



LOS ANGELES COUNTY
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010
TEL. (213) 738-2816 · FAX (213) 637-4748
WEBSITE: <http://hiv.lacounty.gov> | EMAIL: hivcomm@lachiv.org

COMMISSION ON HIV ANNUAL MEETING

**Thursday, November 8, 2018
9:00 AM – 4:30 PM**

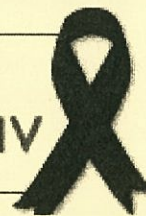
**St. Anne's Conference Center, Foundation Room
155 North Occidental Blvd.
Los Angeles CA 90026**



Join the movement in ending the HIV/AIDS epidemic in Los Angeles County, once and for all.
Visit www.LACounty.HIV



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VISION

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

MISSION

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

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



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GUIDELINES FOR CONDUCT

The Los Angeles County Commission on HIV has played an active role in shaping HIV services in this County and in the State for over a decade. The dedication to providing quality services to people with and at risk of HIV/AIDS by people who are members of this body, both past and present, is unparalleled.

In order to encourage the active participation of all members and to address the concerns of many Commissioners, consumers and other interested members of the community, it is important that meetings take place in a "safe" environment. A "safe" environment is one that recognizes differences, while striving for consensus and is characterized by consistent professional and respectful behavior. As a result, the Commission has adopted and is consistently committed to implementing the following Guidelines for Conduct for Commission, committee and associated meetings.

Similar meeting ground rules have been developed and successfully used in large group processes to tackle difficult issues. Their intent is not to discourage meaningful dialogue, but to recognize that differences and even conflict can result in highly creative solutions to problems when approached in a respectful and professional manner.

The following should be adhered to by all participants and stakeholders:

- 1) Be on Time for Meetings
- 2) Stay for the Entire Meeting
- 3) Show Respect to Invited Guests, Speakers and Presenters
- 4) Listen
- 5) Don't Interrupt
- 6) Focus on Issues, Not People
- 7) Don't just Disagree, Offer Alternatives
- 8) Give Respectful, Constructive Feedback
- 9) Don't Judge
- 10) Respect Others' Opinions
- 11) Keep an Open Mind to Others' Opinions
- 12) Allow Others to Speak
- 13) Respect Others' Time
- 14) Begin and End on Time
- 15) Have All the Issues on the Table and No "Hidden Agendas"
- 16) Minimize Side Conversations
- 17) Don't Monopolize the Discussion
- 18) Don't Repeat What Has Already Been Said
- 19) If Beepers or Cell Phones Must Be On, Keep Them on Silent or Vibrate

1. APPROVAL OF THE AGENDA:

- A. Agenda (**MOTION #1**)
- B. Membership Roster
- C. Committee Assignments
- D. Commission Member Conflict of Interest
- E. Geographic Maps
- F. November 2018 – January 2019 Meeting Calendars



LOS ANGELES COUNTY COMMISSION ON HIV



[REVISED] AGENDA FOR THE ANNUAL MEETING OF THE LOS ANGELES COUNTY COMMISSION ON HIV

(213) 738-2816 / FAX (213) 637-4748

EMAIL: hivcomm@lachiv.org WEBSITE: <http://hiv.lacounty.gov>

Thursday, November 8, 2018 | 9:00 AM – 4:30 PM

“BUILDING FOUNDATIONAL CONFLICT MANAGEMENT AND GROUP DYNAMICS SKILLS”

**St. Anne’s Conference Center,
Foundation Room
155 N. Occidental Blvd., Los Angeles CA 90026**

AGENDA POSTED: November 2, 2018 (Revised posted November 7, 2018)

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

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 5 business days’ notice before the meeting date. To arrange for these services, please contact Dina Jauregui at (213) 738-2816 or via email at djauregui@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 con Dina Jauregui al (213) 738-2816 (teléfono), o por correo electrónico á djauregui@lachiv.org, por lo menos cinco días 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 an 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 and Roll Call

9:00 A.M. – 9:02 A.M.

I. ADMINISTRATIVE MATTERS

- | | | | |
|----|-----------------------------|------------------|-----------------------|
| 1. | Approval of Agenda | MOTION #1 | 9:02 A.M. – 9:04 A.M. |
| 2. | Approval of Meeting Minutes | MOTION #2 | 9:04 A.M. – 9:06 A.M. |

II. REPORTS

- | | | |
|----|---|------------------------|
| 3. | Executive Director's Report | 9:06 A.M. – 9:15 A.M. |
| | A. Welcome and Speaker Introductions | |
| | B. Annual Meeting Objectives | |
| | 1. Understanding core interpersonal communication and group dynamics skills | |
| | 2. Developing effective collaboration and cohesion in group settings | |
| | 3. Enhancing skills for managing conflicts in groups | |
| 4. | Co-Chair's Report | 9:15 A.M. – 9:20 A.M. |
| | A. Meeting Management Reminders | |
| | B. Holiday Meeting Schedule | |
| | C. Co-Chairs Opening Remarks | |
| 5. | California Office of AIDS Programs (OA) Report | 9:20 A.M. – 9:35 A.M. |
| | A. Introduction and Update | |
| 6. | LA County Department of Public Health Report (LACDPH) | 9:35 A.M. – 9:45 A.M. |
| | A. Flea-Borne Typhus Outbreak Update | |
| 7. | Division of HIV/STD Programs (DHSP) Report LACDPH | 9:45 A.M. – 10:00 A.M. |

III. DISCUSSION

- | | | |
|----|--|-------------------------|
| 8. | Los Angeles County HIV/AIDS Strategy (LACHAS) | 10:00 A.M. – 10:05 A.M. |
| | A. Final Draft Board of Supervisors (BOS) | MOTION #3 |
| | Letter Re: COH Commitment to Fulfilling the LACHAS Goals | |

IV. REPORT

10:05 A.M. – 10:15 A.M.

9. Standing Committee Report:
 A. Operations Committee
 1. HIV Community Service Awards Presentation

V. BREAK

10:15 A.M. – 10:25 A.M.

VI. DISCUSSION

10:25 A.M. – 12:30 P.M.

11. A. Building Foundational Conflict Management and Group
 Dynamics Skills – Part 1
Just Communities, Facilitator

VII. LUNCH

12:30 P.M. – 1:00 P.M.

12. A. COH Member/Activities Recognition

VIII. DISCUSSION (cont'd)

12:30 P.M. – 4:15 P.M.

13. A. Building Foundational Conflict Management and Group
 Dynamics Skills – Part 2
Just Communities, Facilitator

IX. PUBLIC COMMENT

4:15 P.M. – 4:21 P.M.

14. Opportunity for members of the public to address the Commission
 on items of interest that are within the jurisdiction of the Commission.

X. COMMISSION COMMENT

4:21 P.M. – 4:27 P.M.

15. Opportunity for Commission members to comment on non-agendized
 or follow-up on agenda items.

XI. ANNOUNCEMENTS

4:27 P.M. – 4:30 P.M.

16. Opportunity for members of the public to announce community events, workshops,
 trainings, and other related activities.

XII. ADJOURNMENT AND ROLL CALL

4:30 P.M.

17. Adjournment for the Annual Meeting of November 8, 2018.

PROPOSED MOTION(s)/ACTION(s):

MOTION #1: Approve the Agenda Order, as presented or revised.

MOTION #2: Approve the Commission meeting minutes, as presented or revised.

MOTION #3: Approve the Final Draft BOS Letter Re: COH Commitment to Fulfilling the
 LACHAS Goals, as presented or revised.

COMMISSION ON HIV MEMBERS:

| | | | |
|---------------------------------|---|-------------------------|-----------------------------|
| Ricky Rosales, Co-Chair | Grissel Granados, MSW, Co-Chair | Traci Bivens-Davis | Al Ballesteros, MBA |
| Jason Brown | Alasdair Burton (Alternate) | Joseph Cadden, MD | Danielle Campbell, MPH |
| Raquel Cataldo | Deborah Owens Collins, PA, MSPAS, AAHIVS | Michele Daniels | Erika Davies |
| Susan Forrest (Alternate) | Aaron Fox, MPM | Alexander Luckie Fuller | Jerry D. Gates, PhD |
| Joseph Green | Terry Goddard II, MA | Felipe Gonzalez | Bridget Gordon |
| Diamante Johnson | William King, MD, JD | Lee Kochems, MA | Bradley Land |
| David P. Lee, MPH, LCSW | Eric Paul Leue | Abad Lopez | Andrew Lopez (Alternate) |
| Eduardo Martinez (Alternate) | Miguel Martinez, MSW, MPH | Anthony Mills, MD | Carlos Moreno |
| Derek Murray | Katja Nelson, MPP | Jazielle Newsome | Frankie Darling-Palacios |
| Raphael Peña | Mario Pérez MPH | Juan Preciado | Rebecca Ronquillo |
| Martin Sattah, MD | LaShonda Spencer, MD | Kevin Stalter | Yolanda Sumpter |
| Greg Wilson | Russell Ybarra | | |
| MEMBERS: | 45 | | |
| QUORUM: | 23 | | |



