LOS ANGELES COUNTY
COMMISSION ON HIV

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WOMEN'S CAUCUS
Virtual Meeting

Monday, July 17, 2023
2:00-4:00pm (PST)

Agenda and meeting materials will be posted on
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COMMISSION ON HIV

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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.)

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WOMEN'S CAUCUS

Virtual Meeting Agenda

Monday, July 17, 2023 @ 2:00-4:00PM

To Join by Computer or Smart Device:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m8376269d51902fe01847bde829310156
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1. WELCOME + INTRODUCTIONS + CHECK-IN 2:00 PM – 2:05 PM
2. EXECUTIVE DIRECTOR/STAFF REPORT 2:05 PM – 2:10 PM
   - Operational and Programmatic Updates
3. CO-CHAIR'S REPORT 2:10 PM – 2:15 PM
4. PRESENTATION 2:15 PM – 2:30 PM

   Pilot Study Centering Voices of Women of Color to Develop a Healthcare Provider Resource to Educate Practitioners Re: Lived Experiences & Need for Increased Linkages to Mental Health Services | Dr. Latoya Smalls, UCLA Hub for Health Intervention, Policy & Practice
5. DISCUSSION 2:30 PM – 3:45 PM
   - Loss, Grief & Healing Virtual Lunch & Learn Presentation | FOLLOW UP/FEEDBACK
   - 2019 Women's Caucus Recommendations & Program Directives | REVIEW
     - Childcare Services Request for Applications (RFA)
6. MEETING RECAP + NEXT MEETING AGENDA 3:45 PM – 3:50 PM
7. PUBLIC COMMENT + ANNOUNCEMENTS 3:50 PM – 4:00 PM
8. ADJOURNMENT 4:00 PM

LOS ANGELES COUNTY COMMISSION ON HIV

Women's Caucus Workplan 2023

Adopted January 23, 2023

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Women's Caucus will lead and advance throughout 2023.
CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2022-2026 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.
CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS

1	**2023 Virtual Lunch & Learn Series**	Identify topics centered around women living with and at risk for HIV and STDs to promote community engagement, awareness and education.	Ongoing	At its January 23, 2023 meeting, the Caucus suggested the following topics:
				• ~~Coping strategies for grief and loss from a positive mindset~~
				  ○ ~~Tools and interventions~~
				  ○ ~~Reframing perspective~~
				  ○ ~~Losing identity as result of diagnosis~~
				  ○ ~~Life Coach recommended as speaker~~
				  ○ ~~Be mindful of triggers; focus on coping tools than the trauma~~
				• Psychological Profile of HIV Diagnosis
				  ○ How diagnosis affects cognition
				  ○ How does long term HIV impact the brain
				  ○ Refer to Dr. Avendano-Morales for speaker recommendation

2	**Women-Centered HIV-Related Programming:** *Identify programs and services centered around women, assess their effectiveness in meeting the needs of women, provide specific strategies to address gaps.*	Psychosocial Support Services Programmatic Development: Propose recommendations for potential funding opportunities for Psychosocial Support Services through the Division of HIV and STD Programs (DHSP) Childcare Services	Ongoing	At the November 17, 2022 Caucus meeting, Paulina Zamudio requested feedback from the Caucus to assist in developing a Request for Proposal (RFP) for a women's peer support group. She was interested in knowing what elements need to be included and what models can be looked at for guidance. At its January 23, 2023 meeting, the Caucus provided recommendations to Paulina Zamudio for a women's peer support group. PZamduio reported that RFPs for childcare is pending the

				final review process by the County's contracts unit; will provide updates. The Childcare RFA was released 6/8/23.
3	**Women's Caucus 2019 Recommendations:** *Review for Updates and Implementation Status*	Review DHSP's Response to PP&A Directives which include the Caucus' recommendations.	Ongoing	Review DHSP's Response for updates and possible revisions to recommendations. Review to take place at the July 2023 Caucus meeting.
4	**Biomedical HIV Prevention for Women**	1.Request update from DHSP re: women-centric programming under the new biomedical prevention RFP 2. Plan awareness strategies	Ongoing	At its January 23, 2023 meeting, Paulina Zamudio reported that the biomedical HIV prevention work order was released which also requested proposals for programs and services that exclusively cater to cis-women; no proposals were received regarding programming for cis-women, however, three new providers were secured – will provide names of agencies. Paulina indicated that she would provide utilization data for these services in July 2023. Paulina further reported that a PrEP social media marketing campaign that will include women and biomedical HIV prevention will be launched 2023-2024 to support awareness and outreach.

