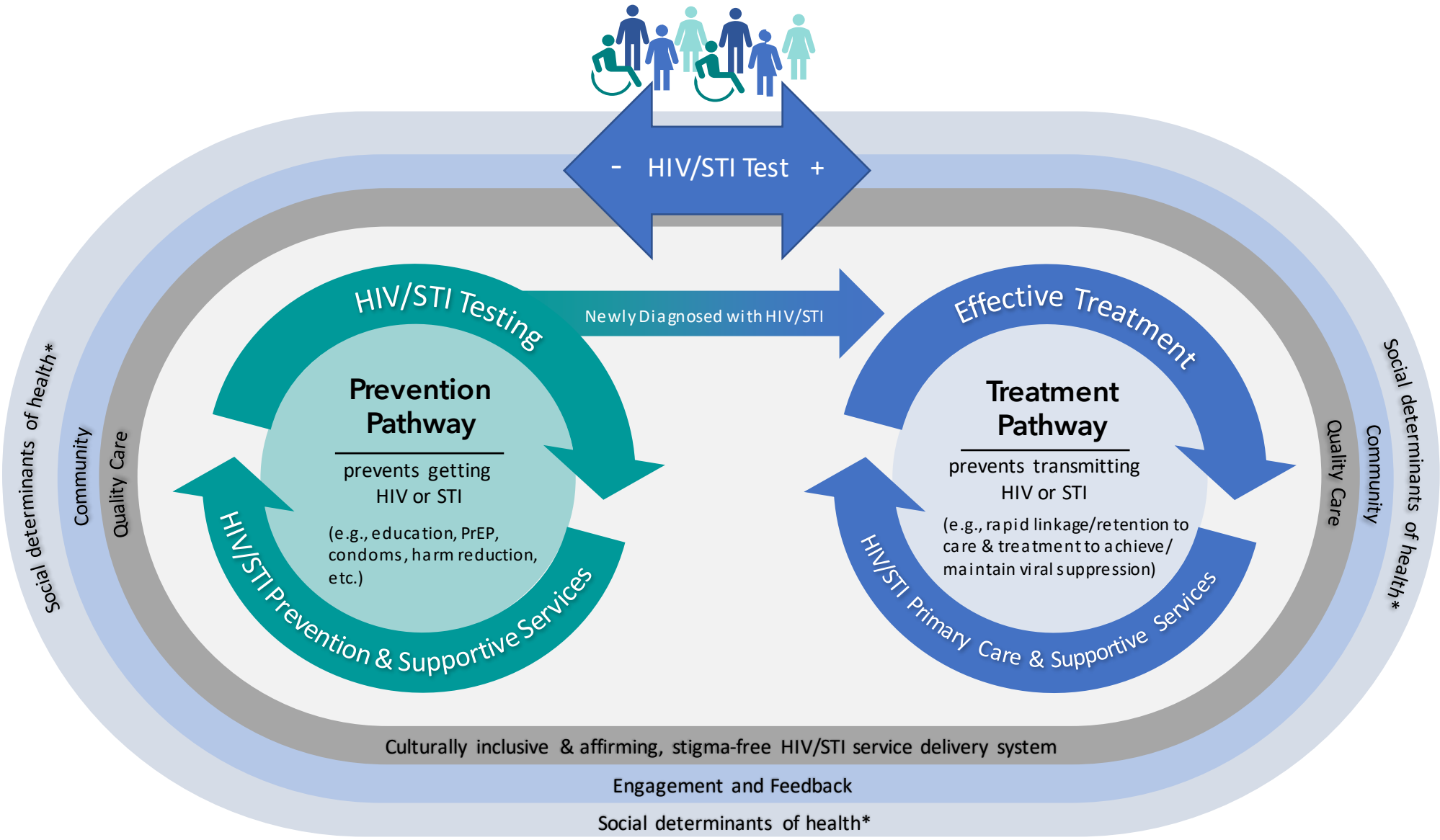
12.0 TRANSLATION/LANGUAGE INTERPRETERS		
STANDARD		DOCUMENTATION
12.1	MCC programs will develop or utilized existing agency-specific policies to provider interpretation services to patients at no cost.	Policy on file at agency.

APPENDIX A—Division on HIV/STD Programs Customer Support Program

The Division of HIV and STD Programs' (DHSP) Customer Support Program aims to assist consumers of HIV and STD services who have experienced difficulty accessing services from DHSP-funded providers throughout Los Angeles County. If you or someone you know is a consumer of HIV and STD services who have experienced difficulty accessing services from DHSP-funded providers throughout Los Angeles County, the Customer Support Program can assist with accessing HIV or STD services and addressing concerns about the quality of services received.

Please contact the Customer Support Program via email dhspsupport@ph.lacounty.gov , online http://publichealth.lacounty.gov/dhsp/QuestionServices.htm or by telephone at (800) 260-8787. By contacting the Customer Support Program, you will **not** be denied services. Your name and personal information can be kept confidential.