2018 MEMBERSHIP ROSTER | UPDATED 10/17/18

APPROVED BY COB ON 7/12/18

| SEAT NO. | MEMBERSHIP SEAT | Commissioners Seated | Committee Assignment | COMMISSIONER | AFFILIATION (IF ANY) | TERM BEGIN | TERM ENDS | ALTERNATE |
|----------|--|----------------------|----------------------|--|---|--------------|---------------|----------------------|
| 1 | Medi-Cal representative | 1 | SBP | Vacant | | July 1, 2017 | June 30, 2019 | |
| 2 | City of Pasadena representative | 1 | PP&A | Erika Davies | City of Pasadena Department of Public Health | July 1, 2018 | June 30, 2020 | |
| 3 | City of Long Beach representative | 1 | EXC | Deborah Owens Collins, PA, MSPAS, AAHIVS | Dept. of Health and Human Services, City of Long Beach | July 1, 2017 | June 30, 2019 | |
| 4 | City of Los Angeles representative | 1 | PP&A | 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, 2017 | June 30, 2019 | |
| 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 | | | Vacant | | July 1, 2018 | June 30, 2020 | |
| 8 | Part C representative | 1 | EXC/PP | Aaron Fox, MPH | 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, 2017 | June 30, 2019 | |
| 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 | EXC/ISBP | Joseph Cadden, MD | Rand Schradler Clinic (SPA1), LA County Department of Health Services | July 1, 2017 | June 30, 2019 | |
| 12 | Provider representative #2 | 1 | SBP | David Lee, MPH, LCSW | Charles Drew University | July 1, 2018 | June 30, 2020 | |
| 13 | Provider representative #3 | 1 | PP&A | Miguel Martinez, MSW, MPH | Children's Hospital Los Angeles | July 1, 2017 | June 30, 2019 | |
| 14 | Provider representative #4 | 1 | EXC/OPS | Raquel Cataldo | Tarzana Treatment Center | July 1, 2018 | June 30, 2020 | |
| 15 | Provider representative #5 | 1 | EXC/PP | Terry Goddard, MA | Alliance for Housing and Healing | July 1, 2017 | June 30, 2019 | |
| 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, 2017 | June 30, 2019 | |
| 18 | Provider representative #8 | 1 | PP | Martin Sallah, MD | Rand Shradler Clinic (SPA1), LA County Department of Health Services | July 1, 2018 | June 30, 2020 | |
| 19 | Unaffiliated consumer, SPA 1 | 1 | OPS | Michele Daniels | Unaffiliated Consumer | July 1, 2017 | June 30, 2019 | |
| 20 | Unaffiliated consumer, SPA 2 | 1 | PP&A | Abad Lopez | Unaffiliated Consumer | July 1, 2018 | June 30, 2020 | |
| 21 | Unaffiliated consumer, SPA 3 | 1 | EXC/PP&A | Jason Brown | Unaffiliated Consumer | July 1, 2017 | June 30, 2019 | |
| 22 | Unaffiliated consumer, SPA 4 | 1 | EXC/OPS/ISBP | Kevin Stalter | Unaffiliated Consumer | July 1, 2018 | June 30, 2020 | |
| 23 | Unaffiliated consumer, SPA 5 | 1 | PP&A | Yolanda Sumpter | Unaffiliated Consumer | July 1, 2017 | June 30, 2019 | |
| 24 | Unaffiliated consumer, SPA 6 | | | Vacant | | July 1, 2018 | June 30, 2020 | |
| 25 | Unaffiliated consumer, SPA 7 | 1 | PP&A | Raphael Peña | Unaffiliated Consumer | July 1, 2017 | June 30, 2019 | Alasdair Burton (PP) |
| 26 | Unaffiliated consumer, SPA 8 | | | Vacant | | July 1, 2018 | June 30, 2020 | Susan Forrest (PP&A) |
| 27 | Unaffiliated consumer, Supervisorial District 1 | 1 | OPS | Carlos Moreno | | July 1, 2017 | June 30, 2019 | |
| 28 | Unaffiliated consumer, Supervisorial District 2 | | | Vacant | | July 1, 2018 | June 30, 2020 | |
| 29 | Unaffiliated consumer, Supervisorial District 3 | | | Vacant | | July 1, 2017 | June 30, 2019 | |
| 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, 2017 | June 30, 2019 | |
| 32 | Unaffiliated consumer, at-large #1 | 1 | PP&A | Russell Ybarra | Unaffiliated Consumer | July 1, 2018 | June 30, 2020 | |
| 33 | Unaffiliated consumer, at-large #2 | 1 | EXC/OPS | Joseph Green | Unaffiliated Consumer | July 1, 2017 | June 30, 2019 | |
| 34 | Unaffiliated consumer, at-large #3 | 1 | SBP | Felipe Gonzalez | Unaffiliated Consumer | July 1, 2018 | June 30, 2020 | |
| 35 | Unaffiliated consumer, at-large #4 | 1 | OPS | Bridget Gordon | Unaffiliated Consumer | July 1, 2017 | June 30, 2019 | |
| 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 | 1 | EXC/OPS | Traci Bivens-Davis | NIA | July 1, 2017 | June 30, 2019 | |
| 38 | Representative, Board Office 3 | 1 | PP | Katja Nelson, MPP | APLA | July 1, 2018 | June 30, 2020 | |
| 39 | Representative, Board Office 4 | | | Vacant | | July 1, 2017 | June 30, 2019 | |
| 40 | Representative, Board Office 5 | 1 | SBP | Bradley Land | Unaffiliated Consumer | July 1, 2018 | June 30, 2020 | |
| 41 | Representative, HOPWA | 1 | PP&A | Rebecca Ronquillo | City of Los Angeles, HOPWA | July 1, 2017 | June 30, 2019 | |
| 42 | Behavioral/social scientist | 1 | PP | Lee Kocherns | Unaffiliated Consumer | July 1, 2018 | June 30, 2020 | |
| 43 | Local health/hospital planning agency representative | | | Vacant | | July 1, 2017 | June 30, 2019 | |
| 44 | HIV stakeholder representative #1 | 1 | EXC | Grisel Granados, MSW | Children's Hospital Los Angeles | July 1, 2018 | June 30, 2020 | |
| 45 | HIV stakeholder representative #2 | 1 | PP | Greg Wilson | In the Meantime Men's Group | July 1, 2017 | June 30, 2019 | |
| 46 | HIV stakeholder representative #3 | 1 | OPS | Juan Preciado | Northeast Valley Health Corporation | July 1, 2018 | June 30, 2020 | |
| 47 | HIV stakeholder representative #4 | 1 | EXC/PP | Eric Paul Leue | Free Speech Coalition | July 1, 2017 | June 30, 2019 | |
| 48 | HIV stakeholder representative #5 | 1 | OPS | Danielle Campbell, MPH | UCLA/MLKCH | July 1, 2018 | June 30, 2020 | |
| 49 | HIV stakeholder representative #6 | 1 | OPS | Alexander Luckie Fuller | NIA | July 1, 2017 | June 30, 2019 | |
| 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 | 1 | SBP | Jazelle Newsome | St. John's Well Child & Family Center | July 1, 2018 | June 30, 2020 | |
| | | TOTAL: | 42 | | | | | |

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



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COMMITTEE ASSIGNMENTS (Updated: November 6, 2018)

| Committee Member Name/ Alternate | Member Category | Affiliation |
|--|-------------------------------------|-------------------------------------|
| * = Primary Committee Assignment | ** = Secondary Committee Assignment | |
| EXECUTIVE COMMITTEE | | |
| Regular meeting day: 4 th Thursday of the month | | Regular meeting time: 1:00pm–3:00pm |
| Number of Voting Members: 12 | | Number of Quorum: 7 |
| Grissel Granados, MSW | Co-Chair, Comm./Exec.* | Commissioner |
| Ricky Rosales | Co-Chair, Comm./Exec.* | Commissioner |
| Al Ballesteros, MBA | Co-Chair, PP&A | Commissioner |
| Traci Bivens-Davis | Co-Chair, Operations | Commissioner |
| Jason Brown | Co-Chair, PP&A | Commissioner |
| Joseph Cadden, MD | Co-Chair, SBP | Commissioner |
| Raquel Cataldo | At-Large Member* | Commissioner |
| Aaron Fox, MPM | Co-Chair, Public Policy | Commissioner |
| Joseph Green | At-Large Member* | Commissioner |
| Terry Goddard, MA | Co-Chair, PPC | Commissioner |
| Mario Pérez, MPH | DHSP Director | Commissioner |
| Kevin Stalter | Co-Chair, Operations | Commissioner |

| | | |
|--|---------------------|---------------------------------------|
| OPERATIONS COMMITTEE | | |
| Regular meeting day: 4 th Thursday of the month | | Regular meeting time: 10:00am-12:00pm |
| Number of Voting Members: 10 | | Number of Quorum: 6 |
| Traci Bivens-Davis | Committee Co-Chair* | Commissioner |
| Kevin Stalter | Committee Co-Chair* | Commissioner |
| Danielle Campbell, MPH | * | Commissioner |
| Raquel Cataldo | * | Commissioner |
| Michele Daniels | * | Commissioner |
| Bridget Gordon | * | Commissioner |
| Joseph Green | * | Commissioner |
| Carlos Moreno | * | Commissioner |
| Juan Preciado | * | Commissioner |
| Alexander Fuller | * | Commissioner |

Committee Assignment List

Updated: November 6, 2018

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| Committee Member Name | Member Category | Affiliation |
|----------------------------------|-------------------------------------|-------------|
| * = Primary Committee Assignment | ** = Secondary Committee Assignment | |

PLANNING, PRIORITIES and ALLOCATIONS (PP&A) COMMITTEE

| | | | |
|---|---------------------|------------------------------------|--|
| Regular meeting day: 3 rd Tuesday of the month | | Regular meeting time: 1:00-4:00 PM | |
| Number of Voting Members: 16 | | Number of Quorum: 9 | |
| Al Ballesteros, MBA | Committee Co-Chair* | Commissioner | |
| Jason Brown | Committee Co-Chair* | Commissioner | |
| Susan Forrest | * | Alternate | |
| William D. King, MD, JD, AAHIVS | * | Commissioner | |
| Abad Lopez | * | Commissioner | |
| Miguel Martinez, MPH, MSW | * | Commissioner | |
| Anthony Mills, MD | * | Commissioner | |
| Derek Murray | * | Commissioner | |
| Deborah Owens Collins, MPA, MSPAS, AAHIVS | * | Commissioner | |
| Diamante Johnson | * | Commissioner | |
| Frankie Darling Palacios | * | Commissioner | |
| Raphael Pena | * | Commissioner | |
| Rebecca Ronquillo | * | Commissioner | |
| LaShonda Spencer, MD | * | Commissioner | |
| Yolanda Sumpter | * | Commissioner | |
| Russell Ybarra | * | Commissioner | |
| TBD | DHSP staff | DHSP Staff | |

PUBLIC POLICY COMMITTEE

| | | | |
|--|---------------------|--------------------------------------|--|
| Regular meeting day: 1st Monday of the month | | Regular meeting time: 1:00 pm-3:00pm | |
| Number of Voting Members: 12 | | Number of Quorum: 7 | |
| Aaron Fox, MPM | Committee Co-Chair* | Commissioner | |
| Terry Goddard, MA | Committee Co-Chair* | Commissioner | |
| Jerry Gates, PhD | * | Commissioner | |
| Lee Kochems, MA | * | Commissioner | |
| Eduardo Martinez | * | Alternate | |
| Eric Paul Leue | * | Commissioner | |
| Andrew Lopez | * | Commissioner | |
| Katja Nelson, MPP | * | Commissioner | |
| Martin Sattah, MD | * | Commissioner | |
| Greg Wilson | * | Commissioner | |
| Alasdair Burton | * | Alternate | |
| Kyle Baker | DHSP staff | DHSP representative | |

Committee Assignment List

dated: November 6, 2018

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| Committee Member Name | Member Category | Affiliation |
|---|--|-------------|
| * = <i>Primary Committee Assignment</i> | ** = <i>Secondary Committee Assignment</i> | |

| STANDARDS AND BEST PRACTICES (SBP) COMMITTEE | | |
|--|---------------------------------------|---------------------------------------|
| Regular meeting day: | 1 st Thursday of the month | Regular meeting time: 10:00am-12:00pm |
| Number of Voting Members: 8 | | Number of Quorum: 5 |
| Joseph Cadden, MD | Committee Co-Chair* | Commissioner |
| Erika Davies | * | Commissioner |
| Felipe Gonzalez | * | Commissioner |
| Bradley Land | * | Commissioner |
| David Lee, MPH, LCSW | * | Commissioner |
| Kevin Stalter | ** | Commissioner |
| Jazielle Newsome | * | Commissioner |
| Wendy Garland, MPH | DHSP staff | DHSP representative |

| CONSUMER CAUCUS | | |
|---|----------------------|-------------------------------------|
| Regular meeting day: | Following Comm. mtg. | Regular meeting time: 1:00pm-3:00pm |
| <i>*Open membership to consumers of HIV prevention and care services*</i> | | |
| Joseph Green | Co-Chair | Commissioner |
| Yolanda Sumpter | Co-Chair | Commissioner |
| Raphael Péna | Co-Chair | Commissioner |
| Al Ballesteros, MBA | Member | Commissioner |
| Jason Brown | Member | Commissioner |
| Alasdair Burton | Member | Alternate |
| Michele Daniels | Member | Commissioner |
| Grissel Granados, MSW | Member | Commissioner |
| Bridget Gordon | Member | Commissioner |
| Diamante Johnson | Member | Commissioner |
| Lee Kochems, MA | Member | Commissioner |
| Brad Land | Member | Commissioner |
| Abad Lopez | Member | Commissioner |
| Andrew Lopez | Member | Alternate |
| Eduardo Martinez | Member | Alternate |
| Anthony Mills, MD | Member | Commissioner |
| Carlos Moreno | Member | Commissioner |
| Jazeille Newsome | Member | Commissioner |
| Kevin Stalter | Member | Commissioner |
| Russell Ybarra | Member | Commissioner |

Committee Assignment List

Updated: November 6, 2018

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| Committee Member Name | Member Category | Affiliation |
|----------------------------------|-------------------------------------|-------------|
| * = Primary Committee Assignment | ** = Secondary Committee Assignment | |

WOMEN'S CAUCUS

On Hiatus Until Further Notice

TRANSGENDER TASK FORCE

On Hiatus Until Further Notice



LOS ANGELES COUNTY
COMMISSION ON HIV

COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

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

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|--------------------|----------|--|---|
| BROWN | Jason | Unaffiliated consumer | No Ryan White or prevention contracts |
| BALLESTEROS | Al | JWCH, INC. | Ambulatory Outpatient Medical (AOM) |
| | | | Benefits Specialty |
| | | | Case Management, Transitional |
| | | | Health Education/Risk Reduction (HERR) |
| | | | HIV Counseling and Testing (HCT) |
| | | | Medical Care Coordination (MCC) |
| | | | Mental Health, Psychotherapy |
| | | | Mental Health, Psychiatry |
| | | | Oral Health |
| | | | Biomedical Prevention |
| BIVENS-DAVIS | Traci | No Affiliation | No Ryan White or prevention contracts |
| BURTON | Alasdair | No Affiliation | No Ryan White or prevention contracts |
| CADEN | Joseph | Rand Schrader Health & Research Center | Ambulatory Outpatient Medical (AOM) |
| | | | Medical Care Coordination |
| | | | Mental Health, Psychiatry |
| CAMPBELL | Danielle | UCLA/MLKCH | HIV/AIDS Oral Health Care (Dental) Services |
| | | | HIV/AIDS Medical Care Coordination Services |
| | | | HIV/AIDS Ambulatory Outpatient Medical Services |
| | | | HIV/AIDS Medical Care Coordination Services |
| | | | nPEP Services |
| | | | Ambulatory Outpatient Medical (AOM) |
| | | | Benefits Specialty |
| | | | Health Education/Risk Reduction (HERR) |
| | | | HIV Counseling and Testing (HCT) |
| | | | Medical Care Coordination (MCC) |