2019 Women's Caucus-Key Highlights and Ideas for Directives

Top services identified by MCA and UCLA Clients: 1) family housing; 2) transportation; 3) benefits specialty; 4) mental health and substance use services

Directives ideas:

1. Augment contracts to add childcare and transportation to facilitate consistent engagement in care; this strategy would avoid releasing a stand-alone RFP for childcare and transportation; service providers should be given the flexibility to provide these services to all female or (or male clients with children) and are reimbursed for the services; could be a budget line item.

2. Fund more family housing for women and men with children.

3. Expand flexibility to provide emergency financial support for women and families. This too could be a contract augmentation. This is a strategy to keep people housed and prevent homelessness.

4. Fund women and family focused housing specialist

5. Advertise services; create resource directories for women. Women simply do not know where to go for services; make it available in print, online, and apps.

6. Provide comprehensive care including mental health at women-friendly clinics so that they do not have to travel to another location.

7. Fee for service is a barrier for agencies—assess the impact of the fee for service structure service delivery and quality of care

8. Fund mobile teams or mobile care units to serve women. Mobile teams would be available for all agencies and can link women to services; mobile teams would go to where women are at instead of expecting them to travel to multiple sites. Study Max-Plus model from Seattle

9. Support one-stop care sites for women and families.

10. Fund psychosocial services and support groups for women

11. Prevention services are typically male centric; need to create women-centered prevention services; many do not see them as "at-risk"

12. Have DHSP assess how funded agencies are addressing the needs of women; offer training for those requiring support and coaching.

13. Require that all contracted agencies create community advisory boards with women and/or give them meaningful roles in quality improvement committees.

14. Embed women-centered prevention services outside of usual HIV service agencies, such as domestic violence shelters and family planning clinics.

15. DHSP work with AETC to build upon public health detailing and train providers on what women-centered services look like (specific skill sets and service outcomes)

Other issues:
Some providers do not refer clients to other agencies for fear of losing that client/revenue. Address territorialism.

LOS ANGELES COUNTY COMMISSION ON HIV

APPROVED
COH Meeting 6-7-22

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

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

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

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

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

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

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

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

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

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

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

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

DHSP Response:

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

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

DHSP Response:

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

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

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

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

   DHSP Response:

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

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

   DHSP Response:

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

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

   DHSP Response:

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

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

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

DHSP Response:

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

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

DHSP Response:

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

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

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

DHSP Response:

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

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

   DHSP Response:

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

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

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

DHSP Response:

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

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

   DHSP Response:

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

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

   DHSP Response:

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

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

    DHSP Response:

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

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

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

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

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

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

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

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

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

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

DHSP Response:

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

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

DHSP Response:

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

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

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

DHSP Response:

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

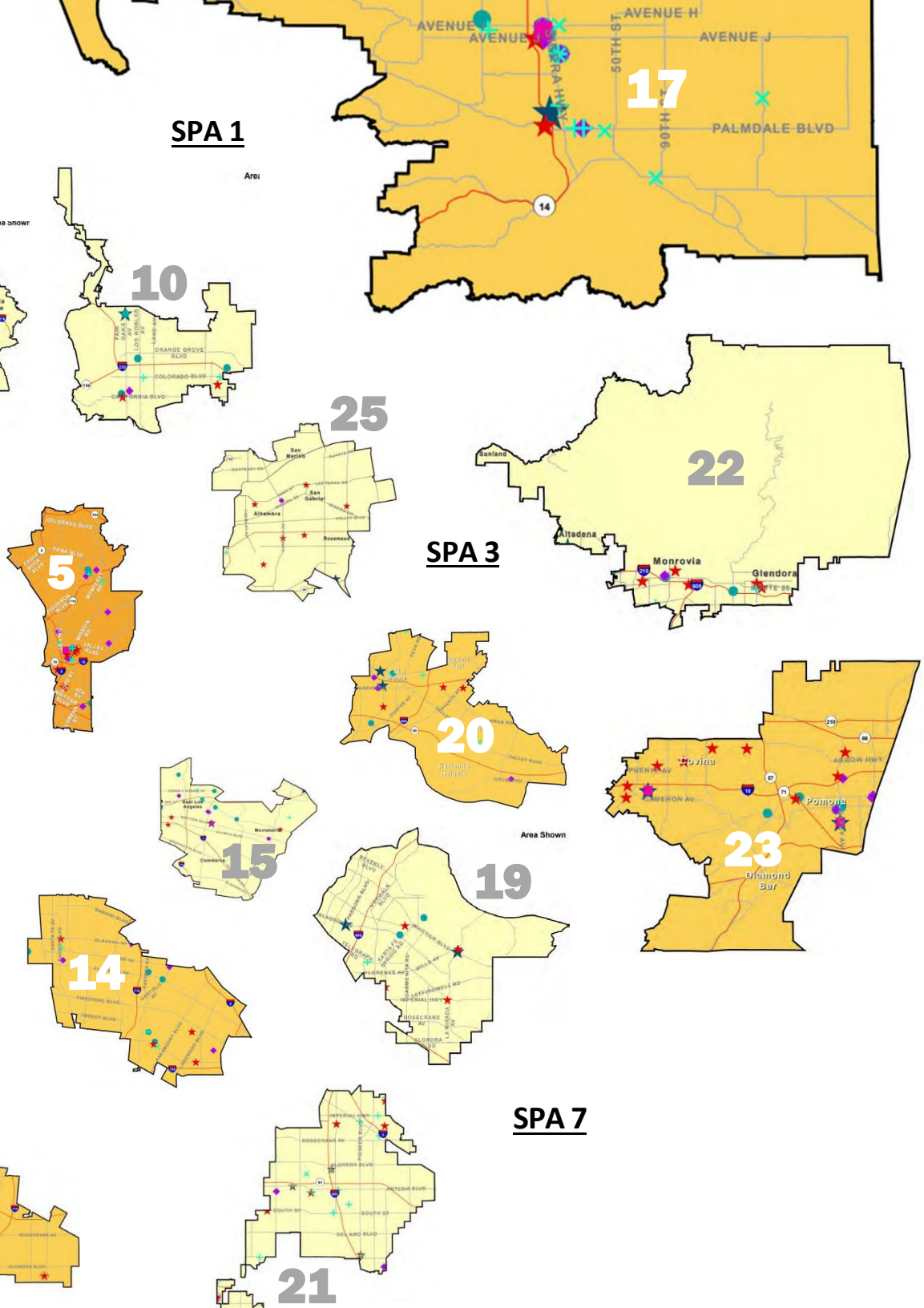
17. Integrate a geriatrician in medical home teams and establish a coordination process for specialty care services for older adults living with HIV.

DHSP Response:

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

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

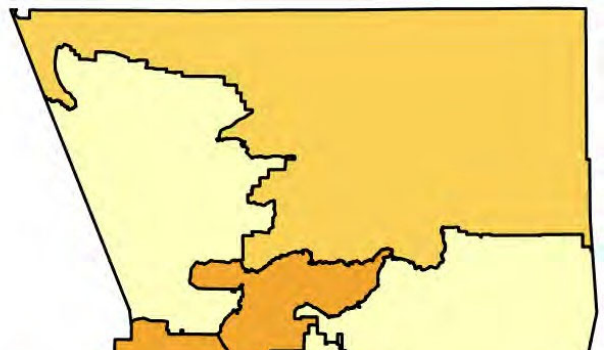
ons (PY 32) (1)				FY 2023 RW Allocations (PY 33)(2)			FY 2024 RW Allocation (PY 34)(2)		
	Part A %	MAI %	Total Part A/ MAI %	Part A %	MAI %	Total Part A/ MAI % (3)	Part A %	MAI %	Total Part A/ MAI % (3)
ies	0.96%	87.39%	8.33%	0.96%	87.39%		0.96%	87.39%	
	2.44%	12.61%	3.30%	2.44%	12.61%		2.44%	12.61%	
	25.51%	0.00%	23.33%	25.51%	0.00%		25.51%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		1.00%	0.00%	
	28.88%	0.00%	26.41%	28.88%	0.00%		28.00%	0.00%	
	4.07%	0.00%	3.72%	4.07%	0.00%		4.07%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	2.17%	0.00%	1.99%	2.17%	0.00%		2.17%	0.00%	
ed	8.95%	0.00%	8.19%	8.95%	0.00%		8.95%	0.00%	
	17.60%	0.00%	16.13%	17.60%	0.00%		17.48%	0.00%	
	0.95%	0.00%	0.87%	0.95%	0.00%		0.95%	0.00%	
	1.00%	0.00%	0.92%	1.00%	0.00%		1.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	6.78%	0.00%	6.21%	6.78%	0.00%		6.78%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.65%	0.00%	0.60%	0.65%	0.00%		0.65%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	
	100.0%	**100.00%**	**100%**	**100.0%**	**100.0%**	**0.00%**	**100.0%**	**100.00%**	**0.00%**