Status Neutral HIV and STI Service Delivery System



LOS ANGELES COUNTY COMMISSION ON HIV

Revised 10/18/23

* Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

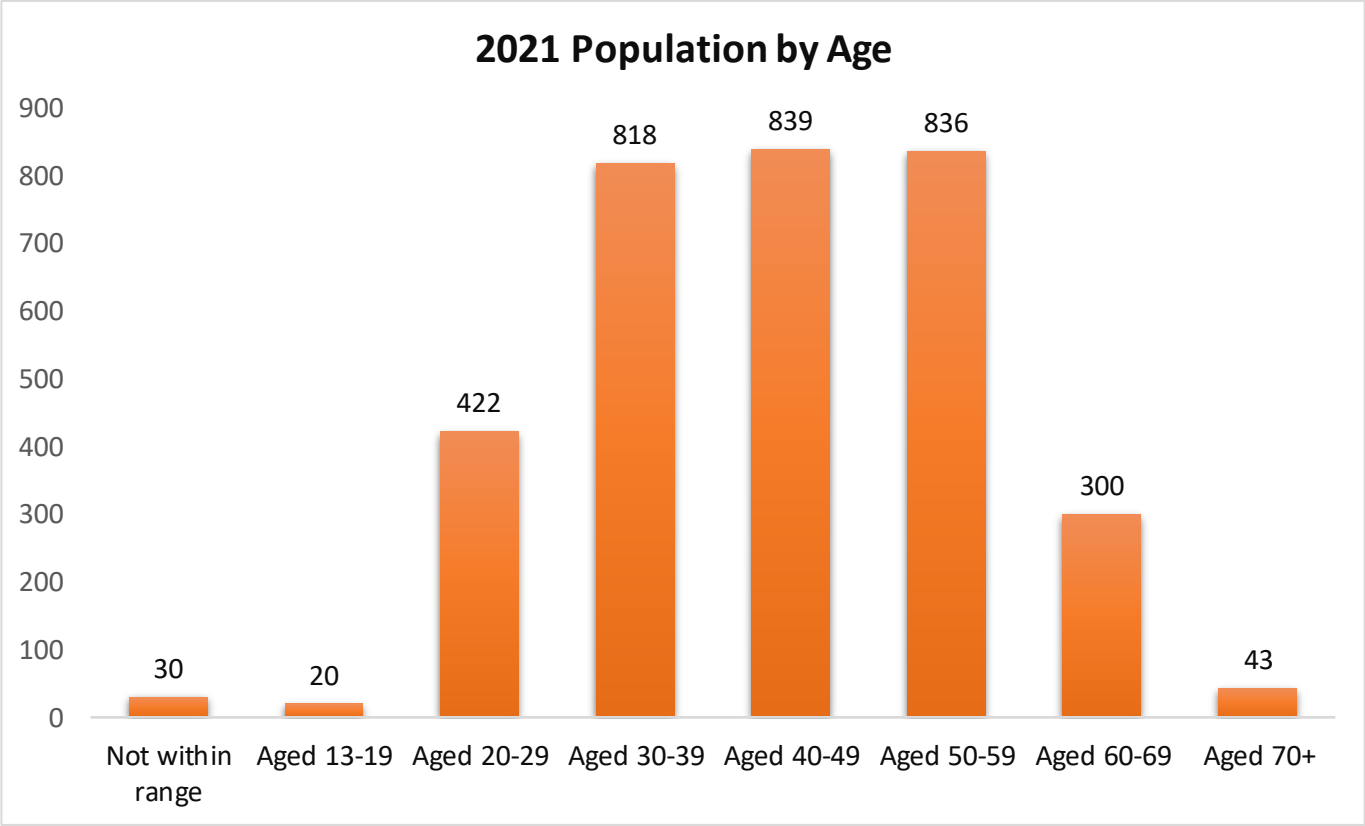
See Healthy People 2030 for more details on the social determinants of health.