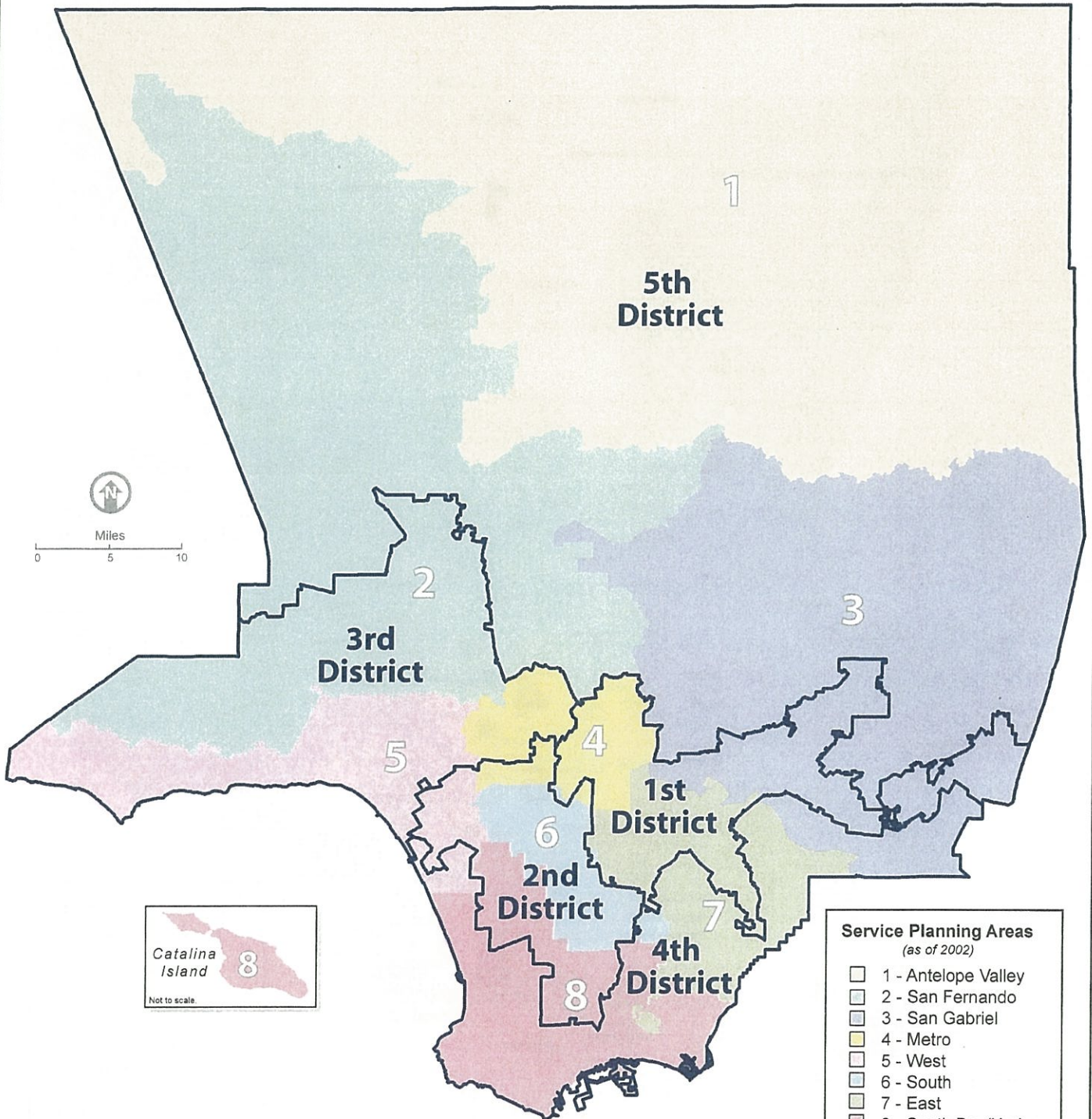
| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|--------------------|---------|---|--|
| CATALDO | Raquel | Tarzana Treatment Center | Case Management, Home-Based |
| | | | Case Management, Transitional - Jails |
| | | | Housing Services |
| | | | Medical Transportation |
| | | | Mental Health, Psychotherapy |
| | | | Oral Health |
| | | | Substance Abuse, Residential |
| | | | Substance Abuse, Transitional |
| | | | Substance Abuse, Detox |
| | | | Biomedical Prevention |
| DANIELS | Michele | Unaffiliated consumer | Medical Nutrition Therapy |
| | | | No Ryan White or prevention contracts |
| DARLING-PALACIOS | Frankie | Los Angeles LGBT Center | Ambulatory Outpatient Medical (AOM) |
| | | | Health Education/Risk Reduction (HERR) |
| | | | HIV Counseling and Testing (HCT) |
| | | | Housing Services |
| | | | Medical Care Coordination (MCC) |
| | | | Mental Health, Psychiatry |
| | | | Mental Health, Psychotherapy |
| | | | Non-Occupational HIV PEP |
| | | | Biomedical Prevention |
| | | | STD Screening and Treatment |
| DAVIES | Erika | City of Pasadena | HIV Counseling and Testing (HCT) |
| FORREST | Susan | Los Angeles Center for Alcohol and Drug Abuse | HIV/AIDS Health Education |
| | | | HIV/AIDS Substance Abuse |
| | | | Risk Reduction Prevention Services |
| | | | Residential Rehabilitation Services |
| | | | Ambulatory Outpatient Medical (AOM) |
| | | | Health Education/Risk Reduction (HERR) |
| FOX | Aaron | Los Angeles LGBT Center | HIV Counseling and Testing (HCT) |
| | | | Housing Services |
| | | | Medical Care Coordination (MCC) |
| | | | Mental Health, Psychiatry |
| | | | Mental Health, Psychotherapy |
| | | | Non-Occupational HIV PEP |
| | | | Biomedical Prevention |
| | | | STD Screening and Treatment |

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|--------------------|-----------|--|---|
| FULLER | Alexander | Unaffiliated consumer | No Ryan White or prevention contracts |
| GATES | Jerry | Keck School of Medicine of USC | No Ryan White or prevention contracts |
| GODDARD II | Terry | Alliance for Housing and Healing | Housing Services |
| GONZALEZ | Felipe | Unaffiliated consumer | No Ryan White or prevention contracts |
| GORDON | Bridget | Unaffiliated consumer | No Ryan White or prevention contracts |
| GRANADOS | Grissel | Children's Hospital Los Angeles | Ambulatory Outpatient Medical (AOM) |
| | | | Case Management, Transitional - Youth |
| | | | Health Education/Risk Reduction (HERR) |
| | | | HIV Counseling and Testing (HCT) |
| | | | Medical Care Coordination (MCC) |
| | | | Biomedical Prevention |
| GREEN | Joseph | Unaffiliated consumer | No Ryan White or prevention contracts |
| GONZALEZ | Felipe | Unaffiliated consumer | No Ryan White or prevention contracts |
| JOHNSON | Diamante | Unaffiliated consumer | No Ryan White or prevention contracts |
| KOCHEMS | Lee | Unaffiliated consumer | No Ryan White or prevention contracts |
| KING | William | W. King Health Care Group | No Ryan White or prevention contracts |
| LAND | Bradley | Unaffiliated consumer | No Ryan White or prevention contracts |
| LEE | David | Charles R. Drew University of Medicine and Science | HIV/AIDS Benefits Specialty Services |
| | | | HIV Counseling, Testing, and Referral Prevention Services |
| LEUE PAUL | Eric | Free Speech Coalition | No Ryan White or prevention contracts |
| LOPEZ | Abad | Unaffiliated consumer | No Ryan White or prevention contracts |
| LOPEZ | Andrew | Friends Research Institute | Health Education/Risk Reduction and HIV Testing Services |
| MARTINEZ | Eduardo | AIDS Healthcare Foundation | Ambulatory Outpatient Medical (AOM) |
| | | | Benefits Specialty |
| | | | Medical Care Coordination (MCC) |
| | | | MH, Psychiatry |
| | | | MH, Psychotherapy |
| | | | Medical Specialty |
| | | | Oral Health |
| | | | HIV Counseling and Testing (HCT) |
| | | | STD Screening and Treatment |
| MARTINEZ | Miguel | Children's Hospital, Los Angeles | Ambulatory Outpatient Medical (AOM) |
| | | | Case Management, Transitional - Youth |
| | | | Health Education/Risk Reduction (HERR) |
| | | | HIV Counseling and Testing (HCT) |
| | | | Medical Care Coordination (MCC) |
| | | | Biomedical Prevention |

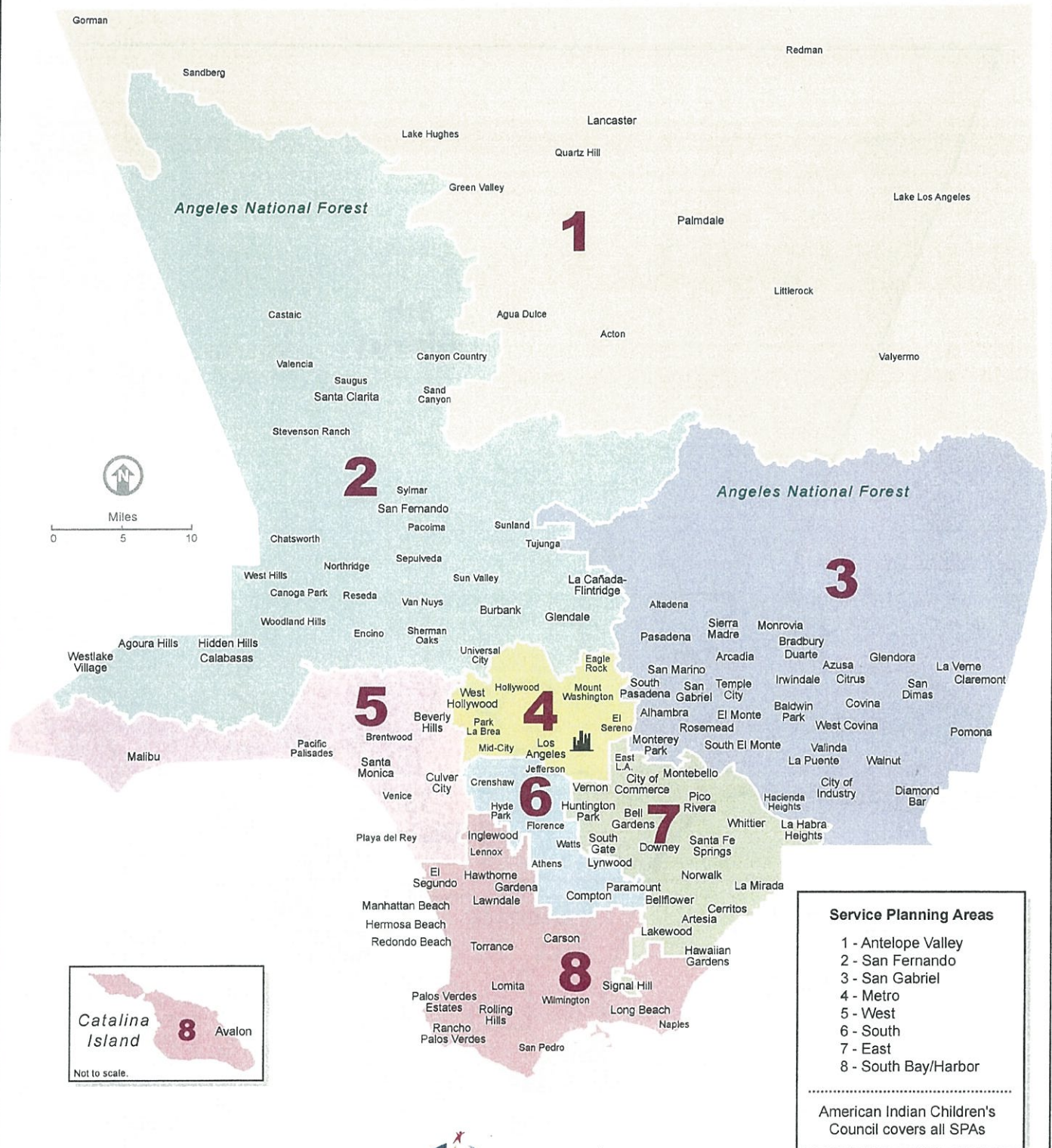
| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|--------------------|----------|--|---|
| MILLS | Anthony | Southern CA Men's Medical Group | Biomedical Prevention |
| MORENO | Carlos | APAIT | Medical Care Coordination (MCC) |
| MURRAY | Derek | City of West Hollywood | No Ryan White or prevention contracts |
| NELSON | Katja | APLA Health & Wellness | No Ryan White or prevention contracts Benefits Specialty Case Management, Non-Medical (LCM) Case Management, Home-Based Health Education/Risk Reduction (HERR) HIV Counseling and Testing (HCT) Mental Health, Psychotherapy Nutrition Support Oral Health Biomedical Prevention Medical Care Coordination (MCC) Ambulatory Outpatient Medical (AOM) |
| NEWSOME | Jazielle | St. John's Well Child and Family Center | HIV Biomedical Prevention Medical Care Coordination (MCC) Mental Health Ambulatory Outpatient Medical (AOM) Benefits Specialty HIV Biomedical Prevention HIV Counseling & testing Medical Care Coordination (MCC) |
| OWENS COLLINS | Deborah | Long Beach Department of Health & Human Services | No Ryan White or prevention contracts |
| PEÑA | Raphael | Unaffiliated consumer | Ryan White/CDC Grantee |
| PERÉZ | Mario | Los Angeles County, Department of Public Health, Division of HIV and STD Programs | Mental Health, Psychotherapy Benefits Specialty Mental Health, Psychiatry Oral Health Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) |
| PRECIADO | Juan | Northeast Valley Health Corporation | No Ryan White or prevention contracts |
| RONQUILLO | Rebecca | City of Los Angeles, HOPWA | No Ryan White or prevention contracts |
| ROSALES | Ricky | City of Los Angeles AIDS Coordinator | Ambulatory Outpatient Medical (AOM) |
| SATTAH | Martin | Rand Schrader Clinic LA County Department of Health Services | Medical Care Coordination (MCC) Mental Health, Psychiatry Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) |
| SPENCER | LaShonda | LAC & USC MCA Clinic | Mental Health, Psychiatry Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) |
| STALTER | Kevin | The Brotherhood IMPACT Fund | No Ryan White or prevention contracts |
| SUMPTER | Yolanda | Unaffiliated consumer | No Ryan White or prevention contracts |
| WILSON | Gregory | In the Meantime Men's Group, Inc. | HIV/AIDS Health Education/Risk Reduction Prevention Services |

