



LOS ANGELES COUNTY
COMMISSION ON HIV



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

Thursday, June 25, 2020, 1:00 P.M.–3:00 P.M.

To Join by Computer: <https://tinyurl.com/ycclge7e>
Password: EXECUTIVE

To Call: +1-415-655-0001 US Toll
Access code: 145 849 9314

Executive Committee Members:			
<i>Al Ballesteros, MBA, Co-Chair</i>	<i>Bridget Gordon, Co-Chair</i>	Raquel Cataldo	Michele Daniels (Exec At-Large)
Erika Davies	Joseph Green	Lee Kochems, MA	Katja Nelson, MPP
Mario Perez, MPH	Juan Preciado	Kevin Stalter	
QUORUM*:	6		

**Due to COVID-19, quorum requirements suspended for teleconference meetings per Governor Newsom's Executive Order N-25-20*

AGENDA POSTED: June 18, 2020

ATTENTION: Any person who seeks support or endorsement from the Commission or Committee 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 (213) 738-2816 or via email at hivcomm@lachiv.org.

Servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto la oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a hivcomm@lachiv.org, por lo menos 72 horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located in Metroplex Wilshire, one building west of the southwest corner of Wilshire and Normandie. Validated parking is available in the parking lot behind Metroplex, just south of Wilshire, on the west side of Normandie.

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of

the meeting.

If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve external stakeholders at the top of the agenda in order to address and resolve those issues more quickly and release visiting participants from the obligation of staying for the full meeting.

External stakeholders who would like to participate in the deliberation of discussion of a posted agenda item, but who may only be able to attend for a short time during a limited window of opportunity, may call the Commission's Executive Director in advance of the meeting to see if the scheduled agenda order can be adjusted accordingly. Commission leadership and staff will make every effort to accommodate reasonable scheduling and timing requests—from members or other stakeholders—within the limitations and requirements of other possible constraints.

Call to Order, Introductions, and Conflict of Interest Statements 1:00 P.M. – 1:03 P.M.

I. ADMINISTRATIVE MATTERS

- | | | | |
|----|-----------------------------|-------------------|-----------------------|
| 1. | Approval of Agenda | MOTION # 1 | 1:03 P.M. – 1:05 P.M. |
| 2. | Approval of Meeting Minutes | MOTION # 2 | 1:05 P.M. – 1:07 P.M. |

II. PUBLIC COMMENT

- | | | | |
|----|--|--|-----------------------|
| 3. | Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. | | 1:07 P.M. – 1:10 P.M. |
|----|--|--|-----------------------|

III. COMMITTEE NEW BUSINESS ITEMS

- | | | | |
|----|---|--|-----------------------|
| 4. | Opportunity for Committee members to recommend new business items for the full body or a committee level discussion on non-agendized matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting, or matters requiring immediate action because of an emergency situation, or where the need to take action arose subsequent to the posting of the agenda. | | 1:10 P.M. – 1:13 P.M. |
|----|---|--|-----------------------|

IV. REPORTS

- | | | | |
|----|--|--|-----------------------|
| 5. | Executive Director's/Staff Report
A. Welcome, Introductions & Virtual Meeting Management Reminders
B. County/Commission Operational Updates
C. Facilitation by Diane Burbie to Address Commission + Community Concerns | | 1:13 P.M. – 1:30 P.M. |
| 6. | Co-Chair's Report
A. Statement of Solidarity Pledge
B. Reschedule August Commission Meeting
C. June 11, 2020 COH Meeting Feedback & Follow Up
D. Revisit STD Letter to Dr. Barbara Ferrer
E. Board Letter Regarding Contractual Process
F. At Large Executive Committee Member Open Nominations ONGOING | | 1:30 P.M. – 1:50 P.M. |
| 7. | Division of HIV and STD Programs (DHSP) Report | | 1:50 P.M. – 2:10 P.M. |
| 8. | Ending the HIV Epidemic (EtHE) Activities + Updates | | 2:10 P.M. – 2:15 P.M. |

9. **Standing Committee Reports:** 2:15 P.M. – 2:45 P.M.
- A. Operations Committee
 - a. Membership Management
 - i. New Member Applications
 - 1. Kevin Donnelly **MOTION #3**
 - 2. Miguel Martinez **MOTION #4**
 - ii. 2020 Proposed Membership Slate **MOTION #5**
 - b. Mentorship Program Implementation
 - B. Planning, Priorities and Allocations (PP&A) Committee
 - a. Program Year (PY) 30 Allocations and Expenditures | UPDATE
 - C. Standards and Best Practices (SBP) Committee
 - D. Public Policy Committee
10. **Caucus, Task Force, and Work Group Reports:** 2:45 P.M. – 2:50 P.M.
- A. Aging Task Force
 - B. Black/African-American Community (BAAC) Task Force
 - C. Consumer Caucus
 - D. Women's Caucus
 - E. Transgender Caucus

V. NEXT STEPS

11. Task/Assignments Recap 2:50 P.M. – 2:53 P.M.
12. Agenda development for the next meeting 2:53 P.M. – 2:55 P.M.

VI. ANNOUNCEMENTS

13. Opportunity for members of the public and the committee to make announcements 2:55 P.M. – 3:00 P.M.

VII. ADJOURNMENT

14. Adjournment for the meeting of June 25, 2020. 3:00 P.M.

PROPOSED MOTION(s)/ACTION(s):	
MOTION #1:	Approve the Agenda Order, as presented or revised.
MOTION #2:	Approve the Executive Committee minutes, as presented or revised.
MOTION #3:	Approve New Member Application for Kevin Donnelly, as presented or revised and forward to the July 9, 2020 Commission meeting for final approval.
MOTION #4:	Approve Planning, Priorities & Allocation Committee Member Application for Miguel Martinez, as presented or revised and forward to the July 9, 2020 Commission meeting for final approval.
MOTION #5:	Approve proposed 2020 Membership slate as presented or revised and forward to the July 9, 2020, Commission meeting for final approval.



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>

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <http://hiv.lacounty.gov>

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

SPECIAL EXECUTIVE COMMITTEE MEETING MINUTES

April 9, 2020

Draft

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC (cont.)	COMM STAFF/ CONSULTANTS
Al Ballesteros, MBA, Co-Chair	Michele Daniels	Sandra Robinson, MBA	Cheryl Barrit, MPIA
Bridget Gordon, Co-Chair		Natalie Sanchez, MPH	Carolyn Echols-Watson, MPA
Erika Davies	PUBLIC		Dawn McClendon
Joseph Green	Renato Abel	DHSP STAFF	Jane Nachazel
Lee Kochems, MA	Holly Berilla	Pamela Ogata, MPH	James Stewart
Katja Nelson, MPP	Traci Bivens-Davis		Julie Tolentino, MPH
Mario Pérez, MPH	Karl Halfman, MS		Sonja Wright, MS, LAC
Juan Preciado	Marisa Ramos, PhD		Board IT Desk
Kevin Stalter	Joshua Ray		

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, 4/9/2020
- 2) **Minutes:** Executive Committee Meeting Minutes, 1/23/2020
- 3) **Minutes:** Executive Committee Meeting Minutes, 3/2/2020
- 4) **Minutes:** Commission on HIV Meeting Minutes, 1/9/2020
- 5) **Minutes:** Commission on HIV Meeting Minutes, 2/13/2020
- 6) **Survey:** Los Angeles County Commission on HIV COVID-19 Member Impact Survey 2020
- 7) **Survey:** Los Angeles County Commission on HIV Questions for DHSP, HRSA, and OA

CALL TO ORDER AND ROLL CALL: Mr. Stewart called the meeting to order at 9:15 am.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approve the Agenda Order, as presented (**Passed by Consensus**).

2. APPROVAL OF MEETING MINUTES: Mr. Stewart noted consideration of the 1/9/2020 and 2/13/2020 Commission on HIV Meeting Minutes for approval needed to be postponed until the next meeting of that body.

MOTION #2: Approve the 1/23/2020 and 3/2/2020 Executive Committee Meeting Minutes, as presented (**Passed: Yes - Davies, Green, Nelson, Pérez, Stalter, Ballesteros, Gordon; No - none; Abstentions - none**).

3. MEETING GUIDANCE

- Mr. Stewart reviewed protocols for this inaugural WebEx meeting. Only Executive Committee Members may speak. They may be recognized by using the "raised hand" icon. Public comments may only be submitted via email to the Commission's website at HIVcomm@lachiv.org. Public comments will become part of the official record.
- Meeting procedures will follow Los Angeles County (LAC), Board of Supervisors (Board), and County Counsel guidance.

II. REPORTS

4. EXECUTIVE DIRECTOR/STAFF REPORT

A. Welcome, Introductions, and Statement of Solidarity

- Ms. Barrit thanked staff for their work in keeping the community at large informed; Co-Chairs Mr. Ballesteros and Ms. Gordon for continued communication with staff and marshalling efforts to move Commission work forward; and, Mr. Pérez and the DHSP staff for their impressive communication throughout this process and engaging in as much proactive thinking as possible on the pandemic and the Ryan White health care system.
- She also acknowledged Mr. Halfman, California Office of AIDS (OA), and Ms. Berilla, the Commission's Project Officer, Health Resources and Services Administration (HRSA), for continuing communication and joining the meeting today.
- The meeting will adjourn in honor and memory of Garry George Bowie, Executive Director, Being Alive Los Angeles. Many of us knew or worked with him and the Commission is honored to remember him.

B. Commission Activities in Light of the COVID-19 Public Health Emergency

- The Commission's website is its primary mode of communication to dispense critical information about COVID-19 and available resources. The website now has a dedicated COVID-19 page. Staff are also disseminating a series of brief bulletins to push information out into the community in addition to Twitter and Facebook social media.
- The Commission disseminated a letter on 3/16/2020 with suggestions on COVID-19 and communication from PLWHA. Ms. Barrit thanked Mr. Pérez and his DHSP team, the Commission Co-Chairs, and Ms. Nelson for their input.
- Commission staff are also in regular contact with the Commission, Committee, and Caucus Co-Chairs.
- She noted that all LAC employees are designated Disaster Service Workers so may be assigned other duties, as needed.

(i) Authorities and Powers of the Executive Committee

- Ms. Barrit noted Commission Bylaws confer special authorities and powers to the Commission Co-Chairs and the Executive Committee. That is especially pertinent now that we are operating under emergency conditions.
- The Co-Chairs can call special meetings to ensure the Commission fulfills its duties and they are empowered to act on behalf of the Commission or Executive Committee on emergency matters.
- The Executive Committee may act on an emergency basis, if necessary, on behalf of the Commission between regular Commission meetings. She suggested spending some time during this meeting to consider holding additional virtual meetings over the next few months in order to continue moving priorities forward and making any necessary changes due to COVID-19 while continuing to address Ryan White legislative responsibilities.

(ii) BOS, County Counsel Directives and Guidance

- The Board has started virtual meetings under County Counsel direction and guidance with the next on 4/14/2020.
- County Counsel has advised all Commissions to cancel all public meetings that can be postponed. For essential meetings, the body should seek County Counsel advise as soon as practicable for case by case consideration.
- Ms. Barrit will work with the Executive Office and County Counsel to facilitate meeting approvals, as needed. While supportive, the Board wants nonessential meeting oversight to be able to assign staff and resources, as needed.

(iii) Maintaining Business Continuity

- Continuity of Operations Plans are activated for the entire LAC government which means a focus on essential functions. For the Commission, the focus is on responsibilities under Ryan White (RW) legislation.
- Other activities are on hold for the next 30 to 60 days while normal operations are reconstituted to meet the crisis.
- Meanwhile, staff stand ready to support Executive Committee decisions to hold emergency meetings as it sees fit.

(iv) Member COVID-19 Impact Survey

- Ms. Barrit noted Impact Survey results were in the electronic packet and were also forwarded to Executive Committee Members in advance of the meeting for review. The survey was developed in consultation with Co-Chairs Ballesteros and Gordon to get a sense of how Commissioners were doing and the impact of COVID-19 on work, lives, and the community as a whole. It was sent to all 48 Commissioners, including alternates, of whom 21 responded. The 12 Unaffiliated Consumers (UC) who participated received a \$50 Target gift card.

- Survey results can help inform deliberations on how to best respond to the pandemic including re-alignment of the response to the Ryan White health care system, other health care partners, and other stakeholders.
 - Some providers have shifted most of their work to telehealth. Services appear consistent with DHSP guidance distributed to Medical Care Coordination (MCC) providers and other clinical guidelines, e.g., by the American Dental Association (ADA) which recommends a current focus on emergency dental services.
 - Several providers were operating with reduced hours and staffing levels. Providers expressed needs for Personal Protective Equipment (PPE), more COVID-19 testing, and emergency funding.
 - These are stressful times. Many staff were concerned about burn-out. Those telecommuting were experiencing anxiety, isolation, and balancing competing demands, e.g., attending to work while managing school age children.
 - Some members have suffered a loss of income. Both consumers and providers report increased concerns about unstable housing, and increased demand for food, transportation, financial assistance, mobile phones, mental health services, health care, and home-delivered medicine. Provider members were grateful to still be employed.
 - Several Commissioners have offered to volunteer in creating a virtual community to help provide support.
- (v) **Ending the HIV Epidemic (EtHE) Activities:** Ms. Barrit noted all Commission planning for EtHE activities is on a thoughtful pause while we respond to the pandemic and evaluate how to reshape response to an altered world. She is in regular communication with Dr. Green and Ms. Ogata regarding any grant requirements for our federal partners.

