LOS ANGELES COUNTY
COMMISSION ON HIV

Visit us online: http://hiv.lacounty.gov
Get in touch: hivcomm@lachiv.org
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COMMISSION ON HIV
Virtual Meeting

Thursday, September 8, 2022
9:00am-1:00pm (PST)

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

TO REGISTER & JOIN BY COMPUTER/SMART DEVICE:

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=e2fb99c762fac9abc4626a3bae6b17674

**Link is for non-Commissioners/members of the public*

TO JOIN BY PHONE:

1-415-655-0001 US Toll Access Code: 2596 936 8299

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

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

LIKE WHAT WE DO?

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

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

Thursday, September 8, 2022 | 9:00 AM – 1:00 PM
To Register + Join by Computer:
https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/onstage/g.php?MTID=e2fb99c762fac9abc4626a3bae6b17674
***link is for members of the public only**
To Join by Telephone: 1-415-655-0001 Access code: 2596 936 8299

AGENDA POSTED: September 2, 2022

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

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

ATTENTION: Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For information, call (213) 974-1093.

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

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

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

LOS ANGELES COUNTY
COMMISSION ON HIV

1. ADMINISTRATIVE MATTERS

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

2. REPORTS - I

A. Executive Director/Staff Report 9:20 AM – 9:25 AM
   (1) County/Commission Operations | UPDATES
      a. Board of Supervisors' (BOS) 30-Day Extension for Virtual Meetings
   (2) November 10, 2022, Annual Meeting Planning

B. Co-Chairs' Report 9:25 AM – 9:45 AM
   (1) 2023 COH Co-Chair Open Nominations & Election **MOTION #3**
   (2) Membership Vacancies
   (3) Presidential Advisory Council for HIV/AIDS (PACHA) in Los Angeles | Sept 19-20
   (4) Ryan White Program Conference | FEEDBACK

C. California Office of AIDS (OA) Report (Part B Representative) 9:45 AM – 9:50 AM
   (1) OAVoice Newsletter Highlights

D. LA County Department of Public Health Report (Part A Representative) 9:50 AM – 10:10 AM
   (1) Division of HIV/STD Programs (DHSP) Updates
      a. Programmatic and Fiscal Updates
      b. RWP Parts A & B
      c. Monkeypox Briefing Update

E. Housing Opportunities for People Living with AIDS (HOPWA) Report 10:10 AM – 10:15 AM

F. Ryan White Program Parts C, D, and F Report 10:15 AM – 10:20 AM

G. Cities, Health Districts, Service Planning Area (SPA) Reports 10:20 AM – 10:45 AM
   (1) City of Long Beach Syringe Services Programs (SSP) Workgroup

BREAK 10:45 AM – 10:55 AM

LOS ANGELES COUNTY
COMMISSION ON HIV

3. REPORTS - II 10:55 AM – 12:30 PM

A. Planning, Priorities and Allocations (PP&A) Committee
   (1) 2022-2026 Comprehensive HIV Plan (CHP) | UPDATES
   (2) Multi-Year Reallocation & Contingency Planning

B. Standards and Best Practices (SBP) Committee
   (1) Benefit Specialty Service Standards | **MOTION #4**
   (2) Home Based Case Management Service Standards | **MOTION #5**
   (3) Oral Health Service Standards: Dental Implants Addendum | UPDATES
   (4) Special Populations Best Practices Project | UPDATES

C. Operations Committee
   (1) Membership Management
      a. Renewals
      b. New Membership Applications
      c. Interview Process Update
      d. Attendance Awards
   (2) Policy & Procedure Review
      a. 2-Person/Per Agency Rule
      b. Bylaws
   (3) Recruitment, Outreach & Engagement

D. Public Policy Committee (PPC)
   (1) County, State and Federal Policy, Legislation, and Budget
      a. 2022-23 Legislative Docket | UPDATES
      b. 2022 Policy Priorities | UPDATES
      c. LA County STD Crisis | UPDATES

E. Caucus, Task Force and Work Group Report 12:30 PM – 12:45 PM
   (1) Aging Caucus | October 4 @ 1PM
   (2) Black/African American Caucus | September 15 @ 4PM
   (3) Consumer Caucus | September 8 @ 3PM
   (4) Prevention Planning Workgroup | September 28 @ 4PM
   (5) Transgender Caucus | September 27 @ 10AM
   (6) Women's Caucus
      a. Special Virtual Lunch & Learn 2-Part Series: September 21 @ 5PM & October 17 @ 12PM

LOS ANGELES COUNTY
COMMISSION ON HIV

4. MISCELLANEOUS

A. Public Comment 12:45 AM – 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 via https://www.surveymonkey.com/r/PUBLIC_COMMENTS .

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 September 8, 2022.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Commission meeting minutes, as presented or revised.
MOTION #3:	Approve 2023 Co-Chair, as elected.
MOTION #4:	Approve Benefit Specialty Service Standards, as presented or revised.
MOTION #5:	Approve Home-Based Case Management Service Standards, as presented or revised.

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION ON HIV MEMBERS:			
Danielle Campbell, MPH, Co-Chair	*Bridget Gordon, Co-Chair*	Miguel Alvarez	Everardo Alvizo, LCSW
Jayda Arrington	Al Ballesteros, MBA	Alasdair Burton (*Alternate)	Michael Cao, MD
Mikhaela Cielo, MD	Erika Davies	Kevin Donnelly	Felipe Findley, PA-C, MPAS, AAHIVS
Alexander Luckie Fuller	Jerry D. Gates, PhD	Joseph Green	Thomas Green
Felipe Gonzalez	Karl Halfman, MA	William King, MD, JD, AAHIVS	Lee Kochems, MA
Jose Magaña (*Alternate)	(Eduardo Martinez, *Alternate)	Anthony Mills, MD	Carlos Moreno
Derek Murray	Dr. Paul Nash, CPsychol, AFBPsS FHEA	Katja Nelson, MPP	Jesus “Chuy” Orozco
Mario J. Pérez, MPH	Mallery Robinson (*Alternate)	Ricky Rosales	Harold Glenn San Agustin, MD
Martin Sattah, MD	LaShonda Spencer, MD	Kevin Stalter (LoA)	Justin Valero, MPA
MEMBERS:	**35**		
QUORUM:	**18**		

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

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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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CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

Approved (11/12/1998); Revised (2/10/2005; 9/6/2005); **Revised (4/11/19; 3/3/22)**

LOS ANGELES COUNTY COMMISSION ON HIV

2022 MEMBERSHIP ROSTER| UPDATED 8.8.22

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

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: 36

LOS ANGELES COUNTY
COMMISSION ON HIV

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ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: August 8, 2022
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= 5**		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Bridget Gordon	**Co-Chair, Comm./Exec.***	**Commissioner**
Danielle Campbell	**Co-Chair, Comm./Exec.***	**Commissioner**
Al Ballesteros	Co-Chair, PP&A	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Kevin Donnelly	Co-Chair, PP&A	Commissioner
Alexander Fuller	Co-Chair, Operations	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Kevin Stalter *(LOA)*	Co-Chair, SBP	Commissioner
Justin Valero	Co-Chair, Operations	Commissioner

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

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 1 2| Number of Quorum= 7		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Donnelly	**Committee Co-Chair***	Commissioner
Al Ballesteros	**Committee Co-Chair***	Commissioner
Felipe Gonzalez	*	Commissioner
Joseph Green	*	Commissioner
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Miguel Martinez, MPH	**	Committee Member
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Jesus "Chuy" Orozco	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
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= 9 | Number of Quorum= 5		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Lee Kochems, MA	**Committee Co-Chair***	Commissioner
Katja Nelson, MPP	**Committee Co-Chair***	Commissioner
Alasdair Burton	*	Alternate
Felipe Findley, MPAS, PA-C, AAHIVS	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Eduardo Martinez	**	Alternate
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Courtney Armstrong	DHSP staff	DHSP

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 = 11 | Number of Quorum = 6		
COMMITTEE MEMBER	**MEMBER CATEGORY**	**AFFILIATION**
Kevin Stalter *(LOA)*	**Committee Co-Chair***	**Commissioner**
Erika Davies	**Committee Co-Chair***	**Commissioner**
Michael Cao, MD	*	Commissioner
Mikhaela Cielo, MD	*	Commissioner
Thomas Green	**	Alternate
Mark Mintline, DDS	*	Committee Member
Paul Nash, CPsychol, AFBPsS, FHEA	*	Commissioner
Mallery Robinson	*	Alternate
Harold Glenn San Agustin, MD	*	Commissioner
Ernest Walker *(LOA)*	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

Regular meeting day/time: 2nd Thursday of Each Month; Immediately Following Commission Meeting
Co-Chairs: Alasdair Burton & Ishh Herrera
Open membership to consumers of HIV prevention and care services

AGING TASK FORCE (ATF)

Regular meeting day/time: 1st Tuesday of Each Month @ 1pm-3pm
Co-Chairs: Al Ballesteros, MBA & Joe Green
Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Every Other Month @ 10am-12pm
Co-Chairs: Isabella Rodriguez & Xelestial Moreno
Open membership

WOMEN'S CAUCUS

Regular meeting day/time: 3rd Monday of Each Month @ 9:30am-11:30am
Co-Chairs: Shary Alonzo & Dr. Mikhaela Cielo
Open membership

PREVENTION PLANNING WORKGROUP

Regular meeting day/time: 4th Wednesday of Each Month @ 5:30pm-7:00pm
Chair: Miguel Martinez, Dr. William King & Greg Wilson
Open membership

LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 8/31/22

The following list identifies "conflicts-of-interest" for Commission members who represent agencies with Part A/B –and/or CDC HIV Prevention-funded service contracts with the County of Los Angeles. According to Ryan White legislation, HRSA guidance and Commission policy, Commission members are required to state their "conflicts-of-interest" prior to priority- and allocation-setting and other fiscal matters concerning the local HIV continuum of care, and to recuse themselves from discussions involving specific service categories for which their organizations have service contracts.

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	**Miguel**	No Affiliation	No Ryan White or prevention contracts
ALVIZO	**Everardo**	Long Beach Health & Human Services	Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			HIV and STD Prevention
			HIV Testing Social & Sexual Networks
			HIV Testing Storefront
ARRINGTON	**Jayda**	Unaffiliated consumer	No Ryan White or prevention contracts
BALLESTEROS	**Al**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis, and Treatment
			Health Education/Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
BURTON	**Alasdair**	No Affiliation	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	**Danielle**	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CAO	**Michael**	Golden Heart Medical	No Ryan White or prevention contracts
CIELO	**Mikhaela**	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DAVIES	**Erika**	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	**Felipe**	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	**Luckie**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
GATES	**Jerry**	AETC	Part F Grantee

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GONZALEZ	**Felipe**	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	**Bridget**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Joseph**	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	**Thomas**	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	**Karl**	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	**Lee**	Unaffiliated consumer	No Ryan White or prevention contracts
KING	**William**	W. King Health Care Group	No Ryan White or prevention contracts
MAGANA	**Jose**	The Wall Las Memorias, Inc.	HIV Testing Storefront
			HIV Testing Social & Sexual Networks
MARTINEZ	**Eduardo**	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			STD Screening, Diagnosis and Treatment
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
			Medical Subspecialty
			HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	**Miguel**	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	**Anthony**	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEx-C)
			Transportation Services
MINTLINE (SBP Member)	**Mark**	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
MORENO	**Carlos**	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			STD Screening, Diagnosis and Treatment
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	**Derek**	City of West Hollywood	No Ryan White or prevention contracts
NASH	**Paul**	University of Southern California	Biomedical HIV Prevention
			Oral Healthcare Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
NELSON	**Katja**	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEx-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
			Nutrition Support
OROZCO	**Jesus ("Chuy")**	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
PERÉZ	**Mario**	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
ROBINSON	**Mallery**	We Can Stop STDs LA (No Affiliation)	No Ryan White or prevention contracts
ROSALES	**Ricky**	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	**Martin**	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
SAN AGUSTIN	**Harold**	JWCH, INC.	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral…(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
SPENCER	**LaShonda**	Oasis Clinic (Charles R. Drew University/Drew CARES)	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			Medical Care Coordination (MCC)
STALTER	**Kevin**	Unaffiliated consumer	No Ryan White or prevention contracts
VALERO	**Justin**	No Affiliation	No Ryan White or prevention contracts
WALKER	**Ernest**	No Affiliation	No Ryan White or prevention contracts

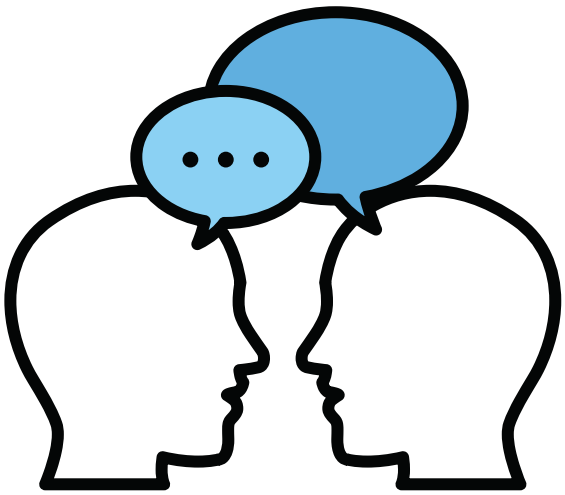
LOS ANGELES COUNTY
COMMISSION ON HIV

Los Angeles County Commission on HIV Training Schedule 2022

Come learn with us!

All trainings are open to the public. Virtual study hours will be available for all commissioners and members of the public who have any questions about the purpose and functions of the Commission on HIV.

Trainings are mandatory for all Commissioners.



March 29
General Orientation
Commission on HIV Overview
3:00 - 4:30 PM - Register here.

April 12
Virtual Study Hour
3:00 - 4:00 PM - Register here.

July 21
Ryan White Care Act Legislative Overview
Membership Structure and Responsibilities
3:00 - 4:30 PM - Register here.

August 17
Virtual Study Hour
3:00 - 4:00 PM - Register here.

September 15
Priority Setting and Resource Allocation Process
Service Standards Development
3:00 - 4:30 PM - Register here.

October 20
Virtual Study Hour
3:00 - 4:00 PM - Register here.

November 16
Policy Priorities and Legislative Docket Development Process
4:00 - 5:00 PM - Register here.

November 17
Co-Chair Roles and Responsibilities (Virtual live)
4:00 - 5:00 PM - Register here.

December 13
Virtual Study Hour
3:00 - 4:00 PM - Register here.

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

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

COMMISSION ON HIV (COH) VIRTUAL MEETING MINUTES

August 11, 2022

COMMISSION MEMBERS P=Present | A=Absent | EA=Excused Absence									
Miguel Alvarez	P	Everardo Alvizo, MSW	P	Jayda Arrington	P	Al Ballesteros, MBA	P	Alasdair Burton (*Alt*)	P
Danielle Campbell	P	Michael Cao, MD	P	Mikhaela Cielo, MD	P	Erika Davies	A	Kevin Donnelly	P
Felipe Findley, PA-C, MPAS, AAHIVS	P	Alexander Luckie Fuller	A	Jerry D. Gates, PhD	P	Bridget Gordon	P	Joseph Green	P
Thomas Green	P	Felipe Gonzalez	P	Karl Halfman, MA	P	William King, MD, JD, AAHIVS	A	Lee Kochems, MA	P
Jose Magaña *(Alt)*	A	Eduardo Martinez *(Alt)*	P	Anthony Mills, MD	P	Carlos Moreno	P	Derek Murray	A
Dr. Paul Nash, CPsychol, AFBPsS, FHEA	P	Katja Nelson, MPP	P	Jesus "Chuy" Orozco	P	Mario J. Pérez, MPH	P	Mallery Robinson *(Alt)*	A
Ricky Rosales	P	Harold Glenn San Agustin, MD	P	Martin Sattah, MD	A	LaShonda Spencer, MD	P	Kevin Stalter *(LoA)*	P
Justin Valero, MPA	P								

COMMISSION STAFF & CONSULTANTS
Cheryl Barrit, Catherine Lapointe, Dawn McClendon, Jose Rangel-Garibay, Sonja Wright
DIVISION OF HIV AND STD PROGRAMS (DHSP) STAFF
Pamela Ogata

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

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

Meeting agenda and materials can be found on the Commission's website at:
https://hiv.lacounty.gov/meetings/

1. **ADMINISTRATIVE MATTERS**
   - **A. CALL TO ORDER, ROLL CALL, & INTRODUCTIONS:** Danielle Campbell, Co-Chair, called the meeting to order at 9:07 AM. Cheryl Barrit, Executive Director, conducted roll call.
     ROLL CALL (PRESENT): M. Alvarez, J. Arrington, A. Ballesteros, A. Burton, M. Cao, M. Cielo, K. Donnelly, J. Gates, J. Green, T. Green, G. Gonzalez, K. Halfman, L. Kochems, A. Mills, C. Moreno, P. Nash, H. San Agustin, L. Spencer, D. Campbell, and B. Gordon

B. MEETING GUIDELINES AND CODE OF CONDUCT: D. Campbell went over meeting guidelines, Codes of Conduct, and speaking limits for Commissioners and public comments.