| COMMISSION MEMBERS | | ORGANIZATION | SERVICE CATEGORIES |
|--------------------|---------|---------------|---------------------------------------|
| YBARRA | Russell | Capitol Drugs | No Ryan White or prevention contracts |

Los Angeles County Service Planning Areas by Supervisorial District



Los Angeles County Service Planning Areas



Note: City names are shown in **BLACK**.
Communities are shown in **GRAY**.



Los Angeles County
Children's Planning Council
Improving Children's Lives

August, 2002
Los Angeles County
Children's Planning Council
Data Partnership (213) 893-0421

HIV Calendar

November 2018

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|------------|---|---|---|---|--|-----|
| 28 Week 44 | 29 | 30 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 31 9:30 AM - 11:30 AM BOS Agenda Review | 1 10:00 AM - 12:00 PM Standards & Best Practices (SBP) | 2 | 3 |
| 4 Week 45 | 5 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee | 6 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 7 9:30 AM - 11:30 AM BOS Agenda Review | 8 9:00 AM - 1:30 PM Annual Commission Meeting | 9 | 10 |
| 11 Week 46 | 12 8:00 AM - 5:00 PM [HOLIDAY] Veterans Day - COH Office Closed | 13 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 14 9:30 AM - 11:30 AM BOS Agenda Review | 15 10:00 AM - 12:00 PM Operations Committee 1:00 PM - 3:00 PM Executive Committee | 16 | 17 |
| 18 Week 47 | 19 | 20 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A) | 21 9:30 AM - 11:30 AM BOS Agenda Review | 22 [HOLIDAY] Thanksgiving Day - COH Office Closed | 23 [HOLIDAY] Thanksgiving Day - COH Office Closed | 24 |
| 25 Week 48 | 26 | 27 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Consumer Caucus Meeting | 28 9:30 AM - 11:30 AM BOS Agenda Review | 29 | 30 | 1 |

HIV Calendar

December 2018

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|------------|---|--|---|---|-----|-----|
| 25 Week 48 | 26 | 27 9:30 AM - 1:00 PM Board of Supervisors (BOS) 10:00 AM - 12:00 PM Consumer Caucus Meeting | 28 9:30 AM - 11:30 AM BOS Agenda Review | 29 | 30 | 1 |
| 2 Week 49 | 3 10:00 AM - 12:00 PM [CANCELLED] LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM [CANCELLED] Public Policy Committee | 4 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 5 9:30 AM - 11:30 AM BOS Agenda Review | 6 10:00 AM - 12:00 PM Standards & Best Practices (SBP) | 7 | 8 |
| 9 Week 50 | 10 | 11 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 12 9:30 AM - 11:30 AM BOS Agenda Review | 13 9:00 AM - 1:30 PM [CANCELLED] Commission on HIV Meeting | 14 | 15 |
| 16 Week 51 | 17 | 18 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A) | 19 9:30 AM - 11:30 AM BOS Agenda Review | 20 | 21 | 22 |
| 23 Week 52 | 24 | 25 [HOLIDAY] Christmas - COH Office Closed 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 26 9:30 AM - 11:30 AM BOS Agenda Review | 27 10:00 AM - 12:00 PM [CANCELLED] Operations Committee Meeting 1:00 PM - 3:00 PM [CANCELLED] Executive Committee Meeting | 28 | 29 |
| 30 Week 1 | 31 | 1 [HOLIDAY] New Year's Day - COH Office Closed 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 2 9:30 AM - 11:30 AM BOS Agenda Review | 3 10:00 AM - 12:00 PM Standards & Best Practices (SBP) | 4 | 5 |

HIV Calendar

January 2019

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----------|--|--|---|---|-----|-----|
| 30 Week 1 | 31 | 1 [HOLIDAY] New Year's Day - COH Office Closed 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 2 9:30 AM - 11:30 AM BOS Agenda Review | 3 10:00 AM - 12:00 PM Standards & Best Practices (SBP) | 4 | 5 |
| 6 Week 2 | 7 10:00 AM - 12:00 PM LACHAS Policy Workgroup Meeting 1:00 PM - 3:00 PM Public Policy Committee | 8 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 9 9:30 AM - 11:30 AM BOS Agenda Review | 10 9:00 AM - 1:00 PM Commission Meeting | 11 | 12 |
| 13 Week 3 | 14 | 15 9:30 AM - 1:00 PM Board of Supervisors (BOS) 1:00 PM - 3:00 PM Planning, Priorities & Allocations (PP&A) | 16 9:30 AM - 11:30 AM BOS Agenda Review | 17 | 18 | 19 |
| 20 Week 4 | 21 | 22 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 23 9:30 AM - 11:30 AM BOS Agenda Review 10:00 AM - 12:00 PM Housing Taskforce Meeting | 24 | 25 | 26 |
| 27 Week 5 | 28 | 29 9:30 AM - 1:00 PM Board of Supervisors (BOS) | 30 9:30 AM - 11:30 AM BOS Agenda Review | 31 | 1 | 2 |

2. APPROVAL OF THE MEETING MINUTES:

A. October 11, 2018 COH Meeting Minutes (**MOTION #2**)

3. EXECUTIVE DIRECTOR'S REPORT:

A. Welcome and Speaker Introductions

Lizzie Rodriguez


Lizzie Rodriguez received her Master's Degree in Depth Psychology (2016) with an emphasis in Community Psychology, Liberation Psychology, Indigenous Psychology, and Ecopsychology. She is currently writing her doctoral dissertation analyzing the unconscious dynamics of community-based collaborations. Lizzie is the Chief Collaborative Coordinator of the Restorative Community Network, a coalition of individuals and organizations addressing the complex social issues contributing to community crime and harm. She teaches professional and graduate level courses in Mediation, Conflict Resolution, and Restorative Practices. Lizzie works closely with the Santa Barbara Juvenile Probation, trains K-12 teachers on school based restorative approaches, holds an advisory role in building and strengthening relationships between law enforcement and key community stakeholders, and participates in national and international peace and reconciliation efforts.

Azadeh Davari, PhD.

Azadeh is a certified leadership coach with over 10 years of experience in developing and conducting personal and organizational leadership programs with a deep reflective approach to raise consciousness. Award-winning trainer with a successful record of founding and facilitating over 100 local and international leadership capacity building workshops for professionals in fields of human resources, science, technology, engineering, startups, education, and healthcare; and for organizations such as UNICEF, WHO, multinational corporations, NGOs, and universities. She is a researcher with diverse academic background from leading universities in the United States, Europe and the Middle East, with a focus on intercultural understanding and diversity. She received her doctorate in leadership studies from University of San Diego, where her dissertation work was focused on culturally-based leadership perspective. As an organizational consultant and coach, her interest is to create a deeper understanding of self, others, and system to develop intercultural dialogue and collaboration. Her passion is to increasingly attend issues of diversity, inclusion, equality, social justice, women empowerment, mindfulness, consciousness, and reflective practices in leadership.


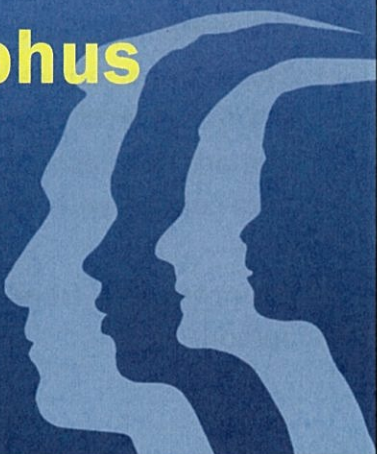
**6. LA COUNTY DEPARTMENT OF PUBLIC HEALTH (LACDPH)
REPORT:**

A. Flea-Borne Typhus Outbreak Update




Flea-Borne Typhus

Jeffrey D. Gunzenhauser, MD, MPH
Director, Disease Control Bureau
Los Angeles County Department of Public Health



Overview

- Introduction
- Transmission
- Signs and Symptoms
- Clinical Severity
- Laboratory Diagnosis
- Treatment
- Epidemiology
- Prevention

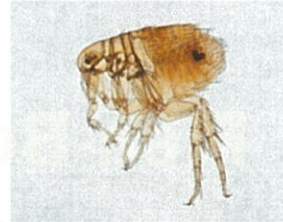


1



Introduction to Flea-borne Typhus

- Flea-borne typhus (also called murine typhus) is an acute febrile illness transmitted by infected fleas
- Caused by bacteria called *Rickettsia typhi* and *Rickettsia felis*
- Humans can become sick when they have contact with feces from infected fleas
- It is not spread from person to person.



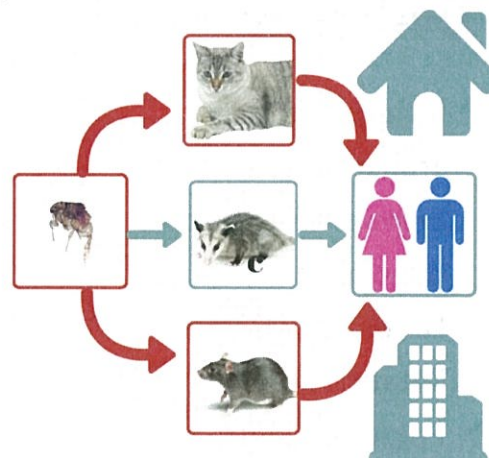
Images courtesy of California Department of Public Health

2



Transmission Cycle

- Fleas can become infected when they feed on infected rats, cats, opossums, and other wildlife
- Infected fleas can be transferred to humans through domestic dogs and cats
- Animals do not usually get sick from typhus.