5. CO-CHAIR REPORT

A. Discussion: Address Impact of COVID-19 and Critical Service Needs of People Living With HIV (PLWH) and Providers

- Ms. Gordon felt the Impact Survey was helpful in identifying needs. The situation is overwhelming.
- Mr. Ballesteros felt an emergency response was needed now to help agencies reach out to clients with telehealth, in particular to assist Community Based Organizations (CBOs) that lack strong Information Technology (IT) departments.
- He also urged identifying whether clients have basic necessities of life met, such as food, especially since they are being encouraged not to come into clinics so may need items delivered. Utility bills should be addressed as well. Ms. Gordon added people were being asked to wear masks and use hand sanitizer, but many people, like herself, have neither.
- Mr. Ballesteros has spoken with many PLWHA, whether on the Commission or not, and is finding considerable anxiety and fear. He was concerned that the resources to address those issues needed to be significantly ramped up.
- Mr. Stalter posted on his Scruff account that COVID-19 risk was low for PLWHA who were taking HIV medication and undetectable. He advised those not on medication to link to care to protect themselves. Over 700 people contacted him with thanks for that brief posting so he again encouraged the Commission to post on popular applications.
- Several people have also contacted him to report making appointments to start HIV medications due to his posting. He urged ramping up efforts in an innovative way that harnesses this fear and anxiety to motivate people to link to care.
- Mr. Pérez will take notes back to DHSP on pushing out information to consumers including via social media.

6. LOS ANGELES COUNT DEPARTMENT OF PUBLIC HEALTH (DPH), DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT

- Mr. Pérez noted he had spotty reception so missed parts of the discussion. He walked through questions identified for DHSP in the packet which should address many issues raised. He also noted Mr. Stalter's ask for focused social media.
- In an organizational update, he also noted all LAC employees, especially DPH staff, are Disaster Service Workers (DSW). Over 100 DHSP staff were now working on COVID-19 as DSWs. Over 90 staff were interviewing those diagnosed with COVID-19 on contacts and areas visited while answering questions how to protect themselves and their loved ones.
- This has had an impact on day-to-day operations. DHSP was working to maintain core functions and was open to feedback.
- On relaxation of service and contract eligibility documentation and funding rules, Mr. Pérez said DHSP followed California's AIDS Drug Assistance Program (ADAP) in extending eligibility to 6/30/2020 for those whose eligibility would have expired in March or April of 2020. DHSP will review eligibility, as needed, after that. Case Watch was updated to reflect the change.
- DHSP was supporting telehealth, including for psychiatry, for providers with capacity. It suggested use of RW funding via the CARES Act to improve capacity for providers without it. Case Watch was also reprogrammed to capture telehealth visits.
- DHSP was allowing electronic intake for new clients including robo consent. Reconciliation of documents will be done later in order to facilitate services. DHSP was also encouraging continued prevention services via telehealth.
- On continuity of RW services, all Case Watch users can now access the system remotely. Historically, access was normatively from the office. New Case Watch users are being approved as quickly as possible. The head of Contracts and Community Services is providing weekly updates to all contractors.
- On 3/19/2020, DHSP emailed its partners an operations update and recommended service delivery modifications.

Special Executive Committee Meeting Minutes

April 9, 2020

Page 4 of 8

- Invoices will be paid within 30 days, per contracts, but not within the signature 10 to 11 day turnaround of the past 15 years. The email includes the services updates noted above, a selection of resources, and information on ADAP Network Pharmacy drug mail order and delivery for PLWHA. Sonali Kulkarni, MD, MPH, Medical Director, is available for questions.
- All supported services were itemized along with recommended modifications and whether suspension was recommended.
 - ✎ Ambulatory Outpatient Medical (AOM): Preferred modality for PLWHA - telehealth and medication pharmacy pick-up, as feasible, though it is understood some clients will need to see their physician with suitable precautions.
 - ✎ Benefits Specialty: Preferred modality - telehealth.
 - ✎ Biomedical Prevention Services: Preferred modality - telehealth for screening and medication pharmacy pick-up.
 - ✎ Home-based Case Management: Preferred modality - telehealth.
 - ✎ HIV and STD testing: Prioritize symptomatic patients consistent with DPH STD clinics countywide.
 - ✎ Health Education/Risk Reduction (HE/RR): Suspend in-person groups and address any individual prevention needs electronically. Recommend suspension of in-person HIV testing. A webinar began that morning at 10:00 am to identify alternatives, e.g., test kits. HIV testing recommendations will be forthcoming shortly.
 - ✎ STD Training, Diagnosis, and Treatment contracts; and Sexual Health Express Clinics: Recommendation to prioritize symptomatic patients now, especially for newly funded programs not yet finalized. DPH was scheduling asymptomatic people presenting for STD testing in April 2020, but that will be revised to a new timeline as yet to be announced.
 - ✎ Commercial Sex Venue Testing: All suspended as all venues are closed. Mr. Pérez thanked the Commission for ensuring that private establishment owners were adhering to social distancing guidelines.
 - ✎ Legal: Preferred modality - telehealth.
 - ✎ Medical Care Coordination (MCC): Preferred modality - telehealth. There may be some instances of a need for MCC when a patient presents for an AOM appointment, but telehealth is preferred if at all possible.
 - ✎ Medical Sub-specialty: Preferred modality - telehealth and medication pharmacy pick-up, as feasible, though it is understood some clients will need to see their physician with suitable precautions..
 - ✎ Medical Transportation: No change at this time but, in light of Safer at Home and social distancing protocols, clients should only access it on an absolutely as needed basis.
 - ✎ Mental Health (MH): Preferred modality - telehealth.
 - ✎ Nutrition Support: Food Banks continue with "grab and go" to support social distancing; and, DHSP increased Home-delivered Meals funding for Project Angel Food to offer bags of pre-packaged non perishable food for their clients.
 - ✎ Oral Health (OH): Suspension recommended except for dental emergencies. Protocols should follow the California Dental Association recommendations.
 - ✎ Promoting Health Care Engagement Among Vulnerable Populations (Trans Wellness Centers; Young Latino and African American Men Wellness Centers): Preferred modality - telehealth.
 - ✎ Residential: Continue with strict adherence to Safer at Home and social distancing protocols.
 - ✎ STD Community Engagement: Preferred modality - telehealth.
 - ✎ Substance Abuse Residential Housing: Continue with strict adherence to Safer at Home and social distancing protocols.
 - ✎ Transitional Case Management (TCM - Jails): Suspension in Jails, but not of service. Close collaboration of DHSP with Office of Diversion and Re-entry (ODR), Housing Opportunities for Persons With AIDS (HOPWA), and TCM providers to identify HIV+ inmates with a case plan in place and housing options. Attention was being paid to ensure inmates due for imminent release have a case manager, a case plan in place, a 14-30-day supply of medication, and transportation . ODR was working aggressively to identify temporary hotel/motel placements for PLWHA due for imminent release.
- All DHSP-funded agencies received the update and it was further disseminated to all agency Executive Directors.
- Regarding a question on Emergency Financial Assistance (EFA) and other supplemental resources, Mr. Pérez noted DHSP was working with Ms. Barilla on resources that can be provided such as food vouchers. DHSP is promoting taxi rides at this time rather than public transportation. Taxis can be used, e.g., to pick-up food, and 33 RW-funded programs offer them. An ongoing continuous Transportation Request For Applications (RFA) solicitation will newly allow for non-taxi-related rides including through ride sharing services. That will be effective on 6/1/2020.
- On a related question about food and food deliveries, DHSP can, and has expanded, support to agencies providing food, personal hygiene products, and household cleaning supplies to clients through vouchers or another mechanism. DHSP was also exploring water filtration and purification systems as well as using American Express travelers checks as a mechanism.

- Mr. Pérez responded to Question 6 on help the Commission might offer DHSP by noting the Commission recently acquired an agreement to support Child Care services which DHSP lacks. He has spoken with Ms. Barrit on how to leverage it to help meet client child care needs, notwithstanding social distancing protocols, since most child care centers are now closed.
- Ms. Barrit said the Commission's agreement was with the Los Angeles Educational Partnership (LAEP) for "mobile child care." Its trained health care providers normally assume liability insurance to provide snacks and activities while adults attend meetings. She also contacted the Executive Director of a respite care organization, e.g., to offer a few hours should a RW client need to go to a medical appointment. Both organizations currently have suspended operations due to COVID-19.
- On easing of procurement rules to facilitate investments, Mr. Pérez said DHSP continues to prioritize activities. It expects additional resources from the COVID-19 CARES Act and will work with LAC leaders to invest them as rapidly as possible. He learned earlier that day about a new provision supported by the Board that allows resource investment with approval of the Chief Executive Officer (CEO). DHSP was carefully tracking this new mechanism.
- Question 9 asked about agency ability to shift funds from underutilized services to those more in demand. Mr. Pérez said, so far, providers with cost reimbursement were expected to continue to expend funds and invoice without underspending barring significant changes in staff hired against contracts. Resources could be shifted per program guidance, if needed.
- Regarding reports of increased need for MH and access information, Mr. Pérez said DHSP would shortly push out a list of all the current RW-funded MH providers through the DHSP network to facilitate linkage to services, as needed.
- ➡ Mr. Stalter offered to volunteer for DHSP if he could be of assistance in light of staff re-assignments to DSW work.

7. HEALTH RESOURCES AND SERVICES ADMINISTRATION AND RYAN WHITE PROGRAM UPDATES IN RESPONSE TO COVID-19

- Ms. Barilla, LAC HRSA Project Officer, responded to the suggestion that HRSA suspend RW service categories to facilitate meeting client needs during this public health crisis by noting that RW is deeply embedded in legislation. There is, however, room for flexibility, e.g., using telehealth for MH services, expanded use of EFA, or Food Bank/Home-delivered Meals which can include personal hygiene products and household cleaning supplies.
- Cash or gift cards exchangeable for cash are not allowed, but transportation vouchers for medically needed services are.
- HRSA was aware many providers were working with fewer staff due to social distancing and staff illness. HRSA supports recipients and sub-recipients working together to address issues, e.g., with telehealth or developing home visit protocols.
- Details were not available as yet, but Ms. Barilla was scheduled for training the next week with other project officers on the \$90 million COVID-19 HIV-specific funding opportunities included in the CARES Act.
- HRSA and the HIV AIDS Bureau (HAB) have public listservs. HRSA.gov also has a COVID-19 page. In general, on using COVID-19 concerns to drive people to care, jurisdictions can push messaging out and welcome clients in, e.g., with telehealth.
- The Health Care Systems Bureau (HCSB) manages tissue, organ, and blood banks. She had been unaware of the restrictions on blood donations by MSM and provided the HCSB link for input. Mr. Stalter said the blood donation rule was "relaxed" late the prior week to allow MSM to donate blood if the person has not had sex in three months, but that is not scientific. It relies totally on the person's word and ignores the science of Undetectable Equals Untransmittable (U=U).
- He urged the federal government waive both that regulation and RW regulations that limit services to clients. Ms. Barilla noted EtHE funding only requires a client to be HIV+ and COVID-19 funding was also expected to have fewer restrictions.
- Regarding services for citizens stranded overseas, she felt Part B recipients such as California's Office of AIDS (OA) would be most likely to have protocols to, e.g., deliver ADAP medications.
- ➡ Ms. Barilla provided several referenced links to information: United States Surgeon General's video on making face masks, <https://www.youtube.com/watch?v=9YLXEHsJVsw>; HRSA HCSB website, <https://www.hrsa.gov/about/organization/bureaus/hsb/index.html>; and, HRSA's COVID-19 Q&A page, <https://hab.hrsa.gov/coronavirus-frequently-asked-questions>.
- ➡ Ms. Barilla will follow-up on information on assisting citizens overseas and relay any information back to the Commission.
- ➡ Ms. Barilla will relay to Dr. Green and Ms. Ogata information on the CARES Act HIV funding after her training.

8. CALIFORNIA OFFICE OF AIDS (OA) UPDATES

- Mr. Halfman, Chief, HIV Care Branch, noted California Department of Public Health (CDPH) leadership was working on Governor Newsom's COVID-19 Task Force with many staff engaged as well. OA was talking to stakeholders from other parts of state government to proactively respond to the needs of PLWHA and organizations that provide critical services to them.
- OA was collaborating with the STD Control Branch to conduct a match between HIV surveillance and COVID-19 data as a way to better assess where services for PLWHA are most needed. This effort has just begun so there were no results as yet.