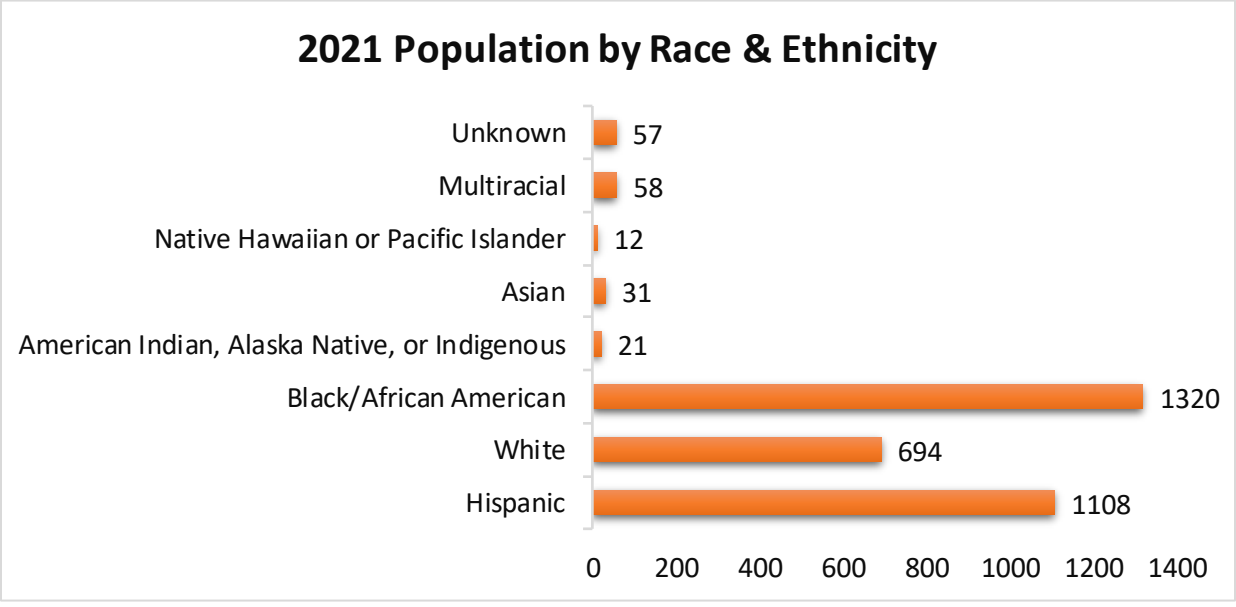
LOS ANGELES COUNTY COMMISSION ON HIV

Planning, Priorities, and Allocations Committee

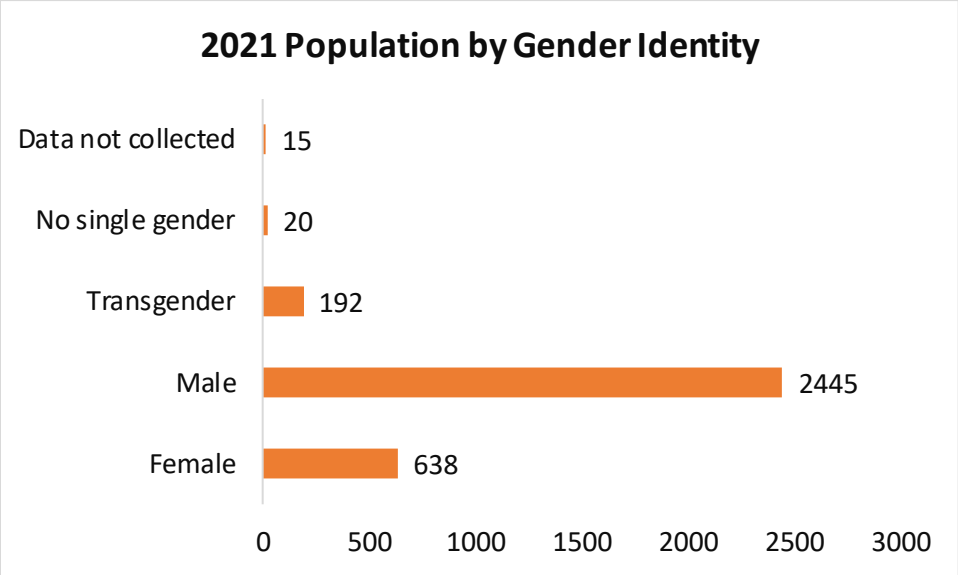
Los Angeles Housing Services Authority (LAHSA) Report 2023

Year 2021 – 3,419 Total PLWH*

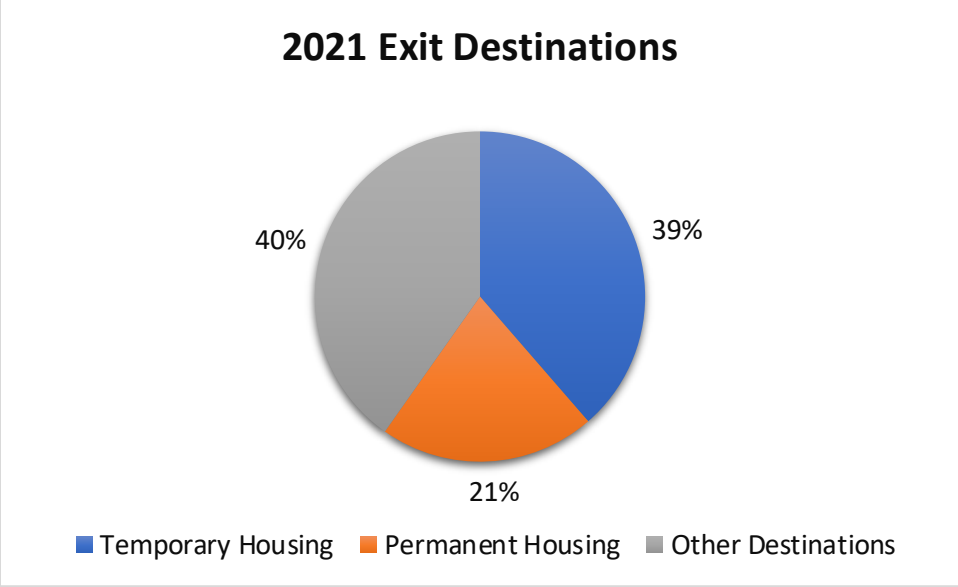




Unknown – includes if client refused to answer, if client did not know, or if data was not collected