3



Signs and Symptoms

- Symptoms begin within 14 days after exposure
- These may include fever, rash, headache, myalgia, anorexia, nausea, vomiting, abdominal pain, cough, and/or altered mental status
- Common laboratory findings include anemia, thrombocytopenia, leukopenia, hyponatremia, and/or transaminitis
- Most cases are self-limited, but severe pulmonary and neurologic manifestations have been reported
- Less than 1% of cases are fatal

4



Severity of Disease

- Risk of severity may increase with
 - Older age
 - Glucose 6-phosphate dehydrogenase deficiency
 - Hepatic and renal dysfunction
 - CNS abnormalities
 - Pulmonary compromise
- Rickettsial infection in HIV patients has been poorly studied
 - 2014 Noguera et al study of 341 HIV patients suggests HIV is not a risk factor for infection

5



Laboratory Diagnosis

- Laboratory diagnosis is usually conducted by serological tests for antibodies
- These laboratory tests are widely available at commercial laboratories
- False negative results may occur when serological testing is conducted early in the course of illness, as antibodies may not be detectable
- Current serological assays are unable to distinguish between *R. typhi* and *R. felis*

6



Treatment

- Flea-borne typhus is easily treatable with the antibiotic doxycycline
- Treatment should not be delayed – laboratory confirmation is not necessary to initiate treatment
- Symptoms should begin resolving within 48 hours once treatment has been initiated

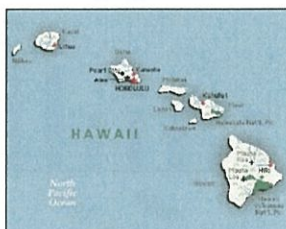
7

Where is Typhus found?

- In many tropical and subtropical areas worldwide
- In the United States, Flea-borne Typhus is present in:



Southern California



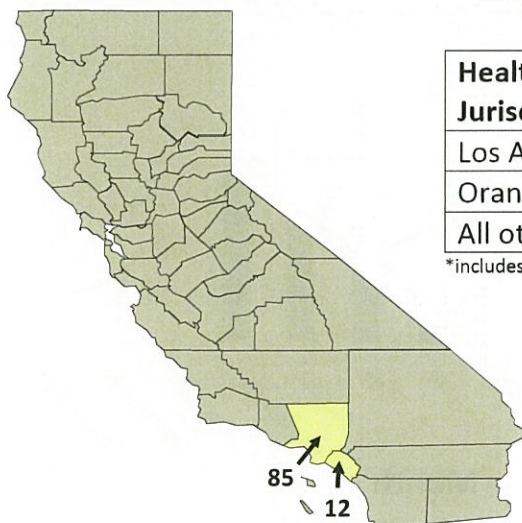
Hawaii



Texas

8

CA Counties with Typhus, 2017

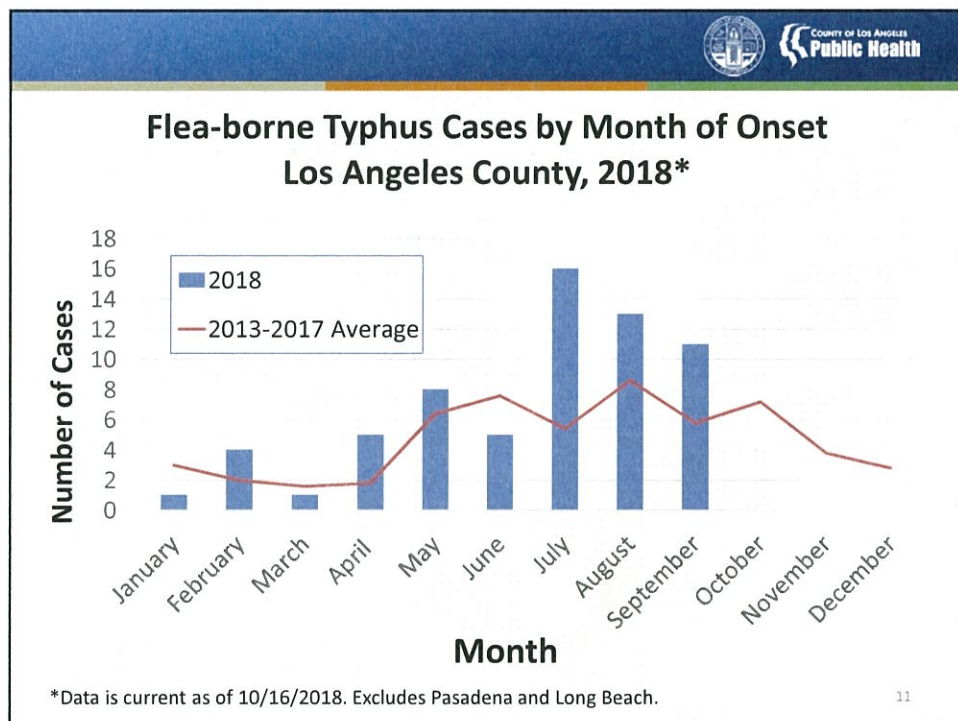
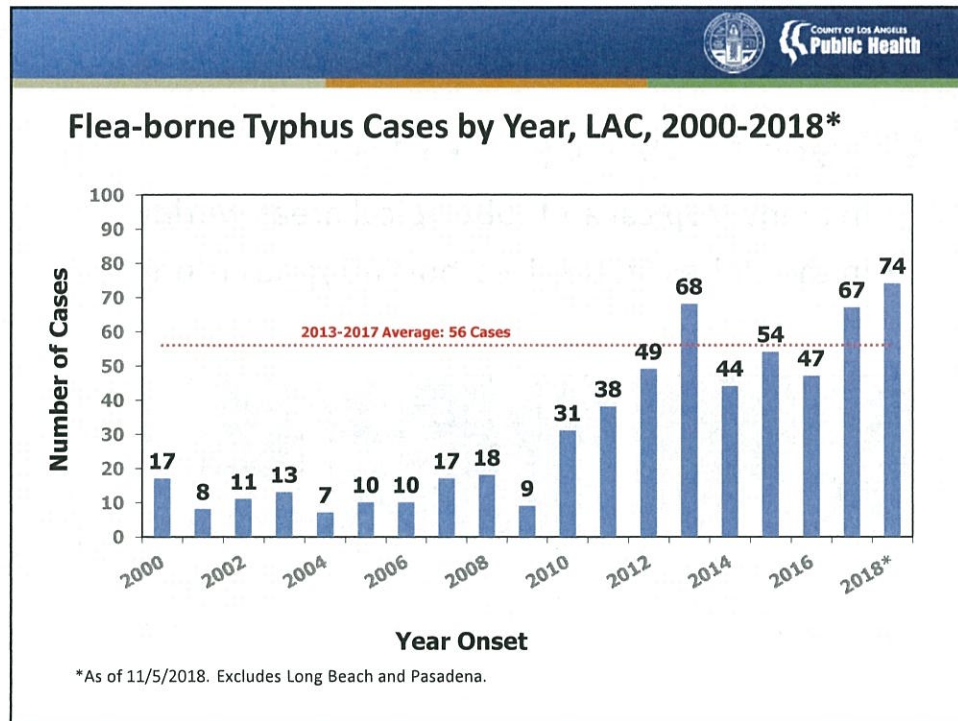


| Health Jurisdiction | Count |
|-----------------------|-------|
| Los Angeles* | 85 |
| Orange | 12 |
| All other CA counties | 5 |

*includes cities of Long Beach and Pasadena

As of October 1, 2018 courtesy of California Department of Public Health

9





Prevention

- There is no vaccine to prevent flea-borne typhus
- Risk can be reduced by avoiding contact with fleas
 - ✓ Eliminating sources of animal harborage, such as rock piles, brush, and junk
 - ✓ Getting rid of food sources that could attract wild animals
 - ✓ Wearing gloves when handling sick or dead animals
 - ✓ Using EPA-registered insect repellent labeled for use against fleas
 - ✓ Treating clothing and/or gear with permethrin
 - ✓ Keeping fleas off pets with veterinarian-approved flea control products

12



Summary

- Increases in flea-borne typhus in LAC have occurred since 2010.
- Any person who has contact with fleas and their feces are at risk. Typhus is not transmitted person-to-person.
- While not well studied, HIV is not known to be associated with increased risk.
- Flea-borne typhus can be readily and quickly treated with antibiotics when clinically recognized.
- Actions to avoid flea bites is the best prevention.

13

Flea-borne Typhus

1. What is flea-borne typhus (typhus)?

Flea-borne typhus is a disease that fleas can spread to humans. Bacteria (germs) found in infected fleas cause typhus. People get sick with flea-borne typhus when infected flea feces (poop) are rubbed into cuts or scrapes in the skin or rubbed into the eyes. Typhus is not transmitted from person-to-person.

2. How does this disease spread?

In LA County, typhus infects the fleas of rats, stray cats, opossums, or other small animals. Typhus spreads when animals carrying infected fleas come into close contact with people. Typhus can spread to other areas when these animals move from place to place.

3. What are the symptoms of this disease?

Signs of typhus can start within 2 weeks after contact with the infected flea. Many people have high fever, headache, chills, body aches and pains. A rash can appear on the chest, back, arms, or legs. Most people will recover without treatment, but some cases may be severe. When left untreated, severe illness can cause damage to the liver, kidneys, heart, lungs, and brain. Death may occur in rare cases.

4. How is this disease diagnosed and treated?

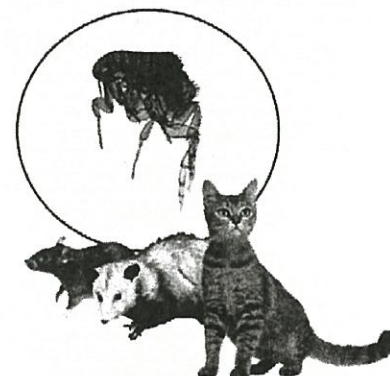
Typhus is diagnosed with a specific blood test. Call your doctor if you have symptoms. This disease can be treated with certain antibiotics (medicine that kills bacteria).

5. Are my pets safe?

Infected fleas can also spread to pet cats and dogs. Pets that are allowed outside are more likely to come in contact with fleas and could bring them inside your home. Infected animals do not usually get sick.

6. How can you prevent getting this disease?

- **Keep fleas off you and your pets**
 - Use flea control products on your pets.
 - Keep pets indoors.
 - Use EPA-registered insect repellent labeled for use against fleas.
- **Avoid being near wild or stray animals**
 - Do not leave pet food outdoors.
 - Do not provide food or water for wild animals.
 - Maintain yard free of debris and trim overgrown plants and bushes.
 - Keep garbage containers tightly covered to avoid attracting animals.
 - Close up crawl spaces and openings under home where rats and stray animals can sleep, hide, or find food.
 - Protect yourself by wearing gloves and a mask when cleaning these areas. Wash your hands when you're finished.



Key Points

- Flea-borne typhus is a disease that fleas can spread to humans. Infected fleas carry bacteria (germs) that cause the disease. It is not spread person-to-person.
- Avoid fleas and use flea control products on your pets and insect repellent (against fleas) on you.
- Never feed or touch wild animals, especially opossums, rats, and stray cats.

For more information:

Los Angeles County,
Department of Public
Health

<http://www.publichealth.lacounty.gov/acd/VectorTyphus.htm>

California Department of
Public Health

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Typhus.a>

CDCP-ACDC--67-01 (10/05/18)

El tifus transmitido por pulgas

1. ¿Qué es el tifus transmitido por pulgas?

El tifus transmitido por pulgas es una enfermedad que las pulgas pueden transmitirle a las personas. Bacterias (gérmenes) que se encuentran en pulgas infectadas causan tifus. Las personas se enferman con tifus transmitido por pulgas cuando las heces (caca) de pulgas infectadas se rozan en cortadas o raspaduras de la piel, o los ojos. No se transmite de persona a persona.

2. ¿Cómo se propaga esta enfermedad?

En el Condado de los Ángeles, el tifus infecta las pulgas de las ratas, gatos silvestres, zarigüeyas u otros animales pequeños. El tifus se propaga cuando los animales están en contacto cercano con la gente. El tifus se puede propagar a otras áreas cuando estos animales se mueven de un lugar a otro.

3. ¿Cuáles son los síntomas de esta enfermedad?

Los síntomas del tifus pueden comenzar dentro de 2 semanas después de tener contacto con una pulga infectada. Muchas personas tienen fiebre alta, dolor de cabeza, escalofríos, dolores y molestias en el cuerpo. Salpullido puede aparecer en el pecho, la espalda, los brazos o las piernas. La mayoría de las personas se recuperarán sin tratamiento, pero algunos casos pueden ser graves. Cuando no se trata, una enfermedad grave puede causar daño al hígado, los riñones, el corazón, los pulmones y el cerebro. La muerte puede ocurrir en casos raros.

4. ¿Cómo se diagnostica y trata esta enfermedad?