Los Angeles County HIV/AIDS Strategy Goals

By 2022:

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



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

STRATEGIES:

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

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

3. Integrate a geriatrician in medical home teams.

4. Establish coordination process for specialty care.

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

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

From Golden Compass Program

From Aging Task Force/Commission on HIV

Screenings & Assessment Definitions

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

Screening for Renal Disease

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

Screenings & Assessment Definitions (continued)

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

Other Suggestions from ATF/COH Discussions

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

Childcare Services for Ryan White Program Eligible Clients in Los Angeles County

STATEMENT OF WORK

1.0 DESCRIPTION

Contractor is responsible for implementing childcare services for RWP eligible clients with the goal of retaining clients with HIV in medical and social service care, in order to achieve and maintain viral suppression, improve overall health outcomes, and reduce forward transmission of HIV.

Childcare services for RWP eligible clients are essential towards removing one of the most significant barriers to accessing social services and health care affecting families of all races/ethnicities. It is difficult for many parents to leave their children in the care of others, leaving many parents to choose between caring for their children or attending medical and social service appointments. Other parents are forced to bring their children along to doctor and social services appointments which often results in parents losing their focus on the primary task of visiting their doctor or social service provider and becoming distracted by repeated interruptions. Parents who bring their children to doctor/ social services appointments may forget critical instructions, or not retain information discussed, which can lead to lower rates of medication compliance and a reluctance to keep follow-up appointments.

Parents benefit from the peace of mind and consistency that comes from quality childcare services. Having access to quality childcare services promotes continuity of care for persons living with HIV (PLWH) by maintaining consistent health care and social service visits and allowing parents to focus on their own health.

Childcare Services for RWP eligible clients provide time-limited childcare for the children of RWP eligible clients at the RWP service provider's office for the duration of the client's respective visit.

1.1 DHSP Program Goal and Objectives

Contractor is required to achieve the DHSP Goal and Objectives described in Table 1 below:

Table 1

PRIMARY GOAL:	Retaining people with HIV in medical and social service care in order to achieve and maintain viral suppression, improve overall health outcomes and reduce forward transmission of HIV.
PROGRAM GOALS:	Provide quality childcare services for RWP eligible clients for the duration of the client's respective doctor or social service visit.
PROGRAM OBJECTIVES:	Provide access to quality childcare services to promote continuity of care for PLWH.

2.0 DEFINITIONS

2.1 **Contractor's Project Director:** Contractor's designee serving as a point of contact for the County who has full authority to act for Contractor on all matters relating to the daily operation of the Contract.

2.2 **Contractor's Project Manager**: Contractor's designee responsible to administer contract operations and to liaise with the County after the contract award.

2.3 **County's Project Director**: Person designated by County with authority for County on contractual or administrative matters relating to this Contract that cannot be resolved by the County's Project Manager.

2.4 **County's Project Manager**: Person designated by County's Project Director to manage the operations under this Contract. Responsible for managing inspection of any and all tasks, deliverables, goods, services and other work provided by the Contractor.

2.5 **Day(s)**: Calendar Day(s) unless otherwise specified.

2.6 **Fiscal Year**: The 12-month period beginning July 1st and ending the following June 30th.

2.7 **Line-of-Sight Supervision**: Method of supervision where a child remains visible to the caregiver at all times. Caregivers do not have to be looking directly at the child, but staff must be able to see and notice all movement to ensure that children in their care remain safe and accounted for at all times.