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

D. APPROVAL OF MEETING MINUTES
MOTION #2: Approve the July 14, 2022 Commission on HIV Meeting Minutes, as presented or revised ***(✓Passed by Consensus)***

2. REPORTS – I

A. EXECUTIVE DIRECTOR/STAFF REPORT

(1) County/Commission Operations | UPDATES

- C. Barrit notified the Commission on HIV (COH) that on August 9, 2022, the Board of Supervisors (BOS) voted to extend the continuation of virtual meetings for the next 30 days.
- C. Barrit announced that several commissioners need to submit their Form 700 to COH staff as soon as possible.
- The virtual Ryan White (RW) Conference will take place from August 23-26, 2022. The conference conflicts with the Operations Committee and Executive Committee meetings on August 25th. To allow for commissioners to attend the conference, the Operations Committee meeting will be rescheduled. The Executive Committee is deciding if their meeting will be rescheduled as well.
- C. Barrit informed the COH that Edgar Antonio Romero-Stalter, husband of commissioner Kevin Stalter, passed away on August 1, 2022. C. Barrit and Jose Rangel-Garibay read a tribute to honor the life of E. Romero-Stalter. K. Stalter thanked the COH for their support during this difficult time. Meeting attendees were invited to donate to a GoFundMe to assist with funeral expenses. The page can be found here: https://www.gofundme.com/f/edgar-romero-family-fund?utm_campaign=p_lico+share-sheet&utm_medium=copy_link&utm_source=customer.

B. CO-CHAIRS' REPORT

(1) Membership Renewal, Resignations, Vacancies

- D. Campbell thanked former commissioners Juan Preciado, Frankie Darling-Palacios, Reba Stevens, Michele Daniels, Gerald Garth, and Isabella Rodriguez for their contributions to the COH. G. Garth will continue to serve as co-chair of the Black Caucus and I. Rodriguez will continue to serve as co-chair of the Transgender Caucus.
- D. Campbell noted that there are several vacancies on the COH. Agencies are encouraged to support their clients to apply to be on the COH for unaffiliated consumer seats. To qualify for any of the unaffiliated consumer seats, applicants must meet the following criteria defined by the Ryan White CARE Act: 1) be a person living with HIV; and 2) receiving Ryan White Part A services in LA County and 3) not employed, serve on the Board, or act as a consultant for any agency receiving Ryan White Part A funding from the County. The following seats are vacant, and applications are accepted on an ongoing basis:
  - Unaffiliated consumers for Service Planning Areas (SPAs) 1, 2, 3, 4, and 7

- Unaffiliated consumers for supervisorial districts 1, 2, 3, 4, and 5
- 1 unaffiliated consumer at-large
- 1 Part C representative
- 1 provider representative
- 3 HIV stakeholders
- 1 local health or hospital planning agency

(2) 2023 COH Co-Chair Open Nomination

- D. Campbell announced that open nominations for the COH co-chair position are open until the September COH meeting, when elections will take place. The co-chair positions are staggered over two years. D. Campbell's term will end at the end of 2022.
- Joe Green and Jayda Arrington nominated D. Campbell for the position. D. Campbell nominated J. Arrington.

(3) LA County Department of Health Services (DHS) Decision to No Longer Accept Ryan White Program Funding | UPDATES

- On July 18, 2022, COH staff, Co-chairs, and several commissioners met with leadership from the Department of Health Services (DHS) and the Department of Public Health (DPH) to discuss DHS' decision to longer bill the Ryan White Program (RWP) for HIV specialty services. Dr. Christina Ghaly, DHS Director, assured the COH that this is solely a billing and claims issue and will not negatively impact people living with HIV (PLWH) in LA County. DHS received guidance from County Counsel stating that since RWP is a payer of last resort, they are not legally permitted to claim costs under RWP and as a result, will use the Medicaid 1115 waiver instead and other funding sources, i.e., global payment program, to pay for HIV services. Dr. Ghaly emphasized that there will be no negative impact to clients and was open to COH's request to provide clinical and qualitative data comparing HIV patient clinical outcomes before and after the billing change. As an immediate next step, the Planning, Priorities and Allocations (PP&A) Committee requested client utilization data from DHS and DHSP to discuss reallocation strategies at their next meeting.
- Dr. Mikhaela Cielo asked if this change would still allow for RWP Part A services, such as medical care coordination (MCC) teams. C. Barrit stated that from her understanding of the meeting, there should not be any changes from the patient perspective. Dr. LaShonda Spencer stated that she has been able to continue MCC services.
- Justin Valero inquired about the role/charge of the COH following this change. C. Barrit responded that the COH is still responsible for understanding and analyzing how RW and other forms of funding are being used to support PLWH in LA County. A. Ballesteros reiterated that the COH is responsible for determining priorities and allocations for the County. The COH also considers other payer streams. In instance where a provider has other payer streams, RWP then becomes a payer of last resort.
- J. Valero inquired whether not using RWP funds for DHS HIV services in LA County would result in a smaller award from the federal government. A. Ballesteros responded that there is a risk of receiving less funding due to this change. For this reason, PP&A needs to revise their spending allocations and submit it to DHSP to ensure funding will not be reduced.

(4) Presidential Advisory Council for HIV/AIDS (PACHA) in Los Angeles | Sept 19-20

- The Presidential Advisory Council for HIV/AIDS (PACHA) will host their annual meeting in Los Angeles on September 19-20. The full details of the meeting logistics and location have not been announced. COH staff will disseminate that information once available.

(5) AIDS 2022: International AIDS Conference (IAS) | UPDATES & FEEDBACK

- Several commissioners attended the International AIDS Conference in Montreal, Canada. D. Campbell reported that topics of discussion included HIV prevention, treatment, cures, social and behavioral research, COVID-19, and monkeypox. A major point of discussion was around Canadian government officials not granting VISAs to those living with HIV from communities of color so that they could attend the conference. This brought up health equity discussions, given that HIV disproportionately affects people of African descent. There were also discussions held around Undetectable = Untransmittable (U=U) and how this applies to breastfeeding. D. Campbell reported that the Food and Drug Administration (FDA) decided to not consider the international partnership for a vaginal ring for PrEP among women in the U.S. D. Campbell noted that there was little discussion regarding people who use substances.
- A. Ballesteros reported three major highlights from the conference: 1) Health care providers could be the most valuable resource in sharing the U=U message; 2) The disparities across the world have grown; and 3) The COVID-19 pandemic caused a major step back in HIV progress.
- Joseph Green reported that the COVID-19 pandemic greatly affected developing countries and reduced their access to many health care resources.

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

(1) OAVoice Newsletter Highlights

- Karl Halfman provided the report. The California State Department of Public Health will be holding regional stakeholder listening sessions about monkeypox. The purpose of these sessions is to provide updates about the status of monkeypox and what the department is doing in response. The Southern California regional listening session is scheduled for August 16th from 10 to 11:30 AM. K. Halfman will share more information with COH staff.
- The California Office of AIDS (OA) has been reviewing feedback from community stakeholder input to inform the California Strategic Plan to address the syndemics of HIV, Hepatitis C (HCV), and sexually transmitted infections (STIs). A draft is expected to be sent out by early September for feedback and review. The final plan will be submitted to federal partners in December.
- K. Halfman reminded commissioners that the deadline to submit applications for the HIV cluster detection and response community advisory board (CAB) is August 12th.
- Chris Unzueta reported that the Pre-Exposure Prophylaxis Assistance (PrEP-AP) Program has 175 PrEP enrollment sites and clinics. PrEP-AP currently has 3,849 clients enrolled. The insurance assistance program currently has 581 clients enrolled.

D. LA COUNTY DEPARTMENT OF PUBLIC HEALTH REPORT (PART A REPRESENTATIVE)

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

a. Programmatic and Fiscal Updates

- DHS will no longer bill the RWP for services delivered to RWP-eligible PLWH who received HIV specialty care and MCC. DHS will use a global payment program instead of RWP. This decision came after the County Counsel named RWP as a payer of last resort.
- The BOS approved two STD-related motions to address the STD crisis. The first motion is authored by Supervisor Solis and requests that a letter be written to Governor Newsom, Dr. Mark Ghaly, and Tony Thurmond to address the ongoing need for increased resources for STD control. This motion would use LA County as a pilot jurisdiction for an STD control program. The motion would also expand street medicine interventions to serve persons experiencing homelessness. In addition, the motion would ensure that the Department of Mental Health (DMH), DPH, and DHS incorporate STI education into their work. The second motion is authored by Supervisor Mitchell and focuses on resources and programmatic development. Both motions can be found in the meeting packet.

b. RWP Parts A & B

- DHSP will present their spending report to PP&A at their August meeting.

c. Monkeypox Briefing Update

- Dr. Nava Yeganeh provided the monkeypox briefing update. Presentation slides can be found in the meeting packet. Key points are as follows:
  - There are 738 cases of monkeypox in LA County, 33 in Long Beach, and 8 in Pasadena.
  - There have been no deaths in the U.S.
  - 99% of cases in LA County were among cisgender men.
  - Most cases are in SPA 4.
  - LACDPH received 43,290 vaccine doses.
  - Eligibility requirements for the monkeypox vaccine are exclusive to gay and bisexual men or transgender persons, 18 years of age and older, who had multiple or anonymous sex partners in the last 14 days including engaging in survival and/or transactional sex.
- Alasdair Burton inquired if there were any differences in giving the monkeypox vaccine subcutaneously or intradermally. Dr. Yeganeh stated that the two methods of vaccine administration produce similar results; however, a smaller dose is needed for intradermal vaccines. This would be the preferred method due to the low availability of monkeypox vaccines.
- Greg Wilson inquired about race and ethnicity as it relates to monkeypox. M. Perez stated that DHSP is working on reaching the populations most affected, such as Black gay men.
- Paul Nash inquired if the updated vaccine schedule will be used for those with the first dose. Dr. Yeganeh stated that those who received their first dose will be asked to return for their second.
- Lee Kochems and A. Burton inquired if the smallpox vaccine will protect against monkeypox. M. Perez responded that it will not.

- J. Valero asked why PrEP usage is included in monkeypox vaccine applications, but antiretroviral therapy (ART) usage is not. M. Perez responded that this was to determine who was most at risk for STDs.
- D. Campbell inquired if anyone who is immunocompromised can receive the monkeypox vaccine. Dr. Yeganeh stated that eligibility is still only for MSM and transgender persons.

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

- Chuy Orozco announced that HOPWA has hired two new staff members.
- HOPWA will be releasing a request for proposal (RFPs) for an essential coordinating agency that will be charged with helping distribute short term rental, mortgage, and utility assistance as well as a permanent placement program that will help individuals with security deposits. An additional RFP will be released for a housing management information system. HOPWA is examining their current policies and procedures regarding small area fair market rates (FMR).
- Sandrine Lewis inquired about housing apartments who may have gotten federal funding to make sure that 10% of their units are going to low-income individuals. C. Orozco responded that each landlord needs to submit a paystub and proof of income for these units. Bridget Gordon asked how probable is it for PLWH to have access to these units. C. Orozco responded that HOPWA has a partnership with POZ LA, who connects with developers who can connect HOPWA clients with these units.

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

- Part C: *No report provided.*
- Part D: Dr. Cielo reported that the Maternal Child and Adolescent Adult Center (MCA) got refunded for the next four years for Part D. Efforts will be focused on the needs of patients including mental health services and transportation services.
- Part F: Dr. Jerry Gates reported that there is continuing funding and a five-year renewal on the HIV fellowship program.

G. CITIES, HEALTH DISTRICTS, SERVICE PLANNING AREA (SPA) REPORTS – *No report provided.*

3. REPORTS – II

A. OPERATIONS COMMITTEE

- J. Valero provided the report. The Operations Committee did not meet in July but will meet in August. The Operations Committee received seven new membership applications. Sonja Wright has conducted pre-screening phone calls and is working on scheduling interviews.
- Discussion topics for the next meeting include budget, bylaws, membership application process and protocol, and an attendance award acknowledgement. Standing items include the CHP and outreach strategies such as social media campaigns.
- S. Wright requested if members of the Operations Committee can provide their availability for commissioner interviews. Kevin Donnelly inquired if members of the Executive Committee are eligible to participate on the interview panel. Dawn McClendon responded that members of the Operations Committee will be recruited first, and if there are not enough volunteers, the invitation will be expanded to members of the Executive Committee.

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

- K. Donnelly provided the report. PP&A requested data from DHSP regarding projected savings resulting from DHS' decision to no longer bill DHSP for RWP services as well as data on the number of PLWH using DHS clinics.
- PP&A also requested a comprehensive review of all the County's funding streams, including RWP, the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), net County costs (NCC), and maintenance of effort (MOE).
- PP&A will discuss a list of agenda topics that may have a potential impact on the planning efforts and RWP service delivery, such as California advancing and innovating Medi-Cal and CalAIM, the decrease in spending power due to inflation, expansion of Medi-Cal to include adults aged 50 and over regardless of immigration status, $1.5 in Medi-Cal migration, status-neutral planning, the impact of additional RW programming, and the Ending the HIV Epidemic (EHE) initiative funding for LA County.

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

- The PP&A Committee met on July 19th and focused on the first section of the Comprehensive HIV Plan (CHP). AJ King provided a presentation on epidemiology and surveillance data analysis. In LA County, an estimated 59,400 persons were living with HIV in 2020, with an estimated 6,800 (11%) who are unaware of their infection. The top three epicenters of HIV in LA County by health district are Central, Hollywood Wilshire, and Long Beach. These districts make up 27% of the disease burden. PP&A also discussed priority populations for PLWH or those at risk. Priority populations include Black MSM, Latinx MSM, women of color, transgender persons, persons 50 years of age and older, persons 30 years of age and younger, and people who inject drugs. The CHP is focused on using a status-neutral approach. PP&A discussed a syndemic analysis relative to HIV which includes homelessness, HCV, meth use, syphilis, congenital syphilis, gonorrhea, and chlamydia. A first draft of the CHP is expected to be available early September.
- C. Barrit announced that several meetings will be held throughout the month of August to examine each pillar of the CHP. Commissioners are welcome to attend.
- The August PP&A meeting will be extended by one hour to dedicate time to the goals and objectives of the CHP.

C. STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

(1) Benefit Specialty Service Standards | UPDATES

- J. Rangel-Garibay proved the report. At their July meeting, SBP approved the Benefits Specialty Service Standards.

(2) Home Based Case Management Service Standards | UPDATES

- At their July meeting, SBP approved the Home-Based Case Management Service Standards.