El tifus se diagnostica con un análisis de sangre específico. Llámelo a su médico si tiene síntomas. Esta enfermedad se trata con ciertos antibióticos (medicina que mata a las bacterias).

5. ¿Están seguras mis mascotas?

Las pulgas infectadas pueden propagarse a mascotas como gatos y perros. Las mascotas que se permiten afuera tienen más probabilidades de entrar en contacto con las pulgas y podrían introducir pulgas dentro de su hogar. Los animales infectados no suelen enfermarse.

6. ¿Cómo puede prevenir contraer esta enfermedad?

- **Mantenga las pulgas lejos de usted y sus mascotas**
 - Use productos de control de pulgas en sus mascotas
 - Mantenga sus mascotas adentro.
 - Use repelente de insectos registrado por la EPA etiquetado para el uso contra las pulgas.
- **Evite estar cerca de animales salvajes o silvestres**
 - No deje comida para sus mascotas afuera
 - No alimente a los animales salvajes.
 - Mantenga el jardín libre de escombros y recorte las plantas y arbustos que están demasiado grandes.
 - Mantenga los contenedores de basura bien tapados para evitar atraer animales.
 - Cierre los espacios con acceso y las aberturas debajo de la casa donde las ratas y los animales silvestres puedan dormir, esconderse o encontrar comida.
 - Protéjase usando guantes y una mascarilla al limpiar estas áreas. Lávese las manos al terminar.



Puntos Claves:

- El tifus transmitido por pulgas es una enfermedad que las pulgas pueden transmitirle a las personas. Las pulgas infectadas llevan bacterias (gérmenes) que causan la enfermedad. No se transmite de persona a persona.
- Evite las pulgas y use productos de control de pulgas en sus mascotas y repelente de insectos (para el uso contra pulgas) en usted.
- Nunca alimente ni toque animales salvajes, especialmente zarigüeyas, ratas y gatos silvestres.

Para más información:

Departamento de Salud
Pública del condado de los
Ángeles
<http://www.publichealth.lacounty.gov/acd/VectorTyphus.htm>

Departamento de salud
pública de California
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Typhus.aspx>

CDCP-ACDC-0067-02 (10/05/18)

7. LOS ANGELES COUNTY HIV/AIDS STRATEGY (LACHAS):

- A. Final Draft Board of Supervisors (BOS) Letter
Re: COH Commitment to Fulfilling the LACHAS Goals
(MOTION #3)



LOS ANGELES COUNTY COMMISSION ON HIV



Final for
COH Approval 11/8/18;
Approved by Executive
Committee on
10/25/18

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

November 8, 2018

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

Re: Commitment to fulfilling the goals of the Los Angeles County HIV/AIDS Strategy

Dear Supervisors:

The Los Angeles County Commission on HIV (Commission) serves as the local planning council for the prioritization, allocation, coordination and delivery of HIV/AIDS services. In partnership with the Department of Public Health's Division of HIV and STD Programs (DHSP), we remain strongly committed to fulfilling the goals of the Los Angeles County HIV/AIDS Strategy (LACHAS) by 2022 to: 1) reduce annual HIV infections to no more than 500 per year; 2) increase the proportion of people living with HIV (PLWH) who are diagnosed to at least 90%; and 3) increase the proportion of diagnosed PLWH who are virally suppressed to 90%. With the availability of pre-exposure prophylaxis (PrEP), the clear evidence to support the effectiveness of viral suppression in blocking transmission (Undetectable=Untransmittable), and latest generation of rapid HIV tests, we have the approaches and technologies to end the HIV epidemic once and for all.

We thank the Los Angeles County Board of Supervisors for your leadership and support of our efforts to achieve an AIDS-free generation. On June 9, 2015, your Board adopted a motion authored by Supervisor Kuehl "to develop and implement a plan for a robust, comprehensive program to deliver Pre-Exposure Prophylaxis (PrEP) in Los Angeles County," to help prevent HIV transmission. On November 28, 2017, your Board unanimously declared its support for the LACHAS. These bold actions, along with several others, are examples of your continued commitment to ending the HIV epidemic.

Los Angeles County has experienced the second largest HIV epidemic in the United States. Nearly 61,000 people are living with HIV in the County and there are approximately 1,850 new infections each year, mostly among men who have sex with men, African Americans, Latinos, and transgender persons. Other jurisdictions across the country have also reaffirmed their commitment to ending the HIV epidemic through "Get to Zero" plans and similar initiatives.

While the geographic expanse and scale of the epidemic in Los Angeles County is unique, jurisdictions that have demonstrated notable decreases in new HIV cases have used their plans to harness strategic changes in local policies, HIV services funding, and strong ongoing support from policy makers, elected officials and stakeholders. For instance, aggressive efforts to end transmission of HIV are paying off in San Francisco, where public health officials are reporting record-low new cases. San Francisco reported 221 new HIV cases for 2017. The state of New York released its plan in 2014 and has seen a record-low number of new HIV diagnoses - a 16 percent decrease from the 3,448 new HIV diagnoses in 2014. Since the 2014 announcement, New York State has committed more than \$20 million in additional funding to policies and programs in the New York State Department of Health, designed to meet *Ending the Epidemic* goals. These goals include streamlining HIV testing; facilitating access to syringe exchange; enabling minors to consent for HIV prevention and care services; expanding data sharing to enhance linkage to care; and expanding access to affordable housing for persons with HIV.

We believe that bold, strategic and aggressive changes must occur in order to fulfill the goals of LACHAS by 2022. In the spirit of leading the way in ending the HIV epidemic, we recommend that your Board consider the following:

1. Curb the rise in Sexually Transmitted Diseases (STDs) by implementing an initial multi-year funding of \$30 million for STD services and programs. On August 9, 2018, the Commission on HIV approved and forwarded a resolution for the Board of Supervisors to support the expansion of resources and access for sexually transmitted diseases (STD) prevention, testing, and treatment. Although STD cases are completely preventable and treatable, rates continue to increase despite efforts to address the growing public health crisis. If left untreated, there are serious health implications including transmission to sexual partners, increased risk of transmitting or contracting the human immunodeficiency virus (HIV), adverse neurological effects, pelvic inflammatory disease, and adverse birth outcomes.
2. Enact County-wide policy reform on the contracting and procurement process to significantly reduce the County's protracted contracting process. The Commission is required by the Health Resources and Services Administration (HRSA) to evaluate the speed and efficiency with which Ryan White Program funding is allocated and disbursed for HIV services in Los Angeles County. The Assessment of the Administrative Mechanism found that it currently takes 18 to 24 months to complete the solicitations and contract execution cycle. The long procurement process hinders the ability of DHSP and local HIV service organizations to support and deliver life-saving HIV prevention and treatment services in a timely manner, and limits their ability to rapidly respond to emerging issues. We respectfully request your Board take immediate steps to ensure the efficiency of the County's contracting and procurement process to minimize the risk of losing federal and state funding.
3. Fully utilize the integrated health agency framework across the County to create a comprehensive and cohesive system of care for PLWH and those at risk for HIV/STDs. The Ryan White system of HIV care is model for optimal care which provides a full complement of medical and support services to PLWH. The County, under the leadership of the Health Agency, should be poised to implement a coordinated menu of services to address HIV and STDs. Technology must be harnessed to improve data sharing across all Health Agency departments to gain an

accurate understanding of how the County healthcare system can be leveraged and optimized to ensure that a PLWH who is engaged with any County service is maintained in care and individuals at high-risk for contracting HIV and STDs remain healthy. It is recommended that the Health Agency leverage existing County resources, including Prop 63 and Measure H, to build upon the Ryan White care system.

4. Implement mandatory routine opt-out HIV testing in high-volume, highly impacted areas in County hospitals and clinics. To reach our LACHAS goals, close to two million HIV tests must be conducted in the next five years to diagnose at least 90% of undiagnosed HIV infections in Los Angeles County. Scaling up HIV testing in high-volume, highly impacted areas in County hospitals and clinics would be a significant step that would bring us closer to ending the HIV epidemic.
5. Develop a dedicated strategy for Measure H funds to support all types of housing options and services for PLWH. For PLWH and those at high-risk of contracting HIV, stable housing is an effective health intervention on preventing transmission and retaining PLWHA in medical care than demographics, health status, insurance coverage, mental illness and substance abuse, or other supportive services.¹ Retention in and continuity of medical care leads to reduced viral load (the amount of virus in the blood), which means that PLWHA are less likely to transmit HIV, and the overall County expenditures on healthcare decrease. Stable housing is also linked to more frequent HIV testing and fewer transmissions, and this three-pronged benefit of housing PLWHA will help bring Los Angeles County one step closer to realizing an AIDS-free generation.

We call on your support and leadership to consider the immediate implementation of these priority high-impact policy recommendations to end the HIV epidemic in Los Angeles County. We have the tools to effectively curb HIV and we must sustain over 30 years of HIV/AIDS community-driven advocacy with a deep sense of urgency and commitment to end the HIV epidemic in Los Angeles County once and for all.

We look forward to discussing these recommendations with you.

Ricky Rosales, Co-Chair, City of Los Angeles
Representative

Al Ballesteros, MBA, Co-Chair Elect, Board Office 1
Representative

Jason Brown, Unaffiliated Consumer Service
Planning Area 3

Joseph Cadden, MD, Provider Representative

Raquel Cataldo, HIV Stakeholder Representative

Grissel Granados, MSW, Co-Chair, HIV Stakeholder
Representative

Traci Bivens-Davis, Board Office 2 Representative

Alasdair Burton, Alternate

Danielle Campbell, MPH, HIV Stakeholder
Representative

Deborah Owens Collins, PA, MSPAS, AAHIVS, City
of Long Beach Representative

¹ HUD Office of Community Planning and Development. *HIV Care Continuum: The Connection Between Housing And Improved Outcomes Along The HIV Care Continuum*. November 2014, <https://www.hudexchange.info/resources/documents/The-Connection-Between-Housing-and-Improved-Outcomes-Along-the-HIV-Care-Continuum.pdf>

Michele Daniels, Unaffiliated Consumer Service
Planning Area 1

Susan Forrest, Alternate

Luckie Alexander Fuller, HIV Stakeholder
Representative

Joseph Green, Unaffiliated Consumer At-Large

Bridget Gordon, Unaffiliated Consumer At-Large

Diamante Johnson, Unaffiliated Consumer
Supervisory District 5

Lee Kochems, MA, Unaffiliated
Consumer/Behavioral Social Scientist

David P. Lee, MPH, LCSW, Provider Representative

Abad Lopez, Unaffiliated Consumer Service
Planning Area 2

Eduardo Martinez, Alternate

Anthony Mills, MD, Provider Representative

Derek Murray, City of West Hollywood
Representative

Jazelle Newsome, HIV Stakeholder Representative

Raphael Peña, Unaffiliated Consumer Service
Planning Area 7

Rebecca Ronquillo, Housing Opportunities for
People with AIDS (HOPWA) Representative

LaShonda Spencer, MD, Ryan White Part D
Representative

Yolanda Sumpter, Unaffiliated Consumer Service
Planning Area 5

Russell Ybarra, Unaffiliated Consumer At-Large

Erika Davies, City of Pasadena Representative

Aaron Fox, MPM, Ryan White Part C
Representative

Jerry D. Gates, PhD, Ryan White Part F
Representative

Terry Goddard II, MA, Provider Representative

Felipe Gonzalez, Unaffiliated Consumer At-Large

William King, MD, JD, HIV Stakeholder
Representative

Bradley Land, Board Office 5 Representative

Eric Paul Leue, HIV Stakeholder Representative

Andrew Lopez, Alternate

Miguel Martinez, MSW, MPH, Provider
Representative

Carlos Moreno, Unaffiliated Consumer
Supervisory District 1

Katja Nelson, MPP, Board Office 3 Representative

Frankie Darling-Palacios, Provider Representative

Juan Preciado, HIV Stakeholder Representative

Martin Sattah, MD, Provider Representative

Kevin Stalter, Unaffiliated Consumer Service
Planning Area 4

Greg Wilson, HIV Stakeholder Representative

Cc: Barbara Ferrer, Ph.D.
Muntu Davis, MD
Jeffrey Gunzenhauser, MD
Mario Perez, MPH
Lorayne Lingat

Attachments



LOS ANGELES COUNTY COMMISSION ON HIV



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September 11, 2018

TO: Board of Supervisors Health Deputies

FROM: Cheryl Barrit, Executive Director, Commission on HIV *Cheryl Barrit*

SUBJECT: Resolution to Expand Resources and Access to Sexually Transmitted Diseases (STD) Prevention, Testing, and Treatment Services

At its August 9, 2018 meeting, the Commission on HIV passed a motion for consideration by the Board of Supervisors. Please see the details provided below.