3.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

COUNTY

3.1 Personnel

The County will administer the Contract according to Paragraph 22 of the Contract, Administration of Contract. Specific duties include:

3.1.1 Monitoring the Contractor's performance in the daily operation of the Contract.

3.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.

3.1.3 Preparing amendments in accordance with Paragraph 8 of the Contract, Alterations of Terms/Amendments.

CONTRACTOR

3.2 Personnel

3.2.1 As-needed Childcare Worker

3.2.1.1 Contractor must provide as-needed Childcare Worker(s) to perform childcare services within the Contractor's dedicated childcare area.

3.2.1.2 Contractor is required to conduct a background check of employees, as set forth in Paragraph 22D of the Contract, Background and Security Investigations. All costs associated with the background and security investigation will be borne by the Contractor.

3.2.1.3 Contractor's Childcare Worker(s) must be able to interact in a friendly, nonjudgmental and empathetic manner with children and families of diverse ethnic, cultural, and socio-economic backgrounds.

3.2.1.4 Minimum Qualifications of Childcare Workers

a. Must have a High School Diploma, successful completion of GED, or equivalent.
b. Complete training prior to providing childcare services as identified in Paragraph 3.4.1 of this Statement of Work.

3.2.1.5 Desirable Qualifications of Childcare Workers

a. Two years' experience providing childcare services.

3.3 Staffing

3.3.1 Contractor will assign a sufficient number of employees to perform the required work. At least one employee on site will be authorized to act for Contractor in assuring compliance with contractual obligations at all times

3.3.2 Prior to employment or provision of services, and annually (12 months) thereafter, Contractor must obtain and maintain documentation of tuberculosis screening for each employee, volunteer, subcontractor and consultant providing direct Childcare Services, according to Paragraph 18H of the Contract, Guidelines for Staff Tuberculosis Screening.

3.3.3 Contractor must provide County with a roster of all administrative and program staff, including titles, and contact information within 30 days of the effective date of the Contract.

3.3.4 Contractor must ensure annual performance evaluations are conducted on all staff budgeted and performing services under the Contract to ensure program staff are meeting job duties as required.

3.4 Training of Contractor's Staff

3.4.1 Contractor must ensure that all new employees and staff receive appropriate DHSP and/or State of California approved training as well as continuing in-service training for all employees mandated by the terms and conditions of the Contract.

a. As-needed Childcare Workers **must** successfully complete California Mandated Child Abuse and Neglect Reporter training prior to providing childcare services under this agreement. Courses are available in English and Spanish online at https://mandatedreporterca.com/training/child-care-providers.

b. As-needed Childcare Workers **must** successfully complete a Red Cross Child and Baby First Aid/CPR/AED course prior to providing childcare services under the Contract.

3.4.2 Contractor's childcare providers must maintain up-to-date knowledge and skill levels in accordance with their respective job duties and with the expanding literature and information regarding approaches in the required work.

3.4.3 All employees must be trained in their assigned tasks and in the safe handling of equipment as applicable when performing services under the Contract. All equipment will be checked daily for safety. All employees must wear safety and protective gear according to OSHA standards.

3.5 Approval of Contractor's Staff

3.5.1 County has the absolute right to approve or disapprove all of Contractor's staff performing work hereunder, and any proposed changes in Contractor's staff, including, but not limited to, Contractor's Program Director.

3.5.2 Contractor must remove and replace personnel performing services under the Contract within 30 days of the written request of the County. Contractor will send County written confirmation of the removal of the personnel in question.

3.6 Staff Retention Policies and Procedures

Contractor must demonstrate recruitment and retention of staff and will provide County a staff retention policies and procedures plan within 30 days of the Contract start date.

3.7 Uniforms/Identification Badges

3.7.1 Dress code for As-needed Childcare Workers to be defined by the Contractor.

3.7.2 Contractor must ensure employees are appropriately identified as set forth in Paragraph 22C of the Contract, Contractor's Staff Identification.

3.8 Materials, Supplies and/or Equipment

3.8.1 The purchase of all materials, supplies, and or equipment to provide the needed services is the responsibility of the Contractor. Contractor will use materials, equipment, and or supplies that are safe for the environment and safe for use by employees and children. Such materials, supplies, equipment, etc., must be clearly identified in the program budget and must be approved in advance by the DHSP Director in order to be eligible for cost reimbursement.