- To support access to COVID-19 testing, OA developed an information sheet on conditions related to HIV that put people at high risk of severe COVID-19 illness. Testing was expanding, but those with symptoms at high risk remained the priority.
- All COVID-19 documents can be accessed on the OA homepage at www.cdph.ca.gov/hiv. OA has also posted a COVID-19 related ad on Grindr that directs people to California's dedicated COVID-19 page at covid19.ca.gov.
- OA encourages all HIV Care Program service providers for RW care to transition to telehealth and postpone in-person services whenever possible, e.g., for laboratory testing for stable clients who are virally suppressed on medications.
- OA has sent guidance to sub-recipients on modifying processes and timelines for annual certification and re-certification.
- Some Part B sub-recipients remain in their offices. One was now open seven days per week to facilitate social distancing. Many have skeleton crews in the office with most staff shifted to telework.
- All OA Care Branch staff have shifted to telework, stood up a process to continue invoice approval, and remain available for assistance. All compliance site visits for the remainder of the year have been suspended. Where RW-related staff were redirected to COVID-19 work, other line staff have backfilled to maintain services.
- Regarding Personal Protective Equipment (PPE) and other supply shortages, the first step for hospital, clinic, and public health entities is to contact the Medical and Health Operations Coordinator in the pertinent county. The link is <https://emsa.ca.gov/medical-health-operational-area-coordinator>. OA cannot help directly, but would like to hear of issues.
- Ms. Robinson, Chief, ADAP Branch, reported eligibility has been automatically extended for both ADAP and PrEP-AP clients to 6/30/2020 to support uninterrupted access. Early consensus now also allows 90-day medication fills through 6/30/2020.
- In a permanent policy change, PLWHA unable to access their medications because they are sheltering in place due to COVID-19 should call their regular network pharmacy. It will note the circumstance and mail the medications. Going forward, the same procedure will address PLWHA whose medication is lost or stolen while traveling.
- All ADAP Branch staff have shifted to telework. Understandably, not all documentation may be available to enroll some new or lapsed ADAP clients. Enrollment can proceed with verbal attestation so that clients get needed medications. Gaps will be noted for later follow-up. Clients can enroll either through local Enrollment Workers or via the state call center.

9. STANDING COMMITTEE REPORTS

A. Operations Committee

- Mr. Green reported he and Mr. Preciado, Co-Chairs, teleconferenced with Ms. Barrit. They discussed the survey and DHSP contracted agencies. He thanked Ms. Barrit and staff for reaching out to consumers and Commissioners.
- Kevin Donnelly, former Commissioner, was interested in returning. He was interviewed prior to Safer at Home protocols. How to proceed with applications will be determined at a later date.

B. Planning, Priorities, and Allocations (PP&A) Committee: Ms. Barrit thanked Mr. Ballesteros for acting as Interim Co-Chair. PP&A has not met since 2/18/2020 but, going forward, it is anticipated key tasks will pertain to Priority Setting and Resource Allocation (PSRA) for the various RW, EtHE, and CARES Act funding streams.

C. Standards and Best Practices (SBP) Committee

- Mr. Stalter said he and Ms. Davies, Co-Chairs, also teleconferenced with Ms. Barrit. They discussed several SOC's including the annual Universal SOC review due to start in June on concerns from the past year. For this year, a section was suggested on telehealth and related issues such as Health Insurance Portability and Accountability Act (HIPAA).
- Ms. Davies reported Ms. Tolentino has reached out to the Department of Mental Health (DMH) and the LAC HIV Mental Health Task Force for feedback on the Psychosocial Support SOC.
- Mr. Stalter noted he, Ms. Davies, and Ms. Barrit discussed the possible failure of some 20% of small businesses due to disruption from the pandemic. That may also be true of small providers so the Commission should stay alert to gaps.
- The Co-Chairs thanked Ms. Tolentino for all her critical support. She will start a position with DHSP later in the month.

(i) Emergency Financial Assistance Standards of Care (SOC) - *Open for Public Comment 3/12/2020 - 4/2/2020*

- It was hoped this SOC might be approved at the next Executive Committee to assist agencies expanding EFA.

D. Public Policy Committee

- Ms. Nelson reported she and Mr. Kochems, Co-Chairs, had a teleconference with Ms. Barrit as well.
- Regarding federal funding, the CARES Act, as noted, will offer some \$90 million for RW. Distribution has not yet been determined, but she hoped the Commission would have a voice in it. HOPWA also received some \$65 million. The Department of Housing and Urban Development (HUD) released its allocations with some \$3 million in combined competitive and formula grant funds to LAC. Most is expected to fund Short-Term Rent, Mortgage and Utility (STRMU).

Special Executive Committee Meeting Minutes

April 9, 2020

Page 7 of 8

- Community Health Centers (CHC) were also expected to receive about \$1.3 billion from the CARES Act.
- A fourth stimulus was being considered with another \$65 million HOPWA ask and, hopefully, a commensurate RW ask.
- Regarding the state, the Legislative Docket and watched bills were reviewed in the teleconference, but a limited amount of legislation was expected to pass due to committee meeting limitations. The Legislature is in recess until at least 5/4/2020, but legislative staff and CHCs continue frequent calls on such topics as how to supply PPE and state guidance, e.g., on telehealth. Yet, normal legislative and budget processes were suspended.
- The usual May Revise Budget will now likely be pushed to June and the delayed income tax submission deadline will delay forming a picture of state income until August. Anticipated budget priorities will likely be delayed at least a year.
- Governor Gavin Newsom provides a COVID-19 update on weekdays at noon on television and various social media.
- Regarding the County, the next virtual Board meeting was scheduled for 4/14/2020. Ms. Nelson and others following public policy have been tuning into Board, Health Deputy, Homeless Deputy, and Los Angeles Homeless Services Authority (LAHSA) meetings, as well as reviewing incident commander reports, fact sheets, and guidance to gather and share information across networks. Anyone with an advocacy issue was welcome to contact her for more information.
- HOPWA was working on new HUD regulatory waiver guidance to help funded programs operate during this emergency.
- On an agency basis, consistent with the report from Mr. Pérez, her agency, APLA Health, was open, but has shifted most services to telehealth and was delaying non-emergency in-person appointments.

10. CAUCUS, TASK FORCE, AND WORK GROUP REPORTS: There were no reports.

III. MISCELLANEOUS

11. PUBLIC COMMENT: OPPORTUNITY FOR PUBLIC TO ADDRESS COMMISSION ON ITEMS OF INTEREST WITHIN COMMISSION JURISDICTION:

- Ms McClendon presented two public comments submitted by email. Emails sent post-meeting will be added to the record.
- First, Ms. Sanchez, University of California, Los Angeles (UCLA), Los Angeles Family AIDS Network (LAFAN), asked about plans to expand RW MH services to telehealth. Many providers were not opening space to new clients nor offering telehealth. It would be a great opportunity to better engage RW MH providers.
- Mr. Pérez said DHSP stands prepared to expand MH and telepsychiatry services. DHSP can help agencies with existing agreements expand services as well as initiate discussions with MH agencies not now serving PLWHA.
- Ms. Bivens-Davis suggested DHSP might help connect agencies not prepared to telehealth to CHCs or other home health programs to better meet client needs.
- Mr. Ray suggested using written prescriptions for hand sanitizers and masks to ensure access. He also expressed concern about reports of the federal government confiscating medical supplies and ensuring ample supplies were available locally.
- Mr. Stewart responded to a query that 31 people have participated in this meeting with 20 panelists and 11 on the phone.

12. NEW BUSINESS ITEMS: OPPORTUNITY FOR COMMISSIONERS TO RECOMMEND ITEMS FOR FUTURE AGENDAS, OR ITEMS REQUIRING IMMEDIATE ACTION DUE TO AN EMERGENCY, OR IF NEED FOR ACTION AROSE AFTER POSTING AGENDA:

- Ms. Nelson recommended meeting at least once per month to address key topics such as EtHE work and STD advocacy.
- Ms. Gordon expressed gratitude for serving with Jason Brown. He has retired from the Commission to accept a position with LAC. He was a powerhouse - very dedicated and reliable.

➡ Request Commission recognition of Mr. Brown's service.

13. TASKS AND NEXT STEPS: Ms. Barrit has taken notes on what to cover for the next meeting. She appreciated being able to come together to discuss how the current emergency was impacting the RW care system. She recognized it was hard to meet virtually. It can be overwhelming and suggested Commission staff and leadership carefully evaluate preparation for the next meeting.

14. AGENDA DEVELOPMENT FOR NEXT MEETING

- ➡ Approval of Kevin Donnelly Commission application (request by Mr. Green).
- ➡ Approval of EFA SOC (request by Mr. Stalter).
- ➡ DHSP report on flexible proportion of RW EtHE and COVID-19 funding, not subject to restricted use (request by Stalter).

15. ADJOURNMENT AND ROLL CALL:

Special Executive Committee Meeting Minutes

April 9, 2020

Page 8 of 8

- Mr. Pérez honored the life of Garry George Bowie, Executive Director, Being Alive Los Angeles. Born 1/24/1961, Mr. Bowie died 4/7/2020 due to complications of COVID-19. He was a PLWH, a long-time soldier in this fight, and leader of a small, but mighty organization. He will most certainly be missed by many.
- Mr Stewart adjourned the meeting in memory of Garry George Bowie at 11:18 am.



LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

TO END HIV, WE MUST END RACISM

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

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

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

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

In Solidarity,

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

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

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



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

March 12, 2020

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director
Los Angeles County
Department of Public Health (DPH)
313 N. Figueroa Street, Room 806
Los Angeles, CA 90012

Dear Dr. Ferrer:

Los Angeles County is in the midst of an STD crisis. The Commission on HIV (Commission) is the federally mandated integrated HIV and sexually transmitted diseases (STD) prevention and care planning council for the County. We have a 30-year history of collaborating with the County and a broad set of stakeholders in elevating the needs of people living with HIV (PLWH), lesbian, gay, bisexual, transgender and queer (LGBTQ), communities, women, youth, and communities of color to advance equity and justice and shape local programs, services and policies. We are especially concerned about the STD crisis because it is disproportionately impacting the communities we seek to serve, including men who have sex with men (MSM), transgender individuals, women of color, and youth.

We write to you today because Los Angeles County is facing an STD crisis, which mirrors the significant rise of sexually transmitted diseases (STDs) across the country. According to the California Department of Public Health, from 2014-2018, Los Angeles County experienced some of the highest incident rates of STDs in California. Over the five-year period syphilis incidence rates have increased by 98%, gonorrhea by 80.63%, and chlamydia by 25%. Most concerning, in 2018 the County reported 54 cases of congenital syphilis, reflecting an increase of 23% from 2017, and 800% since 2012¹.

¹ http://publichealth.lacounty.gov/dhsp/Providers/CS_EliminationPlan_January2020.pdf

Despite these alarming trends and data, the overall response from the County and DPH falls short of what is needed to contain the STD epidemic. In November 2018, the Commission recommended a motion to the Board of Supervisors (BOS) to allocate \$30 million in ongoing funding to expand resources and access for STD prevention, testing, and treatment (See attachment). The National Coalition of STD Directors (NCSD) estimates that federal STD funding has seen a 40% decrease in purchasing power since 2003 and that an additional \$70 million annually is needed to kickstart an effective response. State funding is also insufficient to support a truly impactful response to the County's STD crisis. A \$30 million investment would rebuild the County's foundational infrastructure to conduct STD prevention, testing and treatment services. As a result of the advocacy work of the Commission and the community, the Board allocated \$5 million to support STD programs. While the Commission thanks the BOS for allocating \$5 million to support STD services, we remain steadfast in our belief that the funding request of \$30 million is warranted and necessary to effectively control and treat STDs in Los Angeles County.

STDs and HIV are inextricably linked. The incidence of HIV infection in the United States is higher among persons with STDs, and the incidence of STDs is increased among persons with HIV infection. Because STDs increase the risk for HIV acquisition and transmission, successfully preventing and treating STDs helps reduce the spread of HIV among persons at high risk.² Ensuring service integration and coordination is an essential strategy to reduce the incidence of STDs and HIV.

The rise in STDs is also influenced by many of the same social determinants of health that drive HIV transmissions. These include drivers of health inequities such as poverty, homelessness, stigma, discrimination, health literacy, and access to culturally appropriate sex-positive health services. In addition, methamphetamine use, which is associated with behaviors that increase risk for HIV/STDs, may also play a role in the County's HIV/STD epidemic.

DHSP, with support from the Commission, has developed and implemented responsive and innovative programs to curb the HIV epidemic, and in 2017 launched the Los Angeles County HIV/AIDS Strategy (LACHAS). These efforts are supported with federal, state, and local resources proportional to the magnitude of the HIV epidemic in Los Angeles. However, the County lacks a comparable, robust infrastructure to address the STD crisis. Our policies and resource allocations reflect our values and priorities; with the continued support and revitalized commitment to ending HIV, we must respond with similar urgency and resources to curb the STD epidemic and be successful in ending HIV.