Motion: Approve a resolution recommending expanding resources and access for sexually transmitted diseases (STD) prevention, testing, and treatment and forward the recommendation to the Board of Supervisors.

In the past several years in Los Angeles County, in California, and across the nation, STDs have increased at alarming rates. From 2011 to 2015, gonorrhea rates in LA County increased 74%, syphilis increased 96%, congenital syphilis increased 35%, and chlamydia rates increased 13%.¹ In addition, there were over 85,500 STD cases reported in LA County in 2016, including approximately 59,000 cases of chlamydia, 22,300 cases of gonorrhea, over 4,000 cases of early syphilis, and 37 cases of congenital syphilis.² Although STD cases are completely preventable and treatable, rates continue to increase despite efforts to address the growing public health crisis. If left untreated, there are serious health implications including transmission to sexual partners, increased risk of transmitting or contracting the human immunodeficiency virus (HIV), adverse neurological effects, pelvic inflammatory disease, and adverse birth outcomes.

An additional factor of concern is the disproportionate impact of the following vulnerable populations: men who have sex with men (MSM), women of color, transgender individuals, and youth. For example, in the men who have sex with men and women population who are not living with HIV, cases of early syphilis increased 31% from 2014 to 2015. For those who were living with HIV, the cases increased 29% over the same time period.¹ For African-American women, the rate of contracting syphilis is 6 times higher than White women and 3 times higher than Latina women. Lastly, the Centers for Disease Control and Prevention (CDC) states that young people aged 15-24 years account for half of all new

¹ 2015 Annual HIV/STD Surveillance Report (2018). Division of HIV & STD Programs, Los Angeles County Department of Public Health.

² 2016 STD Surveillance Report. California Department of Public Health (2017).

STDs.³ Note that data for transgender individuals is not readily available due to gender misclassification, identifying the need to address this gap in data collection. The high rates of STDs among these populations is attributed to disparities within the social determinants of health, stigma, provider practices, and community knowledge and awareness regarding sexual health.

Despite the growing STD epidemic, funding for STD prevention, programming, and treatment at the federal level has steadily decreased with a reduction of \$21 million from 2003 to 2016. These reductions, when adjusted for inflation, have reduced the purchasing power of the domestic STD control portfolio by 40%. The estimated cost to provide services to high burden areas and create a more robust response to the STD epidemic would require a significant increase in staff and resources to begin to make a demonstrable impact in the transmission, diagnoses, and treatment of those contracting or affected by STDs.

The 2018-19 Los Angeles County Budget has identified STD services as one of the three critical areas of unmet needs for the Department of Public Health which calls for augmentation of resources dedicated to the reduction of STD cases in the County. The Commission requested guidance and data from the Division of HIV and STD Programs (DHSP) to best understand the programmatic and fiscal needs for an effective local STD response.

The Commission on HIV is requesting the Board of Supervisors provide an initial multi-year \$30 million in funding for increased STD surveillance, disease investigation and intervention, screening, diagnosis, and treatment services, prevention, and evaluation as well as adopt and implement an accelerated contracting process to respond to the urgency of the crisis. The requested funding amount would begin to address the rise in STDs in LA County and address the decline in funding that STD prevention and treatment services have experienced over the past decade. In addition, this funding request is consistent with DHSP's most recent grant application to the Centers for Disease Control (CDC) for STD funding.

Estimated cost:

- Conduct Surveillance: \$2.25 million
- Disease Investigation and Intervention: \$2.5 million
- Provide CDC-Recommended Screening, Diagnosis, and Treatment Services: \$21 million
- Promotion of STD Prevention and Policy: \$2 million
- Analyze and Use Data for Program Improvement: \$2 million

Given that the Commission on HIV is responsible for planning and developing public health responses to address the frequency of HIV and STD transmission and other co-morbidities, and with the release of the Los Angeles County HIV/AIDS Strategy by the Department of Public Health, Division of HIV and STD Programs, it is imperative to advance collaborative efforts to address populations and health districts that are highly impacted by HIV and STDs. In addition, the Center for Health Equity prioritized sexually transmitted infections as a key focus area, further demonstrating the need for funding is timely, and will allow for a targeted and direct response in fighting the STD epidemic.

³ STDs in Adolescents and Young Adults. October 2016. Center for Disease Control and Prevention.

Board of Supervisors Health Deputies
September 11, 2018
Page 3

If you have any questions or would like additional information, please let me know.

Attachment: Sexually Transmitted Disease (STD) Resolution

cc:

Barbara Ferrer, Ph.D., M.P.H., M.Ed

Mario J. Perez, MPH

Ricky Rosales

Grissel Granados

Lorayne Lingat



LOS ANGELES COUNTY COMMISSION ON HIV



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August 9, 2018

TO: Los Angeles County Commission on HIV

FROM: Public Policy Committee

RE: **Resolution for Recommending Expanding Resources and Access for STD Prevention, Testing and Treatment**

The Commission on HIV's Public Policy Committee respectfully forwards the following resolution to the full body for consideration and adoption at its August 9, 2018 meeting:

WHEREAS, the Commission on HIV serves as an advisory group to the Board of Supervisors on matters pertaining to HIV and STDs; and

WHEREAS, the Commission on HIV bylaws state as part of its responsibilities to "plan and develop HIV and public health service responses to address the frequency of HIV infection concurrent with STDs and other co-morbidities; plan the deployment of 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"; and

WHEREAS, rates of syphilis, gonorrhea and chlamydia are steadily rising in Los Angeles County and disproportionately impact vulnerable communities, particularly younger and older gay/bisexual men, Black and Latino men and women, and transgender persons;

WHEREAS, from 2011-2014, Los Angeles County has seen a 96% increase in primary and secondary syphilis, a 74% increase in gonorrhea and a 13% increase in chlamydia according to the 2015 county-wide HIV/STD Surveillance Report; and

WHEREAS, cases of congenital syphilis have reached their highest levels since 2006; and

WHEREAS, coordinated advocacy on the state and federal levels have not resulted in necessary resources to address this rapidly increasing public health crisis; and

NOW, THEREFORE BE IT RESOLVED, that the Los Angeles County Commission on HIV strongly recommends the Los Angeles County Board of Supervisors authorize, expedite and provide \$30 million for expanded access to STD prevention, testing and treatment with a targeted focus on the most impacted communities;

AND BE IT FURTHER RESOLVED, the Commission urges the Board of Supervisors to authorize the Department of Public Health to adopt and implement accelerated procurement and contracting strategies to address the urgency of this public health crisis.



LOS ANGELES COUNTY COMMISSION ON HIV

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www.hivcommission-la.info

March 30, 2016

County Board of Supervisors

Honorable Hilda Solis, Chair, First District
Honorable Mark Ridley-Thomas, Second District
Honorable Sheila Kuehl, Third District
Honorable Don Knabe, Fourth District
Honorable Michael D. Antonovich, Fifth District

Kenneth Hahn Hall of Administration
500 West Temple Street, #493
Los Angeles, CA 90012

Re: Concurrence with the Los Angeles County HOPWA Advisory Committee (LACHAC)
Comments on the Draft Recommended Strategies to Combat Homelessness

Dear Supervisors:

The Los Angeles County Commission on HIV (COH) supports the recommendations submitted by the Los Angeles County HOPWA Advisory Committee (LACHAC) on Los Angeles County's *Draft Recommended Strategies to Combat Homelessness*. We are concerned that the strategies do not prioritize people living with HIV/AIDS (PLWHA) into housing, which is an integral part of reducing the transmission of HIV in Los Angeles County and moving towards an AIDS-free generation. Below, we provide a summary of homelessness and HIV/AIDS in Los Angeles County, comments on the importance of prioritizing PLWHA into housing, and a recommendation for how to achieve this goal.

Demographics

As of 2014 there were an estimated 58,000 persons living with HIV/AIDS in Los Angeles County, representing 41% of all HIV/AIDS cases in California, and of those 58,000 people, 10,629 (18.1%) are undiagnosed. In addition, 75% of PLWHA live below 300% of the Federal Poverty Line (FPL), and homeless individuals account for 10.8% (4,960) of the diagnosed cases of HIV/AIDS in LA County.¹ These numbers are exacerbated by the structural challenges to accessing housing and supportive services and the high cost of living in LA County.

¹ County of Los Angeles Division of HIV and STD Programs. Ryan White Part A Fiscal Year 2014 Application. Grant No. H89HA00016.

Housing and the HIV Care Continuum

The United States Department of Housing and Urban Development (HUD) has documented the link between housing instability and both delayed HIV diagnosis and increased risk of acquiring and transmitting HIV infection. In addition, homelessness and unstable housing are strongly associated with inadequate access to healthcare and poor health outcomes. ***It is important to note that as an infectious disease without a cure, HIV/AIDS continues to be a critical public health issue, and there is a disproportionate risk of transmission and lack of healthcare among the homeless and unstably housed.***

For PLWHA and those at a high-risk of contracting HIV, stable housing is the most effective health intervention, ***over time having a bigger impact on preventing transmission and retaining PLWHA in medical care than demographics, health status, insurance coverage, mental illness and substance abuse, or other supportive services.***² Retention in and continuity of medical care leads to reduced viral load (the amount of virus in the blood), which means that PLWHA are less likely to transmit HIV, and the overall County expenditures on healthcare decrease. Stable housing is also linked to more frequent HIV testing and fewer transmissions, and this three-pronged benefit of housing PLWHA will help bring LA County one step closer to realizing an AIDS-free generation.

Recommendation

Based on this evidence, it is paramount that the County includes in its recommendations a strategy to prioritize PLWHA into housing. Both the County and City of Los Angeles primarily prioritize homeless individuals into housing through the Vulnerability Index – Service Prioritization and Decision Assistance Tool (VI-SPDAT)³, which uses a scoring system to assess the “chronicity and medical vulnerability of homeless individuals”.⁴ To date, HIV/AIDS is weighted extremely low because the serious public health aspect of HIV/AIDS as a transmittable and incurable disease has not been factored into the scoring system. Thus, current methodology for prioritizing housing exacerbates the vulnerability of homeless and unstably housed individuals living with HIV/AIDS who do not qualify as “chronically” homeless. This, along with the U.S. Department of Housing and Urban Development’s new definition of chronic homelessness, will leave many homeless persons with HIV/AIDS on the street and unhoused.

However, there is a clear and simple opportunity for the County to prioritize PLWHA into housing while continuing to house the chronically homeless. LACHAC recommends that LA County include HIV/AIDS as an automatic high acuity designation for the Coordinated Entry System (CES) prioritization for housing in Los Angeles County. The reduction in transmissions of HIV and lower healthcare costs to the County that would result are important benefits for the community.

² HUD Office of Community Planning and Development. *HIV Care Continuum: The Connection Between Housing And Improved Outcomes Along The HIV Care Continuum*. November 2014, <https://www.hudexchange.info/resources/documents/The-Connection-Between-Housing-and-Improved-Outcomes-Along-the-HIV-Care-Continuum.pdf>

³ OrgCode Consulting, Inc. *About the VI-SPDAT*. January 2016. <http://www.orgcode.com/product/vi-spdatt/>

⁴ Ibid

The Los Angeles Commission on HIV sincerely appreciates the opportunity to provide comments on Los Angeles County's *Draft Recommended Strategies to Combat Homelessness*. If you have any questions, please do not hesitate to contact the COH office at 213-639-6714. Thank you.

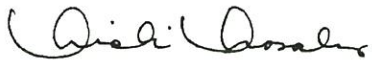
Sincerely,



Cheryl Barrit, Executive Director, Los Angeles County Commission on HIV



Brad Land, Co-Chair, Los Angeles County Commission on HIV



Ricky Rosales, Co-Chair, Los Angeles County Commission on HIV



LOS ANGELES COUNTY COMMISSION ON HIV

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January 8, 2018

To: Board of Supervisors Health Deputies
From: Cheryl Barrit, Executive Director, Commission on HIV

At the November 9th Annual Meeting, the Commission on HIV (COH) passed a motion for the Board of Supervisors' consideration. Please see the details provided below.

Motion: Endorse the Undetectable = Untransmittable (U=U) Consensus Statement from the Prevention Access Campaign and forward the recommendation to the Board of Supervisors.