3.8.2 In no event will the County be liable or responsible for payment for materials or equipment purchased absent the required prior written approval.

3.8.3 Any and all materials and equipment purchased under the Contract are the property of the County and must be returned to County in good working order at the end of the Contract.

3.9 Contractor's Office

Contractor will maintain an office with a telephone in the company's name where Contractor conducts business. The office must be staffed during the hours of 8 a.m. to 5 p.m., Monday through Friday, by at least one employee who can respond to inquiries and complaints which may be received about Contractor's performance of the Contract. When the office is closed, an answering service will be provided to receive calls and take messages. Contractor must answer calls received by the answering service within 24 hours of receipt of the call.

Contractor's office will be welcoming, supportive and ensure the safety of children in care with the goal of providing peace of mind for parents. Contractor must have a specified area within its office dedicated to the provision of childcare services. **Childcare services can only be provided to parents and guardians who are on the same premises as the site of childcare services.** Dedicated childcare services area(s) will be a peanut-free area.

3.9.1 **Contractor's Facility**: Contractor must maintain each facility in good repair to facilitate high quality, appropriate services. Contractor's childcare services area and location must satisfy each of the following requirements:

a. Meets Americans with Disabilities Act requirements for accessibility;
b. Is near public transportation;
c. Open during client-friendly hours (e.g., evenings, weekends);
d. Free parking is available;
e. All equipment needed is in working order;
f. Privacy at the front (sign-in area) or reception desk;
g. Free of graffiti and trash on grounds and in facility;

h. Security provided outside and inside the facility;
i. Clear, distinct outside signage; and
j. Facilities are clean, well-lit, and clearly marked indicating location of services.

3.9.2 Contractor will request approval from DHSP, in writing, a minimum of 30 days before terminating services at any location(s) and/or before commencing services at any other location(s). Contractor must obtain prior written approval from DHSP before commencing services at a new location.

A memorandum of understanding will be required for service delivery sites on locations or properties not owned or leased by Contractor with the entity that owns or leases such location or property. Contractor must submit all memoranda of understanding to DHSP for approval at least 30 days prior to contract execution.

3.9.3 **Emergency and Disaster Plan:**

Contractor must submit to DHSP, within 30 days of the execution of the Contract, an emergency and disaster plan describing procedures and actions to be taken in the event of an emergency, disaster, or disturbance in order to safeguard Contractor's staff and clients.

3.10 People with HIV/AIDS Bill of Rights and Responsibilities

The County will administer the Contract according to Paragraph 18P of the Contract, People with HIV/AIDS Bill of Rights and Responsibilities.

If Contractor chooses to adapt this Bill of Rights document in accordance with Contractor's own document, Contractor must demonstrate to DHSP, upon request, that Contractor fully incorporated the minimum conditions asserted in the Bill of Rights document.

3.11 Emergency Medical Treatment

3.11.1 Contractor will arrange immediate transport for any client receiving services who require emergency medical treatment for physical illness or injury.

3.11.2 Contractor must have written policies for staff regarding how to notify parents in the event of an emergency as well as how to access emergency medical treatment for clients. Such written policies must be provided to DHSP.

3.12 County's Commission on HIV

All services provided under the Contract should be in accordance with the standards of care as determined by the County of Los Angeles Commission on HIV (Commission). Contractor will actively view the Commission website (http://hiv.lacounty.gov) and where possible participate in the deliberations and respectful dialogue of the Commission to assist in the planning and operations of HIV prevention and care services in LAC.

3.13 Client Feedback

All services provided under the Contract are subjected to regular client feedback.

Contractor will develop and maintain ongoing efforts to obtain input from clients in the design and/or delivery of services.

3.14.1 In order to obtain input from clients served, Contractor must regularly implement and establish one or more of the following:

a. Satisfaction survey tool;
b. Focus groups with analysis and use of documented results;
c. Public meeting with analysis and use of documented results;
d. Visible suggestion box; or
e. Other client input mechanism.