² [MMWR Morb Mortal Wkly Rep](https://doi.org/10.15585/mmwr.mm6613a2). 2017 Apr 7; 66(13): 355–358. Published online 2017 Apr 7. doi: [10.15585/mmwr.mm6613a2](https://doi.org/10.15585/mmwr.mm6613a2)

Given the current STD resource and policy landscape in Los Angeles County, the Commission asks you to address the following concerns and questions:

November 2018 Board of Supervisors Motion

1. What have been DPH's activities related to item number 3 of the November 20, 2018 Board motion to sustain and expand the publicly supported STD service delivery system? Specifically, what has been done to increase STD testing and treatment, which includes reducing barriers and increasing utilization of no/low cost testing and treatment options? What is DPH's progress in developing a mechanism to leverage public and private healthcare funding for the provision of STD screening and treatment services delivered at public health STD clinics?
2. What is the status of item number 4 to partner with local stakeholders in the development of a robust and proactive advocacy strategy designed to increase sustained funding for local STD efforts from the State and Federal governments? In the absence of new funding from these sources, how will the County identify the funding necessary to address the magnitude of the STD crisis?

Center for Sexually Transmitted Diseases Prevention and Control

3. With regard to a memo transmitted to the BOS on January 22, 2020 describing the formation of the Center for Sexually Transmitted Diseases Prevention and Control (Center for STDs), we are deeply concerned about the added layer of organizational structure described in the memo and the lack of transparency in communicating these significant changes with the Commission, stakeholders, and the community. Listed below are our concerns and questions regarding this memo:
 - a. **Center for STDs:** The creation of the Center for STD Prevention and Control within DHSP is concerning given that that the national trend for health departments has been moving towards integration of STDs and HIV to better serve communities most impacted by these syndemic diseases. The Commission supports the integration of HIV and STD and changed our bylaws to encompass comprehensive HIV and STD prevention and care in our planning efforts. There was no community consultation regarding this organizational change within DPH with the Commission or any other HIV/STD community stakeholder group.

Moreover, the reassignment of existing DHSP staff for the Center appears to take away much needed human resources, expertise, and capacity from DHSP's current infrastructure. We would like to hear the justification and expected outcomes for this organizational change and reassignment of staff. The approach seems like an effort to add another unnecessary layer of bureaucracy and departs from a coordinated and integrated HIV/STD response.

- b. **STD Management Council:** What is the necessity for forming such a council and how will DPH align the various existing plans and initiatives mentioned in the memo? How will DPH engage the community in shaping the draft STD Action Plan? With several disparate plans listed, why is there no mention or recognition of the Los Angeles County HIV/AIDS Strategy (LACHAS)? LACHAS is the local blueprint for ending the HIV epidemic and acknowledges the importance of decreasing the burden of STDs among groups at high risk for HIV.
- c. **STD Prevention and Control Workgroup:** We are deeply concerned about the formation of a separate planning body for STDs without a conversation with the Commission or other HIV stakeholder groups. The Commission serves as the local integrated HIV/STD prevention and care planning body for Los Angeles County. Specifically, an excerpt from Section 3.29.090 (Duties) of the County ordinance, states one of the responsibilities of the Commission:

“E. Plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; deploy those best practices and innovative models in the County's STD clinics and related health centers; and strategize mechanisms for adapting those models to non-HIV-specific platforms for an expanded STD and co-morbidity response;”

Why does the memo specifically exclude HIV and the Commission on HIV from the STD Prevention and Control Workgroup? Again, this appears contradictory to the principles of collaboration, transparency, and shared accountability and responsibility for addressing HIV and STDs in the County. The Commission, along with countless stakeholders and consumers, has worked very hard for nearly three decades to bring attention to our STD crisis and simultaneously address HIV, and build trust and a collaborative relationship with the County. It would be unfortunate to disregard the work of so many allies and community members at a time when, more than ever, we need to work together to address the County's HIV/STD syndemic.

- d. **STD Action Plan:** The memo states that “the Center for STDs will review existing STD plans.” There appears to be multiple plans within DPH. How are these plans different from the workplan described in a memo to the BOS dated May 24, 2019?

What steps has DPH taken to collect community input in the development of these plans? What are the metrics for the goals in the workplan and how is DPH reporting progress and challenges to the community at large? How do these plans coordinate with the Center for Health Equity STD objectives, the Alliance for Health Integration (AHI) priority, and LACHAS? The AHI priorities and strategies only contain a metric for reducing chlamydia rates at Student Wellbeing Centers (SWC) which still leaves a gap for addressing comprehensive sexual health services for adolescents ages 18 to 22, those who are out of school, or attending alternative educational settings.

Center for Health Equity

4. The 2017 Center for Health Equity Action Plan calls for a “movement that requires partnerships among County and community stakeholders across sectors, sustained effort over time. This will require shared commitment, bold action and accountability from all of us.” What is the status of DPH’s progress on the STD objectives and metrics within this plan? At the February 13, 2020 Commission meeting, we heard public comments that called for DPH leadership to act with urgency and identify resources to enhance services, not cut funding and reduce support for agencies to provide life-saving STD testing and treatment services. The public also asked the Commission to hold true to its responsibility to elevate their concerns to you and the Board. We are honoring that commitment by writing this letter and making this communication public. We ask, where is the commitment and accountability for DPH to work with stakeholders across sectors?

We therefore request a meeting with you within the next 30 days (or at DPH leadership’s earliest possible opportunity given the need to respond to the COVID-19 situation) to discuss the questions and concerns outlined in this letter. Community engagement and collaboration are critical components of a healthy and well-functioning public health system. We urge DPH to be more transparent in its communication process with the community and work with Commissioners and other key stakeholders to identify solutions to our common concerns around STDs and HIV. With the scientific advances in HIV and STD treatment, we truly have a chance at ending HIV and curbing the STD epidemic.

DPH and the Board of Supervisors have the opportunity to demonstrate leadership and a public commitment to ending the *decades long* crisis of the (HIV/STD *epidemics*) that *severely traumatize our communities* and impact the health and well-being of tens of thousands of Angelenos and *their families*. Let us not waste the opportunity of a lifetime with actions that diminish community voices and strengths and focus instead on transparency, investment and authentic collaboration. We have directed Cheryl Barrit, Executive Director, to work with your office to coordinate a meeting and ensure an immediate response to our concerns. Thank you.

Sincerely,



Alvaro Ballesteros Co-Chair



Bridget Gordon Co-Chair

Attachments

cc: Board of Supervisors
Health Deputies
Muntu Davis, MD, MPH
Jeffrey Gunzenhauser, MD, MPH
Mario Perez, MPH
Lorayne Lingat

REVISED MOTION BY SUPERVISORS SHEILA KUEHL AND
MARK RIDLEY-THOMAS

November 20, 2018

Increasing County Efforts to Address Rising STD Rates

In response to the rising number of sexually transmitted diseases (STD) cases in Los Angeles County, on May 29, 2018 this Board unanimously adopted a motion, introduced by Supervisors Solis and Kuehl, asking the Department of Public Health (DPH) to report back on efforts designed to increase the resources that the County can leverage to address unmet STD testing and treatment needs. That report, received on September 7, 2018, noted that, although the County receives some funding from the State to support STD control efforts, the funding levels are not at all commensurate with the high level of STD cases that our residents experience. In fact, despite years of requests from the County to the State to increase the State's funding for local STD control efforts, the State has only provided \$7 million in one-time funding increases for statewide use in the past decade. The report also noted that Federal funding for STD control efforts decreased by \$21 million nationally between 2003 and 2016. This equates to a 40% reduction in STD program purchasing power when adjusted for inflation.

MOTION

Solis	_____
Ridley-Thomas	_____
Hahn	_____
Barger	_____
Kuehl	_____

In the face of inadequate support from the State and Federal governments to support expanded STD control efforts, the County continues to look for additional funding sources to support vital STD services. Over the past several years, the Department of Public Health (Department) has supplemented the limited funding we receive from the State and Federal governments by covering an increasing amount of expenses associated with STD testing. Additionally, in response to the May 29, 2018 motion, the Department has also convened meetings with local health plans to discuss the development of policies that would allow for the reimbursement of STD-related services that are provided by public sector providers. The Department has also begun exploring how it might be able to bill Medi-Cal for STD-related services. While all of these efforts may play an important role in the development of a long-term financing strategy to support local STD control programming, it is clear that there is an acute need for additional services now.

The County must take a more pro-active role in combatting our rising STD rates. This Board can take a step towards demonstrating our continued commitment to addressing this crisis by allocating more County funds to expand STD control programming. These funds should be allocated in a manner that would allow the County to first and foremost maintain existing STD screening and treatment capacity in the publicly-funded service delivery system. Secondly, these funds should be used to expand the current publicly-funded service delivery system so that we can improve access to these vital services throughout the County, particularly for hard to reach, underserved populations.

The County and DPH must also continue to search for additional funding from

those parties that share the responsibility for the health of our residents. Over the past several weeks this Board has heard in a clear and loud voice from the Commission on HIV, concerned stakeholders, other local elected officials, and several contracted providers that they are deeply concerned about the lack of adequate resources for local STD prevention and control programming. This Board shares these same concerns and our County's advocacy efforts to generate increased State and Federal support for STD services will be more effective if we can coordinate our advocacy efforts with our engaged stakeholders. DPH must also continue to explore opportunities to leverage resources from private and public health insurance plans to cover the costs associated with the delivery of STD-related services in the publicly-funded service delivery system.

WE, THEREFORE, MOVE that the Board of Supervisors take the following action:

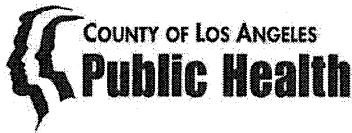
- 1) Direct the Chief Executive Officer (CEO) to allocate \$5 million from tobacco settlement funds set aside as obligated fund balance to implement items 1A and 1B over a 24-month period and to work with the Director of Public Health (DPH) to submit budget actions to the Board for their consideration that account for the increase in DPH's contractual obligations for these STD services in Fiscal Years (FY) 2018-19 through 2020-21, as needed:
 - a) Instruct the Director of the Department of Public Health to develop and release a solicitation within 45 days to support the delivery of STD screening and treatment services specifically targeting underserved geographic areas and sub-populations of the County. Additionally,

delegate authority to the Director of the Department of Public Health, or her designee, to enter into contracts based upon the results of this solicitation, subject to review and approval by County Counsel, and notification to the Board and the Chief Executive Office at least 15 days prior to contract execution; and

- b) Delegate authority to the Director of the Department of Public Health, or her designee, to ~~amend~~ augment existing STD screening and treatment contracts by ~~up~~ amending the contracts to ~~400% of current~~ increase the maximum ~~contract amount~~ obligation and/or extend the term as needed to ~~sustain~~ expend the tobacco settlement funds detailed in directive (1) and additional targeted grant funding detailed in directive (2), in order to sustain and expand the reach of existing services ~~that we are not currently funding~~ and to purchase additional STD screening and treatment services, subject to review and approval by County Counsel, and notification to the Board and the Chief Executive Office at least 15 days prior to contract execution.

- 2) Delegate authority to the Director of the Department of Public Health, or her designee, to use up to \$1 million in additional targeted grant funding to execute new or amend any existing STD screening and treatment contracts, to provide these additional services to persons who report alcohol or substance use, subject to review and approval by County Counsel, and notification to the Board and the Chief Executive Office at least 15 days prior to contract execution.

- ~~2)~~ 3) Instruct the Director of the Department of Public Health to report back to this Board in 90 days on the Department's efforts to sustain and expand the publicly-supported STD service delivery system as outlined in directives 1a and 1b above. This report should also provide an update on the Department's progress in developing a mechanism to leverage Medi-Cal funding for the provision of these services; and
- ~~3)~~ 4) Instruct the Chief Executive Officer and the Director of the Department of Public Health to partner with local stakeholders in the development of a robust and proactive advocacy strategy designed to increase sustained funding for local STD control efforts from the State and Federal governments, and report back to this Board within 45 days on the proposed advocacy strategy.



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

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

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 288-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Hilda L. Soils
First District

Mark Ridley-Thomas
Second District

Shella Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

January 22, 2020

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed. *Barbara Ferrer*
Director

SUBJECT: **Center for Sexually Transmitted Diseases (STDs) Prevention and Control**

This memo is to provide information from the Department of Public Health (DPH) on the launch of new efforts to enhance STD control efforts throughout the County through the establishment of the DPH Center for Sexually Transmitted Diseases (STDs) Prevention and Control.

STD rates are increasing across the nation, and Los Angeles County is no exception. Your Board has demonstrated commitment and leadership to advance efforts to curb the growing epidemic, particularly among disproportionately burdened communities, including women of color, youth, as well as gay, bisexual, and transgender individuals. Eliminating the gaps in STD rates requires the prioritization and implementation of strategies that will have a significant positive impact, alignment of current activities and resources, support for innovation when needed, and measurement of progress to address STD rates, the root causes of STD disparities, and the inequities driving them.