The U=U Consensus Statement shares new evidence-based research that persons living with HIV (PLWH) with an undetectable viral load do not transmit HIV to others. This new research is of exceptional importance to the PLWH community, including healthcare providers, public health, and community based organizations providing legal services, psychosocial support, housing, and additional whole person care to PLWH and their intimate partners.

The endorsement of U=U will not only increase knowledge and awareness of the groundbreaking research throughout the County, but will be an important factor in ending the HIV/AIDS epidemic. Endorsing U=U will help decrease HIV transmission locally, nationally, and globally by:

- Encouraging PLWH to begin or adhere to treatment to attain or maintain an undetectable viral load
- Working towards increased access to antiretroviral therapy for all PLWH
- Decreasing stigma associated with HIV and HIV transmission

With the recent release of the LA County HIV/AIDS Strategy by the Department of Public Health, Division of HIV and STD Program (DHSP), concurrence with U=U is timely, imperative, and will resonate with Angelenos throughout the County. DHSP has been a leader in developing programs that promote treatment as prevention and, with the nationally recognized, "Get PrEP LA" social marketing campaign promoting broad community access to pre-exposure prophylaxis, the COH's support of the U=U campaign is in line with DHSP's mission and vision to end the HIV epidemic once and for all.

The letter of support from the COH endorsing the U=U Consensus Statement is included in this memo. Thank you for your time and support.

Attachments: 1) Support Letter from the Commission on HIV for Undetectable = Untransmittable Consensus Statement; 2) Undetectable = Untransmittable Consensus Statement



LOS ANGELES COUNTY COMMISSION ON HIV

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January 8, 2018

The Honorable County Board of Supervisors
Sheila Kuehl, Chair, Third District
Hilda Solis, First District
Mark Ridley-Thomas, Second District
Janice Hahn, Fourth District
Kathryn Barger, Fifth District

Kenneth Hahn Hall of Administration
500 West Temple Street,
Los Angeles, CA 90012

Re: Recommendation to Endorse the Undetectable = Untransmittable (U=U) Consensus
Statement from the Prevention Access Campaign

Dear Supervisors:

The Los Angeles County Commission on HIV (COH) strongly recommends that the Board of Supervisors endorse the Undetectable = Untransmittable (U=U) Consensus Statement released by the Prevention Access Campaign. The statement confirms new evidence-based research that persons living with HIV (PLWH) on antiretroviral therapy treatment, with an undetectable viral load, do not transmit HIV to others (Attachment A). To date, lead researchers and 500 community partners from 65 different countries have endorsed U=U to increase awareness that PLWH with an undetectable viral load are not infectious, promote HIV prevention and adherence to treatment, as well as end the stigma associated with HIV and HIV transmission. Below you will find an overview of U=U and its significance to the PLWH community which, in addition to PLWH, includes healthcare providers, public health, and community based organizations providing legal services, psychosocial support, housing, and additional whole person care to PLWH and their intimate partners.

Demographics

As of 2016 there were an estimated 60,946 persons living with HIV/AIDS in Los Angeles County, and of those individuals, 8,654 (14.1%) are undiagnosed.¹ In 2016, 1,881 HIV cases were newly diagnosed; 84% were men who have sex with men (MSM). The epidemic continues to be primarily driven by sexual activity between males. HIV incidence is highest among MSM of color,

¹ County of Los Angeles Division of HIV and STD Programs. Los Angeles County HIV/AIDS Strategy for 2020 and Beyond. December 2017.

young MSM (YMSM) ages 18-029, and transgender persons.² The highest HIV and STD burden among health districts from 2010-2014 spans across all supervisorial districts and includes the Hollywood-Wilshire, South, Southwest, Central, Southeast, Inglewood, Compton, Long Beach, Northeast, and East Valley Health Districts.³

Treatment as Prevention

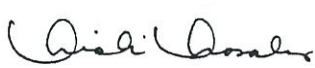
In regard to HIV prevention, U=U not only signifies the importance of utilizing treatment as prevention, but will be an imperative factor in ending the HIV epidemic. According to the Centers for Disease Control and Prevention (CDC), the national goal for PLWH is 80% viral suppression, demonstrating the need for increased focus on PLWH in Los Angeles County.⁴ With the recent release of the LA County HIV/AIDS Strategy by the Department of Public Health, Division of HIV and STD Program and the traction with U=U, we have an opportunity to widely share this groundbreaking research, and ensure Angelenos are informed and able to access the care and information they deserve. The Los Angeles County HIV/AIDS Strategy for 2020 and Beyond outlines key goals to help bring an end to the epidemic, including reducing the number of annual HIV infections; increasing HIV status awareness among persons living with HIV; and increasing viral suppression rates among people who are diagnosed with HIV.

DHSP has been a leader in developing programs that promote treatment as prevention and, with the nationally recognized, "Get PrEP LA" social marketing campaign promoting broad community access to pre-exposure prophylaxis, the COH's support of the U=U campaign is in line with DHSP's mission and vision to end the HIV epidemic once and for all.

Your endorsement of the Undetectable=Untransmittable Consensus Statement and Campaign demonstrates leadership and commitment to lead the Nation in our collective effort to end new HIV infections.

Thank you for your support.

Sincerely,



Ricky Rosales, Co-Chair



Grissel Granados, Co-Chair



Cheryl Barrit, Executive
Director

cc: Mario Perez, MPH, Division of HIV and STD Programs, Department of Public Health
Lorayne Lingat, Assistant Executive Officer, Executive Office, Board of Supervisors

² Division of HIV and STD Programs, Los Angeles County Department of Public Health. Los Angeles County HIV/AIDS Strategy. http://publichealth.lacounty.gov/dhsp/Presentations/DPH_PRESENTATION_7.13.17_FINAL.pdf. July 2017.

³ Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2010-2014 HIV & STD Burden by Health District. <http://publichealth.lacounty.gov/dhsp/Mapping.htm>. Published May 2016. Accessed 11/2/17.

⁴ McCray, Eugene and Jonathan H. Mermin. Dear Colleague: Information from CDC's Division of HIV/AIDS Prevention. <https://www.cdc.gov/hiv/library/dcl/dcl/092717.html>. Published September 2017. Accessed 11/17/17.

8. STANDING COMMITTEE REPORTS:

A. Operations Committee:

1. HIV Community Service Awards Presentation



**2019 Los Angeles County Commission on HIV (COH) Community Service Awards
Project Description (Final/Approved by Operations 8/23/18)**

Background and Purpose: The Operations Committee seeks support from the COH to implement the Annual Los Angeles County Commission on HIV Community Service Awards to acknowledge community stakeholders who demonstrate exemplary service and meaningful contributions to the lives of those living with or at risk of HIV/AIDS and who further the goals of the Los Angeles County HIV/AIDS Strategy (LACHAS).

Timeline: With COH support, solicitations for nominations will occur in April 2019 and awards will be announced at the November 2019 COH meeting. Award recipients will be acknowledged on the COH website and will be invited back the following year to present an award to their successor.

Awards Selection Committee: The selection committee will be comprised of 7 COH and community members who will volunteer their time to review nominations and recommend award recipients to the COH Executive Committee for final approval. The selection committee will be comprised of individuals:

1. DHSP representative
2. COH staff representative
3. COH institutional seat representative
4. COH unaffiliated consumer representative
5. COH stakeholder representative
6. COH provider representative
7. Community stakeholder representative from a public health-related organization (i.e. Public Health Commission, California Community Health Foundation, The California Endowment, The Wellness Foundation, etc.)

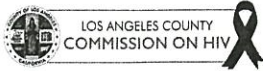
Selection committee members will be expected to:

1. Participate in meetings, both in-person and conference calls;
2. Demonstrate fairness and integrity during the selection process;
3. Respond timely to all correspondence from the COH or Awards Ad Hoc Committee;
4. Review and submit final award nominee selections by stated deadline; and
5. Voluntarily recuse oneself in the event of a conflict of interest.

The Los Angeles County Commission on HIV Community Service Awards Categories are:

| Category | Eligibility |
|-------------------------------------|--|
| No Self-Nominations Accepted | |
| Emerging Leader | Under 30 years old and provides meaningful contributions to advance the goals of LACHAS and COH |
| Community Trailblazer | Demonstrated history of outstanding service and innovation in their work. Nominees may include unaffiliated consumers (i.e., people who use HIV prevention or care services and are not paid employees or consultants of an HIV service provider); persons without organizational employment whose work furthers the |

| | |
|-----------------|---|
| | goals of LACHAS and COH. |
| Unsung Hero(es) | Individual or teams for frontline direct service provider(s) who ensure culturally competent services to persons living with or at risk for HIV/AIDS. Examples include Medical Care Coordination (MCC) leaders and teams, caseworkers, volunteers, etc. who work to further the strategies of the LACHAS and COH. Nominees can be a team or individual, however only one award will be given. |
| Pioneer | Demonstrated history of delivering collaborative and culturally competent services for at least 10 years. Award may be given posthumously to a leader who has fostered broad community collaborations |



2019 Los Angeles County Commission on HIV (COH) Community Service Awards Nomination Form

The Los Angeles County Commission on HIV (COH) Community Service Awards are designed to acknowledge community stakeholders who demonstrate exemplary service and meaningful contributions to the lives of those living with or at risk of HIV/AIDS and who further the goals of the Los Angeles County HIV/AIDS Strategy (LACHAS) and COH.

To nominate a candidate, please complete this form. Incomplete forms will not be accepted. Only one individual or team will be considered per form. **Please submit your nomination forms to: hivcomm@lachiv.org by April 19, 2019; late submissions will not be accepted.**

| No Self-Nominations Accepted | |
|---|--|
| *Name of Nominee | |
| Your Name | |
| Organizational Affiliation (if applicable) | |
| <i>*All nominations are considered confidential.</i> | |

| Category | Eligibility | Select One |
|------------------------------|---|------------|
| No Self-Nominations Accepted | | |
| Emerging Leader | Under 30 years old and provides meaningful contributions to advance the goals of LACHAS and COH. | |
| Community Trailblazer | Demonstrated history of outstanding service and innovation in their work. Nominees may include unaffiliated consumers (i.e., people who use HIV prevention or care services and are not paid employees or consultants of an HIV service provider); persons without organizational employment whose work- furthers the goals of LACHAS and COH. | |
| Unsung Hero(es) | Individual or teams for frontline direct service provider(s) who ensure culturally competent services to persons living with or at risk for HIV/AIDS. Examples include Medical Care Coordination (MCC) leaders and teams, caseworkers, volunteers, etc. who work to further the strategies of the LACHAS. Nominees can be a team or individual, however only one award will be given. | |
| Pioneer | Demonstrated history of delivering collaborative and culturally competent services for over at least 10 years. Award may be given posthumously to a leader who has fostered broad community collaborations. | |

Nomination Questions:

-

2019 Los Angeles County Commission on HIV (COH) Community Service Awards

Nominee Rating Form

(For Selection Committee Use Only)

Instructions: The Community Service Awards Selection Committee will use this rating form to evaluate nominations received by the Commission on HIV. Each candidate must be solely assessed and scored based on award eligibility criteria. Scores are considered confidential and will determine the final recipients of each award category.

The selection committee will review the candidates and forward final recommendation to the COH Executive Committee for approval.

| | |
|------------------------------------|--|
| Name of Nominee(s) | |
| Nomination Category | <input type="checkbox"/> Emerging Leader <input type="checkbox"/> Community Trailblazer <input type="checkbox"/> Unsung Hero(es) <input type="checkbox"/> Pioneer |
| Name of Selection Committee Member | |

Based on information provided on the Nomination Form, how well does this person(s) meet(s) the eligibility requirements for the award. Maximum points 10.

Based on the information provided on the Nomination Form, how well has the nominee advance the goals of the LACHAS? Maximum points 10.

Letter of Support. How well does the letter of support provide clear description and evidence that support the eligibility and qualifications of the nominee for the award. Maximum points 10.

| Scoring Sheet | | | |
|-------------------------|-------------------------|-------------------------|---|
| Question 1 (10 pts max) | Question 2 (10 pts max) | Question 3 (10 pts max) | Add total per rater. Then add total scores by each rater and divide to get the average) |
| | | | |

Comments or Notes:

15. ANNOUNCEMENTS

The LA County Commission on HIV is pleased to announce HIV Connect, an online tool for community members and providers looking for resources on HIV and STD testing, prevention and care, service locations, and housing throughout LA County.



HIV CONNECT
CONNECTING COMMUNITIES TO RESOURCES

Know HIV. Know Your Resources.
Visit hivconnect.org