(3) Oral Health Service Standards: Dental Implants Addendum | UPDATES

- SBP announced a public comment period for the Oral Health Service Standards: Dental Implants Addendum. SBP will review any comments received and vote to approve the addendum at their September meeting.

(4) Special Populations Best Practices Project | UPDATES

- SBP continued their review of Incarcerated/Post-Release Service Standards and is in the process of inviting agencies that are currently providing these services to their September meeting.

D. PUBLIC POLICY COMMITTEE (PPC)

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

- Katja Nelson provided the report. Local policy is primarily focused on monkeypox.

(2) 2022-23 Legislative Docket

- The 2022-23 Legislative Docket has been submitted the Board legislative offices. The state legislature reconvened on August 1st and bills are still moving through various committees. August 25th is the last day for any bills to be amended. August 31st is the last day for any bills to be passed. The Governor has until September 30th to either sign a bill into law, not sign a bill, or veto a bill.
- The Public Policy Committee (PPC) is keeping a close eye on SB 57 (Wiener): Controlled substances: overdose prevention program.

(3) 2022 Policy Priorities

- K. Nelson and L. Kochems will continue to work on their 2022 policy priorities document.

(4) BOS Response to STD Crisis | UPDATES

- The PPC will follow the two recent motions from the BOS to address the STD crisis.

E. CAUCUS, TASK FORCE AND WORK GROUP REPORT

(1) Aging Caucus | September 6 @ 1PM

- J. Green provided the report. The Aging Caucus met on August 2nd. DHSP staff was unable to attend the meeting and no report was provided; however, Dr. Michael Green requested that the Aging Caucus review the alignment of the RWP with the California Master Plan on Aging and provide feedback. The document is categorized by five goals: 1) Housing for all Stages and Ages, 2) Health Reimagined, 3) Inclusion and Equity, Not Isolation, 4) Caregiving that Works, and 5) Affording Aging. Initial feedback from the Aging Caucus includes adding resources for funding opportunities and including people who acquired HIV perinatally as they are affected by accelerated aging. COH Staff Catherine Lapointe provided an update on the COH's social media efforts. She invited commissioners to participate in the Commissioner Testimonial Project which highlights commissioners and their work. The next Aging Caucus meeting will be on September 6th from 1-3 PM.

(2) Black/African American Caucus | September 15 @ 4PM

- D. Campbell provided the report. The Black Caucus met on July 21st and heard from DHSP regarding their updates on the Black/African American task tracker recommendations. The next meeting will be on August 18th at 4 PM and will have a presentation from Raniyah Copeland on the PrEP Marketing Campaign Focus Group Findings and Discussion.

(3) Consumer Caucus | September 8 @ 3PM

- A. Burton provided the report. The Consumer Caucus held a special meeting to learn more about HOPWA. C. Orozco reported that certain jurisdictions will receive more funding to focus on those who are chronically homeless, increasing staff capacity, and increasing engagement among hard-to-reach communities. C. Orozco agreed to attend Consumer Caucus meetings quarterly to provide updates and be available for questions.

(4) Prevention Planning Workgroup | August 24 @ 4PM

- G. Wilson provided the report. The Prevention Planning Workgroup (PPW) met on July 27th and discussed the prevention knowledge, attitudes, and beliefs (KAB) survey, which is intended to assess commissioners' understanding and capacity to engage effectively in prevention planning. The PPW also discussed key areas of focus and activities for the remainder of 2022. Key points were as follows: the group discussed the possibility of a marketing campaign to support awareness of resources about HIV-related services; how to truly target populations to create standards; how to increase knowledge on injectable PrEP; how to target monolingual populations regarding prevention information; exploring harm reduction beyond syringe exchange; linking mental health with biomedical care; holding prevention-related presentations; examining data on housing and HIV; looking at primary and secondary prevention efforts; and addressing unique prevention and health and wellness needs of youth and aging populations. A. King also provided an update on the CHP. The next PPW meeting will be on August 24th from 4-5:30 PM. Dr. William King will provide a presentation on long-acting injectables.

(5) Transgender Caucus | August 23 @ 10AM

- C. Barrit provided the report. The July and August Transgender Caucus meetings have been cancelled. The group will meet again on September 27th.

(6) Women's Caucus | August 15 @ 2PM

- Dr. Cielo provided the report. The Women's Caucus is in the process of planning their next Virtual Lunch and Learn event, which will focus on women's sexual health.

4. <u>MISCELLANEOUS</u>

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. *There were no public comments.*

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 NO 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 no commission new business items.*

C. ANNOUNCEMENTS: OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ANNOUNCE COMMUNITY EVENTS, WORKSHOPS, TRAININGS, AND OTHER RELATED ACTIVITES

- Jazmin Rojano announced that the Women's Task Force is planning its 17th Annual Women's Treatment Summit on November 30th at the California Endowment.

D. ADJOURNMENT AND ROLL CALL: ADJOURNMENT FOR THE MEETING OF AUGUST 11, 2022

The meeting was adjourned in memory of Edgar Antonio Romero-Stalter.

Roll Call (Present): M. Alvarez, J. Arrington, A. Burton, M. Cao, M. Cielo, K. Donnelly, F. Findley, J. Gates, J. Green, T. Green, F. Gonzalez, K. Halfman, L. Kochems, E. Martinez, A. Mills, C. Moreno, P. Nash, K. Nelson, C. Orozco, M. Perez, H. San Agustin, L. Spencer, J. Valero, D. Campbell, and B. Gordon.

MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order, as presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve the June 9, 2022 Commission on HIV Meeting Minutes, as presented.	***Passed by Consensus***	**MOTION PASSED**

LOS ANGELES COUNTY
COMMISSION ON HIV

DUTY STATEMENT

COMMISSION CO-CHAIR

(APPROVED 3-28-17; REVISIONS 3-19-18)

In order to provide effective direction and guidance for the Commission on HIV, the two Commission Co-Chairs must meet the following demands of their office, representation and leadership:

SPECIFIC:
One of the Co-Chairs must be HIV-positive. Best efforts shall be made to have the Co-Chairs reflect the diversity of the HIV epidemic in Los Angeles County.

ORGANIZATIONAL LEADERSHIP:

① Serve as Co-Chair of the **Executive Committee**, and lead those monthly meetings.

② Serve as ex-officio member of all standing Committees:
- attending at least one of each standing Committee meetings annually or in Committee Co-Chair's absence

③ Meet monthly with the Executive Director, or his/her designee, to prepare the Commission and Executive Committee meeting agendas and course of action,
- assist Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate.

④ Lead Executive Committee in decision-making on behalf of Commission, when necessary.

⑤ Act as final Commission-level arbiter of grievances and complaints

MEETING MANAGEMENT:

① Serve as the Presiding Officer at the Commission, Executive Committee and Annual meetings.

② In consultation with the other Co-Chair, the Parliamentarian, the Executive Director, or the senior staff member, lead all Commission, Executive and special meetings, which entail:
- conducting meeting business in accordance with Commission actions/interests;
- maintaining an ongoing speakers list;
- recognizing speakers, stakeholders and the public for comment at the appropriate times;
- controlling decorum during discussion and debate and at all times in the meeting;
- imposing meeting rules, requirements and limitations;
- calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed;
- determining consensus, objections, votes, and announcing roll call vote results;
- ensuring fluid and smooth meeting logistics and progress;
- finding resolution when other alternatives are not apparent;
- apply Brown Act, conflict of interest, Ryan White Program (RWP) legislative and other laws, policies, procedures, as required;

- ruling on issues requiring settlement and/or conclusion.

③ Ability to put aside personal advocacy interests, when needed, in deference to role as the meetings' Presiding Officer.
④ Assign and delegate work to Committees and other bodies.

REPRESENTATION:
In consultation with the Executive Director, the Commission Co-Chairs:
① Serve as Commission spokesperson at various events/gatherings, in the public, with public officials and to the media after consultation with Executive Director
② Take action on behalf of the Commission, when necessary
③ Generates, signs and submits official documentation and communication on behalf of the Commission
④ Participate in monthly conference calls with HRSA's RWP Project Officer
⑤ Represent the Commission to other County departments, entities and organizations.
⑥ Serve in protocol capacity for Commission
⑦ Support and promote decisions resolved and made by the Commission when representing the Commission, regardless of personal views

KNOWLEDGE/BACKGROUND:
① CDC HIV Prevention, RWP, and HIV/AIDS and STI policy and information
② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
③ LA County's HIV/AIDS and STI, and other service delivery systems
④ County policies, practices and stakeholders
⑤ RWP legislation, State Brown Act, applicable conflict of interest laws
⑥ County Ordinance and practices, and Commission Bylaws
⑦ Topical and subject area of Committee's purview
⑦ **Minimum of one year active Commission membership prior to Co-Chair role**

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

COMMITMENT/ACCOUNTABILITY TO THE OFFICE:

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

LOS ANGELES COUNTY
COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748
HIVCOMM@LACHIV.ORG • http://hiv.lacounty.gov

POLICY/PROCEDURE #08.2301	(Revised) Voting Procedures	Page 1 of 3

FINAL: APPROVED BY COH: 9/12/2019

SUBJECT: The process for formally supporting or opposing Commission, committee or subcommittee actions.

PURPOSE: To describe the procedures for formally determining specific actions proposed at formal Commission or committee meetings.

BACKGROUND:

- Article V *(Meetings),* Section 8 *(Robert's Rules of Order)* of Policy/Procedure #06.1000 *(Bylaws of the Los Angeles County Commission on HIV)* states the following: "All meetings of the Commission shall be conducted according to the current edition of 'Robert's Rules of Order, Newly Revised', except where superseded by the Commission's Bylaws, policies/procedures, and/or applicable laws."

- All Commission member voting is subject to the conditions and provisions of state and federal conflict of interest requirements as detailed in Article VII *(Policies and Procedures),* Section 5 *(Conflict of Interest Procedures)* of Policy/Procedure #06.1000 *(Bylaws of the Los Angeles County Commission on HIV)* and Policies/Procedures #08.3108 *(Adherence to State Conflict of/Interest Rules and Requirements).*

POLICY:

1) Specific actions by the Commission or a committee can be taken as a result of co-chair instruction or following a successful motion by a quorum of a voting body in attendance.
   a. In accordance with Commission Bylaws, and/or Robert's Rules of Order, certain votes are required of the body in spite of broad agreement.
   b. All allocation decisions require motions and roll call votes.

2) All Commissioners (or their alternates in their absence) who are appointed by the Board of Supervisors may vote on matters before the Commission, unless they have recused themselves. All members assigned to or appointed to committees (or their alternates in their absence) may vote on motions before those committees, unless they have recused themselves.
   a. "Recusal" is dictated by Policies/Procedures#08.3108 (*Adherence to State Conflict of Interest Rules and Requirements).*

3) The Commission or its committee may vote on a motion in one of two ways:
   a. Unanimous voice vote (with abstentions as noted), commonly called "consensus," or
   b. Roll call vote
   c. While they do not count as votes, nor count in the vote tally, abstentions will be recorded and noted in meeting and motion summaries and minutes.

PROCEDURES:

1. **Co-Chairs' Prerogative**: If all in attendance are in agreement, and there is no motion on the floor, it is the co-chairs' prerogative to direct that an action be taken without a specific vote.
2. **Content of Motions:** Motions are made by members of the body and must be acted on for one of three reasons:
   a. They are "procedural" in nature: required by law or rule, such as the Ralph M. Brown Act or Robert's Rules of Order (e.g., approving the agenda, minutes);
   b. They are "Action" in nature: either to lend credibility and/or formality to an action already agreed upon by the body; or to determine an action in a way about which there may be varied opinion/disagreement among the members and/or those in attendance.
3. **Submission of Motions:** In accordance with Policy/Procedure #08.1102 *(Subordinate Commission Working Units*), motions are made and acted on in several ways, subject to Robert's Rules of Order:
   a. They can be included on the agenda in advance of the meeting by a formal subunit of the body (e.g., committee, subcommittee or task force). Motions on the agenda are deemed "moved" by adoption of the agenda, and do not require a second, for a vote.
   b. They can be made at the meeting in response to a specific agendized item of discussion. There motions require an individual to "move" the action, and a "second" from a person who agrees that the motion should be placed "before the body".
   c. They can be moved to the agenda by action at a previous meeting and treated appropriately as agendized.
4. **Voting Privileges:** Motions can only be voted when there is a quorum of the members of the body with voting privileges present:
   a. All Commissioners (or their Alternates when they are not present) appointed by the Board of Supervisors have voting privileges at Commission meetings;
   b. All Commission members assigned or appointed to a committee, or their Alternates when they are not present, have voting privileges at the respective committee meetings;
   c. All members with voting privileges at the Commission or committee meetings who have not recused themselves may vote on any motion "before the body";
   d. In accordance with Policies/Procedures #08.3108 *(Adherence to State Conflict of Interest Rules and Requirements)*, members must recuse themselves when they have an appropriate conflict of interest.

5. **Action Following a Motion**: Once a motion is made, any discussion may follow, unless prohibited by Robert's Rules of Order. The motion can be amended, postponed or referred, etc., by vote, in accordance with Robert's Rules of Order.
6. **Consensus on a Motion**: When the body is ready to vote on a motion, it is the Co-Chairs' responsibility to poll the body by voice, and ask if there is any objection. If there is objection from at least one member of the body, a roll call must be taken (*see Procedure #7*).
    a. After the co-chair determines if there are no objections, the co-chair will call for abstentions.
    b. Abstentions are not considered objections, do not count in the final vote, and, thus, do not affect the decision of whether or not the vote is considered unanimous or if a roll call vote must be taken. Abstentions will be noted in the public record.
    c. If there are no objections, the motion is considered "passed by consensus".
7. **Roll Call Votes:** A roll call vote is taken by a staff member of non-voting member reading the members' names aloud who are present and entitled to vote, and recording the members' votes for the public record.
    a. The roll call can be taken in alphabetical or reverse alphabetical order.
    b. Co-Chairs' votes are taken at the end of the roll call vote; Co-Chairs are not required to vote unless there is a tie in voting ("Co-Chair Prerogative").
8. **Motion Pass or Fail**: At the end of the roll call, the Parliamentarian or reader tallies the supporting and opposing votes cast and gives the number to the Co-Chair to announce whether the motion has passed or failed according to which vote has the greater number.
    a. A motion passes if there are a greater number of supporting votes than opposing votes.
    b. A motion fails if there are a greater number of opposing votes than supporting votes, or if there is a tie between opposing and supporting votes.
9. **Final Decision:** All votes and abstention notes are final when a Co-Chair announces the decision.

NOTED AND APPROVED: Cheryl A Barnett **EFFECTIVE DATE:** 9/12/2019

Original Approval: 7/13/2006	Revision(s): 3/14/2012; Updated: 01/20/17; 9/12/2019

LOS ANGELES COUNTY
COMMISSION ON HIV

BE A PART OF THE MOVEMENT TO END HIV. THE TIME IS NOW.

COMMISSIONERS NEEDED

VACANCIES

- Unaffiliated consumer* for Service Planning Areas (SPAs)** 1, 2, 3, 4, and 7
- Unaffiliated consumer* for Supervisorial Districts** 1, 2, 3, 4, and 5
- 1 Unaffiliated consumer* at-large
- Part C Representative
- 1 Provider Representative
- 4 HIV Stakeholders
- 1 local health/hospital planning agency

Incentives for Unaffiliated Consumers:

- Monthly stipends (county-issued checks, gift cards)
- Reimbursement for local mileage, transportation, childcare and other eligible expenses incurred by Commission participation
- Letters of Reference for Volunteer Work
- Certificates of Appreciation and Participation
- Leadership Training
- Professional development training, including but not limited to: (1) Community Planning, 2) Data Understanding, 3) Community Engagement, 4) Advocacy, and 5) Public Speaking
- Build Professional Networks

APPLY HERE

hivcomm@lachiv.org | (213) 738-2816

For more information, please see our Commission on HIV fact sheet.