Center for STDs Prevention and Control

The Center for STDs Prevention and Control (Center for STDs) will be a small team, primarily consisting of existing DPH staff, focused on three responsibilities, listed below, to augment current efforts to address the rising rates of non-HIV STDs. The team will include staff who are on STD-funded positions and are housed within the DPH Division of HIV and STD Programs (DHSP). The Center for STDs and its staff will be physically located at DHSP and continue to work closely with DHSP and other units across the department to improve our collective impact and work to address STDs. The Center for STDs' day-to-day activities will be overseen by an STD Strategist who will be hired in the next few months. The STD Strategist will report directly to the County Health Officer, Dr. Muntu Davis. Dr. Shobita Rajagopalan, DHSP's STD Clinical Chief/Associate Medical Director and Infectious Disease Specialist, will serve as the interim Director for the Center for STDs.

Responsibilities of the Center for STDs

While the Center for STDs cannot solve all STD-related issues on its own, it will assist existing DHSP efforts identifying key priorities and with planning, collaboration, and communicating progress in partnership with key stakeholders and DPH programs with a role to play in preventing STDs. Initially, the Center for STDs' primary responsibilities will be to 1) establish an internal STD Management Council, 2) develop and staff an STD Prevention and Control Work Group, and 3) review, refine and monitor the implementation and progress of an STD Action Plan.

STD Management Council

The STD Management Council will ensure input and collaboration across various DPH programs. The Council, led by the STD Strategist, will include the directors of DHSP, Substance Abuse Prevention and Control (SAPC), Maternal, Child, and Adolescent Health (MCAH), Clinic Services, and the Regional Health Officers, among others. Much planning and many efforts are already underway to address STDs. This Council will focus on aligning existing plans and initiatives, such as the Center for Health Equity Action Plan, draft STD Action Plan, draft congenital syphilis plan, and African American Infant Mortality Action Plan, and establishing a "winnable" foundation for the work of the Center, prioritizing a handful of areas where internal and external buy-in, best practices, and partnerships can improve STD outcomes.

STD Prevention and Control Work Group

The Center for STDs will bring together stakeholders, including DPH staff and representatives from appropriate entities, such as other County departments, community-based organizations, health care providers, organizations and plans, schools, faith-based organizations, and community leaders, to collaborate and engage in planning, implementation, analysis, and evaluation related to STD prevention and control strategies, not including HIV prevention and care services. (The Los Angeles County Commission on HIV (COH) is the local planning council for the planning, allocation, coordination, and delivery of HIV/AIDS services.) The Work Group will foster transparency and accountability and function as a space to articulate, monitor, and report on shared metrics and outcomes.

STD Action Plan

The Center for STDs will review existing STD plans and refine, oversee, and monitor the implementation and progress of an updated STD Action Plan. Planning efforts will be informed by key county and community partners and will focus on policy, system, and practice changes that are necessary for robust STD prevention and control. A key focus will be on monitoring outcomes through meaningful metrics and an evaluation process that includes soliciting community feedback on plan implementation and recommendations on the realignment of resources and work efforts, as appropriate, based on evaluation and community feedback.

The Center for STDs was designed to augment existing DHSP efforts and support its existing leadership with a focus solely on the above responsibilities. It is not a separation of DPH's public health functions and operations related to HIV and STDs. The existing DHSP

Each Supervisor
January 22, 2020
Page 3

operations/functions, such as HIV and STD epidemiology, case investigation, contract negotiation, and monitoring, and grant reporting, among others, and its existing structure, which previously combined the HIV Epidemiology Program, the Office of AIDS Programs and Policy, and the Sexually Transmitted Disease Program, remain.

Next Steps

DPH is currently finalizing the proposed staffing structure for the Center for STDs. We anticipate that existing staff will move into their roles by the end of January 2020 and will convene the STD Management Council in February/March 2020. The effectiveness of the Center for STDs will be evaluated along the way and its future reassessed periodically to ensure progress is being made toward eliminating the gaps in STD rates.

Please let me know if you have questions or need additional information.

BF:md

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

June 22, 2020

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
Los Angeles, CA 90012

Re: Expedited Contracting to Place **Ending the HIV Epidemic Funds** on the Street Quickly

Dear Supervisors:

We have communicated in past correspondence and in direct meetings with your offices regarding a new federal initiative termed **Ending the HIV Epidemic**. After more than 30 years of this pandemic, it is very much welcomed that such an initiative is now in place at the federal level and will fund activities which can immediately curb the spread of the infection here in Los Angeles County.

We have been in planning phases for the start of this **Ending the HIV Epidemic** effort for the last year. To this end, the Los Angeles Commission on HIV has held community listening and working sessions and the Department of HIV and STD Programs (DHSP) received a planning grant to help capture and propose the strategies which will be funded under this federal program. The grant application was submitted a while back and we expect that funding will come to Los Angeles in August 2020.

The community is excited about this opportunity but has major concerns. This is the reason we are communicating to your offices now.

The nature of this funding is meant to quickly get into communities and work to curb the epidemic. The federal sources expect our County to move expeditiously as well. But the affected communities – those with high rates of HIV and STD infections - have become frustrated that the County contracting process is too long and cumbersome, making it almost impossible to enable DHSP to respond rapidly to community infection rates and immediate needs. As you are aware, it currently takes 18 to 24 months to complete the solicitations and contract execution cycle. This protracted process has not worked for the best use of resources for our existing Ryan White Federal and State grants and causes us difficulties when making quick decisions in **Ending the HIV Epidemic** which could truly make a difference in the lives of persons affected, at risk or living with HIV disease, as well as prevent HIV infection in Los Angeles County. It certainly does not work for an immediate response to high community infections rates for those with STDs and HIV.

As Co-Chairs of your Commission we are in touch with hundreds of community residents, stakeholders and affected persons. We are sure that if these funds are not put out on the streets in a very rapid manner that the community will become even more disillusioned and we are worried they will walk away from the process and possibilities which this funding initiative offers.

Like the COVID-19 experience thus far, communities of color including poor people, those who are uninsured and underinsured shoulder a disproportionate burden of HIV. We are seeking to close this gap and we cannot do that without urgent attention to this important problem we are experiencing with County Procurement in the time of our HIV and STD epidemics.

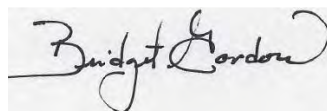
We would appreciate a meeting with your offices so that we may articulate our ongoing challenges with the HIV and STD epidemics. We would also like to offer recommendations to make this process better benefit our community.

Our Executive Director will be in touch to assist in coordinating these meetings with your designated staff.

Sincerely,

A handwritten signature in black ink, appearing to read "Alvaro Ballesteros", followed by a horizontal line.

Alvaro Ballesteros, Co-Chair

A handwritten signature in black ink, appearing to read "Bridget Gordon", followed by a horizontal line.

Bridget Gordon, Co-Chair

cc: Barbara Ferrer, PhD
Muntu Davis, MD
Jeffrey Gunzenhauser, MD
Mario Perez, MPH
Celia Zavala



LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

May 5, 2020

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director
Los Angeles County
Department of Public Health (DPH)
313 N. Figueroa Street, Room 806
Los Angeles, CA 90012

Dear Dr. Ferrer:

We appreciate the Los Angeles County Department of Public Health (DPH) staff, your leadership in responding to the COVID-19 public health emergency, and your compassion for the most vulnerable members of our community during these unprecedented times. The impact of COVID-19 underscores the inequities that also hinder our efforts to end HIV. Some of our consumers have reported losing their jobs, some are in unstable housing, and many fear falling deeper into poverty. While PLWH are living longer, many are seniors, with underlying health conditions.

According to the Centers for Disease Control and Prevention (CDC), those at high-risk for severe illness from COVID-19 include people 65 years and older, people who live in a nursing home or long-term care facility, and people of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

As the County begins to layout plans for lifting the Safer at Home order, we respectfully request that the following messages be commuted at DPH press briefings:

- Use [DPH's Guidance on COVID-19 and HIV](#) as talking points to reiterate that it is important that all persons with HIV, especially those with advanced HIV or poorly controlled HIV, take steps to help protect themselves from COVID-19.
- Stay connected to care and, if you are not in care, contact your medical provider. HIV medical providers remain open and are available to provide care. HIVConnect.org, 211LA, and the Division of HIV and STD Programs websites all offer information on HIV services and resources.
- As clinics are ensuring the safety of patients and staff, many are operating with modified office hours, using telehealth, and by providing services by appointment only. Please call the clinic first to make an appointment.

Your daily press briefings have been an important source of information and much needed reassurance that together, we will rise up a stronger community from this pandemic. HIV service agencies are with you in the frontlines doing their part to flatten the curve and provide ongoing care for people living with HIV (PLWH) and those affected by STDs, all of which continue as unresolved, stigmatizing epidemics, the most recent being HIV/AIDS.

We have an opportunity to send a powerful message of support for the HIV community and people with underlying conditions that often co-exist for people living with HIV. Ryan White funded clinics continue to operate, and we stand ready to care for PLWH in Los Angeles County. Again, thank you for your leadership in navigating the COVID-19 pandemic and we hope to strengthen our shared commitment to end the HIV pandemic that has affected our community for over 30 years.

Sincerely,



Alvaro Ballesteros,
Commission Co-Chair



Bridget Gordon,
Commission Co-Chair



Cheryl Barrit
COH Executive Director

cc: Health Deputies
DPH PIO
Muntu Davis, MD, MPH
Jeffrey Gunzenhauser, MD, MPH
Mario Perez, MPH
Lorayne Lingat

and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at <http://hiv.lacounty.gov>. Submit your application by mailing it to or dropping it off at: 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010.

Applications may be emailed to hivcomm@lachiv.org. Staff will verify receipt of all applications via email. After receiving the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Once the application has been deemed to be "complete" (either after revisions have been made, if necessary, or none are needed), staff will contact the applicants to schedule an interview with members of the Operations Committee. If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

PART II: MEMBERSHIP APPLICATION FORM

Section 1: Contact Information

1. Name: Kevin Donnelly

(Please print name as you would like it to appear in communications)

2. Organization:
(if applicable) _____

3. Job Title: _____

4. Mailing Address: _____

5. City: ach State: CA Zip Code: _____

6. Provide address of office and where services are provided (if different from above):

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

7. Tel.: _____ Fax: _____

8. Email: kevinjdonnelly.lacoh@gmail.com

(Most Commission communications are conducted through email)

9. Mobile Phone #: (_____) _____

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.

Signature: _____

Kevin Donnelly

Print Name

Jan 9, 2020

Date

Section 2: Demographic Information

1. Can you commit to the Commission's minimum expectations of active participation, regular attendance and sustained involvement? ☒ Yes ☐ No

2. In which Supervisorial District and SPA do you work? Check all that apply.

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

3. In which Supervisorial District and SPA do you live?

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input checked="" type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input checked="" type="checkbox"/>
District 5	<input type="checkbox"/>				

4. In which Supervisorial District and SPA do you receive HIV (care or prevention) services? Check all that apply.

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input checked="" type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input checked="" type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

5. Demographic Reflectiveness and Representation:

Federal funders require that the Commission report the following demographic information annually to ensure its conformity with reflection/representation rules.

- 5a. Gender: ☒ Male ☐ Female ☐ Trans (Male to Female) ☐ Trans (Female to Male) ☐ Unknown

- 5b. Race/Ethnicity: (Check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> African- American/Black,not Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Multi-Race |
| <input checked="" type="checkbox"/> Anglo/White, not Hispanic | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> Decline to State/Not Specified |

- 5c. Are you a parent/guardian/direct caregiver to a child with HIV under 19? ☐ Yes ☒ No

6. FOR APPLICANTS LIVING WITH HIV:

- 6a. Are you willing to publicly disclose your HIV status? ☒ Yes* ☐ No

***DO NOT CHECK YES HERE if you do not want your HIV status known publicly. There is NO requirement that someone with HIV must disclose his/her status to the Commission or publicly.**

- 6b. Age:
- | | | |
|--|--|---|
| <input type="checkbox"/> 13 – 19 years old | <input type="checkbox"/> 20 – 29 years old | |
| <input type="checkbox"/> 30 – 39 years old | <input type="checkbox"/> 40 – 49 years old | <input checked="" type="checkbox"/> 50-59 years old |
| <input type="checkbox"/> 60+ years old | <input type="checkbox"/> Unknown | |

6c. Are you a "consumer" (patient/client) of Ryan White Part A services? ☐ Yes ☐ No

6d. Are you "affiliated" with a Ryan White Part A-funded agency? ☐ Yes ☒ No

By indicating "affiliated," you are a: ☐ board member, ☐ employee, or ☐ consultant at the agency. A volunteer at an agency is considered an unaffiliated consumer.

Section 3: Experience/Knowledge

7. **Recommending Entities/Constituency(ies):** "Recommending Entities" are the individuals/ organizations who may have suggested or asked you to represent them on the Commission.