Housing Services – 502 PWLH left LAHSA system

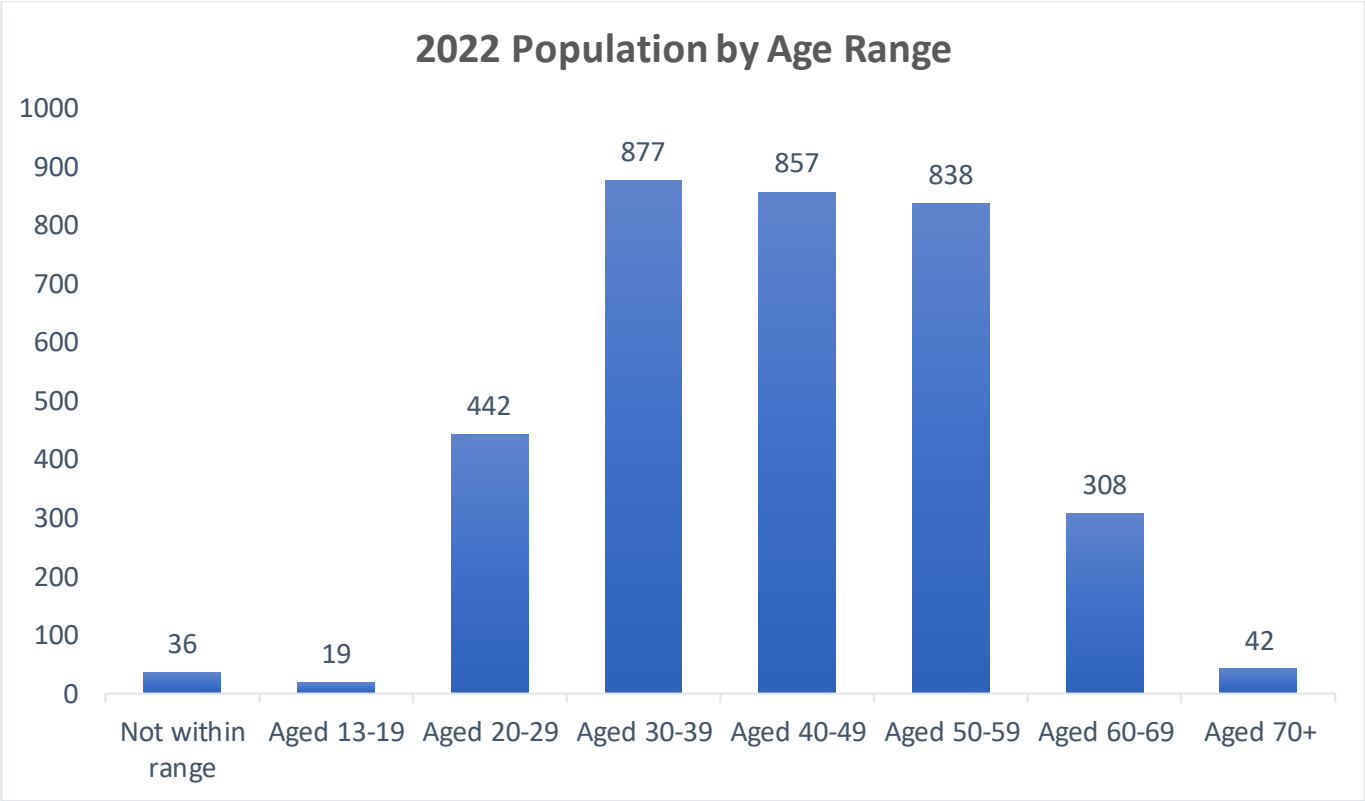


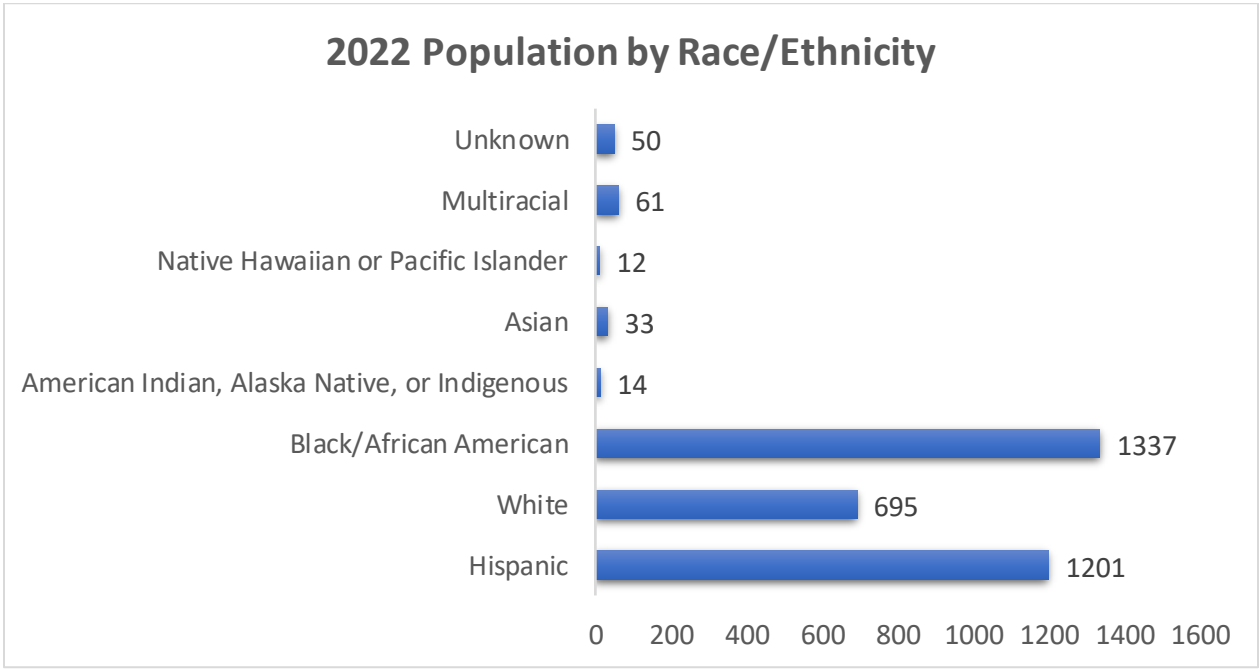
Permanent Situation – includes rental with or without subsidy, permanent tenure with friends or family, among other items