*Unaffiliated consumers are people living with HIV, and a current user of a Ryan White Part A service, and not employed by an agency receiving Part A funds from the County.
**To find your SPA and Supervisorial District, please click here.

From:	Pina, Alberto (HHS/OASH)
Cc:	Sandoval-Rosario, Michelle (HHS/OASH/OSG)
Subject:	Announcement: 74th Presidential Advisory Committee on HIV/AIDS (PACHA Council) September 19 & 20, 2022 in Los Angeles, CA.
Date:	Thursday, August 25, 2022 7:20:50 AM
Attachments:	image001.png image002.png image003.png image004.png 36523_OIDP_74th_PACHA_Meeting_Graphics_1200x675.png
Importance:	High

Dear Partners,

We are excited to announce that the 74th Presidential Advisory Committee on HIV/AIDS (PACHA Council) will be taking place in Los Angeles, CA on **Monday, September 19, 2022** and **September 20, 2022**. The meeting will be hybrid for those who wish to participate virtually. It is open to the public and everyone.

See more details below regarding times and registration information:

- **When**: Monday, September 19, 2022 from 4:00 – 10:00 pm (ET)/**1:00 pm – 7:00 pm (PT)** and September 20, 2022 from a 3:30 – 8:00 pm (ET)/**12:30 pm – 5:00 pm** (PT).
- **Where:** Martin Luther King Jr. Outpatient Building, 1670 E. 120th Street, Los Angeles, CA 90059. (The closest metro stop is the Willowbrook/Rosa Parks station.) To attend the meeting virtually, please visit www.hhs.gov/live on date and time of event.
- **"PACHA-to-the-People":** PACHA wants to hear from you! There will be a Listening Session with audience attendees on September 19. This is an opportunity for our PACHA members and leaders to hear from the community. Please encourage the community to attend.
- **Registration:** Due to limited seating, pre-registration for individuals attending in-person is encouraged. To register, please email your name to PACHA@hhs.gov by close of business Friday, September 9, 2022.
- **Public Comment:** Pre-registration is required to provide public comment. To pre-register, please send an email to PACHA@hhs.gov and include your name, organization, and title by close of business Friday, September 9, 2022.
- **Agenda forthcoming:** The meeting agenda will be posted on the PACHA page on *HIV.gov* at ***https://www.hiv.gov/federal-response/pacha/about-pacha*** prior to the meeting. We will also send out the agenda once it is finalized. On the second day, we have invited a community partners to participate on a panel to discuss the needs of the community.

For more information, please see the **Federal Register Notice:** View the Notice here.

We hope to see you there in-person or virtually!

V/r

Alberto Pina, MPH
LT, U.S. Public Health Service
PACE Region 9 Public Health Analyst
Prevention Through Active Community Engagement (PACE)

Email: Alberto.Pina@hhs.gov
Mobile: (202) 674-5947
www.hiv.gov

OASH | Office of Infectious Disease and HIV/AIDS Policy

COUNTY OF LOS ANGELES
Public Health

BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

MEGAN McCLAIRE, M.S.P.H.
Chief Deputy Director

RITA SINGHAL, M.D., M.P.H.
Acting Director, Disease Control Bureau

MARIO J. PÉREZ, M.P.H.
Director, Division of HIV and STD Programs
600 South Commonwealth Avenue, 10th Floor
Los Angeles, CA 90005
TEL (213) 351-8001 • FAX (213) 387-0912

www.publichealth.lacounty.gov

August 30, 2022

Dear DHSP Service Provider Colleague:

As you are aware, since early June 2022, human monkeypox (MPOX) infections have been increasing steadily across the United States, California, and Los Angeles County (LAC). At the beginning of the global outbreak, there was evidence that approximately 40% of persons diagnosed with MPOX were persons living with HIV (PLWH.) Earlier this month, the CDC published data on the epidemiologic characteristics of MPOX cases in the United States. Among the persons diagnosed with MPOX for whom HIV status was available (n=334), 136 (41%) were PLWH.

In LAC over the past few weeks, we have observed a week-to-week increase in the level of MPOX/HIV co-infection. Similar to reported international and national co-infection levels, LAC now reports that 40% of MPOX cases are among PLWH. Further analysis shows that the vast majority (89%) of PLWH with an MPOX diagnosis in LAC were engaged in HIV care in the prior 12 months and 77% of PLWH with an MPOX diagnosis were virally suppressed. We understand that MPOX testing and referral bias may play a role in these high co-infection levels, as PLWH who are in care may be more likely to have been tested for MPOX by their provider. However, it is also possible that the high MPOX/HIV co-infection levels are attributable to social and sexual networks that include higher proportions of PLWH.

These data remind us that it is critical for our HIV clinical providers to ensure that all eligible PLWH receive the MPOX vaccine. If you or other HIV clinical providers are not currently offering the MPOX vaccine, please let us know so that we can work with you to help fill this need. Also, because PLWH may underreport their sexual behaviors to their primary health care providers, we recommend that you provide a non-risk-based offer of MPOX vaccine to all gay, bisexual, or other men who have sex with men living with HIV and any transgender person living with HIV. Please also ensure that patients with suspected or confirmed MPOX are tested for HIV and STDs. As always, those patients who are HIV-negative should be offered PrEP.

Please also know that we are collaborating with the Centers for Disease Control and Prevention on a national report that will describe the clinical manifestations of MPOX among PLWH to better understand what, if any, additional clinical risk HIV/MPOX co-infection may pose to individuals.

DPH will continue to conduct weekly MPOX stakeholder briefings. Please email Marisa Cohen at mcohen@ph.lacounty.gov if you would like to be added to the invitee list for those briefings. As always, please do not hesitate to reach out if you have any questions or concerns.

Sincerely,

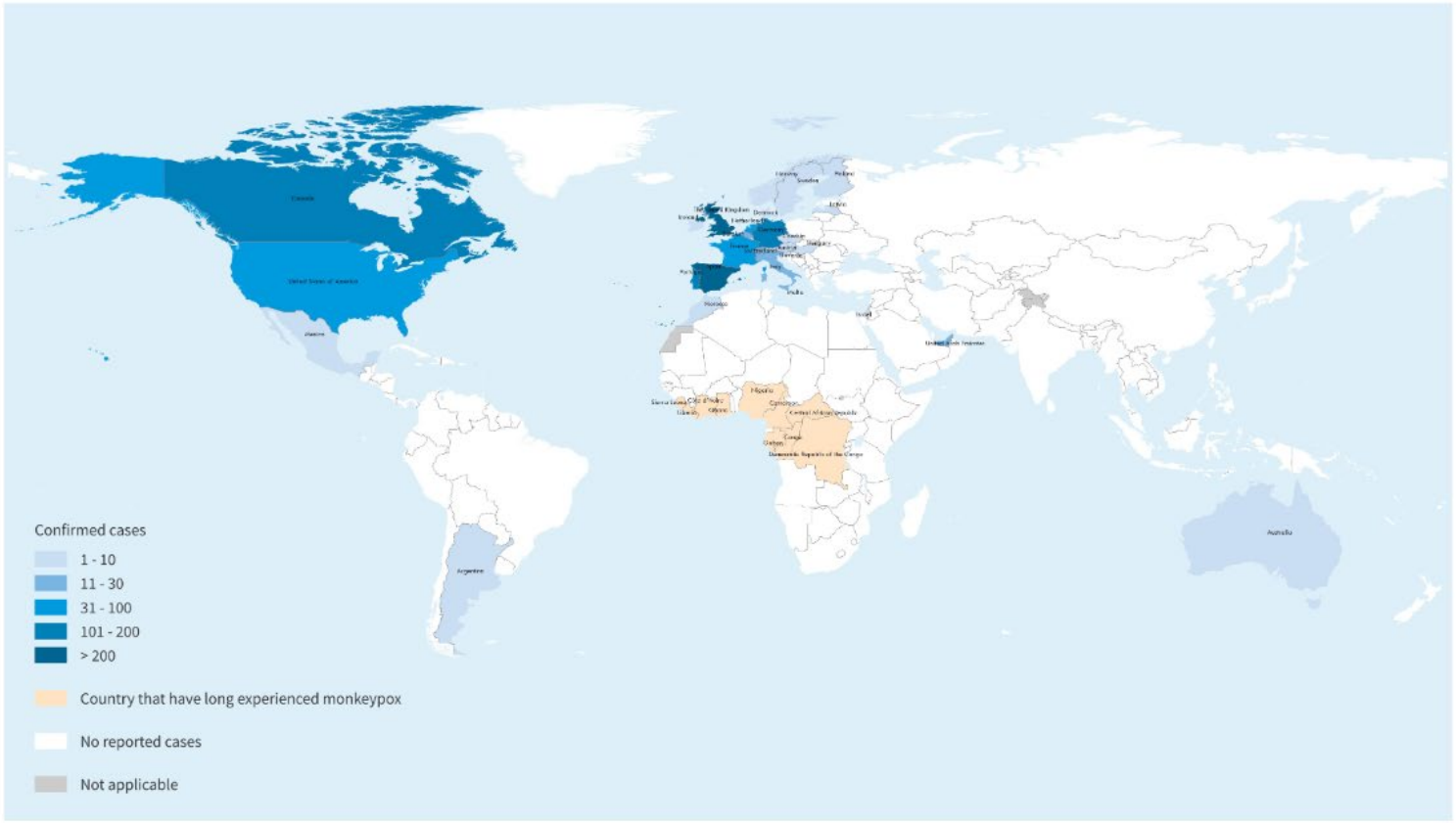
Sonali Kulkarni, MD, MPH
Medical Director, Division of HIV and STD Programs
Los Angeles County Department of Public Health

MJP:sk
R:\Medical Director\Letters & Memos\2022\HIV MPOX

Monkeypox Briefing for Community Partners

June 28, 2022

Monkeypox as reported to WHO 6.27



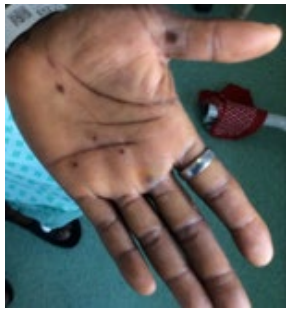
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

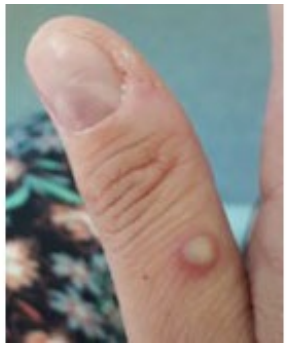
Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 10 June 2022

World Health Organization

Clinical course of monkeypox

- **Typical symptoms**
  - Swollen lymph nodes, muscle aches, fever/chills, headache, sore throat
  - Rash typically on face and spreads to other parts
  - Macules, papules, vesicles, pustule, then scabs
- **Atypical presentation with current cases**
  - Primarily genital or perianal lesions with or without prodrome
  - Small number of lesions on rest of body
- **Management and treatment**
  - Most patients can be managed at home with home isolation
  - No known deaths in the current international outbreak
  - If patients are moderately or severely ill, they can be transferred to specialized treatment clinic





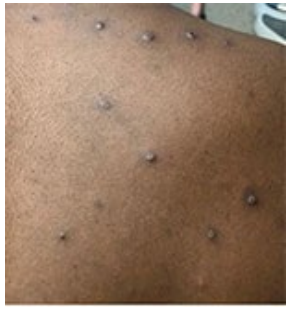


Photo Credit: NHS England High Consequence Infectious Diseases Network

How does monkeypox spread?

- Contact with body fluids, monkeypox sores, or shared items (such as clothing/linens) that have been used by an infected person.
- Prolonged exposure to respiratory droplets, typically between people in a close setting.
- Skin-to-skin contact during sex and other intimate contact.
- Early evidence suggests that it may be found in semen.
- Incubation period typically 5-14 days (up to 21 days).

Monkeypox cases and response in LA County

- 27 cases, all cases among persons who identify as gay, bisexual, or other MSM
- Close physical contact with infected persons can spread monkeypox to any person, irrespective of gender or sexual orientation
- Testing - Providers collect specimens and call LAC DPH to send to PHL
  - Commercial testing likely in July
- DPH conducting isolation and contact tracing
- Currently offering vaccine to known contacts
  - If given within 4 days from the date of exposure, can prevent onset of disease
  - If given between 4–14 days after the date of exposure, vaccination may reduce the symptoms, but may not prevent disease

Monkeypox Vaccination

- 2 vaccines available with 85% efficacy
  - Jynneos
    - Live, replication-deficient vaccine given SubQ
    - No take, no transmission potential to others
    - 2 doses 4 weeks apart
    - Considered vaccinated 2 weeks after last dose
  - ACAM 2000
    - Live Vaccinia virus inoculated onto the surface of the skin→lesion at site of the lesion (take).
    - Can potentially spread to other sites or other people if contact with the take.
    - Considered vaccinated after 28 days
  - Working with CDC on possible pre-exposure prophylaxis strategy

Questions

Vaccines available in Strategic National Stockpile

	ACAM2000	JYNNEOS
Vaccine virus	Replication-competent vaccinia virus	Replication-deficient Modified vaccinia Ankara
"Take"	"Take" occurs	No "take" after vaccination
Inadvertent inoculation and autoinoculation	Risk exists	No risk
Serious adverse event	Risk exists	Fewer expected
Cardiac adverse events	Myopericarditis in 5.7 per 1,000 primary vaccinees	Risk believed to be lower than that for ACAM2000
Effectiveness	FDA assessed by comparing immunologic response and "take" rates to Dryvax*	FDA assessed by comparing immunologic response to ACAM2000 & animal studies
Administration	Percutaneously by multiple puncture technique in single dose	Subcutaneously in 2 doses, 28 days apart

*Both ACAM2000 and Dryvax are derived from the NYC Board of Health strain of vaccinia; ACAM2000 is a "second generation" smallpox vaccine derived from a clone of Dryvax, purified, and produced using modern cell culture technology.

Contraindications

Contraindication	ACAM2000 Primary Vaccinees	ACAM2000 Revaccinees	ACAM2000 Household Contacts[1]	JYNNEOS
History or presence of atopic dermatitis	X	X	X	
Other active exfoliative skin conditions	X	X	X	
Conditions associated with immunosuppression	X	X	X	
Pregnancy	X	X	X	
Aged <1 year	X	X	X	
Breastfeeding	X	X		
Serious vaccine component allergy	X	X		X
Known underlying heart disease (e.g., coronary artery disease or cardiomyopathy)	X	X		
Three or more known major cardiac risk factors	X			

Prevention at home

- Considerations for home isolation for confirmed or potential case
  - Pediatric vs adult
  - Additional unexposed persons or pets in home
  - The nature and extent of lesions
- Isolation at home
  - Do not leave home except for medical appointments
  - Cover lesions as much as possible
  - Should stay in room, especially if unable to cover all lesions
  - Unexposed people should only visit if essential
  - Household members should limit contact with patient

https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-home.html

Asian American Drug Abuse Program, Inc.

660 E. Manchester Blvd, Inglewood, CA 90305
Tel: (424) 331-5799
Fax: (323) 294-2533

AADAP
People Need People

31 Asian American youth died of drug overdose. This epidemic jolted the community into a shocking reality.

1971

1972

Asian American Drug Abuse Program was born.

Asian Pacific Youth Project (APYP) was a major expansion of youth programs with Federal funds in partnership with Korean Youth Center, Search to Involve Pilipino Americans (SIPA) and Asian Youth Center (AYC).

1988

1990

Perinatal programs are funded & AADAP opens Special Deliveries & Satellite House for women & children.