7a. **What organization/Who, if any/anyone, recommended you to the Commission?**

Bridget Gordon

7b. **If recommended, what seat, if any, did he/she/they recommend you fill?**

Unaffiliated Consumer, Supv Dist #4, SPA 8, At-Large

8. **Please check all of the boxes that apply to you:**

- 1 ☐ I am willing to publicly disclose that I have Hepatitis B or C.
- 2 ☐ I am an HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
- 3 ☐ I am a member of a federally-recognized American Indian tribe or Native Alaskan village.
- 4 ☐ I am a behavioral or social scientist who is active in research from my respective field.
- 5 ☒ I am involved in HIV-related research in the following capacity(ies) (Check all that apply):
 - ☐ scientist, lead researcher or PI, ☐ staff member, ☒ study participant, or ☐ IRB member.
- 6 ☐ A health or hospital planning agency has recommended that I fill that seat on the Commission.
- 7 ☐ I am an HIV specialty physician or an Infectious Disease (ID) doctor with HIV- positive patients.
- 8 ☐ The agency where I am employed provides mental health services.
- 9 ☐ The agency where I am employed provides substance abuse services.
- 10 ☐ The agency where I am employed is a provider of HIV care/treatment services.
- 11 ☐ The agency where I am employed is a provider of HIV prevention services.
- 12 ☐ The agency where I am employed is provider of ☐ housing and/or ☐ homeless services.
- 13 ☐ The agency where I am employed has HIV programs funded by Federal sources (other than Ryan White).
- 14 ☐ I work for or am otherwise affiliated with a health care provider that is a Federally Qualified Health Center (FQHC) or a Community Health Clinic (CHC).
- 15 ☐ As someone who is employed as an advocate for incarcerated PWLH and/or as a PWLH who has been incarcerated in the past three years, I can represent the interests of incarcerated PWLH.
- 16 ☐ I am able to represent the interests of Ryan White Part C grantees.
- 17 ☐ I am able to represent the interests of Ryan White Part D grantees.
- 18 ☐ I am able to represent the interests of Ryan White Part F grantees given my affiliation with:
 - ☐ one of LA County's AETC grantees/sub-grantees ☐ a HRSA SPNS grantee
 - ☐ Part F dental reimbursement provider ☐ HRSA-contracted TA vendor
- 19 ☐ As an HIV community stakeholder, I have experience and knowledge given my affiliation with:
(Check all that apply)
 - ☐ union or labor interests
 - ☐ provider of employment or training services
 - ☐ faith-based entity providing HIV services
 - ☐ organization providing harm reduction services
 - ☐ an organization engaged in HIV-related research
 - ☐ the business community
 - ☐ local elementary-/secondary-level education agency
 - ☐ youth-serving agency, or as a youth.

9. **Training Requirements:** The Commission requires all members to complete the following trainings, which can be fulfilled if the trainings were provided by other institutions. Applicants will not be penalized for no prior training, but must take it once appointed.

9a. **Have you completed an "Introduction to HIV/STI," "HIV/STI 101," or a related basic informational HIV/STI training before? (If so, include Certificate of Completion; if not, the Commission provides the training)** ☒ Yes ☐ No

9b. **Have you completed a Health Insurance Portability and Accountability Act (HIPAA) training before? (If so, please include Certificate of Completion; if not, the Commission will provide the training)** ☐ Yes ☒ No

9c. **Have you completed a "Protection of Human Research Subjects" training before? (If so, please include Certificate of Completion; if not, the Commission will provide the training)** ☐ Yes ☒ No

Section 4: Biographical Information

10. **Personal Statement:** The "personal statement" is a snapshot of your goals of your Commission participation, against which you can measure your effectiveness as a Commission member. This statement may be included on the Commission's website in the member section. Provide a short (50-word maximum) statement expressing why you want to be a Commission member:

I am applying at this time because of the lack of representation of consumers on the board and specifically from SPA 8 and Supv Dist #4. While proud of my previous service, I believe there are projects left unfinished that I would like to see through. I have the time and the support to participate at this time and would like to be of service.

11. **Biography/Resume:** If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required—attach a new/updated resume. You may continue on an additional page, if necessary. As you feel appropriate, please provide a short biography detailing your background, and how it has prepared you for service on the Commission:

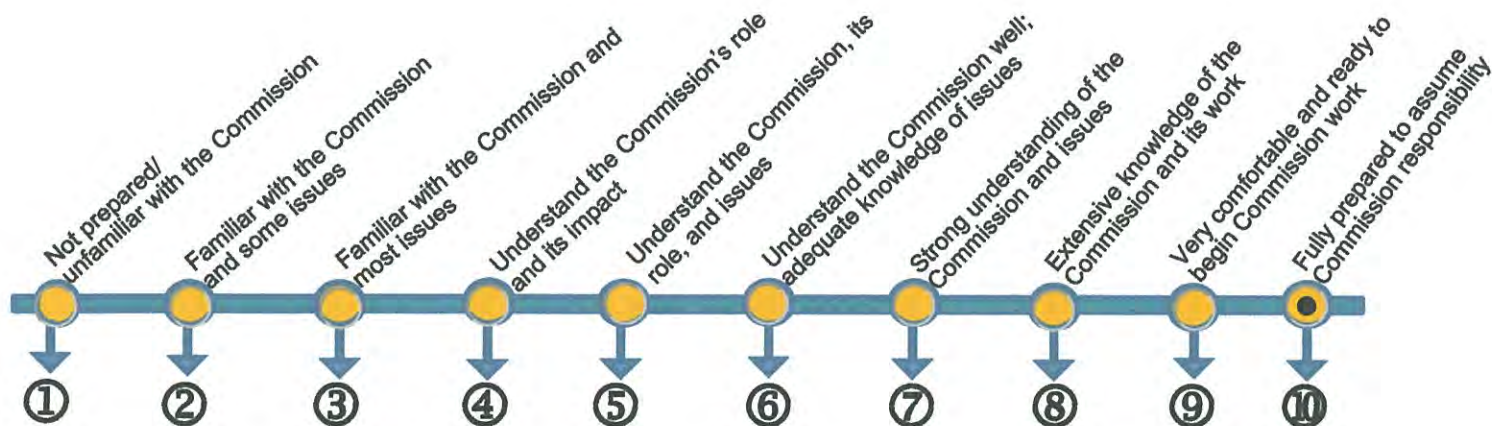
Please see previous application. Currently I am a member of the Los Angeles County HIV Mental Health Task Force. In addition to the annual "Coping with Hope" event, the Task Force promotes community building. I am a member of the Long Beach HIV Planning Group. Since June of 2018, I have Co-Chaired the Client Advisory Board of the Los Angeles LGBT Center's Jeffrey Goodman Clinic. I have participated in other CABs, specifically the Los Angeles Family AIDS Network CAB at UCLA. I have trained with HRSA's TCQ Plus. I have volunteered in HIV/AIDS Emotional Support Organizations since 1986. I have lived with HIV in my body since 1996.

12. **Additional Information:** In this section, please provide any additional information about yourself—or update information from your original or renewal application—that you feel will enhance the application review. If you choose not to include any additional information, indicate it here with “N/A”. Your additional information may continue on an additional page, if necessary.
N/A

Section 5: New Member Applicant (Only to be completed by new member applicant)

13. **How prepared do you feel you are to serve as a member of the Commission, if appointed?**

A candidate's “preparedness” for Commission service is assessed—for this response—according to the 10-point scale located on the next page, which indicates that those who are the “least” prepared (“1” on the scale) are “not familiar” with the Commission and the issues that it reviews. The more prepared a candidate is—as indicated on the scale (moving towards “10” from “1”)—s/he should demonstrate increased familiarity with the Commission and its content, evolving into “understanding” and “comfort” with the role of the Commission and its practices, and “limited” to “extensive” knowledge about the topics it addresses. Mark the circle that represents where you feel you fall on this scale of “preparedness” (“1” is “not prepared” → “10,” “fully prepared”)



14. **Describe any personal/professional experience that you believe has prepared you to perform effectively as a member of the Commission. Continue on an additional page if necessary.**

Please see BIO above

-
15. **What do you anticipate your greatest hurdles will be acclimating to your new role on the Commission? How do you think you will overcome them? Continue on an additional page if necessary.**

I don't believe this to be a difficulty at this time.

-
16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

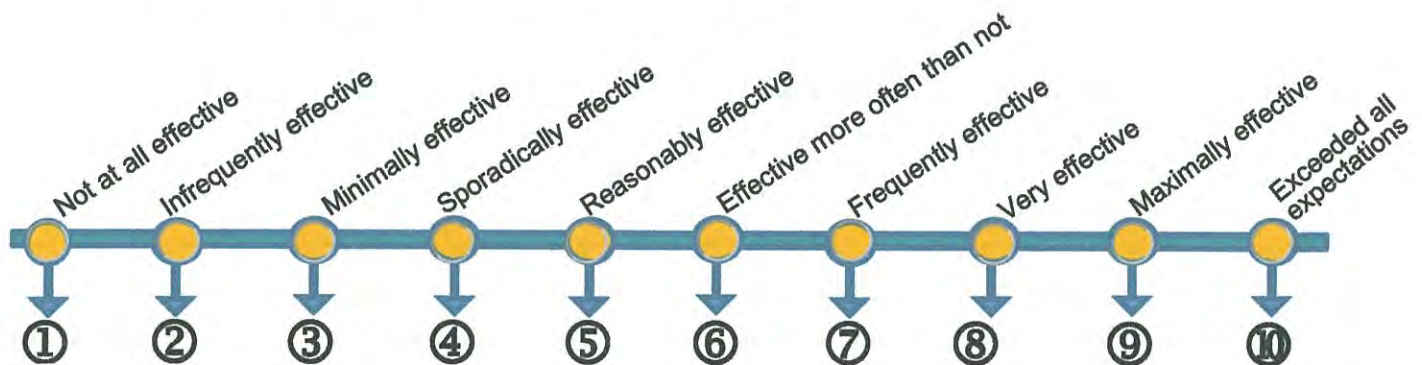
I will work to build community response to HIV/AIDS, STIs, and sexual health in general. I see this as a social justice issue.

17. Which of your strengths do you feel will enhance your Commission performance? What skills will you need to develop further for optimal Commission performance? Continue on an additional page if necessary.
I'm approachable. Hopefully reasonable. Definitely reliable. I feel called to do this work at this time.

18. Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity? ☒ Yes ☐ No

Section 6: Renewal Applicant (Only to be completed by renewal applicant)

19. How effective do you feel you were during your most recent term on the Commission? Mark the circle that you feel is the best assessment of your Commission participation and engagement in the last term (1 is least effective → 10 is most effective)



20. Explain why you rated yourself the way you did in Question #16. Continue on an additional page, if necessary.

SECTION 2: CONTACT INFORMATION

1. Are you willing and able to commit to the minimum standards expected for committee participation? Yes ☒ No ☐

2. Name: Miguel Martinez

(Please print name as you would like it to appear in communications)

3. Organization (if applicable): Children's Hospital Los Angeles-DAYAM

4. Mailing Address: 4650 Sunset Blvd, MS#2

5. City: Los Angeles State: CA ZIP: 90027

6. TEL: (323) 361-3908 FAX: (323) 913-3614

7. E-Mail: mimartinez@chla.usc.edu

(Standard Commission contact and communication is done through e-mail)

8. Cell/Mobile Phone (optional): (818) 209-0152

9. Other Contact Information (optional):

Type of Address: ☐ Home ☐ Work Other: _____

Address: _____

City: _____ State: _____ ZIP: _____

TEL: () FAX: ()

E-Mail: _____

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.


Signature

2/14/20
Date

Miguel Martinez
Printed Name

SECTION 3: EXPERIENCE

1. Which Commission committee are you asking to join?

- ☐ Public Policy (PP) ☐ Operations ☒ Planning, Priorities & Allocations (PPA) ☐ Standards & Best Practices (SBP)

2. Why do you want to join the committee? While no longer a commissioner I would like to continue to be engaged in the work of the PP & A committee.

3. Please summarize your background and experience (please attach curriculum vitae, resume and/or relevant information). I have worked in the area of HIV as a care provider, trainer, researcher and administrator for over 20 years. My experience has primarily focused on addressing the lived experiences of people of color, youth, gay and bisexual men and transgender communities. In my current position as a Project Manager at CHLA, I have the honor of serving as the Senior Manager for two distinct programs; the HIV program and the Center for Transyouth Health and Development. (please see attached resume)

4. What specific skills and expertise(s) can you bring to the committee?

I believe that I bring experience in conducting community needs assessments, synthesizing data, and a strong familiarity with the HIV care and prevention systems.

5. Committee membership entails certain obligations. Appointed committee members are entitled to voting privileges on the committee and contribute to meeting quorums. If you are appointed to the committee, you agree to attend the committee's regularly and specially scheduled meetings.

- ☒ As a Board-appointed committee member, I agree to fully participate in committee activities, including regularly attending to committee.