3.14 Ryan White Service Standards

3.14.1 Contractor must develop policies and procedures to ensure that services to clients are not denied based upon client's:

a) Inability to produce income documentation;
b) Non-payment of services (no fees must be charged to individuals eligible to receive services under the Contract); or
c) Requirement that eligible clients above the FPL be charged at least $1 annually to access Childcare Services while clients at or below the FPL are not charged to access Childcare Services.

Additionally, financial screening must be done (if applicable) in a culturally appropriate manner to assure that administrative steps do not present a barrier to care, and the process does not result in denial of services to eligible clients.

3.14.2 Contractor must develop a plan for provision of services to ensure that clients are not denied services based upon pre-existing and/or past health conditions. This plan must include, but is not limited to:

a. Maintaining files of eligibility and clinical policies;
b. Maintaining files on individuals who are refused services and the reason for the refusal.
c. Documentation of eligibility and clinical policies to ensure they do not:
    i. Permit denial of services due to pre-existing conditions;
    ii. Permit denial of services due to non-HIV related conditions (primary care); and
    iii. Provide any other barriers to care due to a person's past or present health condition.

3.14.3 Contractor must develop and maintain written policies for the following:

a. Employee code of ethics;

b. Corporate compliance plan (for Medicare and Medicaid professionals);
c. Ethics standards or business conduct practices;
d. Discouraging soliciting cash or in-kind payment for awarding contracts, referring clients, purchasing goods or services, or submitting fraudulent billing;
e. Discouraging hiring of persons with a criminal record, and persons being investigated by Medicare or Medicaid;
f. Anti-kickback policies with implications; appropriate uses, and application of safe harbor laws. Additionally, contractor must comply with Federal and State anti-kickback statutes, as well as the "Physician Self-Referral Law" or similar regulations; and
g. Plan that outlines reporting of possible non-compliance and information regarding possible corrective action and/or sanctions which might result from non-compliance.

3.15 Screen for Ryan White Program Eligibility

Childcare Services are limited to RWP eligible clients with incomes at 500% or less of the federal poverty level (FPL). For unique cases where RWP eligible clients with incomes above 500% FPL have a documented need for childcare services, providers may consult with DHSP's Childcare Services Program Manager and request a waiver of this requirement. Please see https://aspe.hhs.gov/poverty-guidelines for more information regarding FPL.

By law, Ryan White HIV/AIDS Treatment Modernization Act of 2009 is the payer of last resort. As such, providers are required to determine and verify an individual's eligibility for services from all sources (See Attachment I, Ryan White Program Eligibility Documentation and Verification) to ensure the individual is provided the widest range of needed medical and support services. This means a provider must coordinate benefits and ensure that the individual's eligibility for other private or public programs is determined at the time of intake. Eligibility needs are to be reconfirmed every twelve (12) months to determine if the client's eligibility status for any other funding sources has changed. Providers will be required to verify what steps were taken to ensure Ryan White is the payer of last resort.

3.15.1 Every 12 months, Contractor must verify the availability of client health insurance coverage (e.g., Medi-Cal, private, Medicare, etc.).

3.15.2 Additional eligibility documentation must include, but not be limited to:

a. HIV-positive diagnosis;
b. Proof of LAC residency every twelve (12) months;
c. Verification of client's income every twelve (12) months;

d. A signed and dated Release of Information, which is compliant with HIPAA, will be conducted annually; and
e. A signed and dated Limits of Confidentiality in compliance with State and federal Law
f. A signed and dated agency grievance procedures.

3.16 Provide Culturally Appropriate and Linguistically Competent Services

3.16.1 Contractor must provide childcare services with non-judgmental, culturally affirming attitudes that convey a culturally and linguistically competent approach that is appropriate for each client.

4.0 SPECIFIC WORK REQUIREMENTS

Primary responsibilities and/or services to be provided by the Contractor include, but are not limited to, the following:

4.1 Deliver Childcare Services for RWP Eligible Clients in LAC

Contractor will deliver time-limited childcare for the children of RWP eligible clients. Childcare services must be performed at dedicated area within the Contractor's office for the duration of the client's respective medical or social service visit.