The Corporate Headquarters at 2900 St. Crenshaw Blvd is acquired to house its expanding Fiscal and Administrative Services, YFP and the Prevention Unit

2007

2018

AADAP programs have 120 employees in ten facilities across the city and served approximately 20,000 people in 2018

AADAP
People Need People

Administrative Unit

Serves as the foundation for the overall agency handling human resources, employee relations and internal operations for all AADAP programs and facilities. The unit also includes fundraising, development and fiscal responsibilities.

Residential Unit

Also referred as Therapeutic Community (TC). TC is a coed 30-bed 24 hour/7 days/week residential program, providing comprehensive treatment for 3-6 months.

Outpatient Unit

Provides structured treatment for clients living in the community and takes into consideration cultural, environmental, emotional, and other factors.

Employment Access Unit

Provides equal opportunity programs that connect job seekers with job training and employment opportunities and businesses to skilled workers and resources.

Prevention Unit

The Prevention Unit works with all segments of the community to counteract the underlying factors contributing to problems of drug, alcohol and tobacco abuse.

Youth and Family Programs Unit

Services at-risk and high-risk youth through gang prevention and intervention modalities, mentoring, youth development, counseling, educational/recreational activities and parent supportive services.

Health Intervention Program

The Health Intervention Program offers client-centered health education and risk reduction for women of color and Injection Drug Users along with harm reduction services. We conduct street and community outreach in Service Planning Areas (SPA) 6 and 8 and offer individualized counseling to assist with wrap around services. All services are free and confidential.

AADAP
People Need People

AADAP
People Need People

01. **Safety Counts Program:** Seven session (7) evidence-based intervention program with a client-centered approach to prevent HIV and viral Hepatitis, designed for persons who are using or have used illicit drugs.
> HIV Prevention- Health Navigation /Safety Counts Division of HIV and STD program (DHSP)

02. **SISTA:** Health Navigation for women of color, injection drug-users and individuals who are experiencing homelessness.

03. **Engagement and Overdose Prevention Hub:** offered at street-based & clinic-based sites.
> County NEP - Los Angeles County Substance Abuse Prevention and Control
> City NEP - City of Los Angeles AIDS Coordinator's office

04. Overdose Prevention and Education - including Naloxone distribution and Fentanyl Test Strips.

05. **CHRI (National Harm Reduction Coalition)**
- expand and assist SSP
-support to other programs
-peer education.

06. **Recovery Re-Housing Program:** funded by the Los Angeles Homeless Services Authority (LAHSA) as a new form of permanent housing assistance.

Engagement & Overdose Prevention Hub:

It is a **FREE** Syringe Service program that provides:

- Access to sterile syringes
- Safe disposal of syringes
- Linkages/referral to MAT services and other referrals to treatment/services
- Overdose Prevention Education and Fentanyl Test Strips.
- Linkages/referral to HIV and/or Hepatitis testing, treatment, and prevention
- Safe needle practice and alternative practices.

AADAP
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Engagement & Overdose Prevention Hub:

Monday

AADAP's Office (appointment only)
660 E. Manchester Blvd, Inglewood, CA 90301
- 10:00 am - 5:00 pm

Tuesday

BAART Lynwood
11682 Atlantic Ave, Lynwood, CA 90262
- 9:00 am - 11:00 am

Wednesday

West County Medical Corporation
2272 Pacific Ave, Long Beach, CA 90805
- 8:00 am - 9:30 am

West County Medical Clinic
100 E Market St, Long Beach, CA 90805
- 10:00 am - 11:30 am

Long Beach Multi Service Center
1301 W 12th St, Long Beach CA 90813
- 9:00 am - 1:30 pm

Wednesday

Medmark Clinic
11900 S Avalon Ave, Los Angeles, CA 90059
- 9:00 am - 11:00 am

Thursday

Lawndale Medical & Mental Health Services
4023 Marine Ave, Lawndale, CA 90260
- 9:00 am - 10:30 am

BAART Boyle Heights
1701 Zonal Ave, Los Angeles, CA 90033
- 11:30 am - 1:30 pm

Friday

American Health Services
5015 W Pico Blvd, Los Angeles, CA 90019
- 11:30 am - 1:30 pm

Venice Medical & Mental Health
717 Lincoln Blvd, Venice, CA 90291
- 9:30 am - 11:30 am

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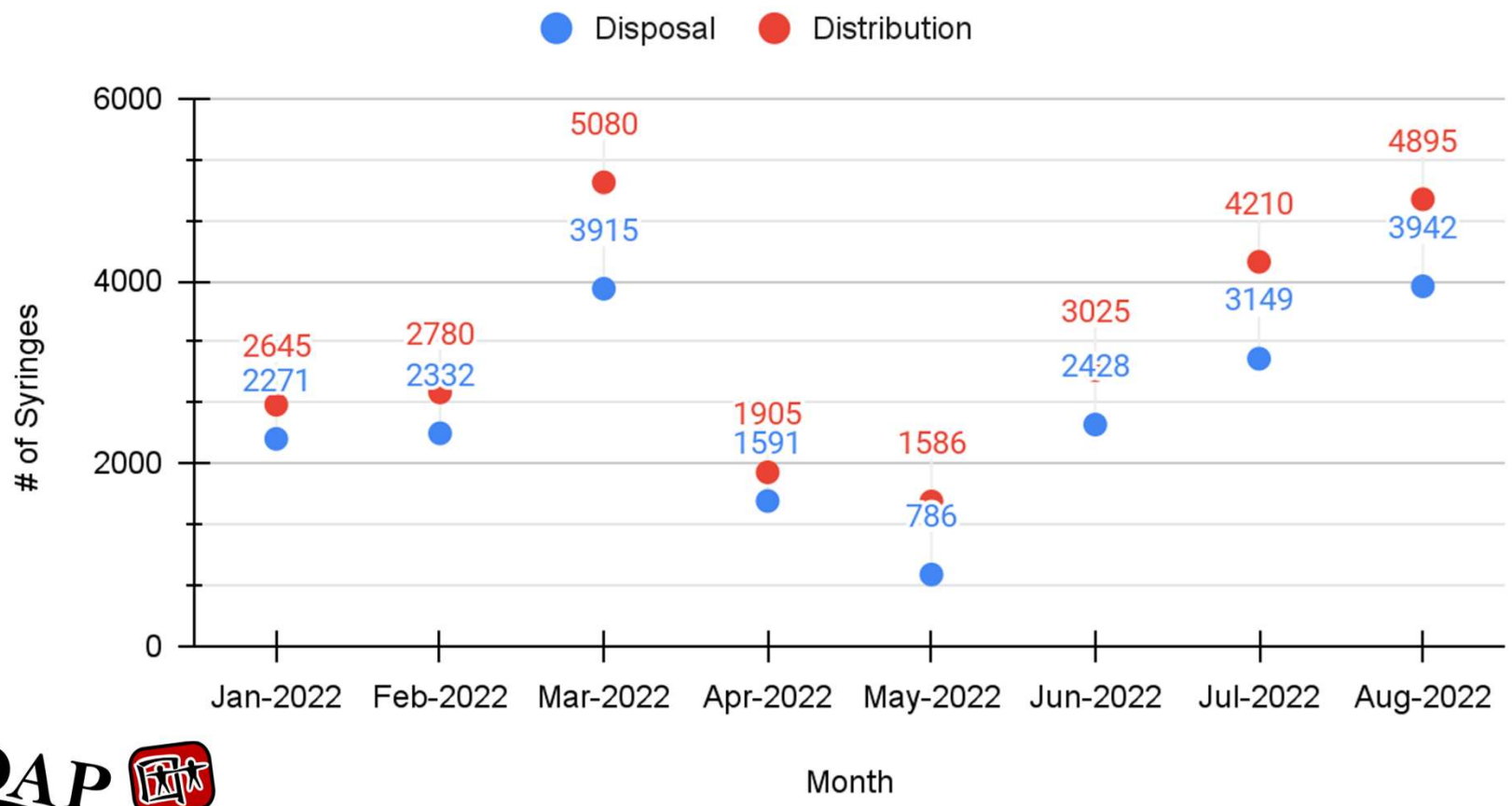
Syringe Distribution and Disposal



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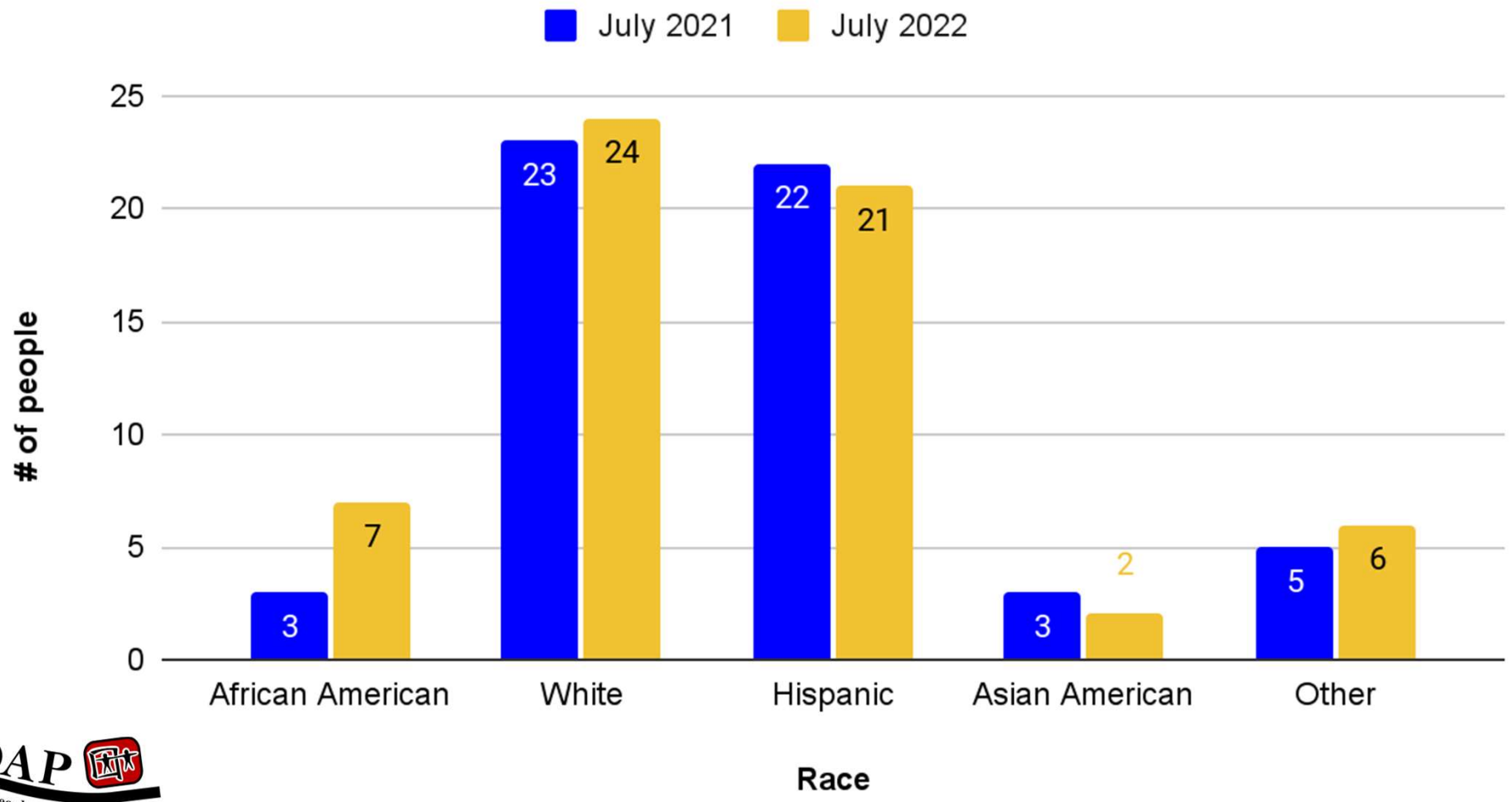
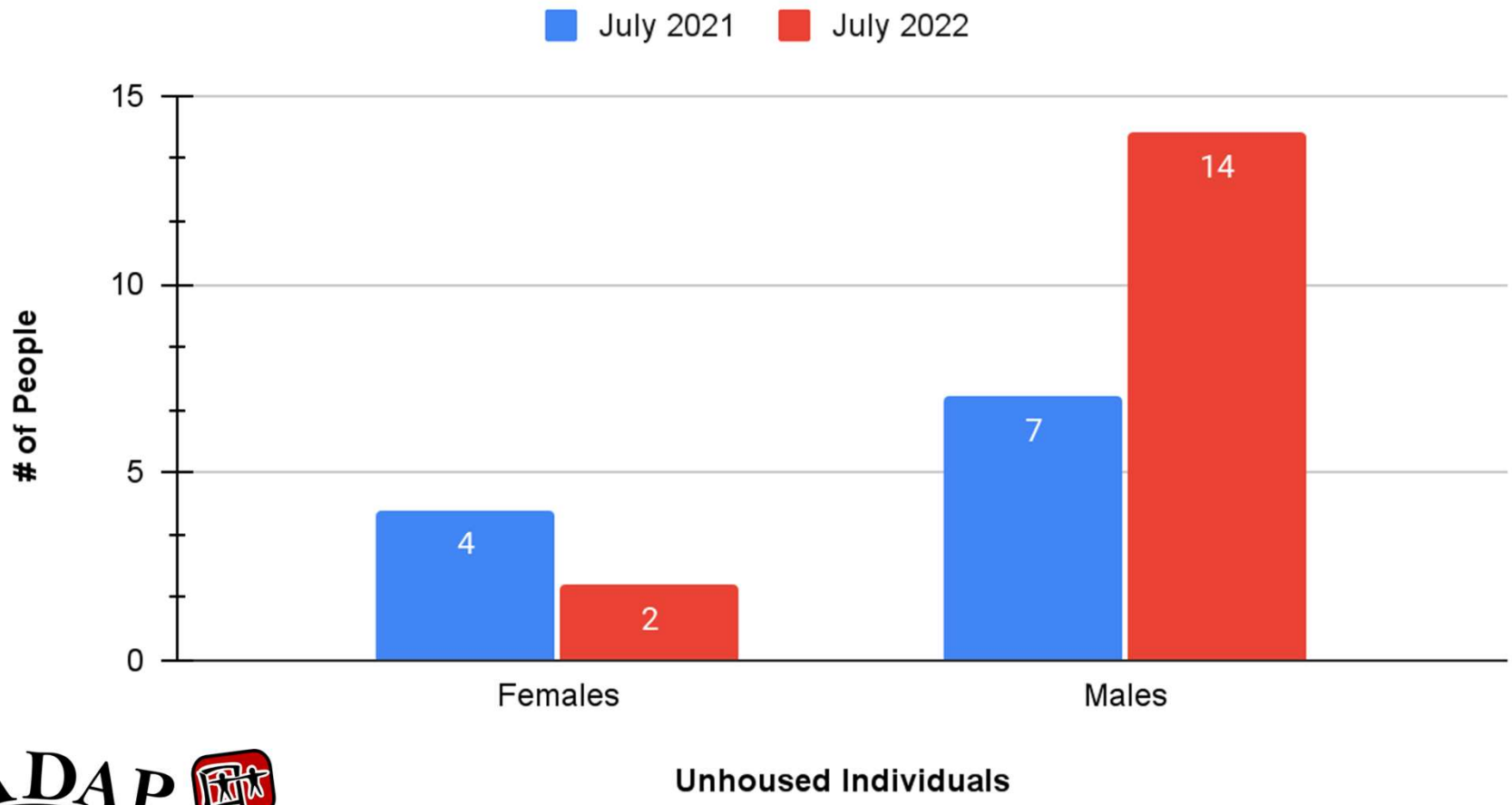
Participants by Race