Signature

2/14/2020

Date

Miguel Martinez

Printed Name

Miguel Martinez, MSW/MPH

(323)361.3908 (o)

(818)209-0152 (c)

mgm73@me.com

EXPERIENCE

■ Children's Hospital Los Angeles, Los Angeles, CA, Division of Adolescent and Young Adult Medicine

Project Manager, HIV Program (September 2000 - Present)

Project Manager, Center for Transyouth Health and Development (2012 - Present)

- Lead all strategic planning initiatives in the area of sexual and reproductive health across the Division of Adolescent and Young Adult Medicine.
- Lead grant writer for two service lines and key member of division grant writing team with a cumulative annual grant portfolio of \$2.5 million.
- Manage the development, implementation and evaluation of youth specific HIV related projects and activities including prevention, care, research, and capacity building in partnership with multidisciplinary team;
- Manage the development, implementation and evaluation of medical, behavioral health, community based health and wellness services housed within the Center for Transyouth Health and Development, the largest pediatric center for gender affirming care for in the United States.
- Responsible for ensuring integration of youth development and leadership activities within multiple service lines including facilitation of population specific youth community advisory boards for each program.
- Responsible for fiscal and personnel management of over 26 staff and trainees.
- Develop and implement appropriate screening and evaluation tools, instruments, and protocols in collaboration with Division's Evaluation Manager;
- Provide leadership in multiple community networks for planning and coordination of services, development of collaborative partnerships, and dissemination of information.
- Provide oversight to community engagement activities related to identified focus populations, research, and structural change initiatives.
- Serve as a trainer for Divisional capacity building assistance and training programs (i.e. HRSA funded LEAH program), including annual supervision of multiple macro MSW and MPH students.
- Content expert for CDC DASH funded capacity building program to support funded local education programs across the United States related to safe and supportive environments.

■ Children's Hospital Los Angeles, Los Angeles, CA Division of Adolescent Medicine

Clinical Social Worker (March 2000 - August 2000)

- Provided case management services to youth living with HIV including assessment, development of individual service plans, and brief interventions.
- Provided supervision and crisis intervention support for case management team.
- Organized and facilitated weekly HIV case conference.

■ Tri-City Health Center, Hayward, CA

HIV Case Manager (January 1997 – August 1997)

- Provided psychosocial case management services to diverse clients accessing community-based clinic services.
- Provided brief crisis intervention services and collaborated with interdisciplinary team in linking individuals living with HIV to medical care services.

■ **AIDS Housing Information Project, Hayward, CA**

AIDS Housing Information Specialist (January 1997 - August 1997)

- Assisted in the development and maintenance of a dedicated HIV housing database for Alameda County residents living with HIV.
- Staffed a dedicated hotline and provided ongoing referrals to callers.

■ **National Native American AIDS Prevention Center, Oakland, CA**

Media Services Program Coordinator (May 1995 – January 1997)

- Launched national health communications project addressing HIV awareness and prevention among urban and tribal Native American communities.
- Collaborated with media outlets to develop media resources
- Provided oversight of consultant pool
- Involved in the design and implementation of national and regional capacity building activities.

■ **Tri-City Health Center, Hayward, CA**

Program Assistant (January 1995 – May 1995)

- Redesigned agency information resources for utilization by national hotline staff
- Assisted in the development of training and resource development

EDUCATION

■ **University of MI, Ann Arbor (1997-1999)**

Masters of Social Work (MSW)

Concentration: Children and Families, Health Concentration

Minor: Community Organization, Planning & Administration

Masters of Public Health (MPH)

Concentration: Health Education and Behavior

■ **University of CA, Berkeley (1991-1995)**

Bachelor of Arts (BA) Major: Social Welfare

PUBLICATIONS

■ Jadwin-Cakmak, L., Reisner, S, Hughto, J., Salomom, L., **Martinez, M.**, Popoff, E., Campbell, B., and Harper, G. (In Process). HIV prevention and HIV care among transgender and gender diverse youth: design and implementation of a multisite mixed-methods study protocol in the U.S. BMC Public Health. <https://doi.org/10.1186/s12889-109-7605-4>.

■ Lin A, Dudek J, Francisco VT, Castillo M, Freeman P, **Martinez M**, Sniecinski K, Young K, Ellen J and the ATN (2012) Challenges and approaches to mobilizing communities for HIV prevention among young men who have sex with men of color. *J Prev Interv Community*, 40:2, 149-164, NIHMSID 353819

■ Wilson EC, Garofalo R, Harris DR, Herrick A, Martinez J, **Martinez M**, Belzer, M., the TAC, and the Adolescent Medicine Trials Network for HIV/AIDS Interventions (2010) Sexual risk taking among transgender male-to-female youths with different partner types. *Am J of Public Health*, 100(8):1500-5. PMID 20622176 PMCID 2901273

■ Wilson, EC, Garofalo R, Harris RH, Herrick A, **Martinez M**, Belzer M. (2009) Transgender female Youth and Sex Work: HIV Risk and a Comparison of Life Factors Related to Engagement in Sex Work. *AIDS Behavior*, DOI 10.1007/s10461-008-9508-8

■ Kubicek K, Carpineto J, McDavitt B, Weiss G, Iverson E, Au C, Kerrone D, **Martinez M**, Kipke M. (2008) Integrating Professional and Folk Models of HIV Risk: YMSM's Perceptions of High-Risk Sex. *AIDS Education and Prevention*; 20(3):220-38.

■ Belzer ME, **Martinez, M**, Neinstein LS. (2007) Adolescent Health Care: A Practical Guide 5th Edition. HIV and AIDS. Neinstein, LS (Ed) Urban and Schwarzenberg, Baltimore.

■ Puccio JA, Belzer M, Olson J, **Martinez M**, Salata C, Tucker D, Tanaka D. (2006) The Use of Cell Phone Reminder Calls for Assisting HIV-Infected Adolescents and Young Adults to Adhere to HAART: A Pilot Study. *AIDS Patient Care and STDs*. 20: 438-444.

CONFERENCE PRESENTATIONS

- Olson, J., **Martinez, M.**, Forbes, C., Humphreys, M. Integrating Primary Care with Public Health: A Comprehensive Approach to Service Provision with Transgender Youth. *Gay and Lesbian Medical Association*, Denver, CO, September, 19-21, 2013.
- McCurtis, K., Dudek, J., Humphreys, M., **Martinez, M.** Addressing Social Determinants and Reducing HIV-related Health Disparities Through a Community Mobilization Model. *American Public Health Association Annual Conference*, San Francisco, CA, October 27-31, 2012.
- Humphreys, M., **Martinez, M.**, McCurtis, K., Vincent, T. Addressing the Context of Young African American Gay Men's HIV Risk: Integrating social determinants into EBIs. *National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities*, New Orleans, LA, January 19-22, 2012.
- Brown, R., Humphreys, M., **Martinez, M.** Linkage to Care: Root Causes, Structural Barriers, and Best Practices for Youth. *National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities*, New Orleans, LA, January 19-22, 2012.
- Guttierrez-Mock, L, Castro, D, Keatley, J. **Martinez, M**, Salcedo, B. Social Determinants of Health for Transgender Youth. *United States Conference on HIV/AIDS, Chicago, IL 2012*
- **Martinez, M.** Integration and Adaption: High impact HIV prevention and Latin@ Youth. *United States Conference on HIV/AIDS, Chicago, IL 2011*
- McKleroy, V, Keatley, J., **Martinez, M.** , Community Mobilization: Mobilizing Transgender Communities and Allies to Respond to the AIDS Epidemic. *National HIV Prevention Conference, Atlanta, GA 2011*
- Chono-Helsley, M, Wilson, G., **Martinez, M.** Breaking Down the Barriers: Recruitment, Testing and Linkage to Care for YMSM in Los Angeles. *2011 National HIV Prevention Conference, Atlanta, GA*
- Dudek, J., Humphreys, M., **Martinez, M.** *From Why To How: Root Causes, Structural Changes, and Advocacy for At-Risk Youth. National HIV Prevention Conference, Atlanta, GA 2011*
- Humphreys, M, **Martinez, M.** Community Mobilization Models for HIV Prevention for MSM of Color: Children's Hospital Los Angeles. *National HIV Prevention Conference, Atlanta, GA 2011*
- Humphreys, M., **Martinez, M.**, Salcedo, B. Defining Structural Change for HIV Prevention. *United States Conference on AIDS, Orlando, FL, September 12-15, 2010*
- Forbes, C., Clark, L., & **Martinez, M.**: TG-AIM: Transgender Adult Identity Mentoring, Presented at: the 136th Annual American Public Health Association Conference, San Diego, CA, October 2008.
- Forbes, C., Clark, L., & **Martinez, M.**: TG-AIM Transgender Adult Identity Mentoring, PS06-618 Category C: Demonstration projects for locally developed theory-based HIV Prevention Program Models, Presented at: the 11th Annual United States Conference on AIDS, Palms Springs, CA, November 2007.
- Puccio JA, Belzer ME, Olson J, **Martinez M**, Salata C, Tucker D. The use of Cell phone Reminder Calls for Assisting HIV Infected Youth to Adhere to HAART: Pilot Study to Determine Acceptability and Feasibility. Presented to USHIV Conference. September 15, 2005.

PROFESSIONAL ACTIVITY/SERVICE

2018-2019	Co-Chair, Priorities and Planning Subcommittee-Los Angeles County Commission on HIV
2017 - present	CA State HIV Community Planning Body
2016-2019	Commissioner, Los Angeles County Commission on HIV
2014 – present	Member, CHLA Diversity and Inclusion Council
2012 - present	Member, Divisional Senior Advisory Group
2005-present	Member, Healthy Young Men's Project Community Advisory Board
2007-present	Chair, LAUSD HIV Materials Review Panel
2012	Invited Participant, CDC Latino MSM Campaign Consultation. Atlanta, GA

2012	Invited Participant, NASTAD Raising the Bar- Developing a Standard of care for Black and Latino Gay men and other MSM in clinical settings. Washington, DC
2012	Invited Participant, HANC Reach Consultation – Re-Envisioning Education, Awareness, and capacity building around HIV Clinical Research
2007-2016	Co-Investigator, Los Angeles Site of the Adolescent HIV/AIDS Trial Network (ATN)
2005-2012	Member, Los Angeles County HIV Prevention Planning Committee, Evaluation subcommittee chair, Executive committee member

SKILLS

- Computer: Proficient in PC/MAC, Office, Adobe Premiere Pro
- Other: Certified MSW Field Instructor, Good Clinical Practices



PROPOSED 2020 MEMBERSHIP ROSTER *Highlights denotes renewals

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative			Vacant		July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2020	June 30, 2022	
8	Part C representative	1	EXC PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4			Vacant		July 1, 2020	June 30, 2022	
15	Provider representative #5			Vacant		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1	1	EXC/OPS	Michele Daniels	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			Vacant	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	Unaffiliated Consumer	July 1, 2020	June 30, 2022	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7				Unaffiliated Consumer	July 1, 2019	June 30, 2021	Thomas Green (PP&A/SBP)
26	Unaffiliated consumer, SPA 8			Vacant		July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2020	June 30, 2022	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2020	June 30, 2022	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2			Vacant		July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A	Raquel Cataldo	Tarzana Treatment Center	July 1, 2020	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	PP	Lee Kochems	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2			Vacant		July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4			Vacant		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unique Women's Coalition	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8			Vacant		July 1, 2020	June 30, 2022	Miguel Alvarez (OPS/SBP)
TOTAL:		33						

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



2020 MEMBERSHIP ROSTER | UPDATED 06/18/20

APPROVED BY COH ON 7/12/19

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
3	City of Long Beach representative			Vacant		July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2020	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2020	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2020	
8	Part C representative	1	EXC PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2020	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2020	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2020	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4			Vacant		July 1, 2018	June 30, 2020	
15	Provider representative #5			Vacant		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2020	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2020	
19	Unaffiliated consumer, SPA 1	1	EXC/OPS	Michele Daniels	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Craig Scott (OPS/PP)
20	Unaffiliated consumer, SPA 2	1	PP&A	Abad Lopez	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
21	Unaffiliated consumer, SPA 3			Vacant	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	Unaffiliated Consumer	July 1, 2018	June 30, 2020	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Peña	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Thomas Green (PP&A/SBP)
26	Unaffiliated consumer, SPA 8			Vacant		July 1, 2018	June 30, 2020	Susan Forrest (PP&A/OPS)-(LoA)
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2018	June 30, 2020	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2018	June 30, 2020	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2018	June 30, 2020	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2020	
37	Representative, Board Office 2			Vacant		July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2020	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2020	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	PP	Lee Kochems	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2020	
45	HIV stakeholder representative #2			Vacant		July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2020	
47	HIV stakeholder representative #4			Vacant		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2020	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unique Women's Coalition	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2020	
51	HIV stakeholder representative #8			Vacant		July 1, 2018	June 30, 2020	Miguel Alvarez (OPS/SBP)
TOTAL:		35						