Temporary Situation – includes emergency shelters, hotels or motels paid for with a voucher, foster care, jail, temporary tenure with friends or family, among other items

Other Destinations – is used in situations when the data isn't collected, the client refuses, or the client is deceased

Year 2022 - 3,310 Total PLWH





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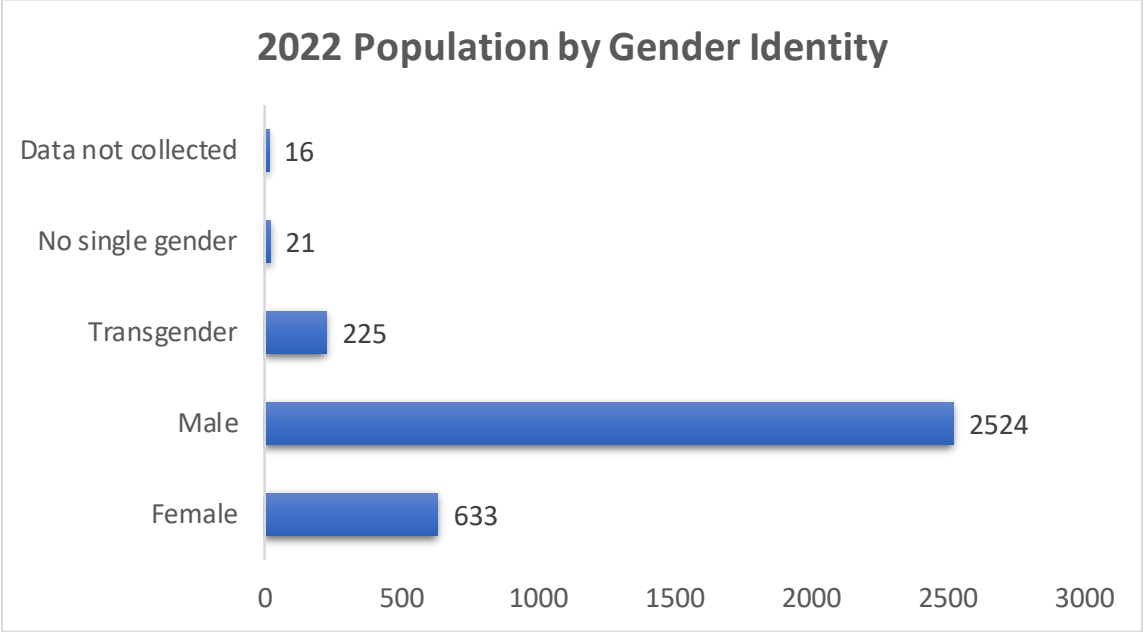


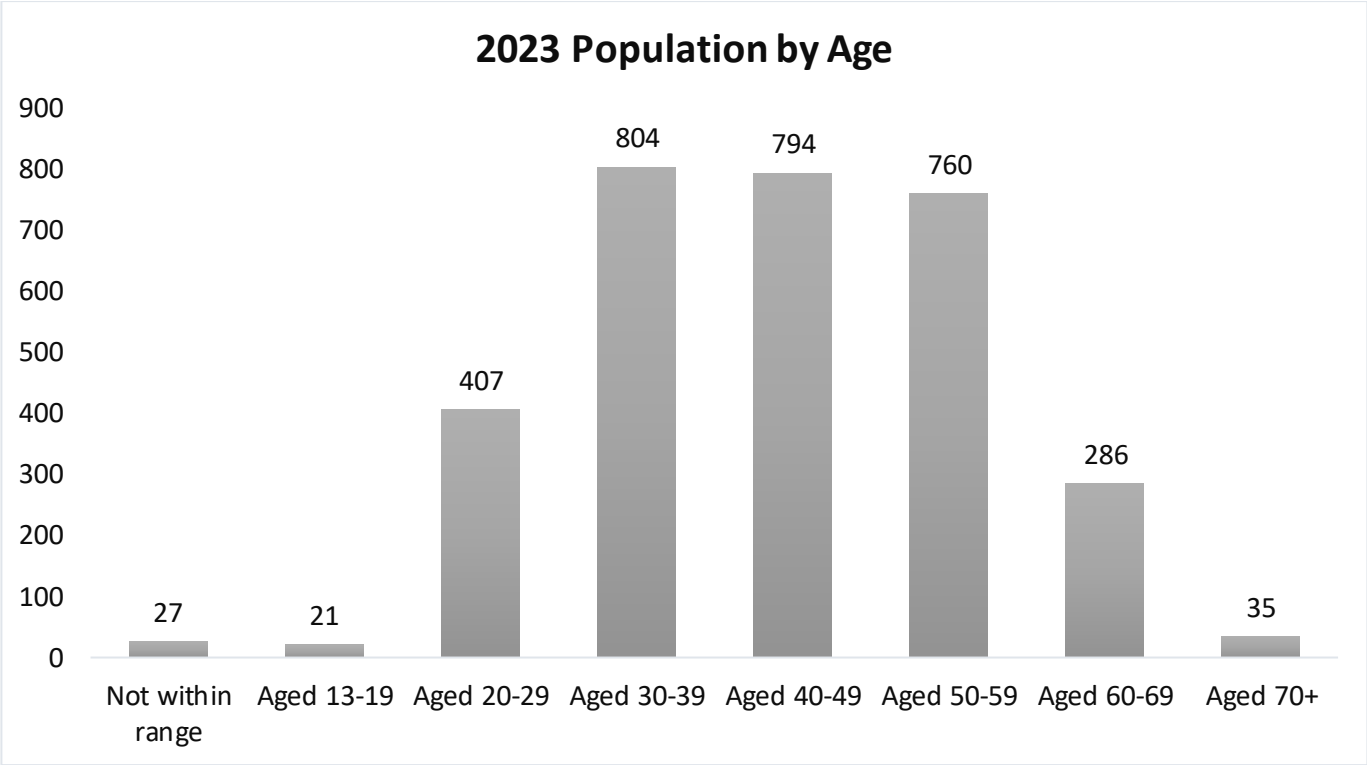
Housing Services – 438 PWLH left LAHSA system