Unhoused Individuals by Sex



AADAP
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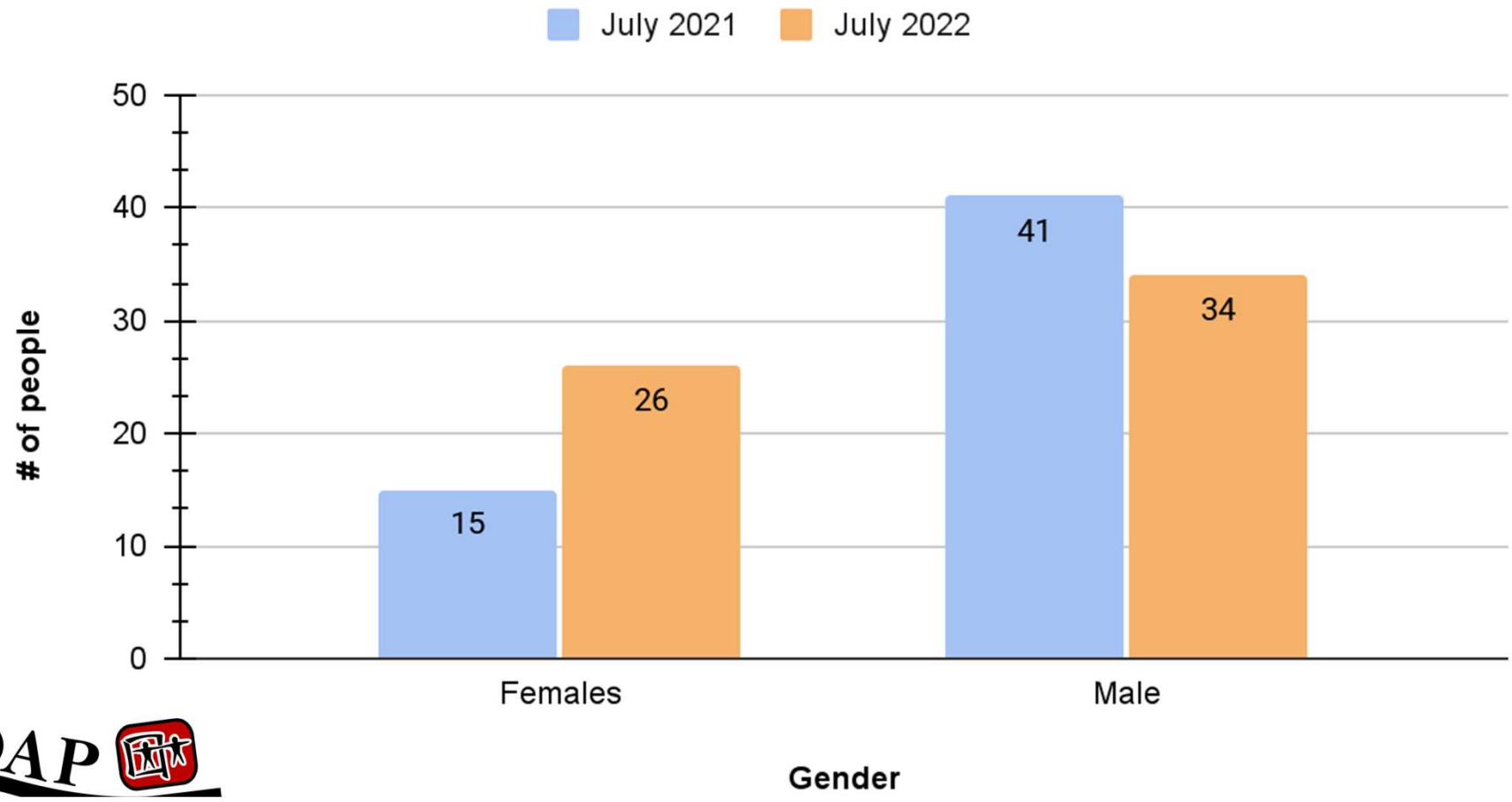
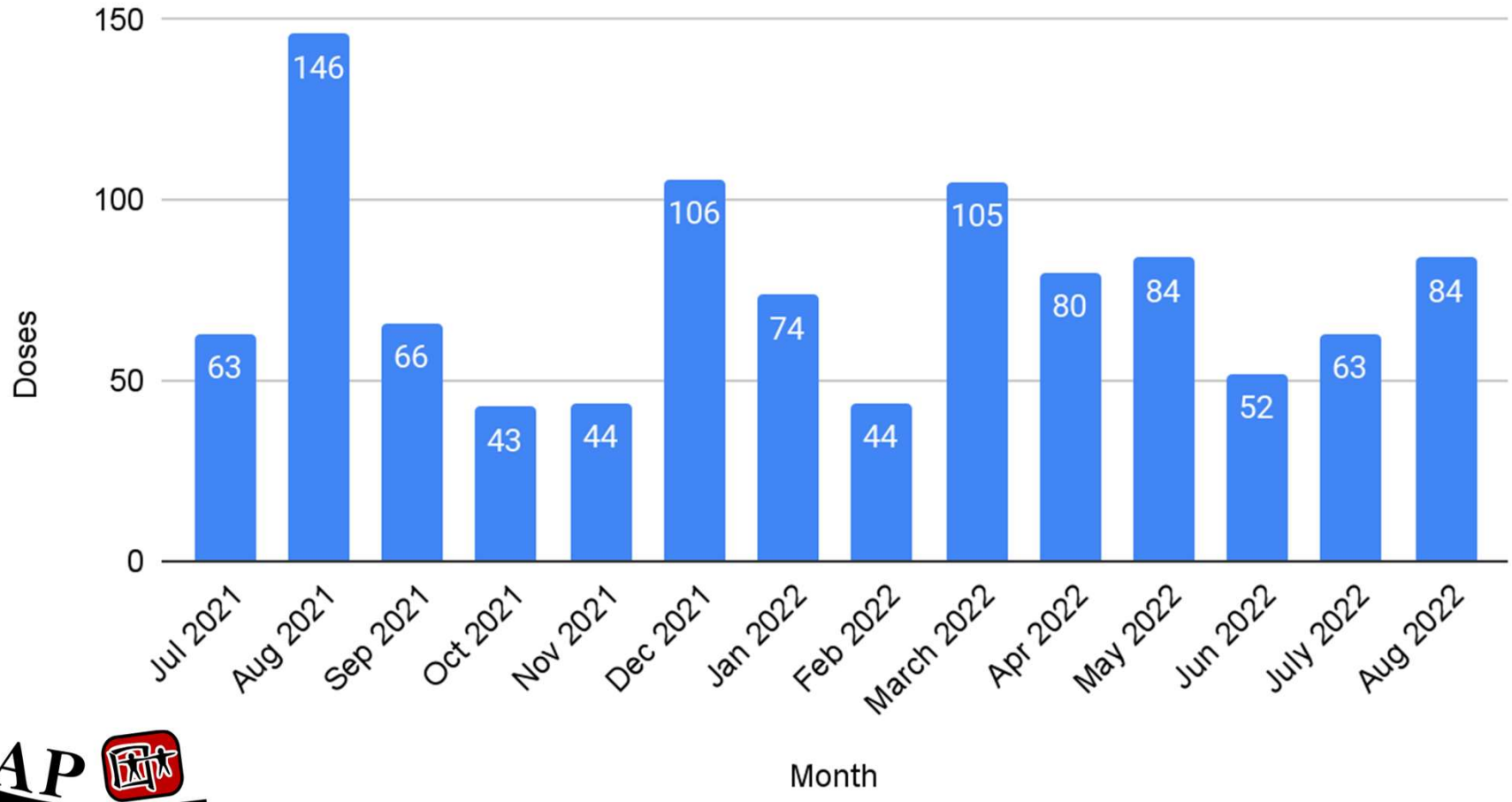
Participants by Sex



Naloxone Distribution by Dosage



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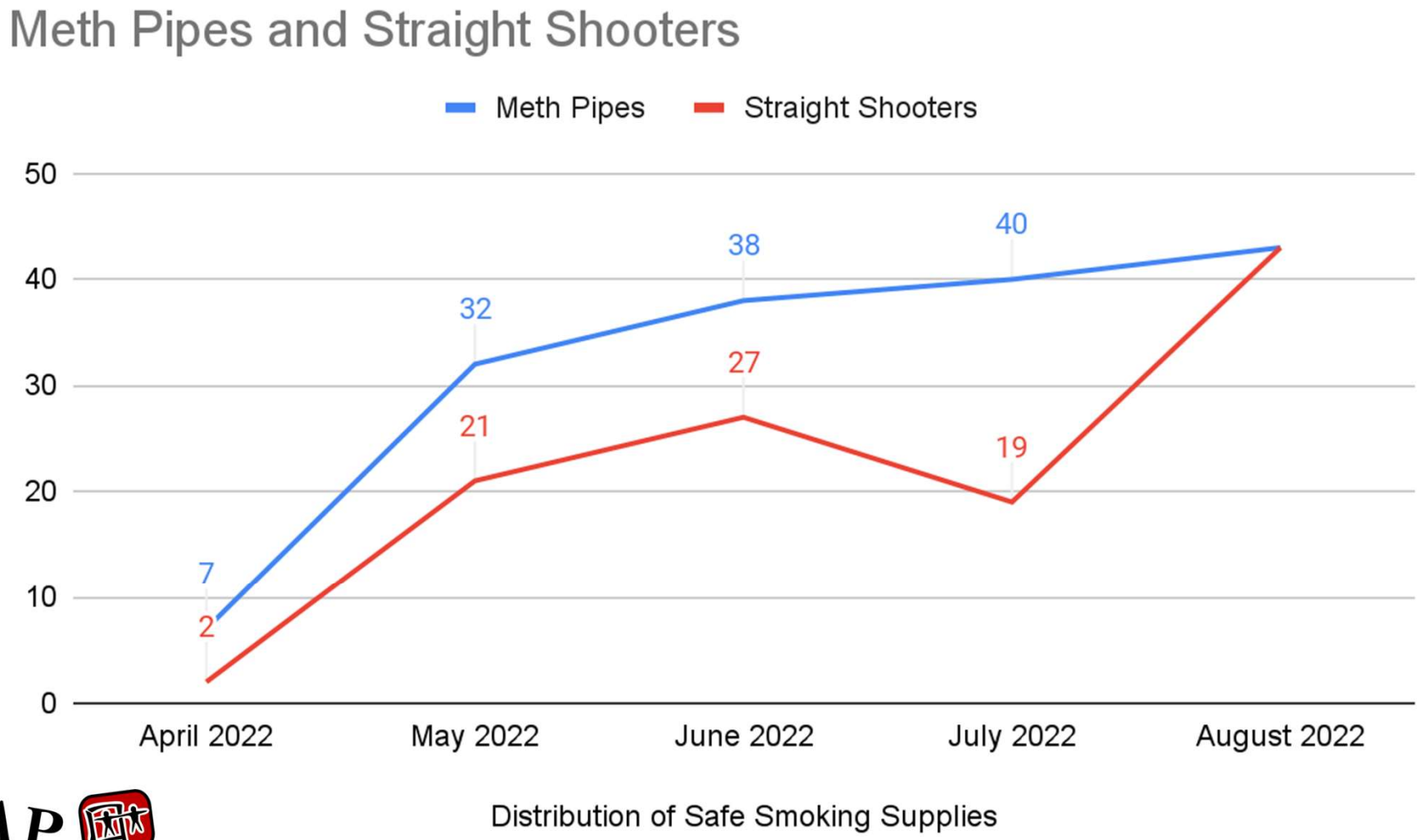


Distribution of Safe Smoking Supplies

AADAP People Need People

AADAP, Inc. Collaborations

- AIDS Healthcare Foundation (AHF)
- Linc Housing (Sparkstown)
- Long Beach Multi-Service Center
- The LGBTQ Center Long Beach
- West County Medical Corporation & West County Medical Clinic

Thank you!

AADAP
People Need People

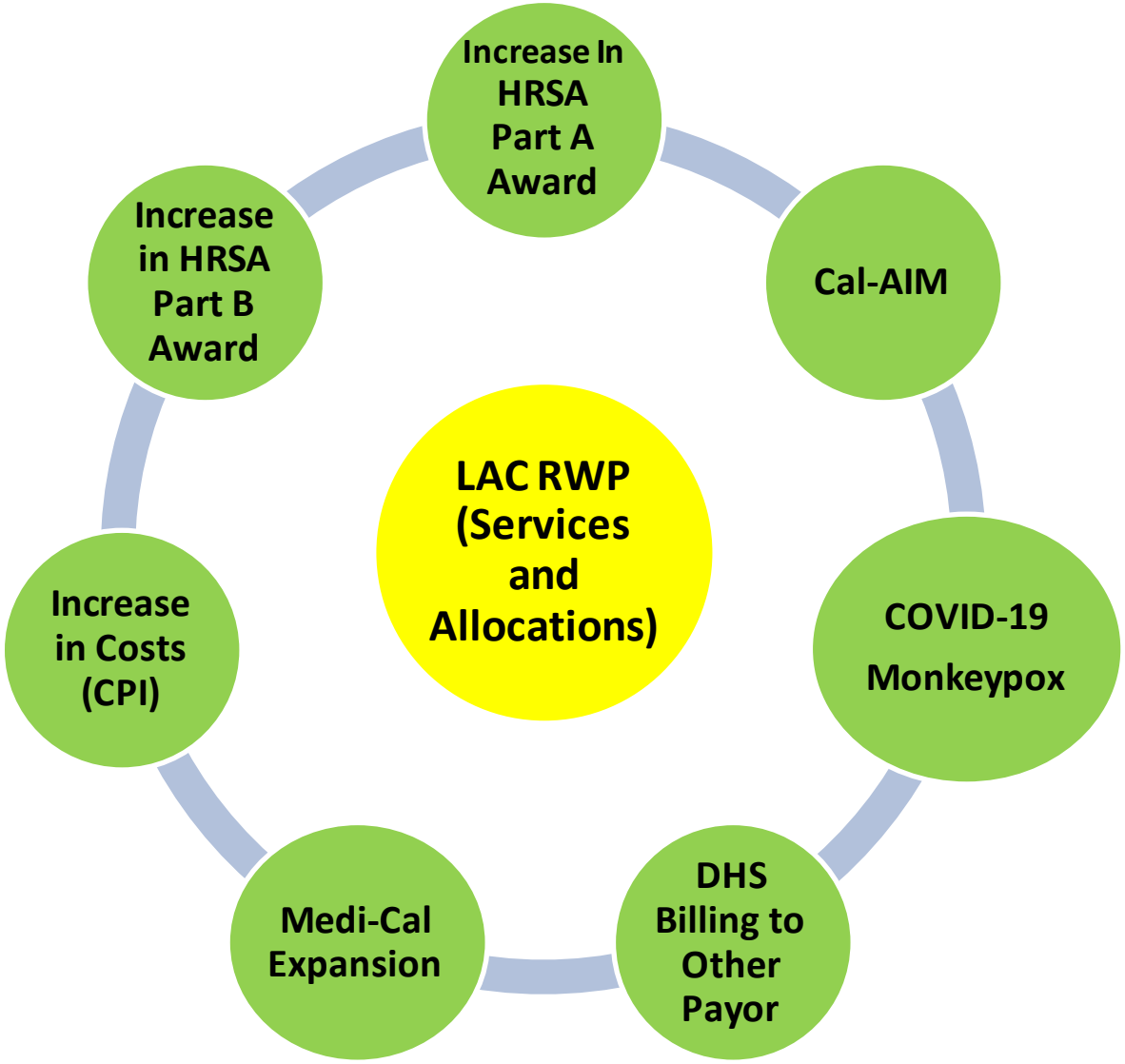
Changing Healthcare Landscape in Los Angeles County: Impact to Local Ryan White Program in FY 2022

August 16, 2022 PP&A Meeting

Dr. Michael Green, Chief
Planning, Development and Research
Division of HIV and STD Programs

Background

Expected and Unexpected Changes



Overview of Previous Re-Allocation Estimate

Issue	Estimate or Actual	Notes
Increase in FY 2022 HRSA Part B Award	$446,809 actual increase	Part B covers HRSA approved fee-for-service (FFS) service categories
Increase in Costs (CPI)	Assessment in progress	Overall increase in past 12-months- appx. 8%
Medi-Cal Expansion	Up to $4 million (estimate)	Low income persons 50 years old and older (regardless of immigration status) are eligible to receive full Medi-Cal coverage as of May 1, 2022. Thus, the RWP will not pay for these clients' AOM, MCC, and general oral health services anymore because RWP must be the payor of last resort

Overview of Previous Re-Allocation Estimate (cont.)