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

LOA: Leave of Absence

	Service Category	YR 29 (2019) Allocations		YR 29 (2019) Estimated Expenditures		YR 30 (2020) Application Allocations		YR 30 (2020) Revised Allocations	
		Part A	MAI	Part A	MAI	Part A	MAI	Part A	MAI
CORE SERVICES	Outpatient/Ambulatory Outpatient (AOM)	\$ 9,810,822	\$ -	\$ 9,621,138	\$ -	\$ 11,274,409	\$ -	\$ 9,621,138	\$ -
	Oral Health	\$ 6,300,000	\$ -	\$ 5,579,117	\$ -	\$ 7,592,236	\$ -	\$ 4,977,338	\$ -
	Early Intervention Services (EIS)	\$ 500,000	\$ -	\$ 210,000	\$ -	\$ 500,000	\$ -	\$ 210,000	\$ -
	Mental Health	\$ 300,000	\$ -	\$ 298,809	\$ -	\$ -	\$ -	\$ 212,441	\$ -
	Home and Community Based Health Services	\$ 2,390,352	\$ -	\$ 2,581,790	\$ -	\$ 2,355,345	\$ -	\$ 2,355,345	\$ -
	Medical Nutritional Therapy	\$ 21,000	\$ -	\$ -	\$ -	\$ 21,000	\$ -	\$ -	\$ -
	Medical Case Management/ Medical Care Coordination (MCC)	\$ 10,569,206	\$ -	\$ 9,400,088	\$ 1,616,042	\$ 10,547,194	\$ 278,397	\$ 10,547,194	\$ -
SUPPORT SERVICES	Non-medical Case Management	\$ 1,753,458	\$ 752,024	\$ 1,564,015	\$ 829,935	\$ 1,368,850	\$ 928,627	\$ 2,089,247	\$ 208,230
	Nutritional Support and Home Delivered Meal	\$ 1,299,557	\$ -	\$ 2,089,061	\$ -	\$ 2,098,496	\$ -	\$ 2,098,496	\$ -
	Housing	\$ 500,000	\$ 1,455,000	\$ 1,042,160	\$ 2,238,934	\$ -	\$ 2,000,000	\$ 500,000	\$ 3,183,094
	Legal Services	\$ 137,436	\$ -	\$ 115,567	\$ -	\$ 274,872	\$ -	\$ 57,784	\$ -
	Linguistic Services	\$ 17,976	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Medical Transportation	\$ 1,148,938	\$ -	\$ 644,927	\$ -	\$ 607,006	\$ -	\$ 662,246	\$ -
	Outreach	\$ -	\$ 1,000,000	\$ 1,966,044	\$ -	\$ -	\$ -	\$ 1,966,044	\$ -
Direct Services Total		\$ 34,748,745	\$ 3,207,024	\$ 35,112,716	\$ 4,684,911	\$ 36,639,408	\$ 3,207,024	\$ 35,297,272	\$ 3,391,324
CQM		\$ 1,616,223	\$ -	\$ 1,252,252	\$ -	\$ 1,704,159	\$ -	\$ 1,217,150	\$ -
Administration		\$ 4,040,551	\$ 356,336	\$ 4,040,551	\$ 356,336	\$ 4,260,396	\$ 356,336	\$ 4,057,158	\$ 376,813
Total		\$ 40,405,519	\$ 3,563,360	\$ 40,405,519	\$ 5,041,247	\$ 42,603,963	\$ 3,563,360	\$ 40,571,580	\$ 3,768,137
Carryover		\$ -	\$ -	\$ -	\$ 712,544				

target
variance

\$ 35,297,272
\$ (0)

40571580
4057158
1217147

\$39,065,409
\$44,339,717

Service Category		YR 30 (2020) Application		YR 30 (2020) Revised	
		Part A	MAI	Part A	MAI
CORE SERVICES	Outpatient/Ambulatory Outpatient (AOM)	30.77%	0.00%	27.38%	0.00%
	Oral Health	20.72%	0.00%	14.17%	0.00%
	Early Intervention Services (EIS)	1.36%	0.00%	0.60%	0.00%
	Mental Health	0.00%	0.00%	0.60%	0.00%
	Home and Community Based Health Services	6.43%	0.00%	6.70%	0.00%
	Medical Nutritional Therapy	0.05%	0.00%	0.00%	0.00%
	Medical Case Management/				
	Medical Care Coordination (MCC)	28.79%	8.68%	30.02%	0.00%
SUPPORT SERVICES	Non-medical Case Management	3.74%	28.96%	5.95%	6.14%
	Nutritional Support and Home Delivered Meals	5.73%	0.00%	5.97%	0.00%
	Housing	0.00%	62.36%	1.42%	93.86%
	Legal Services	0.75%	0.00%	0.16%	0.00%
	Linguistic Services	0.00%	0.00%	0.00%	0.00%
	Medical Transportation	1.66%	0.00%	1.43%	0.00%
	Outreach	0.00%	0.00%	5.60%	0.00%
Direct Services Total		100.00%	100.00%	100.00%	100.00%

Service Category	Notes
Outpatient/Ambulatory Outpatient (AOM)	Same as 2019 expenditures. Because telehealth visits are reimbursed at the same rate there is no expectation that expenditures will be lower in 2020
Oral Health	Lower allocation amount than 2019 expenditures due to COVID-19. It is possible that service utilization may have decreased in March-June 2020
Early Intervention Services (EIS)	Same as 2019 expenditures. This allocation will support 3-5 DHSP community health workers for HIV testing. The Partner Services component was moved to the Outreach Service Category.
Mental Health	Small amount added because community input stated it is a needed service and currently no other DHSP grant supports mental health treatment
Home and Community Based Health Services	Same as 2020 application allocations. Could not match 2019 expenditures because YR 30 MAI funds are significantly lower than previous years (i.e. no or very little MAI Carryover from 2019) and new contracts started in 2020
Medical Nutritional Therapy	Contract ended in 2019. Service could be included in new AOM contract, but provider said there was no demand for service
Medical Case Management/ Medical Care Coordination (MCC)	Could not match 2019 expenditures or YR 30 allocations because MAI funds are significantly lower than previous years (i.e. no or very little MAI Carryover from 2019) and new contracts started in 2020
Non-medical Case Management	Part A will now cover Benefits Specialty Services (BSS) and part of transitional case management (TCM) so that the total across Part A and MAI equals the total in the application allocation
Nutritional Support and Home Delivered Meals	Same as application allocation. Nutritional support and home delivered meals may also be supported by HRSA CARES Act funding
Housing	Allocations under Part A were added to cover the mental health portion of RCFCI services. One month (March 2020) of RCFCI and TRCF housing services was also billed to Part A. Housing for Health is on track to maximize their \$3 million MOU and they were approved for a \$183,094 augmentation for 2020. The new Rampart Housing program will begin in September 2019.
Legal Services	There will be a change in contractors in 2020 with the new contract beginning September 2020
Linguistic Services	Solicitation needs to be released to find a new contractor.
Medical Transportation	16 agencies received a new transportation contract which will begin July 1, 2020.
Outreach	Amount matches 2019 estimated expenditures and will cover DHSP staff time for the Linkage and Re-engagement Program (LRP) and Partner Services Outreach with HIV positive clients

Ending the HIV Epidemic (EtHE): A Plan for America - Funding and Resources

Updated 3/2/2020

Federal Partners		Grant Funding	Grantee/Recipient	Details
U.S. Department of Health & Human Services (HHS)	Office of the Assistant Secretary for Health (OASH)	N/A	N/A	Coordinating this cross-agency EtHE initiative. Deployed PACE (Prevention through Active Community Engagement) team locally to assist with community engagement. <i>Region IX PACE Team: Cmdr. Michelle Sandoval-Rosario & Lt. Cmdr. Jose Ortiz</i>
	Human Resources & Services Administration (HRSA)	Ryan White HIV/AIDS Program Parts A and B (HRSA-20-078)	LA County Department of Public Health, Division of HIV & STD Programs (DHSP)	5 year grant 3/1/2020 – 2/28/2025 DHSP awarded \$3 million/year for 5 years Purpose: To implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States.
		Primary Care HIV Prevention Supplemental Funding (HRSA-20-091)	Federally Qualified Health Centers (FQHCs)	Application was due 12/16/19, begins April 2020 \$250K base amount + \$0.50 per patient + \$2.00 per patient tested for HIV Purpose: To expand HIV prevention services that decrease the risk of HIV transmission, target geographic locations identified by Ending the HIV Epidemic initiative, focus on supporting access to and use of PrEP List of awardees: https://bphc.hrsa.gov/program-opportunities/primary-care-hiv-prevention
Centers for Disease Control & Prevention (CDC)	ONE YEAR PLANNING GRANT Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States (CDC-PS19-1906)		DHSP	For eligible health departments to conduct a rapid planning process that engages the community, HIV planning bodies, HIV prevention and care providers, and other partners to develop local EtHE plans. - Planning grant (Component B) awarded 9/30/19 to DHSP for \$436,180 - Planning grant awarded 9/30/19 to CDPH OA for \$492,368 Draft EtHE plan submitted to CDC 12/2019, final plans due to CDC 9/30/2020
	IMPLEMENTATION GRANT Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States (CDC-PS20-2010)		DHSP	5 year implementation grant, begins 6/1/20 to funds prevention activities described in PS19-1906 plans (see row above). Funding range: \$3,184,165 to \$3,519,340 per year/5 years DHSP will apply for Component A: Focus on 4 pillars of EtHE (diagnose, treat, prevent, respond), 25% must be contracted to CBOs. Application is due 3/25/20.
			CDPH OA	CDPH OA will support implementation of EtHE prevention activities for 6 counties: Alameda, Sacramento, Orange, Riverside, San Bernardino, San Diego. Funding range to be split among 6 counties: \$7,991,950 to \$8,833,208 Plans focus on Statewide initiative of Ending the Epidemics (HIV, STDs, Hep C). Application due 9/30/2020.
National Institute of Health (NIH)	National Institute of Mental Health (NIMH)	Implementation Science ONE YEAR PLANNING GRANT for Center for AIDS Research (CFAR) & HIV/AIDS Research Centers (ARC) sites	UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS)	Received 3 grants to collect pilot data. Focus areas include: 1. Regional Coordination Project 2. Digital PrEP Project 3. Long Acting Injectable Antiretroviral Treatment (LAI ART)
			University of California San Diego (UCSD)	DHSP working with Susan Little to determine a partnership on rapid start ART research

Ending the HIV Epidemic (EtHE): A Plan for America - Funding and Resources

Updated 3/2/2020

Ending the HIV Epidemic: A Plan for America is a ten-year initiative launched nationally beginning in FY 2020 to end the HIV epidemic in the United States by reducing new HIV infections by 75% in five years and 90% by 2030.

The U.S. Department of Health and Human Services will work with communities to establish local teams on the ground to implement strategies for **4 Pillars**:

1. **Diagnose** all people with HIV as early as possible
2. **Treat** people with HIV rapidly and effectively to reach sustained viral suppression
3. **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)
4. **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

For the Prevent Pillar, the U.S. Department of Health & Human Services (HHS) launched the **Ready, Set, PrEP** program that makes PrEP medications available at no cost for people who qualify. Learn more at <https://www.getyourprep.com/>.

READY SET PrEP

What if there were a pill that could help prevent HIV?

THERE IS.

Pre-exposure prophylaxis (or PrEP) is a way to prevent people who do not have HIV from getting HIV, by taking one pill every day as prescribed.

READY, SET, PrEP IS PART OF ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

The initiative's goal is to reduce the number of new HIV infections in the U.S. by:

75% IN 5 YEARS

90% BY 2030

The Ready, Set, PrEP program makes PrEP medications available at no cost for people who qualify.

HOW CAN I ENROLL IN THE READY, SET, PrEP PROGRAM?

To receive PrEP medication through the Ready, Set, PrEP program, you must:

- ✓ Test negative for HIV
- ✓ Have a valid prescription from your healthcare provider
- ✓ Not have insurance that covers prescription drugs

WHERE CAN I LEARN MORE AND APPLY FOR THE PROGRAM?

Find out if PrEP medication is right for you. Talk to your healthcare professional or find a provider at locator.hiv.gov.

→ Please visit the Ready, Set, PrEP website at GetYourPrEP.com or contact **855.447.8410**.

Ending the HIV Epidemic

READY SET PrEP

For more EtHE information visit:

Ending the HIV Epidemic: A Plan for America, U.S. Department of Health & Human Services (HHS)
<https://www.hhs.gov/blog/2019/02/05/ending-the-hiv-epidemic-a-plan-for-america.html>

What is 'Ending the HIV Epidemic: A Plan for America'?
<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

Ending the HIV Epidemic: A Plan for America, Human Resources & Services Administration (HRSA)
https://www.hrsa.gov/ending-hiv-epidemic?utm_campaign=enews20191121&utm_medium=email&utm_source=govdelivery

Ending the HIV Epidemic: A Plan for America (CDC)
<https://www.cdc.gov/endhiv/index.html>