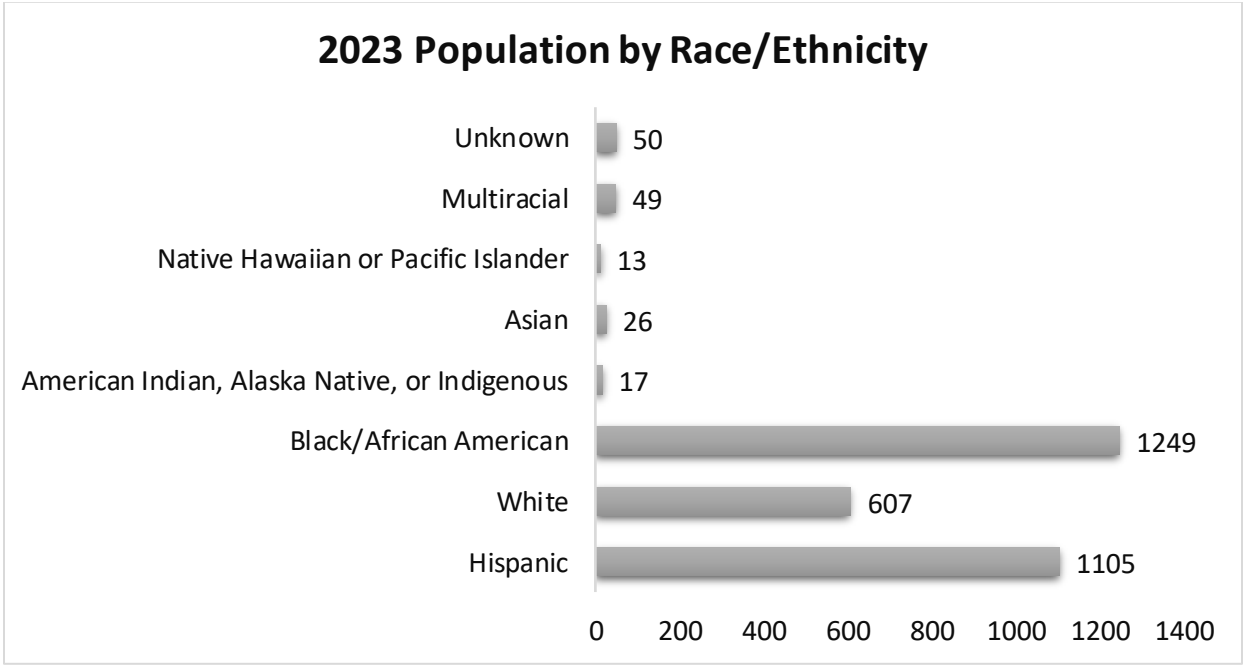
Permanent Situation – includes rental with or without subsidy, permanent tenure with friends or family, among other items

Temporary Situation – includes emergency shelters, hotels or motels paid for with a voucher, foster care, jail, temporary tenure with friends or family, among other items