Issue	Estimate or Actual	Notes
Increase in FY 2022 HRSA Part A Award	$1,945,224 actual increase	Received full Notice of Award (NOA) on May 19, 2022. Requesting approval to carryover $1,747,329 from FY 2021 to FY 2022
Cal-AIM	Pending additional information from State	Cal-AIM program will be rolled out in stages. State is soliciting feedback on Cal-AIM plan.
COVID-19 and Monkeypox	Assessments in progress	Service utilization and impact on expenditures will be closely monitored by DHSP staff.
HS Billing to Other Payor Source	$11.7 million (estimated/projected)	In FY 2021 DHS provided Emergency Financial Assistance (EFA), Housing, Medical Care Coordination (MCC), Ambulatory Outpatient Medical (AOM), Mental Health (MH), transportation, and Transitional Case Management (TCM)-Jails services.

Current Re-Allocation Projection

Current Re-Allocation Projection and Plan

Current Re-Allocation Estimate: $5 million - $6 million

Plan:

- DHS will continue to bill the RWP for Emergency Financial Assistance and Housing services in FY 2022. (New estimated DHS amount to be reallocated=$7.2 million)
- DHSP is in the process of augmenting nutritional support contracts
- DHSP is in the process of increasing AOM rates based on change in the Consumer Price Index (CPI)
- DHSP will be billing HIV partner services to RWP (Early Intervention Services) as of July 1, 2022 (appx. $800,000)
- DHSP is working with the Housing for Health program to procure motel vouchers for unstably housed PLWDH for the Linkage and Reengagement Program (LRP)

Current Re-Allocation Projection and Plan (cont.)

Current Re-Allocation Estimate: $5 million - $6 million

Plan:

- HRSA announced that RWP funds can be used to support Monkeypox screening and laboratory costs
- DHSP can carryover approximately $2 million from FY 2022 MAI award to FY 2023
- DHSP is closely monitoring the impact of Medi-Cal expansion on the RWP. Not enough time has elapsed to see if there is a difference in expenditures compared to last year. Based on invoices received for May 2022, there was no change in expenditures for AOM and MCC services. It is highly unlikely that the financial impact of Medi-Cal expansion will be $4 million in FY 2022.
- DHSP has met, and will continue to meet with State OA and HRSA to discuss the changing healthcare landscape in Los Angeles County and the impact on the RWP

Contingency Planning

Plan B

The current estimate that needs to be re-allocated to maximize the HRSA Part A/MAI and Part B grants is approximately $5 to $6 million. This can probably be covered by implementing the changes listed in the previous slides. However, additional issues may arise. One possible contingency plan is to

- Carryover FY 2022 Formula funds into FY 2023 without penalty (HRSA announced waiver opportunity)

Questions and Discussion

How many clients does DHS serve?

- In CY 2021, 5,678 PLWDH got lab work done at a DHS site.
- In FY 2021, 16,963 PLWDH received one or more RWP services.
  - 5,351 RWP clients received AOM services; approximately 28% received services from a DHS site (n=1,476)
  - 8,244 RWP clients received MCC services; approximately 13% received services from a DHS site (n=1,036)
- Retention in care and viral suppression measures were higher at DHS RWP sites compared to the overall RWP data (2019).

Outcome	Overall RWP	RWP DHS Sites
Retention in Care	79%	87%
Viral Suppression	82%	86%

Q. Will the MOE be impacted if DHS does not bill for AOM/MCC services?

- The costs DHS incurs for AOM and MCC services will count towards meeting the MOE requirement

Q. How can DHSP and or COH monitor DHS' performance if DHS is no longer a RWP provider?

Q. Can HRSA Part A/MAI funds be used for STD services?

Additional Questions?


thank you!

Funding Source	Amount	Description
HRSA Ryan White Program Parts A (March 1-February 28/29) Year 1 of 3-year award	$42,142,230	Grant must fund at least one or more core or support service for people living with HIV/AIDS per policy clarification notice 16-02. The Ryan White Program is the payor of last resort. AOM, Oral Health, Early Intervention Services, Emergency Financial Assistance Services, Home and Community Based Health Services, Mental Health Services, Medical Case Management (MCC), Non-medical Case Management (Benefits Specialty), Food Bank and Home Delivered Meals, Housing Services (RCFCI, TRCF), Legal Services, Linguistic Services, Medical Transportation, Substance Abuse Residential Services
HRSA Ryan White Program Part B April 1- March 31 (year 4 of 5-year cycle)	$5,446,809	Grant must fund at least one or more core or support service for people living with HIV/AIDS per policy clarification notice 16-02. The Ryan White Program is the payor of last resort. Housing Services (RCFCI and TRCF. Mental health portion of these contracts is covered under Part A. Substance Use Residential services for one agency is also supported with RWP Part B)
HRSA Ryan White Program Minority AIDS Initiative (March 1-February 28/29) Year 1 of 3-year award	$3,780,205	Grant must fund at least one or more core or support service for HIV-positive racial or ethnic or sexual minorities. The Ryan White Program is the payor of last resort. Outreach (LRP), Housing (Permanent Supportive Housing), and Non-medical Case Management (Transitional Case Management) is supported with RWP MAI.
HRSA Ending the HIV Epidemic March 1-February 28/29 (Year 3 of a 5-year cycle)	$6,168,850	Grant supports 1) Data system infrastructure development and systems linkages; 2) Surveillance improvements and building organizational capacity, 3) Emerging practices, evidence-informed and evidence-based interventions for diagnosis and rapid linkage to care; 4) Reengagement in care and viral suppression; and 5) Community engagement, information dissemination specifically calling attention to the activities for PLWH who are not virally suppressed.
CDC Ending the HIV Epidemic August 1-July 31 (Year 3 of a 5 year cycle)	$3,360,658	Grant supports HIV prevention strategies, including 1) HIV self-testing; 2) Community engagement; 3) Increaed access to syringe services; 4) Increased screening for PrEP; 5) HIV prevention media campaigns; and 6) Improved surveillance data for real-time HIV cluster detection and response.
CDC Integrated HIV Surveillance and Prevention (January 1-December 31)-year 5 of a 5 year cycle	$17,950,095	Grant supports 11 HIV surveillance and prevention strategies including active and passive surveillance; outbreak investigation; data management, analysis and reporting; comprehensive individual-level and community-level HIV-related prevention services; and data-driven planning.
State Block Grant - HIV Surveillance (July 1-June 30)	$1,972,378	Grant supports active and passive HIV surveillance, data management, analysis and reporting
CDC HIV Treatment Improvement Demonstration Project (January 1-December 31)-year 5 (1-year extension in 2022) of a 4-year cycle	$597,083	The two goals of this project are 1) increase infrastructure to improve classification of provider-level HIV surveillance data and 2) provide technical assistance on quality improvement to increase viral suppression, retention in care, and durable viral suppression among low performing providers in Los Angeles County.
CDC National HIV Behavioral Survey & TG supplement (January 1-December 31) - year 1 of a 5-year cycle)	$637,802 + $78,366 for Hep suppl.	Grant supports Los Angeles County's participation in this four-cycle national survey (MSM, IDU, Heterosexuals, and TG). Survey findings are used for the Los Angeles County HIV/AIDS Strategy, program development, and resource allocation.
CDC Medical Monitoring Project (June 1-May 31) - year 3 of a 5-year cycle	$728,648	Grant supports Los Angeles County's participation in the national surveillance project designed to learn more about the experiences and needs of PLWH (in and out of care).
CDC Strengthening STD Prevention and Control for Health Departments (January 1-December 31) - year 4 of a 5-year cycle	$3,356,049	Grant must be used to support 5 strategy areas: STD surveillance, disease investigation and intervention, screening and treatment, promotion and policy, and data management and utilization. No more than 10% of grant funds can support contracts.
CDC STD Prevention and Control for Health Departments – Disease Investigation Specialist (DIS) Workforce Development Infrastructure (January 1-December 31) – year 2 of a 5-yr cycle	$6,598,516	Grant supports expanding, training, and sustaining local DIS workforce to support icreased capacity to conduct disease investigation, linkage to prevention and treatment, case management and oversight, and outbreak response for COVID-19 and other infectious diseases.
CDC Gonococcal Isolates Surveillance Project (August 1, 2019-July 31, 2020)	$15,000	ELC Grant supports participation in the national sentinel surveillance system to monitor trends in antimicrobial susceptibilities of Neisseria gonorrhoeae strains in the US among selected STD clinics and covers salary, fringe benefits and supplies
State STD General Funds Allocation July 1-June 30 (year 4 of 5-year cycle)	$547,050	Grant funds support CT/GC Patient Delivered Partner Therapy (PDPT) Distribution Project, condom distribution, training for PHNs and PHIs and DHSP staff.
State STD Management and Collaboration Project (July 1-June 30) - year 4 of 5-year cycle	$497,400	Grant funds support Los Angeles LGBT Center, Entercom for condom distribution, and rapid Syphilis test kits
SAPC Non-Drug Medi-Cal (July 1-June 30)	$3,249,000	Grant supports HIV risk reduction interventions that contain a substance abuse component.
Total	**$97,126,139**	

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HIV AND STD PROGRAMS

RYAN WHITE PART A, MAI YR 31 AND PART B YR 31 EXPENDITURES BY RWP SERVICE CATEGORIES

Expenditures reported by July 19, 2022

1	2	3	4	5	6	7	8
SERVICE CATEGORY	YR 31 EXPENDITURES PART A	YEAR 31 EXPENDITURES MAI	TOTAL YEAR TO DATE EXPENDITURES PART A AND MAI (Total Columns 2+3)	PART A + MAI EXPENDITURES %	YEAR 31 EXPENDITURES PART B	TOTAL YEAR 31 DATE EXPENDITURES FOR RWP SERVICES (Total Columns 4+6)	COH YR 31 ALLOCATIONS %
OUTPATIENT/ AMBULATORY MEDICAL CARE (AOM)	$ 7,478,232	$ -	$ 7,478,232	20.28%	$ -	$ 7,478,232	24.13%
MEDICAL CASE MGMT (Medical Care Coordination)	$ 9,652,814	$ -	$ 9,652,814	26.17%	$ -	$ 9,652,814	31.73%
ORAL HEALTH CARE	$ 6,699,203	$ -	$ 6,699,203	18.16%	$ -	$ 6,699,203	13.81%
MENTAL HEALTH	$ 362,699	$ -	$ 362,699	0.98%	$ -	$ 362,699	0.69%
HOME AND COMMUNITY BASED HEALTH SERVICES	$ 2,318,710	$ -	$ 2,318,710	6.29%	$ -	$ 2,318,710	7.02%
NON-MEDICAL CASE MANAGEMENT-Benefits Specialty Services	$ 1,403,115	$ -	$ 1,403,115	3.80%	$ -	$ 1,403,115	3.49%
NON-MEDICAL CASE MANAGEMENT-Transitional Case Management	$ 527,592	$ 242,484	$ 770,076	2.09%	$ -	$ 770,076	0.79%
HOUSING-RCFCI, TRCF	$ 235,329	$ -	$ 235,329	0.64%	$ 3,859,442	$ 4,094,771	1.05%
HOUSING-Temporary and Permanent Supportive with Case Management	$ 1,695,682	$ 1,279,626	$ 2,975,308	8.07%	$ -	$ 2,975,308	7.73%
SUBSTANCE ABUSE TREATMENT - RESIDENTIAL	$ -	$ -	$ -	0.00%	$ 744,825	$ 744,825	--
MEDICAL TRANSPORTATION	$ 446,195	$ -	$ 446,195	1.21%	$ -	$ 446,195	2.06%
FOOD BANK/HOME DELIVERED MEALS - NUTRITION SUPPORT	$ 2,504,284	$ -	$ 2,504,284	6.79%	$ -	$ 2,504,284	7.27%
EMERGENCY FINANCIAL ASSISTANCE	$ 1,051,759	$ -	$ 1,051,759	2.85%	$ -	$ 1,051,759	--
REFERRAL/OUTREACH (LINKAGE AND REENGAGEMENT PROGRAM)	$ 614,470	$ -	$ 614,470	1.67%	$ -	$ 614,470	--
LEGAL	$ 369,106	$ -	$ 369,106	1.00%	$ -	$ 369,106	0.23%
SUB-TOTAL DIRECT SERVICES	$ 35,359,190	$ 1,522,110	$ 36,881,300	100.00%	$ 4,604,267	$ 41,485,567	100.00%
YR 31 ADMINISTRATION (INCLUDING PLANNING COUNCIL)	$ 4,034,450	$ 363,270	$ 4,397,720		$ 395,733	$ 4,793,453	
YR 31 CLINICAL QUALITY MANAGEMENT (HRSA Part A Legislative Requirement)	$ 950,862	$ -	$ 950,862		$ -	$ 950,862	
TOTAL EXPENDITURES	$ 40,344,502	$ 1,885,380	$ 42,229,882		$ 5,000,000	$ 47,229,882	
TOTAL GRANT AWARD			43,977,211				
VARIANCE			1,747,329				
MAI Carryover from YR 21 to YR 22	**$**	**1,747,329**					

LOS ANGELES COUNTY
COMMISSION ON HIV

Service Standards for

BENEFITS SPECIALTY SERVICES

SBP Committee Approved 7/5/22

For Executive Committee Approval 7/28/22

BENEFITS SPECIALTY SERVICES
service standards

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

Ryan White HIV/AIDS Services: Determining Client Eligibility and Payor of Last Resort Program Clarification Notice (PCN) #21-02

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

INTRODUCTION

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

The Los Angeles County Commission on HIV developed the Benefits Specialty Services standards to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) can receive quality Benefits Specialty Services when attending core medical and/or support services appointments and meetings. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, and the public-at-large.

BENEFITS SPECIALTY SERVICES (BSS): OVERVIEW

Benefits Specialty Services are client-centered activities that facilitate a client's access to public/private maintenance of health, social services, and disability benefits and programs. Benefits Specialty Services work to maximize public funding by helping clients identify all available health, social services, and disability benefits supported by funding streams in addition to Ryan White Part A funds. These services are designed to assist a client navigate care and social services systems outside of the service delivery network funded by the Ryan White Program, educate people living with HIV about public and private benefit programs, and aid in accessing and securing these benefits.

Benefits Specialty Services are unlicensed. All HIV Benefits Specialty Services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations and will respect the inherent dignity of each person living with HIV they serve. In addition, BSS contractors must adhere to contractual requirements stipulated by DHSP.