4.1.1 Contractor must obtain client's written consent to provide childcare services.

4.1.2 Childcare services will be short-term, lasting no longer than **3 hours** per doctor or social service visit.

4.1.3 Childcare services will be conducted within a well-defined area within the Contractor's office at the same physical location as the parent/client's appointment. **At no time will the parent/client be located in a separate building as their child(ren) receiving childcare services by Contractor.**

4.1.4 Childcare services caregivers will utilize line-of-sight supervision when caring for children.

4.1.5 Appropriate child to as-needed childcare worker ratios must be maintained during all hours of program operation. Child to as-needed childcare worker ratios should be determined by the age of the majority of children being supervised and the needs of children present, according to the table below:

CHILDCARE SERVICES	
Age	Maximum Child: As-needed Childcare Worker Ratio
≤ 12 months	4:1
13-23 months	4:1
24-35 months	6:1
3-year-olds	7:1
4 to 5-year-olds	8:1
6 to 14-year-olds	8:1

In settings where there are mixed age groups that include infants and toddlers, a maximum ratio of 6:1 will be maintained when no more than two of these children are 24 months or younger. If all children in care are under 24 months, a maximum ratio of 4:1 will be maintained and no more than two of these children will be 18 months or younger. If all children in care are 3 years old, a maximum ratio of 7:1 will be preserved. If all children in care are 4 to 5 years of age, a maximum ratio of 8:1 will be maintained. If all children in care are 6 to 14 years of age, a maximum ratio of 8:1 will be maintained.

Children with special health care needs or who require more attention due to certain disabilities may require additional staff on-site, depending on their needs and the extent of their disabilities. Contractor must inform DHSP when additional staff are required to adequately care for children.

4.1.6 Contractor will ensure its program minimizes the risk of food allergen exposure to children under its care. I Contractor will not provide food or snacks to children and will ensure that children under its care do not bring food or snacks into their facility. As-needed Childcare Workers will not administer bottle-feedings for infants or toddlers in their care.

4.1.7 Contractor will establish protocols to ensure that children in its care do not share water bottles brought by the child's respective parent/guardian. Contractor will not wash, fill, or furnish water bottles for children in its care.

4.1.8 Contractor staff will not change diapers or accompany children under their care to the bathroom. Contractor will establish protocols to notify the parent/client as to child's bathroom needs where the parent/client will care for child's bathroom needs as appropriate.

4.1.9 Contractor will establish protocols to notify parent/clients as to behavioral issues including aggression or other behavior that disrupts, interrupts, or interferes with another person. As-needed Childcare Workers can

provide positive redirection and emotional support to children in their care as needed.

Discipline will be only provided by the child's parent. At no time will parents be made to feel judged or criticized for their child's behavior. As-needed Childcare Workers will be supportive of parents and children under their care.

5.0 ADDITION/DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

5.1 Contractor must obtain permission from Director, DHSP or designee at least 60 days prior to the addition/deletion of service facilities, specific tasks, and/or work hour adjustments.

5.2 All changes must be made in accordance with Paragraph 8 of the Contract, Alteration of Terms/Amendments.

6.0 HOURS/DAY OF WORK

Contractor will provide Childcare Services during the hours that are the most effective and convenient for the population served. Hours may be the standard Monday through Friday, between 8:00 a.m. to 5:00 p.m., but may also include alternate hours such as evenings, late nights, and weekends. Contractor is not required to provide services on the following County-recognized holidays: New Year's Day; Martin Luther King Jr's Birthday; Presidents' Day; Cesar Chavez Day; Memorial Day; Juneteenth; Independence Day; Labor Day; Indigenous People's Day; Veterans Day; Thanksgiving Day; Friday after Thanksgiving; and/or Christmas.

7.0 WORK SCHEDULES

7.1 Contractor will maintain a work schedule for each location/facility and submit to the County Project Manager upon request. Said work schedules will be set on an annual calendar identifying all the required on-going maintenance tasks and task frequencies. The schedules will list the time frames of the tasks to be performed by day of the week and morning, afternoon, and/or evening hours.

7.1.1 As an example, Contractors may plan on providing Childcare Services at their office on the 3rd Thursday of the month for three hours, or some other set schedule that works for Contractor and clients with children. Schedules may be modified as needed, as described below.

7.2 Contractor will notify County Project Manager when actual performance differs substantially from planned performance. Said revisions will be submitted to the County Project Manager within 30 working days prior to scheduled time for work.