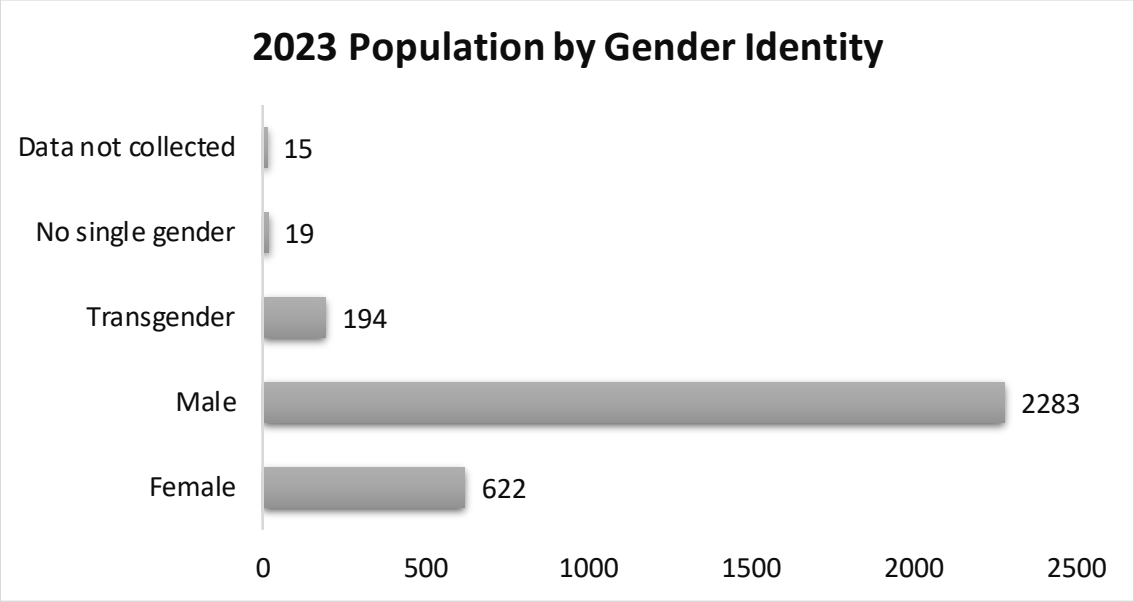
Other Destinations – is used in situations when the data isn't collected, the client refuses, or the client is deceased

Year 2023 (through August 2023) – 3,133 Total PLWH

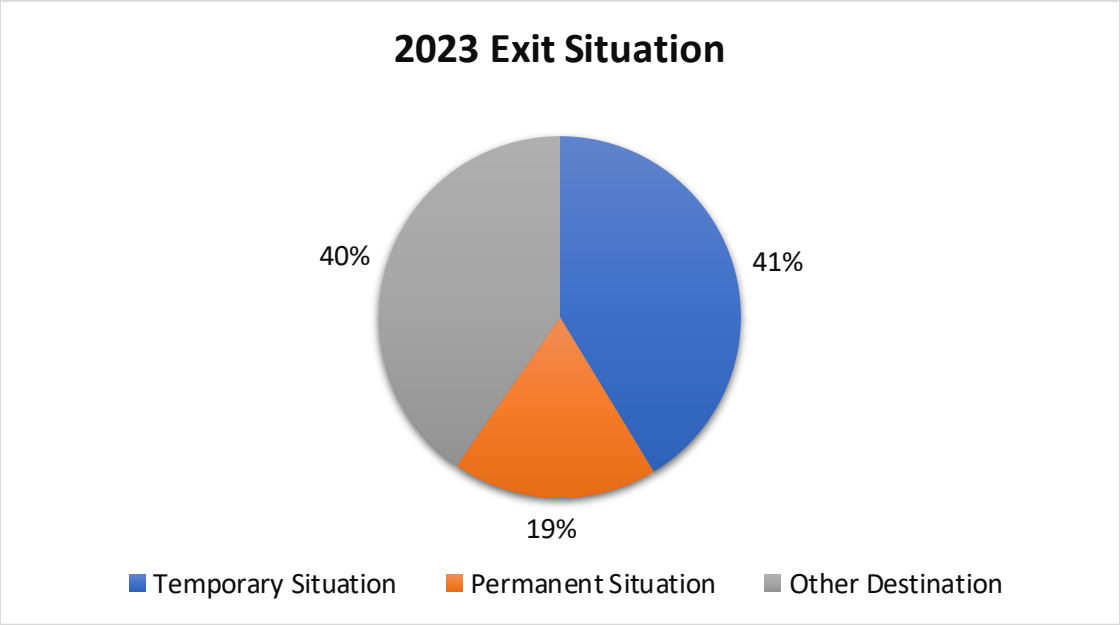




Unknown – includes if client refused to answer, if client did not know, or if data was not collected



Housing Services – 438 PWLH left LAHSA system



Permanent Situation – includes rental with or without subsidy, permanent tenure with friends or family, among other items

Temporary Situation – includes emergency shelters, hotels or motels paid for with a voucher, foster care, jail, temporary tenure with friends or family, among other items

Other Destinations – is used in situations when the data isn't collected, the client refuses, or the client is deceased

What are you seeing as key areas of needs for PLWH engaged in the LAHSA service system? What resources are available to PLWH under the LAHSA service system?

Funding can be utilized to fund shelter beds that are specifically for PLWH. We are not aware of any targeted resources available under the LAHSA services systems for PLWHA. An area of need is would be having our Rehousing System Providers trained in the Best Practices to serve PLWH and of the extent of available Housing and Harm Reduction resources available within PLWH Services System.

How can the County coordinate better with LAHSA to leverage some of the ideas articulated in the letter?

Some useful resources would be funding case managers that specifically are educated and aware of resources available for PLWH and having buy-in and involvement from upper management and leadership across county departments to prioritize or target shelter, permanent housing and supportive services resources for this population.