Benefits Specialists will assist clients directly or through referral in obtaining the following (at minimum):

Table 1. BENEFIT SPECIALTY SERVICES LIST

Health Care	• AIDS Drug Assistance Program (ADAP)* • Patient Assistance Programs (Pharmaceutical Companies)
Insurance	• State Office of AIDS Health Insurance Premium Payment (OA-HIPP) • Covered California/Health Insurance Marketplace • Medicaid/Medi-Cal/MyHealthLA • Medicare • Medicare Buy-in Programs • Private Insurance
Food and Nutrition	• CalFresh • DHSP-funded nutrition programs (food banks or home delivery services)
Disability	• Social Security Disability Insurance (SSDI) • State Disability Insurance • In-Home Supportive Services (IHSS)
Unemployment/Financial Assistance	• Unemployment Insurance (UI) • Worker's Compensation • Ability to Pay Program (ATP) • Supplemental Security Income (SSI) • State Supplementary Payments (SSP) • Cal-WORKS (TANF) • General Relief/General Relief Opportunities to Work (GROW)
Housing	• Section 8, Housing Opportunities for People with AIDS (HOPWA) and other housing programs • Rent and Mortgage Relief programs
Other	• Women, Infants and Children (WIC) • Childcare • Entitlement programs • Other public/private benefits programs • DHSP-funded services

All contractors must meet the Universal Standards of Care in addition to the following Benefits Specialty Services service standards. Universal Standards of Care can be access at: http://hiv.lacounty.gov/Projects

Table 2. BENEFITS SPECIALTY SERVICES REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Outreach	Benefits specialty programs will outreach to potential clients/families and providers.	Outreach plan on file at provider agency.
	Benefits specialty programs will collaborate with primary health care and supportive services providers.	Memoranda of Understanding on file at the provider agency.
Intake	The intake process will begin during first contact with client.	Intake tool in client file to include (at minimum): • Documentation of HIV status • Proof of LA County residency or Affidavit of Homelessness • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
	Confidentiality policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
	Consent for services will be completed.	Signed and dated Consent in client file.
	Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
	When indicated, the client will provide Disclosure of Duty Statement.	Signed and date Disclosure of Duty Statement in client file.

	Client will be informed of limitations of benefits specialty services through Disclaimer form.	Signed and date Disclaimer in client file.
Benefits Assessment	Benefits assessments will be completed during first appointment.	Benefits assessment in client chart on file to include: • Date of assessment • Signature and title of staff person • Completed Assessment/Information form • Functional barriers • Notation of relevant benefits and entitlements and record of forms provided • Benefits service plans
Benefits Management	Benefits management services will be provided to clients who are enrolled in benefits programs and require advocacy to maintain their benefits.	Benefits assessment on file in client chart to include: • Date • Signature and title of staff person • Notation of relevant benefits and presenting issues(s) • Benefits service plan to address identifies benefits issue(s)
Benefits Service Plan (BSPs)	BSPs will be developed in conjunction with the client at the completion of the benefits assessment.	BSP on file in client chart that includes: • Name, date and signature of client and case manager • Benefits/entitlements for which to be applied • Functional barriers status and next steps • Disposition for each benefit/entitlement and/or referral
Appeals Counseling and Facilitation	As necessary, specialists will assist clients with appeals counseling and facilitation. Cases that require further	Signed, date progress notes on file that detail (at minimum): • Brief description of counseling provided

	legal assistance will be referred to Ryan White Program-funded or other legal service provider.	• Time spent with, or on behalf of, the client • Legal referrals (as indicated)
	Specialists will attempt to follow up missed appointments within one business day.	Progress notes on file in client chart detailing follow-up attempt.
Client Retention	Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
	Programs will provider regular follow-up procedures to encourage and help maintain a client in benefits specialist services.	Documentation of attempts to contact tin signed, date progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact
	Programs will develop and implement a client contact policy and procedure for homeless clients and those with no contact information.	Contact policy on file at provider agency. Program review and monitoring to conform.
Case Closure	Clients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client chart.
	Benefits cases may be closed when the client: • Successfully completes benefits and entitlement applications • Seeks legal representation for benefits • Relocates out of the service area • Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term	Case closure summary on file in client chart to include: • Date and signature of benefits specialist • Date of case closure • Status of the BSP • Reasons for case closure

	• Uses the service improperly of has not complied with the client services agreement • Has died	
Staffing Development and Enhancement Activities	Benefits specialty programs will hire staff that have the ability to provide linguistically and culturally appropriate care to clients living with HIV. Staff meet the minimum qualifications for their job position and have the knowledge, skills, and ability to effectively fulfill their role. 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 people living with HIV in all facets of service delivery, whenever appropriate.	Hiring policy and staff resumes on file.
	All staff will be given orientation prior to providing services.	Record of orientation in employee file at provider agency.
	Benefits specialists will complete DHSP's certification training within three months of being hired and become ADAP and Ryan White/OA-HIPP certified in six months.	Documentation of Certification completion maintained in employee file.
	Staff will complete benefits specialty recertification training annually and will seek other training opportunities as available.	Documentation of training maintained in employee files to include: • Date, time, and location of training • Title of training • Staff members attending • Training provider • Training outline • Meeting agenda and/or minutes

	Benefits specialists will practice according to generally accepted ethical standards.	Program review and monitoring to confirm.
	Benefits specialists will receive a minimum of four hours of supervision per month.	Record of supervision on file at provider agency.

APPENDIX A: DEFINITIONS AND DESCRIPTIONS

Benefits Assessment is a cooperative and interactive face-to-face interview process during which the client's knowledge about and access to public and private benefits are identified and evaluated.

Benefits Management refers to benefits specialty services provided to individuals who are enrolled in various health and disability programs. The goal of benefits management is to provider advocacy that helps the individual maintain his or her benefits.

Case Closure is a systematic process of disenrolling clients form active benefits specialty services.

Client Intake is a process that determines a person's eligibility for benefits specialty services.

Entitlement Program are benefits that require financial contribution into the program prior to collecting from the program (e.g., State Disability Insurance (SDI) and Social Security Disability Insurance (SSDI)).

Legal Representation defines a process through which a consumer is represented by an attorney, paralegal and/or licensed/certified insurance adjustor. (Please see Legal Assistance Standard of Care.)

Outreach promotes the availability of and access to benefits specialty services to potential clients and services providers.

Public Benefits describe all financial and medical assistance programs funded by governmental sources.

HOME-BASED CASE MANAGEMENT SERVICES SERVICE STANDARDS

SBP COMMITTEE APPROVED 7/5/22

FOR EXECUTIVE COMMITTEE APPROVAL 7/28/22

HOME-BASED CASE MANAGEMENT SERVICES
SERVICE STANDARDS

IMPORTANT: The service standards for Home-Based Case Management Services adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

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

The Los Angeles County Commission on HIV developed the Home-Based Case Management Services standards to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) can receive quality Home-Based Case Management services when attending core medical and/or support services appointments and meetings. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, Women's Caucus, and the public-at-large.

SERVICE INTRODUCTION

Home-based case management services are client-centered case management and social work activities that focus on care for people living with HIV who are functionally impaired and require intensive home and/or community-based care. Services are conducted by qualified Registered Nurse (RN) case managers and master's [1]degree-level social workers who facilitate optimal health outcomes for functionally impaired people living with HIV through advocacy, liaison, and collaboration.

Home-based case management services may include:

- Assessment
- Service planning
- Attendant care
- Homemaker services
- Medical case management
- Care coordination
- Psychosocial case management
- Mental health therapy

The goals of home-based case management for functionally impaired people living with HIV include:

- Assessing and facilitating in-home services
- Helping clients locate needed health care and supportive services
- Helping service providers coordinate care for clients
- Helping clients understand and manage their medical diagnoses, including comorbidities and other health-related diagnoses that impact HIV care treatment
- Educating clients on reducing risks for HIV infection
- Helping patients adhere to medical regimens and drug therapies
- Helping clients transition appropriately to self-management and care
- Providing appropriate, quality, cost-effective care

All service providers receiving funds to provide Home-based Case Management services are required to adhere to the standards outline in Table 2.

[1] *Social workers providing home-based case management services will hold an MSW (or related degree) or BA in social work with 1-2 years of experience and practice according to State and Federal guidelines and the Social Work Code of ethics.*

Table 2. HOME-BASED CASE MANAGEMENT SERVICE REQUIREMENTS

SERVICE COMPONENT	STANDARD	DOCUMENTATION
OUTREACH	Home-based case management programs will outreach to potential patients and providers.	Outreach plan on file at provider agency.
INTAKE	Intake process will begin during first contact with client.	Intake tool, completed and in client file, to include (at minimum): • Documentation of HIV status • Proof of LA County residency • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contact name, home address and telephone number
	Confidentiality Policy and Release of Information will be discussed and completed.	Release of Information signed and date by client on file and updated annually.
	Consent for Services will be completed.	Signed and dated Consent in client file.
	Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.
ASSESSMENT	Assessments will be completed within 30 days following intake. Updates to the assessment will be done on a continuous basis, but no less than once every 90 days.	Assessment or update on file in client record to include: • Date • Signature and title of staff person • Client's educational needs related to treatment • Assessment of psychological adjustment and coping • Consultation (or documented attempts) with health care and

		related social service providers • Assessment of need for home-health care services • *Assessment of need for housing stability* A client's primary support person should also be assessed for ability to serve as client's primary caretaker.
SERVICE PLAN	Home-based case management service plans will be developed in conjunction with the patient.	Home-based case management service plan on file in client record to include: • Name of client, RN case manager and social worker • Date/signature of RN case manager and/or social worker • Documentation that plan has been discussed with client • Client goals, outcomes, and dates of goal establishment • Steps to be taken to accomplish goals • Timeframe for goals • Number and type of client contacts • Recommendations on how to implement plan • Contingencies for anticipated problems or complications
IMPLEMENTATION AND EVALUATION OF SERVICE PLAN	RN case managers and social workers will: • Provide referrals, advocacy and interventions based on the intake, assessment, and case management plan • *Provide referrals for housing assistance to clients that may need*	Signed, dated progress notes on file to detail (at minimum): • Description of client contacts and actions taken • Date and type of contact • Description of what occurred

	them based on housing stability assessment conducted on intake • Monitor changes in the client's condition • Update/revise the case management plan • Provide interventions and linked referrals • Ensure coordination of care • Conduct monitoring and follow-up • Advocate on behalf of clients • Empower clients to use independent living strategies • Help clients resolve barriers • Follow up on plan goals • Maintain ongoing contact based on need • Be involved during hospitalization or follow-up after discharge from the hospital • Follow up on missed appointments by the end of the next business day • Ensuring that State guidelines regarding ongoing eligibility are followed	• Changes in the client's condition or circumstances • Progress made toward plan goals • Barriers to plan and actions taken to resolve them • Linked referrals and interventions and current status/results of same • Barriers to referrals and interventions/actions taken • Time spent • RN case manager's or social worker's signature and title
ATTENDANT CARE	Attendant care will be provided under supervision of a licensed nurse, as necessary.	Record of attendant care on file in client chart.
	When possible, programs will subcontract with at least Home Care Organizations (HCO) or Home Health Agencies (HHA).	Contracts on file at provider agency.
HOMEMAKER SERVICES	Homemaker services will be provided under the supervision of a licensed nurse, as necessary.	Record of homemaker services on file in client record.

	Homemaker services will be monitored at least once every 6 months.	Record of monitoring on file in the client record.
	When possible, programs will subcontract with at least HCOs or HHAs.	Contracts on file at provider agency.
HIV PREVENTION, EDUCATION AND COUNSELING	RN case manager and social worker will provide prevention and risk management education and counseling to all clients, partners, and social affiliates.	Record of services on file in client medical record.
	RN case managers and social workers will: • Screen for risk behaviors • Communicate prevention messages • Discuss sexual practices and drug use • Reinforce safer behavior • Refer for substance abuse treatment • Facilitate partner notification, counseling, and testing • Identify and treat sexually transmitted *diseases including Hepatitis C* *Consider expanding the clinical scope of RN case managers to include home-based testing for communicable infections such as Sexually Transmitted Infections (STIs), Hepatitis C, COVID-19, blood pressure and blood glucose, and urinalysis.*	Record of prevention services on file in client record.
	When indicated, clients will be referred to appropriately credentialed/licensed professionals for prevention education and counseling.	Record of linked referral on file in client record.

REFERRAL AND COORDINATION OF CARE	Home-based case management programs will maintain a comprehensive list of providers for full spectrum HIV-related services referrals.	Referral list on file at provider agency.
	Home-based case management programs will collaborate with other agencies and providers to provide effective, appropriate referrals.	Memoranda of Understanding detailing collaborations on file at provider agency.
	Home-based case management programs will develop procedures and protocols for referrals.	Written procedures and protocols on file at provider agency that includes process for tracking and monitoring referrals.
CASE CONFERENCE	Case conferences held by RN case managers and social workers, at minimum, will review and revise services plans at least every 60 days. Client or representative feedback will be sought.	Documentation of case conferences on file in client record to include names and titles of those participating in the review and client or representative input.
PATIENT RETENTION	Programs will develop a broken appointment policy to ensure continuity of service and retention of clients.	Written policy on file at provider agency.
	Programs will provide regular follow-up procedures to encourage and help maintain a client in home-based case management.	Documentation of attempts to contact in signed, dated progress notes. Follow-up may include: • Telephone calls • Written correspondence • Direct contact
CASE CLOSURE	Clients will be formally notified of pending case closure.	Contact attempts and notification about case closure on file in client record
	Home-based case management cases may be closed when the client: • Has achieved their home-based case management service plan goals • Relocates out of the service area	Case closure summary on file in client chart to include: • Date and signature of RN case manager and/or social worker • Date of case closure • Service plan status • Statue of primary health care and service utilization

	• Has had no direct program contact in the past six months • Is ineligible for the service • No longer needs the service • Discontinues the service • Is incarcerated long term • Uses the service improperly or has not complied with the client services agreement • Has died	• Referrals provided • Reason for closure • Criteria for re-entry into services
POLICIES, PROCEDURES AND PROTOCOLS	Home-based case management programs will have written policies procedures and protocols, including eligibility criteria.	Policies, procedures, and protocols on file at provider agency.
STAFFING REQUIREMENTS AND QUALIFICATIONS	RNs providing home-based case management services will: • Hold a license in good standing form the California State Board of Registered Nursing • Have graduated from an accredited nursing program with a BSN or two-year nursing associate degree • Have two year's post-degree experience and one year's community or public health nursing experience • Practice within the scope defined in the California Business & Professional Code, Section 2725	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.
	Social workers providing home-based case management services will hold an MSW (or related degree) *or BA in social work with 1-2 years of experience and practice*	Resumes on file at provider agency to verify experience. Program review and monitoring to confirm.

	according to State and Federal guidelines and the Social Work Code of ethics	
	RN case managers and social workers will attend an annual training/briefing on public/private benefits.	Documentation of attendance in employee files.
	Staff will maintain licenses by completing continuing education requirements of their respective professional boards.	Record of continuing education in employee files at provider agency.

DEFINITIONS AND DESCRIPTIONS

Assessment is a comprehensive evaluation of each client's physical, psychological, social, environmental, and financial status to determine the type and level of service needs. Assessments will be performed in accordance with guidelines set forth by the California Department of Public Health (CDPH) Case Management Program (CMP).

Attendant Care includes the provision of non-medical personal care by a home health aide or nurse assistant certified by the CDPH. Services are provided under the direct supervision of a licensed nurse.

Home Care Organization (HCO) is an entity that provides attendant care and/or homemaker services only. HCOs are not licensed by the CDPH and are not subject to State-issued service standards or criteria.

Home Health Agency (HHA) is a public or private entity that provides skilled nursing and other therapeutic services to clients in their place of residence under a treatment plan prescribed by an attending physician. HHAs must be qualified and licensed by the CDPH as a home health agency.

Homemaker Services include general household activities performed when the client is unable to manage home care for himself or herself at home. Services are provided under the direct supervision of a licensed nurse.

Registered Nurse (RN) Case Management Services include the provision of comprehensive medical case management for people living with HIV who require intensive home and/or community-based services.

Service Plan is a written document identifying a client's problems and needs, intended interventions, and expected results, including short- and long-range goals written in measurable terms.

Social Work Case Management Services include the provision of comprehensive social work case management services including, but not limited to, psychosocial, financial, housing, and related concerns for people living with HIV who require intensive home- and/or community-based services.

Social Workers, as defined in this standard, are individuals who hold a master's degree in social work (or related field) *or BA in social work with 1-2 years of experience from an accredited program.*