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS
RYAN WHITE PART A, MAI YR 33 AND PART B YR 33 EXPENDITURES BY RWP SERVICE CATEGORIES
Expenditures reported by December 5, 2023

1	2	3	4	5	6	7	8	9	10
SERVICE CATEGORY	YEAR TO DATE EXPENDITURES PART A	YEAR TO DATE EXPENDITURES MAI	TOTAL YEAR TO DATE EXPENDITURES PART A AND MAI (Total Columns 2+3)	FULL YEAR ESTIMATED EXPENDITURES PART A	FULL YEAR ESTIMATED EXPENDITURES MAI	FULL YEAR ESTIMATED EXPENDITURES PART A + MAI (Total Columns 5+6)	YEAR TO DATE EXPENDITURES PART B	FULL YEAR ESTIMATED EXPENDITURES PART B	TOTAL YEAR TO DATE EXPENDITURES FOR RWP SERVICES (Total Columns 4+9)
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	$ 3,258,491	$ -	$ 3,258,491	$ 5,879,947	$ -	$ 5,879,947	$ -	$ -	$ 3,258,491
MEDICAL CASE MGMT (Medical Care Coordination)	$ 5,545,556	$ -	$ 5,545,556	$ 10,060,657	$ -	$ 10,060,657	$ -	$ -	$ 5,545,556
ORAL HEALTH CARE	$ 4,192,938	$ -	$ 4,192,938	$ 7,421,917	$ -	$ 7,421,917	$ -	$ -	$ 4,192,938
MENTAL HEALTH	$ 73,645	$ -	$ 73,645	$ 208,964	$ -	$ 208,964	$ -	$ -	$ 73,645
EARLY INTERVENTION SERVICES	$ 2,259,753	$ -	$ 2,259,753	$ 2,752,478	$ -	$ 2,752,478	$ -	$ -	$ 2,752,478
HOME AND COMMUNITY BASED HEALTH SERVICES	$ 1,479,038	$ -	$ 1,479,038	$ 2,697,882	$ -	$ 2,697,882	$ -	$ -	$ 1,479,038
CHILD CARE SERVICES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services	$ 909,768	$ -	$ 909,768	$ 1,425,340	$ -	$ 1,425,340	$ -	$ -	$ 909,768
NON-MEDICAL CASE MANAGEMENT-Transitional Case Management	$ -	$ 276,839	$ 276,839	$ -	$ 276,839	$ 276,839	$ -	$ -	$ 276,839
HOUSING-RCFCI, TRCF	$ 336,381	$ -	$ 336,381	$ 360,299	$ -	$ 360,299	$ 2,129,907	$ 4,239,220	$ 2,466,288
HOUSING-Temporary and Permanent Supportive with Case Management	$ -	$ 1,765,535	$ 1,765,535	$ -	$ 2,855,147	$ 2,855,147	$ -	$ -	$ 1,765,535
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	$ -	$ -	$ -	$ -	$ -	$ -	$ 456,225	$ 670,000	$ 456,225
MEDICAL TRANSPORTATION	$ 299,713	$ -	$ 299,713	$ 460,470	$ -	$ 460,470	$ -	$ -	$ 299,713
LANGUAGE SERVICES	$ 3,300	$ -	$ 3,300	$ 5,198	$ -	$ 5,198	$ -	$ -	$ 3,300
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	$ 1,801,956	$ -	$ 1,801,956	$ 3,741,136	$ -	$ 3,741,136	$ -	$ -	$ 1,801,956

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

RYAN WHITE PART A, MAI YR 33 AND PART B YR 33 EXPENDITURES BY RWP SERVICE CATEGORIES

Expenditures reported by December 5, 2023

EMERGENCY FINANCIAL ASSISTANCE	$ 1,265,056	$ -	$ 1,265,056	$ 2,045,472	$ -	$ 2,045,472	$ -	$ -	$ 1,265,056
LEGAL	$ 323,213	$ -	$ 323,213	$ 537,628	$ -	$ 537,628	$ -	$ -	$ 323,213
SUB-TOTAL DIRECT SERVICES	$ 21,748,808	$ 2,042,374	$ 23,791,182	$ 37,597,388	$ 3,131,986	$ 40,729,374	$ 2,586,132	$ 4,909,220	$ 26,870,039
YR 33 ADMINISTRATION (INCLUDING PLANNING COUNCIL)	$ 2,853,518	$ 179,782	$ 3,033,300	$ 4,298,488	$ -	$ 4,298,488	$ 278,420	$ 537,589	$ 3,311,720
YR 33 CLINICAL QUALITY MANAGEMENT (HRSA Part A Legislative Requirement)	$ 282,855	$ -	$ 282,855	$ 713,795	$ -	$ 713,795	$ -	$ -	$ 282,855
TOTAL EXPENDITURES	$ 24,885,181	$ 2,222,156	$ 27,107,337	$ 42,609,671	$ 3,131,986	$ 45,741,657	$ 2,864,552	$ 5,446,809	$ 30,464,614
TOTAL GRANT AWARD				**$ 42,984,882**	**$ 3,675,690**	**$ 46,660,572**		**$ 5,446,809**	
VARIANCE				$ (375,211)	(543,704)			0	
MAI Carryover from YR 32 to YR 33	$ 685,010								
Estimated MAI Carryover from YR 33 to YR 34	$ 1,603,925								

We're Listening

share your concerns with us.

HIV + STD Services Customer Support Line

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:
dhspsupport@ph.lacounty.gov

On the web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles Public Health
Division of HIV and STD Programs

Estamos Escuchando

Comparta sus inquietudes con nosotros.

Servicios de VIH + ETS
Línea de Atención al Cliente

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electronico:
dhspsupport@ph.lacounty.gov

En el sitio web:
http://publichealth.lacounty.gov/dhsp/QuestionServices.htm

County of Los Angeles
Public Health
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